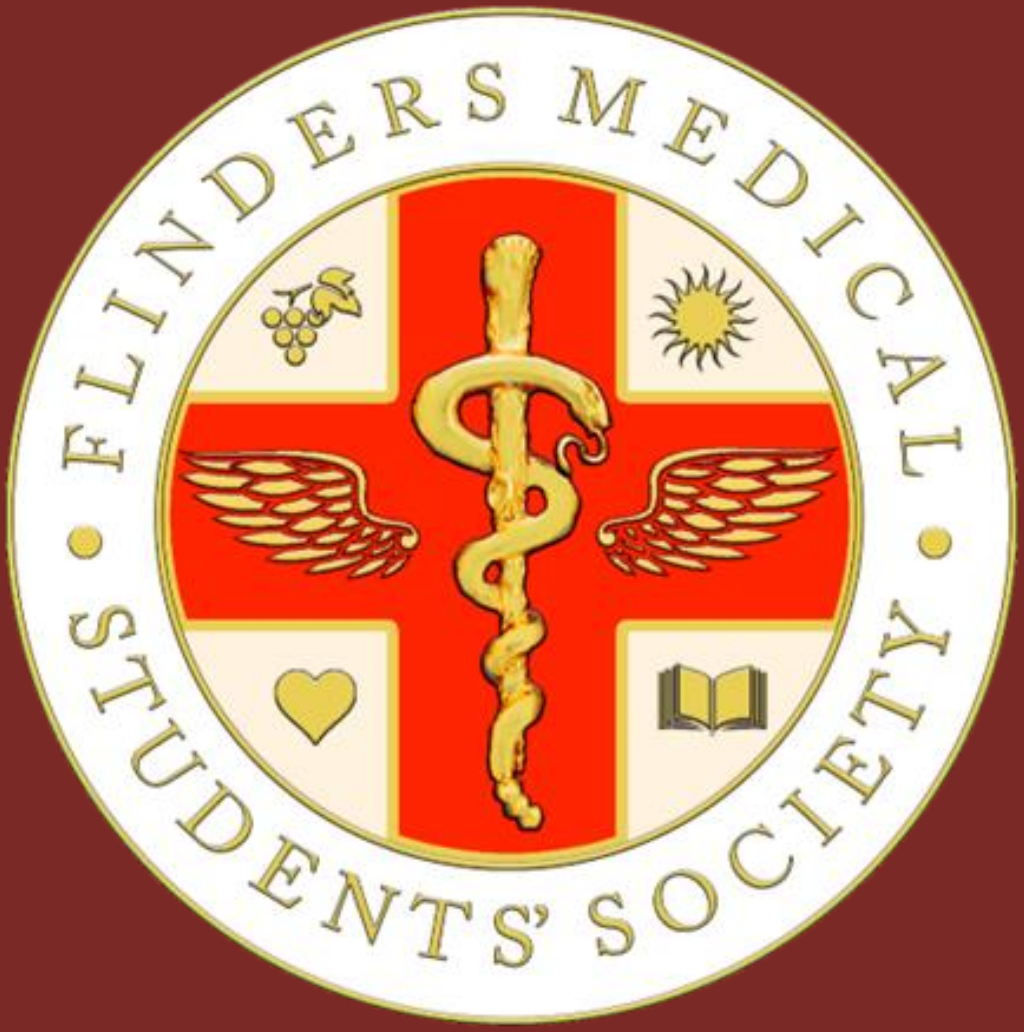

The

MD CLINICAL GUIDE

2023

Disclaimer

Hey MD3s! Just wanted to throw in a quick disclaimer before you dive into this guide we've put together for you all. This guide is a bit different to the MD1 guide in the way that as clinical placement is a unique experience, theguide is a bit of a personal dive into advice of our own, past students and the MD3 rep's experiences in MD3.
Keep in mind, everyone's experienceis different, and this is by no means the only way to do things. It's just a starting point for you all.

Hopefully you'll be able to use this guide as a tool to help you navigate your clinical rotations wherever you are, Bedford Park, MDRS and the NT are all represented here. There's so much to learn and experience, so make sure you ask questions, get involved, and explore other resources to supplement your learning.

Let's get into it.

Contents

Introduction

Clinical placement is an integral part of the education of medical students, as it provides an opportunity for students to gain hands-on experience in a real-world setting under the supervision of experienced physicians.

What are the wards?

When you're on clinical rotations as a med student, you'll be spending a lot of time on the "wards". This just means the inpatient units in the hospital where patients are staying for treatment and care. There are different types of wards at the Flinders Medical Centre (FMC), including:

1. **General Medicine Ward (Level 4):** This is where you'll see patients with all sorts of medical problems, like heart disease, respiratory issues, and infectious diseases.
2. **General Surgery Ward (Level 5):** This is where patients go after surgery, or if they're getting ready for surgery. You might see procedures like appendectomies, hernia repairs, or laparoscopic procedures.
3. **Psychiatry Ward (Margaret Tobin Centre):** This is where patients with mental health issues are treated like depression, anxiety, and schizophrenia.
4. **Paediatrics Ward (Level 4):** This is where the kids are! You'll see all sorts of medical conditions inkids, like respiratory illnesses, infections, and injuries.
5. **Obstetrics & Gynaecology Ward (Level 4):** This is where women go for prenatal care, delivery,and postpartum care.
You might see prenatal check-ups, C-sections, and inductions of labor.
6. **Intensive Care Unit (ICU):** This is where the seriously ill patients go. You might see patients withsepsis, ARDS, or cardiac arrest.

Each ward has its own vibe and you'll get to learn about different medical conditions and procedures on each one. Make the most of your time on the wards by asking questions, getting involvedin patient care, and soaking up all the knowledge you can!

Each ward has a nurses' station, an open plan office in the middle of the ward, as well as a doctors'office, a treatment room, a medication room, and a storeroom.

The **nurses' station** is a great place to find general use items and paperwork, including stationery, consent forms, and spare masks. The computers in these stations are usually fair game through- out the day, although some may be reserved at certain times, and *one should *never* use the wardclerk's computer* (usually labelled with a ward clerk's chair or in a corner desk position).
The **doctors' office** is where you can keep your belongings during the day and has equipment and paperwork pertinent to medical officers. If members of your team go missing, they could be found inhere.

The **treatment room** is usually where one can find the equipment needed to perform basic clinical procedures like venepuncture and cannulation. It is often a side room divided into a storage section and sometimes an extra hospital bed – check with a nurse if you're unsure whether a patient isusing the room.

Lastly, the **storeroom** is what is says on the box – it usually has compactors that have extras for all the procedural equipment required for that ward.

What is a medical team? Who is who?

The medical team is comprised of medical practitioners of all levels of training, including a consultant lead, a registrar specialty trainee, a resident (RMO) trainee medical officer, an intern, and medical students.
Generally speaking, the **consultant** is responsible for making clinical decisions that require experience and nuance; the **registrar** is responsible for overseeing the day to day workings of the medical team, planning the treatment for the team's inpatients, and completing theatre based operations and procedures (if required by specialty); the **resident** is responsible for executing the day to day treatment plans and ward based procedures and assisting with simple theatre based procedures (if required by specialty); the **intern** is responsible for the documentation and administration side of organizing treatment plans for inpatients, as well as executing the bulk of ward based procedures.

What is my role as a medical student?

Your role as a student is **two-fold** – integrate yourself into the medical team by assisting the intern and resident with their day-to-day jobs and accompanying the registrar (and sometimes consultant) with patient consults or surgery in hospital or in clinic.

When you are with the intern and resident, your goal leans more towards learning the procedural side of how to work as a junior doctor, and when you are with the registrar or consultant, your goal leans more towards learning specialtyarea content and knowledge building.
Of course, your overall goal is to max out both opportunities for any given day.

Getting Around

Food and Drink

Finding food and coffee is a very important part of the day in clinical life. There are a few spots to find coffee and food at Flinders, including the Market (formerly Spots) Café, Theo's Coffee Lounge, Taylor and Holmes, Hudson's Coffee and UpCo (the best coffee option!). As a general rule, you'll find more cafeteria style meals and coffee at Market Café for a good price, better café style food at Theo's Coffee Lounge, and a premium and 24/7 service at Taylor and Holmes. Try them all out and see what you enjoy – most teams in the hospital have a preferred coffee spot.

The Hospital

Learning to find your way around the wards is definitely a process of trial and error and using landmarks. Try to think of the FMC corridors as part of a rectangle and use the stairs at each corner to get to different levels. The main corners of the rectangle are the CSSU, Flinders Private, Emergency and the Main Entrance (see below).

Placement Structure

The structure of placement is 6x6 week terms with breaks lined up across MD3 and 4. Your orientation should cover this in more detail but the overarching timetable is as follows:

2023 Timetable

From Date	Year 1	Year 2	MD3-NT	MD3-BP	MD4-NT	MD4-BP
Dec 26, 2022						
January 02, 2023						
January 09, 2023				Orientation Wed-Fri		
January 16, 2023			Term 1	Term 1	Term 1	Term 1
January 23, 2023						
January 30, 2023		Semester 1				
February 06, 2023	Semester 1					
February 13, 2023			Term 2			
February 20, 2023						
February 27, 2023				Term 2	Term 2	Term 2
March 06, 2023						
March 13, 2023						
March 20, 2023						
March 27, 2023						

From Date	Year 1	Year 2	MD3-NT	MD3-BP	MD4-NT	MD4-BP
April 03, 2023						
April 10, 2023	Break		Term 3	Term 3	Term 3	Term 3
April 17, 2023		Break				
April 24, 2023						
May 01, 2023						
May 08, 2023						
May 15, 2023						
May 22, 2023				Intensives	Intensives	Intensives
May 29, 2023				Intensives	Intensives	Intensives
June 05, 2023			Break	Break	Break	Break
June 12, 2023		Break/supp	Break	Break	Break	Break
June 19, 2023		Break	Term 4	Term 4	Term 4	Term 4
June 26, 2023	Break/Supp	Break				
July 03, 2023	Break	Semester 2				
July 10, 2023	Break					
July 17, 2023	Semester 2					

From Date	Year 1	Year 2	MD3-NT	MD3-BP	MD4-NT	MD4-BP
July 24, 2023						
July 31, 2023				Term 5	Term 5	Term 5
August 07, 2023						
August 14, 2023			Term 5			
August 21, 2023						
August 28, 2023						
Sep 04, 2023						
Sep 11, 2023		Break		Term 6	Term 6	Term 6
Sep 18, 2023	Break					
Sep 25, 2023						
October 02, 2023						
October 09, 2023			Term 6			
October 16, 2023						
October 23, 2023				Intensive teaching	Term 7	Intern Shadow

From Date	Year 1	Year 2	MD3-NT	MD3-BP	MD4-NT	MD4-BP
October 30, 2023		I		Intensive teaching		Intern Shadow
Nov 06, 2023			Assess Wk	Assess Wk		Intern Shadow
Nov 13, 2023	Assess Wk		Assess Wk	Assess Wk		Intern Shadow
Nov 20, 2023	Assess Wk		Supps	Supps		Viva
Nov 27, 2023	Supps	Supps				
Dec 04, 2023						
Dec 11, 2023						
Dec 18, 2023						
Dec 25, 2023						

Assessments

GAPs & Mini-CEXs

GAPs

- The GAP form is designed to give your clinical supervisor an opportunity to assess your progress and learning and to provide feedback for further personal reflection

- It assesses you across several domains including participation, professionalism, and medical knowledge.

- Organize them early, supervisors often disappear in the final week when you need them, don't forget to sign, date, and fill in all sections

- We recommend keeping a folder with all your paperwork in it, to keep track of them over the year

Mini-CEXs

- Mini CEXs are a way for a supervisor to watch you conduct a specific type of workup (history, exam, procedure) and give you specific feedback on your practice
- Get them done as early and as often as possible → doing multiple with the same assessor gives you a great impression of how you're improving
- Working up a patient is a great holistic way to tick a lot of boxes, and helps to prepare a patient presentation
- Finding a good assessor is also important, ask your friends or seniors who can be nice and constructive.

Progress Tests

PTs have come a long way as an assessment, I think it is closer to the stage where they do actually assess progress and it is not meant as a barrier or strenuous exam that you need to prepare for.
Regardless, you've done a fair few PTs now so hopefully you've found the method that works for you. If it isn't working, now is the time to make the changes you need to perform at the level you want. If you're not where you want to be, broken down its a matter of efficiency and knowledge so try to focus on the area that needs support;

- Efficiency - the way the PT is set up, test taking skills is important:
    - Use resources to your advantage but don't get held up by them - get up your preferredresource like amboss or BMJ + MDcalc, AMH/MIMS, eTG, RCH (for paeds), SAPPG, etc.
    - Understand keyword searching to narrow down or clarify things but try not to rely ongoogle - both wastes time and can send you down a rabbit hole.
    - Plan out the time, what question do you want to be up to by what time. Allocating 1min per Q doesn't make as much sense due to varying difficulty so I find sectioningyour time to be easier.

- Knowledge
    - Wards - there should be some passive and active absorption happening during your placement that will surprise you when coming into PT. Get the most out of common clinical scenarios and the basics in areas you haven't encountered like paeds and O&G.
    - Use previous PTs to figure out which domains need to be looked at. In MD3 there are a lot of disciplines you have not encountered but that should be the same for the whole cohort so everyone will have different strengths and weaknesses.
    - Question Banks

OSCEs

OSCEs, or Objective Structured Clinical Examinations, are a big part of your clinical rotations as a medical student. They're a type of assessment where you're evaluated on your clinical skills, communication skills, and patient management skills. Here's what you need to know:

What to expect: OSCEs at Flinders are done in small groups - you, patient and assessor (+/- nursein acute station), and you'll move from station to station, performing tasks like taking a patient's history, performing a physical exam, or communicating with simulated patients. Each station is timed, and you'll usually have about 10 minutes at each one.

OUTLINE
- 8 active stations
- 10m each
- 2 mins reading time
- Each station assesses 3 domains
- Each domain will be assessed multiple times
- 4 rest stations

DOMAINS
- History Taking
- Exam
- Problem formulation/clinical reasoning
- Radiology, ECG, Blood and Blood gas, PFT, urinalysis – provided with reference ranges
- Use systematic approach
- Management
- Communication
- No procedural skills generally

DISCIPLINES

Women's health
Child health
Surgery
Medicine
Psych
Acute Care
GP

General Skills
- Breaking bad news
- Consent
- De-escalation
- Prescribing

What to learn

OSCEs are a great way to practice your clinical skills in a controlled environment, skills that you'll hopefully pickup quite naturally over the course of the year. There is a Clinical Experience Handbook – we were told the 3 star conditions are fair game **so I've listed them out for you below.** Try not to get overwhelmed or caught about perfecting specifics but rather get comfortable with the important general aspects. E.g. empathy, professionalism and safety netting in counselling cervical screening results rather than knowing the histological markers of HSIL.

_ ***GP***

- Australian healthcare system
- Breaking bad news
- Preventative medicine in General Practice including cancer screen, premature cardiovascular diseases, infections, diabetes, conditions occurring during pregnancy, genetic disorders, behavioural disorders, smoking cessation
- Health promotion and patient education
- Management of patients with multiple chronic medical problems: COPD/asthma, CKD, congestive heart failure, ischaemic heart disease, diabetes, cirrhosis, rheumatoid arthritis, osteoporosis, HIV, stroke, depression
- Continuity of care
- Initial diagnostic strategy/investigation for common presentations in General Practice
- Children's health including crying baby, feeding problems, atopic, asthma, hearing problems, common viral infections, teething, enuresis, developmental delay
- Key factors to consider when selecting the most appropriate medication
- Aboriginal and Torres Strait Islander health issues
- Rural general practice issues
- Assessment and Basic Management of Pain

Neurology

- Ischaemic stroke and TIA

Rheumatology

- Osteoarthritis
- Osteoporosis

Immuno

-Anaphylaxis

Cardio

_ Acute Coronary Syndrome
_ Adult, paediatric and neonatal resuscitation
_ Hypertension (essential and secondary)
_ Ischaemic heart disease
_ Rheumatic fever

Resp

_ Asthma & COPD
_ Pneumonia (including atypical, community acquire, hospital acquire, aspiration)

Endocrine

_ Diabetes – Type I and type II
_ Hypoglycaemia (neonatal, paediatric and adult)
_ Life Style related Diseases (SNAP)

Infectious

_ Cellulitis and abscess
_ Sexually transmitted diseases (STD)

Nephrology

_ Acute kidney injury
_ Chronic kidney disease
_ Urinary tract infection and pyelonephritis
_ Electrolyte, acid base disorders & SIADH
_ Hyperkalaemia and hypokalaemia
_ Hypernatraemia and hyponatraemia

Haematology

_ Anaemia
_ Thrombophilia, venous thrombo embolism (VTE)

Mental Health

- Psychiatric history and mental state examination
- Suicide and self-harm / Risk Assessment
- Substance misuse and withdrawal syndromes
- Depression
- Confusion, delirium and dementia
- Acute psychosis
- Mandatory reporting (Overall Skill)

Paeds

- Newborn examination and screening
- Approach to Paediatric Examination
- 'Sick' Child: Recognition & Management
- Birth asphyxia and resuscitation
- Developmental screening and assessment
- Growth Failure
- Immunisation
- Paediatric Infections: bone & joint, meningitis, fever of unknown origin (UTI, LRTI see below)
- Acute respiratory infections: LRTI, Bronchiolitis, Croup, Pertussis
- Asthma in childhood
- Child with wheeze and persistent cough
- Anaemia in childhood
- Febrile convulsion
- Urinary tract infection
- Gastroenteritis in infancy and childhood, dehydration and fluid management

Gen Surg

- Pre operation assessment
- Principles of fluid and electrolyte management in surgical patients
- Postoperative care and complications
- Wound and wound management (1°, 2° closure, drainage, ulcers
- The acute abdomen

Ortho

- Common fractures - diagnosis and management

O&G

- Normal pregnancy including diagnosis and antenatal care, including dating and screening
- Role of Midwife
- Normal Labour, mechanism & conduct of birth
- Bleeding in early pregnancy
- Ectopic Pregnancy
- Bleeding in late pregnancy
- Postpartum Haemorrhage
- Psychology & Psychiatric Disorders of Pregnancy & Postpartum (Domestic Violence see GP sec)

Womens Health

- STI & Pelvic inflammatory disorders
- Contraception incl Sterilization

Tips and advice

- Practice, practice, practice! The more you do OSCEs, the more comfortable you'll get with the format and the tasks.

- Be efficient. You'll only have a limited amount of time at each station, so make sure you use your time wisely. Try practising with 7-8 minutes so you can get comfortable with less time.

- Have a plan. In your preparation, clearly set out what you want to achieve, what you want to practise and how you're going to do it.

- Pay attention to details. This includes things like hand hygiene, patient privacy, and being respectful to the patient and the assessor.

- Take deep breaths and stay calm. OSCEs can be stressful, but remember that everyone's in the same boat. Just do your best and you'll usually end up doing better than you thought.

- You'll usually get feedback after the OSCE, so read your assessor's comments and take them on board or never open another email that says OSCE - personal preference.

Advanced Studies

All the specifics should be in your Advanced Studies Handbook. Dr Barreto is a saint so any issues, get in touch with him early.

I took a research pathway and my biggest piece of advice is to space out your work as much as you can. Use AS meetings strategically when you need and the progress reports to motivate some new milestones. Hopefully your supervisors are taking good care of you so I won't go into this section too much.

NT

Introduction

Congratulations on entering the clinical phase of your medical journey. The Northern Territory is a unique learning environment, filled with doctors that are eager to teach and support students. You might learn in the hospital, in a community clinic, or 5,000 ft in the air. All you need, is the eagerness to learn and a big smile.

Structure

The structure of the Year 3 NT program typically consists of Hospital-based (HBME) and community-based (CBME) semesters. The HBME semester consists of three different rotations, General Medicine (8 weeks), General Surgery (8 weeks) and Psychiatry (4 weeks).

24-Jan	31-Jan	7-Feb	14-Feb	21-Feb	**28-Feb**	7-Mar	14-Mar	21-Mar	28-Mar	4-Apr	11-Apr	18-Apr	25-Apr	2-May	9-May	16-May	23-May	30-May	6-Jun
Term 1					**Term 2**					**Term 3**					**Term 4**				
Semester 1																			
Medicine (1)					Psych **(red)**					SACU					GS 1				
Medicine (2)					Psych **(red)**					GS 1							SACU		
Medicine (3)					Psych (Green)					SACU					GS 2				
Medicine (5)					Psych (Green)					GS 2							SACU		
Medicine (4)					Psych **(Purple)**					SACU					GS 3				
Medicine (1)					Psych **(blue)**					GS 3							SACU		

General Medicine

Within the General Medicine rotation, you will be allocated into one of the five teams. Get to know everyone on the team well, as you'll be with them for eight weeks. Every morning, the team meets to discuss patient updates, after which they will round on all the patients. The team usually includes one consultant, two registrars, one resident, and two interns.

One method to maximise your learning on this rotation, is to see patients by yourself. This can be after the team's round has finished. This allows you to work on skills such as history taking and examination on real pathologies.

Once every five days, your team will be on 'take day'. This involves admitting patients from the ED into the wards. Personally, I found this an amazing opportunity to practice my skills. It is also one of the best times to get your mini-CeX done on this rotation. There is also organised General Medicine bedside teaching that occurs twice weekly. This is a great opportunity to learn and consolidate your knowledge.

General Surgery

The General Surgery rotation is split into two portions. Four weeks will be allocated to a General Surgery team and four weeks as part of the Surgical Acute Care Unit (SACU). Whilst on General Surgery, the team will typically round on all the patients in the morning. Afterwards there may be a theatre list, which you can participate in. Each consultant usually has an outpatient clinic which they run weekly, either in the morning or afternoon. The timing can be found by asking the team.

The SACU unit deals with acute surgical procedures and can be more fast paced. The SACU rotation requires you to be more self-directed as it is larger and tends to be busier. This provides you more freedom to choose the aspects you want to participate in, namely theatres, ED, or wards.

Take this opportunity to attend theatres to assist and scrub in, everyone is more than happy to teach and have you there. There is a large TV screen at the end of the theatre hallway, which lists the current and upcoming surgeries, which can be quite useful.

There is also General Surgery teaching that is organised with the consultants. These sessions are very valuable and run through common surgical presentations or case presentations. There should be a session run by Dr Sinnathamby which he will inform you during orientation. Other surgeons that have run weekly sessions in the past are Dr Bradbury and Mr Rathnayake.

Psychiatry

Psychiatry can be quite fascinating and differs from the other rotations. The psychiatry ward is located adjacent to the main building and requires a key to be signed out daily to access. Each team is typically responsible for up to eight clients which they see at least once a day. This involves meeting in a quiet location with the client and having a discussion. The size of the team is considerably smaller compared to the other placements.

For this rotation, I would recommend becoming familiar with the mental state examination (MSE) and common psychiatric presentations. On this rotation, there are also opportunities to spend time with the Alcohol and other drugs unit, ED mental health, Tamarind Centre, and the NT Mental Health Access Team (MHAT).

Community – based semester (CBME)

Due to the diverse range of locations and experiences of the CBME semester, it is best to contact a student that has previously undergone the placement for more specific information.

Experiences will vary depending on the location and supervisors that you are allocated with. No matter where you are, you will be supported by both the university and the placement provider.

Teaching

Teaching occurs on Monday, Wednesday, and Friday afternoons in John Hargraves room. Lectures are typically conducted on Monday and Wednesday, usually run by a doctor from the hospital. Remote sites will usually watch the lectures on collaborate. Alice Springs might have separate in-person lectures on some days.

Cased Based Learning (CBL) are sessions in which one student presents a clinical case that they have observed, to the rest of the group. These sessions are conducted in smaller groups typically 8 students. The student might present an undifferentiated patient and the group works through a history and examination, asking questions to unpack the clinical case. After which, the presenting student may consolidate the understanding of the pathology. These sessions are supervised by a doctor who provides clarification and clinical expertise on the presentation. These sessions involve extensive peer to peer teaching and typically last for two hours.

Progressive clinical skills (PCS) sessions are usually conducted on Mondays in Darwin. They are like clinical skills sessions run in second year but are more heavily focused on application of knowledge. Standardised patients are used quite frequently in these sessions, so be prepared to take a history in front of your peers.t

Example teaching schedule

Assessments
The assessments in the NT are very similar to those that exist for Adelaide-based students. From my understanding, the term scheduling has changed this year, resulting in the submission of three GAP forms per semester. These submissions will occur every six weeks. This may not match with the HBME rotations that you undertake, but you will still be required to submit the forms according to the due date. The overarching principle is that you receive GAP feedback from surgery, medicine, and psychiatry. If there is any confusion, please seek guidance from university staff.

GAP forms on CBME and MECA can be filled out periodically before the due date. To reduce pressure before the GAP form due date, let your consultants know early. They will likely already be familiar with the process.

The major assessment for third year is the OSCE's that will be run at the end of the year. All the students that are placed in the remote sites, will be flown back to Darwin for this day.

If you have any queries, please feel free to contact me. (Robin Lu)

MDRS

Introduction

Welcome to the MDRS program! Rural medicine is a great place to start your clinical years and learn how medicine works in the country. The MDRS year is a great opportunity to get immersed in your town, both as a medical student and as a community member.

Structure

The MDRS year runs differently to the program at FMC. While metro students have the core third year topics in distinct 6-week blocks, MDRS students actively participate in the longitudinal care of patients over the whole year. MDRS students will gain first-hand experience of medical illness, its natural history, diagnosis, management and how it affects the family, workplace and community in which an individual lives.

As an MDRS student, you are primarily based in your town's GP clinic. A typical week in MDRS involves a range of clinical experiences including but not limited to;

- consulting sessions in general practice
- theatre sessions (where available)
- specialist consulting sessions (where available)
- hospital ward rounds
- ED on call shifts

This basic structure varies between regions and even between towns depending on the resources available. Due to the diverse range of locations and experiences of the various towns in the program, it is best to contact a student that has previously undergone the placement for more specific information. If you have any questions about your individual timetable, your region's admin assistant is the best person to ask.

GP Clinic
You will be attached to a general practice when you are not at your local hospital sitting in with specialists or theatre sessions. The main components of your general practice time will be parallel consults and tutorials. If your clinic is attached to a local hospital, you may be rostered on for on-call days/nights.

Parallel Consults
At the GP clinic, you will initially observe your supervisor consulting with patients. After a few weeks you will start seeing patients on your own as a parallel consult, where you see the patient on your own initially, then you hand over the patient to your supervisor and observe the rest of the consult.

It is important to check with the patient that they consent to seeing you as a student. This can be daunting at first. Remember your Calgary Cambridge history taking skills and allow patients to tell you why they are there.

Part of parallel consulting is writing up the session notes afterwards. Since your notes will generally start the same way, it's wise to set up shortcuts in your practice's software to help you write notes; e.g.

> "Parallel Consult - Student Name, MD3
> Patient consented to parallel consult"

Tutorials
MDRS students have regular tutorials with their GP supervisors on various topics including general surgery, obstetrics and paediatrics, with some student-led tutorials later in the year. These tutorials are a great opportunity to learn so don't be afraid to ask questions of your supervisors to further your learning. Students will discuss the tutorials in more depth during the region's study day to consolidate their knowledge.

Clinic staff
Practice managers are usually the people who schedule in your parallel consult sessions. Chat with them early in the year to sort out your parallel consult times and tell them if you aren't going to be in the clinics or have uni stuff to do.

Practice Incentive Payments
The clinic gets Practice Incentive Payments from the government when you're there for >3 hours. So long as there is someone to supervise you, the practice gets paid - even if you don't see a patient! Even if you're just doing your own study in the student room, put your study sessions down as "supervised ad hoc" on your Clinical Learning Record. We're strongly encourage by the MDRS team to study at the clinic for this reason. If this is unclear, chat to your practice manager.

Hospital Learning

General Advice

Moving into the clinical phase of the program is a large step for everyone, particularly for rural students who have to move to a new city and a new environment. There is so much to learn and you are not expected to know it all!

Unlike your fellow city-based students, the country hospital system is mostly reliant on paper-based note taking. Although your priority is learning, helping your team out with note taking and reading observation charts is always appreciated.

Specialist Consults

Students will have regular sessions with visiting medical and surgical consultants from specialities such as cardiology, orthopaedics, psychiatry, general surgery and gynaecology. Students generally observe these sessions and may participate in history and examination at the discretion of the visiting specialist.

Theatre

One of the perks of being an MDRS student is theatre time. Since there are so few students, there should be ample opportunities to scrub in and even assist with procedures. You can make a good impression by being engaged, asking questions where appropriate and knowing when to be involved and when to be out of the way. You may even get asked to help with emergency surgeries if you're lucky!

Emergency

MDRS Students have regular ED on call sessions as part of their curriculum. These sessions allow students to be involved with patients' longitudinal care. ED sessions are a great opportunity to practice procedural skills such as cannula insertion, venepuncture and suturing. When you present to ED make yourself known to the in-charge doctor so they can involve you in patient care.

Classroom Learning

Teaching

As an MDRS student, you will have a regular study day approximately once a week for clinical teaching with the other students in your region. These are usually run by your region's clinical educators and include the tutorial discussed with GP supervisor, clinical skills and clinical simulation sessions.

Assessment

The assessments in MDRS are very similar to those for Adelaide-based students. While MDRS students are based at their GP practice through the whole year, GAP Assessment forms are due based on metro term dates.

The major assessment for third year is the OSCE's that will be run at the end of the year. All MDRS students will travel back to Adelaide for this day. Keep up to date with assessment info on FLO as it is subject to change.

General Tips

- Have a bag or pouch where you can keep a notebook, pen, stethoscope and pen torch, and any other small things you need to keep on you. This is particularly useful for ED shifts.
- Make yourself known to your practice staff. If they know you're around and keen to be involved they're more likely to seek you out to help with procedures.
- Regular study and revision is easier than trying to cram ahead of exams.
- MDRS year is a great opportunity to knock out your advanced studies work as you operate more independently. MD4 is full on and you'll have less control of your time to go work on your project.
- Study/life balance is so important! if you notice you're burning out, carve out some time to recharge. A staff member/supervisor/tutor you're comfortable with can help rearrange things if necessary

Assessment Tips

- Keep a mini CEX form on you at all times! You never know when you might get to squeeze in a mini CEX. I recommend setting up one in the first week of term and another before the end of week three. This way they're out of the way in case you get sick and don't get them done in time.
- Have a display folder for your CBL tutorials and any papers you get on study days
- Have a separate display folder for your GAP forms and assessment docs (e.g. PT) – we're meant to keep a dossier of our assessment forms in clinical years anyway.
- Print a copy of the clinical experiences handbook - annotating what you've done helps you work out knowledge gaps
- Print out copies of any timetables you have e.g. general timetable, study day timetable, after hours timetable and LAP timetable
- Keep up with LAP recordings! They are useful for learning, and can be difficult to catch up on in bulk

Admin Tips

- Clarify what times you're expected to be at the clinic and when you are meant to be sitting in or parallel consulting. f you're not getting time to study, speak with your practice manager and see if they can adjust your schedule.
- Plan ahead for parallel consults - some clinics will schedule for you, others get you to suggest parallel consult times
- Having a session a week set aside for admin, meetings and general uni stuff is really helpful to minimise interruptions.
- Keep up with your clin learning record - it's easy to forget what you've done if you haven't filled it in as you go. Even jotting things down in a diary and transcribing at the end of the week is better than trying to go off memory

Rotations

General Medicine:

- What to expect: You'll be exposed to a lot of the different subspecialties of internal medicine, such as cardiology, pulmonology, and nephrology. Expect to see a wide range of patients with chronic illnesses and comorbidities.
- What to learn: how to take a thorough history and physical examination, as well as how to manage patients with complex medical conditions. This is a good time to shadow the interns and figure out how day-to-day ordering and admin works. This rotation also involves a lot of formal and informal teaching that is quite useful.
- Tips and advice: Work up as many patients as you can and practise your physical exams - great for OSCE prep. Also, take advantage of any opportunities to present cases to the reg or consultant, as it's a great way to improve your diagnostic and management skills.

General Surgery:

- What to expect: early starts but the excitement of theatre helps some of us get up for rounds. Gen surg is a great place to get an idea of how surgical units work in pre, peri and post op patient care.
- What to learn: consent, fluid assessments, how to assist in surgeries, how to take care of post-operative patients, and how to manage patients with surgical complications.
- Tips and advice:
    - Try have a quick look at common surgical procedures you'll encounter during the rotation, such as appendectomies and hernia repairs so that theatre and the screens make more sense when you're in there.
    - Also, take advantage of any opportunities to scrub in and assist in surgeries, ***where invited*** as it's a great way to learn surgical techniques. In simple procedures, closing is a great way toput your suturing skills to the test.
    - Some consultants are particular about theatre, ***make sure to see the pt beforehand and introduce yourself to the pt and the consultant when entering the theatre***
    - Take the time to introduce yourself to others on the team including the nurses, anesthetists and any other staff
    - Most theatres have whiteboards that you can then write your name on so everyone is aware you are present

Psychiatry:

- What to expect: patients with a wide range of mental health conditions, from mild to severe. You'll encounter patients in a different perspective to the normal medical lens, where a whole different set of skills is needed to care for these individuals.
- What to learn: how to take a thorough psychiatric history, how to perform a mental status examination, and how to manage patients with mental health conditions using both pharmacological and non-pharmacological interventions.
- Tips and advice:
    - Make sure you have an alarm buzzer thing for 5J and you're not just told to go see pts alone - definitely not speaking from personal experience
    - Take advantage of any opportunities to observe or participate in therapy sessions, as it's a great way to learn about different therapeutic modalities
    - Big takeaway was to figure out what all the different medications do + side effects
    - Look after yourselves, some situations can get intense so make sure to debrief or chat with a friend

General Practice:

- What to expect: There is a bit of variance depending on the practise but expect to see patients with chronic illnesses needing interim management as well as acute problems pre-ED.
- What to learn: You'll learn how to take a thorough history and physical examination, as well as how to manage patients with common conditions such as hypertension, diabetes, and respiratory infections.
- Tips and advice:
    - Keep a log - helps give you something to do if you're a fly on the wall for some sessions + questions or clarifications
    - Push for parallel consulting if space and time allows
    - Try your hand at some simple procedures like wound dressing and immunisations (try not get stuck doing them the whole day though).

Paediatrics:

- What to expect: You'll tbe exposed to the different facets of paediatrics, such as the wards, PICU and clinics. Expect to see patients from newborns to adolescents, with a wide range of conditions.
- What to learn: You'll learn how to take a thorough history and physical examination in children, as well as how to manage patients with common paediatric conditions such as asthma, infections and genetic disorders.

- Tips and advice:
    - Dr Tan's PBLs cover a lot of the common paediatric presentations
    - Get familiar with growth charts and interpreting them
    - Newborn baby checks are a great place to get CEXs done + they are very cute
    - Adjust your paediatric history to include ABIGFAD (antenatal, birth, immunisations, growth, feeding/fever (+ output), appetite, development

Obstetrics & Gynaecology:

- What to expect: You'll be rotating through different areas of obstetrics and gynaecology, such as labour and delivery, gynaecologic surgery, and prenatal care. Expect to see patients at different stages of pregnancy and women with a wide range of gynaecologic conditions.
- What to learn: You'll learn how to take a thorough obstetric and gynaecologic history and physical examination, as well as how to manage patients during pregnancy, labour and delivery, and postpartum period. You'll also learn about the common gynaecologic conditions and surgeries.
    - Common things you should come across: pre and post-partum haemorrhage, stages of labour + meds, endometriosis, fibroids, STIs.
- Tips and advice:
    - Make use of good teaching sessions
    - Take advantage of any opportunities to observe or assist in deliveries, as it's a great way to learn about the obstetric procedures.
    - WAS is a good place to get CEXs done

Some general advice:

- Try to understand the broader context of the patients' care, such as how the healthcare system functions, the social determinants of health and the impact of poverty, culture, and other factors on health outcomes.

- Reflect on your experiences and take the time to think about what you are learning and how it relates to your future career as a physician.

- Be aware of your own biases and try to understand and appreciate the diversity of your patients and colleagues.

- Be respectful and considerate of your patients' needs, being empathetic and providing emotional support can make a huge difference in the patients' experience. E.g. offering a cup of water or blanket.

Sunrise EPAS

_ Discharge summaries are your friend (OACIS view, Summaries tab)
_ Patient Info → Visit Hx - can see outpatient referrals and past hx to document in plan

Using acronym expansions

_ Under preferences → acronym expansions
_ Steal as many as you can from different rotations, feel free to steal from me as well - just search the name you want to borrow from in the dropdown tab.
_ Some common ones that save time:
- .admit for your current department
- .neuro so you don't have to write 5/5 over and over
- .DRE for surg
- .wr to write your ward round header and SOAP
- .consig to sign your name

Looking up vitals

_ Use flowsheets
_ Use Chemotherapy Summary tab for weight and height
_ BGL chart for diabetic management
_ Growth chart for paeds (Top tab)

Brief WR note

GMF1 Ward Round Note - Smith (Consultant) + Tanya (Reg) + Lydia (Intern) + Midhun (MD4)
Current issue:#

S (Subjective)/Key details of what the pt says
Document discussion of nursing opinion, risk, advice, consent, pmhx etc.

O (Objective)/
Pt state at end of bed: sitting upright, conversing vs in obvious pain/distress
Exam findings
Vital signs

A (Assessment)/
(This is the consultant/reg job) - write down what they think is going on, but feel free to try figure it out for yourself
E.g. #lower lobe pneumonia

P (Plan)/
Numbered list of next steps, e.g.

1. Chase bloods (FBE, EUC)
2. CXR order
3. Discuss with haem, consult with thanks
4. IVT/anti-emetics
5. Continue regular meds

ADDIT (time): use this if pt is revisited. on the same round

Bowel chart

_ flowsheets → Assessment and cares (side tab) → scroll down to GI section

Results

_ Through OACIS view → pathology for single results, use RESULTS tab for trends (can change it to ascending or descending on the left tab)

Imaging

_ CXR, CT, MRI - open through OACIS view → radiology → bottom left there is a button to open the viewer (if it doesn't work the first time, minimise the tab and click the button again).
_ Echo - go through intranet, clinical applications, echo - you can ask your team for their favourite log in details

How do I reprint a blood form that has already been ordered?

Print reports → orders → pathology requisition order → time/date (exact)

You can actually order bloods on behalf of the intern or MO as well, through the order icon next to the pt name. Another useful way to save time on acute situations.

Psych

_ Can use CBIS tab on Sunrise to look at other records of mental health hx

Important References

- Using Ward Phones

#89 pager number *

A pager is a small electronic device connected with the in-hospital landline phone system that allows one wanting to contact someone else to alert them. Most teams have pagers for interns and residents, whereas registrars and consultants are usually contactable via dect (digital enhanced cordless telecommunications) phone or by switch. To page someone, pick up any hospital landline phone and dial #89 followed by the pager number and the * key. They will receive a page with the number for the specific landline phone that you paged them from, so you need to stay near that phone to answer it.

9 for switch

The switchboard is run by a team of the most helpful and dedicated staff you will find in the hospital. Their office is on level two near the duck pond. Pick up any hospital phone and dial 9 and you'll be put through to a switchboard staff member. From here you can ask to be put through to any phone in the hospital, clinics, specialty department, or even private hospital clinic. For instance, to check on the estimated time remaining for blood results that may still be pending, you can ring switch and ask them to put you through to 'biochem' or 'the lab' and someone from the SA pathology lab on level 6 will answer your call. Some of the senior doctors in your team may also only be contactable via switch board.

0 to leave internal

Using Workstation on Wheels (WOWs)

- Secure them early and defend them

- In a ward round, log in with ward login or use rahwards (some will specifically note not to use rahwards). Can also use personal login for longer sessions.

- Batteries can be found in the nurses station

Procedures

I know that starting your clinical rotations can be both exciting and overwhelming but common procedures are a great thing to practise early and provide value to your team. To help ease the transition, I wanted to quickly touch on some of the common procedures you'll encounter during your rotations.

1. ***Vital sign measurement:*** This is something you'll be doing a lot of, so it's important to get comfort-able with taking temperatures, blood pressures, heart rates, and respiratory rates. Make sure you know how to properly use the equipment and how to accurately record the results.

2. ***Physical examination:*** As you work through different rotations, you'll be performing physical examson patients with all sorts of conditions. Make sure you understand how to do a thorough and system- atic examination, and know how to document your findings.

3. ***Venipuncture:*** Drawing blood may seem intimidating at first, but with practice, it'll become second nature. Just remember to select the appropriate vein and use the proper technique.

4. ***Intravenous (IV) insertion:*** Similar to venipuncture, with practice, inserting IVs will become easier.Just make sure you're selecting the appropriate vein and using the proper technique.

5. ***Lumbar puncture:*** This is a tricky procedure, so make sure you understand the indications and contraindications, as well as the proper technique. Hopefully you'll be able to observe a few in your travels.

6. ***Suturing and wound dressing:*** Closing wounds and choosing the right suture materials and wounddressings takes practice, so don't be discouraged if it doesn't come naturally right away.

7. ***Basic life support (BLS) and advanced cardiac life support (ACLS):*** Knowing how to properly per- form CPR and use an AED is crucial, so make sure you're comfortable with the basic principles of BLSand ACLS.

I'll go into a bit more depth for some of the procedures below, there are heaps of video tutorials that explain it much better so I won't go into step by step detail but hopefully this is a useful overview and reference.

Taking Bloods

Order of Draw
- Search up and familiarise yourself with the graphic, main thing is blood cultures come first
- You can also search 'SA path collection guide' if you're ever lost about which test needs which coloured tube. Common ones are a purple (FBE), green (EUC), blue (coags). pink (group and hold).

Equipment
- needle (usually a 21G works quite well)
- tourniquet
- alcohol swab stick
- 10ml syringe
- blood transfer device
- cotton wool + tape or dressing
- blood tubes
- patient labels
- blood form

Technique
1. Apply the tourniquet and give it a sec before looking for a vein
2. Find a good vein by look or feel, compared to cannulation the length of the vein is less important. The cubital fossa is a good place to start for most demographics but you can also find some down the forearm and in the dorsal aspect hand if necessary.
3. Clean the area
4. Anchor the vein with the non-needle hand (I prefer to pull down so the vein isn't emptied) and enter decisively and shallow out your angle, if you dont get flashback - do not withdraw, rather try to navigate the needle into the vein while still inside the skin.

Tips
- Shadow the blood nurses on a morning round, they'll show you some tricks of the trade and really improve your confidence
- I've found most success with a good ol' needle and syringe but butterflies and vacutainers have their role, find what works for you.
- Don't be afraid to use smaller needles for older patients with finicky veins. For older pts, really make sure to anchor the vein down as they tend to roll. Even if you miss initially, if your angle of approach is shallow, you can redirect the needle without withdrawing.
- Everyone has trouble once in a while, get help when you need and keep practising

Cannulation

Equipment
Usually at least 18G cannula so it can be used for imaging
x2 10 ml syringe
    - prepare one with saline flush, draw up from bottle in IV trolley
    - the other for taking blood after insertion
Bung
Tourniquet
Alcohol swab stick
Dressing - tegaderm
Cotton wool in case there's a bit of blood

Technique
1. Apply the tourniquet and give it a sec before looking for a vein
2. Again, cub foss is a good place to start but try to find a vein that is large and straight enough to support a cannula.
3. Clean the area and note your point of entry, a bit distal to your vein is a good idea to give you space to move if you miss. Keep your bung opened and near you.
4. Similar to venepuncture, anchor the vein and insert decisively to avoid rolling the vein - try keep your angle as low/shallow as possible after getting flashback to avoid puncturing the other side of the vessel.
5. Once you have flashback, advance the needle a few mm forward to get the catheter tip into the lumen of the vessel.
6. Push the plastic catheter tip in, withdrawing the needle you should see blood advance
7. Put pressure proximal to the insertion point before fully withdrawing the needle to avoid blood getting on the pt and screw the bung on
8. Take some blood and flush w/ saline
9. Secure the cannula with the Tegaderm

Tips
- Prepare and open everything you need beforehand
- Take a cannula home to practise manouvering if you'd like
- Practise on a variety of patients

ABG/VBG

Equipment
- ABG needle
- cotton wool and tape
- tourniquet not really required for arterial
- alcohol swab

Technique
1. ABG - radial artery is a good spot to go for as you can feel the pulse. Use two fingers to locate the radial pulse.
2. Make sure each finger is palpating the artery and your point of entry will be between your fingers.
3. Enter vertically down at 90 degrees, go slowly and you should get flashback with a bit of pressure - signifying you've hit an artery.
4. Once done withdrawing blood, screw the cap onto the syringe and push a bit of blood into the cap. Chuck a pt label on it and you're good to go.

Tips
- Lift one finger off at a time to make sure each finger is along the artery to improve your accuracy

- For a VBG, you can use the venepuncture procedure and a transfer device to move blood into the ABG/VBG needle.

Geeky medics is a good resource for step-by-step procedure learning.

Advice

Getting closer to the end of medical school, I have a few pieces of advice for you as you begin your clinical rotations. At the end of the day it's all just words until you internalise it:

1. Take advantage of every learning opportunity: Clinical rotations can be intense and fast-paced, so it's important to make the most of every opportunity to learn. Chuck in as many cannulas and needles as you can, observe procedures and surgeries, and participate in rounds and case presentations.
2. Ask questions: Don't be afraid to ask questions, no matter how basic they may seem. Asking questions is the best way to learn and it shows your interest and engagement in the learning process.
3. Be organized: Staying organized is crucial during clinical rotations. Keep track of your schedule, your patients, and any assignments or readings you need to complete.
4. Get to know your patients: One of the most important aspects of being a doctor is developing a good rapport with your patients. Take the time to get to know them, their families, and their medical history.
5. Take care of yourself: Clinical rotations can be demanding and stressful, so it's important to take care of yourself both physically and mentally. Make sure to get enough sleep, eat well, and take breaks when you need them.
6. Stay humble: As a medical student, you're still learning, and everyone makes mistakes. Stay humble, and when you do make a mistake, learn from it and move on.
7. Have fun: Remember that being a doctor is a noble and rewarding profession. Enjoy the learning process and have fun with it.

Good luck and enjoy the journey - you'll definitely be better prepared than I was.

Some wonderful bits of advice from past Flinders medical students: Emerson Krstic, Shrirajh Satheakeerthy, Sam Paull

How can I best learn in my clinical years?

"Medicine is learnt at the bedside" – but what does this actually mean?

Please humour me for a few minutes. What does medicine mean to you anyway? To prescribe medicine? A pharmacist is very good at that. To care for patients at the bedside? The nurses are experts at that. The hospital is kept afloat by so many people, who all have their roles to play, but what about doctors?

I think that doctors are experts in dealing with stories: stories told by patients, their family or their friends. We can correlate stories with diagnoses and figure out the intervention that is best suited to a patient's story. Textbook knowledge is important in being able to do this, but experience is ever more important.

You **will** run into situations which you have no idea how to deal with yourself. You will also run into stories which you have no idea how to interpret, and this is where most of the learning happens. You can learn from asking your colleagues for help (be it a fellow student, or a senior doctor). Alternatively, you may also retrospectively learn from the mistakes you ***will most definitely*** make, because we are all human (but try not to make too many mistakes). The more you do, the more you will run into (and learn from) situations like these, and the more resilient and dependable you will become.

The other side of this coin is running into situations and stories you are familiar with. The more you do this, the more comfortable and confident you will be in yourself. In an environment where you are supported by your colleagues and seniors, there is a lot of room to learn the best way to deal with any situation you run into. The more you do, the more you will reinforce your confidence with these situations, and the more resilient and dependable you will become.

The combination of the above is what I believe you can learn "at the bedside". If this does not make sense yet, just skip ahead and read "How do I know what to study for each rotation?".

If there's any message to take home from this: please remember all of your patients – they are not just names on a list.

How do I know what to study for each rotation?

Medicine is a vast ocean. This is why specialties exist. This is why it takes years to become a specialist. So, if you feel like you know nothing, it is absolutely normal and expected.

Teams exist so that they can see a subset of all possible presenting complaints and manage a subset of all diseases. This works to your advantage: teams tend to see a lot of the same thing again and again. This means that you just have to figure out what the patient load of a team is, before you join that team. You can do this by asking a colleague who was previously on the team, or by asking one of the current members of the team, or by sneaking a look on Sunrise/OACIS and seeing every patient's diagnosis and recognising patterns.

Once you know the common presentations/diseases that a team manages, you can do some quick revision those topics. Things to pay attention to while revising or learning on the job:

- What is the demographic of this disease?
- What are the common symptoms of this disease?
- What is the differential diagnosis? (As in, if someone presents with the same symptoms, can a different diagnosis be equally likely)
- What is the natural progression of this disease? (As in, what will happen if it goes untreated? What will happen if it is treated?)
- How do you treat this condition? Medications? Procedures? Lifestyle measures?
- What is the follow up for this condition? (This is very hospital and team-specific)

The other thing is that teams tend to do the same set of procedures. You should also find out what they do most often, and again do some quick revision, focusing on:

- What is this procedure? When is it indicated?
- Don't focus on how to do the procedure unless you foresee yourself doing it. You are not going to be doing a cholecystectomy as a medical student. However, you may be suturing skin, so it is worthwhile revising that.
- If relevant, learn the important anatomy required to do or interpret this procedure
- If this is a diagnostic procedure, learn how to do basic interpretations of the results. (e.g. ECGs)
- What are the risks and complications of the procedure? (Very useful for taking consent, which you may be doing under supervision)
- What are the alternatives to this procedure?

How do I get my team to like me?

You have a tough gig as a medical student. You've been thrown into the wards with (probably) very little knowledge of the actual medical world. One of your only ways to survive is to rely on your colleagues and your seniors. Be nice to them, and they will be nice to you. They will save your back-side one day (and, who knows, you might save theirs one day). Medicine relies on a good team bond: being able to ask stupid questions confidently and bring up concerns without fear means that you learn more, and more potential mistakes are caught before it is too late.

The other thing is, you only have a few rotations at a few places as a medical student, and this usually influences your career choices later in your life. Often, this is down to the teams you interact with, and how friendly they are. Kindness truly begets kindness, despite there being situations where people are grumpy. No one is born an asshole, and in these situations you should be the change you wish to see.

This way, you'll feel more welcome in the team, you'll feel more welcome in the hospital in general, and you'll feel more comfortable spending more time at the hospital, and therefore hopefully get more quality experience and opportunities.

How can I be useful to my team as a student?

Short answer: baked goods.

Less short answer: be present, involved, show initiative and be the "yes [wo]man". Figure out ways to help your team be more efficient. Constantly predict what your intern, RMO, reg, or consultant is about to do, and see if you can help them do it quicker.

Long answer: your team will appreciate you as a student if you show that you are ready to engage and learn when you show up each day. That means helping to prepare for the ward round when you arrive, helping to secure WOWs (workstation on wheels) stations during the ward round and offering to typing the notes, volunteering to help the intern and resident with their jobs after ward round, and asking questions during all the above at appropriate times. As a student, you can ask for a patient list in the morning and help to keep track of the plan for each patient as the team rounds. Other than this, ask to help with procedures like bloods or cannulas (ask for supervision if you are not confident yet), and ask or choose patients from the list that you find interesting and read up on their medical notes and follow their progress through hospital. If you are doing all these things regularly, your team will appreciate how engaged you are.

There are some jobs which you can offer to help with as a student, but generally speaking should not be part of your regular routine. The key job in this case is discharge summaries. This is the discharge letter that details a patient's hospital presentation and management that is subsequently sent to their general practitioner. Learning how to write these is good practice, but you are paying to be there and should not be doing discharge summaries often – there are better ways for you to learn clinical medicine than writing letters.

Obviously, as a medical student your time is your own, and if you have appointments or other things that you need to do, you can leave the ward after letting a team member know you have to go to an appointment. Try not to do this to often, however, as your team will notice every time you are absent without communication, or if you are asking to leave all the time.

As with this entire guide, the above is only a suggestion, and it is really up to you to find a way you learn best from your clinical experience.

Some other random pieces of advice

- Keep minicex forms on you + MRI safety forms, consent to treatment (pulling out these bad boys gives you extra brownie points)

- When in doubt, ask the intern

- Check precautions before entering new pt areas

- Get to know the entire team on the ward - nurses, admin and allied health staff provide unique perspectives and experience

- Remember that you're there to learn, not write discharge summaries all day - learn how to write one and then that's enough. Use prefilled scripts when you can.

- make sure to stick around for the free coffee before you bail

- it's a big change from clinical years, so give yourself time to adjust. It'll take a couple of rotations to get the hand of it

Resources

As a MD3, your resource use needs to adapt to your rotation and assessments. Here are some recommendations for resources that may be helpful during your rotations:

1. Textbooks:

Having a good reference textbook for each rotation can be incredibly helpful. Look for texts that are specific to the rotation you're on (e.g. a en surg textbook for a oesgas rotation) and that provide detailed information on common conditions and procedures. I found Toronto Notes to be a really useful guide for overall common conditions and important information but don't expect too much detail and Australian standards.

2. Online Resources:

There are numerous online resources available to medical students. Some popular ones are UpToDate, BMJ, eTG. MIMS, AMH, Geeky medics, NPS. Paid options that you might already be familiar with include AMBOSS,PassMed. These websites provide up-to-date information on conditions, medications, and procedures, as well as calculators (MDcalc is great) and other tools to help with diagnosis and management.

3. Mentorship:

Having a mentor during your clinical rotations can be incredibly valuable. Look for MD4s, interns and residents who are willing to take you under their wing and teach you the ins and outs of your rotation.

4. Mobile Application:

There are many mobile applications available for medical students, which can be a great way to access information quickly and easily. Use university access to keep eTG, UpToDate, BMJ etc on your phone for quick reference.

5. OSCEs:

AMSA Q-bank, OSCEstop, OSCEbank, past FMSS OSCE's, Oscer, Geeky medics.

Conclusion

Lastly, remember that clinical placement can be challenging and stressful at times, so it's important to take care of yourself. Make sure to get enough sleep, eat well, and engage in activities that you enjoy. Reach out to your peers, family and friends for support when you need it.

Overall, clinical placement is a great opportunity to learn and grow as a future physician. It will give you a chance to apply the knowledge and skills you've acquired in the theory to real-world patient care, and gain valuable experience working as part of a healthcare team. Approach it with a positive attitude, a willingness to learn, and a desire to provide the best possible care for your patients.

I hope that this guide has provided some helpful information and insights for students starting their clinical rotations. Clinical rotations can be challenging, but they are also incredibly rewarding and provide an opportunity to gain hands-on experience in the field of medicine. Remember to take advantage of every learning opportunity, to ask questions, and to stay organized. Take the time to get to know your patients, and don't be afraid to make mistakes – they are a part of the learning process. And most importantly, take care of yourself – both physically and mentally. Remember that becoming a physician is a noble and rewarding profession and enjoy the journey. Good luck and happy learning!

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