

| Timestamp | Name | Looking back, what is the number one piece of advice you'd give to someone about to start their first rotation? | Which clinical school did you go to? | How did you make the most of your experience at this clinical school? | What are the weaknesses of this clinical school, and how would you recommend overcoming them? | How did you balance the demands of covering LO's with your rotations? | What was your favourite clinical rotation? | Why? | What advice would you give to help survive on the wards? | Anything else to add? | How did you prepare for your BCS exam? | How did you prepare for the PPH / PPD components? | How did you prepare for the CCS MSATS? |
|-------------------|--------|---|--------------------------------------|---|---|--|--|--|---|---|--|--|--|
| | | Show interest and take advantage of every opportunity. Volunteer to do things if you are given the chance and if there is something you really want to try (e.g. cannulation, intubation etc) then make sure you ask whilst still giving the doctor a chance to say no. My trick was to say something like "If there is a suitable patient it would be great if I could have a go at...". - this way you have shown interest but if they don't feel comfortable supervising you they can say "sorry, there were no suitable patients". | St Vincent's | Having good attendance! In the rotations where I showed up the most and built a rapport with the team I was given much more responsibility. | It is difficult moving hospitals all the time and developing a relationship with staff cold and are usually always feel like you've been thrown in the deep end. Showing up at every ward round was really helpful for getting to know the team and the patients (this is easier said than done when ward rounds are at 7am). | By being organised! The hard part of MED3000 is that you have to get through the same amount (or more) of LO's but mostly all outside of normal working hours. You also often get things to look up from the team you are on which need to be done also. Somehow by MED3000 you've figured out (mostly) how to get LO's done efficiently so everyone balances it in the end. Don't forget to prioritise other parts of your life (family, social) as well though - I found that I struggled with this at the beginning of the year until I prioritised it again and got some balance back. | Upper GI Surgery | I got on really well with the team and there was a great mix of ward work with the intern, surgery time with the reg's and time in the private clinic with the consultant. I saw a mix of presentations including "bread and butter" things such as appendicitis, pancreatitis and gallstones but also some more unusual things such as gastric and oesophageal cancer. They were also super busy and so I got given many more tasks to do unsupervised then I had otherwise been able to do. The intern told me on the down-low to show up to every ward round and it definitely paid off (free coffee after every ward round + I really felt like part of the team). | Just accept that you won't know the answer to lots of things - "I'm not sure, but I'll look it up tonight" comes in handy (and then make sure you do look it up because they always ask you). Doctors ask you questions to help you learn not to make you look silly (though this happens mostly anyway - I was asked in theatre which lobe of the liver they were operating on and having seen the surgery on the theatre list for the day I confidently said "The 9th lobe" - there are only 8 lobes in the liver and I had read the roman numerals incorrectly). | Enjoy! MED3000 is challenging on lots of levels but it is amazing being able to interact with patients and it is really surprising how quickly your skills develop. Maintain a balance life - it's easy to let med take over. I should have written RE balancing LOs and placement that it becomes easier to learn LOs when you are seeing patients because as soon as you see a patient with a condition you remember the risk factors, presentation investigations and treatment, side effects etc. | Keep up with the work all year and write good summaries. | We started having group practice sessions at the hospital on a day we all had free in our second last rotation but we probably could have started even earlier. | |
| 1/9/2014 8:39:39 | Hannah | Forget PBLs. This is the real world. Apply your pre-clinical knowledge to the clinical scenarios. Speak when spoken to. Ask questions only at times when interns/regs/consultants are not busy - and ask relevant questions. Use your holidays to read up/watch medical shows to gain a grasp of common terminology and abbreviations thrown around in on the wards. | St Vincent's | I tried to do the same shifts as my intern/GP/consultant. | It is very self-directed. No-one really cares if you are there or not, but by being there you are learning first-hand from some of the best consultants and their trainees in the state. It is possible to go home and study, but this will be detrimental at the end of the year. Some things are a bit disorganised and you are not 100% sure what is going on on your first day - we got our timetable for our first rotation about 30 minutes before we were supposed to start (i.e. as we were walking to the hospital). This was a pretty stressful start to the year but you just have to understand that everyone in the hospital is busy and make opportunities for yourself if there is something you really want to do. For example, in one of my slower rotations I started going to some clinics that I wasn't technically rostered on to - if the student who was didn't show up then I would just ask if I could instead - not sure if this is recommended by UNDS but it worked for me! | Attempted LOs during the Mondays. The rest of the week was for reading up on cases seen during the day. | | | Know the patients or at least their treatment regimes. Observe what the interns/regs do and help out on scribbling or any other duties the intern might need help in. Ask them to delegate if the team is big. | | | | |
| 1/9/2014 9:50:31 | | Sorry - I forgot one thing when I filled it out before so I will add it in the correct section! Keen to give advice to MED3's as I felt completely lost at the beginning! | St Vincent's | | | | | | When cannulating, take enough equipment for 2 attempts (so you don't have to go back and forth getting things if you miss). If the patient is anxious about a medical student doing it, tell them that you will have 2 attempts and that if you miss them then you will get someone else to do it. Knowing that there weren't going to be endless attempts by a novice seemed to relax most patients and increases your chance of cannulation success! | | | | |
| 1/9/2014 12:18:56 | Hannah | | St Vincent's | Attending the extra-curricular events that Prof Lai organised e.g. medical meetings on a Wednesday morning and surgical meetings on a Wednesday (with lunch provided) etc. Self-directed reading regarding things that may or may not have been a LO. This helped with broadening my knowledge. Attend ward handovers from the nursing staff (especially important for O&G) and listen to the information that is conveyed amongst the team. This was very handy for when we as medical students were on the medical ward round with the Consultant whom expected you to have reviewed the patient notes, seen the patient and have a relevant update on their progress. Ensure that you are organised for your rotations. A classic example is for the surgical rotations. Ensure that you have attended OT and completed the Surgical Scrub certificate (there may be a more formal name for this certificate but I can't recall the details) this will then make it easier if your Surgeon asks you to scrub and assist. ALWAYS REMEMBER TO EAT OR DRINK SOMETHING BEFORE THEATRE :) Respect all of the staff. | | | | | Both of which we had very little exposure to in the first two years and both presented unique and diverse challenges. Children present so differently to adults and you learn very quickly the importance of asking the simple questions and listening to the mother/father/caregiver of the child. Psychiatry offers a wealth of pathology and stories that cannot be imagined even with the most creative of minds. You really need to read some good texts or even consult the DSM-IV and get your head around some of the common conditions and their diagnostic criteria. One of the Psychiatrists teaches you how to organise a formulation and bring everything together which is fantastic. | | | | |
| 1/9/2014 21:43:27 | | Listen to and take note of, the discipline leader RE what is expected of you during the rotation. I know it sounds like common sense but it's true. Ease yourself into the rotation. I will offer two pieces of advice which I believe helped me out a lot in med 3000. 1) Make the most out of your clinical placements by taking advantage of your hospital access. The most rewarding experiences and opportunities of med 3000 came to me from being at the hospital with nothing in particular to do. Often, I would be contemplating going home, when by chance I would see a familiar doctor/ nurse/ registrar/ intern whom I'd ask if there was anything I could do. This willingness to get involved would lead me to doing all kinds of interesting things such as assisting in a neck dissection, witnessing an emergency tracheostomy, intubating a patient or stitching the head of an injured man. It even led me to gain some valuable research experience which would eventually help me secure a student research project for med 4000. 2) Take time to familiarise yourself with the environment and follow the consultants plans through from inception to delivery. For example, on surgical term, choose a patient whom you have taken a through history and have built good rapport. Follow them through each stage of their hospital stay. Accompany them at the bedside from admission to diagnostic testing, pre-op assessment, anaesthetics, theatre, post-op recovery and the back to the ward. This will give you a great understanding of what it is like to be the patient, improving your ability to relate and be empathetic with their concerns and frustrations. The process is amazingly complicated and you can only appreciate all the intricacies once you've followed through every part of the chain. There are also lots of procedures you will need their help to. This year, ask them if they have a ward list you can borrow if you haven't yet worked out how to print yours. Helps keep track of conditions. Have MIMS on your iPhone as soon as you have access to CIAF, you will need it! | Hawkesbury | Respect all of the staff. | It's a marathon, just do the best you can. Spending time on the wards and seeing patients and attending rooms is very important and through wider reading you realise that you start to cover LO points without even realising. | Running out of milk in the student common area :) | Paediatrics and Psychiatry | It is a marathon and a very long year so pace yourself and enjoy it. Cheers | | LOs and wider reading. | LOs and my previous PPH/PPD notes | A lot of practice. Borrow a selection of OSCE texts from the library and familiarise yourself with common presentations. Find yourself a colleague to practice with and someone who will genuinely criticise you, not just say "oh that was really good" when in reality it was far from the truth and you took 30mins instead of 7mins :) | |
| 1/13/2014 0:25:33 | Ben | | St Vincent's | By spending as much time at the hospital as possible. 1. Come in earlier than your consultant to view your patient list. This helps you to understand what is going on during rounds. 2. Spend time in the emergency department. You get to take the histories, do the examinations, present cases, do the investigations and follow-up in the wards if they get admitted. It's a great learning experience and there's always doctor happy to help! 3. Know how to interpret ECGs and CXRs, preferably before your medicine rotations. You will be doing a lot of interpreting in front of consultations. | St Vincent's is a large teaching hospital with lots of students. Often the doctors can be cold and are usually unwilling to teach for whatever reason (often because they are too busy). Try not to take this rejection personally. Paediatrics at Auburn hospital isn't the best. There are not very many children. Not really a way to overcome that one. Just make up for it at Westmead. O&G is hard for the boys because of the religion in Auburn. Introduce yourself early to the woman to maximise your chances of seeing the birth. The midwives usually have your back and will seek out women who will allow men to witness their birth to ensure that the boys can at least see one each. Do all the Los for your rotation by about week 2-3. Keep up as best you can with the week but to be honest the rotation Los should be the priority. | | Paediatrics | 'Survive' is a good way to put it. I still don't feel 100% comfortable on the ward. If you are by yourself, I would recommend the following - Introduce yourself always - Clearly state your level - Don't act above your level - Ask if there is anything you can help with - Remember the names of those working on the ward - Don't get in the way! | | | Going through LO's and answering them in short answer responses. I use Quizlet cards as a method of testing my knowledge. I have a large number available for use online for those who wish to join the class. | With a friend. Keep testing each other and become fluid with your approach to each MSAT. This will allow you the capacity to think and put the pieces together in your mind to come up with a correct description and diagnosis whilst you are going through the steps. | |
| 1/13/2014 6:29:07 | Ang | | Auburn | | | | | | Arrive early, have MIMS on your phone, know the ward list and following-up with patients. The tutorials were fantastic. The professors have a lot to teach you! | | | | |