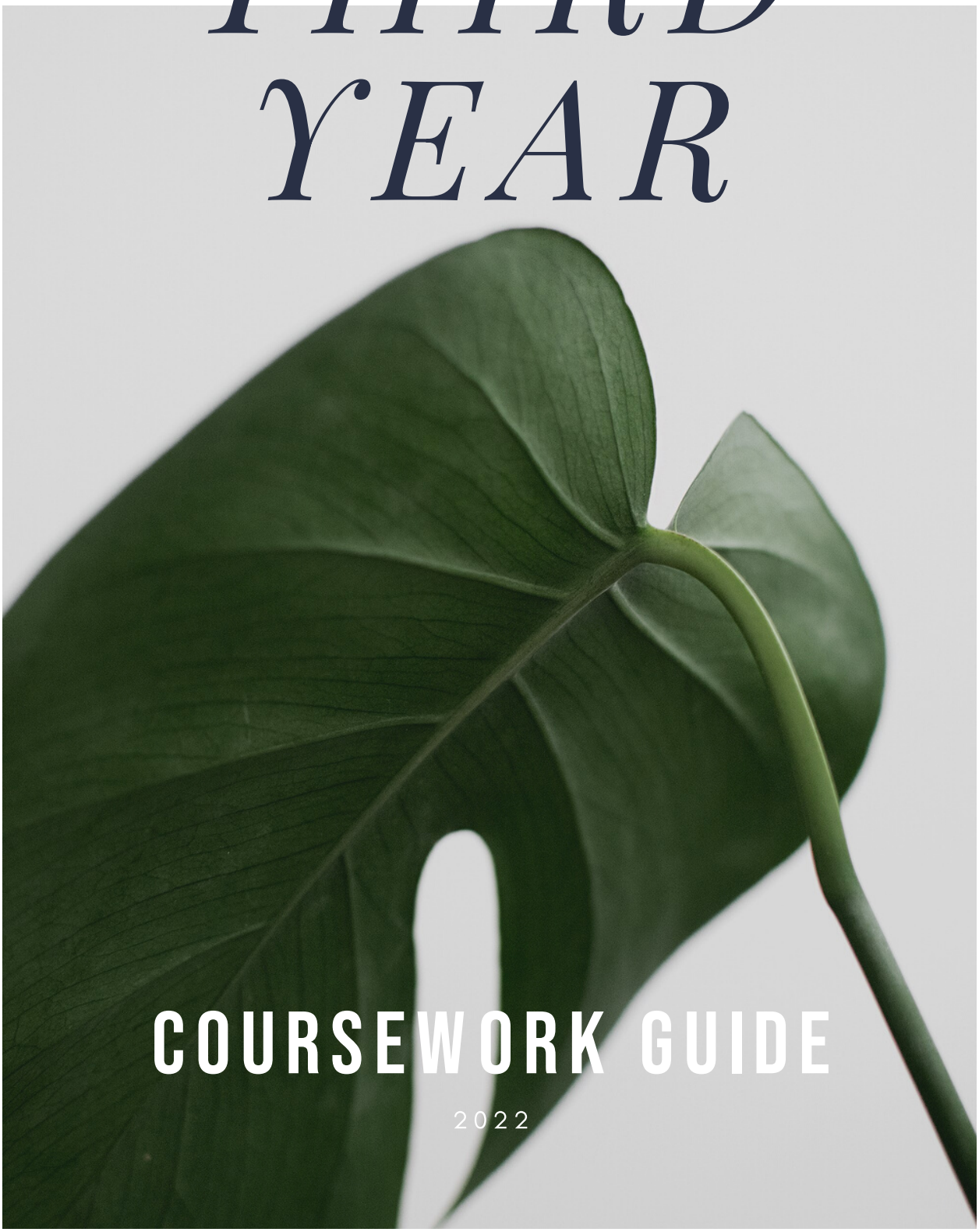
UNSW MEDSOC PRESENTS:

# THIRD YEAR



# COURSEWORK GUIDE

2022

SURVIVAL GUIDE FOR THE CLASS OF 2025

# PREFACE

Welcome to the MedSoc Third Year Guide! This guide has been created by your fellow students to help smoothen the transition from Phase 1 theory-centred learning to the Phase 2 clinical environment. Switching from two years of full-time campus-based structured classes to wondering around the hospital like aimless spirits can be quite disorientating, so we hope this guide helps! The contents of this guide provide an overview of Phase 2, how to adjust to clinical learning, preparing for the Integrated Clinical Examinations (ICE), hospital secrets and many more!

Please kindly join us in extending your gratitude to the following contributors who have dedicated their time and wisdom in putting this document together.

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# disclaimer

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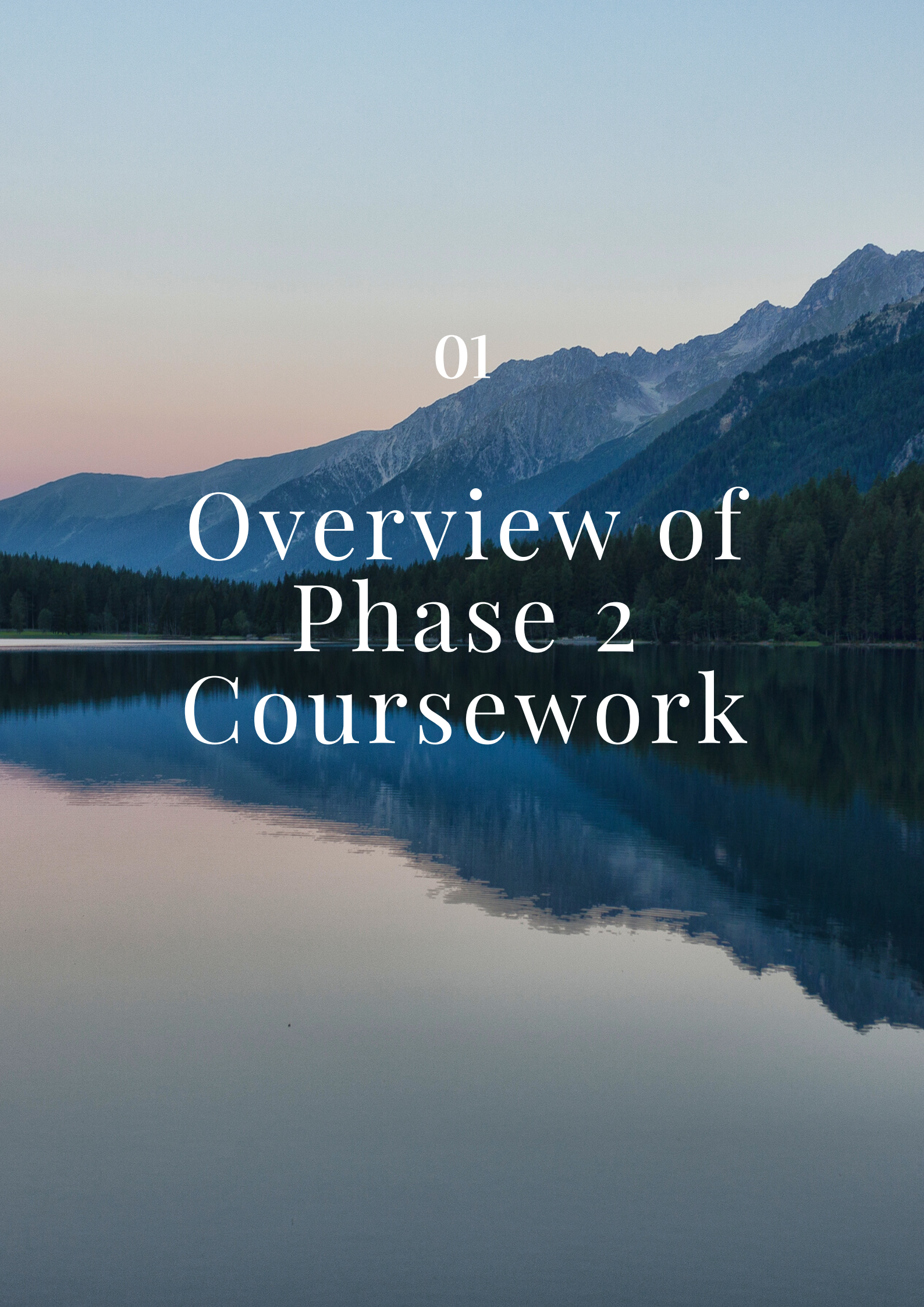
*You are strongly advised to not use this document as official information and we recommend for you to read all materials sent from Medicine Faculty carefully. This includes the Phase 2 Student Guide, Phase 2 Clinical Skills Guide and all individual Course Guides.*

*Accuracy of course-specific section may be subject to change depending on outcomes from recent P2 Review meetings and plans for restructuring of P2 Coursework Curriculum. Thus, despite our best efforts to ensure that all content is in-date, UNSW Medical Society will not be responsible for any incorrect information post-publication.*

# contents



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# Overview of Phase 2 Coursework

# AIM

The aim of coursework is to build upon the biomedical and clinical sciences learnt in Phase 1 and apply these to the beside. During Phase 1, we learnt (generally crammed) a significant amount of information in individual disciplines without much clinical context. Coursework provides the opportunity to integrate, synthesise and consolidate this scientific knowledge with the end goal of managing a real person in a clinical setting.

You will be required to develop clinical reasoning skills. This involves:

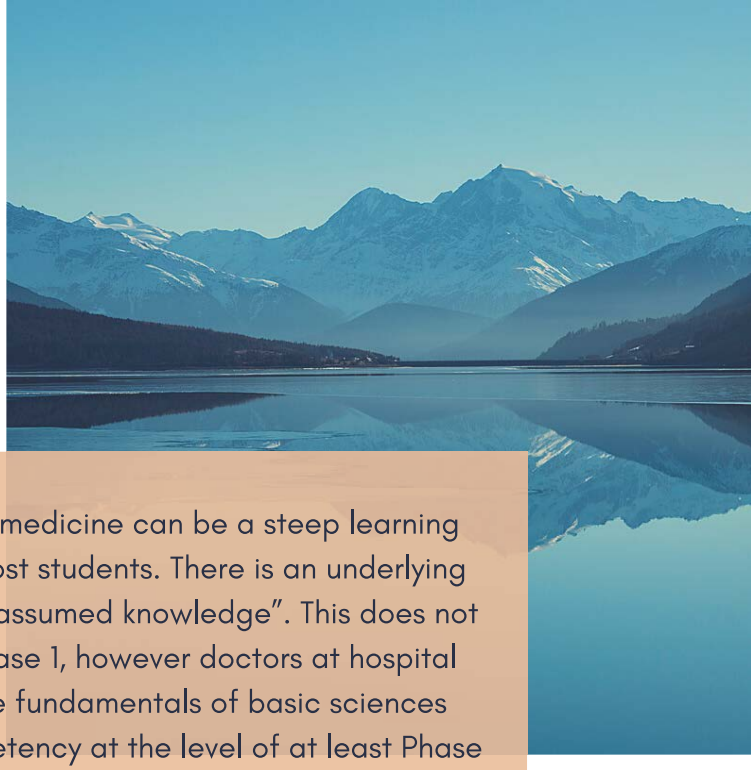
- Taking targeted patient histories - you should be aware of the more relevant and less relevant questions to be asking and have a more fluid structure to history-taking
- Having more confidence with patient examination and developing competency in interpreting clinical signs
- Recognising patterns of common presentations and histories, understand their differential value for the inclusion and exclusion of diagnostic possibilities and ultimately be able to relate them to underlying pathophysiology
- Piecing together a patient's clinical picture (history and exam) to formulate a list of differential diagnoses
- Considering common investigations (e.g. imaging, serology, etc.) you would like to order to achieve a provisional diagnosis
- Knowing common complications of presentations and pathologies covered in each course.

Moreover, you will be further developing your communication skills in dealing with patients and families including skills in consultation, counselling and dealing with specific situations

Additionally, spending three days a week at hospital will give you exposure to the inner workings of the healthcare and hospital system, the interactions between doctors and allied health staff and the role you will play in all this in just a few years' time. You should pay attention to how established guidelines/protocols are used in clinical practice as well as medico-legal and ethical scenarios that commonly arise in hospitals.

The different courses you will all be rotating through are: Adult Health 1 (AH-1), Oncology and Palliative Care (O-PC), Society and Health (SH), Adult Health 2 (AH-2), Aged Care and Rehabilitation (AC-R) and Beginnings, Growth and Development (BGD). The focus of these courses, assignment pointers and key clinical learning goals are outlined in further detail later in the guide.

# WHAT TO EXPECT



Being at hospital and having a focus on clinical medicine can be a steep learning curve but ultimately a very rewarding one for most students. There is an underlying expectation that content covered in Phase 1 is “assumed knowledge”. This does not mean you must remember every lecture from Phase 1, however doctors at hospital may expect you to have an understanding of the fundamentals of basic sciences learnt in previous years as well as clinical competency at the level of at least Phase 1 OSCEs.

Coursework uniquely gives you a SMALL taste of most disciplines in medicine, some of which you may never encounter again in your medical career. Given that you will generally not be assigned to a team, your role is to observe and learn from what goes on during ward rounds, clinics and other scheduled classes. At times you may feel unsatisfied with the duration of a rotation, however try to take it as an opportunity to get an idea of how most disciplines in the hospital system function.

Learning in Phase 2 will feel a bit more unstructured in comparison to the last 2 years. You move rapidly through most courses/disciplines and may feel like you are not doing much at times whilst being overloaded with information at other times. Unlike in Phase 1 where you had exams every 8 weeks in each course to work towards, you will only have exams right at the end of the year which assesses a significant amount of content. In combination with the rapid movement through courses and variable nature of workload, it can be very easy to be in a scenario a few months or weeks from ICE feeling you haven’t learnt much. Given the vast amount of information you will encounter, it is difficult to know how deeply you should know content and what to study. The onus falls on you to be self-directed, efficient with your time and proactive with your learning. Later sections of this guide give suggestions of how you can best use your time on campus and at hospital. Ultimately, you should be thinking “is this activity one that helps (a) my learning, (b) improves my clinical reasoning or (c) me become a better future doctor?” to help you decide what is the most productive utilisation of your time.

Expect to be challenged, enriched, frustrated, self-directed with your learning and most important (and hopefully) have a good time exploring the hospital system and the world of clinical medicine.

# ASSIGNMENTS

For each course (except SH) you are required to do an individual assignment. This is structured in a case report style, where you discuss a patient case as well as do auxiliary research relating to the relevant case study. In each assignment, you are required to take a patient history and conduct relevant bedside examinations on patients with a condition related to the course. You will also look at and interpret any investigations that were conducted to further understand how the differential and provisional diagnoses were determined. All of this information must be communicated in the first half of your report, and will be assessed under the Patient Assessment and Management graduate capability.

You are then required to select one List A and one List B perspective to research, each assessing a different graduate capability (see table below). These must be focused in the context of your case study, and be a minimum of 400 words each, excluding BGD.

Note that different List A and List B capabilities must be chosen for each assignment (exceptions are outlined in each Faculty course guide).

In AH-1, you are also required to perform an Audit and complete a Professionalism assignment in addition to your individual assignment. In SH, you will be required to do a group project Details regarding these and other course-specific assessments are covered in the 'Course Outline' section.

As each individual assignment requires a different List A and B perspective (with the exception of the surgical assignment in AH2, that allows you to repeat any List B), it is important to plan in advance and save certain perspectives for courses that are likely to have patients with conditions/situations that correlate well with that perspective. For example, it is easier to focus on the Anatomy List A in your surgical assignment in AH-2. Similarly, patients with ethical dilemmas are usually scarce and the Ethics List B is best left for AC&R.

Link to UNSW Medicine Graduate Capabilities (make sure to look at the Phase 2 section!): https://drive.google.com/file/d/1UXATf_qj8cpn4Pf_8uaPM69109KfV1X3/view?usp=sharing

*Perspectives to be addressed in individual assignments and the group project*

| List A | List B |
|---|---|
| Relevant normal anatomy and its use in interpretation of clinical manifestations and findings on imaging<br>**Using Basic and Clinical Sciences** | Social, cultural, economic and behavioural factors contributing to the health problem or issue<br>**Social & Cultural Aspects of Health** |
| Relevant normal physiology or biochemistry and its use in interpretation of clinical manifestations and investigative findings<br>**Using Basic and Clinical Sciences** | Screening programs for disease and/or how the problem can be prevented or identified early in the community<br>**Social & Cultural Aspects of Health** |
| A critical analysis of diagnostic tests performed and the way in which their results influence management<br>**Using Basic and Clinical Sciences** | Ethical issues in the particular clinical setting<br>**Ethics and Legal Responsibilities** |
| Relevant microbiology and its correlation with clinical manifestations<br>**Using Basic and Clinical Sciences** | Impact on the individual patient or the community<br>**Social & Cultural Aspects of Health** |
| Underlying pathological processes and their correlation with clinical manifestations<br>**Using Basic and Clinical Sciences** | Healthcare policy issues in the particular clinical setting<br>**Social & Cultural Aspects of Health** |
| Relevant pharmacology and/or complementary or alternative medicine, and its correlation with approaches to management<br>**Using Basic and Clinical Sciences** | Role of nursing, allied health and other professionals in the management of the problem<br>**Teamwork** |

**Approaching the patient**

If you are looking for the one, you won't find them! Every patient is unique and generally if their presenting complaint fits into the themes of course, there are no reason why you should not pick them for your assignment. If you are nervous to approach patients by yourself, grab a friend! Ask the nurse unit manager (NUM), they will know exactly what kind of patients are on their ward. It is wise to start finding your patients early, especially if you are placed at a smaller hospital as each student must choose different patients for their assignment.

Before you float over to the patient's bedside, it is advisable that you have:

- Understood the expectations of the assignment
- Decided loosely on your List A and B perspectives
- Briefly read up on the patient's background by reading through their file and/or electronic medical record (eMR)
- Checked to make sure they speak English (or have someone that can translate) and are mentally and medically stable
- Checked that the patient will not be discharged soon (this is not necessary, but the earlier you catch the patient in their journey through NSW Health, the better for you!)

Now you can make your entry! Similar to your Phase 1 hospital sessions and OSCE, you take a full medical history and perform relevant physical examinations that the patient is capable of doing. The plus side is there are no time limits and no tutors glaring at you. It is often helpful to pair up so that when you are talking to your patient, your friendly buddy is busy taking down important notes for you. If you do happen to miss any details, the patient's file and their eMR should have a comprehensive documentation of everything you will need.

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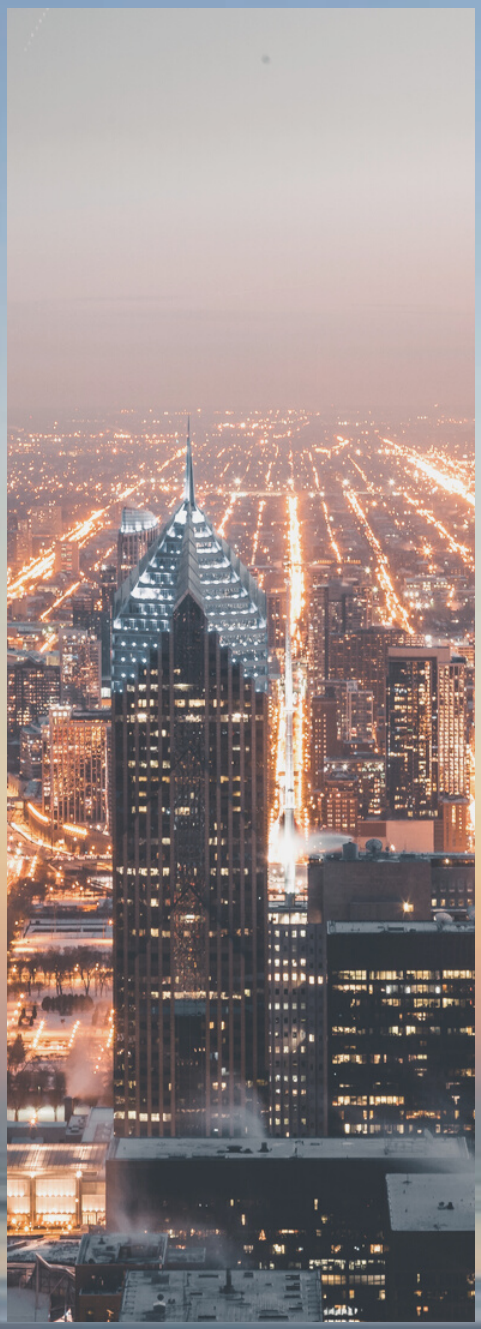
# Key Resources

Entering the clinical world of Phase 2, it may be tempting to purchase half the library. This is of course not necessary! We often get asked the question, "what is the best resource to master clinical medicine?" You already have them! They are not books or your professors ... they are the patients! Every patient is unique and by using each patients' presentation as the basis for learning various disciplines of medicine, many will find this method much more effective than cramming lecture slides and textbooks.

Nonetheless, in the table below, you will find the recommended list of resources for surviving Coursework to supplement your clinical learning.

| **Recommended online resources** | **Events (mandatory attendance if you want to get essential tips!)** |
|---|---|
| YouTube videos: Khan academy, Armando Hasudungan, Osmosis<br>Lecturio<br>Online MedEd<br>Clinical Information Access Platform (CIAP)* | "How to Excel in Phase 2" covering<br>- Clinical Learning<br>- MCQ<br>- Assignments and Portfolio<br>"ILP/Honours Information Evening"<br>- Will give you essential advice on choosing the right project and supervisor, as well as tips on surviving the year! |
| **MCQ Preparation** | **OSCE Preparation** |
| Pathology: Lectures, practicals, pathogenesis maps and quizzes in Moodle<br>Microbiology: Lectures and practicals<br>Pharmacology: Lectures<br>Anatomy: Practicals, Anatomy Images document, Acland's Anatomy, Phase 1 anatomy videos, Brainstorm<br>Imaging: Moodle CT tutorials | *Essential*<br>Phase 2 clinical skills guide<br>Talley O'Connor, Epstein<br>*Other*<br>Bates Visual Guide to Examinations<br>OSCEstop.com (excellent concise exam and applied science summaries)<br>*Reference books*<br>Davidson's<br>Oxford Handbooks (esp. Clinical Diagnosis)<br>Harrison's<br>Up to date |
| **Do not neglect the resources on Moodle! There are more recommendations there! :)** | |



*CIAP: a treasure box of resources is available here. All you need to do is login to a NSW hospital network computer, create an account (with remote access) and enjoy resources such as BMJ Best Practice, MIMS, eTG, journal access and much more, all from the comfort of your home.

**What is it?**
UpToDate is based in the United States and is an incredible resource that is not only available via your laptops but also at your fingertips if you download the UpToDate app to your phone (recommended). You do NOT need to purchase this, as via CIAP (Clinical Information Access Platform), you can create a free account and also enjoy remote access!

Most students find UpToDate to be an excellent starting point e.g. beginning an assignment, to understand the background knowledge on a certain topic. As the name suggests, UpToDate indeed uses the most up-to-date literature and thus, all information presented reflects our most current understanding. Additionally, UpToDate is quite condensed and serves as a beautiful summary for you to cram whilst walking down the hospital corridor to your hospital tutor's pre-prepared grill! All articles on UpToDate details a complete list of references which you can use for further reading.

**Point of caution:**
**UpToDate is American and there are some terminological discrepancy between the US and Australia that students should watch out for.**

**What is it?**
Medconnex is a website we developed in order to centralise resources for Phase 1, 2 and 3. Unlike the plethora of google drive and dropbox folders, the files are permanently on the website and free of duplicates. Under Phase 2, you will see past ICE MCQs and past assignments, as well as updated Lawson Notes.

**How do I get access to this amazing resource bank?**
Simple! Just sign up and wait for one of the administrators to approve your account.


03
Course
Outlines

# SOCIETY AND HEALTH

This 6 week term focuses on the social determinants of health and understanding healthcare in a community and public health context. Healthcare does not focus solely on the individual patient, but also on the health of the population as a whole. Population health includes drugs and violence, health screening tools, environmental health, mental health and Indigenous and cross-cultural medicine. By understanding population health from a broader perspective, you will learn about public health interventions and how the health system balances different needs and priorities of the community when allocating a limited number of resources, and addressing health issues that affect an entire community.

During this term, you will be allocated a community placement based off your preferences for 3 days per week for the first four weeks, in addition to normal campus days twice weekly. More information on choosing placements can be found in the section "Guide to choosing electives in SH."

SH runs on weekly themes which forms the basis for the lectures, tutorials and CMTs - Prevention and Screening, Mental Health and Wellbeing, Drugs and Violence, Indigenous and Cross-cultural Health, Environmental Health and Population Health. SH contains several online and blended learning activities. It is worthy to note that Counselling stations frequently occur in ICE OSCE examinations and students should pay attention to common assessable scenarios such as driving a car as an elderly, smoking cessation, febrile traveller and motivational interviewing. Other examinable content often not explicitly taught during SH includes:

**Skin**

- *Key Pathologies*
  - Cellulitis
  - Skin abscesses
  - Leg ulcers
  - Benign + malignant skin lesions

**Endocrinology**

- *Key Examinations*
  - Thyroid (often covered in O&PC)
- *Key Pathologies*
  - Diabetes
  - Metabolic syndrome
  - Hyperthyroidism and hypothyroidism

# SH GROUP PROJECT

In SH, the group project requires students to select and analyse a health problem specific to a focus population with reference to a theoretical framework and how this problem is or can be addressed. Assessment methods include a presentation and a final report. A list of health problem and population groups will be available for you to choose from:

**Health Problem**

- Legionella infections
- Marijuana/Cannabis use
- Polypharmacy
- Poor management of healthcare waste
- Preventable eye health problems
- Social and emotional wellbeing
- T2DM
- Unsafe use of medicines
- Use of breast milk substitutes
- Work related stress
- Bowel cancer
- Chronic pain

**Population Group**

- CALD
- Homeless people
- Illicit/Injecting Drug users
- Indigenous Australians
- LGBTQIA+
- Manual/Blue Collar workers
- Marginalised women
- Middle Aged Men
- People with intellectual disability
- People with mental illness
- Prisoners
- Sex workers
- Healthcare providers

An example of a combination would be looking into the mental health (social and emotional wellbeing) of junior doctors.

This group project has many sections to be completed and time management is important to avoid the last minute rush! We recommend for students to review the SH Course Guide carefully to avoid overseeing any minute details. It is often best if the topic chosen for the project is relevant to at least 1-2 (if not more) community placements attended by the students in any group. This is due to components requiring interviewing stakeholders related to the project topic. A brief summary of the tasks required for the project is summarised below.

1. Decide on a health issue to focus on and a specific population group – do not be afraid to be specific! (E.g. rather than choosing migrants, you can decide to focus on a particular ethnicity of interest)
2. Discuss the significance of the chosen public health problem for NSW or Australia
3. Discuss the sociocultural, economic and behavioural factors contributing to the chosen public health problem in Australia **with reference to a theoretical framework** e.g. the Ecological Model of Health
4. Identify **AND** describe ONE public health intervention that best addresses the contributing factors to the health issue identified in the preceding tasks
5. Discuss any improvements to the above chosen intervention and how it can be more patient-centred, culturally appropriate and relevant to focus population
6. Identify who will be implementing the intervention and potential challenges
7. Present all of the above in **POSTER** format and a **REPORT** for final submission

Ideally, you should team-up with colleagues whom you trust. However, in reality this is not always feasible because you will be grouped according to your placement's geographical location. If you happen to have inactive members, try to resolve it amongst the group members. Should that not work don't be afraid to notify the course convenor early (Dr Husna Razee).

Here are some additional tips on how to handle the project:

1. Follow the timeline provided in the guide and start allocating tasks early
2. Feel free to send an email to the convenors for further clarification.
3. You do not have topics set up for you - it is more of a mix and match. So, choose something that is doable i.e. have abundant of relevant journal articles or resources.
4. Once you have decided on the topic, don't forget to consult the convenors
5. Complete the tasks early and do not leave it to the last minute!
6. As with other assignments, you could try and appeal for an extension should you find your group in a very difficult situation.

# ADULT HEALTH 1

AH-1 is a 6-week course that delves into 4 of the core systems of internal medicine - Cardiovascular, Respiratory, Renal and Abdominal. Things go by very quickly in this course with these major disciplines getting only about a week each. It can be helpful to read up on some Phase 1 content before commencing each discipline in this course (e.g. reading up on the basics of renal physiology before commencing nephrology).

The 6 weekly themes for the course are based on some of the most common presentations encountered in clinical medicine and will form the basis of weekly CMTs - Syncope, Dyspnoea, Oedema, Renal Impairment, Abdominal Pain/Diarrhoea and Gastrointestinal Bleeding. Lectures and tutorials at uni and hospital will help you to formulate differential diagnosis and understand the basics of management for each presentation. During this course your clinical school will schedule the opportunity to see some very interesting surgeries and highly specialised procedures.

Components of this course form a significant part of clinical knowledge and skills required for ICE as summarised to the right:

**Cardiovascular System**

- ● *Key Examinations*
- ○ Jugular Venous Pressure (JVP) assessment
- ○ Praecordial (particularly interpretation of murmurs)
- ○ Peripheral Vascular
- ● *Key Presenting Complaints that you should be able to take a focused history of:*
- ○ Palpitations
- ○ Syncope
- ○ Chest Pain
- ○ Dyspnoea
- ○ Ankle Swelling
- ○ Murmur
- ● *Key Pathologies*
- ○ Syncope
- ○ Cardiac failure
- ○ Ischaemic Heart Disease
- ○ Valvular heart disease
- ○ Peripheral vascular disease (including ulcers)
- ● *Key Clinical/Procedural Skills*
- ○ Performing and doing a basic interpretation of a 12-lead ECG
- ○ Blood Pressure (assumed knowledge)
- ○ Basic Life Support

**Respiratory System**

- ● *Key Examinations*
- ○ Anterior and Posterior Chest (particularly auscultation and identification of adventitious sounds)
- ● *Key Presenting Complaints:*
- ○ *Chest Pain*
- ○ *Cough*
- ○ *Dyspnoea*
- ○ *Wheezing*
- ● *Key Pathologies*
- ○ *Pneumonia*
- ○ *Asthma*
- ○ *COPD*
- ○ *Environmental lung disease*
- ○ *Lung cancer*
- ● *Key Clinical/Procedural Skills*
- ○ *Interpretation of a Chest X-Ray*

**Renal/Genitourinary**

- *Key Presenting Complaints:*
- Haematuria
- Dysuria
- Nocturia
- Urinary retention
- Renal angle pain
- *Key Pathologies*
- Hypertension
- Acute and Chronic renal failure
- Renal stones
- Incontinence and retention
- Benign prostatic hyperplasia
- Prostate cancer
- Nephrotic Syndrome and Nephritic Syndrome
- Pyelonephritis, Glomerulonephritis
- *Key Clinical/Procedural Skills*
- Interpret urinalysis (assumed knowledge)

**Abdominal/Git**

- *Key Examinations*
- Abdomen
- Digital Rectal Exam
- *Key Presenting Complaints:*
- Constipation
- Diarrhoea
- Weight loss
- Abdominal pain
- Vomiting
- Jaundice
- Abdominal swelling
- *Key Pathologies*
- Acute abdomen (Appendicitis, cholecystitis, peritonitis, bowel obstruction)
- Oral infections (e.g. thrush)
- GIT infections
- Inflammatory Bowel Disease
- Colorectal Cancer
- Pancreatic Cancer
- Acute Liver disease (including Hepatitis, Biliary disease)
- Chronic liver disease (including Alcohol-caused)
- *Key Clinical/Procedural Skills*
- Interpretation of Abdo X-Ray and CT
- Faecal Occult Blood Test Procedure and patient counselling

# INDIVIDUAL ASSIGNMENT

Given the breadth of this course, there are numerous medical or surgical cases that can be used for assignment. Most people choose to do their medical assignment in this course however there are ample surgical cases that can be done as well. Try to choose a simple case of a pathology that you are interested in. Recommended perspectives for List A and B are:

| Recommended List A | Recommended List B |
|---|---|
| Relevant normal anatomy and its use in interpretation of clinical manifestations and findings on imaging | Social, cultural, economic and behavioural factors contributing to the health problem or issue |
| Relevant normal physiology or biochemistry and its use in interpretation of clinical manifestations and investigative findings | Screening programs for disease and/or how the problem can be prevented or identified early in the community |
| A critical analysis of diagnostic tests performed and the way in which their results influence management | Ethical issues in the particular clinical setting |
| Relevant microbiology and its correlation with clinical manifestations | Impact on the individual patient or the community |
| Underlying pathological processes and their correlation with clinical manifestations | Healthcare policy issues in the particular clinical setting |
| Relevant pharmacology and/or complementary or alternative medicine, and its correlation with approaches to management | Role of nursing, allied health and other professionals in the management of the problem |

# MINI-AUDIT ASSIGNMENT

This assignment is typically done in pairs or trios. The idea is to help students appreciate the values of audits by having you perform your own mini-audit. The final product is a PowerPoint presentation outlining the audit you undertook, the issues it addresses and the existing guidelines about the rules you've audited. Your presentation is assessed by a doctor. The guidelines for this project in the course guide are very straightforward. They detail how many slides are needed for each section, the content of the sections, and suggested audit ideas.

In choosing a guideline to audit, ensure that there are official documents for your chosen guideline. You need to be able to cite these guidelines in your presentation. Also try to limit the scope of the guidelines you are assessing. For example, there are many guidelines that fall under filling in patient notes: legibility, format of the notes, how they've been signed, whether official acronyms have been used, etc. It can be a hassle to check all these criteria for a week's worth of notes for 10 patients (which is the number of cases you need to audit). It might be beneficial to audit something with fewer sub-criteria, such as whether the falls risk assessment was completed in a timely manner.

Once you've selected a guideline to audit, prepare a proforma (fancy word for form) to fill in as you do the audits. There are two portions to this proforma: demographic information (as in, who are you auditing? Nurses? Doctors? What are the characteristics of the patient's involved? Age, sex etc.) and the guideline being audited.

Use a test case to see if your form is sufficient, then modify it accordingly before using the form on the rest of your cases. Then, use these results to make some graphs and charts to show your findings.

This assignment also involves talking to some of the doctors or nurses involved in meeting this guideline and asking them about the realities of trying to implement the guideline. When discussing the assignment with them, it would be good to clarify that this is not an 'official audit' but merely an assignment that aims to help you learn about hospital guidelines. Official audits tend to put hospital staff on edge and they may start wondering whether they're performance is being assessed by hospital administration. Once you've cleared this up, people are generally helpful to point you in the direction of the guidelines you need and give you answers to your questions.

If you find you're having difficulties understanding the audit assignment, there is typically a consultation session with the doctor you are presenting to in Week 2/3 of the course. They will help point you in the right direction. The assignment is marked based on the final presentation. It is typically due sometime during Week 6, on the date specified by your respective hospital sites.

Similar to the Professional assignment, this is also a Pass/Fail task and does not contribute towards your Weighted Average Mark (WAM).

# ADULT HEALTH 2

AH-2 is a 6-week course that delves into various medical and surgical disciplines - Neurology, Ophthalmology, Trauma and Orthopaedics. As with AH-1, things go by very quickly in this course with these major disciplines getting only about a week each. It can be helpful to read up on some Phase 1 content before commencing each discipline. The 6 weekly themes for the course are based common medical and surgical presentations and form the basis of weekly CMTs - Sudden acute weakness, Progressive weakness, Polyarthritis and the red eye, Acute knee pain, Acute traumatic injury and Musculoskeletal degeneration. Lectures, online activities and tutorials at uni and hospital will help you to formulate differential diagnosis and understand the basics of management for each presentation. AH-2 has the most surgical focus of all the courses in 3rd year and your clinical school will schedule the opportunity to see some a variety of surgeries and highly specialised procedures. You will also get your first taste of trauma, advanced life support and trauma management in AH-2.

The neurological and orthopaedic components of this course form a significant part of clinical knowledge and skills required for ICE as summarised to the right:

**Neurological System**

- *Key Examinations*
  - Cranial Nerves
  - Upper Limb
  - Lower Limb
- *Key Presenting Complaints*
  - Headache
  - Loss of consciousness
  - Disturbances of Speech or Vision
  - Weakness
  - Sensory disturbance
  - Falls and Loss of balance
- *Key Pathologies*
  - Cerebrovascular accident (i.e. Stroke)
  - Falls
  - Confusion
  - Peripheral neuropathy
  - Parkinson's disease
  - Dementia
  - Cerebellar disorders
- *Key Clinical/Procedural Skills*
  - Perform MMSE or RUDAS
  - Interpretation of Head CT
  - Gait Assessment

**Musculoskeletal System**

- *Key Examinations*
  - Hand and Wrist
  - Knee
  - Hip
  - Spinal
- *Key Presenting Complaints*
  - Joint or muscle pain
  - Joint or muscle stiffness
  - Joint swelling
  - Joints giving way/locking
  - Functional difficulties (and their impact)
- *Key Pathologies*
  - Rheumatoid arthritis
  - Osteoarthritis
  - Trauma
  - Fractures
  - Carpal tunnel syndrome
  - Osteoporosis
  - Fracture neck of femur
  - Metastatic bone disease
- *Key Clinical/Procedural Skills*
  - Interpretation of Hand/Wrist X-Ray (OA vs RA)
  - Interpretation of Knee X-Ray
  - Interpretation of Hip X-Ray

# INDIVIDUAL ASSIGNMENT

Given the breadth of this course, there are numerous medical or surgical cases that can be used for assignment. Most people choose to do their surgical assignment in this course however there are medical cases that can be done. For the majority that choose to do their surgical assignment in this course, doing an assignment on fracture management (e.g. NoF#) may be more interesting than a knee or hip replacement. As always, Try to choose a simple case of a pathology that you are interested in. Recommended perspectives for List A and B are highlighted below

| Recommended List A | Recommended List B |
|---|---|
| Relevant normal anatomy and its use in interpretation of clinical manifestations and findings on imaging | Social, cultural, economic and behavioural factors contributing to the health problem or issue |
| Relevant normal physiology or biochemistry and its use in interpretation of clinical manifestations and investigative findings | Screening programs for disease and/or how the problem can be prevented or identified early in the community |
| A critical analysis of diagnostic tests performed and the way in which their results influence management | Ethical issues in the particular clinical setting |
| Relevant microbiology and its correlation with clinical manifestations | Impact on the individual patient or the community |
| Underlying pathological processes and their correlation with clinical manifestations | Healthcare policy issues in the particular clinical setting |
| Relevant pharmacology and/or complementary or alternative medicine, and its correlation with approaches to management | Role of nursing, allied health and other professionals in the management of the problem |



# BEGINNINGS, GROWTH AND DEVELOPMENT

BGD is a 6 week course divided into two halves - 3 weeks focusing on Women's health and Child/Paediatric health respectively. The Women's Health component focuses on understanding sexual and reproductive healthcare, looking at conception, pregnancy and birth. The Child Health component focuses on understanding clinical paediatrics, including childhood growth & development, puberty, adolescence, sexuality, and relationships, as well as recognising common childhood illnesses and conducting examinations on children.

Components of this course form a significant part of clinical knowledge and skills required for ICE as summarised to the right:

**Obstetric and Gynaecological**

- Key Histories that you should be able to take:
  - Sexual
  - Reproductive
  - Obstetric/antenatal
- Key Pathologies
  - Pelvic Inflammatory Disease
  - Ectopic Pregnancy
  - Cervical Cancer
  - Sexually Transmitted Infections
- *Key Clinical/Procedural Skills*
  - Pap smear counselling
  - Fundal height measurement

**Paediatric**

- *Key Examinations*
  - Paediatric (particularly height, weight and head circumference)
- *Key Pathologies*
  - Respiratory distress
  - Fever
  - Developmental milestones
  - Cystic fibrosis
  - Asthma
  - Altered level of consciousness
  - Seizure
  - Acute abdomen
  - MSK injury
  - Infection
  - Anorexia
  - IBD
  - Cerebral palsy
- *Key Clinical/Procedural Skills*
  - Interpretation of Growth Charts
  - Otoscopy
  - Assessment and Interpretation of Vitals

# ASSIGNMENT

Assignments for BGD differ from other courses. With a chosen partner, you will find a clinical case with either a O&G or Paediatric focus depending on the term. This case will be presented during hospital sessions and you will be required to submit a linked assignment case report and one chosen List A/B focus. If List A is used in Women's Health then a List B capability should be chosen for Child Health and vice versa. Recommended perspectives for List A and B are highlighted below

| Recommended List A | Recommended List B |
|---|---|
| Relevant normal anatomy and its use in interpretation of clinical manifestations and findings on imaging | Social, cultural, economic and behavioural factors contributing to the health problem or issue |
| Relevant normal physiology or biochemistry and its use in interpretation of clinical manifestations and investigative findings | Screening programs for disease and/or how the problem can be prevented or identified early in the community |
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| Relevant pharmacology and/or complementary or alternative medicine, and its correlation with approaches to management | Role of nursing, allied health and other professionals in the management of the problem |

# AGED CARE AND REHAB

AC&R is a 4 week term focusing on clinical problems commonly encountered in Geriatric medicine - Ageing, Frailty, Falls, Acute Confusion, Delirium, Depression in the elderly and Dementia amongst others. Some topics seem to overlap with other courses, however the focus of AC&R is on the management of problems in the elderly. This course gives a good understanding of the multidisciplinary nature of patient care as you will work closely with allied health professionals.

Whilst most of the clinically assessable components of this course overlap with other courses, there are some topics that can be assessed and are most likely to be encountered in this course:

- *Key Examinations*
  - Inguinoscrotal (i.e. Hernia)

- *Key Pathologies*
  - Inguinal and femoral hernia
  - Saphena varix
  - Scrotal swellings
  - Delirium
  - Dementia

## ASSIGNMENT

Your clinical school will organise a home visit and hence you will be allocated for an assignment in AC&R. It is best to go as prepared as possible (search patient admission records and recent history, consider what examination you would like to perform and what home assessments can be done) for your home visit as you will only have one opportunity to see your allocated patient.

Recommended perspectives for List A and B are highlighted below

| Recommended List A | Recommended List B |
|---|---|
| Relevant normal anatomy and its use in interpretation of clinical manifestations and findings on imaging | Social, cultural, economic and behavioural factors contributing to the health problem or issue |
| Relevant normal physiology or biochemistry and its use in interpretation of clinical manifestations and investigative findings | Screening programs for disease and/or how the problem can be prevented or identified early in the community |
| A critical analysis of diagnostic tests performed and the way in which their results influence management | Ethical issues in the particular clinical setting |
| Relevant microbiology and its correlation with clinical manifestations | Impact on the individual patient or the community |
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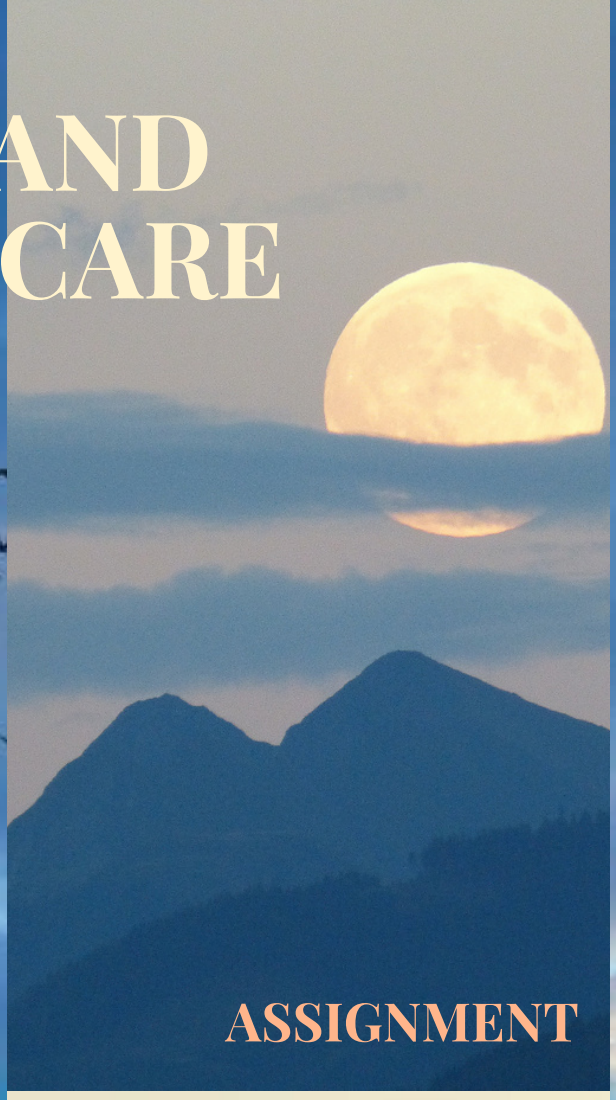
| Relevant pharmacology and/or complementary or alternative medicine, and its correlation with approaches to management | Role of nursing, allied health and other professionals in the management of the problem |

# ONCOLOGY AND PALLIATIVE CARE



## ASSIGNMENT

O-PC is a 4 week course focusing on Medical Oncology, Radiation Oncology, Haematology and Palliative Care medicine. You will explore the challenges of caring for people with malignant diseases as well as the clinical basis of cancer diagnosis, management and cure. The weekly themes for the course are based on common presentations for oncological conditions - Lumps and Bumps, GI symptoms and anaemia, Pelvic Symptoms & Metastases as well as Palliative & Supportive Care.

Haematological components of this course can be assessed in ICE as summarised below:

**Haematology**

- *Key Examinations*
  - Haematological
- *Key Presenting Complaints:*
  - Anaemia
  - Bruising/bleeding
  - Lymphadenopathy
- *Key Pathologies*
  - Anaemia
  - Thromboembolic disease
  - Lymphoma
  - Leukaemia
  - Various Cancers

Recommended perspectives for List A and B are highlighted below:

| Recommended List A | Recommended List B |
|---|---|
| Relevant normal anatomy and its use in interpretation of clinical manifestations and findings on imaging | Social, cultural, economic and behavioural factors contributing to the health problem or issue |
| Relevant normal physiology or biochemistry and its use in interpretation of clinical manifestations and investigative findings | Screening programs for disease and/or how the problem can be prevented or identified early in the community |
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| Relevant pharmacology and/or complementary or alternative medicine, and its correlation with approaches to management | Role of nursing, allied health and other professionals in the management of the problem |

04

# How to choose your SH Elective

# Choosing your SH elective

You will hear many things about SH, people who loved this or hated that elective. It is important that you pick you electives wisely; not only based on reviews from students but also based on your personal interests.

Here is a list of potential electives you may get to choose from:

- Aboriginal Health
- Ambulatory Care/Gen Med
- Community Paediatrics
- Community Psychiatry
- Diabetes
- Drug and Alcohol
- GP Casualty
- Heart Disease
- HIV medicine
- Homeless health
- Justice Health
- Pain Medicine
- Palliative Care
- Rehabilitation Medicine
- Sexual Health
- Women's Health (female students only)

Every student's SH placement is unique, and quite often what you will actually experience on placement will be different to your expectation of the SH term. No matter which placement you receive for SH, you will have a positive experience if you are open to have new experiences and engaging in self-directed learning with both the clinicians and allied health professionals.

# Past reviews

***Disclaimer:***
*Placement of the same elective in different locations often will differ; electives are constantly revised/changed/improved based on student feedback over the years. Furthermore, these reviews have been taken from a limited sample size and do not represent the opinions of the entire student body.*

| | |
|---|---|
| **Aboriginal Health** | No Review(s) available |
| **Ambulatory Care/Gen Med** | • Ambulatory care: exposure to allied health, can be quite boring if you are not proactive<br>• Gen Med: good clinical exposure - you do exactly what the interns do including paperwork, ordering blood tests. Ward rounds are twice a day and you write notes for these.<br>• No/little link to SH topics |
| **Community Paediatrics** | • Clinical rather than community focus (based in hospital) - thus highly linked to SH<br>• Good exposure to common paediatric presentations<br>• The team (registrars) are happy to team you<br>• Opportunities for home visits, clinics, special care nursery, ward rounds |
| **Community Psychiatry** | • Really interesting - potentially the only exposure you get to actual clinical psychiatry in medicine.<br>• A lot of the focus is on allied health teams (consistent with the aims of SH) - this can be pretty dry and seem a bit lateral to medicine. My advice is to find some psychiatrists and ask to accompany them on rounds, or to watch new admissions in the ED. This is where I saw the most interesting and memorable patients.<br>• Very few scheduled responsibilities - you'll have to be quite self-directed and motivated... It's easy to slip under the radar and do nothing if you're not careful.<br>• - Naomi xx. |

***Continued on the next page...***

| | |
|---|---|
| **Diabetes** | • Great clinical learning, had ward rounds or clinics almost everyday<br>• Diabetes education clinic was pretty boring (recommend only going once)<br>• Clinics are mainly not focused on diabetes but more on endocrine as we were attached to the endocrine team |
| **Drug and Alcohol** | • Highly relevant to SH<br>• Addiction medicine has very interesting range of patients<br>• Limited opportunity to practice clinical skills/histories<br>• Needs to be self-directed in asking doctors for opportunities to take histories etc.<br>• Exposure to wide range of allied health professions; and members of a multidisciplinary team<br>• Opportunity to experiences wide range of services such as methadone clinic, ambulatory care, cannabis clinic, chemical use during pregnancy, detox services etc.<br>• Patients may not show up for clinic resulting in time spent waiting around |
| **GP Casualty** | • Good clinical exposure with plenty of opportunity to practice histories and practical skills (e.g. taking blood)<br>• Exposure to variety of community health services i.e. home visits, chemist, drug and alcohol and many more |
| **Heart Disease** | No Review(s) available |
| **HIV medicine** | • Uncertainty of clinics - patients often cancel and you may have to wait around for hours before seeing a patient<br>• Doctors and nurses are very busy, little room for self-directed learning in a clinical/practical sense<br>• Exposure to multidisciplinary team including psychologists, tobacco specialists, nurses, pharmacists, nutritionists, doctors specialising in HIV/infectious diseases |
| **Homeless health** | No Review(s) available |

*Continued on the next page...*

| | |
|---|---|
| **Justice Health** | • Unique and interesting location<br>• Topics relevant to SH<br>• Confronting experience; you will go to prisons including maximum-security areas. You will have to deal with security measures (and thus sit around a bit)<br>• Rotations through different clinics including general practice, infectious diseases, aged care, drug and alcohol, medical acute unit, mental health, even dentistry! |
| **Pain Medicine** | • Exposure to patients with chronic, non-cancerous pain and CBT workshops<br>• Lots of patients with complex psychosocial histories and who are happy for you to take histories<br>• Little opportunity for practical clinical skills |
| **Palliative Care** | No Review(s) available |
| | • Clinical rather than community focused<br>• Combined with geriatrics (if at Fairfield hospital)<br>• Opportunity to be part of the geriatric/rehabilitation team; including ward rounds<br>• Good opportunity for self-directed learning - taking histories, performing cannulas, removing stitches<br>• Good exposure to allied health and multidisciplinary team including home visits, physiotherapy, occupational therapy, social work<br>• Little link to SH |
| **Sexual Health Women's Health (female students only)** | • Good clinic exposure, especially to logistics behind healthcare<br>• Doctors are keen for you to become involved in practical skills (including vaccinations, IM injections, taking blood, using speculums, taking swabs, gram stains, microscopy etc.)<br>• Less opportunity to practice histories<br>• Shorter hours (some have days off/ ½ days) |

# 05

# Campus Days

# What am I expected to know?

In Coursework, much of what was taught in Phase 1 becomes assumed knowledge. If you feel like you've forgotten a lot from Phase 1 don't worry too much as many of the lectures and practicals you have are revision of Phase 1 content. In saying that it is important to note that revised content is heavily condensed and often presented alongside new information. For each course there are weekly themes. It may be useful to read through textbook chapters that are relevant to the theme of the week before it starts.

# Do lectures, practicals and tutorials still exist?

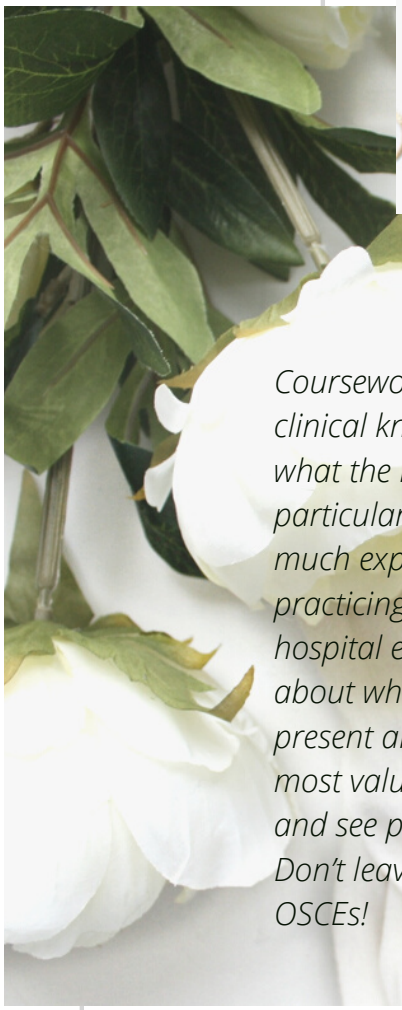
Yes, you still have lectures, pracs and tutorials! During coursework year you'll (typically) have three days at hospital and two days on campus per week. As there are only two campus days per week they tend to be jam packed with lectures, pracs and tutorials. Each course varies with enforcing attendance. Some course such as BGD will have an attendance sheet for almost every scheduled activity while others such as SH will tell you which activities are compulsory and which are not - note that some courses such as SH are very strict so it's best not to risk it. Lectures will be recorded and uploaded to Echo360 similarly to how they were in Phase One. Although there is no prac exam at the end of the year, all content presented in lectures, pracs and tutes is assessable in the Phase Two ICE (MCQ).

# Preparing for Case Method Tutorials (CMTs)

CMTs are essentially highly worthwhile tutorials where, as the name suggests, a case is discussed. The key to getting the most out of CMTs is in the preparation. While you can put in minimal effort and survive this is not recommended as your end of year exams will often include topics discussed in CMTs. To prepare for a CMT, it is best to read the case and jot down any notes, questions or thoughts you may have. There are typically also pre-readings attached, so ensure you read these too as they will often help you to better understand the case. There will also be a list of questions to answer. While these are discussed during the CMT it is highly recommended that you have a go at answering these questions before the CMT. Remember the more you contribute during the CMT the more you will learn! In some course (e.g. SH) you are allocated a certain CMT where you will form part of a panel/group of experts. For these CMTs in addition to preparing for the session you can also try to find a patient in hospital that is in some way related to the CMT case. You'll be surprised how much having seen a similar case in hospital will help with your understanding of the CMT case.

06

# Adjusting to Clinical Learning



*Coursework is filled with opportunities to gain and expand on clinical knowledge and it is critical to make the best use of what the hospitals and clinicians have to offer. Third-year in particular provides an invaluable opportunity to gain as much experience as possible conversing with patients, practicing physical exams, and becoming familiar with the hospital environment.  In addition, you can also start thinking about what the relevant symptoms and signs mean, as well as present and summarise cases to your peers/tutors. By far the most valuable way to learn is to continuously go to the wards and see patients throughout the year, including by yourself. Don't leave it all to the end! You cannot cram for the P2 ICE OSCEs!*

# What do I do at hospital?

As explained before, you will be spending 3 days a week at your allocated hospital/clinical site. Your clinical timetable will not be located on eMed (unless you are at St George/Sutherland hospital) but will be emailed or given to you by your clinical school for each course that you undergo. Some of the clinical schools have been notoriously late with sending through the clinical timetable and so you may need to follow up with your clinical admin to ensure that you will get your timetable on time. Your university classes such as lectures, practicals, tutorials and CMTs will be placed on eMed so it is still important to continually check that as well.

**Note:**
*Timetables vary significantly across different clinical schools, not all of the following will apply to everyone*

Coursework relies heavily on self-directed learning and taking initiative to take advantage of opportunities to learn e.g. examining patients and taking histories by yourself. There are certain types of hospital classes that you will repeatedly have throughout the year:

**Ward rounds**
This is when a team of doctors will see the patients that have been assigned to their care and usually happens first thing in the morning (8am or even earlier). The purpose of ward rounds is to allow the doctors to monitor how patients are managing, and to help them plan their tasks for the rest of the day, e.g. if any patients can be discharged or require another team's consult. Consultants will round with their team on certain days of the week only.  Ward rounds provide an ideal opportuntity to scope out patients that may be amenable to medical students (you!) practicing histories and physical exams on them later. To enhance your learning, don't be afrid to ask questions about why the doctors have chosen to make certain decisions during rounds.

**Bedside tutorials**
A doctor will take a group of students to discuss how to a take a history, perform an examination, or even give a mini crash-course on a topic from a certain system or specialty. You will visit patients together, and students perform a history or examination in front of the tutor. Afterwards, you can present or summarise back, then the doctor will provide feedback on how the student went. Most doctors will assume that you know at least a few exams so you have something to practice. These tutorials are very high yield, and often times you can request on any topic you feel weak in, so don't be hesitant to ask your doctor if they can cover a certain subject.

**Clinics**
You will be assigned to clinics in some courses and will involve you observing doctors' consultations with their patients. Ask questions about the conditions and management options that were mentioned in between the time the doctor sees patients. If the doctor is routinely performing an examination, ask if they would allow you to perform some on the patients after seeing them do some.

**Course tutor sessions**
The sessions are pretty free-form depending on the tutor, but the general premise of these classes is that a doctor will elaborate on some conditions relevant to weekly theme, as well discussing some clues in the history and examination that will allow you to identify these conditions (developing a list of differentials is a skill examined in the ICE). The conditions covered are usually the most common, bread-and-butter cases seen in each system, which make these sessions extremely relevant and usually quite high-yield to what you see in hospital, and what will be examined in the ICE!

**Case reviews**

In these classes, students will be required to present a patient case that you have found in the wards yourself, related to the weekly theme. These are held at the end of the week in order to give you time to find your patient, talk to them and then examine them. Generally, the doctor will want you to present YOUR OWN findings, not the ones you pull from PowerChart (eMR). The reviews normally go for 1 - 1.5 hours and so not everyone will present (generally 2, 3, or 4 patients in a session). Discuss with your group who will be presenting each week and draw up a roster so everyone gets a chance. If done well, you can be learning about 3 different conditions and how to identify them in these sessions, as well as explore the clinical decisions made by doctors. Coordinate with other classmates to ensure that you are not covering the same patient or the same condition, or it will be a waste of time!

**Additional Activities**

- Go to the radiology department to observe various scans and interventional radiology
- Attend various department meetings or grand rounds to witness doctors discussing difficult cases and how to manage them (usually nice FREE food available!)
- Go to the Catheterisation Laboratory, observe transoesophageal echocardiograms
- Attending journal clubs helps you familiarise yourself with the latest research in a particular field and often contains practical tips on using databases and effective search strategies which can prove extremely useful for individual assignments
- Attend theatres and observe surgeries
- Some hospitals allow students to attend JMO teaching sessions
- MOST IMPORTANT - grab a mate and see patients yourself. Always volunteer for anything that involves hands on experience and ask the nurses if you can follow /assist them with taking bloods, cannulation, etc.

# How to approach doctors?

It may be pretty intimidating to as a medical student to approach some of the doctors, but generally the doctors are very happy to teach and answer any questions that you have. Remember that all of the doctors were in your position at some point in their life and can empathise with that.

When approaching doctors, remember to introduce yourself (name and year) and to clearly tell them what you need from them. Be confident with what you are saying. When on ward rounds, introduce yourself to the rest of the team at the start so that everyone knows why you are and why you are there, and not some random guy or girl creepily following the team. Please do not call the doctors by their first name unless they have asked you to, as though most doctors won't mind, there will be some older doctors who will not appreciate that.

Try to page or text the doctor running your assigned classes ahead of time (usually the day before or first thing in the morning) to confirm that they are taking the class, where and when the class is happening and if there is anything they would like you to do ahead of the class. This is important as not every doctor will remember that they agreed to take on a teaching class in their busy schedule. Doctors not showing up to classes is a common occurrence in 3rd year. It is also common for classes to be cancelled so finding out earlier if the class will be cancelled can also save some time.

# How do I find new patients?

The easiest way to find patients that you can use for assignments or case presentations would be using patients that you have seen in assigned hospital classes such as ward rounds, clinics or bedside tutorials. Ward rounds are an effective way to find new patients as you will be able to see a large number of patients, as well as being able to gain a brief understanding of their medical condition and whether they would be willing to talk to a medical student. Also, if the patient is seen during ward rounds, it generally means they will have an extended stay at the hospital, allowing you to see their condition and management change over time. Patients seen in the clinic are difficult to write assignments on as they are often only there for their clinic visit, so it will be difficult to follow up.

Another way to find patients would be going to the ward and introducing yourself to the nurse in charge of the ward (sometimes called the Nursing Unit Manager/NUM) and explaining what you're looking for. They have been known to be extremely useful in finding patients that have either a good history, good examination signs or are willing to talk to students (which is sometimes a lot less frequent than you would think).

Otherwise, you can always ask doctors that work in the ward that is related to the discipline that you are currently studying e.g. asking doctors in the geriatric ward during Aging and Endings. Interns and residents especially are particularly helpful as they generally have the most patient interaction out of all the doctors on the team, meaning that they may know things about certain patients that the other doctors might not know, as well as the fact that they're on the ward much more often! Lastly, Phase 3 medical students attached to the team are also a good source to find patients for assignments.

When seeing patients for the first time, ensure that you clearly introduce yourself and explain that you are a medical student. It may be intimidating going to see patients by yourself for the first time, but the majority of patients are quite happy to talk, you just need to be confident. Always gain consent when going to take a history or perform an examination by explaining what you are going to do e.g. “I would like to ask a few questions about why you’ve come to hospital. Is that ok with you?”. Make sure to go at a time that is appropriate for the patient and do not go if they are busy with something else such as having an investigation done or talking to family members. However, you may find that many elderly patients sleep through the whole day (eg ACR term). With patients that the nurses know to be nice, you can actually consider waking them up- doctors have to do this all the time too!

# How do I follow-up patients I’ve already seen?

Following up patients mainly involves going back to speak the patient directly. Ask about any changes in symptoms or the development of new symptoms. If they are not able to talk to you or have already been discharged, you can always ask the doctor who was in charge. It is also important to follow up any investigations that your patients have had which would be located in the patient records within eMR-PowerChart. Any day to day observations would be recorded within their bedside charts/folder.  Ensure that you follow up on patients as soon as you can, as you may find it may no longer be possible to speak to them if they are discharged, moved to another hospital or even pass away.

# What to do if classes keep getting cancelled and are not being made up?

To sum it up: self-directed learning. If you have been acquainted with a junior doctor or intern who is currently assigned to the ward you are studying with, you can approach them and ask if they could possibly take you on for an extra tutorial on the topic. Many junior doctors like having opportunities to teach, as this is also good experience for them and shows leadership skills that they can mention to future employers. However, their schedule may not often allow this so be open to approaching some keen older students who may be studying the topics you need to learn about for their exams. They also value the opportunity to help out and teach.

Alternately, you can find out what the schedule is for the clinics related to the discipline in your study and approach the doctors during those clinics (in between patients) and ask if you can observe. Doctors may not always be keen to take on students unexpectedly, so they may say no or ask you to come back the following clinic. Also, they can only take 3 people at most (though they will only usually take 1), so that also limits how many students can do this. If you have scheduled clinics, also take this into account to make sure you aren't interfering in someone else's clinic time. In any case, report the lack of a make up class to your clinical school admin so they know where extra classes need to be scheduled and they can sort out any issues as needed.

# Can we crash other classes from other hospitals/attend JMO teaching sessions?

The rules for attending JMO teaching sessions varies between campus. In some hospitals the clinical school requests that you do not attend these sessions whilst in others, you will be encouraged to. If you miss a compulsory class (e.g workshop required for your procedural logbook), you should arrange any makeup classes via your clinical school administration. Do not attend other tute groups session without the administration's knowledge. With regards to attending classes outside of your allocated hospital campus, do not "crash" classes in other hospital as this is a security issue.

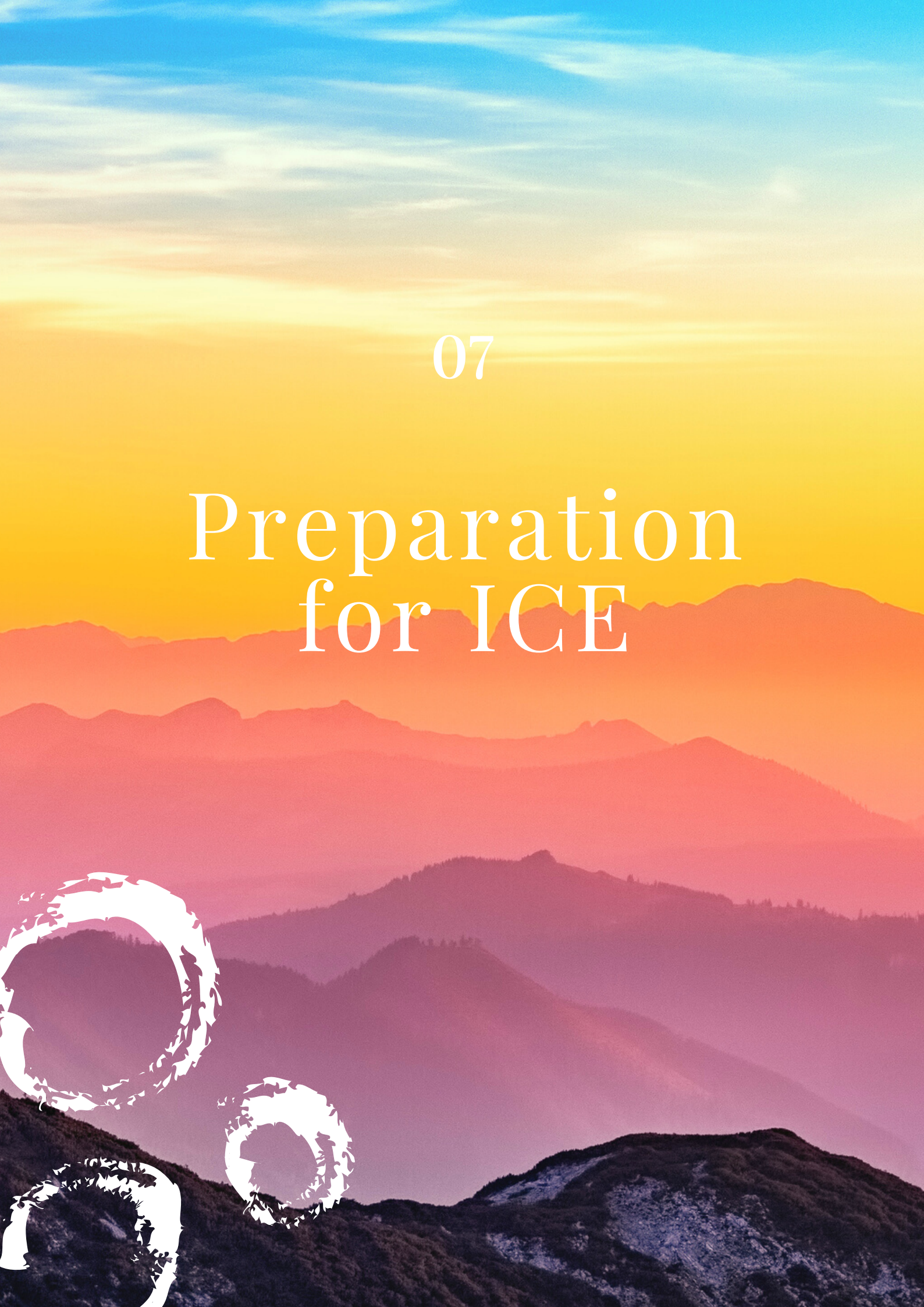
# Procedural skills logbook

The procedural skills logbook addresses a few skills which you are required to learn during phase 2 e.g. preparing an IV line, cannulation, basic life support etc. During coursework, you need to attend and get all sessions signed off (except for two surgical skills which you can complete later). Your clinical school will organise sessions for you to learn these skills - make sure you attend these workshops and make sure you are on time as some tutors will not let you in if you are late! Make sure you bring your logbook to every session so it can be signed off (a good tip is to leave it in your hospital locker), and it is recommended that you keep an electronic copy just in case.

If you miss a session, it is your responsibility to contact your clinical school admin to a makeup session with another tutorial group - do not leave this to the end of year. Please note that you will need to have the procedural skills logbook signed off and handed into at the end of coursework in order to continue your studies in Phase 3.

07

# Preparation for ICE



# What to Expect

**Structure of the clinical exam:**
The phase 2 ICE Clinical exam consists of 6 stations, each 10 minutes long and preceded by around 2 minutes reading time. Unlike the Phase 1 OSCE where you had to interview and examine a patient, ICE stations involve one of the following - history-taking, examination or counselling. However, some exam stations require brief questions to be asked before you proceed with examining the patient (e.g. "take a brief history to assess the functional impact on the patient and perform the relevant examination"). Whilst less common, these mixed stations come up from time to time.

**What do the examiners expect?**
Just like the Phase 1 OSCE's, Phase 2 ICE focuses on your patient interaction and examination skills. So, don't forget the basics - wash your hands, build rapport, be empathetic, and position the patient correctly. In addition, this year there is an expectation to develop skills in patient management and forming clinical diagnoses. As a result, each assessor will expect you to talk about your clinical findings, provide differential and provisional diagnoses as well as possible investigations and management options for your patient. Unlike the OSCEs there are virtually no pretend patients in the ICE and most will have clinical findings to report. It is important to avoid merely going through the motions and look carefully for clinical signs, trying to make sense of them as you go so as to be able to put together a diagnosis.

Secondly, don't underestimate the power of a good summary! As easy as it is to overlook practicing them while trying to practice exam techniques and nail fancy clinical sign names, they're equally important in impressing the examiner. The expectation this year is to stray away from the tendency of over-reporting, and focus on narrowing it down to a concise "2-3 sentence" summary using medical jargon with major findings and only the most relevant negatives identified. It helps to think of what you would say if you were on the phone to a busy consultant, such that they would have enough information to get a clear idea of the patient and what needs to be done to manage them - this is essentially where our summary skills will come in handy in the real world anyway.

Lastly, don't forget to brush up on procedural skills and questionnaires like the MMSE, Alcohol Audit, etc. as these are also examinable.

# Assessment Criteria

## FROM THE P2 CLINICAL SKILLS GUIDE

**Phase 2 ICE Assessment Form B [*examination-based generic form*]**

**Student Details:** **[sticker to be provided]**

**Assessor:**
**Date:**

| Assess the student's ability to: | Mark - Circle one grade for each | | | |
|---|---|---|---|---|
| **1. Engage patient and maintain respect** - *initiate session appropriately, explains nature of examination or procedure and asks for consent, explains steps in examination or procedure clearly, pick up verbal and non-verbal cues, display sensitivity to patient's needs, respect boundaries, gain patient's trust, thank patient and offer help with dressing etc* | **F** Fail | **B** Borderline | **P** Pass | **P+** Exceptional |
| **2. Perform technically competent physical examination or skill** - *correctly position patient, ensure patient comfort and privacy, avoid aggravating patient discomfort, adept with equipment, demonstrate a competent approach to examination* | **F** Fail | **B** Borderline | **P** Pass | **P+** Exceptional |
| **3. Detect physical signs** - *correctly describe observations; detect/elicit reasonably evident physical signs; or describe expected physical signs which are not reasonably evident* | **F** Fail | **B** Borderline | **P** Pass | **P+** Exceptional |
| **4. Summarise case findings** - *smoothly summarise examination findings and, if appropriate demonstrate provision or differential diagnoses, as well as investigations* | **F** Fail | **B** Borderline | **P** Pass | **P+** Exceptional |
| **5. Interpret patient case** – *suggest appropriate differential diagnoses, and, as appropriate, suggest suitable investigations; be able to describe the significance of physical signs* | **F** Fail | **B** Borderline | **P** Pass | **P+** Exceptional |

**Additional comments** _____

**Feedback on station** _____

**Phase 2 ICE Assessment Form A [*history-based generic form*]**

**Student Details:** **[sticker to be provided]**

**Assessor:**
**Date:**

| Assess the student's ability to: | Mark - Circle one grade for each | | | |
|---|---|---|---|---|
| **1. Listen attentively, engage patient and maintain respect** - *initiate session appropriately, allow patient to use his or her own words without premature interruption, use open and closed questions, reflect important feelings, pick up verbal and non-verbal cues, shows interest in eliciting the patient's perspective, display sensitivity to patient's needs, respect boundaries, gain patient's trust, thank patient and offer help with dressing etc* | **F** Fail | **B** Borderline | **P** Pass | **P+** Exceptional |
| **2. Elicit a relevant clinical history** - *establish reason for presentation, course and nature of symptoms, demonstrate clinical reasoning in the approach to questioning, frames questions in ways that take into account patient's concerns and understanding of their situation, summarise back to patient to check understanding* | **F** Fail | **B** Borderline | **P** Pass | **P+** Exceptional |
| **3. Gather a relevant psychosocial, past medical and family history** - *ask patient about family &, social support, cultural & lifestyle factors, employment issues; elicit relevant past medical and family history, as well as specific risk factor history where appropriate* | **F** Fail | **B** Borderline | **P** Pass | **P+** Exceptional |
| **4. Summarise history to the examiner** – *smoothly present a brief summary of the history demonstrating the key or most relevant features, identify the patient's key concerns and reason for presenting* | **F** Fail | **B** Borderline | **P** Pass | **P+** Exceptional |
| **5. Interpret patient history and presentation** – *suggest appropriate differential diagnoses, and, as appropriate, suggest suitable investigations or treatment options* **OR** **Discuss/explain diagnosis and/or management with patient** – *use appropriate language, respond appropriately with sensitivity to patient's questions,* | **F** Fail | **B** Borderline | **P** Pass | **P+** Exceptional |

**Additional comments** _____

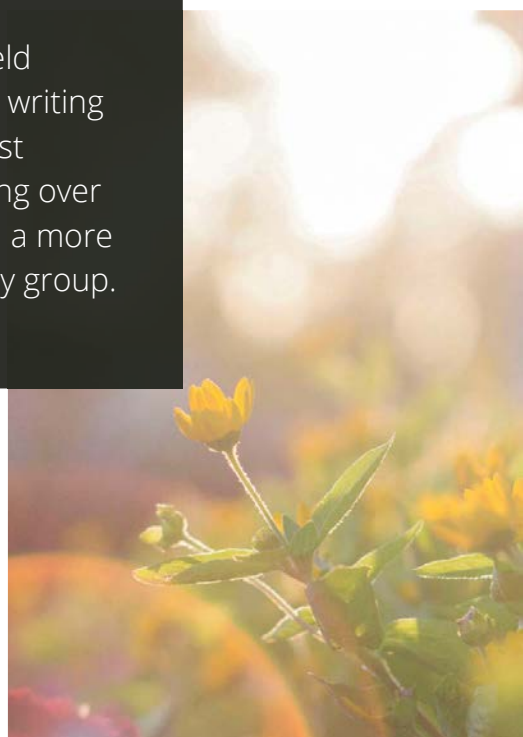
# How to Prepare

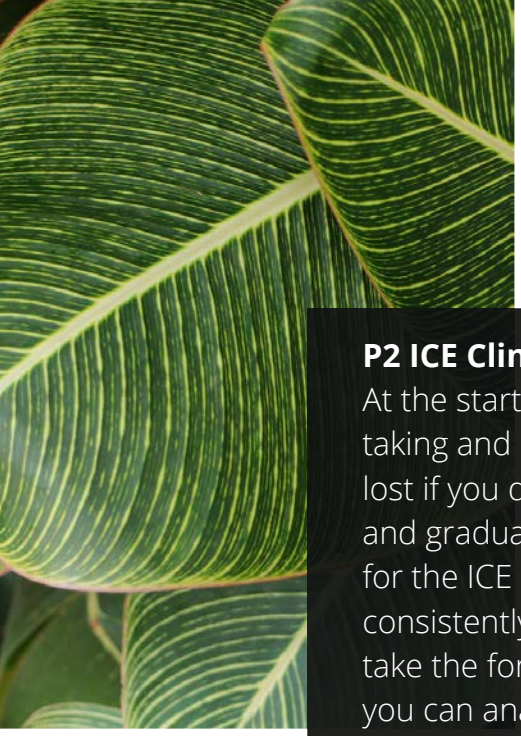
There are many different ways to prepare for your end of year exams, and different methods will suit different people. Perhaps your study techniques for Phase 1 exams worked great and you can keep using them, or perhaps it's time to try something new! Either way, we've compiled some tips for effective study to help you out.

**P2 ICE MCQ**

As in Phase 1, the most high yield study for your Phase 2 MCQ exam is to do all of the past papers. However, it's important to remember that not all questions are remembered perfectly, and past students haven't necessarily selected the correct answer. It can therefore be useful to form a study group to discuss difficult MCQs with, or to start discussions on your year's Facebook page, or even to search the Facebook pages of higher years for discussions of particular questions.

It is also important to bear in mind that in the past two years over 50% of the MCQ exam has been new questions, so it can be unwise to rely solely on past papers. Staying on top of lecture and CMT material throughout the year is therefore a very good idea, either by making your own notes or finding a reliable set for annotation. As exams draw closer you can
then read over your notes again, particularly for the high yield lectures from each course. Other useful techniques include writing yourself sets of questions after each lecture that you can test yourself on regularly (or just in the lead-up to exams), reading over relevant Phase 1 content as you go through Phase 2 to gain a more thorough understanding of the content, and forming a study group.





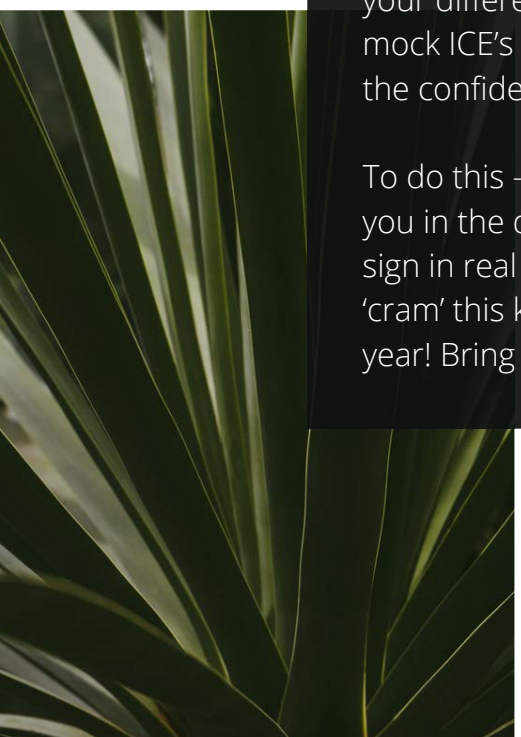
**P2 ICE Clinical**

At the start of third year you likely have a fairly strong knowledge of history taking and exam technique from your OSCE revision, and this can be easily lost if you don't make some effort to maintain it. It's much easier to retain and gradually grow this knowledge than it is to re-learn it when cramming for the ICE exam, so it is therefore highly recommended that you study consistently throughout the year, even if it is only in small doses. This could take the form of going to see patients at your hospital with a friend so that you can analyse and improve each other's techniques, or starting a study group and going through a few exams each week.

In terms of expanding your clinical knowledge, you will receive so many tips this year from doctors on the wards, your lectures, and older students. It's a really good idea to make note of these so that they are not forgotten by exam time, and either writing a set of notes (with the help of Talley's), adding to your Phase 1 clinical skill notes, or finding and annotating an older student's notes. It's also important to include clinical signs and associated differentials in these notes, because an important part of the ICE exam is coming up with differentials.

As exams draw closer, the key technique is to practice - reading notes can only get you so far! This can involve a study group or a friend with whom you can meet regularly and practice histories and exams, or visiting hospital more frequently to see actual pathology. When practicing with friends it is very useful if they fake pathology based off the mock cases or the past cases from the memorandums so that you can further practice your differential skills. Doing this kind of practice regularly, and attending mock ICE's or having peers and/or older students observe you, will give you the confidence and skills needed for the ICE exam!

To do this - just go to the wards and ask the intern/registrar there to point you in the direction of patients with good signs. It is only when you see the sign in real life that you realise how to properly look for it. Impossible to 'cram' this kind of experience, so make sure you do this regularly over the year! Bring a friend with you, and give each other feedback.



**Counselling Stations**

Counselling is a poorly taught topic in Coursework, yet it is one of most commonly used skills in clinical practice. Being able to counsel a patient and/or perform motivational interviewing is critical for the P2 ICE OSCE as Counselling stations frequently occur. Some examples of these stations include:

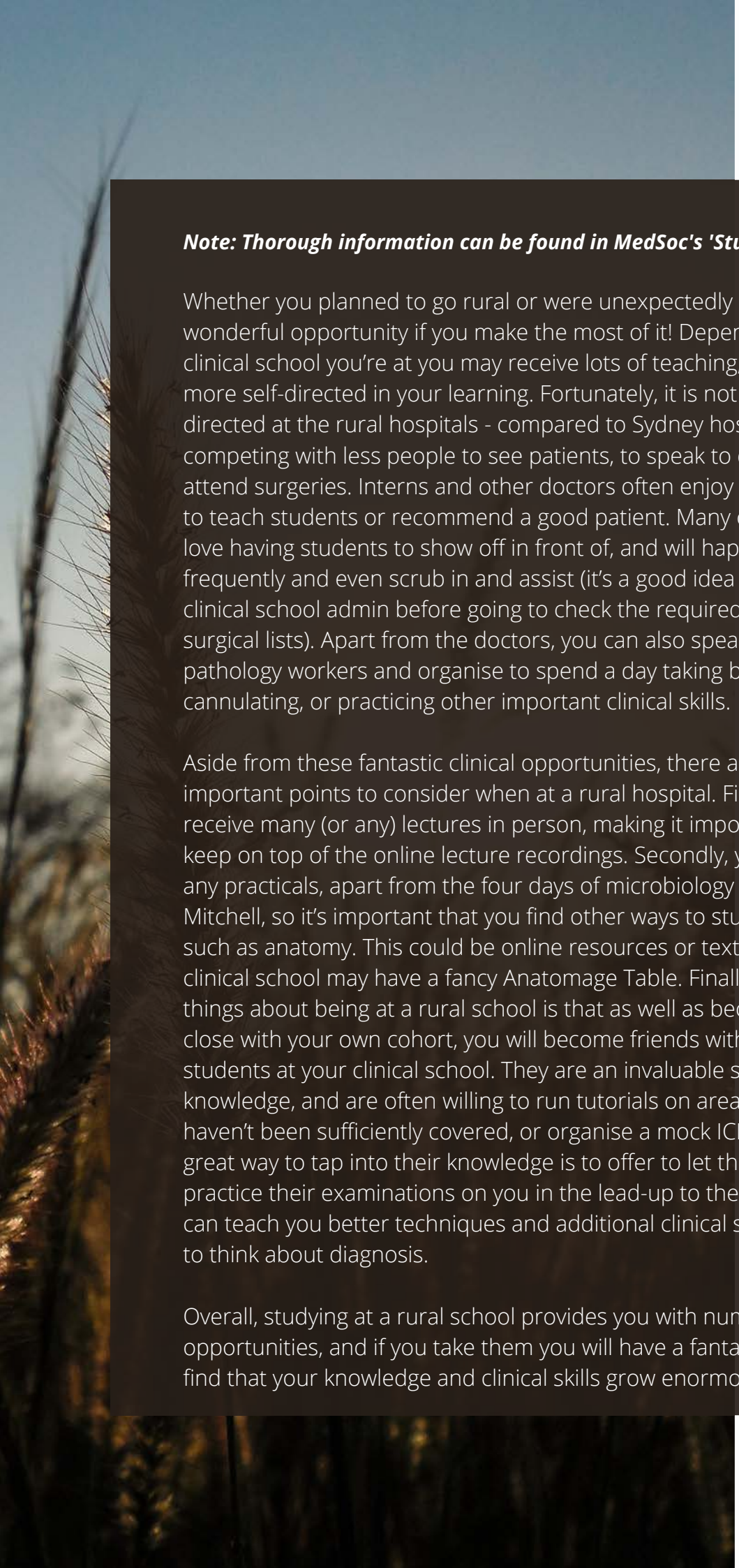
- Ethical stations
  - Distraught woman asking for her husband's HIV test results without consent
  - Patient seeking endone/benzodiazepine prescription
  - Son does not want you to reveal his father's cancer diagnosis to him
- Domestic violence situation where wife does not want to report her husband
- Fitness to drive in the elderly who recently suffered an episode of syncope
- Young girl presents with late period worried about being pregnant and wishes to find out more about different contraception methods
- Woman found out she is pregnant and would like some advice on what to do
- Patient recently returned from South East Asia with intermittent fevers and chills
- Patient presents with recent history of falls and would like to know how to reduce risk of further falls
- Smoking or alcohol cessation

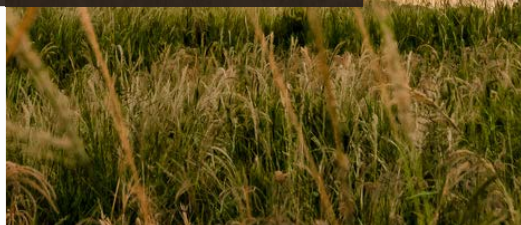
It is vital students understand the meaning and purpose of 'Counselling.' To counsel is not to simply take a medical history. It is also not being able to purely display empathy and offer condolences or blurting out a simple "I'm so sorry to hear that (... let's move on!)" Proper counselling requires the student to go beyond the recognition of an issue or problem to being able to guide the patient towards a resolution. The word 'Counsel' means to 'give advice to (someone)' and this is exactly what you need to do! GIVE advice, which means, Stuffit is necessary you have a solid understanding of what you are talking about!

Students often disregard the counselling aspects of history-taking, perhaps due to its inadequate teaching and opportunity to practice with a real patient. Nonetheless, it is highly recommended for you to practice possible scenarios with each other. Preparatory steps would be to have a basic knowledge in the relevant area in addition to being able to phrase questions and responses in a way that is non-accusatory and encouraging a change in attitude or understanding. In the case of fitness to drive in the elderly, one would need to understand at what age would an individual need to attend yearly medical assessments, visual acuity cut-off to safely drive, legislations surrounding how soon one can drive after an episode of e.g. syncope or stroke. Similar to other OSCE station, PRACTICE is important as you cannot simply cram Counselling.

# 08

# Rural Hospitals



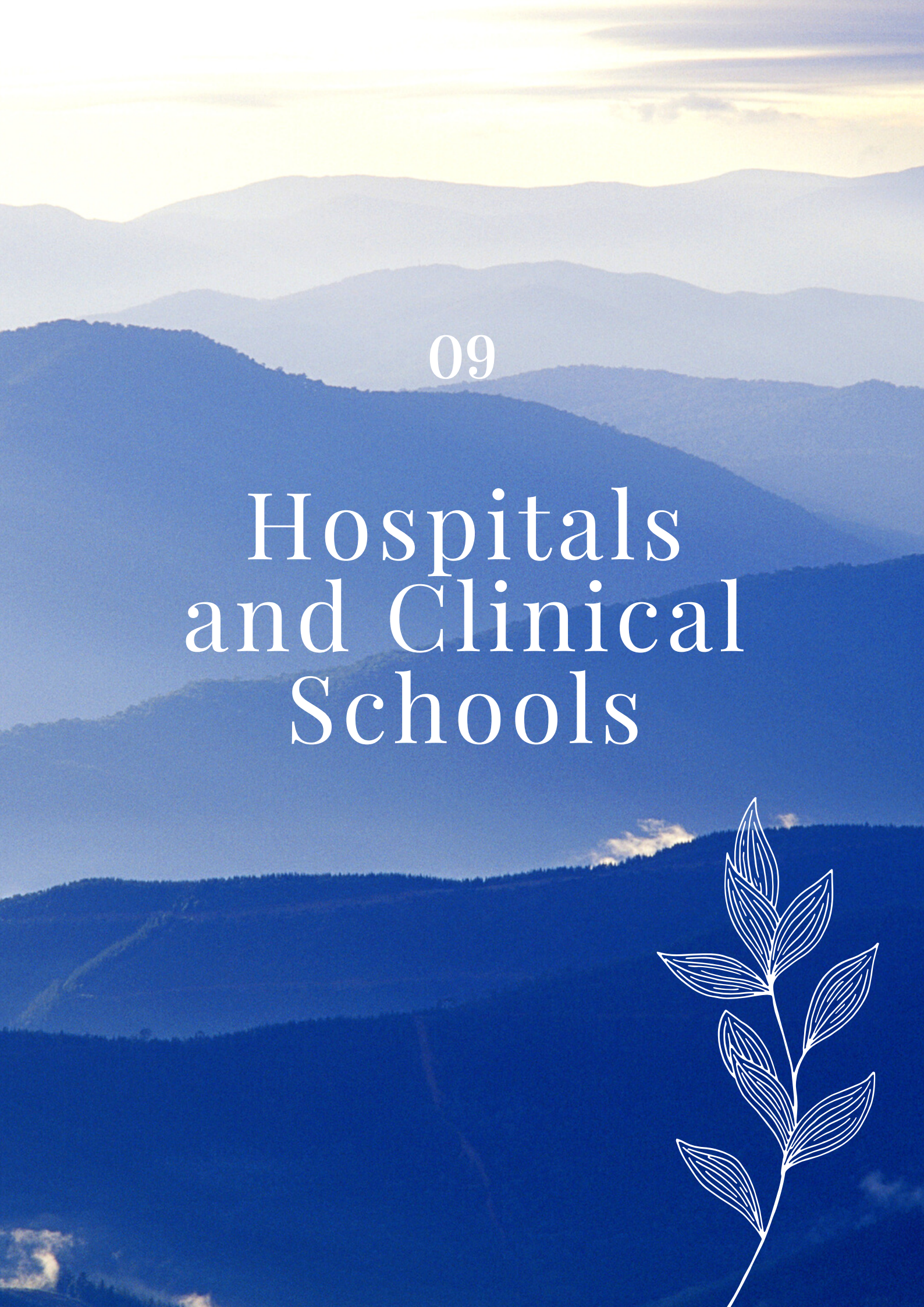


***Note: Thorough information can be found in MedSoc's 'Study Rural Guide'!***

Whether you planned to go rural or were unexpectedly sent there, it's a wonderful opportunity if you make the most of it! Depending on which clinical school you're at you may receive lots of teaching, or may need to more self-directed in your learning. Fortunately, it is not difficult to be self-directed at the rural hospitals - compared to Sydney hospitals you're competing with less people to see patients, to speak to doctors, and to attend surgeries. Interns and other doctors often enjoy and have the time to teach students or recommend a good patient. Many of the surgeons love having students to show off in front of, and will happily let you visit frequently and even scrub in and assist (it's a good idea to talk to your clinical school admin before going to check the required protocol and the surgical lists). Apart from the doctors, you can also speak to nurses or pathology workers and organise to spend a day taking blood or cannulating, or practicing other important clinical skills.

Aside from these fantastic clinical opportunities, there are some other important points to consider when at a rural hospital. Firstly, you may not receive many (or any) lectures in person, making it important that you keep on top of the online lecture recordings. Secondly, you may not have any practicals, apart from the four days of microbiology with Hazel Mitchell, so it's important that you find other ways to study disciplines such as anatomy. This could be online resources or textbooks, or your clinical school may have a fancy Anatomage Table. Finally, one of the best things about being at a rural school is that as well as becoming incredibly close with your own cohort, you will become friends with the Phase 3 students at your clinical school. They are an invaluable source of knowledge, and are often willing to run tutorials on areas that you feel haven't been sufficiently covered, or organise a mock ICE for you. Another great way to tap into their knowledge is to offer to let the sixth years practice their examinations on you in the lead-up to their exams - they can teach you better techniques and additional clinical signs, and help you to think about diagnosis.

Overall, studying at a rural school provides you with numerous opportunities, and if you take them you will have a fantastic year and find that your knowledge and clinical skills grow enormously!



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# Hospitals and Clinical Schools

***Thorough information on each metro hospital is available in each Hospital Ultimate Guide (HUG).***

**Prince of Wales: https://bit.ly/pow-hug**

**South Western Sydney: https://bit.ly/sws-hug**

**St George: https://bit.ly/st-george-hug**

**St Vincent's: https://bit.ly/vinnies-hug**

**Sutherland: https://bit.ly/sutho-hug**

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# Choosing your ILP/Hons Supervisor

# HOW DO I CHOOSE A SUPERVISOR?

First, decide what you want to get out of the year. Some common goals include:

- Learning about the research process (useful if you plan to pursue research in the future)
- Publish papers (to give you an edge in specialty applications)
- Network with professionals in the research and clinical area
- Gain skills (Lab skills, analysing statistics, patient survey and recruitment)
- Chill out and spend time in non-medicine pursuits

If you have a specialty in mind, then obviously it's best to choose a supervisor in that area! Having said that, it's not the end of the world if you have no idea. What's important is that you learn about research so you have the confidence to pick up a project when the opportunity presents itself. To find supervisors, you can start by looking for UNSW academics or doctors working in affiliated hospitals or research institutes in the fields you're interested in. Next, we'd recommend speaking to older years who have worked with supervisors that you may be interested in. Next, if you're still willing to give it a shot, start by emailing your potential supervisor, and if they don't reply - try calling! I would start by emailing about 10-15 supervisors, then meeting around five.

# HOW DO I FIND PAST STUDENTS?

Once again, we would highly recommend speaking to older students. If you have a supervisor in mind, you can ask them if they have any past students you could contact. Alternatively, you can search for supervisors/past students at Supervisorhunting.simonluk.com

This tool allows you to search for supervisors based on the disciplines they focus on, the type of projects they offer, and the strengths of the supervisor.

# WHEN?

It's never too early to start looking for a research supervisor. If you are a really keen student, I would recommend starting to work on your project during the summer of your third year or even earlier. Collecting and generating data can take twice as long as you plan for, so it's always good to get a head start if you plan to publish within your fourth year. Having said that, it could also be in your interests to delay publishing, as some specialities only accept recent publications. It's also a good idea to start early as some hospitals or labs have institutional scholarships on offer, and applications for that close early. Here's a suggested timeline:

**January**

- Brainstorm topics that interest you
- Shortlist supervisors who you would like to work with.

**February**

- Contact supervisors by email (around 10-15 supervisors). Organise a face to face meeting (around 5 supervisors).

**March**

- Choose your supervisor and project.
- Ensure you have a good understanding of project requirements, timeline and goal.

**Before contact:**

- Find out if they had previous ILP/Honours/pHD students.
- If they are in a research centre (means they are more likely to have access to funding and a research team who can help you out).
- If they have published recently (i.e. the current year or the previous year).

**First email:**

- Introduce yourself.
- Express your interests, and goals.
- Ask for a face to face meeting.

If they do not reply in 1 week, call. If they are unresponsive - ABORT

**Example email:**

Hi,
My name is Hyerim Suh, currently a 3rd year medical student from UNSW. I am currently looking for an Honours research project, and since I've had an ongoing interest in oncology research I was wondering if you were taking any students this year for research projects? I've read your paper on [TITLE] and it seems like the type of research I would be keen to become involved in.

I know you are likely very busy, might it be possible to meet in the next 2-3 weeks? You are the top choice for a supervisor, and I would appreciate the opportunity to work with you next year.

Optional
I've had previous research experience in working with Professor [X] on the research project [Y] as well as Prof [A] on [B] under a summer research scholarship. But I am interested in develop [Z] skills. Attached is my academic transcript and resume for your reference.

Thank you very much,
Hyerim Suh (UNSW Medical student)

# TIPS FOR THE MEETING

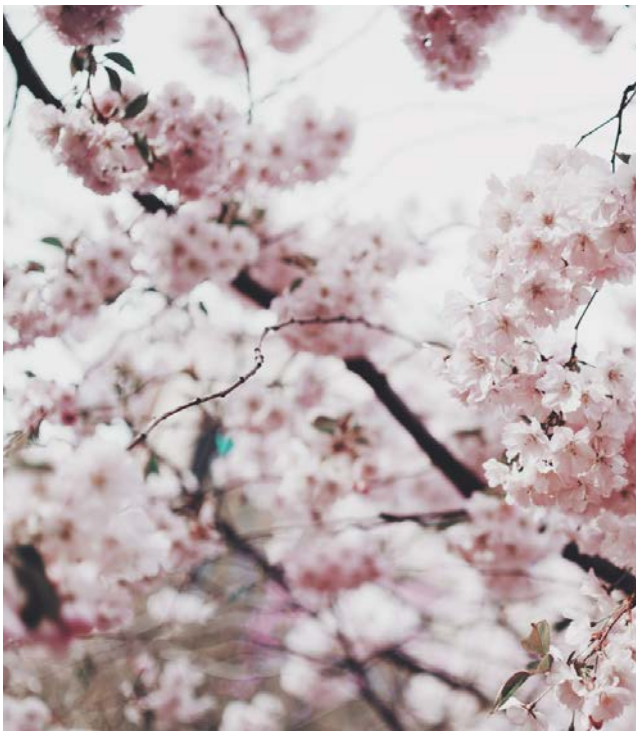
- Do some background stalking and read up on their papers, you will make a good impression.
- Reply to supervisors promptly.
- Let them know if you are no longer interested.

**Things to discuss:**

- How many students have you supervised in the past? Have they published?
- What projects do you have on offer?
- Do you have side-projects that I can be involved in?
- How many students do you plan to supervise this year?
- What role will I have in the project?
- How many days will I need to be present? How flexible are the hours?
- How likely is to be published and when? Can I publish as first author? [ask this explicitly!]
- What's the rough timeline for the project?
- Is there a possibility of presenting at conferences?
- What skills will I develop?
- Do you have an institutional scholarship on offer?
- Will I work individually or in a team? [It's always good to have friendly pHD students, statisticians, or lab technicians to help you out.}

**Red flags:**

- Small patient or lab samples.
- If the ethics hasn't been submitted or written up.
- If you are going to work on the project alone.
- If previous people have already worked on the project (which means you won't be able to publish as first author).
- The supervisor cannot explain the projects methods or goals clearly.
- The project would have minimal implications on clinical practice/further research.



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# Looking after yourself in Phase 2

# LOOKING AFTER YOURSELF

Transitioning between phases can be hard, there are new routines, you are meeting new people and being in the hospital environment can be daunting. Please know that what you're feeling is nothing to be ashamed of; in fact many students feel the same. It's important to look after yourself first and foremost before worrying about assignments and CMTs etc. We have included some general tips to help you keep on top of your wellbeing and also contact information for who to talk to if you feel like you are struggling.

**General Tips**

- Keep on top of your assignments, notes and ICE study. Each course is only 4 or 6 weeks long and it's difficult to come back to study the content or find patients to practice on as ICE draws in. When ICE comes around it's quite overwhelming so if you have good practice it can help take the edge off a bit.

- Sleep! Try as often as you can to get a full 8 hours. Sleep is not like debt where you can pay it off by sleeping in during the holidays or on the weekend. Get into a good routine early on - wake up and go to bed at the same time each day.

- Keep up to date with your notes, assignments and exam prep. Unfortunately due to the sheer amount of information given during lectures it's very overwhelming to cram everything in last minute leaving you to pull all nighters, so best to do things in increments.

- Look out for your hospital friends. While you may not be feeling the pressure, others may be. Keep in check with your friends. Remember stressors can come from outside of the academic sphere too! Often, opening up to others will help them open up to you.

- Come to our Wellbeing events such as 'Jumping Back In', the Great Debate and Feel Good Week to de-stress. Contact wellbeing@medsoc.org.au if you need guidance on who to talk to or would like more info about our events.

- Practice some mindfulness or meditation (see some useful apps below) or if that's not up your alley, spend some time doing activities you enjoy or pick up some new hobbies - brunch with friends, learn how to yodel, play with a puppy.

-

If you are feeling overwhelmed, stressed, down or just not your usual self, please talk to somebody. This can be a family member, a friend or your clinical school supervisors, regardless of whether you seek professional help or not. It is advised, however that you go a step further and talk to a professional - this can be your G.P! The Australian Medical Association has a database (linked below) containing contact information for General Practitioners who have expressed an interest in taking on doctors in training as patients and are keen to help with your wellbeing: https://www.amansw.com.au/member-benefits/gps-for-doctors-in-training/. Further information on who to contact follows on the next page.

# ON-CAMPUS

**Catherine Marley**
Catherine Marley is the Faculty Wellbeing Officer appointed by MedFac for medical students across all 6 years. She helps in aspects of personal, psychological/psychiatric and medical difficulties and can give you confidential advice, coordinate appropriate help and advocate on your behalf to the faculty if needed (i.e. time off uni, special considerations etc.)
Contact: c.marley@unsw.edu.au

**UNSW Counselling and Psychological Services (CAPS)**
CAPS provides free and confidential service to all UNSW students. They off individual counselling, specific workshops and seminars to develop self care skills (stress management, anxiety and mood management, motivational support etc.) and self-help resources and information to improve wellbeing.
*https://student.unsw.edu.au/counselling*
Level 2, East Wing, Quadrangle Building, University of New South Wales, Kensington
Telephone: 9385 5418
Email: *counselling@unsw.edu.au*
Office Hours: Monday to Friday, 9AM – 5PM

# OFF-CAMPUS

**AMA, NSW Health Support, Hospital Campuses**
(for more information please go to:
*https://moodle.telt.unsw.edu.au/mod/page/view.php?id=1358486*)

**AMA**
The Australian Medical Association has a database containing contact information for General Practitioners (G.P.s) who have expressed an interest in taking on doctors in training as patients and are keen to help with your wellbeing. The database can be found here: https://www.amansw.com.au/member-benefits/gps-for-doctors-in-training/
NSW Health NSW Health requires all hospitals to provide an Employee Assistance Program (EAP) which is also open to medical students. Below is some information, however if you would like more guidance please talk to your clinical school.

**SWSLHD (Liverpool, Bankstown)**
You can access the free and confidential services at any facility in the SWSLHD during business hours. They can help with managing Acute, cumulative or traumatic stress reactions, personal and work relationship challenges, bullying, alcohol and other drug problems, personal or professional grief and, anxiety and depression. They also provide services promoting health and wellbeing: self-care, stress management, and relaxation/mindfulness strategies and techniques.

Liverpool: 8738 4552
Bankstown: 9722 8230

***Pamphlet:***
https://moodle.telt.unsw.edu.au/pluginfile.php/2676170/mod_page/content/2/EAP%20SWSLHD%20Brochure%202017-5.pdf

**SESLHD (POWH, St George + Sutherland)**
SESLHD partners with Converge International to provide their EAP. They provide free and confidential help with not only personal and environmental wellbeing matters but can also provide career, financial and lifestyle counselling as well. You may access up to 4 sessions of EACH of the 'Assist' programs per year. Make a booking online via https://www.convergeinternational.com.au/ or call 1300 687 327.
There is also an EAP portal on the Converge International Website, which is an online hub of resources designed to provide you with information on work related and personal issues such as newsletter inserts on various topics, research papers and tip sheets. To access the portal visit www.convergeinternational.com.au, go to the 'Portals' tab and click 'EAP Portal Login'. Use the following credentials:

Username: SESLHD
Password: SESLHD

# OFF-CAMPUS (cont.)

| Employee Assist | Money Assist | Lifestyle Assist | Career Assist |
|---|---|---|---|
| • Interpersonal conflict and tension<br>• Work-related stress<br>• Changes in your work environment<br>• Harassment and grievances<br>• Relationship or family matters<br>• Personal and emotional stress<br>• Grief and bereavement<br>• Alcohol and drug related problems<br>• Crisis intervention and trauma counselling | • Resolving financial habits that are causing conflict<br>• Eliminating stress caused by financial challenges<br>• Learning new financial skills and be confident with controlling your finances<br>• Providing practical information on how to negotiate with creditors to obtain achievable payment arrangements | • Building emotional resilience<br>• Increasing your capacity for stress management<br>• Better managing mental health issues including anxiety and depression<br>• Overcoming drug and alcohol issues<br>• Managing addictive behaviours including smoking and gambling<br>• Increasing your physical wellbeing, including nutrition and fitness<br>• Weight management<br>• Life stage and Retirement Planning | • You are confused about your next career step and would like to identify options or opportunities<br>• You are experiencing major change, either personal or professional, which may cause you to rethink your goals and priorities<br>• Seeking an independent perspective on your current or future career plans |

**Rural Campuses**
Please contact your head of campus, who will be able to arrange appropriate help, services and can give you advice or guidance.

# OFF-CAMPUS (cont.)

## OTHER SERVICES AND EMERGENCY SERVICES

- Headspace: https://headspace.org.au/ (Bondi Jnc: 9366 8000)
- Beyond Blue: https://www.beyondblue.org.au/ (1300 22 4636)
- Black Dog Institute: https://www.blackdoginstitute.org.au/
- Reachout: https://au.reachout.com/
- Suicide Call-back Service 1300 659 467
- Lifeline: 13 11 14

## ONLINE MODULES AND RESOURCES

**This Way Up**
Online Cognitive Behavioural Therapy (CBT) can be access from your homepage of emed. On the left-hand panel there is a panel of 'Quick Links' and you can access the program by making an account through there. Cognitive Behavioural Therapy is an evidence based method to improve way of thinking to de-stress, change perspectives and equip yourself with tools to overcome difficult situations or mindsets.

**'Surviving the ILP: Ensuring personal wellbeing' information sheet from MedFac**
https://moodle.telt.unsw.edu.au/pluginfile.php/3028428/mod_resource/content/2/Surviving%20the%20ILP%20-%20ensuring%20well%20being.pdf

**Apps**
(Please note that these apps have no affiliations with UNSW MedSoc)
*https://www.calm.com/*
*https://www.headspace.com/headspace-meditation-app*
*https://www.smilingmind.com.au/*
*https://www.happify.com/*
*https://www.stopbreathethink.com/*


Good luck!
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