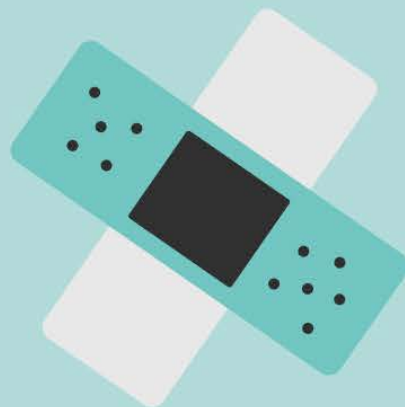


UNSW MEDSoc

HOW TO SURVIVE & THRIVE IN PHASE 3



Introduction

Hello and welcome to the MedSoc Phase Three Guide! Congratulations on making it to Phase Three - you're on the home stretch! We hope this guide is useful for you in helping to navigate your final two years of Medicine.

A huge thank you to all contributors and editors of this guide, particularly to Dayna Duncan for her hard work on helping create this first version of this guide. We hope that future teams will continue to revise and enhance this guide every year.

If you have any questions, need any help or have any suggestions, please don't hesitate to get in touch with us or your Year Reps!

With warmest regards,

Josh Lowinger

MedSoc President 2022

Angela Xue

Medsoc VP External 2022

Table of Contents

[STRUCTURE OF PHASE 3](#)

[ASSESSMENTS IN PHASE 3](#)

[YEAR 5](#)

[YEAR 6](#)

[ELECTIVES](#)

[PLACEMENT HACKS](#)

Acknowledgements

Original Version

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STRUCTURE OF PHASE 3

Year 5	
Semester 1: Med/ Surg/ ED	
	Course assessments/ Placement/ White Book Activities
	Elective organisation
Semester 2: GP/Paeds or Psych/ O&G	
	Course assessments/ Placement
	Biomed Study

Year 6	
STP: Elective	
	Placement +/- NPS Modules +/- Classie modules
Semester 1: GP/Paeds or Psych/ O&G	
	Course assessments/ Placement
	VIVA Study
Semester 2: Selective, Exams, PRINT	
	VIVA, OSCE & MCQ Study
	Portfolio

ASSESSMENTS IN PHASE 3

Summative	Formative
<ul style="list-style-type: none"> ● Course Assessments <ul style="list-style-type: none"> ○ Learning Plans ○ Case Presentations ○ Other Assessments ● Biomedical Sciences VIVA ● Integrated Clinical Examination <ul style="list-style-type: none"> ○ OSCE ○ Management VIVA ○ MCQ ● Portfolio Assessment 	<ul style="list-style-type: none"> ● Procedural Skills Logbook <ul style="list-style-type: none"> ○ O&G Skills ○ Path cut-ups ○ Diag lab investigations ● Prescribing Skills Assessment ● QUM Assignment ● Patient Logbook ● Ethics Modules ● PSA Modules ● Adequate Professionalism* ● Attendance at Coursework**

MD Calculation

Assessment	WAM Contribution
ILP	15%
Course Grades	20%
Biomed VIVA	15%
ICE <div style="text-align: right; padding-right: 20px;"> VIVA 30% MCQ 30% OSCE 40% </div>	35%
Portfolio	15%

Here's a [WAM Calculator](#) you can use (note this is based on pre-COVID marking)

Course Assessments

Term	Summative	Weighting	Formative
Medicine			
	Learning Plan	70%	QUM Assignment Logbook Lab Diagnostics
	Case Report	10%	
	CEXs	20%	

Surgery			
	Learning Plan	60%	Logbook Pathology Cut-Up
	Case Report	20%	
	CEXs	20%	
ED/Selective			
	Learning Plan	60%	Logbook
	Case Report	20%	
	CEXs	20%	

Psychiatry		
	Learning Plan	17%
	Observations	8%
	Case Discussion	20%
	Weekly SAQ	25%
	Work Based Assessments	15%
	Management VIVA	15%
Primary Care		
	Learning Plan	50%
	Team Care Assignment	30%
	OSCE	20%

Women's Health		
	Learning Plan	60%
	Literature Review	10%
	Clinical Assessments	30%
Paediatrics		
	Learning Plan	70%

	Case Presentation	20%
	CEXs	10%

Assessment Tips

BIOMED

You don't need to **start studying** for BioMed until **after the mid-year break**- this is enough to get through all the cases 2-3 times. It's ok to start studying at the beginning of the year but be aware of burnout. Any later than the mid-year break and you'll be cramming, but it's doable.

ICE

You should **start studying for ICE at the start of 6th year**- week 1 or 2 after you get back from Elective and start your new rotation.

- VIVA: There are 450+ past cases depending on how far back you go, so make sure you start early and pace yourself
- OSCE: This can be studied for more casually in the first half of the year and really worked on after the mid-year break
- MCQ: This can be studied for a few weeks out (use the MCQ handbook)

PORTFOLIO

Collate evidence gradually throughout the Phase, but don't submit until your final term- this will mean you can submit to eMed in an organised manner (e.g. by Grad Cap) and identify things that you can leave off (markers don't usually love being drowned in paperwork) and gaps in your evidence.

- Write your portfolio essay early in your final term
- You can write and memorise your speech and practice answers after ICE

FORMATIVE ASSESSMENTS

- **Ethics Modules:** You can either do these course by course as you go, smash them all out over the summer holidays, or cram them in your final rotation before ICE (Be aware you will be very busy with ICE study at this time)
- **NPS Modules:** These are most helpful to do in 6th year as they can be examined in the Pharmacology station of ICE
- **Elective Report:** This is due at the end of your first rotation of 6th year

Many of these formative assessments as well as some summative assessments will be included in your Portfolio.

NEGOTIATED CAPABILITIES

The main purpose of Negotiated Assignments is to **demonstrate proficiency in a capability in your portfolio**. It is possible to get a P+ in a capability without having negotiated assignments, but it is a bad look for Self-Directed Learning if you don't have any. Some students choose to do one in every course, some choose to only do 2 or 3 over the Phase.

LOGBOOK

Try to **keep some form of logbook (ideally electronic) in every course** even if not required- it will make your portfolio writing a lot easier.

PSA EXAM

You can start doing practice tests for this **after Portfolio is finished**

- It is open book
- It is formative (you don't have to pass and your grade doesn't count toward your WAM)

The exam is a good chance to practice prescribing like you will be next year, and is a benchmark against other universities in Australia.

MARKING IN PHASE 3

Marking, turnaround, and accuracy/ feedback can all be **highly variable** in Phase 3. Sometimes you will put in a lot of work and get an excellent grade, sometimes you will put in a lot of work and get straight Ps. Don't be too disheartened, it happens to a lot of people

YEAR 5

STP + TP1

Complete Course Assessments <ul style="list-style-type: none"> - Learning Plans - End of course assessments - CEXs - Logbook - QUM assignment (med) 	Compulsory
Negotiated capability/ assignment	Recommended
Organise elective	Recommended
Starting Biomed Study	Not recommended
Ethics Moodle Modules for each course	Optional

TP2 + TP3 + TP4

Complete Course Assessments <ul style="list-style-type: none"> - Learning Plans - End of course case presentations - CEXs - Logbook 	Compulsory
Starting Biomed Study	Strongly recommended
Ethics Moodle Modules for each course	Optional

MFAC3503 : Psychiatry Learning Plan		Receipt Number: 9JWFYG9
Student Name: Duncan, Dayna (z5120513)	Created: 29/04/2021 03:02:42 PM	
Clinical Attachment:	Supervisor: Dr Kristen Barrett	

Graduate Capability	What is expected of you?	How will you be assessed?	Supervisor's grade (PTO for grading guide)
Patient Assessment and Management	Clinical skills in assessing and managing patients with psychiatric disorders. • Participate in the clinical assessment of inpatients and outpatients. • Discuss with team consultant/ registrar – diagnosis, formulation and management of patients. • Regular review of inpatients and report during ward rounds.	• Accurate reporting of history and MSE. • Understand biopsychosocial factors in patient's illness. • Basic understanding of treatments and management principles. • Satisfactory feedback from medical staff.	F P- P P+ NA
Teamwork	Role of multidisciplinary team members. • Attend and contribute to team meetings/ward rounds. • Liaise with other clinical staff in management of patients.	• Satisfactory feedback from clinical staff. • Demonstrate understanding of roles of other disciplines in management.	F P- P P+ NA
Self-Directed Learning and Critical Evaluation	Responsibilities of doctor in unit. • Attend at least 80% of all scheduled activities.	• Satisfactory attendance at clinical placement, clinics etc.	F P- P P+ NA
Effective Communication	Interviewing skills in psychiatry. • Participate in interviewing skills tutorials. • Practice interviewing patients.	Demonstrate adequate skills in performing a psychiatric interview.	F P- P P+ NA
Student negotiated capability (optional)			F P- P P+ NA
Overall Grade: (circle grade) Satisfactory Unsatisfactory	Comments: Supervisor's Signature: _____ Date: _____		

On completion of 4 week clinical attachment supervisor/consultant should mark & make comment then fax or send back to site supervisor (rather than relying on student to deliver this)

Biomed Exam (Dayna Duncan, 2021)

Features of Biomedical Sciences VIVA:

- Four stations, with 8 minutes per station and 4 questions per station
- Occurs 1st to 14th Nov 2021
- Pass mark: You must pass all four stations, and achieve a grade of 50% or more
- Supplementary exams:
 - If you fail one station, resit just that station within a week
 - If you fail two or more stations, resit whole exam early in 2022
 - If you fail the supplementary, resit whole exam late 2022

Types of Stations:

1. **Anatomy:** The anatomical basis for diseases
2. **Diagnostics:** Diagnosing disease
3. **Pathology:** Pathological basis of disease
4. **Pharmacology:** Pharmacological management of disease

White Book Lab Tests:

- **Organisation:** Depends on your clinical site, your clin school admin will let you know
 - E.g. In Albury they just put it on out timetable during med term, at some sites you will need to call the lab and arrange the visit on your own for you and a group of students
 - Someone will show you around the lab, talk you through tests, and sign off your white book (This is usually a reg)
 - Dependent on the lab, they may not be familiar with biomed
 - Often they will just sign the spaces and leave the tests blank
- **Tips:** You can save time by picking tests that have are part of other stations, so you're not having to remember things twice
 - Use Martin Weber's online tutorials as a gauge of what kind of information they want
 - Remember you only have two minutes
 - That means two minutes worth of detail +/- clinical context or indications

White Book Path Cutups:

- **Organisation:** Depends on your clinical site
 - Ideally you will do this in your surg term
 - Ideally you will follow a specimen from theatre to cut up
 - Realistically it is good to see a number of specimens on each visit, and you may only get one visit
 - Someone will show you through the cup-up process (usually a reg)
 - Dependent on the lab, they may not be familiar with biomed
 - Often they will just sign the spaces and leave the tests blank
- **Tips:** Again you can overlap with other potential stations
 - There are some really common specimens you will see a million times
 - Make things easy by picking something memorable and interesting

- The RACP website has some great videos
- Again it is 2 minutes worth of information

Examples of Each Station:

ANATOMY:

A

Anatomy

A 16 year old female presents to the ED with **abdominal pain** that migrated from the **periumbilical region** to the **right lower quadrant** and is associated with **fever, anorexia and vomiting**

1

What are your provisional and differential diagnoses?

2

What is the pathogenesis of appendicitis?

3

What are the internal and surface landmarks of the appendix?

4

What is the vascular supply and venous drainage of the appendix?

DIAGNOSTICS:

B

Diagnostics

1

Describe a lab test from your white book

A 28 year old **sexually active female** presents with **dysuria, frequency, and discharge**.

Results of MSU:

WBC $<10^6$

Lots of epithelial cells

2 x bacteria both $<10^5$ ecoli + enterococcus

2

What laboratory findings would support diagnosis of a UTI?

3

What are the most common causes of a UTI?

4

How do you collect an MSU and what do you do with the specimen?

PATHOLOGY:

C

Pathology

1

Describe a path cut up you saw

A 62 year old female presents with **worsening dyspnoea** with episodes of **mucopurulent sputum**. She has **smoked cigarettes for 40 years**. She had **pneumonia 3 years prior** and **recurrent bronchitis** over the past **10 years**. On examination she has **dyspnoea, central cyanosis** with signs of **respiratory distress**.

2

Explain the ABG results, what is the difference between type 1 and type 2 respiratory failure?

3

Describe the macroscopic and microscopic changes of COPD?

4

What are the main long term cardiovascular effects of this disease?

PHARMACOLOGY:

D

Pharmacology

A 44 year old male of Torres Strait Islander descent presents to his GP. He has a BP of 160/90, a total cholesterol of 6.1, and a HDL cholesterol of 1.0. He smokes 20 cigarettes per day and plays football once a week.

1

Use the charts provided to calculate his absolute cardiovascular risk score

2

How are you going to treat each of his health issues?

3

List three antihypertensive drugs, their mechanism of action, side effects, and contraindications

4

What smoking cessation treatments are there and how do they help?

Note: there is a lot of overlap in pharmacology stations, so don't be overwhelmed!

E.g. anticoagulants, antiplatelets, antibiotics

Passing Mark

Scenario 1	Scenario 2	Scenario 3
70 (P)	90 (P+)	70 (P)
70 (P)	50 (P-)	50 (P-)
30 (F)	30 (F)	50 (P-)
30 (F)	30 (F)	30 (F)
50	55	50

Important Points:

- Study as part of a group
 - **Practice out loud**
 - **Practice structuring responses early on**
- Study cases- not general content
- Learn how to approach cases as well as the content for cases
- Use online resources
 - Up to Date
 - BMJ Best practise
 - Speed Pharmacology (Youtube)
 - Armando videos (anat)
 - USMLE guide (mnemonics and memory tricks)

Resources

- Biomed Case Protocols
- Mock Stations
- Faculty Mock Biomed
- Campus Mock Biomed
- Campus Days
- Moodle
 - Smartsparrow tutorials

YEAR 6

STP: Elective

Classie Ethics Modules	Optional
NPS Modules	Optional
Logbook	Optional
Mini CEX	Optional
Elective Assessments - Supervisor report - Essay	Compulsory
Relaxing	Essential

TP1:

Start studying for Year 6 VIVAs	Strongly Recommended
Elective Essay	Compulsory
Course Assessments - Learning Plan - CEXs - Logbook - Other	Compulsory

TP2 + TP3 + TP4: Selective/ Exams/ PRINT

Studying for VIVAs	Compulsory
OSCE Study	Compulsory
MCQ Study	Compulsory
Portfolio Essay	Compulsory
NPS Modules	Compulsory
Classie Modules	Compulsory

MD Calculation

Assessment	WAM Contribution
ILP	15%
Course Grades	20%
Biomed VIVA	15%
ICE VIVA 30% MCQ 30% OSCE 40%	35%
Portfolio	15%

**Note this is subject to change and COVID*

YEAR 6 ICE AND PORTFOLIO

Year 6 ICE and MCQ:

- VIVA: 8 x 10 minute stations
- OSCE: 9 x 12 minute stations
- MCQ: 140 multiple choice questions based on the AMC MCQs
- Portfolio: 1500 word essay + evidence + 30min interview

VIVA Exams:

Surg, Med, ED, Paeds	O&G, Psych, GP	Clin Pharm
2 x 5min stations One will be from a bank of released cases	1 x 10min station	Based on the NPS Modules, similar to a medicine case

VIVA Tips:

- Start studying from the start of the year (second week back after elective)
- Get in a study group + make a schedule
- Study for VIVAs will be the basis for MCQs and OSCEs
- Practice out loud

Example: [2021 Study Schedule](#)

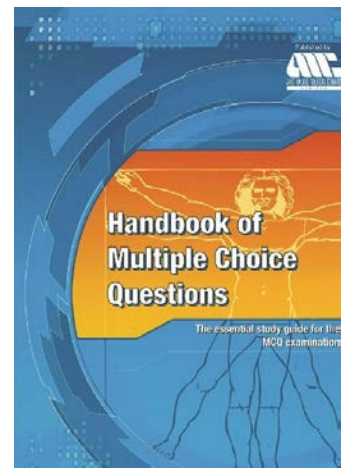
Year	Subject	Unit	Year	Subject	Unit	Year	Subject	Unit	Year	Subject	Unit	Year	Subject	Unit	Year	Subject	Unit
2015	Medicine	Medicine	2015	Medicine	Medicine	2015	Medicine	Medicine	2015	Medicine	Medicine	2015	Medicine	Medicine	2015	Medicine	Medicine

OSCEs

- 12 Minute Stations
 - 2 x Stations for Med, Surg
 - 1 x Station for Paeds, O&G, GP, ED, Psych
- May involve history, explanation of a diagnosis or treatment, counselling, physical exam, real patients, mannequins, or sims
- You decide which examination you'll be doing, so all stations require a bit of history
- Suggest Ix, Rx, and may need to interpret Ix
- Summarising may be to the patient or examiner

MCQ

- 20 Questions on each discipline
- 3 hour online exam
 - Start studying 2-3 weeks prior
 - Study based on the AMC MCQ Handbook + Memorandums
 - The RCS has three copies



PORTFOLIO

Consists of

- Portfolio Evidence (uploaded to emed)
- Portfolio Essay (1500 words on 3 capabilities)
- Interview
 - 7 min speech
 - Questions

Tips

- Gather your evidence throughout the Phase but don't submit until selective
- Write your essay at the start of selective, and your speech after exams
- Put work in, but go in with the expectation that your marks may not reflect



your work, the assessment can be highly arbitrary

Receipt: PDFRequestEMEDC69TV8 Student: z5120513 Created: 27/08/2021 08:14 AM

Phase 3 Learning Plan	Overall Feedback
Surgery Learning Plan [SJWFSGJ] 25/02/2020 11:52 AM	An excellent term Dayna. Well done!
Medicine Learning Plan [HJWF4GM] 19/04/2020 09:14 PM	Well done Dayna on a great term in Medicine.
Selective Learning Plan [CJWF9GJ] 26/06/2020 04:04 PM	Well done Dayna.
Selective Learning Plan [DJWF9GJ] 26/06/2020 04:06 PM	Well done Dayna on a great term in ED>Selective.
Children's Health Learning Plan [SJWFFGT] 15/09/2020 03:31 PM	Congratulations Dayna on an excellent term. Your willingness to delve into aspects is self evident.
Psychiatry Learning Plan [SJWFS8G] 29/04/2021 03:00 PM	
Psychiatry Learning Plan [SJWFY9G] 29/04/2021 03:02 PM	Solid term. Well done.
Primary Care Learning Plan [SJWFKHD] 25/06/2021 02:12 PM	Good approach to what was at times a difficult rotation due to variability in supervisors. Needed to be proactive to get opportunities. Excellent case record and very interesting case based study and research

Mini-CEXs

This grid is a new feature for those who used an app for the mini-CEX. For students who could not use the app, their mini-CEXs have been uploaded as Supportive Evidence.

Course/Phase	History	Physical examination	Synthesis	Explanation	Professionalism	Overall Rating
7JWTF2 31/10/2019 12:58 PM	CTC	P	NA	P-	P	P
Best aspects	Good patient rapport. Patient was comfortable and clear instruction were given during examinations. Social history was very thoroughly explored.					
Suggestions for improvement	To do a more focused history and illicit symptoms.					
Agreed actions	To do a more focused history and illicit symptoms.					

Course/Phase	History	Physical examination	Synthesis	Explanation	Professionalism	Overall Rating
7JWTF4 31/10/2019 01:10 PM	CTC	P	NA	P-	P	P
Best aspects	Good rapport and social history. Good screen for depression. Organised history with food structure.					
Suggestions for improvement	To understand more about specific symptoms from clinical experience.					
Agreed actions	To understand more about specific symptoms to look up out for.					

Course/Phase	History	Physical examination	Synthesis	Explanation	Professionalism	Overall Rating
QJWFY8 07/11/2019 02:29 PM	CTC	P	NA	P	P	P
Best aspects	Good and thorough social history.					
Suggestions for improvement	NA					
Agreed actions	NA					

Course/Phase	History	Physical examination	Synthesis	Explanation	Professionalism	Overall Rating
NJWF29 14/11/2019 11:25 AM	CTC	P	P	P+	P	P
Best aspects	Good rapport, good work up on presenting complaint.					
Suggestions for improvement	NA					
Agreed actions	NA					

Course/Phase	History	Physical examination	Synthesis	Explanation	Professionalism	Overall Rating
NJWF20B 14/11/2019 01:01 PM	CTC	P+	NA	P	P+	P+
Best aspects	Calm, clear & concise. Repeat patient summary to double check.					
Suggestions for improvement	Consider broader differential diagnosis, most likely & most serious diagnosis to exclude.					
Agreed actions	See more patients.					

Receipt: PDFRequestEMEDC69TV8 Student: z5120513 Created:

Phase 3 Evidence Of Achievement	Using Science	Social Cut	Pat Assess	EF Com	Teamwork	Self Dir	Eth & Legal	Ref Prac
Health Systems Strengthening- Online Course [SJWF9H4] 26/08/2021 10:29 PM		Y						
Introduction to Central Australian Aboriginal Cultures and Context- Centre For Rural Health, Alice Springs [JWFMH5] 26/08/2021 10:34 PM		Y						

Phase 3 Supportive Evidence	Course	Using Science	Social Cut	Pat Assess	EF Com	Teamwork	Self Dir	Eth & Legal	Ref Prac
QJM for Health Professional Students [JWFG7L] 31/03/2020 11:46 AM	P3Gen			Y					
OG Learning Plan Pa [SJWFGHK] 26/08/2021 04:58 PM	SEL			Y	Y	Y	Y		
Mini CEX Surgery (2) [CJWF6HL] 26/08/2021 09:56 PM	SUR			Y					
Mini CEX Medicine (4) [QJWFCHM] 26/08/2021 05:11 PM	MED			Y					
MiniCEX ED>Selective (4) [JWFFJHN] 26/08/2021 05:16 PM	EMG			Y					
Paediatrics MiniCEX (1) [KJWFFVHP] 26/08/2021 05:18 PM	CH			Y					
ObsGyn CEX (2) [LJWFFSHQ] 26/08/2021 05:21 PM	OG			Y					
Psych CEX (8) [NJWFLHS] 26/08/2021 05:24 PM	PSY			Y					
GP CEX (8) [PJWFFVT] 26/08/2021 05:27 PM	PC			Y					
Selective Anaesthetics/Med CEX (9 P+) [JWFGHV] 26/08/2021 05:35 PM	SEL			Y					
Surgery Reflective Clinical Logbook [JWFFJHN] 26/08/2021 05:45 PM	SUR	Y		Y				Y	Y
Medicine Reflective Clinical Logbook [JWFFCHQ] 26/08/2021 09:56 PM	MED	Y	Y	Y	Y			Y	Y
ED>Selective Reflective Clinical Logbook [CJWF7HJ] 26/08/2021 10:05 PM	EMG			Y	Y				
OG Reflective Clinical Logbook [JWFFZHJ] 26/08/2021 10:17 PM	OG	Y		Y			Y	Y	Y
Psychiatry Reflective Clinical Logbook [MJWFFCHJ] 26/08/2021 10:21 PM	PSY		Y	Y					Y
Primary Care Reflective Clinical Logbook [PJWFFVHJ] 26/08/2021 10:26 PM	PC			Y					Y

Phase 3 Upload Assessment	Using Science	Social Cut	Pat Assess	EF Com	Teamwork	Self Dir	Eth & Legal	Ref Prac
Mini-CEX - with a Peer Assessor [JWFFCFS] 31/10/2019 03:55 PM								Y
Professionalism (CTC) Module - Statement of Completion [KJWFFYF7] 07/11/2019 10:19 PM								Y
NPS National Standard Medication Charts course certificate [CJWFJSCJ] 21/11/2019 12:06 PM			Y					
Mini-CEX - with a Peer Assessor [JWFFGDD] 21/11/2019 02:37 PM								Y
Classic modules completion certificate [SJWFKHB] 06/06/2021 12:49 PM								Y

Phase 2 Portfolio Review	Overall Grade	Using Science	Social Cut	Pat Assess	EF Com	Teamwork	Self Dir	Eth & Legal	Ref Prac
[SJWFDFT] 08/05/2019 09:53 AM	Sat	P	P	P+	P	P+	P	P	P

Phase 1 Portfolio Review	Overall Grade	Using Science	Social Cut	Pat Assess	EF Com	Teamwork	Self Dir	Eth & Legal	Ref Prac
[SJWFCDS] 15/01/2018 07:51 AM	P+	P	P+	P+	P+	P	P+	P+	P

ELECTIVES

Organising Electives

- Very self directed
- Start planning early (but don't panic if you don't)
- Have backup options

More Information on Electives

- The information is spread across different places
 - UNSW Medicine Program Website
 - Emed
 - Phase 3 Guide
- Compulsory
 - Supervisor Report
 - Reflective essay
- Optional
 - MiniCEXs
 - Logbook/ Diary

PLACEMENT HACKS

What to Pack

This will change a bit depending on what ward you're on and what hospital you're at. Since Albury is paper-note based there are a few extra things you need

- Notebook & Pen
 - Take a few pens- have a spare one that you lend to your reg or consultant that is not your favourite!
- Papers (+/- clipboard)
 - Progress Note Paper
 - Imaging ordering forms
 - Path ordering forms
 - Spare obs, fluid balance, IV fluid, and med charts
- Goggles
- Pen torch, stethoscope, tape
 - Having tape at the right time can make you a team hero
- Other term-specific items

Apps and Bookmarks

- eTG
 - For looking up appropriate prescriptions (esp antibiotics)
- UpToDate
 - To read in detail on conditions you're seeing
- AMH
 - To check drug doses, side effects & interactions
- MD Calc
 - For diagnostic criteria e.g. NIHSS Score for stroke or Duke's Criteria for Infective Endocarditis
- Bossnet (Albury)
 - To look
- RCH
 - For paed's, this has all the guidelines you will need
- Any other apps you like and use regularly! (e.g. opioid calculator)

Logbook

You're required to keep a logbook in most courses but not all of them. It's a good idea to keep one in every course anyway- it will come in very handy when writing your portfolio, you can submit it at the end of each course as evidence, and you can even use it in the future.

Even through the requirements differ slightly, you can use the same format for all terms and submit them.

Clinical Logbook

🔗 daynaduncan5603@gmail.com (not shared) [Switch account](#) 🔒

Date

Date

dd/mm/yyyy

Relevant Grad Gap

Choose

Term

Choose

Case Information

Your answer

Learning Activity

Choose

What I learned

Your answer

Other Info

Your answer

Date	Term	Location	Capability	Case Information	What I Learned	Other Information
5/7/2020	ED	ED	Patient Assessment and Management	A 68F came was BIBA following a sudden onset severe headache while sitting on the toilet, associated with vomiting and diarrhoea. The patient had a non-con CT and	This was my first patient on my first day and I was lucky to follow her from arrival to imaging to transfer via plane to Melbourne. It was fantastic to be able to see all facets and elements of this patients journey.	My Consultant ran through all of the red flags of headache as well as the imaging results, how to interpret them and management of this patient both locally and to facilitate transfer to Melbourne. In particular with transfer, we discussed lowering ICP with optimising the position and slowly lowering blood pressure
4/5/2020	ED	ED	Patient Assessment and Management	71 M presents with 9/10 chest pain radiating to L jaw, relieved with aspirin and Gtn	ECG was suggestive of pericarditis due to some ST elevation, RT depression and sloping T waves globally. I was told this is a diagnosis of exclusion, and the plan was serial ECGs and morphine. This case showed me not to jump to conclusions and about avoiding first thought bias as my mind immediately jumped to STEMI	
5/5/2020	ED	ED	Patient Assessment and Management	Mr PN is a 51M who presented to ED following multiple seizures starting 10 days before. I was familiar with this patient from his recent stay in ICU for cardiomyopathy following methadone OD. He had been put on Kepra when he first presented for seizure 10 days before at Wodonga.	This patient on discharge from his previous admission seemed to have poor understanding of the severity of his health problems. It is likely that his deterioration was a result of poor compliance of fluid restrictions and medication regime. This for me highlighted the importance of effective counselling/ communication to prevent recurrent issues.	
5/5/2020	ED	ED	Patient Assessment and Management	Mr HS is a 42 year old male who presented with a one week history of cough and chest discomfort. He had two COVID tests, both of which were negative. He has had 8 or 9 episodes of pneumonia in the past on a background of Allergic Bronchopulmonary Aspergillosis for which he uses ventolin and seretide. He's ad no fevers or headache, his chest was clear and he has a previous smoking history with heavy marijuana use more than 15 years prior. He exercises three times a week and is diligent with taking care of his health given his respiratory condition. He lives at home with his father and 17 year old daughter.	This patient seemed clinically very well and his chest was clear to auscultation , so I didn't feel that pneumonia was likely. Given his past experience with pneumonia and insistence on getting a CXR so he could get back to work we did one. Upon viewing he did not seem to have any consolidation appreciable by myself or the ED Reg, radiologist report cited right middle lobe infiltration possibly suggestive of early pneumonia. This showed the importance of listening to the patient and their familiarity with their own body, particularly in chronic illness.	