

MedSoc's

DECLASSIFIED

COURSEWORK SURVIVAL



Guide

Survival Guide to:
CLASS OF 2021

PREFACE



Hola amigos & Welcome to Phase 2 Coursework!

Your MedSoc 2018 team have taken the initiative to compile this guide for your benefit, aiming to 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.

This guide is compiled and edited by a working group comprised of current UNSW 4th, 5th and final year medical students. Through reading this, we sincerely hope that you shall be equipped with some tips and tricks to make the most of the year! 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 me in extending your gratitude to the following contributors who have dedicated their time and wisdom in putting this document together.

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MedSoc 2018 is committed to ensuring that students receive a quality education that meets the minimum standards set by the Australian Medical Council. Your relevant coursework representatives will be your first point of contact for any curriculum-related issues. On behalf of the Coursework Survival Guide Working Group, I hope you will all enjoy a challenging but rewarding year.

With warmest regards,

Ke Sun | President

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DISCLAIMER

The contents of this document are written and published entirely by UNSW Medical Students. No sections are endorsed by the UNSW Medicine Faculty and all information presented constitute student advice only.

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 ensuring that all content is in-date as of 18th February 2018, the Coursework Survival Guide Working Group and UNSW Medical Society will not be responsible for any incorrect information post-publication.

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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 bedside. 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 IN COURSEWORK?



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.



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

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

WHERE DO I START?

Embarking upon your first ever P2 Coursework “case report” assignment can be rather bewildering. It may be useful to truncate the assignment into five major sections to tackle: Case Report, List A perspective, List B perspective, Reflection (which you have all encountered plenty of times before) and Patient Journal.

Of course, the first step to your first ever assignment is to find the patient on which your assignment will be based upon. A common tripping stone for students is a self-imposed expectation that one should find patients with a rare exotic disease to write about, in an attempt to impress the examiners. This is FAKE NEWS! In fact, the simpler the better. At the same time, one should be thinking about which List A and B perspectives will be chosen so that during the patient interview, you can tailor your history taking relevant to the perspectives. As you progress throughout the year, you may find it more efficient to search for patients based off the List A or B that you wish to choose rather than finding a lovely patient to chat to and then realising that they are no good for your assignment!

APPROACHING THE PATIENT

If you are looking for the one, you won't find it! 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.

STRUCTURING THE CASE REPORT

The case report is essentially a summary of the patient's presentation, medical history, physical examination, relevant diagnostics, test results or imaging and depending on the course, information such as differentials and their justification alongside management plans may be required. We advise you to read the course guides CAREFULLY. You should look out for minor specifications such as word limit, specific topics that needs to be addressed as well as limitations (e.g. maximum of one table for medications). Students often like to transfer as much information as possible about the patient into the case report using more tables than a typical house - this is not necessary and could lead to you losing marks. Likewise, with filling up the appendix with load of tables and figures - appendicitis is not nice, follow the guide carefully.

Caution: MedFac does provide exemplar assignments on Moodle. The ones available on P2 Coursework 2017 Moodle did not reflect the assignment criteria as they were all over word limit and had 3+ tables. Better exemplars can be found on MedConnex.

Here's a sample of the headings you should consider in your case report:

<https://drive.google.com/file/d/1-2AmikhbqnPDSkZTTaWL-Z0j9PcndRjH/view?usp=sharing>

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, here are 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!)
<p>Youtube videos: Khan academy, Armando Hasudungan, Osmosis</p> <p>Lecturio</p> <p>Online MedEd</p> <p>Clinical Information Access Platform (CIAP)*</p>	<p>“How to Excel in Phase 2” covering</p> <ul style="list-style-type: none"> - Clinical Learning - MCQ - Assignments and Portfolio <p>“ILP/Honours Information Evening”</p> <ul style="list-style-type: none"> - 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	<i>Essential</i>

Moodle Microbiology: Lectures and practicals Pharmacology: Lectures Anatomy: Practicals, Anatomy Images document, Acland's Anatomy, Phase 1 anatomy videos, Brainstorm Imaging: Moodle CT tutorials	Phase 2 clinical skills guide Talley O'Connor, Epstein <i>Other</i> Bates Visual Guide to Examinations OSCEstop.com (excellent concise exam and applied science summaries) <i>Reference books</i> Davidson's Oxford Handbooks (esp. Clinical Diagnosis) Harrison's 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 comforts of your home.



Now, introducing the recommended “Wikipaedia” for surviving Coursework, grills from your tutors and honestly medicine in general ... it is the all-loved, all-encompassing, ever-reliable Mr UpToDate!



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.

Now for what you were really waiting for - where do I get the exemplary assignments, portfolios and other useful resources to prepare for exams?



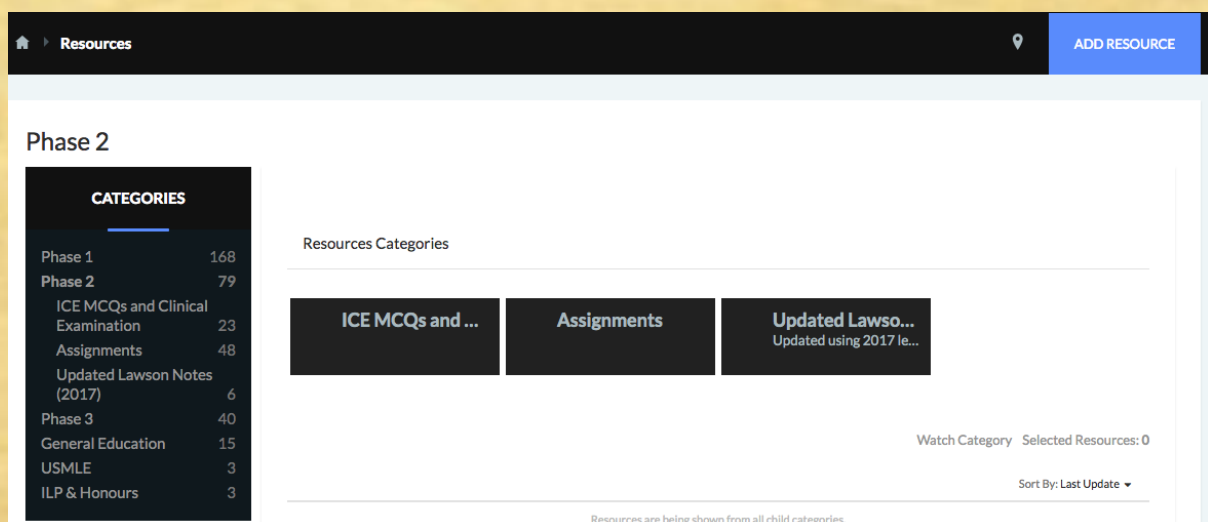
What is it?

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

Past Assignments

**Updated Lawson
notes (updated 2017)**



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. If you have any troubleshooting issues please contact either Marcus Lau or Brandon Loo. But give them at least 2-3 days for them to approve it before you go stalking them :)

Course Outlines

SOCIETY AND HEALTH (SH)

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 picking electives in SH.”

SH runs off 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
- Key Examinations
 - Thyroid (often covered in O&PC)



SH GROUP PROJECT – ANALYSIS OF A HEALTH

PROBLEM IN A POPULATION

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, below is a brief example of the various problems and population groups available in P2 SH 2017.

HEALTH PROBLEM

- Legionella infections
- Marijuana/Cannabis use
- Polypharmacy
- Poor management of health care 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 (healthcare providers). However, the course convenor is generally quite flexible with topics and as long you pass it by her/him for approval, you can go outside the box a little bit. For example, look at the long-term mental health outcomes of Men who have Sex with Men who are HIV+ve.

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 particularly 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). Nothing much could be done for late notification other than not penalising your group for late project submission.

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. 2017 guide was a bit difficult to follow so 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)

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.

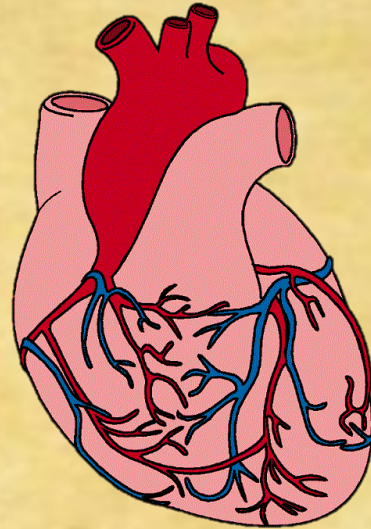
Components of this course form a significant part of clinical knowledge and skills required for ICE as summarised below:

CARDIOVASCULAR SYSTEM

- Key Examinations
 - Jugular Venous Pressure (JVP) assessment [many students are terrible at this so do try and learn the correct technique!]
 - Praecordial (particularly interpretation of murmurs)
 - Peripheral Vascular

- Key Presenting Complaints that you should be able to take a focussed 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 from Phase 1)
- Basic Life Support

RESPIRATORY SYSTEM

- Key Examinations

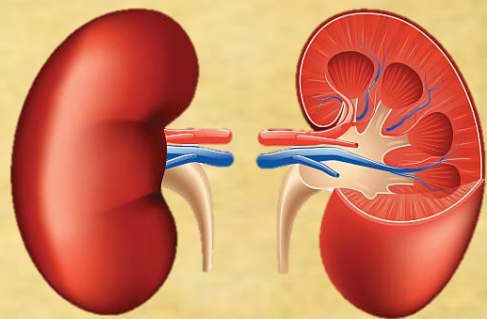
- Anterior and Posterior Chest (particularly auscultation and identification of adventitious sounds)

- Key Presenting Complaints that you should be able to take a focussed history of:

- 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 that you should be able to take a focussed history of:
 - 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 from Phase 1)

ABDOMINAL/GIT

- Key Examinations
 - Abdomen
 - Digital Rectal Exam
- Key Presenting Complaints that you should be able to take a focussed history of:
 - 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 a Abdominal 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 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

PROFESSIONALISM ASSIGNMENT

This assignment is a very short, 500-word paragraph relating to medical professionalism. Students are given three possible scenarios in the course guide to base their assignment on and they are free to choose which they prefer. Examples of common scenarios include inappropriate posts on Facebook that compromise patient confidentiality and romantic relationships with patients. Each scenario comes with its own sets of questions and related reading. All you have to do is answer the questions within 500 words using the references already given to you. Easy! (But don't be that person to submit it late!)

It's a pass or fail assignment and, thus, is very low pressure. If keen, this can be done one evening before the course even starts. Submission is typically through a Turnitin submission box on Moodle. It is typically due on Friday, week 3.

MINI-AUDIT

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 (what aspects of the

guidelines have been met?). 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 their 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)

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, Polyarthrititis 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 below:

NEUROLOGICAL SYSTEM

- Key Examinations
 - Cranial Nerves
 - Upper Limb
 - Lower Limb

- Key Presenting Complaints that you should be able to take a focussed history of:
 - 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 that you should be able to take a focussed history of:

- Joint or muscle pain
- Joint or muscle stiffness
- Joint swelling
- Joints giving way/locking
- Functional difficulties (and their impact on the patient activities)
- 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 (differentiate OA and RA)
 - Interpretation of Knee X-Ray
 - Interpretation of Hip X-Ray

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)

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 below:

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 for different to 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
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

AGED CARE AND REHABILITATION (AC&R)

AC&R is a 4 week terms focussing 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
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

ONCOLOGY AND PALLIATIVE CARE (O&PC)

O-PC is a 4 week course focussing 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 that you should be able to take a focussed history of:
 - Anaemia
 - Bruising/bleeding
 - Lymphadenopathy
- Key Pathologies
 - Anaemia
 - Thromboembolic disease
 - Lymphoma
 - Leukaemia
 - Various Cancers

ASSIGNMENT

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

Guide to Picking Electives in SH

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

Here is the list of electives which you will have to choose from in 2018

- 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.

Below are some reviews from 2017 students on their SH placements.

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	<ul style="list-style-type: none"> • Ambulatory care: exposure to allied health, can be quite boring if you are not proactive • 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. • No/little link to SH topics
COMMUNITY PAEDIATRICS	<ul style="list-style-type: none"> • Clinical rather than community focus (based in hospital) - thus highly linked to SH • Good exposure to common paediatric presentations • The team (registrars) are happy to team you • Opportunities for home visits, clinics, special care nursery, ward rounds
COMMUNITY PSYCHIATRY	<ul style="list-style-type: none"> • Really interesting - potentially the only exposure you get to actual clinical psychiatry in medicine. • 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

	<p>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.</p> <ul style="list-style-type: none"> • 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. • - Naomi xx.
DIABETES	<ul style="list-style-type: none"> • Great clinical learning, had ward rounds or clinics almost everyday • Diabetes education clinic was pretty boring (recommend only going once) • Clinics are mainly not focused on diabetes but more on endocrine as we were attached to the endocrine team
DRUG AND ALCOHOL	<ul style="list-style-type: none"> • Highly relevant to SH • Addiction medicine has very interesting range of patients • Limited opportunity to practice clinical skills/histories • Needs to be self-directed in asking doctors for opportunities to take histories etc. • Exposure to wide range of allied health professions; and members of a multidisciplinary team

	<ul style="list-style-type: none"> • Opportunity to experiences wide range of services such as methadone clinic, ambulatory care, cannabis clinic, chemical use during pregnancy, detox services etc. • Patients may not show up for clinic resulting in time spent waiting around
GP CASUALTY	<ul style="list-style-type: none"> • Good clinical exposure with plenty of opportunity to practice histories and practical skills (e.g taking blood) • 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	<ul style="list-style-type: none"> • Uncertainty of clinics - patients often cancel and you may have to wait around for hours before seeing a patient • Doctors and nurses are very busy, little room for self-directed learning in a clinical/practical sense • Exposure to multidisciplinary team including psychologists, tobacco specialists, nurses, pharmacists, nutritionists, doctors specialising in HIV/infectious diseases
HOMELESS	No Review(s) available

HEALTH	
JUSTICE HEALTH	<ul style="list-style-type: none"> • Unique and interesting location • Topics relevant to SH • 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) • Rotations through different clinics including general practice, infectious diseases, aged care, drug and alcohol, medical acute unit, mental health, even dentistry!
PAIN MEDICINE	<ul style="list-style-type: none"> • Exposure to patients with chronic, non-cancerous pain and CBT workshops • Lots of patients with complex psychosocial histories and who are happy for you to take histories • Little opportunity for practical clinical skills
PALLIATIVE CARE	No Review(s) available
	<ul style="list-style-type: none"> • Clinical rather than community focused • Combined with geriatrics (if at fairfield hospital) • Opportunity to be part of the geriatric/rehabilitation team; including ward rounds

	<ul style="list-style-type: none"> • Good opportunity for self-directed learning - taking histories, performing cannulas, removing stitches • Good exposure to allied health and multidisciplinary team including home visits, physiotherapy, occupational therapy, social work • Little link to SH
SEXUAL HEALTH WOMEN'S HEALTH (FEMALE STUDENTS ONLY)	<ul style="list-style-type: none"> • Good clinic exposure, especially to logistics behind healthcare • 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.) • Less opportunity to practice histories • Shorter hours (some have days off/ ½ days)



Campus Days In P2 Coursework: What's On?

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.

LECTURES, PRACS AND TUTORIALS – DO THEY 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. The 80% attendance rule still applies in Phase Two 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 rewarding 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.



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. Your goal for this year is to start thinking more critically about patients that you see. Instead of just taking a history and performing exam, start thinking about what the relevant symptoms and signs mean, analyse the results and discuss this with your peers/tutors. The best way to improve is to continuously see patients throughout the year. Don't leave it all to the end! You cannot cram for the P2 ICE OSCEs!

WHAT DO I DO AT HOSPITAL?

As explained to you 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. examine patients and practice procedural skills e.g. venepuncture. 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). Ward rounds help the doctors to work out what will need to be done for the rest of the day, as well as allowing them to frequently monitor how patients are managing. This is usually a valuable opportunity, if **YOU** take the initiative to ask questions about why the doctors have chosen to make certain decisions. Although it may be intimidating, ask the doctors if you can be allowed to take a history or perform an examination. Try to make yourself a useful part of the team, such as getting the patient folder each time you visit a new patient.

BEDSIDE TUTORIALS

A doctor will take a group of students to discuss how to take a history or perform an examination for a certain system or specialty. You will visit a patient where one of the students will perform a history or examination (sometimes even both!). Afterwards, the doctor will provide feedback on how the student went (sometimes roasting you in front of the group). Most doctors will assume that you have read up on how to do this and so do your pre-reading. These tutorials are very high yield and try to organise as many as you can.

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 of the more common conditions based on the 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 for a certain history/examination/investigation results is a skill you need to develop this year). These can be interesting but it usually depends on the topic and the doctor that is taking the class.

CASE REVIEWS

In these classes, students will be required to present a patient case (usually related to the weekly theme). These are usually held at the end of the week in order to give you time to find a 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). It will be much more worthwhile this way. The reviews normally go for 1 - 1.5 hours and so not everyone will need to present (generally 3 or 4 patients). It may be a good idea to group up and so that everyone is involved, or to rotate which students are to do the reviews. These can be good if the people presenting put the time in to make it decent. If done well, you can be learning about 3 different conditions and how to identify them in these sessions. Try to coordinate with other classmates to ensure that you are not covering the same patient or the same condition, otherwise it can be really boring!

ADDITIONAL ACTIVITIES

- Go to the radiology department to observe various scans and interventional radiology
- Attend various department meetings 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 cool surgeries
- Some hospitals allow students to attend JMO teaching sessions
- Most importantly - grab a mate and see patients. Always volunteer for anything that involves hands on experience and ask the nurses if you can follow /assist them with taking bloods, cannulation, etc.

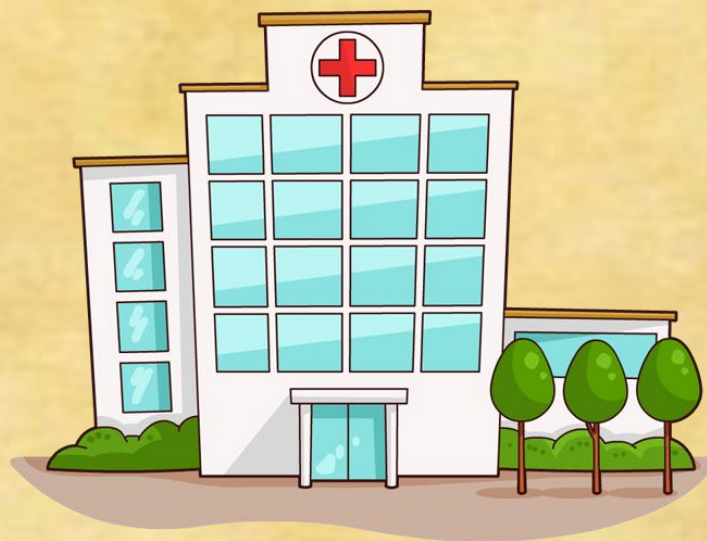
HOW DO I GET THE MOST OUT OF MY TIME AT HOSPITAL?

It is important that you put in the time needed. Although you will be rostered for 3 days a week, you will have large amounts of free time throughout the year. The best way to manage this is to treat your hospital days as a job and assume you are going to be there from 9am to 5pm each day. If you have free time between classes, try and go see patients that you have encountered in other classes such as ward rounds. Practising histories and examinations is an integral part of this year, and most likely the skills you will need to work on the most. ICE will have patients that have clinical signs and you will need to recognise and interpret these signs. Hence, it is crucial that you go and see patients with a variety of clinical signs and learn to identify them. Some students like to pair up and have one student taking the history and/or examination whilst the other observes and provides feedback after. You can use time outside of the hospital to look up some the diseases and management options you may have encountered during class. Try to cover each of the weekly themes detailed in the course guide as **ALL** of the themes are assessable in the clinical ICE exam at the end of the year. Asking some of the Phase 3 students with help is usually a good idea, and most of them are willing to help.

One of the most important concept to realise this year, and possibly for the rest of your time at medical school, is that you will get as much out of hospital teaching as you put in. Always try to volunteer to take a history or perform an examination when the doctor asks for someone. Always carry a pen and diary/notepad in which you write down things

you observe during clinical teaching, document spontaneous teaching and note down case summaries of the patients you see. Be reflective and try to write up a brief case summary of each patient that you take a history from so that you can self-assess the strengths and weaknesses in your history-taking.

If you find that you are not getting what you need from organised classes, it's up to **YOU** to fix that. If you discover that there is something that has not been taught at hospital, but is part of the curriculum outlined in the course guides, it's up to **YOU** to speak up and say something, rather than expecting hospital administration to organise those classes for you. Although they are there to assist you in your time at the hospital, they will do nothing for you unless you are vocal and diligent in pursuing some of the issues you will face with the hospital system.



HOW TO APPROACH OTHER DOCTORS?

It may be pretty intimidating to as a medical student to approach some of the other 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 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 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 often only there for their clinic visit and so it may difficult to follow up on these patients.

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) and explaining your situation. 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 (interns, resident, registrars,



consultants) that is related to the discipline that you are currently studying e.g. asking doctors in the geriatric ward during Aging and Endings. Interns 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. Also, if there is a Phase 3 medical student attached to the team, use them to find patients that have good signs or for your 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. 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, eating, sleeping or talking to family members.

HOW DO I FOLLOW-UP PATIENTS I'VE ALREADY SEEN?

Following up patients mainly involves going back to speak the patient directly. It is important to 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 ON GETTING CANCELLED AND 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. In 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.

Preparation for Phase 2 ICE OSCE & MCQ

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 TO DO THE EXAMINERS EXPECT?

Just like the Phase 1 OSCE's, Phase 2 ICE focusses on your patient interaction and examination skills. So, don't forget the basics - wash your hands, build rapport, be empathetic, and position the patient right.

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.

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/elicite 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 _____

Assessment criteria from P2 Clinical skills guide

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.

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.

Rural Hospitals

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!



Hospital & Clinical School Information

ST VINCENT'S HOSPITAL

WHO'S THE ADMIN

A big hello and welcome to Vinnies! The clinical school is located in the DeLacy building of the hospital. This building is older than the actual hospital and is accessible via many long corridors so it might take some time to get used to where to go (see the attached map for directions to the clinical school). The clinical school office is located on level 5 of the DeLacy building and is where you'll find Leanne (Education Support Officer) and Kate (Education Support Administrator), the two lovely admin staff. Leanne and Kate are the ones who schedule all hospital tutorials and will contact you via text if a tutorial time has changed. They are lovely to talk to and are always more than happy to answer your questions so don't be shy! You'll also see around Melinda (School Manager) and the Academic Staff who take a lot of the hospital tutorials.



WHERE TO PARK

If you don't have to drive, then don't. It's virtually impossible to find a cheap place to park all day. There is free parking behind the hospital but it has a 1 or 2 hour time limit and is frequently patrolled. If you don't mind walking a little bit there's some more free parking with a 2 hour time limit around MacDonald and Brown Street. Worst case scenario you can park in the hospital car park, however it costs \$50 per day so this is unlikely to be a viable long-term option.

ALTERNATIVE MODES OF TRANSPORT

Public transport is the way to go if you're at Vinnies. If you're coming from UNSW, you can take the 392, 394, 396, 397, 399 or M10 from Anzac Parade (check for the closest bus stop as this tends to move around with the changing light rail construction). The stop to get off at is called Oxford St Opp Palmer St (it's the one at Taylor Square). After that it's a short walk down Oxford St to the hospital. If you're coming via a train the closest station is Kings Cross. From here it's about a 10 minute walk to the hospital. If you're coming from UNSW, you can also take the COFA shuttle bus which is a free. The bus runs on the hour from the Gate 8 carpark and returns on the half hour from Greens Road, which is just a short walk down Oxford Street to/from the hospital.

FOOD/COFFEE

There is a nice hole-in-the-wall style café located nearby on 269 Victoria St called **Little Bishop Espresso Bar**. The staff here are super friendly and the coffee is quick and tasty. There is also a **Bills** located nearby on 433 Liverpool St that does not only great coffee but also delicious food if you're willing to splurge a bit. Bills is great because if

you're getting a takeaway and you're wearing your hospital ID they'll give you a pretty good discount. The hospital café (located at the main entrance on level 3) is a good last resort if it's a rainy day and you don't feel like stepping outside. The coffee isn't the best and is quite pricey but it's still coffee so it should be able to keep you awake during hospital tutorials. The food at the hospital café is also quite expensive but isn't too bad, good for when you feel like a wrap or a sandwich. Victoria St in general is full of a diverse range of eateries including **Grill'd**, **Zushi**, **Kurtosh** and most importantly... **Messina**.

If you're trying to save your money then the microwave and sandwich press in the clinical school common room will be your best friend. The common room is also stocked with tea bags, instant coffee, milk and sometimes biscuits or lollies for a \$1 donation. There is also a Nepresso machine and milk frother so if you bring your own Nepresso pod in you can utilise this.

HOW TO PAGE

On any hospital phone dial 6888 and wait for the tone. Enter the 4 digit page number, immediately followed by the 4 digit extension of the phone you are calling from. Press * and hang up. Your hospital tutors will often give you their mobile numbers too so that you can text them to arrange a time to meet, etc.

ACCESSING WARD LISTS/PATIENT RESULTS

Ward lists and patient results are kept online. On any ward computer or computer in the clinical school open internet explorer and follow the links to "Clinical Workstation" (this is typically already open on the ward computers or is the home page). Then under the heading "EMR

and Clinical Systems” click on “SVH Web deLacy.” A page will open where you are required to enter your log in details (that you will receive from the clinical school). Once logged in, you can search for patients by name, MRN (unique identification number - on all physical patient records), specialty or admitting doctor. Once you find a patient you want to view the results of, click on their name, then on the left hand side click on “Results (Mediweb).” This will open up a new window where you will be able to view clinics pathology, imaging and charted medications.

HOW TO APPROACH UPPER YEAR STUDENTS

Upper year students are here to help, so don’t be afraid to strike up a conversation with one of them! You’ll typically find upper year students hanging out in the Vinnies common room which is just opposite to the clinical school office. Additionally, you will be allocated in small groups to a fifth year student who will give you advice about how to navigate assignments and how to make the most out of your time in hospital.

WHAT CAN THE CLINICAL SCHOOL HELP ME WITH?

The clinical school is there to help you with almost everything. The clinical school office contains forms that allow you to get your Vinnies ID, log in details for the online records and log in details for wifi. The clinical school staff will explain all of this to you on your first day in hospital. If a tutor doesn’t show up for a scheduled session then you should let the clinical school know and they’ll chase it up. If you miss a white book activity or know that you’ll be missing a tutorial, let the clinical school know and they’ll help you arrange another time in a different term to make up for it. The clinical school office also

contains forms that you require if you need to access discharged patient files (which are kept on level 2 of the Xavier building). If you are unsure about anything or you see or experience something that upsets you, the clinical school is there to represent and protect you. Any concerns or questions are welcome.

GRAND ROUNDS AND OTHER TEACHING

Grand Rounds are essentially like a lecture where doctors discuss cases. There are **Medical Grand Rounds** every **Tuesday 12:45pm** at the Douglas Miller Lecture Theatre. The Medical Grand Rounds are great to go to if you're free. Not only do you get a free lunch (which usually consists of various sandwiches) but you also get to spend an hour listening to some pretty interesting cases. Each week there are typically two presentations of 30 minutes each so you always get a variety. There are many other teaching activities that occur around the hospital. The schedule for these activities can be found on the noticeboard outside the Douglas Miller Lecture Theatre.

OTHER OPPORTUNITIES

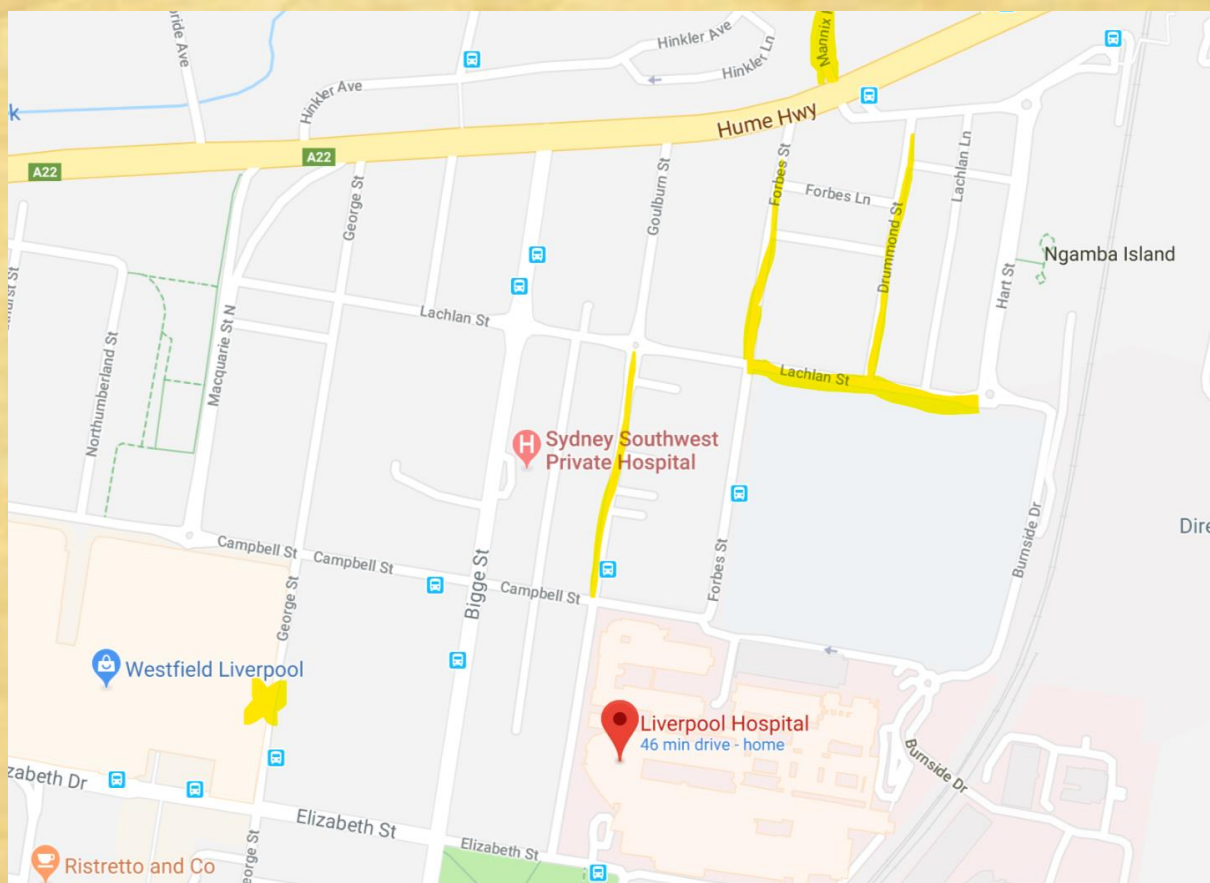
The Vinnie's clinical school hosts some social activities including the annual Doctors vs. Students Soccer. These activities are a great way for you to better get to know students in other years and the admin staff. Information for these events plus other useful updates are typically posted on the Vinnie's clinical school Facebook group (<https://www.facebook.com/groups/114648471959154/>).

LIVERPOOL HOSPITAL

WHO'S THE ADMIN

Kylie heads the team up, she often has a lot on, so make sure you're loyal to her and she'll be loyal to you... try not to get on her bad-side. Shalini is often at the front desk, she's lovely and so reasonable.

WHERE TO PARK



If you are early, and still lucky, there is free parking at the Warwick Farm Station parking complex. On days where you have very minimal hours, you can also park at the Westfield for 3 hours for free; this is about 5-10 minute walk from the hospital.

ALTERNATIVE MODES OF TRANSPORT

Train: Liverpool Hospital is short 5 minutes walk from Liverpool Station, which is a major stop on the T2, T3, and T5 lines (you can catch a train from Central).

FOOD/COFFEE

ON-SITE:

- [Taste Baguette](#) is by far the best coffee you'll find in the hospital - they roast Campos too. It's a hidden gem, a bit of a walk from student rooms, but worth it. You'll even find a great place to have a quiet meeting or discrete catch up with friends.
- In the hospital courtyard (opp Cosmopolitan Espresso) you'll find a Will+Co booth. Coffee there is good, and the seats are cute!
- [Cosmopolitan Espresso](#) is the closest dining/coffee experience you'll find to the common room. Coffee isn't bad (7/10), and there's lots of food options - make sure you try the zaater sandwiches!

OFF-SITE:

- You *have* to visit a Lebanese bakery whenever you're in the west. Some must tries are their (a) cheese pizza, usually ~\$4-5; (b) meat pizza, ~\$4-5; (c) double cheese pizza, more pricey ~\$7 but incredibly tasty; (d) zaater roll with veggies, must try ~\$3 ; (e) spinach and feta triangles, my personal favourite ~\$4. At Least one lunch/dinner, you must visit [Jasmin1](#) for some fine lebanese cuisine - order a mixed plate with tabouli!
- If you're willing to go off-site for a good coffee, check out [Ristretto and Co](#) - you can thank me for it later.

- Just outside the hospital, at the park next door is a cafe called 'The Shed' which is famed for having some good lunch food and coffee as well.
- Otherwise, Westfield has your classic needs ranging from McDonalds, KFC, Subway, Nandos, Oporto as well as PappaRich, Gloria Jean's and Boost.

HOW TO PAGE

Press 5* and enter the pager number

ACCESSING WARD LISTS/PATIENT RESULTS

You will be trained at the start of the year in the mysterious ways of eMR Powerchart. Make sure to listen carefully to the instructions of the tutorial, as it is very easy to crash your account. If you have any difficulties, contact the system administrator.

HOW TO APPROACH UPPER YEAR STUDENTS

- Upper year students are very approachable and keen to run tutorials (which you can request for on the FB page)
- They run a mentorship program as well

WHAT CAN THE CLINICAL SCHOOL HELP ME WITH?

The clinical school helps with most issues, especially with catching on sessions required for the logbook (see above). The Simulation and Skills Centre rooms are also available for booking to further practice clinical examination skills.

GRAND ROUNDS AND OTHER TEACHING

Grand rounds are held at 12:30pm every Thursday and cover a variety of different topics. Each week there will be a topic that is often

advertised on small posters around the hospital. You can learn about topics and extend your knowledge in that area, and grab some free lunch afterwards as well. Note: you must attend the grand round to get food.

OTHER OPPORTUNITIES

Liverpool Hospital is a labyrinth of wards, in which you will see a myriad of patients. When you are free, spend time seeing patients and eliciting clinical signs. There are also opportunities for you to go into the operating theatres and watch surgeries; make sure that follow protocol when entering theatres to ensure a rewarding experience.

The student common room is a wonderful place to have some downtime; it's a place where you can fall asleep, watch TV and play table tennis. The hospital library is also close to the common room, where you can do some quiet study (but really, who studies when there's table tennis?)

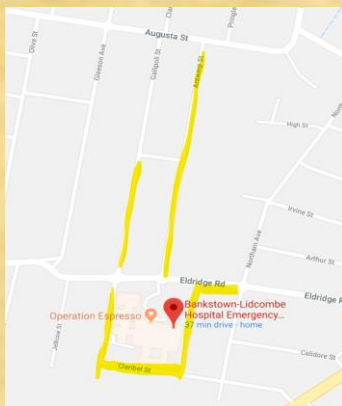


BANKSTOWN HOSPITAL

WHO'S THE ADMIN

Catherine Dillon - the dearest of all student administrators! Cathy has your back. She goes to tremendous efforts to chase doctors up to take bedside tutorials for students, so make sure you don't give her a hard time by not showing up.

WHERE TO PARK



ALTERNATIVE MODES OF TRANSPORT

Public transport is a bit of a hassle but still viable. You can catch trains to Bankstown station from Lidcombe station, or Central station; from there, there are several bus services to the hospital. As a result, would definitely recommend carpooling with other students, or organising pick-ups from stations etc; those car rides will bring about some of the best times of your year.

FOOD/COFFEE

- Operation Espresso located at the hospital entrance is go-to place for lunch or coffee. Relatively good food, especially the banana bread, but can be a bit pricey.

- There is also a gelato place outside, beside the grounds in the centre of the hospital. Again, it's a little pricey.
- There's a cafe near the Bankstown Hospital Medical Centre that also has a nice range of food and drink. It's a bit cheaper than Operation Espresso.
- A hidden gem of Bankstown Hospital is the staff cafeteria. It is located on Level 1 (note that you enter the hospital on Level 2) and it's a bit of the maze down there. Really cheap food and drink, (you can get a good feed and drink for around \$9-10), but would definitely ask for directions from a senior student before exploring, as you don't want to end up in the morgue.
- On Tuesdays, if you are vigilant enough, you can sneak some food from Grand Rounds.

Similar to Liverpool, Lebanese bakeries are always recommended; check out [Mina Bakery](#) or [Little Lebanon Bakery](#).

HOW TO PAGE

On any of the phones:

1. Press '77'
2. Enter the page number you are trying to contact
3. Press the * (star) key
4. Enter the number of the phone you are calling from -- this is usually located on a small, rectangular white sticker with 5 digits on the phone.
5. Press the * (star key)

6. Hang up and wait for a return-call.

ACCESSING WARD LISTS/PATIENT RESULTS

You will be trained at the start of the year in the mysterious ways of eMR Powerchart. Make sure to listen carefully to the instructions of the tutorial, as it is very easy to crash your account. If you have any difficulties, contact the system administrator.

HOW TO APPROACH UPPER YEAR STUDENTS

- Upper year students are very approachable and keen to run tutorials (which you can request for on the FB page)
- They run a mentorship program as well

WHAT CAN THE CLINICAL SCHOOL HELP ME WITH?

Cathy is always ready to help with you with catching up on missed classes.

GRAND ROUNDS AND OTHER TEACHING

Grand Rounds are 12:30pm on Tuesdays and cover a variety of different topics. Each week there will be a topic that is often advertised on small posters around the hospital. You can learn about topics and extend your knowledge in that area, and grab some free lunch beforehand as well.

OTHER OPPORTUNITIES

You can walk into the theatres and observe surgeries to enhance your learning. There are also several patients you can see on wards to practice history taking and examinations.

PRINCE OF WALES

WHO'S THE ADMIN

Jenny Ryall, who has been around for many years. She is located in the clinical school, which is the Edmund Blackett Building (very confusing back-building, highly suggest you ask the front desk or anyone friendly walking around!)

WHERE TO PARK

Anywhere around uni is good. The back streets around Belmore road can yield all-day parking, as can Coogee Bay Road (complete with a nice uphill walk for your quads).

ALTERNATIVE MODES OF TRANSPORT

The same way you get to uni. You know the drill.

FOOD/COFFEE

There are probably *too many* options.

- Randwick junction has numerous food and coffee options - favourites of which being High St Society (which has a 10% discount for doctors and occasionally med students if you're lucky - and you can pre-order on the "Skip" app), and 22 grams.
- There are also really nice vietnamese rolls right by those cafes (they're cash only unfortunately), and the thai place (Noodle Inn) just up the road does 'Cheap Tuesdays'.
- There is also a cafe in the hospital complex - right by the Emergency Department and the Royal Hospital for Women. This has loads of variety, but can get a bit expensive. There is also

the Volunteers Garden Cafe near the Parkes Building Lift with cheap food good for when you're in a pinch or in a rush.

- There's another nice cafe near Sydney Children's entrance which is a little cheaper.

ACCESSING WARD LISTS/PATIENT RESULTS

You can log into EMR on three of the computers in the clinical school in the Edmund Blackett Building, the computers in the backroom of the clinical library and on any of the computers in the wards. If you have any issues - Jenny's the one to ask!

HOW TO APPROACH UPPER YEAR STUDENTS

There are always older students hanging out in Edmund Blackett. Just go up and say hi and be friendly. A phase 2-3 buddy system will also be organised for you as well. Use your initiative and *ask* for tutorials/teaching (pre-book rooms, organise a time/place) to help them help you - phase 3s are super busy with their own exams and clinical rotations but many love to teach and will definitely help you if they can! Also, there will be lots of 4th years around POW/SCH who you should definitely recruit to run your ICE tutorials - again, use your initiative to organise it and get them rolling early!

GRAND ROUNDS AND OTHER TEACHING

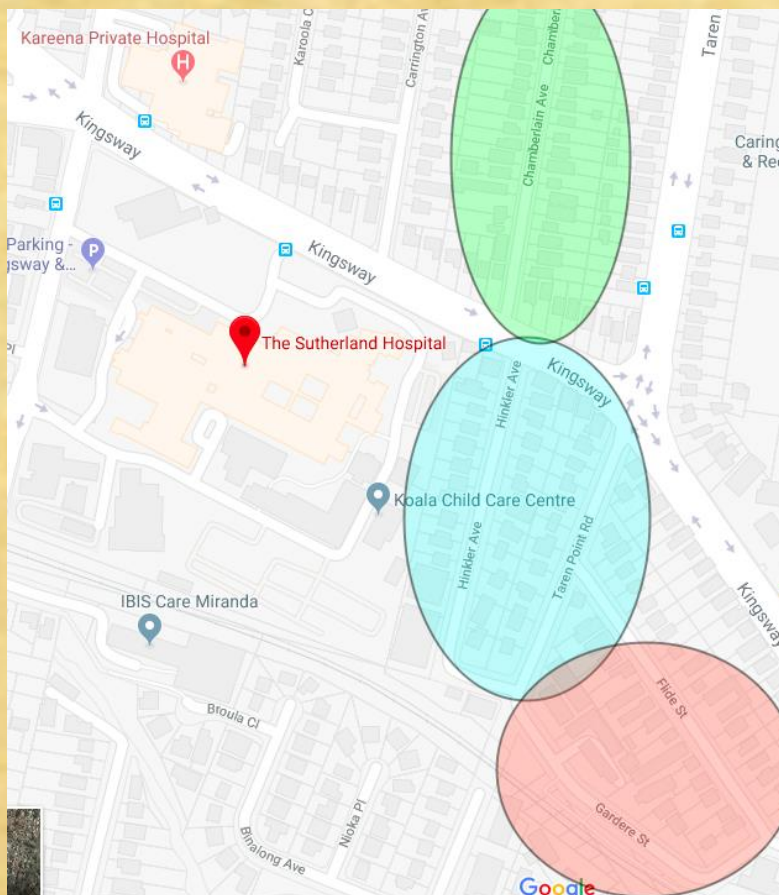
- Grand rounds: Wednesday 8am, Edmund Blackett Building
- GI MDT: Thursday 12pm, M Donellan room
- Paeds grand rounds: Wednesday 1pm, John Beveridge lecture hall
- O+G grand rounds: Wednesday 5pm
- Neuro grand rounds: Monday 4pm, Edmund Blackett Building
- Geriatrics grand rounds: Thursday 1pm, Edmund Blackett Building

THE SUTHERLAND HOSPITAL

WHO'S THE ADMIN

Justin Joynes was the admin up till the end of 2017. Joanna, from St George Clinical School, takes over Justin and she comes in once a week. Kindly refer to 'Who's the admin' under the St George Hospital section.

WHERE TO PARK



FREE ALL DAY

If you arrived early, then finding an empty spot should not be that hard. Most of us parked along Hinkler Avenue and Tarren Point Road (Blue). If they are all filled, then you could park as far as Flide and Gardere St (Red). Chamberlain Avenue (Green) is viable option too, but

you would have to walk across Kingsway (I highly suggest not to jaywalk unless it is early in the morning).

Leave uni early to avoid traffic, that should take about 30-45 minutes to get to hospital.

PAID PARKING

Students hardly park within the hospital compound, not only because it is expensive but also the fact that it is considerably easy to find free parking outside!

ALTERNATIVE MODES OF TRANSPORT

Direct train from Central to Caringbah Station (T4 Line, Bondi Junction to Cronulla). It will take roughly 45 minutes to get to Caringbah, followed by 15 minutes walk from the station to hospital. It is going to be a long travel so do bring a good book to read!

Expect to spend around \$10/day on transport (without concession).

FOOD/COFFEE

The pantry inside Na Mawa Cottage (the common room) is well supplied with tea, coffee, and milk. Milk tends to run out quickly so get your hands on them quick.

CAFETERIA

I have been told that they are decent. But why pay when you can attend grand rounds and get free food (and knowledge).

Shops are all on the second floor in the atrium. Garden Kiosk and Let's Get Fresh are staffed by volunteers and all of the funds raised are used to support the hospital.

HOW TO PAGE

Call 611# [Insert page number]. Wait for the doctor to return your call. If you are having the same doctor for multiple sessions (eg for tutorials), sometimes they are kind enough to give you their phone number so you could text them next time for reminders etc.

ACCESSING WARD LISTS/PATIENT RESULTS

During your orientation you will be briefed on how to use the Electronic Medical Records (eMR) so no rush. Note that you could only access the eMR from the computers in the wards and also the library. You do not have access to eMR from the ones in Na Mawa Cottage.

If you need to print some data for your assignments, head up to the library on Level 4 and print them for free! You are not allowed to bring them outside of the hospital compound (for ethical reasons) and do not forget to shred them afterwards.

HOW TO APPROACH UPPER YEAR STUDENTS

There are not many of us at Sutherland so really everyone will know everyone eventually. The upper years can be often spotted studying for their viva but don't be intimidated by them, in fact, watch them practice (and join them if you wish).

The seniors are super friendly! They will be more than happy to bring you around and show you interesting patients if you are keen and they are free, so don't be afraid to approach them! They might even give tutes, if you ask them nicely!

WHAT CAN THE CLINICAL SCHOOL HELP ME WITH?

Justin was a godsend. He helped organising tutorials and extra sessions to fill in our logbooks.

GRAND ROUNDS AND OTHER TEACHING

Each departments have different timing for their respective grand rounds. Cardiology, Respiratory, and Neurology grand rounds tend to be in the morning around 8.30-9 am. Whereas Aged Care and Geriatrics tend to have theirs in the afternoon around 12-1 pm.

All the departments have their own ward rounds every morning, some second rounds around lunch time.

Do cross-check with the upper years regarding the timing.

OTHER OPPORTUNITIES

I found interns to be really helpful (more so than the registrars. They are probably are not as busy as the registrars). Often they let you draw some blood and do other procedural stuff.

PERKS AND DOWNFALLS

Students allocated at the Sutherland Hospital will be given a personal locker which you don't have to fight for. Considering the small groups of students, we tend to have a close-knit student community - you tend not to be lonely most of the time.

The hospital is well lit with natural lighting. It is aesthetically pleasing as well, albeit not as modern as Liverpool Hospital.

Ward names can be slightly confusing since they don't really tell you which patients they care for. Sometimes patients can be placed in an unrelated ward because of bed shortage.

(Personally, the only downfall I experienced was the distance I had to travel. If you stay on campus, the ideal thing would be to carpool. I didn't get to do that so I had to use public transport, but the distance was the only thing I would be annoyed about at times.)

Once in a while, tutes may be cancelled. This is of course uncalled for and can be a pain if you stay far away. However, this rarely happens so overall the perks far outweigh the downfalls.

ST GEORGE HOSPITAL

WHO'S THE ADMIN

The current admins at the St George Clinical School are Joanna and Michael. Both are speedy with replies and very lovely and willing help you out with timetable clashes, coordinating clinic times, makeup sessions and any other queries which you might have. They will communicate to you through email and also via the St George and Sutherland Facebook group to keep you updated on all changes to your classes.

Sometimes they also call or text you if they need to reach you urgently. Joanna will chase up doctors for classes so make sure you show up - and if enough of you are not planning to show up, or it's a class/series of classes that you found unhelpful, let her know. She'll sort it out and she won't take it personally if a class gets cancelled, she would rather it be cancelled than for a doctor to turn up.

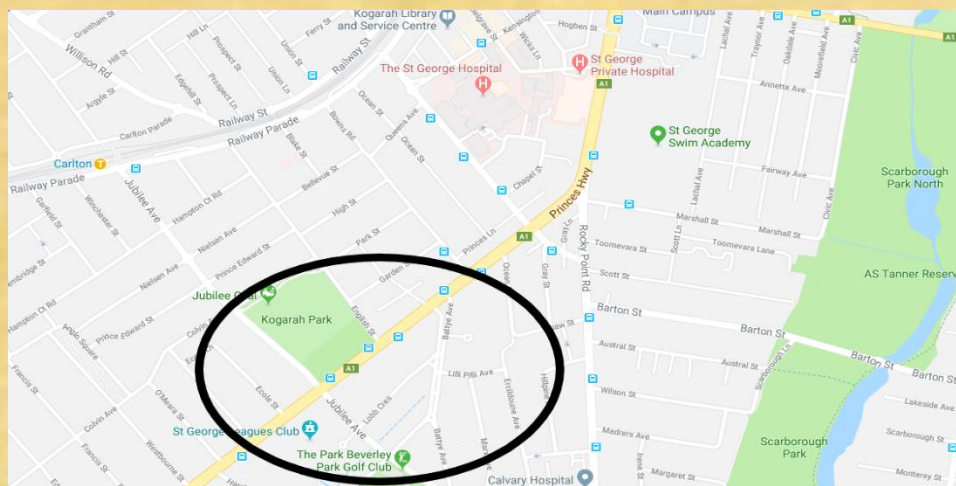
WHERE TO PARK

As St George is located adjacent to Kogarah Train Station, all day parking near the hospital is very limited. In the nearby streets around the hospital timed parking can be found (mostly 2P max). Do ensure that if you do decide to park in these zones, you **MUST** move your car after 2 hours. Council parking officers regularly patrol the region and yes, many of us have been greeted by a lovely \$100+ fine sitting on our windscreen wipers.

The best location to look for all-day parking near the hospital is on Marshall St (see map 1.). Almost the entire street is all day parking; however sometimes this street is full. You can also find some all-day spots on the small streets off Fairway Ave. Most students tend to park here as parking spots are reliably available most days. All-day parking can also be found in the suburban areas further away from the hospital especially near Kogarah park (see map 2.).



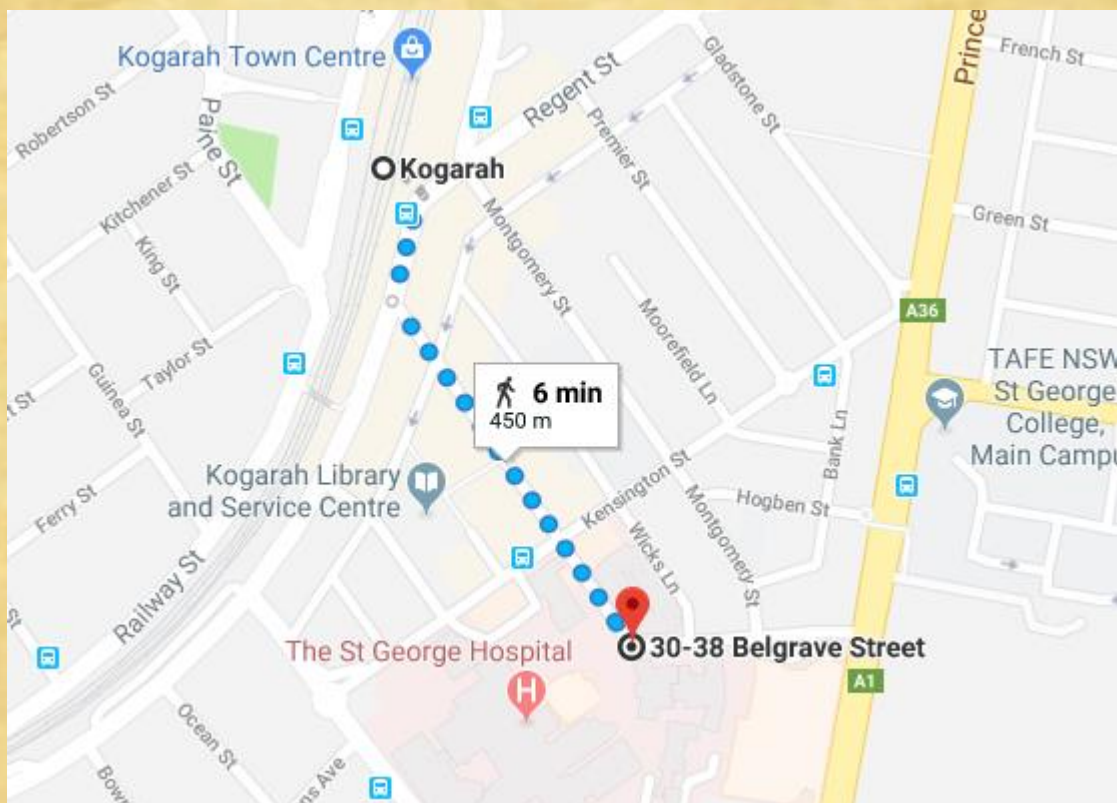
Map 1: Marshall St



Map 2: Other areas for all-day parking

ALTERNATIVE MODES OF TRANSPORT

- The easiest method for most people to access St George Hospital is by train as Kogarah train station is a 5 minute walk down the block (with plenty of shops for you to get your morning coffee on the way to that 9am tute). From fresh sushi rolls to vietnamese pork rolls and your typical cafe food, Kogarah will not disappoint your tummy!



- There are also various buses which can take you from kogarah

FOOD/COFFEE

- Buying Coffee: Depending on picky you are, the coffee available at the hospital is decent (next to the prince williams wing), however just down the road there are many local coffee shops for you to try out and pick you favourite. Culture Bean (the one near ED) is popular

- Free instant coffee available in Clinical School and Common room; bring your own mug as cups are often out in the common room
- If you run out of coffee, milk, cups, sugar, or even if the toaster is broken, just see Joanna or Michael. They will solve it.
- Bringing food: There is a fridge and microwave in the common room if you are bringing food from home
- Buying Food: There are plenty of shops near the train station where you can buy lunch in your break! Includes; pork rolls, nandos, japanese, thai, deli food, oporto etc.
- Hong Kong Noodles is very nice (highly recommended!)
- Food places near Kogarah library are also appropriately price and convenient
- Dougies does (or did, in 2015) a \$10 special (burger + fries + drink) for med people so wear your badge

HOW TO PAGE

There's a LAN page system, but students do not need to use it. If you need to call a doctor, ask one of the nurses to page them for you.

ACCESSING WARD LISTS/PATIENT RESULTS

There is one computer in the student common room, and a few up in the library on the 1st floor in the same building that you can access EMR from. You will get a 3-hour tute on EMR. Only about 20% of that will be directly relevant to you. You will be called out if you fall asleep. You will need a good strong coffee.

HOW TO APPROACH UPPER YEAR STUDENTS

Upper years can be found in their natural habitats, namely: on the wards, having lunch in the common room, or slacking off elsewhere. Just come up to us and be friendly, we are nice people. You can also post on the Facebook group asking for help.

For Coursework students, there is a whiteboard in the common room where students can request upper years to teach on various topics.

WHAT CAN THE CLINICAL SCHOOL HELP ME WITH?

Everything. They organise tutes, chase up doctors when they don't show up, organise sessions for you to fill your log books, organise bedside tutes, restock the milk and coffee and cups, etc.

GRAND ROUNDS AND OTHER TEACHING

St George has a bedside tute program where groups of P2 students are assigned a junior doctor as a tutor. Use your tutor! Agree on what area of teaching you want as a group and attend the sessions. If your tutor is away or unavailable speak to Michael and Joanna. Or adopt a keen Phase 3. That could work too.

All grand rounds are usually held in the 1 East Auditorium, Ground Floor of Research and Education Centre

Surgical Grand Rounds: 7:30am - 9:00am on Tuesdays

Medical Grand Rounds: 8:00am - 9:00am on Thursdays

Choosing the Right ILP/Hons Supervisor

Note: We also credit some of this advice to the seniors who've been kind enough to pass on their pearls of wisdom.

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

HOW DO I CHOOSE A SUPERVISOR?

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 you are interested in.
- 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)

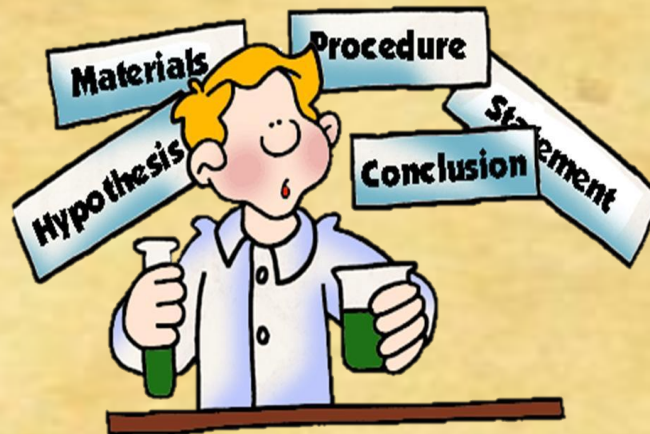
TIPS FOR THE MEETING:

- 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.
- Medicine is a small world - don't ruin your reputation.

THINGS TO DISCUSS WITH YOUR SUPERVISOR

- 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.

**Looking After Yourself
in
Phase 2**

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

UTE VOLLMER-CONNA

Ute is the Student Wellbeing Advisor 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: ute@unsw.edu.au (please make all appointments by email only).

Phone: 9385 2945

UNSW COUNSELLING AND PSYCHOLOGICAL SERVICES (CAPS)

CAPS provides free and confidential service to all UNSW students. They offer 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%20WSLHD%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

Employee Assist	Money Assist	Lifestyle Assist	Career Assist
<ul style="list-style-type: none"> • Interpersonal conflict and tension • Work-related stress • Changes in your work environment • Harassment and grievances • Relationship or family matters • Personal and emotional stress • Grief and bereavement • Alcohol and drug related problems • Crisis intervention and trauma counselling 	<ul style="list-style-type: none"> • Resolving financial habits that are causing conflict • Eliminating stress caused by financial challenges • Learning new financial skills and be confident with controlling your finances • Providing practical information on how to negotiate with creditors to obtain achievable payment arrangements 	<ul style="list-style-type: none"> • Building emotional resilience • Increasing your capacity for stress management • Better managing mental health issues including anxiety and depression • Overcoming drug and alcohol issues • Managing addictive behaviours including smoking and gambling • Increasing your physical wellbeing, including nutrition and fitness • Weight management • Life stage and Retirement Planning 	<ul style="list-style-type: none"> • You are confused about your next career step and would like to identify options or opportunities • You are experiencing major change, either personal or professional, which may cause you to rethink your goals and priorities • 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.

HEADS OF CAMPUSES

Port Macquarie: A/Prof Sandy McColl - 6580 7544

Wagga Wagga: A/Prof John Preddy - 6933 5171

Albury: A/Prof Neil Bright - 6042 1311

Coffs Harbour: Dr Alison Seccull - 6652 0444

Griffith: Dr Damien Limberger - 6964 4823

OFF CAMPUS:

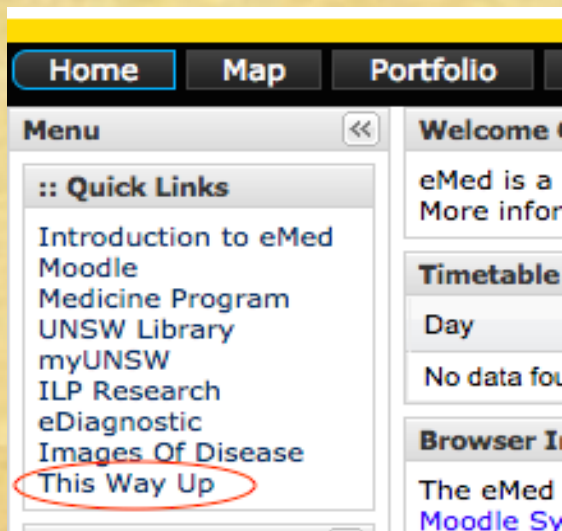
OTHER SERVICES, EMERGENCY SERVICES

- 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/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.



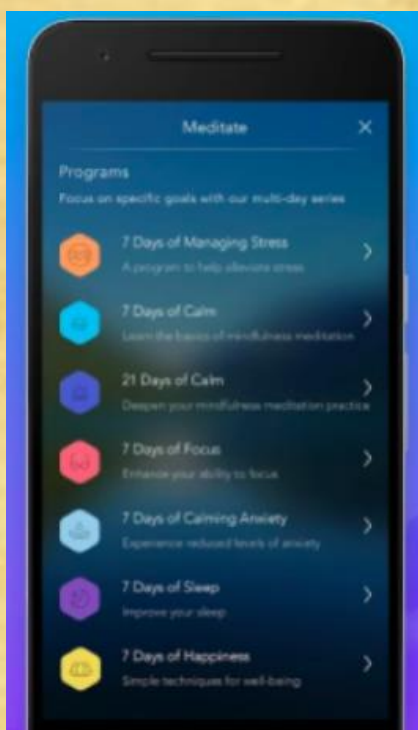
‘SURVIVING THE ILP: ENSURING PERSONAL WELLBEING’ INFORMATION SHEET FROM MEDFAC

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)

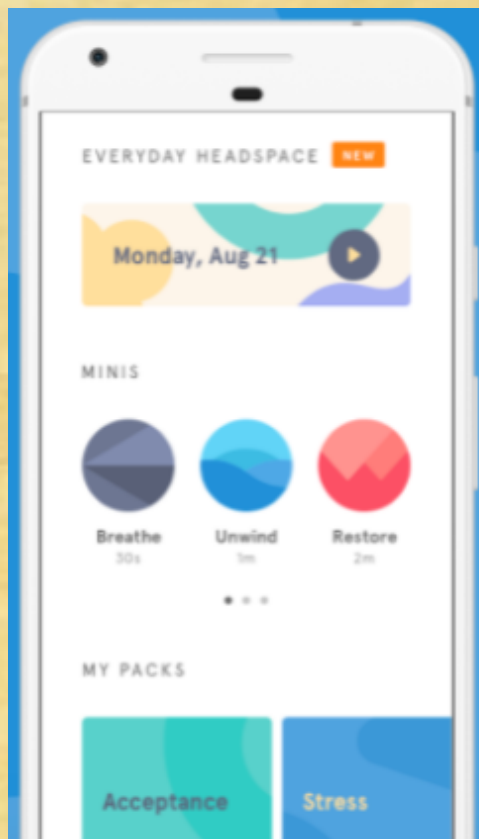
<https://www.calm.com/>



Guided meditation sessions are available in lengths of 3, 5, 10, 15, 20 or 25 minutes so you can choose the perfect length to fit with your schedule.

- *Daily Calm: a new 10-minute program added daily to help ease you into the day or unwind with before bed
- * Sleep Stories: adult bedtime stories guaranteed to lull you to sleep
- * 7 day and 21 programs for both beginner and advanced users
- * Breathing exercises to relax
- * Unguided timed meditation
- * Open-ended meditation
- * 25+ soothing nature sounds and scenes to use during meditation, yoga or to help you sleep

<https://www.headspace.com/headspace-meditation-app>



Headspace creates the ideal conditions for a good night's rest. Relax with guided meditations and mindfulness techniques that bring calm, wellness and balance to your life in just a few minutes a day.

-Everyday Headspace: daily meditations on a new topic each day

- "Mindful Moments" to keep you present throughout the day

- 2-3 minute "mini meditations" for a quick mental reset

- "SOS" sessions for moments of panic, anxiety and stress

- Sleep Sounds to help you drift off

- Headspace animations to teach you new skills and answer your mindfulness questions

- Track your progress and time spent meditating

<https://www.smilingmind.com.au/>



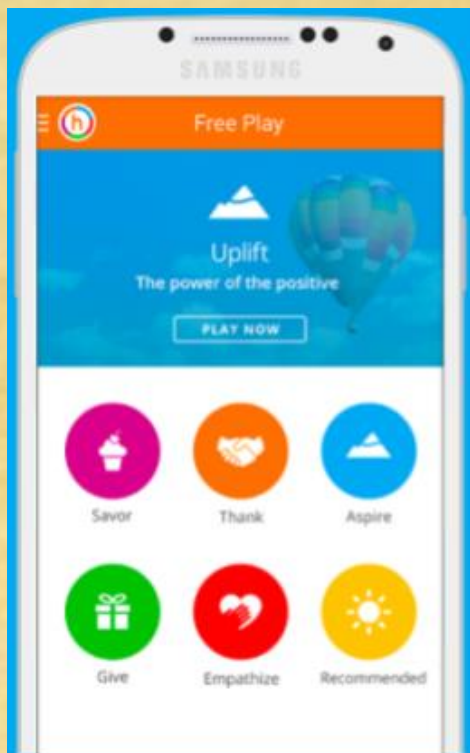
Smiling Mind is modern meditation, a unique web and app-based program developed by psychologists and educators to help bring balance to people's lives.

Smiling Mind is a not-for-profit organisation that works to make mindfulness meditation accessible to all.

Their mission is to provide accessible, life-long tools based in mindfulness meditation.

Their programs are designed to assist people in dealing with the pressure, stress and challenges of daily life.

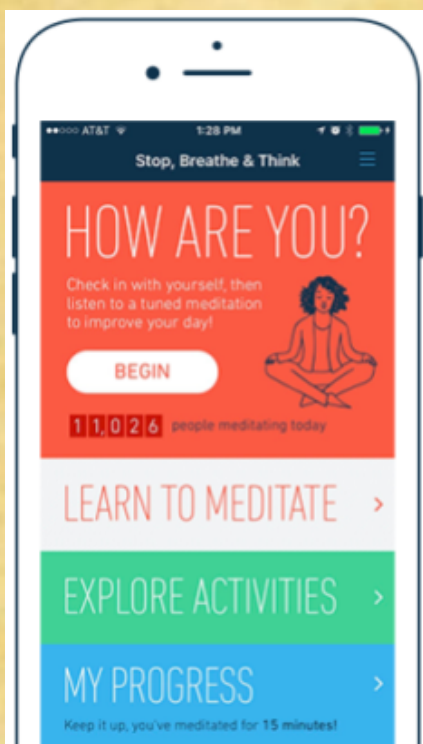
<https://www.happify.com/>



How you feel matters. Whether you're feeling stressed, anxious, depressed, or you're dealing with constant negative thoughts, Happify brings you effective tools and programs to take control of your emotional wellbeing.

Their techniques are developed by leading scientists and experts who've been studying evidence-based interventions in the fields of positive psychology, mindfulness and cognitive behavioral therapy.

<https://www.stopbreathethink.com/>



Stop, Breathe, Think allows you to check in with your emotions, and recommends short guided meditations, yoga and acupressure videos, tuned to how you feel.

- + Over 30 free activities and 70 premium activities including meditation, breathing, yoga and acupressure
- + Customizable meditation timer with choices of chimes and soundscapes
- + Customizable breathing timer to focus and find calm
- + A daily feed with tips, inspiration and a recommended practice of the day
- + Meditate to start and end your day
- + Tracker for your emotions pre and post meditation
- + Sharing for friends

**GOOD LUCK AND ALL THE BEST FOR
THIS YEAR!**



**FROM YOUR MEDSOC 2018
TEAM**