



Dear MD2 Students,

Hitting the wards marks a new beginning for MD2 medical students. After the torment and perils of learning exclusively from lectures in FJ Clark and eSuite, it is your time to become a student in the hospital environment.

The following is a collection of advice from ~50 students in older year groups (MD3s, MD4s and interns). **Note that these are the views of anonymous students and this document is not an official WAMSS policy document.** For any questions or for more information, contact Britt Suann at [secretary@wamss.org.au](mailto:secretary@wamss.org.au).

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## Advice from MD3s 2020

- Don't be nervous! - you have as much right to be in the hospital as anyone else. Every single nurse/allied health/doctor was in your shoes at one point. You might be a small part, but you are still part of the big hospital working machine - and you shouldn't feel like you're anything less.
- Give the doctors room to breathe/space when they need it - don't hover against their heads when they're writing notes. Also, always call them by their formal name (Dr/Prof etc) unless they EXPLICITLY tell you otherwise.
- Even if it takes you a little longer, or doesn't "directly" contribute to your learning - have a quick chat with patients, get them an extra blanket/glass of water if they need, find out who they are outside of their disease - it makes it a lot easier for you to practice history taking / examinations / talking to people you wouldn't usually know how to talk to. Plus - it's such a fucking privilege to be with someone in their darkest hours - that is worth an extra five minutes
- Always be up for an experience, but don't be so competitive that you alienate your colleagues - this is a big one!
- Try not to be that bloke who gets to a rotation an hour early to steal all the cannulas/bags the surgeries for the day/schmooze up to the senior staff - those people suck and everyone talks about you behind your back --> remember odds are that senior consultant is gonna be retired by the time you need a reference, but your fellow students are gonna be colleagues
- Try to figure out your own schedule at the hospitals. If there's nothing to do, don't feel the need to stay (excuse yourself politely to your senior). I stayed at the hospital for long hours and have since realised I could have used that time a lot better (study / head home)
- Try and see patients WITHOUT knowing their diagnosis; MD2 is mainly about getting comfortable with taking a good history and exam



- If you feel uncomfortable or unsure, always ask for help / supervision. This is about the patient's safety. Much more important than your med student ego and looking like a pro who doesn't need help to the intern/reg. They will not mind whatsoever
- You'll often feel like you aren't getting good teaching. Unfortunately, that's just the way clinical med goes, and it's all about picking up the little pearls of wisdom along the way. The best way to get teaching is to have specific questions about things you don't understand, and to read up on things first, so you're not asking 'stupid' questions. You'll be able to learn most theory yourself – the wards are for learning clinical skills, patient interaction, and how the theory is applied into a clinical setting.
- Get over yourself as quickly as possible, you will be shit and not know answers/be poor at executing everything for a long time so get comfortable with not being good at things it's ok and expected
- You've signed up for a marathon not a sprint, this is especially going to hit hard in June / July when the entirety of the University is on holiday except for you. So pace yourself and take days when you need to
- Spend time with your parents and friends if you can — and if you sometimes have to do this instead of studying that day that is OKAY. You will know when you are overdoing it
- I still find that when you get on with someone in a friendly way (+banter) - even if they are your senior - doctors/nurses/midwives/allied health crew are way more likely to let you catch babies/cut umbilical cords/practice cannulas/scrub in/take histories in clinics
- Treat the hospitals as a good learning tool- this seems obvious at first, but as the year goes on hospital kind of sometimes starts feeling as a chore you need to get done in the morning to get your attendance and then you go home and just study, But what you learn in hospital is going to stick so much better than what you study!
- Contrary to popular belief, exams aren't entirely core conditions. General hospital sense (i.e. how to consent a patient for surgery, how to manage an acutely manic patient, fluids) are all examinable content
- Getting the team to like you is easy; show up on time, don't check your phone at all (keep it on do not disturb and in your pocket/bag any time you are with the consultant), and be nice/friendly is all it really takes. if you show you are keen they'll like you even more!
- The more the team like you, the less they will mind if you take a day or two off, they will mark you better, and they will teach you more

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- Offer to take notes during rounds (if it's your first rotation ask the intern to teach you how to make notes), or if you aren't taking notes hold the obs chart open for the person writing notes, see patients on your own and prepare a presentation (usually the junior doctor or reg will listen to these and give you feedback, if the consultant is really hands on they will too)
- Try and help your team out where you can - if your intern/reg asks you to do an odd job or two do it! As medical students we kind of don't contribute anything to the team and they take heaps of time and go out of their way to help us, so it's nice to help where you can
- Ask to do as many cannulas and bloods as you can (if you are nervous the junior doctor is usually happy to supervise or you can buddy up with a friend) it's important to learn and once you can go unsupervised it will take the job off the junior doctor's plate
- Try and see a lot of variety; some people may be put on a sub-specialty team, which means on ward rounds you won't see too much variety. Don't be afraid to go to other wards after rounds, or have friends on other wards who can text you when there's something interesting. If you don't know anyone in your rotation group don't stress you'll get to know them well
- Closer to exams practice cases will be your best friend. You can bring each other cases based on core presentations and make questions out of them. WAMSS drive has lots of really good textbooks with practice questions: Oxford Clinical Cases is the best!
- Ask your team what's happening for the day and they can let you know what will be good to be around for. Learn HOW to find files: good places to start are nurses and allied health. Don't forget the ward meds room.
- You will be roasted by a doctor at some point, just cop it (don't let them see you cry). If a doctor is mean for no reason, remember that's their issue.
- If you get a junior doctor who is happy to teach you in spare time exhaust that as much as possible
- Depending on the rotation, reg is probably the best person to follow around bc they are the most knowledgeable and in charge of everything. However, the intern and RMO will be your friend and ask them any q's
- Be nice to nurses, allied health staff, etc, they all have jobs to do and you are only there to learn, so know your place, but also know you need to be present to learn so don't apologise for being there
- Just enjoy the year - pretty cool experience and so chill compared to last year last year haha Everyone I know found MD2 much easier than MD1 once you get over the nerves and find your way around hospital



- Be on time - if the placement says start at 9, be there for 8.30 cause they normally start before rostered hours. If you're around before, you can introduce yourself / maybe get a run-through of how the team works.
- Don't be on your phone on the ward. Yes, you might be looking stuff up but it's a bad look. Have fun and find things you are interested in. No point trying to force yourself to learn shit you hate. Find a way to enjoy it.
- The single best thing I think you can do if you're nervous and not sure of your role as a student in the team (as everyone will be) is to introduce yourself to your team, the ward clerk/nurse coordinator, nurses and any members of allied health that are involved with your patients. after that you can ask the team what your role as a student on this team and they will help you - it may be different for different rotations eg FSH surg don't let you write notes bc they have roving computers/WOWs but you do read the obs to the intern, my Charlie's IM team had a certain way they liked students to take notes etc.
- Also, if you have an idea of something you'd like to do - eg take a history and present on ward round, follow a patient to radiology etc, just ask! Most teams love students who seem engaged/have initiative. Then at the end of the day it's nice to say thanks/goodbye to the team and let them know if you'll be in tomorrow - remember they don't know your timetable! (if you're sneaking off at least say bye to the intern, they understand)
- You will be super scared, anyone who says they're not is lying. Saying that, be confident (even if you're pretending), doctors tend to respond better to a proactive and outgoing medical student.
- Find a buddy student you can work with - take Hx, exams and get your buddy to assess you. Do this once each a day and you'll become excellent. Also, find three things a day you've seen clinically and read about it that arvo/night. You'll remember it forever then!
- Don't get stuck at the hospital. Time does not equal learning. Clinical rotations are a game and time is your currency.
- During ward rounds, identify patients who you think might be good to come back and take a history from or examine later. Once the team has finished with that patient, you can always just quickly ask the patient 'hi I'm one of the students on the team, do you mind if I come back later to chat'
- Early days I had no idea about what each of the blood tests meant but it's you'll get better in time - maybe prepare by looking at the different things you can order. Main ones are FBC, UEC, LFTs, TFTs, Group and Hold for surg, Phosphate, Calcium.



## Advice from MD4s 2020

- Not all teams/rotations are the same. A team that you may be on can have any makeup of the following doctors: consultant, fellow, advanced trainee registrar, service registrar, RMO and intern. Try to work out who is who on your first few days. Talk to the registrar at the start of the term to learn what the expectations are for your term. The registrar will be the most senior person with whom you will have the most regular contact with. Depending on your rotation the consultants may rotate daily/weekly and often have many commitments so you'll most likely not see them as much as the reg.
- Look up some common conditions from your specialty so you know what is going on and you can ask useful questions. For example, a cardiologist isn't going to explain to you what a STEMI is but they may help you answer questions about an ECG or why your patient is getting heparin.
- Always say YES (unless you have a good reason otherwise). If the RMO asks you if you want to take blood but you haven't done it before, ask if they could watch you or talk you through it. Learning by doing is the best way to upskill!
- Sometimes there can be too many students, and you can't all fit inside the patient's room, you may only be able to actually see half the ward round each day, perhaps come up with a roster so you all get one day each at home. This reduces the student burden, and also is a good plan so there are still students in hospital everyday. This worked well because I found I needed to spend some time at home studying, in order to actually consolidate the things I had learned whilst in hospital.
- Be efficient - don't go on endless coffee breaks. Often, because there are many students on each team, you don't spend your time wisely. I went for lots of coffees and extended lunch breaks. This is good to do on the occasion because it's good to make friends with fellow students as they'll be fellow colleagues in the future, just don't do it all day everyday.
- Be efficient – learn a little bit each day so that you never need to properly study. Play around on the computers using iSOFT (investigation software) and IMPAX (imaging software), as this is the best way to learn on the job. Look at patient ECG's when they have them (\*you will need to learn the concepts behind ECG's prior to looking at them). All of this practical info you don't ever really sit down to learn, but a junior doctor will need to know them. Over the years, you absorb lots of the practical info (like what exactly is in a FBC, UEC or ABG test) so you never have to study them.
- Don't worry about taking 9274748292 notes on rounds - usually it's hell niche stuff, and not relevant. Maybe just a few key words



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- Be efficient – see a patient a day. This is something that is not hard to do when you actively try (it literally can take 10 minutes) but will help you a lot in the long run. Also, if a patient has already seen multiple students, don't go annoy them and ask to see them too! Some patients are too nice to say no, but also get exhausted by students.
- Carry 2 pens on you, super handy because you tend to lose them. Take a small compact bag as well and chuck it across your shoulder, handy to have while you're around the wards to hold your pens, phone, notebook etc
- Often, the white folder goes missing and they ask the students to find it - helpful places to check, skim the patient room, the nurses in the medication room, the pharmacist
- Be on time and look professional! Easy to do and makes the best first impression. Bad first impressions stick, and it will make the whole placement less successful and fun!
- Look interested, and do not look at your phone! Always look at the consultant/reg when they're talking, even if you have no idea what they're going on about. If you phase out, they're more likely to ask you a question
- Become best friends with the intern/rmo and make them your first point of contact for "silly" questions. Keep the smart questions for the seniors
- Don't hang around placement for hours if nothing's happening! Definitely go and see some patients, but once you've got enough out of the day, and asked the intern if there's anything you can help with, go home
- Enjoy clinical. It's way better than pre clin. Take the opportunity to speak to patients, see some cool signs and learn some hospital jobs! Enjoy
- Try and revise whatever topic you're going into if you have time (eg- if you're doing gastro for internal med read up on some of the common conditions or if you're doing general surg revise anatomy of the abdomen)
- Wear comfortable shoes as well cause ward rounds can be long. Carry two black ballpoint pens with you at all times!
- Nurses are a great source for learning too! They can often be quite busy so be patient but they're excellent especially for procedural questions / skills
- Find out from the reg / consultant at the start of your rotations what their expectations of students are e.g. on a surg team with 4 students they might expect two to go to clinic, one on the ward and one to theatre
- If you have to be somewhere at a certain time, let your senior know instead of just sneaking off! (They'll think you've slacked off)



## Advice from Interns 2020

- Be a part of your team - it's understandable that you will be nervous starting your first placement; as in, for most of you, you'll only have had <10 weeks of actual preparation that involves more than staring at the pages of your books or study material. However, you've come into a working environment which is based on your interaction with your team and your patients. The best thing to do is to be a part of your team,
- Introduce yourself and let yourself be known - you always hear of students being a fly on the wall, and that's usually by choice (although you may experience the wrath and fear of some consultants; a majority are very pleasant and are very willing to get you involved). Most people will make an effort to remember your name, and if you stick around long enough, you may even get yourself a free cup of coffee (or mocha, if you're a weak coffee fiend).
- Be keen and willing to learn - as a medical student, this is your time to make (reasonable, non-life-threatening) mistakes! Try to cannulate people, try to suture, try to get amongst it and talk to your patients. There is nothing more rewarding than improving your own skill set!
- Stick around and leave when it's reasonable - this means not to disappear without telling anyone, because that's the actual worse (in my opinion). If you don't feel like you're getting much out of your attendance, talk to someone about it before leaving to study on our own.
- Don't be afraid to ask questions (if they're reasonable) - if you're on a surgical rotation, and you're asking anatomy questions, you'll most likely get ripped to shreds by the consultant. Ask appropriate (in your own judgement) questions to the appropriate doctors (anatomy questions to the registrar, why not! specific questions about specific antibiotic use for a specific patient with specific clinical features/presentation to the consultant, why not!) and you'll start to fill in the holes in your knowledge pretty quickly!
- Try your best - there's no expectation that you know anything, and it's more surprising if you do! Your expectations as a 1st year clinical student is very reasonable, so make the most of this time to learn from your seniors and slowly mould yourself into the doctor you once envisioned
- You will see many things that don't follow your own philosophies, but that's okay - take the good and the bad and slowly (but surely), you'll be a intern
- If you want tutes/patients to examine again please ask, most of us [interns] loooove teaching. If you are lost (either in how things work or physically in the hospital), please just ask someone for help.

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- Use (all) the resources you have available. If you're unsure which resources are available, ask your year reps or local WAMSS members for their learning resources. Targeted study with good resources saves you time, but if you like to make your own notes, then do that too (that's what I did)!
- Have fun (and make the most of your breaks) - it's not that far away when you wake up to 40-hour weeks of 100% required attendance, so don't waste your life away slaving to the course. Play hard (and study hard too)
- Hot tip is to check in with the intern/RMO/Reg as to the "vibe" of the team and when you definitely have to be around vs when you can smoke bomb
- Get onto your procedural skill early and let the team know if you are trying to get something marked off. Also, get in touch with whoever was on that rotation before you for the hot goss on how the team/hospital works
- Ask 3rd/4th years where the common rooms/best parking spots etc are
- Punctuality: As a med student, you are bottom of the ladder (just below an intern lol) so do not turn up late. I know sometimes life gets in the way but it makes a great impression when you are ready with your clipboard/notes etc 5 mins before the consultant arrives for the round.
- Getting in the way: You will ALWAYS be in the way, that is what medical students are for. That doesn't go away until after you graduate so just come to terms with it. It's not you, it's the system.
- Common sense: You are all incredibly smart but sometimes, we all forget to think of the common stuff (been there.) When on ward rounds, think of things that can help your team: have files ready for the next patient, offer to write in notes (more on that later), have spare progress notes sheets/pathology forms/radiology forms on you. Interns will LOVE you!
- Writing in notes: This is super daunting, especially when you aren't sure of what is going on. The best thing to do if after a ward round/when things are quieter, ask one of the interns to show you how to write notes properly. It is an important skill to learn and practise early and is one of the ways you can contribute to the rounds.
- Clinical learning: I learnt this really late and it helped me a lot when it came to exams. Try and see at least one case (Hx and Exam) each day- this isn't possible all the time but strive for this. After you get home, read about this case presentation, possible differentials and red flags. Correlating a clinical case to theory is a fantastic way to make sure the information sticks.
- At MD2 level, you are expected to know hx and examination findings for different presentations, so that is what your exam will be on.





- Sometimes, you have to stay the whole day just to get in the consultant's good books even though the learning may not be super valuable. If you make a good impression at the start, it may get easier to slide away later.
- Don't try to pretend you get all Friday afternoons off for scholarly - you never really do - soz\*
- Be nice to each other - Do NOT stab each other in the back i.e. mutually agree to leave, pretend to do so then come back to suck up with the team then tell the team the other med student is a bad student.
  - It's best to leave at the same time.
  - If you want to stay longer be honest about it. \*\*
- Be nice to ALL OTHER STAFF
  - Nurses often know more than medical students and asking them about management of conditions can be useful - clinical nurses and staff development nurses know more than most interns/ RMOs
  - Physiotherapists understand what they do, occupational therapists understand what they do, social workers understand what they do, speech pathology understand what they do
  - Other staff - just don't make their jobs hard.
- Know what high yield conditions are in your specialty area and ask about them... but don't ask so many questions that you interfere with workflow
- A 'round' is where a senior member of the team visits the patients every morning and instigates plans to stabilise them for discharge. Be helpful by;
  - Collecting the patient notes and med charts for the current patient
  - Scribing in the patient notes on behalf of the intern or RMO (make sure to get a countersignature if you can)
  - Have the notes for the next patient the team will see ready in hand
  - Keeping a stash of yellow path forms, white radiology forms, and inpatient notes handy in case the team needs them
  - Taking bloods and inserting cannulas on patients who need them
  - Doing any other tasks at the direction of the team
- The best med students I've had have:
  - Scribed neatly, correctly, quickly and remembered what they have written for 'paper round' (discussion of plans) afterwards
  - Been polite, attentive, proactive and friendly
  - Not been know-it-alls (you're probably better at theoretical medicine than me cos you've only just learnt it but no need to flex).
  - Offered to buy me coffee after rounds (lol) - I always offer my card (as other doctors always will too!!) so it's a bit of a loaded question
  - Been understanding that junior doctors are usually stressed, and it's not personal if we can't teach (sorry)

## Comments on specific rotations

### Surgery

- For every surgery, there is a nurse coordinator, and your life will be a lot easier if you find her and introduce yourself! But in saying that, introduce yourself to everyone in the theatre ASAP. It's just common courtesy and a lot less awkward for you.
- Once scrubbed, keep your hands above your belly and BELOW your nipple line. Not in the air near your head like in Grey's Anatomy.
- Be enthusiastic and ask questions, but also know when to not ask questions (patient bleeding uncontrollably).
- If you need a break / feeling faint SPEAK UP, don't wait until you fall over (it happens). It's also worth practicing putting on your gloves, because nurses will be watching to make sure you do it correctly
- Get there early and make the anaesthetist your best friend in getting those procedural skills signed off
- After rounds the registrar and consultants evaporate into thin air leaving you thinking "wtf do I do now". Look on TMS to find where they are. Go to the pre-op area where patients are preparing for theatre and take a history from them, you can then present that to the surgeon and they will be impressed on your work ethic. Once you are in theatre, ask if you can scrub in. Alternatively, ask the reg before the ward round if it is ok to come to theatre, they will usually say yes.
- Do some pre-reading on general surgery, a reg recommended general surgery lecture notes just you have a bit of an idea. The team is way more likely to teach you if they ask you a question and you know the basics. If you haven't even heard of something before they probably won't bother too much
- Ask the interns to practice cannulas! Get procedural skills started early
- I found knowing how to interpret blood tests (FBC, UEC, LFT) helpful especially in surgery
- You probably get the least support on surg, on our first day we were literally running behind doctors
- Good to take a brief history from the patient in pre-op.
- When you get to the theatre, introduce yourself, write your name on the whiteboard, ask the reg/consultant if you can scrub in.
- Make sure you have eaten something/are hydrated before long operations lol



	<ul style="list-style-type: none"> <li>• Going to the clinic is also helpful! There are usually a few med students per team so take turns going to clinic, going to theatre or going home early</li> <li>• Know some basic anatomy before going to theatre. Always know what the procedure is that you're attending (+read about the steps of the op) and try see the patient in pre-op first and get a history – often the surgeons won't have gotten one! Just be keen, but don't get in the way. It's very team dependent how much scrubbing etc you'll get to do, but make sure when the time comes you know what you need to do so doctors aren't showing you how to scrub etc. The first time I scrubbed, I asked the scrub nurse, and scrubbed with her before the doctors arrived, so I was keen and ready to go!</li> <li>• Make the most of theatre – ask if you can attend pre op clinics and then ask the surgeon if you can be involved in the surgery – more likely to scrub and learn from it rather than a patient you have never seen before. Introduce yourself to nursing staff and ask if you can put your name on the board</li> <li>• If you go into surgery and they don't talk to you, don't just leave at least stay for a case; they notice.</li> </ul>
Internal Medicine	<ul style="list-style-type: none"> <li>• See as many patients as possible! Try not to read the notes before you go in (as the history taker). Get your colleagues to read the notes first and then present them to them.</li> <li>• Be prepared for long ward rounds</li> <li>• Practice exams as much as you can, ask the RMOs or Regs to help you, they are really often happy to talk you through and offer feedback</li> <li>• Go to intern teaching, it's often really helpful and at a good level for us</li> <li>• Ask to present on ward rounds - good to know what they are interested in with patients and why, good to also then follow that patient's management for learning core conditions</li> <li>• You can also ask to present to a doctor to get some feedback. Just ask if they have the time or when would be good for them</li> <li>• Depending on where you are, some wards prefer you to ask the coordinator/team if you can take a history / examine a patient. This can also be helpful to see which patients would be happy for a chat or have interesting signs</li> </ul>



	<ul style="list-style-type: none"> <li>• Be warned that some teams have crazy long ward rounds. If the ward rounds are continually going for most of the day, try work something out with your team so you're still getting to see patients. Only having ward rounds for 7 weeks is not a fun time</li> <li>• Know common conditions – the +++ from core-conditions list are good. Don't get sucked in to sticking around the ward all day – there isn't generally much learning after the ward rounds.</li> <li>• Imaging (e.g. x-rays, CT, MRI) you don't have access to as a student but each ward has a general log in and you can ask for it. Would be good to know how to read an X-ray and maybe an ECG as you will be asked to interpret early on (in saying this I didn't and they asked and I butchered it and they didn't care just took it as an opportunity to teach me)</li> <li>• Document every cannula in the notes and put a date on the thing or suffer death by nurses</li> </ul>
Geriatrics	<ul style="list-style-type: none"> <li>• Be keen to do ward work like cannulas, bloods, write ward round notes etc. Be your team's best friend and they will look after you. There are very few core conditions on this rotation so use it to study other rotations (especially IM).</li> <li>• Practice MMSE with patients</li> <li>• Ask to present on ward rounds</li> <li>• Good for catching up on study</li> <li>• A bit slower moving than other rotations Attend special clinics – e.g. Parkinson's, Dementia</li> <li>• There are not many conditions for this rotation, but learn about allied health services available to older people (this comes up in the exam more than the conditions) and it's only stuff you'll really pick up from the wards. It's a good chill rotation with many clinical signs and bored patients</li> </ul>
Rheumatology	<ul style="list-style-type: none"> <li>• Ask to do hand exam SCA early, it honestly won't change you mark if you do it day 1 or 3 just YouTube it</li> <li>• Know some basic blood tests/screens for antibodies but don't have to know a lot or in detail</li> <li>• Get your tests done ASAP and learn everything before starting the week (e.g. how to do a gait assessment, hand exam, etc). You won't learn much on the rotation if you haven't read about the conditions first as they are very niche, and you need the specifics. It's all +</li> </ul>



	<p>which sucks, but you have to know them, and they'll come up in the exam.</p> <ul style="list-style-type: none"> <li>• Learn how to do a joint aspirate – we got asked this in the exam last year.</li> <li>• Do online modules if you are at FSH. Short week and lots of content so prepare well as they don't have time to really teach it all – will get more out if you can follow and know how to do hand exam.</li> </ul>
Psychiatry	<ul style="list-style-type: none"> <li>• Know the diagnostic DSMV criteria for common conditions like schizophrenia, depression, bipolar and psychosis before you start. Try and see a few patients per week (at least) for a formal 45min interview. Make sure you ask the team who is appropriate. Don't be too scared about this, if you're not feeling confident doing a psych history then just go in for an informal chat. Be human, if a patient looks uncomfortable then back off that topic. You will see the consultants pushing on these points but that is their job. Don't break someone down unless you are prepared and have the skills to pick up the pieces (you don't, yet!).</li> <li>• Get involved with the ward activities with the OT. This will help to build rapport with the patients which is handy when you go to talk to them for your OCI.</li> <li>• Flag your assessment to your team day 1 and try to do your final ~ week 4, it won't make a difference to your and getting it done early takes the stress out</li> <li>• If you find out who the admitting reg is, ask to go with them for interviews for new patients, won't get to see a full psych interview anywhere else</li> <li>• Learn how to do a mental state exam</li> <li>• Practice psych histories as much as you can</li> <li>• Definitely ask the team which patient is appropriate</li> <li>• You can pick most of psych up on the rotation. It can be variable hours, as it's incredibly slow and takes ages to see patients. Learn psychotic disorders and you should be right. Know how to do MSEs! Easy one to learn for the exam if you paid attention</li> <li>• Don't be scared of patients they are really open.</li> <li>• You will have to ask some pretty sensitive questions e.g, thoughts of suicide. Don't be awkward when asking – will be better with time and practice.</li> </ul>





## Specific Questions

<p>How do you learn to use all of the online systems within the hospital?</p>	<ul style="list-style-type: none"> <li>• Main ones you'll use are iSoft (pt lists, looking up results), IMPAX (imaging) and BossNet (at FSH). Generic username and password for IMPAX is rphortho for both.</li> <li>• Grab the intern/RMO after rounds or whenever they look not super busy and ask them to help you set up a list on day 1.</li> <li>• Honestly, the interns are your best friends in regard to this. To get you started, here is a quick guide: <ul style="list-style-type: none"> <li>◦ Isoft: ward lists, pathology results, brief description of patient PC (often wrong).</li> <li>◦ Isoft: ask someone to show you how to access discharge summaries. These are super helpful for assignments ep operation report on surg.</li> <li>◦ IMPAX: Radiology images and reports. This isn't available to students and our HE number won't work on here so you will have to find alternative logins from the interns or upper years (shhhhh).</li> <li>◦ TMS: Theatre management system. This is your best friend on a busy surgery team because you can see which surgeon is operating on who, what the surgery is and what theatre they are in.</li> <li>◦ BossNet: Available at FSH, Fremantle and a few of the regional hospitals. This is the future and is the online notes management system. These hospitals have portable computers for the interns to take notes on and they are uploaded to boss net. If you are at other hospitals then you try read the Doc's handwriting (good luck).</li> </ul> </li> </ul>
<p>How can I be most helpful to the team?</p>	<ul style="list-style-type: none"> <li>• It's hard to be useful most of the time but they will appreciate the effort. Little things like keeping path and radiology forms in your nerd box can be helpful</li> <li>• If you see that the bedside notes aren't in a room, go and find them. If a nurse asks for a new cannula, offer to do it. If blood is required, offer to do it.</li> <li>• Offer to help write notes on ward rounds once you're familiar with the format. Its handy to stand next to an intern so they can whisper bits you might have missed. Make sure you get a counter sign.</li> <li>• Hold obs chart and read off obs, meds, fluids, etc – all pretty self-explanatory and an easy job that's better than standing in the corner during rounds</li> </ul>

- Can be good to politely mention that you're happy to help/to give you jobs so the team knows you're keen. Doctors are busy and sometimes need a reminder

Simple note taking method SOAP (Subjective, Objective, Assessment, Plan)

Surgical WR (ward round) Name of people on team in order of rank who is on WR – Consultant – Reg – RMO – Intern – Student

Patient info (age, gender and little bit about their presenting complaint – e.g. LUQ pain)

Subjective	Subjective: What the patient mentions – can direct quote e.g. Patient reports sleeping well with little pain, went to the toilet this morning
Objective	What you observe
Assessment	<p>Impression (small sentence on whether they look well, alert, comfortable)</p> <p>Vitals: (can find on observation – if they are within normal limits you can write that (WNL, afebrile) but some consultants like you to write each on (RR, HR, BP, SPO<sub>2</sub>, temp) especially if abnormal (use the colours on the chart to know what's normal or not)</p> <p>Examination findings: important positives/negatives during examination</p>
Plan	<p>Plan (what the patient needs done) – usually the consultant will say plan is ect. It is easy to number e.g.</p> <ol style="list-style-type: none"> <li>1. Group and Hold</li> <li>2. Nil by mouth</li> <li>3. Consent patient for theatre</li> <li>4. Book theatre</li> </ol>



<p>What do I do if I feel like I'm not getting adequate teaching?</p>	<p>Junior doctors rotate frequently at hospitals and teams frequently change, but sometimes, your experience is affected by the culture/environment of one particular site. If you did not have a good experience, It is very helpful if you tell someone about this; ideally your Discipline Coordinator who is responsible for organising placements at each site. They are best placed to action feedback.</p> <p>You can do this by directly emailing them (the email is in the Unit Guidebook) (please cc your year reps – this helps year reps better represent your cohort, and also helps to follow up on your feedback the next time they attend a Year Committee meeting.) If you don't want to contact them yourself directly, again, please tell your year reps.</p> <p>You also get end of rotation surveys. There have been concerns that these are not anonymous and that you get chased up if you say rude things. These comments are largely reviewed at the end of the year in bulk rather than after each individual rotation in order to preserve anonymity. It also means that there is a delay in implementing the changes of these surveys, so better if you just tell someone about it!</p>
<p>How long do I have to be at the hospital for?</p>	<p>You are expected to be there for ward rounds (especially for consultant ward rounds, don't miss those!). As I said above, if you are offered to go to a clinic etc, you should really go. Some teams are more hectic than others. If you find that you are there a lot then I would be looking at discussing this with your team and tell them that you need more time to study.</p>
<p>How did you feel when you first entered the wards and how did you overcome these feelings?</p>	<p>How did I first feel? Awkward AF. The best thing to do on your first day is to introduce yourself to the ward clerk (just look for someone on the front computer at the nursing station). Tell them who you are and what team you have been assigned to and they will tell you where to wait for the team.</p> <p>I found the first thing that the registrar or consultant will ask you when you arrive is, "what do you have to get out of this rotation." This is super vague and is always met with blank stares. Remember, you are primarily there to learn rotation specific history, examination and presentation skills as well as meet your core conditions.</p>



	<p>The best way to overcome feeling awkward is to come across as enthusiastic. The team will see that and try and get you involved as much as possible. Hot hint: if one of the doctors offers you teaching or asks if you want to come to the clinic – DO IT. It looks super bad if you decline their offer to go home (unless it is an unreasonable request). The consultants literally get nothing out of you being there so if they are offering you these opportunities then take them up on it and you will be given more chances to do cool stuff in the future.</p>
What do I wear on ward rounds?	<ul style="list-style-type: none"> <li>• Shoulders covered, nothing too tight.</li> <li>• Pants are good because pockets, but skirts are fine as long as not too short.</li> <li>• Generally, hair longer than shoulders needs to be up but depends where you are, on geris no one minded.</li> <li>• Shoes: nice shoes that are enclosed. Eg brogues/oxfords, ankle boots, can maybe get away with flats. I wear my rollies everyday (check gumtree etc for cheaper ones!) they are super comfy.</li> <li>• The rule is bare below elbows but sometimes you can wear a watch. Stud earrings, a small necklace.</li> <li>• Don't stress about having heaps of different outfits, all you really need is a couple pairs of pants/skirts and a few tops. It's so fine to repeat outfits!</li> <li>• Dudes: long pants (chinos are fine), belt, an ironed shirt (seriously, iron your shirt). Make sure you can roll your sleeves above your elbow. Dress shoes or Chelsea boots are popular shoes to be wearing.</li> </ul>
How do I know what to study?	<ul style="list-style-type: none"> <li>• I found it really hard to study during the clinical year – would come home from prac and last thing I would want to do is study. But closer to exams its important you have an understanding of core conditions – but the exam is very clinical based so being on the ward and seeing how you treat a patient will help. Feel like you know nothing all year and then eventually it starts to click (somewhat). Oxford clinical cases is an excellent book – if you do nothing – read this before exams!!!!</li> <li>• Year 2 -? Pt presents with X - what makes diagnosis Y more likely diagnosis Z.? What on examination points to diagnosis Y and what points to diagnosis Z.? Medications for diagnoses</li> </ul>



	<ul style="list-style-type: none"> <li>• GP CBLs and Multi-disciplinary seminars are examinable content!</li> <li>• One thing I wish I got told a bit earlier was that <b>centralised teaching is the most examinable fair game content of all time</b>. Don't mess around or skip your GP teaching and seminars. GP is equally weighted with all your other rotations and the questions are the most predictable.</li> <li>• Towards exams, go through oxford clinical cases with a group of mates. Great for page turner exam</li> </ul>
How should I address assessments?	<p>Get used to not caring too much about marks. It's very subjective and each doctor will mark differently. Some doctors will think a 10/10 is standard of an intern, others will say it's a good MD2. Expect lots of 6.5s.</p> <p>Ask for feedback and use that as your performance indicator – the marks don't mean much and will weigh each other out by the end of the year! Learn things that will make you a good doctor, not give you good marks – that's what matters at the end of the day.</p>
Where can I get help?	<p>If you're feeling bullied, stressed or burnt out:</p> <ul style="list-style-type: none"> <li>• <b>Get a GP.</b> Do it anyway. Visit them once every 3-6 months, even if you're good</li> <li>• Check out the WAMSS Bullying guide from Lianne</li> <li>• Talk to the unit coordinator or your supervisor</li> </ul>
Do I need to network / do research?	<ul style="list-style-type: none"> <li>• You all probably want to get into a speciality which is increasingly competitive and have heard that 'yoU NeEd tO sTaRt dOiNg rEsEArCH aS a StUDeNT oR yoU Won'T gEt iN'. Reality is, many junior doctors don't even know what they want to do and haven't started research or masters in their dream field</li> <li>• If you really want to start planning (which is fine – I did it) – talk to the reg or fellow on the team about whether they have any contacts. If you're on placement in a field you want to do, ask the consultant whether you can help with any research projects they have going on, or whether you can do your elective with them eventually</li> </ul>

*Specific hospital guides can be found in the (MD2-4) folder of WAMSS Notes. RCS Site Cheat Sheet can be found in the MD2 folder of WAMSS notes. As well as this, our RCS Representative for 2020 is can be contacted at [rscs@wamss.org.au](mailto:rscs@wamss.org.au)*