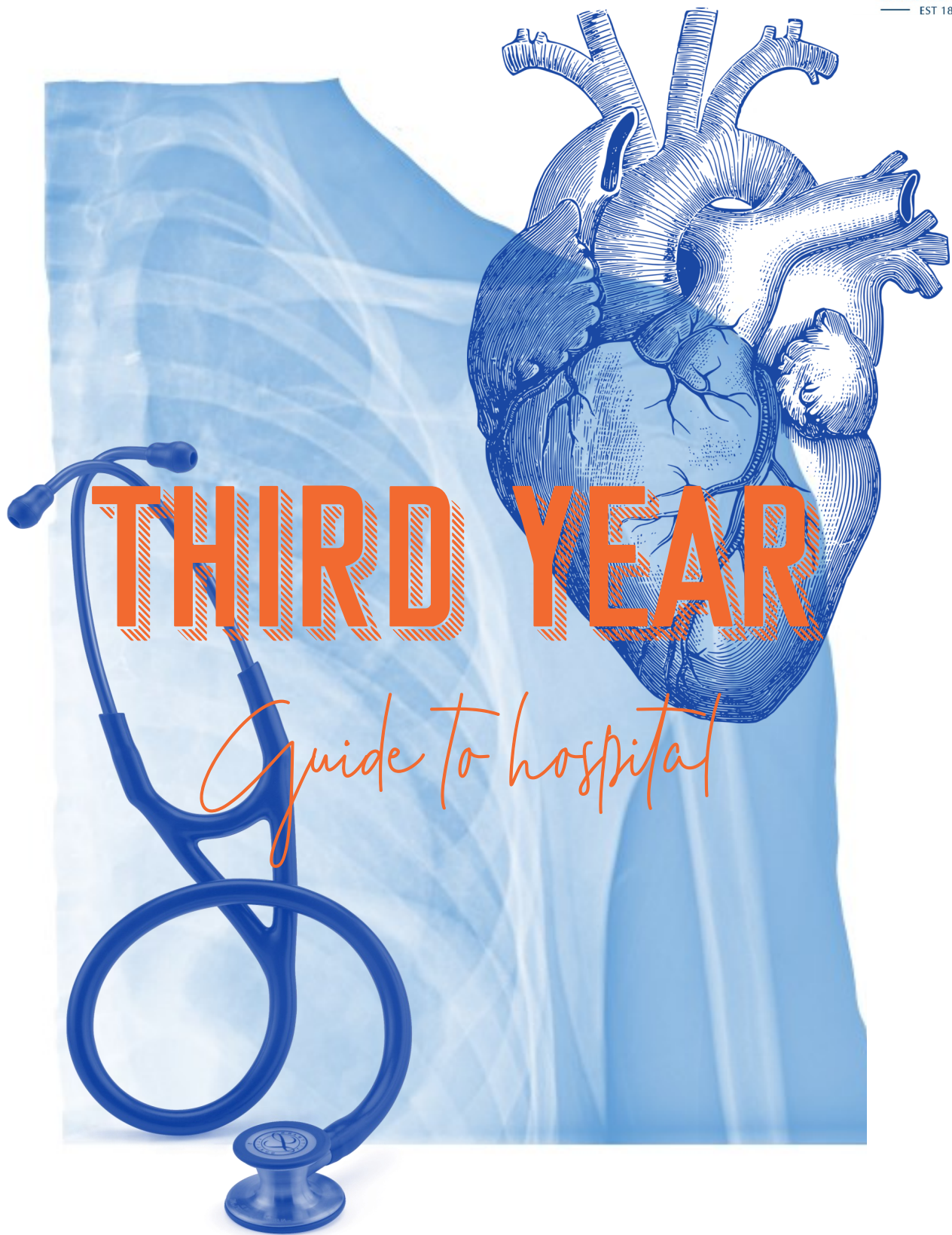




ADELAIDE MEDICAL
STUDENTS' SOCIETY
EST 1889



THIRD YEAR

Guide to hospital



INTRODUCTION

Third years of 2019,

This guide will introduce you to the who, what, when, where and why of your hospital days. The information provided in this document has been collated over the years by older medical students. We advise that you have a read through this guide and also reach out to friends in older years who would be happy to give you more advice.

The Adelaide Medical Students' Society (AMSS) also invites you to take part in our useful teaching initiatives, designed to assist you in your third year of study:

- **Yr 3 ClinPrac:** Similar to first year ClinPrac, this program involves weekly tutorials that provide an opportunity to develop history-taking and physical examination skills under the guidance of clinical students. Tutorials are designed to prepare you for the content you need to now for your third year OSCEs. Sign up not required! Please refer to your year level Facebook group throughout the year for updates on when and where sessions are happening.

If you have any questions about third year or about these education programs, don't hesitate to contact us at edprograms@amss.org.au

Vidhi Arya, Rebecca Langhans, Ella Obst and Jaspreet Sandhu

MBBS IV

EdPrograms Coordinators 2019

Contents

What will the day look like?

How to find a patient

Which patients are best for case write ups? How many do I have to do?

How to approach preparation for physical examinations

How to make the most out of third year at hospital

OSCEs- should I be worried?

How to approach a patient?

Where to eat/coffee

Who to contact?



What will the day look like?

RAH

- The bedside tutorial timetable will be made available on Canvas and the first thing to do when you get to hospital is to call your tutor and confirm the time and place for your tutorial (it may be different to what is on the timetable)
- The tutorials usually consist of visiting patients that your tutor is looking after. Sometimes they will sit with you and talk through a topic, basically it may not be on the assigned topic for the week but use the prompt (e.g. renal exam) to learn in your own time so you keep on track during the year
- The rest of the hospital time you have is to find and talk to patients

QEH

- Free parking on Port Road!
- The bedside tutorial timetable is available on the clipboard outside the lecture theatre. Contact the tutor to organise a time and place for the tutorial. The topic for the tutorial will be based on the site-specific timetable. Usually tutors go through a history and physical examination, focusing on interesting findings
- Even if there isn't a patient suitable for a write-up, it is still beneficial to see good clinical signs!
- Use EPAS to supplement history for case write ups
- Really good for medication doses, PMH, Obs!

LMH

- Head to the Education Department where you have to sign in
- A timetable sheet will be posted on the board on which groups are assigned for bedside tutorials. You have to page your consultants/ regs/ RMOs early in the morning to find out the location and time of the meet-up. Do not miss it!
- Time where you are free and not allocated to any tutorial time slots/ bedside and after lectures... this is your best time to head to the wards and look for patients
- Some units (e.g. respiratory) mark red dots beside patients names (on the board near the nurses station) to indicate that these patients are good to take a history from



How to find a patient

- Older students are invaluable for this; not only are these students assigned to a “home team” with intricate knowledge of the patients on their “list”, they’ve also been-there-done-that in regards to third year, and should hopefully have a solid grasp on which patients are most appropriate for third-year level – pro tip: don’t interrupt a “ward round” (AKA a huddle of doctors walking from bed to bed checking up on patients) to ask the medical student for help, as they are too busy. The ward rounds usually occur in the morning. Instead, ask the students when they don’t seem too busy.
- Junior doctors – most of them are Adelaide graduates and will remember the third year clinical curriculum very well. From our experience, they are really useful. (#Flinterns also tend to know what you’re looking for in a patient, and so can be helpful too!)
- Nursing staff (in particular team leaders with a red sticker on their sleeve) are the easiest to find as they are consistently on the ward. They have an intricate knowledge of the patients on their ward, including the “nice” and approachable ones. They may be tempted to direct you to “interesting” (read: complicated) patients so make sure you ask for someone nice, simple and happy to chat with you. Ask for more than just one patient where possible, in case the first “nice” patient is not in their room or asleep, etc..
- DON’T just go walking into a room or choosing a patient at random, as this is fraught with risk, and you may get yourself into an inappropriate situation.
- If the patient is not currently in their room, they may be in the bathroom or undergoing investigations elsewhere – wait 5-10 minutes and if they don’t return, try and find another patient or come back later.

Which patients are the best for case write ups? How many do I have to do?

- “Nice”, approachable and relatively well patients are often best because you won’t feel like a nuisance to the patient
- Please check the Course Outline for details regarding assessment, including case write ups. <https://www.adelaide.edu.au/course-outlines/018097/1/sem-1/2018/> You will have to write 8 complete case write ups over the year (4 each semester). You and your hospital partner must write up different patients. You will need to write up a complete history and examination (minimum of cardio+ resp+ GI) for each write up.
- Don’t forget your patient diary!! Keep up with it as you go– otherwise it will become way harder than it needs to be
- Diseases that you have covered before are better for the start of the year when the process of case write ups is still new; however, later in the year, feel free to challenge yourself! Likewise, choosing patients with few comorbidities makes the case write ups easier to manage at the start of the year, but towards the end of the year, choosing patients with multiple comorbidities helps to prepare you for “real life” in the clinical years
- If possible, try and correlate your CBL cases with your case write up. For instance, if you’re about to start the TB case, a patient who presented with haemoptysis could be useful (and you won’t feel like you’re doubling up on your workload).



How to approach preparation for physical examinations

- If you're completely in the dark, take a brief 5 minute history to establish the presenting complaint and formulate your most likely differentials, and base your physical examination around these
- It is of the utmost importance to learn how to merge physical examinations together. This means that if you have been asked to do the cardiovascular, respiratory and gastrointestinal systems, inspect for the relevant hand signs and work your way around from the hand to the neck to the face to the chest to the abdomen, etc.
- Listening to heart sounds and lung sounds should be done whenever possible, even if the complaint was unrelated to these systems, as the importance of hearing what is normal cannot be reiterated enough!
- Remember to practise the aspects of a physical exam that you would normally cut out in an OSCE, such as the lower limb in CVS and sensory in neurological. These findings may be clinically relevant to your patient!

How to make the most out of third year at hospital:

- Set realistic and specific goals for what you want to achieve on a particular Tuesday
- Remember that in addition to finding patients for case write ups, you should try and find patients with great signs to practise physical examinations on, as well as interesting histories to learn from, and refine your history-taking skills in the process
- Asking to follow the Blood Nurse/Phlebotomist around the hospital means you can observe how to perform venepuncture (and if you feel comfortable, you may even ask for permission to practise under their supervision)
- Don't be too harsh on yourself; hospital is a completely new playing field, and the main purposes are for you to grasp how to talk to patients and appreciate what the clinical years may have in store

OSCEs – should I be worried?

- You have to learn every exam in the list on CANVAS, even if you aren't formally taught it. Go from what notes you are given and don't forget to practice on each other, Bedside Tutorials are an awesome opportunity to clarify any questions you might have.
- Don't be too harsh on yourself throughout the year; start thinking about OSCE practice as you head into Semester 2. Be consistent in learning new examinations and look for a mix of cases in hospital to practise your skills and seek relevant signs. This is important because the OSCE in third year has real pathology.
- Yr 3 ClinPrac will be starting up in Semester 2 of this year. This has been a highly requested and sought-after initiative, and it has been designed to be a flexible and dynamic learning space. It involves older years assisting you with learning a new history and/or examination each week and receiving high-yield feedback. You can ask questions and have tricky concepts explained. Stay tuned for more details later in the year!



How to approach a patient

- Patients are people – never forget that and treat them with due respect
- Always read the precautions signs on the front of the door and gown-up/mask-up as necessary
- “Hi there, Mr/Mrs/Miss/Ms X, my name is Y and I am one of the medical students on your ward today. I was wondering if I could have a chat about why you’re here in hospital, along with a physical examination at the end. Would this be OK?” is just one example of an opening statement you could use!
- Once permission has been granted, continue with “Brilliant. My partner, Z, will just be doing down some notes but all this information will be deidentified and kept confidential – would this be OK?” or something similar
- If the patient declines initially or at any stage, respect their decision and thank them for their time (remember, the patients are in hospital for a reason, and often are feeling quite unwell, so don’t take this as a personal failure or reflection on yourself!) If you’re almost done with the examination when this happens and there’s not enough time to find a new patient, simply explain this in your case write up (if you have to but ideally a case write up should be complete)
- Generally one of you will take the history and do the exam and the other will watch/write notes. Help your partner out, ask a few extra questions at the end of the history in case they have missed any components they need for their write up (e.g. allergies, travel history, do they have a cough?) and anything they might have missed in their exam. You’re in this together, you are a team!

Where to eat/coffee

RAH

- We’re sure by now you know the local haunts (e.g. TMR, Levant, Peter Rabbit) but if you’re looking for something new, there’s the food court on level 3 and coffee on level 4 (eastern entrance) and 2 (west side). If you’re looking to eat your lunch from home, you can always go to the food court or the staff hub on each level.

QEH

- A 3-minute walk from the QEH towards Port Road, you’ll find Your Vietnamese Food (banh mi, pho, etc.), The Pizza Hub and Miyao Sushi

LMH

- There’s great coffee at the main entrance and loyalty points are available too. This café also offers food, but for a cheap (normally <\$10), hearty meal, the staff cafeteria downstairs is great! Take the stairs or elevator near the main lecture theatre to get here – don’t forget to bring your access card, you’ll need it for entry. Additionally, there is some great Thai food and pizza in the shopping centre across the road.



Who to contact?

- Hospital site coordinator is always the first point of call - listed on the course contacts on CANVAS
- QEH Coordinator: Dr Hannah Pham
- RAH Coordinator: Dr Andrew Vanlint and Dr Emily Cooper
- LMH Coordinator: Dr Jennifer Cook-Foxwell
- Next option is the Year 3 Clinical Skills Coordinator (overall): Prof Chien-Li Holmes-Liew
- Next option is the Year 3 Advisor: Dr Viythia Katharesan
- This handy guide can always help <https://www.amss.org.au/files/2019-MBBS-program-who-to-contact-V4.pdf>
- If in doubt contact your year level ed reps