



# MSAND

Medical Students' Association of Notre Dame

## Med100 Survival Guide

## Introduction

Congratulations and welcome to Med100! Getting in to medical school is a huge achievement in itself so take a minute to reflect on that. You are about to embark on a career that you will find both challenging and rewarding beyond anything you could have imagined.

But like most of us, you are probably wondering what this is going to involve and how to best prepare for med school and survive that first year. This is where the guide comes in! Hopefully it will provide you with some information, advice and insight from the personal experiences of students who have come before you. This guide is the original brainchild of Ash Wallin in 2010 and has been updated and revamped for the incoming 2015 cohort. Please note this is a collection of personal opinions from MSAND members, and as such, you may find the things talked about in the guide may not be the best approach for you. So take the bits that you find helpful, discard the rest and approach Med100 with an open mind.

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## Glossary

Some quick abbreviations you need to be familiar with:

- A&P – anatomy and physiology
- BCS – basic clinical sciences
- CCP – communication and clinical practice
- CD – clinical debriefing
- CS – clinical skills
- EBM – evidence based medicine
- LOs – learning objectives
- MSATs – multiple station assessment tasks
- PBL – problem based learning
- PPH – population and preventative health
- UNDF – The University of Notre Dame, Fremantle
- UQ – The University of Queensland

## Preparation

Most people that you speak to will advise that you spend your last summer before med school relaxing as you will have plenty of time to study once the semester starts. For most students this is the case and you shouldn't start stressing yourself before the year even starts!

However for those with no health science background, it can be utterly terrifying. After your first (14 hour) day at Curtin you may feel that you've made the biggest mistake of your life and even question if you could manage studying Medicine. Don't worry, this is normal and you will get through the year!!

Two things that some students might find helpful in getting a head start to Med100 are;

1. Become familiar with medical language
2. Make a start on basic anatomy and physiology

### Become familiar with medical language

Day one will be a huge challenge for those of you who lack a basic understanding of medical jargon. Start learning the medical language and give yourself an overview of the human body systems and how these words are used in context. The book "The Language of Medicine" (see Resources) has been highly recommended by a number of students for this. It shows you how medical terms are formed and allows you to understand the main idea of a word, even if you've never heard it before. The first 4 chapters should be considered a must read for any non-science students.

### Make a start on basic anatomy and physiology

There is an awful lot of assumed knowledge in the course and different lecturers will teach at different levels.

If you have time and keen to start learning now, reviewing the anatomical planes (sagittal, transverse, coronary) and anatomical direction (superior, posterior, lateral, medial, proximal, distal, dorsal and ventral). This is hugely beneficial as lecturers will often use these terms early in the year. Going through the basic anatomical system and the functions of the major organs can again be also useful. However it's not worth the stress and time trying to learn it all in great detail as these will be reviewed repeatedly throughout the year.

## Stethoscopes

One of the most common questions asked by first year med students is what stethoscope to buy and when to buy it? Firstly, if you are short on money, then you can get away with buying a very basic and cheap stethoscope from eBay in your first year. Remember all that you will be using it for in first year is to take blood pressure readings; the rest is simply for demonstration purposes in exams. This also means that you don't actually need to purchase your steth until a few months into the course before your first semester exam.

However eventually you will need a good stethoscope and most students purchase the gold standard Littman Cardiology 3®, which has superior acoustics. Again if you are short on money the Littman Classic 2 is a good buy and is used at the school for teaching purposes. The Welch-Allyn Harvey Elite® is another brand recommended by doctors. The AMA (WA) on Stirling Hwy sells stethoscopes at competitive rates otherwise feel free to shop online for the best deal (e.g. [www.medshop.com.au](http://www.medshop.com.au) or [www.medisave.com.au](http://www.medisave.com.au)). Remember a good stethoscope can last you more than 10 years so invest wisely.

## What to Expect from Med100

### Blackboard

UNDF uses Blackboard to upload all of their resources (timetables, lecture notes, labs, placement details, announcements etc). You can access Blackboard through <http://www.nd.edu.au/portal.shtml>. Your username is your student number and your password is Nd plus your birthday (e.g. Nd01101985). It is worth checking Blackboard on a **regular basis** as this how the School will communicate with you and where they will post announcements such as changes in lecture times etc.

### Timetables

The UNDF weekly timetable runs Fri-Thurs. This seems pretty weird but it's designed to give you the weekend to work on the learning objectives you have come up with during Friday's PBL. This is a guide to what your week will usually look like.

Time	Fri 4 March	Mon 7 March			Tues 8 March	Wed 9 March	Thur 10 March	Time
		Group A	Group B	Group C				
8.00-8.30am								8.00-8.30am
8.30-9.00am	PBL Session 3 PBL rooms				Dean's address to MED100 students ND1/103			8.30-9.00am
9.00-9.30am		Microbes and antimicrobial mechanisms (L) M Finn Tech Park LT				Theological Studies (L) K Long ND1/103	Theology symposium 2: Patch Adams film S Astill ND19/202	9.00-9.30am
9.30-10.00am					Introduction to Pharmacodynamics (L) M Page ND1/103			9.30-10.00am
10.00-10.30am	PBL Session 1 PBL rooms	Antibiotics and mechanisms of resistance (L) M Finn Tech Park LT						10.00-10.30am
10.30-11.00am								10.30-11.00am
11.00-11.30am		Break					Mentoring session M Fear ND11/203	11.00-11.30am
11.30am-12.00pm	Measuring frequency and association (L) D Mack ND1/103				Innate host defences against microbial infection (L) Mark Fear ND35/301	Measuring frequency and association (ET) D Mack ND1/103		11.30am-12.00pm
12.00-12.30pm								12.00-12.30pm
12.30-1.00pm	Break	Anatomy lab 404:116/7 S Shafieezadeh/J Tunstall		Microbiology Lab 308-250 P Constatino	Break	Break		12.30-1.00pm
1.00-1.30pm	Special Lecture: Climate change and health: is there a connection? Dr Bill Castleder(surgeon) ND35/301							1.00-1.30pm
1.30-2.00pm	Breathe in, breathe out (L) G Whittaker ND1/103			Break		PBL Session 2 PBL rooms		1.30-2.00pm
2.00-2.30pm					History Taking			2.00-2.30pm
2.30-3.00pm	Introduction to Clinical Measurements (L) A Wright ND1/103		Microbiology Lab 308-250 P Constatino	Anatomy lab 404:116/7 J Tunstall/G Whittaker	Clinical Measurements CLINKS/PBL Rooms			2.30-3.00pm
3.00-3.30pm						BREAK		3.00-3.30pm
3.30-4.00pm	Break							3.30-4.00pm
4.00-4.30pm	Virology of respiratory diseases(L) D Speers ND1/103	Microbiology Lab 308-250 P Constatino				Clinical Debriefing (CD) PBL Rooms		4.00-4.30pm
4.30-5.00pm			Anatomy lab 404:116/7 G Whittaker/S Shafieezadeh			Working with Warriors (L) J Kreig ND1/103		4.30-5.00pm
5.00-5.30pm	Pathogenesis of microbial infection (L) V D'Abbrera ND1/103							5.00-5.30pm
5.30-6.00pm								5.30-6.00pm
6.00-6.30pm								6.00-6.30pm

As a basic outline you have:

**Fri** – PBL in the morning, BCS lectures rest of the day (usually a long day)

**Mon** – at Curtin

**Tues** – mainly PPH/PPD/CCP lectures, CS in the afternoon

**Wed** – usually PPH lecture/tutorial, theology lecture in semester 1, PBL and CD in the afternoon

**Thurs** – free at the start of the year, then theology in the morning for most of semester 1 and placements for most of semester 2.

The timetable changes every week so get acquainted with not knowing what you will be doing until the last minute. The PBL, CD and CS sessions times are the only things that never change week by week (although sometimes there will be some additional CS sessions, so be sure to check the CS outline on the portal each week). For CS, half the year group will have their session in the first two hours and the other half in the second two hours. So you actually only have 2 hours for CS, not the 4 hours shown on the timetable.

Timetables for the following week are released at 5pm on Thursdays. UNDF will often upload an “expected” timetable the week before, however be careful going by this as it can often be completely different to the official one. Unfortunately discrepancies between the UNDF and Curtin timetables do occur. If this happens, best go by the Curtin timetable since their staff will follow the timetable Curtin provides them. Our Med100 year reps spent a lot of time following this up so who knows, maybe it will be better next year.

You will quickly realise the timetables usually gives away what the PBL topic for the week will be. For example if you look ahead and have lectures on diabetes, diabetic medications and community approaches to managing diabetes, then guess what your case for the week will be? So if you don't want to know then try not to look at the timetable until **after** your Fri PBL session. This will add value and make your PBL experience more worthwhile.

One thing to note is that the timetable for the first week, Blood on the Road, is insane! This is because they have combined two weeks into one and also because there is still a lot of orientation type stuff to attend. However don't be too concerned by the 14 hours days, it does calm down and you are not expected to keep at that pace for the rest of the year!

## Curriculum

The Med100 curriculum comprises of four domains; BCS, CCP, PPH and PPD. The weighting of each of these areas is:

- Basic and Clinical Sciences (BCS) 60%
- Communication and Clinical Practice (CCP) 20%
- Population and Preventive Health (PPH) 10%
- Personal and Professional Development (PPD) 10%

**BCS** is obviously your science component and covers things such as A&P, human biology, pharmacology, microbiology, histology etc.

**CCP** is your clinical skills component (i.e. physical examinations) as well as covering communicating with patients, legislation and ethical practice.

**PPH** looks at demographics and population-based health initiatives, such as sanitation or vaccination. It also covers EBM, research and stats.

**PPD** focuses on your personal journey towards becoming a doctor, your self-reflection on your own values, morals and beliefs and how these will affect your practice.

## Technology

Our year had a shared Facebook page and Dropbox account. No doubt you will already be apart of the cohort FB group. It is a really useful way for people to communicate, both about med and other things. Some examples of what we used our group for included sharing webpages, med resources, sharing information on different student committees, accommodation vacancies, health campaigns such as Movember and a million and one other things. Your facebook page should be restricted to just your cohort plus

MSAND committees members. That way you ensure everything that is posted is relevant to Med100.

You will also inherit our Dropbox account ([www.dropbox.com](http://www.dropbox.com) - Username [med100undf@gmail.com](mailto:med100undf@gmail.com) Password theology). This is where different people are able to contribute their notes, summaries, flowcharts, practice exam questions etc). All of our notes and resources are in our Dropbox, hopefully they will help you guys.

### Problem Based Learning (PBL)

The UNDF curriculum is based around the PBL system. There is a new case each week, beginning on the Friday. You receive a number of triggers via Blackboard, which provide increasing amounts of information about your patient and their symptoms/presentation. The idea is to work through each trigger before moving onto the next one, identifying what you can about the problem. Students record these ideas on a white board as they brainstorm with each other. Each PBL room contains at least two whiteboards, one for Med100 and one for Med200. There are 5 areas you need to cover and record on the whiteboard, these are;

1. **Cues** - the important information you are given in the triggers
2. **Hypothesis** - your diagnosis
3. **Mechanism** - the biological mechanism for the illness/disease
4. **Need to Know** - what further information do you need about this patient?
5. **LO's** - where you formulate questions based on the knowledge you would need to know about the case (e.g. what is stroke?)

It sounds complicated but once you've done it a couple of times you get the hang of it. You will no doubt get your hands on the tutor's notes or some UQ summaries from previous years. **We strongly advise against looking at these notes before the first PBL (Friday) sessions.** Having the answers before the case ruins the PBL process. Also, students that rely on these notes without undertaking the proper PBL procedure generally struggle to formulate answers in the written exam.

### Independent learning

Graduate entry medicine is a little different to the undergrad courses you are used to. You will find that a lot of the time you are left to figure out what to learn and in what depth to learn it. It really can seem like a DIY-medical degree!

Just remember, you will not get lectures on everything you need to know or all the LO's you need to learn. Therefore you are expected to do a bit of your own research in answering the LO's set every week. However as well as lectures, UNDF utilises a collection of electronic resources each week (articles or links to web pages), which are placed up on Blackboard. Please utilize these!

Don't put pressure on yourself to cover every single LO every week, sometimes this is just not possible. Over time you will become more comfortable in identifying which LO's you really need to know and which you can afford to skip if you are low on time (or brain space).

Medicine requires a huge commitment of time and energy. You will figure out pretty early on that you cannot afford to waste time on things that are not particularly helpful to you. If you look over the lecture notes and don't understand any of them than it may be better to skip them and work on the topic independently. Start with the basics and work up so you can actually understand the content. **You will never learn or remember anything without first understanding it.** Don't feel guilty or pressured by other people's ideas of what and how you should learn. While your peers will become some of your closest friends and a vital source of knowledge and understanding, at the end of the day they cannot learn FOR YOU. You need to do what works for you.

If there are things that are not covering in your LO's that you want to learn, then do it! The very best way to approach medicine is to learn from a place of genuine curiosity. There will be a lot of things that are not covered by LOs that will be helpful to know. Read as widely as possible, you never know when that random bit of information will come in handy!

## Transport

It is worth noting that parking around UNDF is extremely limited. Anything close to the university is paid parking, with a 3 hour time limit. Parking inspectors are pretty vigilant in Freo so I wouldn't advise risking it. UNDF has an agreement with the Collie St carpark that students can park here all day for \$6.50. Otherwise there is free all day parking along Marine Parade (about 15mins walk away) but this does fill up early in the day. If public transport is an option for you, the train runs regularly to/from Fremantle station and is a clean, safe and cost effective option (see <http://www.transperth.wa.gov.au/>).

Once you receive your student card you can complete a Tertiary Smartrider application. This will give you discount travel rates on public

transport. There are also buses running into Fremantle but these are generally more limited in frequency and routes. If you do not live close to a train line then consider driving your car to the nearest station and hopping on the train from there. Most stations have a Park and Ride carpark, where you can leave your car for the day.

Make sure you leave plenty of time to get to Curtin, especially if you live in or around Fremantle and have to go along Stirling Highway. It can be really slow around school time! You will need a paid student-parking permit to park at the Curtin campus. However we suggest you don't bother as parking is difficult and costly. Instead, park across the road at Technology Park, where you will have most of your lectures anyway, then walk over to Curtin (literally 5 minutes away) for the prac/lab sessions. Parking is FREE at Technology Park.



## Problem Based Learning

PBL will comprise a large part of your time at med school. If you do the work and contribute to the group then you will find you get a lot out of PBL. It is a great chance to share your knowledge and also learn from others, especially with subjects in their area of expertise. Try to be prepared for PBL sessions, however there will be weeks where you don't have the time or energy for the case. We all have slack weeks or times when life just gets too busy! But it is vital you answer all the LO's your group has come up with before the second PBL session on Wednesday.

If you have decided to get a “head start” and have read through the UQ notes (see resources) and know what the PBL topics is for that week is... **then don't ruin it for everyone else!** The diagnostic process is a big part of PBL and is also the beginning of your clinical reasoning. So if you know the answer then just sit back quietly and let everyone else figure it out.

Good, bad or ugly, student's experience of PBL is highly varied. This can be due to a number of different factors including personality clashes, difference in learning styles, difference in knowledge levels etc. The tutor and their style of leadership can also influence PBL experience.

Our advice is to try to make the most of your PBL experience, no matter what your personal feelings about the group are ++. Some groups set a time for brief weekly feedback as to how each member is feeling, how they had found the last case and how they functioned as a team. This gives groups the opportunity to play around with different styles and approach any problems within the group head on.

Lastly, if your PBL is really not functioning well then talk to your tutor. It is their job to keep things on track and ensure everyone is able to participate equally.

## Clinical Skills

CS is the favorite part of the week for many Med100 students. It's where you get to learn the skills and procedures that is essential in being a doctor. It also gives you the opportunity to apply the knowledge you are learning into a clinical context.

Make sure to read through the required chapters and protocols in your Clinical Skills Handbook **before** the class. Familiarise yourself with the basic outline of what is to be covered and look up any words/procedures that you do not understand.

CS starts with learning how to take a thorough and respectful history. From day one you will be told that 90% of your diagnosis comes from the history, with your examination and tests as confirmation. History taking can seem overwhelming to start with as there are so many questions to ask the patient. You will quickly find though that the basic backbone of all history taking is more or less the same with only slight differences in specific questions for different systems. So taking the time to really learn the basic outline of a history can save you a lot of stress and trouble later on

## Curtin

You will attend Curtin once a week. More often than not there will be labs as well as lectures. These are some of the more practical aspects of the curriculum, where you will get to see or do what you have learnt about. For each lab you will have a worksheet to go through, these are loaded on to the Oasis portal, which is Curtin's version of Blackboard.

Try to **complete your anatomy labs at home before you go to Curtin**. For most it's a complete waste of time going if you have not done the labs, as it's difficult to finish in the time allocated.

## Theology/Philosophy

These units are a part of your core curriculum and love them or hate them, you knew you would have to do these subjects when you signed up for UNDF. The best advice here is to just get on with it and complete the assignments as early as possible. That way you can do them a bit at a time instead of having to give up a whole block of days in one go. Attendance for the theology tutorials is compulsory and is marked. Also Father Astil (who taught us and may well teach you) has a particular opposition to lateness (and indeed sometimes even starts the class 5 mins early). So if you want to avoid his wrath we suggest arriving on time.

Just remember to put the effort in; people did fail in our year. Also **make sure you address the unit**. By this we mean if you are doing philosophy make sure your essay focuses on philosophical themes and ideas, not just the scientific or practical aspects of the issue you choose to discuss.

## Your Cohort

The people in your cohort will become some of your closest friends. Med is unique in many ways and it can be hard for those on the outside to understand exactly what we go through. The support, assistance and encouragement you will receive from your peers is invaluable. In saying that, try to avoid people who stress you out!

Also, be aware of the "expert student", know when you need to eject from a conversation with a scholarly student who is succeeding in freaking you out about how much they know or how many hours they've been studying over the weekend. If it's not in the lectures and it's not contained within the labs or a basic A&P book, don't waste your time on learning the micro details.

Get to know the Med200s! They were a valuable source of information, advice and encouragement and it's great to have a "been there, done that" perspective. Of course your MSAND committee members are always there to help if you need any support with study or personal issues. Sometimes you will think that no one else could possibly have felt as overwhelmed/confused/downright stupid as you do. Trust me, we did!

## Studying For Exams

### Study style

Figure out your study style as early as possible. Do you learn best through taking notes, drawing diagrams, discussing it with others, or some other way? Don't be afraid to go out on your own if your style is different to others. There are a whole raft of approaches and the earlier you can figure out what works for you the more you will get out of the course. Some people took notes from printed lecture slides, some did their own summary notes for each lecture, some audio recorded the lectures whilst others used reading and/or online content to cement their learning.

### Exams Structure

You will have two rounds of exams, mid semester (July) and end of year (Nov). The mid semester exams are only worth 30% and are really there to gauge how you are doing with your studies. It also gives you a chance to adjust your study habits before end of year exams, which are then worth the remaining 70%.

Exams start with the Curtin MSATs. These cover not only the labs but also lecture content that was taught by Curtin lecturers (including all the pharmacology). The entire Curtin exam mark will contribute to your BCS component.

Next you will have the ND written exam, this covers all the domains; BCS, CCP, PPH and PPD.

Finally your ND MSATs will cover what you have learnt in CS. Prior to the exam, UNDF will publish a list of examinable topics on Blackboard. As well as the history or physical exams you must undertake on the patient, the examiner may ask you a couple of questions related to the systems you are being examined on (e.g. after a gastro exam they may ask you what are the different causes of diarrhoea?)

## Tips for the Exams

Exams are stressful, we have all given up so much to be here and we want to succeed. The best advice here is to make sure you understand the topics every week before coming up to exam time. By exams time, you should have already understood the concepts and simply be revising the material. Medicine is not the type of course you can get away with cramming everything last minute.

Study hard but make sure you don't go overboard. Get enough sleep, eat properly and make sure to take time out for whatever it is that helps you. Watch a movie, catch up with friends for a coffee, go for a run – whatever you need. You will find that when you do come back to study you will be mentally refreshed and more focused. Also, don't worry if you are not the type of person who can study for 14 hours a day. Most of us can't!!

Study groups are an excellent way to revise. Try to find people with the same kind of study approach as you have, no point sitting in with people who want to cover things in fine detail when you want to focus on the big picture. A broad range of backgrounds really helps, as everyone is able to contribute something different and lead the group in that area. Teaching others is great revision!

The best advice we can offer is to focus on the big picture. The three main things to be guided by when revising for your exams are your **labs, formative assessments and LOs**. At the end of the day, make sure you aim to **know a little bit about a lot**. This will serve you much better than knowing one particular system in great detail. With this approach you will be able to answer 90% of the questions, and when you don't know the answer you will be able to venture a reasonable guess based on your knowledge of how the systems work. Whatever you do, don't predict what will be in the exam because the exams cover EVERYTHING!

Take heart in the fact that the questions we were asked in the ND and Curtin exams required no more than 3-4 lines max (for the longest answers). Hence the answers are really restricted to the advertised "short answer" variety. Again, the exams will cover a broad spectrum of content however, so learning certain topics really well and neglecting others will be at your detriment, guaranteed!

The ND exam is a fair test of what you have learnt throughout the year. If you know your LOs you will be fine. **Make sure not to neglect your PPH/PPD topics**. The ND exam is integrated and a large proportion of the questions will have a PPH/PPD element. **If you know these domains well**

**you can really pick up a lot of extra marks**, which is especially useful for non-science students who may find the BCS portion of the exam more challenging.

Enjoy your clinical MSATs! They are a great chance to show what you have learnt throughout the year and are actually really fun. This is where you get to dress up and play doctor! The vast majority of the patients and examiners are really lovely, they are there to help you pass and do well so take their cues. **Don't forget to wash your hands** before physical examinations. It's a part of your marking criteria, however silly it may seem. The best advice for MSAT's is to practice, practice, practice! Practice on each other, practice on your mum/sister/boyfriend/ whoever will stand still long enough. If you buy a current version of Talley & O'Conner it comes with a DVD where you can watch some histories and examinations. Otherwise YouTube has a great range of OSCE type examinations. This really helps to consolidate your learning.

**For all the end of year exams, make sure that you revise first semester content, even if it has already been examined!**

Finally surround yourself with people who are supportive and kind. For most people exams are an emotional rollercoaster and you will need people to vent to. Sometimes it's good to know that you are not alone, that you are all going through the same thing and that you can support each other through.

## Resources

### UQ notes

You will hear a lot about the UQ notes. UNDF originally purchased their medical curriculum from UQ and so a lot of the week-to-week content is very similar. The UQ Medical Student Association got together and has made a range of summary notes for each week's case available to their students online. Luckily for us a very generous past UQ student has shared his login details and so we are now also able to access these notes. These form the basis of most people's weekly learning. Almost all the information you need to know is contained in these documents and it can save you many hours of time looking up each LO. There are a number of different styles available; comprehensive, summary and new 2011 notes with pretty pictures and diagrams. You can access the notes through one of the friendly second year students around campus.

## **Books**

UNDF do not publish an official book list. Your best bet is to buy a few essentials textbooks that cover Anatomy and Physiology, Pharmacology and Clinical Medicine. Keep in mind that many students did not buy a single book during Med100, as there is a reasonable selection of textbooks in each PBL room, for the exclusive use of that PBL group. You'll send yourself bankrupt if you try to buy books on every topic you will cover in medicine. You can also borrow books from the library or get the information online.

When buying textbooks we would highly recommend Book Depository ([www.bookdepository.co.uk](http://www.bookdepository.co.uk)). It's the cheapest place I've found to buy books and they have free shipping worldwide.

Must have books for Med100 include:

***Preparation*** - *The language of Medicine* (Chabner)

***Anatomy and Physiology*** - Any basic A&P book is fine. *Human Anatomy and Physiology* by Marieb or Martini are excellent textbooks for first year. Other students used *Principles of Anatomy and Physiology* by Tortora or *Clinically Orientated Anatomy* by Moore and Dalley. If you have a good A&P text from your first degree there is no need to buy another.

***Pharmacology*** - You will find a lot of lecture/assessment content comes directly from *Pharmacology* by Rang and Dale. They also do flash study cards which many students find useful during exam time. If however you have never studied pharmacology before then you might find this book a bit complicated to start with so just go by the lecture notes as these are sufficient. A good, simple introductory textbook to drugs is the Australian Medicines Handbook (AMH) which is all that you'll need for Med100.

***Clinical Skills*** - *Clinical Examination: A Systematic Guide to Physical Diagnosis*, Talley & O'Connor. If you only buy one book for medicine, make it this book. It is absolutely essential and you will find most doctors refer to this and expect you to follow the processes outlined from it. In addition, the latest version comes with a DVD which allows you to watch examinations being performed. UNDF have also just published a Clinical Skills Handbook, which contains all the protocols for what you will cover in the first two years of medical school.

**Medicine** – *Clinical Medicine* by Kumar and Clark is not really required until second year and some of the content can be a little difficult for first year. However it's really helpful text if you want to look up a condition and see the investigations, differential diagnoses, treatment, prognosis and prevention. It helps to cement your knowledge on the different conditions presented in the PBL cases

### **Internet**

Most students use the internet far more than any of their textbooks. The following are a list of websites and links recommended by past Med100 students.

#### ***Anatomy and Physiology***

[http://highered.mcgraw-hill.com/sites/0072495855/student\\_view0/](http://highered.mcgraw-hill.com/sites/0072495855/student_view0/)  
Online anatomy textbook with labeling exercises, flashcards, quizzes and multiple choice questions.

<http://bcs.wiley.com/he-bcs/Books?action=index&itemId=0471689343&itemTypeId=BKS&bcsId=2287>  
The online companion to Tortora this website contains a wealth of resources including tips for success, review sheets, cadaver practicals, glossary, quizzers and a clinical applications search.

<http://www.cliffsnotes.com/sciences-study-guides.html>  
Abbreviated and basic notes on A&P as well as biochem and microbiology

<http://academic.pgcc.edu/~aimholtz/AandP/PracticeQuestions/ANPquestions.html>  
Practice questions on A&P

#### ***Histology***

<http://www.austincc.edu/histologyhelp/>  
Tissue and organ slides and explanations on how to identify them

<http://www.youtube.com/watch?v=IVQpqWYGdk8>  
Shotgun Histology – a fantastic series of histology videos on YouTube

#### ***General***

<http://www.khanacademy.org/>  
Contains a number of biology videos, basic but very easy to understand and a new section on healthcare and medicine.

<http://www.youtube.com/>

Surprisingly YouTube is a fantastic resource when studying medicine. There are some excellent videos on physiological process, medical procedures and a comprehensive collection of videos from OSCE exams (CS).

### ***Medicine***

<http://library.nd.edu.au/content.php?pid=50125&sid=368135#1190900>

BMJ: (British Medical Journal) Best Practice – access it to understand the condition of the week, i.e. Diabetes. Access is via the ND website: click on library> Databases/eJournals>'B' > 'BMJ Best Practice'. Then login with your normal ND student ID/password. The link below should take you directly to page before the login.

[http://ecgteacher.com/index.php?option=com\\_content&view=article&id=94&Itemid=109v](http://ecgteacher.com/index.php?option=com_content&view=article&id=94&Itemid=109v)

Tutorials on understanding and interpreting ECG's

<http://www.youtube.com/user/DoctorNajeeb>

A series of medical lectures available on YouTube covering a broad range of subjects.

### ***Pharmacology***

<http://pharmacologycorner.com/>

Very thorough website covering pharmacological principles, drug classes, practice questions as well as lots of diagrams, flowcharts etc

<http://www.youtube.com/user/PHRM203?feature=watch>

The complete lecture series from the University of Hawaii's pharmacology course

### ***Public Health***

<http://www.publichealth.gov.au/>

This is where you will find the information for your population studies

### **Other resources**

There are several LO's summaries floating around (Trembart, Todds Notes). If you would prefer these to the UQ notes then your best bet is to track down someone from Med200 and we can pass these on to you.

### ***Past students labs***

Curtin used to release the answers to the labs but this year they stopped doing that as they found people were not attending and just doing the work at home. Completed labs can be extremely helpful, both in saving time and to know that you are on the right track. Again, come find one of us and we'll share what we have.

### ***UNDF tutor guides***

Previous students have recommended the guides provided to PBL tutors. Obviously students are not supposed to have access to these but as is the magic of medicine that these things seem to find their way around the cohort anyway. If you do decide to use them wait until after Fridays PBL session and don't make a point of letting the tutors know that you have them.

### **Words of Wisdom**

A collection of tips from other students:

"Ignore what Paging Dr says about doing no prep beforehand. Make sure you get a bit familiar with medical terminology and how med words are structured, and also do a little reading about anatomy and physiology (just cardiovascular). I know that if I had done those things, the first couple of weeks would have been soooo less full on and scary!"

"Try to relax, enjoy the ride and allocate some switch off time each week!"

"Put aside a little time everyday to start revising, even if it's as little as 10mins. You will eventually have to juggle revising with studying anyway so just PLEASE do it from the beginning. You won't believe how fast those damn exams sneak up on you."

"Don't sweat the small stuff. Not just in terms of academic content but also interpersonal issues, lecturers who rub you up the wrong way and so on. It can be easy for these things to take up all your energy. Instead, put that energy in to your studies or you loved ones."

"Give yourself credit for what you already know. Especially if you are from a non-science background it can be easy to feel as though you know nothing and your previous degree and life experience are worthless in this course. You'll quickly find though that when it comes to contact with

patients, effective communication, an ability to empathise and an understanding of what they are going through are what counts.”

“Take it easy. Don’t beat yourself up over silly marks and enjoy it. Make friends, smile and remember to breathe.”

“I think basic medical terminology is a good idea – things like ischaemia, dyspnoea, myocardial infarction etc. All of which when people were talking about them in the first few weeks I had no idea what they were talking about.”

“Remember that the first week is crazy and that it seriously calms down for the rest of the year. I quit my job after the first week thinking there was no way I could work and do a 50 hour week!”

## **Final Remarks**

Finally, just remember that with medicine you get out what you put in. Work hard, be fascinated by what you learn and enjoy everything else that comes along with medicine – making new friends, socialising and the opportunities for new experiences.

Good Luck!

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