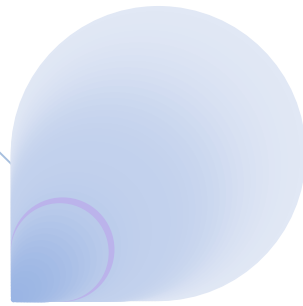


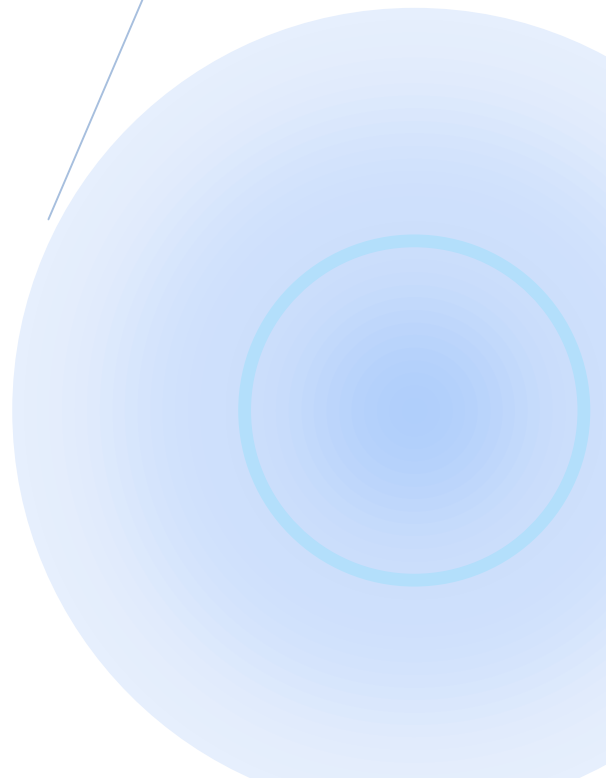


MSAND

Medical Students' Association of Notre Dame



Clinical Survival Guide 2012





THE UNIVERSITY OF NOTRE DAME

A U S T R A L I A



2012

Now is when things start to get exciting and everything you thought you knew is put to test. You will see some of the most exciting things of your life; you will be exhausted and inspired often at the same time. So to help you through this time we have compiled a collection of ideas and comments that will help you to navigate through the year. So, climb on board and enjoy the ride.

For those returning from RCS welcome back to the big smoke.

Many of the suggestions and advisements may seem absurd, but it all comes from the personal experience of previous clinical years. Some of it you will find a bit ludicrous and some you will think are “pearls”.

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Hospitals

Swan and Kalamunda Health Services (aka Swannies, Royal Swan Districts)

Contact details:

Eveline Rd, Middle Swan 6056
08 9347 5244
www.health.wa.gov.au/services/detail.cfm?Unit_ID=173

Swannies is great; it's a district hospital in outer suburban area containing 193 beds and numerous outpatient services.

Getting there/parking:

- Midland train then bus 308 or 314.
 - Some students rode from the train station.
- Drive (try and car pool).
 - Roe or Canning Hwy best if coming from central and southern suburbs.
 - Reid Hwy if coming from northern suburbs.
 - Parking is easy and free.

Food:

- Swan (Staff Cafeteria) Café - follow the signs. Food is CHEAP on site.
- Women's Auxiliary - follow signs. Great rolls, sandwiches & lolly bags.

Positives:

- Small hospital with a large catchment area.
- Close involvement with staff and patients.
- Easy to follow patients through their treatment.
- Easy and free parking.
- Dr Sweetman (aka Uncle Greg) is the Emergency Physician; he is keen to teach and get you involved. You will see him in both surgical and medical rotations. Make sure you take the time to go to these.
- Mr Richard Naunton Morgan is UNDA's surgical professor. He is an excellent teacher and will take you to SCGH with him (make your own way there). Don't be intimidated – he is really interested in you.
- Tutorial room has its own little kitchen with free tea, coffee and juice.
- Anaesthetic exposure during surgical rotation.
- Lots of "natural" births.
- Antenatal clinics are great—lots of teaching and hands on experience.

Negatives:

- It is a bit of a hike.
- No ATM.
- No local milk bars/ delis or cafes.
- Some of the major stuff is passed onto other hospitals, i.e., Royal Perth.
- Few caesareans and not much gynae stuff unless you are posted to Kalamunda Health Service.

SJOG Murdoch

Contact details:

100 Murdoch Drive, Murdoch 6150
08 9366 1111
www.sjog.org.au

Getting there/parking:

- Catch the train (Mandurah line) and walk. There is also a bus 98/99. Check out transperth for further information.
- Driving – take Kwinana Freeway.
- There is free parking once you have obtained a permit otherwise paid visitor parking applies on the hospital grounds during business hours: Monday to Friday: 7:00am to 5:00pm.
- Parking is free of charge in the evenings, at weekends and on public holidays.

Food:

- Fern's Café, ground floor main block entrance (expensive).
- Café at entrance to medical centre.
- Staff cafeteria, lower ground floor (cheap food with student card – some of the best hospital food you will ever eat, free coffee machine).

Positives:

- Free parking (get permit from security).
- Student room on the lower ground floor with lockers, TV and a couch. Close to the cafeteria.
- Teamed up with a consultant.
- Emergency access.
- Good tutorials from consultants .
- Access to hospital library/computers.
- Mr Harsha Chandraratna will get you involved and is keen to teach.
- The Dr Andrew Jan (ED) gives great tutes on general / ED med stuff. Great teacher and plenty of fun. Make time if you can.
- Lots of the individual consultants across a huge range of specialties are really friendly and keen to teach.

Negatives:

- No Registrars (may have an Intern / resident depending on which team).
- Can be expected to keep long hours at times especially on the surgical teams but there is often lots of flexibility. Don't be worried about this on O&G or medical rotations.

SJOG Subiaco

Contact details:

Salvado Rd, Subiaco

08 9382 6111

www.sjog.org.au

Getting there/parking:

- Train - Subiaco train station is a short walk from the hospital.
- Parking can be a pain! Can try parking in Roydhouse st – but it is usually full by 7.30am. The council rangers are fierce and the parking tickets are really expensive. Don't chance it.
- Has a multi-storey car park. Please note the following visitor car parking areas and associated costs:
 - Multi-storey enclosed car park at the front of hospital, entry via Salvado Road. \$1.60 an hour with a maximum of \$11.50.
 - Enclosed car park, entry off McCourt Street under the Subiaco Clinic. \$1.60 an hour with a maximum of \$11.50.
 - All other outdoor areas within hospital grounds will be \$1.60 an hour with a maximum three hour restricted parking. These areas are 'pay and display' coin operated machines.
- A dedicated patient pick up/drop off area can be accessed from Salvado Road. There is no access to this area from Cambridge Street.
- Parking is also available at Subiaco Oval for a cheaper fee.

Food:

- Pomegranate Café, ground floor main entrance.
- Staff Cafeteria, 3rd Floor (free coffee, cheap meals with your student ID, good food).
- Café at entrance to medical centre (reasonable coffee here).
- Subiaco city is a short walk away if you want anything else.

Positives:

- Great support from consultants that are really involved with the Uni – e.g. Kingsley Faulkner, Michael Levitt, Lincoln Brett – the list goes on ad nauseum. Don't miss the tutes. They are pure gold.
- Busy surgical facilities.
- Relatively cheap food from the staff cafeteria. Free tea and coffee.
- Student common room on the third floor, with lockers.
- Work directly with the Consultants. Great exposure here.
- Can get involved in CCU seeing patients. The cardiology teaching is particularly good. Take a trip to the cath lab too and see some procedures. Helps to understand ECGs and localising MIs as well as cardiac anatomy.
- Grand Round on Tuesday morning at 7.30 am.

Negatives:

- Parking is expensive (get public transport whenever you can) and often difficult to come by.
- Few Residents and Registrars.

Hollywood Hospital (also known as HPH)

Contact details:

Monash Avenue, Nedlands WA 6009
08 9346 6000
www.hollywood.ramsayhealth.com.au

Food:

- Einstein's in the Specialist Centre.
- New Cafe in the new medical centre – BEST COFFEE in 1km radius (Hampton Road also has several good cafes).
- Staff Cafeteria and Café follow the signs.

Positives:

- Well organised medical programme.
- Jane Courtney – Listen to her!!
- Doctors are keen to teach.
- Many of the Doctors also work at SCGH and hence you get to follow them across.
- Well appointed library, students can borrow for 6 weeks (Closes at 4pm weekdays, and not open Fridays).
- Close to UWA library.
- Fairly good staff cafeteria.
- The friendliest staff you will meet at a hospital in Perth. No kidding.

Negatives:

- Paid parking or street (2 hr) parking only. There used to be free parking near the bowling club /primary school but that is now 2hrs as well. Suggest you try the bus if you can.
- Bring your walking shoes – it is a huge hospital.

Fremantle Hospital (aka as Freo/FH)

Contact details:

Alma St, Fremantle

08 9431 3333

www.fhhs.health.wa.gov.au/

Getting there/parking:

- Walk or catch the CAT bus from Fremantle Station.
- There is limited paid onsite parking off Alma Street but you have to get in early (~7am).
- Free street parking along Cantonment Street and Marine terrace, which you can then walk or get the CAT bus to the hospital (be wary after hours).

Food:

- Women's Auxiliary, 5th Floor B block (Awesome pies!).
- Staff cafeteria, on your way to T block.
- Your resident might take you to the blue room for morning tea if you are nice.
- The rest of freo (including heaps of coffee shops and the markets) are just a few minutes walk away.

Positives:

- Friendly casual hospital
- Loads of in-house education, your presence is noted
- Doctors common room (Blue Room) through invitation and when accompanied by a Dr which has free tea and coffee and sometimes food
- Student common room with lockers (though its tucked away and hard to find)
- Access to UWA student common room, by invitation
- Good on site library (and close to ND if you want to zip back for some study between jobs)
- Relatively cheap food from Women's Auxiliary (5th Floor, B Block)
- Access to café strip for lunch
- Intern teaching at 0735 Wednesday morning, with free breakfast (and everyone knows you should always have a good breakfast)
- Dr Michael Nguyen (cardiologist) does a teaching ward round for all ND students at the Freo site on a Thursday afternoon (check – this time may change). He puts you on the spot and it gets uncomfortable but everyone does it and you will get no better opportunity to practice your exam technique. NOT TO BE MISSED!
- There is lots of ND grads working at Freo these days. It is less and less a UWA strong-hold and with their new course, you are bound to find that working and learning alongside them will become easier and easier. (plus, they're mostly great people too – surprise!)

Negatives:

- Not allowed the free lunch associated with Grand Round.
- Parking is appalling.
- Area can be unsafe especially after hours and at night - travel with a group when possible.
- Place is a rabbit's warren and it is easy to get lost.
- Some of the education provided is specifically for UWA or for final year groups.
- Consultants can get upset if you attend these when you are not meant to.

Sir Charles Gardiner Hospital (aka Charlies/SCGH)

Contact details:

Hospital Avenue, Nedlands WA 6009

08 9346 3333

www.scgh.health.wa.gov.au

Getting there/parking:

- **Buses/train**
 - 23, 24, 25 Perth – Claremont
 - 103 Fremantle – Salter Point, via St. Georges Terrace
 - 97 the Subiaco Shuttle, running between Subiaco Railway Station and University of Western Australia in Crawley
 - 98 and 99 Circle route runs every 15 minutes between 6.30am and 6pm Monday through Friday, at other frequencies outside these hours.
 - Train to Karrakata train station (Fremantle line), walk through/around the Karrakata cemetery
- **Car Parking (aka NIGHTMARE!!)**
 - Car Park 1 off Hospital Avenue
 - Car Park 5 off Gardiner Drive
 - Car Park 3 off Monash Avenue
 - All paid parking—sometimes can be difficult to find parking

Food:

- Charlie's Garden Café, E block and the rest of the food hall type places (same food day in day out).
- Women Auxiliary, E block and G block main entry.
- Staff Cafeteria "rejuven8", G block 8th floor (free coffee with your SCGH ID card)
- Hampton Rd.
- Best coffee onsite – in the foyer of the Lions Eye Institute. Go looking for it - you will be glad you did. Cheapest coffee onsite – the illegal coffee cart near the UWA library entrance.

Positives:

- Super-sized hospital with lots of complex medical and surgical patients.
- Loads of parking though need to get in early.
- Good hospital library.
- UWA medical library onsite, you are able to access it and its internet resources (including journals).
- Lots of on-site education often associated with free food.
- Hampton Rd nearby has lots of cafes.

- Doctors Common Room access, be invitation only and accompanied by a Dr.
- Keen and friendly staff.
- Many of the Interns are ex-UNDA students (yah!).
- Security will accompany to your car after hours (if parked on site).
- Great teaching in ICU / Anaesthetics for the Med 400s (including lockers and cheap coffee during anaesthetics).
- ED has great registrar teaching on a Wednesday morning (for Med 400s on ED) and a dedicated teaching reg so make sure you find him if you are on day shifts (Dr Nick Martin in 2011).

Negatives:

- Parking inspectors are tyrants so obey the parking signs in the hospitals and in the local area.
- Often has multi-novas on the main access roads.
- Getting food after hours can be a hassle.
- Huge hospital - easy to get lost or lose patients.

Princess Margaret Hospital (also known as PMH)

Contact details:

Roberts Road, Subiaco
08 9340 8222
www.pmh.health.wa.gov.au

Getting there/parking:

- Parking bays on the east and west sides of Hamilton Street, between Roberts Road and Subiaco Road.
- Also, north and south side of Roberts Road between Coghlan Road and Hamilton Street.
- The cost is \$0.20 per 12 minutes between 8 am and 9 pm. Forty-five ticket parking bays are provided on Roberts Road north and south side between Thomas Street and Hamilton Street outside the hospital. These bays are \$0.20 per 12 minutes, with a four hour time limit.
- Catch the train (Joondalup line) to Leederville station and walk or the Freo train and get off in West Leederville.
- Check out Transperth- www.transperth.wa.gov.au

Food:

- Café on site—food is not bad.
- \$3 Coffee round the corner on Hay Street.
- Free coffee in the staff café.

Positives:

- Good exposure to variety of conditions.
- Lots of residents/registars—bed site teaching and clinical experience is awesome.
- Plenty of tutorials – good tutors.
- Grand rounds and radiology tutorials.
- Adolescent clinics are worth going to if you can. Often allocated to UWA students – but they sometimes don't show so give it a try.
- Heaps of opportunity to work with UWA students. Enjoy it – they talk and complain about the same things we do.

Negatives:

- Be proactive—otherwise you will miss out on opportunistic teaching. Make sure you are there on the days your team is “on take”. You will be expected to present the next day. This may mean some evening or weekend days (but only 1 or 2)

Armadale Hospital

Contact details:

Albany Highway
Armadale WA 6112
08 9391 2000
www.ahs.health.wa.gov.au

Getting there/parking:

- Parking is available at the front of the hospital. There are 2 and 4 hour parking bays available for patients and visitors. Please park in main car park behind the hospital or the gravel car park near the student common room.
- Armadale-Kelmscott Line to Armadale Station, then walk or catch bus 220 from the Armadale station (this bus leave from Wellington St Bus Station).

Food:

- Aroma café onsite (not cheap and not that good).
- Common room has fridge, microwave, tea/coffee facilities.
- Armadale is a 5 minute drive away if you really need some Subway or a nasty burger.

Positives:

- Small teams with lots of patients. Great exposure and a pretty friendly atmosphere for the most part.
- Good teaching sessions from really interesting teachers. Prof Playford does bedside teaching with the medical rotations that is really good (but make sure you know your stuff).
- Mr Kim Goddard is a great teacher and really likes giving you heaps of time and there is a great tutorial program too. Surgical students can pretty much invite themselves to ANY session they want – just ask. Go for it – nearly all of the consultants will gladly have you along. Ortho, ophthal, ENT, vascular, general – its all there!
- Go to Milenko Kovac's fracture clinic. He will teach you how to plaster too if you ask him nicely. Don't be late.
- Heaps of ward jobs to do – get involved with rounds and help the resident / intern out – they are usually swamped anyway so will be glad for the help.

Negatives:

- It's a long way away.
- The food onsite is not that good.
- It's a long way away and public transport sucks.

Rockingham Hospital

Contact details:

Elanora Drive, Coo loongup
08 9592 0600
www.health.wa.gov.au/services/detail.cfm?Unit_ID=159

Getting there:

- Mandurah line train to Rockingham station then walk a bit over 1km. (only takes about 15 minutes).
- Buses also go to the station – check Transperth’s journey planner.
- Easy to park – should be able to get away without paying for it still – but check when you get there.

Positives:

- It is really only the Med 400 ED students that go there.
- Small team environment in the ED. Most of them are really welcoming to students and are happy to have the help. If you want to practice cannulas etc just let the nurse coordinator know. They will hook you up.
- Heaps of registrars – plenty of opportunity to learn.
- Dr Stephen Grainger is your point of contact – great guy, enthusiastic teacher.
- Can go to the short stay unit if you need to get long cases.
- If you need something – just ask – they are really friendly .
- Dr Simon Smith is doing ED training there – ND grad who has “lots of time” for students.

Negatives:

- It’s a long way. Need to travel from Hollywood after tutes on Tuesday mornings. Don’t miss the tutes though.
- Not everyone is keen to have med students. You will find out who they are – just spend time with the rest who are super keen.

About the rotations

General Medicine

This discipline covers it all, from respiratory to nephrology and everything in-between. Make the most of the multi-problem patients (and their boredom) to take extensive histories and examinations. The majority of patients are more than willing to help and often the patient's family are more than willing to contribute.

- Great opportunity to take histories and do examinations (remember to put them in your portfolio).
- Try to do a history from scratch. Use the drug chart as a prompt. Use the charts and documentation after your assessment, if you want to get the most out of it.
- Observe the Interns, Regs etc take a history and do examinations. They are a wealth of knowledge and will show you interesting signs (and short-cuts).
- Write out your differential diagnosis lists, tests you want to order and the treatment to be implemented and remember to present to your superiors (and get a miniCEX done).
- When doing your histories write down what you think the differential diagnosis's are, what tests you would like to order and a plan. When you present include this too. It shows you are thinking. However a word of warning - you need to justify yourself all the time and if a test is not going to change the plan/treatment don't order it. So, don't shoot your mouth off with extravagant suggestions and unusual differentials.
- Follow-up on your patients. They love it and you will learn a lot. Also good practice for ward rounds when you are required to do spontaneous patient presentations. Always looks good if you know what is going on.
- Remember to include a social history.
- If the patient is unwell or in pain leave them be. Use your common sense!
- Often there are procedures that the patient has to undergo so don't get annoyed if the patient is whipped away whilst you are trying to do an examination.

Specialty Medicine

- Cardiology
 - Know your ECGs. Go to the tubes. Listen to chests and murmurs – as many as you can.
 - Go to see the cath lab and how they do what they do. Once is enough.
- Gastroenterology
 - Colonoscopies and endoscopies aka top and tails.
 - Hepatology – especially at SJOG Murdoch and Subi.

General Practice

- The frontline of health.
- The experience you will have will depend on the GP you are placed with.
- Be keen and ask questions.

Paediatrics

Paeds can be a very rewarding and fun rotation. Try to get the most out of it.

- Sometimes called the “Zoology of Humans”.
- Young infants are a bit like animals in that they can’t tell you what’s wrong. You have to figure it out!
- Mothers (and Fathers) are the keystones to a good history, use them. Remember to be friendly and explain who you are and what you are doing. The last thing they want is a student practicing on their sick child. Try to be confident.
- Parent’s often come across as rude; usually they are just really worried and stressed out. Cut them some slack.
- Try and have a conversation with the parents rather than take a formal history, this often puts them at ease.
- Social history and obstetric history is important. Milestones folks!
- Do some after hour or “on take” shifts so you can do the admissions and become more involved.
- Clinics are great.
- Tutorials with Fleming Neilsen are excellent, attend wherever possible.
- Practice your physical examination and don’t forget to do ENT.
- Suspected child abuse is now mandated reporting, if you suspect it has happened, report it immediately to your Reg/Consultant.

General Surgery

It has been said many times that “surgeons make the best physicians”. Remember this, as you need to know just as much physician stuff as a student as surgical stuff.

- Opportunities available to scrub are not only an opportunity to display your dexterity and manual prowess; they are awesome opportunities to learn anatomy, physiology and pathophysiology. Get in there!
- Surgical training session run by Prof Naunton Morgan is an absolute must.
- Don’t worry if you have forgotten how to glove and gown you will be re-orientated many times to this skill. Own up and ask for help if you want some help or extra guidance. Honesty is always appreciated and they are usually more than happy to help.
 - No jewellery
 - No watches

- No fake nails
- Don't don the surgeon's gown and gloves. *I accidentally put on the surgeon's gown and being rather short, I had a floor length ensemble, whilst the surgeon sported a fetching mini skirt. Thankfully, he was good-humoured about it*
- If the surgeon double gloves or suggests you do, do it. Remember to put your mask and eye protection on before you scrub.
- General rule. If you clerked the patient, you scrub for the surgery. And DON'T go to surgery if you haven't clerked the patient. You WILL be expected to answer some questions about them.
- Always ask permission, always thank the team, always help i.e. transfers, positioning etc.
- If you are not scrubbed, talk to the anaesthetist. Don't SMS or chat up the nurses.
- Read up on the day's surgeries prior. I always like to have a few questions prepared so I can ask the surgeons stuff before they can get in to ask me.
- Be prepared to be quizzed by the Consultant, the Reg, Res and Anaesthetists.
- See the patient pre-op.....try and identify any pertinent pathology/signs.
- Remember to follow-up your patients post-op.
- Eat a good breakfast if you are going to assist for long ops.
- If you feel woozy or faint...move away from the operating field and sit down – you can do it without becoming unsterile.
- Avoid diuretic/caffeine drinks, bad luck having to scrub out to go pee.

Urology

Don't think that this is just a boy bit area of medicine. Urology is a lot of fun. The Urologists, by and large, are great people to work with and are keen to teach

- Urology includes kidneys through to urethra, learn this anatomy.
- Clinics are excellent and there are often lots of opportunity to follow patients through.
- The availability to do PR exams often occur under anaesthesia, so you need to turn up to theatre even if you won't be scrubbing in.

Neurosurgery

This is an extremely specialised area. There is opportunity to assist, but it is limited and even scrubbed in there is often little to see.

- The tutorials and outpatient clinics are excellent and where you will do most of your learning.
- Still see patients on the wards, they often have some really good signs.
- No Registrar or Resident, so opportunities to present are often limited.

Vascular Surgery

Vascular includes all the vascular supply of the body excluding solid organs. There is a mixture of both endoluminal and open surgical treatments. Depending on which hospital you are at you will get a combination of both private and public hospital exposure.

Make sure you learn your basic vascular examination skills BEFORE you go to your first clinic – then polish them up from there.

Obstetrics and Gynaecology

This can be a very exciting rotation.

- Know how to take an obstetric history and practice it.
- Antenatal clinics are important (though often very repetitive) take note, this is a favourite exam area.
- Expect to be with the Mother for the whole of labour, not just the delivery. Last years sit-in record was ~18 hours. You don't have to sit in the whole time, come and go, but be involved and engaged in the process.
- Be considerate of their needs for privacy and rest.
- Obstetrics is not 9-5. Be prepared for late nights.
- Take a (study) book so you can do some study whilst waiting for the child to arrive, but be on hand.
- Use the midwives, they are an excellent resource and often have the time to go through the labour process.
- Obstetrics is messy, avoid wearing your best clothes.
- Be prepared for both Obstetric and neonate emergencies, you may have to help out. Do NOT freak out, keep your head, let the Consultants and Midwives explain what is happening and why to the patient.
- Make sure your gown and glove skills are down pat, as you will be using them, often very quickly.
- Neonatal experience.

Gynae component

- Try and avoid the urge to say “OMG look at that” (this applies to Urology as well!).
- Surgical skills and requirements similar to General Surgery.
- Get along to urodynamics and clinics, they are excellent learning opportunities.

On Location

Attire

Always wear your name badge!

I know you all know, but professional dress is very important. Medicine is about the patient, not about you. So, save your funky piercings, see-through blouses and ripped trousers for the weekend.

Guys **ALWAYS** wear a tie on your first day. It sets a good impression and is easy removed if the standard is a bit more casual. Please wear a tie and avoid the harassment and dressing down that some Consultants may be wont to give you. Some hospitals have a no tie and nothing below the elbows policy. Just follow the crowd – or if in doubt – ask! (But the nurses and infection control staff may give you a different answer to your consultant).

Ladies be professional. Avoid short skirts and low-cut tops. Everyone will be appreciative of the outfit but it will give the wrong impression. Heels are fine if you can walk all day in them (or take a change or shoes).

Remember wards can get messy, so don't wear your best clothes especially on the maternity ward. There is nothing more gross than amniotic fluid ruining your best frock. Yuck!

Jeans are not acceptable...ever! Sneakers (even fashion ones) are not acceptable except in theatre. Wear closed in shoes, gooby bits running through your toes is never inspiring. Look to the Residents and Registrars you are working with if you are unsure.

Shaving - 5 o'clock shadows are not good. The ragged swathe you may cut will be ruined by the Consultant dressing you down. Clean shave or nicely trimmed facial hair. Unfortunately Mo'vember is often out of the question.....donate instead.

Rotation etiquette

Always turn up on time if not 10 minutes early. Call your "point person" if you are sick or unable to attend. DON'T just not show up. This is about the only time you will get noticed – if you are absent. The rotations are usually small – it gets noticed and will get back to the Discipline head.

During your clinical years you will come into contact with other students from ND and UWA. If you are on the same rotation or ward with other students try and collaborate who you are going to see, so you don't exhaust the patient and put them under the undue stress of examination (especially if they have pain). If you see something cool and/or the patient has excellent signs, remember to share the love. Most patients are happy to see more than one student so long as they are not feeling really unwell. Hospital is a pretty boring place for most patients – plus they get to learn stuff too.

If it is not your rotation or your ward talk to the students who are there before going and seeing patients. They will be able to give you a run down on what's happen and who is good to review.

If you have exhausted the patients on the ward, there is no clinic, theatre or education often there is the opportunity to see patients in ED. Interns love nothing better for you to do an admission assessment and write-up, but remember other students are often on their ED rotation.

No one likes to be gazumped and it is poor form to do so. Some students have been banned from different units in the past for gazumping far too often.

Seeing patients is a privilege. If someone is seeing a patient or doing a procedure wait! They take precedence. If they need a hand i.e. getting equipment, positioning the patients it is prudent that you assist. Not only will you look good you will also earn brownie points, which can be cashed in for other favours.

If a student has just seen a patient or the patient is tired/ in pain leave them be. Go back later when they feel up to it. Ultimately ask the nurse looking after the patient if it is OK!

Your consultant or one of the other professors may take you for a teaching round and might expect you to know a few cases for each other to examine and discuss. Check out how they like to run it (either ask them directly or better still ask the student who was there on the last rotation) and if you need to have some patients, make sure you do. It is heaps more interesting than just sitting around a table getting talked at.

Who to ask for help

Make friends with the ward staff, from the cleaner and the nurses to the Registrars. A simple introduction of who you are and why you are there, with the standard please and thank yous will go along way...free biscuits.

The Nursing staff are generally an excellent resource. They are used to students and are often willing to help you out. The senior nursing staff, in particular the co-ordinator are excellent for everything; Where things are, where the doctors are, patient lists, surgical and procedure lists and many many more.

Ward clerks are the communication centre of the ward. They can help you with all sorts of stuff.

If you are having problems ask for help. Use the chains of command. The hospital co-ordinators are often very useful too.

Remember other students are often extremely helpful. There will also be ND Interns, use them.

Contacts on campus

Position	Name	Room	Telephone	Email
Assoc Dean (Clinical)	Prof Brian Andrews	ND35/203	9433 0167	brian.andrews@nd.edu.au
Clinical Curriculum Coordinator	Dr Ajanthy Arulpragasam	ND35/207	9433 0226	ajanthy.arulpragasam@nd.edu.au
Clinical Students' Coordinator	Merredith Jaap	ND35/204	9433 0226	merredith.jaap@nd.edu.au
Clinical Assessments Coordinator	Dr Marion Macnish	ND35/110	9433 2192	marion.macnish@nd.edu.au
Chair of BCS Domain	TBA	ND35/207		
Chair of CCP Domain	A/ Prof Alan Wright	ND34/111	9433 0265	alan.wright@nd.edu.au
Chair of PPD Domain	A/Prof Chris Skinner	ND34/109	9433 0230	chris.skinner@nd.edu.au
Chair of PPH Domain	Prof Donna Mak	ND35/111	9433 0234	donna.mak@nd.edu.au
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Clinical Nurse Educator	Anne Goldstein	ND34/105	9433 0978	anne.goldstein@nd.edu.au
Administrative Officer	Stevie McCulloch	ND35/206	9433 0188	stevie.mcculloch@nd.edu.au
Curriculum Support Officer	Nickola Lukacs	ND35/206	9433 0299	nickola.lukacs@nd.edu.au
GP Placement Coordinator	Maria Saldanha	ND34/112	9433 0267	maria.saldanha@nd.edu.au
Manager, Office of the Dean	Maureen Dawson	ND34/115	9433 0288	maureen.dawson@nd.edu.au

Contacts at the hospitals

Hospital	Position	Name	Telephone	Email
Hollywood	Hospital Coordinator	Prof Jane Courtney	9346 6347	jane.courtney@nd.edu.au
Hollywood	Administrative Officer	Lie Lesmana (behind the Respiratory Function Unit)	9346 6347	lie.lesmana@nd.edu.au
SJOG Murdoch	Hospital Coordinator	Dr Andrew Jan		
SJOG Murdoch	Administrative Officer	Ruth Nichols	9333 9759	ruth.nichols@nd.edu.au
SJOG Subiaco	Hospital Coordinator	Kingsley Faulkner	9382 9822	kingsley@westernsurgical.com.au
SJOG Subiaco	Administrative Officer	Natalie Corry (SJOG House)	9382 9822	natalie.corry@nd.edu.au
Swan Districts	Hospital Coordinator	Prof Greg Sweetman	9224 2662	greg.sweetman@health.wa.gov.au
Swan Districts	Administrative Officer	Lynn Merigan	9347 5535	lynn.merigan@health.wa.gov.au
Fremantle	Hospital Coordinator	Dr Michael Nguyen	9431 3270	michaelchinh@hotmail.com
Fremantle	Administrative Officer	Brenda Riley	9431 3270	brenda.riley@uwa.edu.au

Rockingham	Hospital Coordinator	Stephen Grainger	9592 0600	Stephen.grainger2@health.wa.gov.au
Rockingham	Administrative Officer	Diane Houlding	9592 0889	diane.houlding@health.wa.gov.au
Armadale	Hospital Coordinator	A/Prof David Playford	9391 2944	dplayford@heartswest.com.au
Armadale	Administrative Officer	Jenine Holder-Campbell	9391 2944	jenine.holder-campbell@nd.edu.au
PMH	Hospital Coordinator	Dr Jacqui Curran		jacqueline.curran@health.wa.gov.au
PMH	Administrative Officer	Caroline Biggins	9340 8606	cbiggins@meddent.uwa.edu.au

On the wards

- Make a mess, clean it up.
- If you don't know where it belongs, ask.
- Be prepared to help, not only the Doctors, but the nurses etc. (Good karma).
- If a patient is in trouble tell someone.
- If you stuff up, own up.
- If you can't do it or are having trouble, ask for help.
- If you are unsure – be honest – everyone is a beginner at some time.
- Do not argue with the staff.
- Tell people where you are going.
- Offer to cannulate, do ECGs, insert NGT etc (if competent).
- Remember to say thankyou...even if you hated the rotation.
- If you loved the rotation, tell them.
- The sharps bins are for sharps only, not mobile phones.

Don't forget to give feedback to the university of all the good and bad bits.

Dealing with the consultants, registrars, residents, interns and other medical students

Consultants have peccadilloes in their approaches and expectations. Each one you come across will have a different approach and teach you something that is often not in the medical textbooks.

Always call them by their professional name unless specifically invited not to. Always treat them with respect and do not argue with them.

Take an invitation by a Consultant as a directive. They are not asking you if you would like to attend, they are expecting you to be there.

NEVER leave a ward round/clinic or theatre without permission

Registrars are usually a wealth of information as they are preparing for exams. Consequently, they are usually all too happy to teach and utilise a bit of their knowledge. These guys are often doing the procedures and are good people to hang with for procedural and assessment experience. Registrars will be doing most of your mini-CEX assessments.

Residents, having a few years under their belt, these guys are great and are usually the one that you will deal with mostly. They will teach you the basic running of the ward and procedures.

Interns, though brilliant are the workhorses of the ward. It is their first year and often they are a bit freaked out. Help them with the paper work and admission work and they will be ever so grateful and have time available to teach you. Just remember they are only a year or two ahead of you so don't expect them to be experts. That's not what they get paid for.

Medical Students are everywhere. They are mostly from UWA or UNDA but you will also find some from interstate and overseas. Use your fellow medical students as a resource and to practice on. Make contacts as you go and try not to burn any bridges, as it is highly likely you will be working with them later in your career. Plus – you will find you have a lot in common. What a surprise!

What you will soon come to realise is that even though there are “specialities” there is overlap between all the specialties and lots of multidisciplinary care.

- Be keen
- Be respectful
- Be on time
- In addition, remember to say ‘thank you’.

Summary

I hope that you will find, as I did, that the previous 2 years finally make sense (well most of it) and were worth the effort. You may even come to realise that PBL is actually what you do with every diagnostic dilemma every day. (You may need to sit down at the thought – take some deep breaths – you will be ok). Clinical years are a lot of hard work, but also a lot of fun. I hope you all have a fantastic time and this guide will help you navigate your way through just a bit easier. I know there is quite a few do's and don'ts but this has come from fellow student's anecdotes, stuffing up myself or seeing others royally stuff it. If you need a little extra information try Up-To-Date, Therapeutic Guidelines, MIMMS, online resources or

Google (that's Dr Google to me and you). Try to fill in the Anatomy, physiology and pharmacology deficits, they will ask you about these.

Try to work on your portfolio as you go. Makes life so much easier come November. You should also be looking at elective placements for next year too, paper work also due in November.

Have fun and good luck!!! 😊

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If you have any amendments/suggestions/updates for future versions of the Clinical Survival Guide, please let MSAND know.