Royal Brisbane Clinical School 2013 Guide
# Table of Contents

Welcome – from Head of Clinical School  
Professional and Academic Staff at Royal Brisbane Clinical School  
Expectation of Students  
Royal Brisbane Clinical School Facilities  
Health Sciences Building Rules  
Safety and Infection Control  
Understanding the Hospital  
MBBS 3 Rotation  
MBBS 3 Rotation Tips  
Educational Meetings and Special Tips  
MBBS 4 Rotation  
Support, Social Life and Balance  
Career Advice  
Staff Profiles – Clinical Staff  
Staff Profiles – Administrative Staff
Welcome – from Heads of Clinical School

Dear Students

On behalf of all the staff members at the Royal Brisbane Clinical School, I would like to extend a very warm welcome to you. The Royal Brisbane Clinical School and the Royal Brisbane and Women’s Hospital are partners in delivery of a high quality education for our students. We are hoping that every student who chooses to come to the Royal Brisbane Clinical School will have a rewarding time, learn everything they need to be a good doctor, and consider working for us in the future. We also hope to challenge every student to reach their potential, as well as to expand our student’s horizons, to see that they might be able to become leaders in medicine in the future.

RBWH is a large tertiary centre with approximately 900 beds covering all major specialties in medicine, surgery, mental health, obstetrics and gynaecology, and paediatrics. It is also a major referral centre for much of Queensland, as well as a community hospital for the residents of Brisbane’s inner northern suburbs.

RBWH is equipped with state of the art equipment, and has a strong culture of teaching and research. Half of all students in Years 1 and 2 attend their Clinical Coaching sessions at the Royal Brisbane Clinical School. In 2013, around 80 Year 3 students are commencing the journey of their clinical years with us. In addition, over 100 Year 4 medical students are attached at RBWH at any given time in Obstetrics and Gynaecology, Paediatrics, Medical and Surgical subspecialty areas.

To continue our strength in teaching and research, we need your support and enthusiasm to get involved in each clinical attachment. Please spend time working alongside your intern to practise all the skills you will need in a couple of years time. RBWH has an excess of 60 000 acute presentations through the Emergency Department per year, so there is no shortage of patients to help you learn everything you need to become a good doctor.

Strive for excellence in everything that you do and take every opportunity to learn.

All the best wishes for your clinical years at the Royal Brisbane Clinical School.

Associate Professor Leonie Callaway
Head, Royal Brisbane Clinical School

Associate Professor Pam McCombe
Deputy Head, Royal Brisbane Clinical School
## Professional and Academic Staff at Royal Brisbane Clinical School

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Email</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Clinical School</td>
<td>Assoc Prof Leonie Callaway</td>
<td><a href="mailto:l.callaway@uq.edu.au">l.callaway@uq.edu.au</a></td>
<td>3346 5273</td>
</tr>
<tr>
<td>Deputy Head of Clinical School</td>
<td>Assoc Prof Pam McCombe</td>
<td><a href="mailto:Pamela.mccombe@uq.edu.au">Pamela.mccombe@uq.edu.au</a></td>
<td>3346 5273</td>
</tr>
<tr>
<td>PA to Head of Clinical School</td>
<td>Marcelle Moran</td>
<td><a href="mailto:m.moran1@uq.edu.au">m.moran1@uq.edu.au</a></td>
<td>3346 5273</td>
</tr>
<tr>
<td>Clinical School Team Leader</td>
<td>Barry Peacock</td>
<td><a href="mailto:csso_rbwh@uq.edu.au">csso_rbwh@uq.edu.au</a></td>
<td>3365 5258</td>
</tr>
</tbody>
</table>

### ANAESTHESIOLOGY AND CRITICAL CARE

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Email</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Discipline</td>
<td>Prof Jeffrey Lipman</td>
<td><a href="mailto:j.lipman@uq.edu.au">j.lipman@uq.edu.au</a></td>
<td>3636 1847</td>
</tr>
<tr>
<td>Academic Coordinator</td>
<td>Assoc Prof Kersi Taraporwalla</td>
<td><a href="mailto:Kersi_Taraporwalla@health.qld.gov.au">Kersi_Taraporwalla@health.qld.gov.au</a></td>
<td>3365 3330</td>
</tr>
<tr>
<td>Student Admin Contact</td>
<td>Maree Campbell</td>
<td><a href="mailto:m.campbell@uq.edu.au">m.campbell@uq.edu.au</a></td>
<td>3636 1847</td>
</tr>
</tbody>
</table>

### GENERAL PRACTICE

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Email</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Discipline</td>
<td>Prof Mieke van Driel</td>
<td><a href="mailto:m.vandriel@uq.edu.au">m.vandriel@uq.edu.au</a></td>
<td>3365 5381</td>
</tr>
<tr>
<td>Academic Coordinator</td>
<td>Dr Nancy Sturman</td>
<td><a href="mailto:m.sturman@uq.edu.au">m.sturman@uq.edu.au</a></td>
<td>3365 5380</td>
</tr>
<tr>
<td>Student Admin Contact</td>
<td>Heather McMaster</td>
<td><a href="mailto:h.mcmaster@uq.edu.au">h.mcmaster@uq.edu.au</a></td>
<td>3365 5260</td>
</tr>
</tbody>
</table>

### MEDICINE

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Email</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Discipline</td>
<td>Prof Darrell Crawford</td>
<td><a href="mailto:d.crawford@uq.edu.au">d.crawford@uq.edu.au</a></td>
<td>3240 2678</td>
</tr>
<tr>
<td>Year 4 Specialties I Course Coordinator</td>
<td>Assoc Prof Charles Denaro</td>
<td><a href="mailto:c.denaro@uq.edu.au">c.denaro@uq.edu.au</a></td>
<td>3636 5385</td>
</tr>
<tr>
<td>RBCS Year 3 Medicine</td>
<td>Dr Lata Vadlamudi</td>
<td><a href="mailto:l.vadlamudi@uq.edu.au">l.vadlamudi@uq.edu.au</a></td>
<td>3346 5155</td>
</tr>
<tr>
<td>Course Coordinator</td>
<td>Academic Staff</td>
<td>Academic Staff (Medical Imaging)</td>
<td>Student Admin Contact</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Prof Michael Pender</td>
<td>Prof Alan Coulthard</td>
<td><a href="mailto:a.coulthard@uq.edu.au">a.coulthard@uq.edu.au</a></td>
<td>Year 3 Medicine Veronika Smith</td>
</tr>
<tr>
<td></td>
<td>(Medical Imaging)</td>
<td></td>
<td>Year 4 Specialties I Barry Peacock</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENTAL HEALTH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assoc Prof Jane Turner</td>
<td><a href="mailto:june.turner@uq.edu.au">june.turner@uq.edu.au</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elizabeth Ridley</td>
<td><a href="mailto:e.ridley@uq.edu.au">e.ridley@uq.edu.au</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBSTETRICS AND GYNAECOLOGY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prof Soo Keat Khoo</td>
<td><a href="mailto:s.khoo@uq.edu.au">s.khoo@uq.edu.au</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ellice Ablitt</td>
<td><a href="mailto:e.ablitt@uq.edu.au">e.ablitt@uq.edu.au</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAEDIATRICS AND CHILD HEALTH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prof Mark Coulthard</td>
<td><a href="mailto:Mark.Coulthard@health.qld.gov.au">Mark.Coulthard@health.qld.gov.au</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virginia Whittle</td>
<td><a href="mailto:v.whittle@uq.edu.au">v.whittle@uq.edu.au</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RURAL MEDICINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prof Peter Baker</td>
<td><a href="mailto:p.baker@uq.edu.au">p.baker@uq.edu.au</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bev Hadfield</td>
<td><a href="mailto:b.hadfield@uq.edu.au">b.hadfield@uq.edu.au</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SURGERY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prof Phil Walker</td>
<td><a href="mailto:p.walker@uq.edu.au">p.walker@uq.edu.au</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assoc Prof Bruce McPhee</td>
<td><a href="mailto:i.mcphee@uq.edu.au">i.mcphee@uq.edu.au</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Coordinator</td>
<td>Wendy Findlay</td>
<td><a href="mailto:w.finday@uq.edu.au">w.finday@uq.edu.au</a></td>
<td>3365 5154</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Student Admin Contact</td>
<td>Year 3 Surgery</td>
<td><a href="mailto:rbcssurg3@som.uq.edu.au">rbcssurg3@som.uq.edu.au</a></td>
<td>3365 5160</td>
</tr>
<tr>
<td>Student Admin Contact</td>
<td>Stewart Cameron</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Admin Contact</td>
<td>Year 4 Specialties II</td>
<td><a href="mailto:rbcssurg4@som.uq.edu.au">rbcssurg4@som.uq.edu.au</a></td>
<td>3365 5225</td>
</tr>
<tr>
<td>Student Admin Contact</td>
<td>Justin George</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Expectation of Students

Professionalism
We love having students here at RBWH, and sometimes students are quite vocal about just how much fun it is to be here. Sometimes we can hear uproarious laughter from a group of medical students spilling from the corridors to the wards. Whilst we don’t like to be the fun police… the hospital is full of very sick patients who sometimes need some peace and quiet for their healing journey, so we do ask that you respect this.

Confidentiality
On a more serious note, we take confidentiality very seriously here at RBWH. Please be careful to only share information about your patients within the clinical environment. Please also keep your conversation in the lifts strictly non clinical (and probably also a good idea to avoid the gory details of the party you went to…. It doesn’t really fit with becoming a highly respected doctor).

Dress
Looking like a professional person is an important part of being a doctor. There is research to suggest that patients are more likely to respect your opinions if you look professional (especially older patients). Our hospital is full of older people, and especially while you are learning, it is wise to give yourself the advantage of looking professional.

Most male doctors at RBWH wear long pants, a business shirt and a tie. Most female doctors at RBWH wear long pants or a dress/skirt that comes to the knees or below. Shirts and dresses need to be chosen carefully to ensure that they do not reveal all when bending over the patient. Bare skin between the neck and knees is not acceptable for males or females.

Shoes must be comfortable but in line with the above suggestions. They are required to be covered to ensure that you are safe from needle stick injuries. Thongs do not give adequate protection!
Royal Brisbane Clinical School Facilities

Stylish and architectural from the outside, the Health Sciences Building is a hub of student activity, with space for classes, private study and a kitchen for students.

- Following a building induction, your UQ student card grants you swipe card access to the building and allows access to levels 2 and 3 for study purposes from 6am to 10pm, Monday to Sunday.

- For convenience level 6 links to the corridor of the Royal Brisbane & Women’s Hospital, The Royal Children’s Hospital and also the Herston Library.

- The Herston Library is located on Level 6 of Block 6, above the QH Skills development centre. As well as over 21,000 books and 500 current journal titles the library also provides information and research assistance and 35 computers with access to the UQ network. Printing and photocopying can also be done at the library.

- Level 3 is the home of the student collaborative learning space, the UQMS (University of Queensland Medical Society) office and where you will find a large number of lockers available for use. If you fancy a snack there are food and drink vending machines in the student tea room or you may wish to make use of the fully functional kitchen which includes microwaves, a dishwasher and a fridge. There are also shower facilities available for student and staff use near the amenities.

- Reception is located on level 9 and is open Monday – Friday, between the hours of 8.30am – 4.30pm. Whether you are seeking advice or need assistance opening your locker, reception is a great place to start and you will always be welcomed with a smile. The Royal Brisbane Clinical School offices are also located on level 9 and this is where you will find the student co-ordinators for Medicine and Surgery.

- The School of Medicine and School of Nursing & Midwifery use the teaching facilities on levels 2 and 4 of the Health Sciences Building. Level 2 is home to the PBL rooms which all have projectors and interactive whiteboards for use during classes. Level 4 consists of seminar rooms, clinical bedside coaching rooms and 2 fabulous mock wards.

- The Interactive Pathology Learning Centre occupies level 6 and is a dynamic and inspiring learning hub which houses a unique collection of pathological specimens for the education of medical students. This Centre is open from 8.30am – 4.30pm, Monday to Friday.

- The Centre for Chronic Disease Research Group and the Discipline of General Practice are both located on level 8. As level 8 is swipe card access only, all visitors must first report to reception.

- The remaining two levels of the Health Sciences Building are occupied by CSIRO/e-Health Research Centre on level 5 and CMORE (Centre for Medical Officer Recruitment and Education) on level 7.

- There are numerous coffee shops and cafeterias around the hospital, including Pulse which is directly opposite the Health Sciences Building.
Health Sciences Building Rules
The Health Sciences Building is designed to provide a teaching and learning space for students at Herston, as well as office space for several of the Faculty of Health Sciences Schools and their tenants. In order to keep our fantastic facilities in good condition and to keep all users of the building safe, some basic rules need to be followed.

- Swipe card or after hours access to the building is only granted when a building specific induction has been completed.
- Fire doors marked “FIRE DOOR – DO NOT BLOCK OPEN” are not to be blocked open – this is illegal under the building code/ fire safety regulations and also carries an on the spot fine from the QFRS. If anyone is caught blocking open a fire door, their swipe access to the building will be removed and disciplinary action may be taken. Blocking open fire doors can also cause security problems for all occupants of the building.
- It is forbidden to set alight anything in the building (i.e.: lighters, sparklers, candles etc). The building’s fire and smoke detection system is very sensitive.
- If you cause the building’s emergency evaluation system to be activated and it is not an emergency you will be charged for the $1000 bill from the Queensland Fire and Rescue Services.
- Food and drink are not to be left in the teaching rooms, any food found in these rooms will be thrown out. Please use the tea rooms provided.
- All room bookings out of normal work/ business hours (ie: Monday – Friday 7.30am – 5pm) must be made via the building facilities manager (a.jones3@uq.edu.au).
- Any functions planned to be held in the building (or on its grounds) out of normal work hours must notify UQ security (ph: 3365 1234) as well as the building facilities manager (e.g.: weekend BBQ’s).
- All building occupants should be aware of both the RBWH and UQ alcohol consumption policies
  - The RBWH is an alcohol free campus (and since the Health Sciences Building is on RBWH land, this applies here), unless alcohol is purchased through their catering service
  - Alcohol must not be brought onto UQ property (ie: the Health Sciences Building or surrounding grounds) without permission from the Vice- Chancellor (apply via the Operations Manager, Properties & Facilities Division on 3365 2280)
  - See the University’s handbook of policies and procedures, policy number 2.30.17 for more details (http://www.uq.edu.au/hupp/index.html?page=25058)
- Any signs/ posters/ ads must not be stuck to the walls or inside lifts using blue tack or sticky tape as this damages the walls – please use notice boards provided on levels 2, 3, 4 and 6 – see reception for notice board pins.
- The rooms are NOT to be used for habitating purposes, i.e. You are not to sleep in the rooms overnight or use the rooms for any other personal purpose. Any person found contravening this rule will have their swipe card access removed immediately and disciplinary action may be taken. If you are homeless, please contact our student coordinators, who will try to help you.
• Do not allow anyone to enter the building who does not have their own swipe card access. If you do this you are assuming responsibility for their actions.
• Using the emergency exits instead of swiping your card to exit puts the entire building at risk and must not be done except in an emergency.

All staff have the right to request identification from students at any time and any student caught by staff using the building inappropriately will have their swipe card access removed.

Please assist us in keeping you safe by observing all the rules and reminding others to do the same.
Safety and Infection Control

Hand Hygiene

Hand hygiene is the most effective and least expensive measure in the prevention of health-care associated infections. On average, infections complicate 7-10% of hospital admissions and in many cases, these infections are largely preventable. We all need to play a part in reducing disease transmission in healthcare settings. Wash basins and alcohol-based formulations are easily accessible throughout the hospital and both are effective hand hygiene methods if performed properly.

You should clean your hands:

- Before patient contact
- As part of an aseptic procedure
- After body fluid exposure risk
- After glove removal
- After patient contact
- After contact with a patient’s surroundings including equipment.

Clean hands are life savers

Blood and Body Fluid Exposure

The healthcare environment carries a risk of exposure to infectious material. Needlestick injuries and cuts caused by sharp objects such as scalpel blades are common causes of percutaneous exposure. Blood splash to the eye is a common cause of mucocutaneous exposure. It is important to report all accidents or exposures however trivial they appear.

AVOID Needlestick Injury

- Always activate safety mechanisms – retractable syringes should be activated in patient tissue
- Venepuncture – blood tube collection holder the device of choice
- Overfilling sharps containers results in unnecessary injury
- Immediately dispose of sharps after use – the user of the sharp must dispose of the sharp
- Don’t ever recap a used needle or sharp
Infection Control on the Wards

While hand hygiene is of paramount importance, contact with some patients will demand that additional precautions be met. Patients carrying resistant microorganisms such as MRSA or VRE are isolated on the wards to prevent further transmission. Instructions will be posted outside their room concerning necessary personal protective equipment such as gloves and aprons. ALWAYS check that you have met the specific infection control requirements for a patient before entering their room. Contact with these patients requires thorough hand cleaning before and after contact and cleaning of instruments such as stethoscopes. Ask one of the nursing staff if you are unsure about the requirements for a particular patient.

CHRISP (Centre for Healthcare Related Infection Surveillance and Prevention) is both an implementer and an enabler of evidence-based and clinical led business practice change committed to preventing patient and staff healthcare associated infections.

<table>
<thead>
<tr>
<th>Surveillance</th>
<th>Prevention/Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 QH public hospitals actively undertake surveillance for healthcare associated infections including:</td>
<td>CHRISP has developed initiatives to reduce healthcare associated infections in QH public hospitals. This includes:</td>
</tr>
</tbody>
</table>
| Post-operative surgical site infections | • Appropriate anti-biotic prescribing in accordance with the anti-biotic therapeutic guidelines. Available from: [http://etg.hcn.net.au/](http://etg.hcn.net.au/)  
• Wound management including utilization of appropriate dressings  
• 'Clean hands are life savers’ hand hygiene program |
• Investigation of all healthcare associated BSI |
| Significant Organisms | • Monitoring for significant organisms and appropriate management of cases. e.g. Additional oral precautions and contact tracing  
* Significant Organisms include: MRSA, ESBL (Klebsiella spp.), VRE and Acinetobacter spp. (multi-resistant) |
- If an occupational exposure occurs, contact your superior and follow organisational protocol |

Understanding the Hospital

During your first two years of medical school you have had consistent patient contact, perhaps at RBWH, perhaps not. You have learnt to take a history and perform basic examinations but probably not spent a great deal of time as part of a medical team immersed in the day-to-day running of a hospital. Here are a few things that may help you understand what’s going on, at least some of the time...

*The Journey to Becoming a Doctor – Also a who’s who in the hierarchy

*Patient Flow

Patients are admitted to hospital in one of two ways.

A: They are referred by specialist clinic and proceed to the appropriate ward

B: or they present to emergency (ED, DEM, Cas, A&E).

Once ED patients are seen by a doctor, they will be handed over to an admitting team eg surgical or medical.

There are 5 surgical teams and 10 medical teams at RBWH and these are rostered on admissions or “Take” for a given time. Using the medicine rotation as an example, for Take, the team registrar and resident will be rostered (on overtime if necessary) to be stationed in what is affectionately known as the fishbowl in ED. You’ll know it when you see it. ED staff hand over all new medical patients to
this team who then clerk the patient by performing a full history and exam and any investigations that are required.

The following day, this medical team will have post-take ward rounds with the consultant where all new patients are seen in ED and discharged, admitted to the ward or followed-up in outpatient clinic (OPD). It is usually the intern’s job to complete all discharge summaries and prescriptions. There are further complications to this admissions caper so if you don’t know what people are talking about, ask, but that will get you started.

*Unit Structure*

Every unit will work slightly differently; ICU and CCU are unique however here are some basics. Each clinical team will have a home ward but may have outliers on various other wards. Again using medicine as an example, the internal medicine department has a number of clinical teams and these teams are responsible for specific patients. However, the ward staff are responsible for a unit, for example 8B South. 8BS has 4 medical teams assigned to it but nursing staff are assigned by beds, so your patients may have different nurses. Each unit should have a board at the nurse’s station with the patients, what medical team they belong to, their resident, registrar, consultant and usually their nurse. Each unit will also have a multi-disciplinary team.

These people meet twice a week to discuss patients and their discharge obstacles. Each unit will also have a ward clerk. This is the person to ask where things are kept and they generally know everything going on in the ward.
MBBS 3 Rotation

The basic rotation structure of the Year 3 Rotations is as follows:

- The order remains the same regardless of which rotation you begin with e.g. If you started with Surgery you will then complete Mental Health, Medicine, Medicine in Society and then GP. If you begin with Medicine then you will follow with Medicine in Society, GP, Surgery and then Mental Health.

For all rotations you will be given information in the form of email from your Student Coordinator. Ensure that:

A: Your UQ email is in healthy working order

B: Your details are up to date

Other information regarding overseas placements can be found via the MBBS Guide.

You will be informed about a number of orientation lecturers to attend. You will need to attend an orientation with the whole of your Clinical Year – RBWH Yr 3 students and then your individual rotation group at the start of every rotation. These are highly important information sessions. Failure to be present at these can often mean that you are unaware of where to be on day one.

Blackboard

All of the Disciplines use UQ’s Blackboard site to give information about curriculum, assessments and changes to lectures. You will also have to complete some of the assessments online. Please ensure that you pay close attention to what is happening here and always remember to scroll down the page. May sound simple, however you will be amazed at how many people miss information because they simply do not do this.
How the GP Rotation Works

Approximately 6-7 weeks prior to the start of each rotation, an email will be sent from the Discipline of General Practice to the next GP student cohort. The email will contain introductory information on the GP rotation and will also list procedures to follow when organising your GP placements. It is the responsibility of each student to organise their own placements from the online GP Database which contains profiles of each of the teaching practices which have been placed UQ GP students in the Brisbane and Sunshine Coast areas in the past.

A couple of days after this introductory email is sent, the database will become “live” for the next cohort – approx. 6-7 weeks prior to the start of their rotation. This system has been developed to assist students, to minimize the number of enquiries made to practices and to ensure the process is fair to all students. Students attached to RBWH can choose ANY practice on the database. For example, if you are at RBWH you can choose a GP on the Southside. Be aware that GP placements cannot be organised in advance.

Rotation Tips – MBBS 3

Surgery

Stick to common surgical problems and complaints, their diagnosis, investigation and brief treatment and surgical management issues like fluids and pain relief. This exam has a penchant for being random so try to play your own game and focus on what you would want to know if you were required to look after this patient. The intricacies of a whipple procedure may be ripper reading but probably not high yield.

The most useful notes in previous years have been PEARLS, which you will be able to obtain from a colleague. Given that the exam has a large image component, it is also useful to borrow a textbook (e.g. Essential Surgery) and peruse the images herein.

With regard to POMRs (clinical case studies), there is still some uncertainty how to go about getting the best mark. The best thing to do is to speak to your preceptor (A/Prof Walker) at the start of the term – he is always happy to give useful advice.

Finally, a common misconception at the start of rotation is that your unit registrar feedback sheet (exemplary / satisfactory / unsatisfactory) counts to your grade. This is not the case – you are, however, required to obtain a minimum of satisfactory each week.

Mental Health

The Mental Health Rotation is run by award-winning, Associate Professor Jane Turner.

This is a great rotation to really get a feel for a vastly different specialty. Even if you’re not interested in being a psychiatrist, you will always have patients who have co-morbid psychiatric conditions. The Orientation Session on Day 1 sets out very clearly what you have to do in this rotation. Dr Turner will emphasise the importance of delirium as an exam topic. This is a subject that students
consistently have difficulty with. Ignore at your peril! The viva exam can be quite daunting, but it is all about breaking down the issue into safety concerns, diagnosis and management. Do not forget rapid tranquillisation techniques. You will also need to know starting doses of drugs (at least an example of each class of drug, eg: one each of SSRI, MAOI, SNaRI etc.). Practise seeing patients and presenting them to your registrar or to each other. This will help you to apply theory to practice.

The CCRD tutorials are indicators of the main diagnostic groups in Mental Health. It is useful to spend a few hours each week studying the 6 or 7 main diagnostic groups in mental health (e.g. mood disorders, personality disorders, delirium, etc). This will ensure you are well covered (content-wise) for the exams. A review of ethics and PPH from pre-clinical years will stand you in good stead for the essay exams.

General Practice

This is centrally run by SOM so not limited to the clinical school and is largely dependent upon your GP. Some may not be aware of what level you’re at so put your hand up to do histories and examinations independently. They can only say no. The course itself is pretty slick so if you are having difficulties with your GP, let the school know early and they will sort it out.

Play nice with the ancillary staff. Many practices in the program have many GPs, nurses and reception staff and get to know their respective roles. Have a play with the IT system and ask the GP if you can type your notes into it. If your practice has one or several nurses, hang with them for a session or two. They usually take care of dressings, ECGs, spirometry, immunisations and will often include you in all these.

All lectures are given to you on a CD so focus on those and the 10 most common presenting complaints to GPs (BEACH data), this is what your exams are based on. Start going over the CD early, NFP guidelines are a great resource for learning and there are more than you think. Go to the tutorials, the tutors are really helpful with how to set out your viva and provide good practice opportunities. This rotation, like any, is what you make of it.

Internal Medicine

You will be assigned to a medical team for your whole rotation, although it may change as residents etc change around also. Some practical tips...

- When you first meet your team find out when “Take” is, you will be expected to go, even on weekends. It is a great opportunity to clerk patients and present to your registrar or resident and provides great feedback for your viva preparation. You will perhaps learn more from getting involved at Take, and then presenting at post-take ward rounds to your consultant, than at any other time in MBBS3!

- Present to your consultant on post-take rounds. Consultants are usually pretty busy and you may only be able to pin them down at rounds.

- Try to arrange learning opportunities in advance with your Consultant or Registrar. Most will be happy to help, so if you make time in advance, this helps everyone.

- Find out where the patient lists are printed and left each morning, you should pick one up.
• It can help the intern out if you write down bed numbers and pull charts ready for rounds.

• Locate the multi-disciplinary meeting timetable. When your consultant asks every Monday and Friday you will look like you know what’s going on.

• Ask the registrar if you can write in the chart on rounds and ask them how they prefer it done. This process is often fast and may take some time getting used to, but just write down everything you see the consultants do, they may not spell it out. Have someone to check it the first couple of times and then go for it, it will make you feel useful and your team will appreciate you helping out.

• Ward rounds can sometimes go past 12 and you won’t see anyone stop for a break. Be prepared and have a good breakfast.

• Make sure you spend time each week visiting patients relevant to your final exams throughout the hospital. Registrars and JHO’s on all Wards will normally be happy to guide you to suitable patients. The key to doing well on the Medicine exams is doing long/short cases on patients, and then practising your presenting skills.

• Put in your PACS and AUSLAB username request early, it takes forever but handy to have.

This is the rotation where the most people struggle and it can be unpredictable. There is an enormous amount of information and if you take your learning from your patients you may only see a small snapshot of what’s out there. Talk to each other about patients you have with signs so you have all seen the common things like pleural effusion, murmurs, pneumonia, rheumatoid whatever is around, you really have to get in there and see lots of patients. Having said that, be mindful of all ten of you rocking up to see Mr Bloggs with Motor Neurone Disease all on the same day.

It is really easy to get lost in detail, especially if your consultant sets you little tasks to look up like many of them do. Detail is really great but not at the expense of the basics. Focus again, on common presentations in system blocks. Neurology can be a bit of a mixed bag and very complicated. The best advice is to get to know what presents for example, as an acute upper and lower limb proximal weakness and a brief rundown of what each of these diseases are. What would present as acute peripheral neuropathy?

RBWH runs some first rate education meetings and you are welcome to attend. Tip: don’t eat the sandwiches until the doctors have eaten, don’t sit until all doctors have a seat. Check the “What’s On This Month” information around the hospital for meeting times but your timetable should have current days of the big ones. Some good ones are...

• Dr Ferrier’s meeting
  o A good chance to see your registrars get grilled for a change, sometimes over your heads but always demonstrates a good systematic approach.
  o Best advice is not to sit. Usually standing room only so grab a spot up the back and sit if there are left overs when it gets going.

• Prof Pender’s Neurology tutorial
  o Aim at everyone from students to registrars. Prof will get someone to perform a history and exam and then give tips – you will get to see different cases from his clinic and get really slick at a neurology exam

• Medical Grand Rounds
Sometimes a bit full-on but is usually interesting and your whole team will probably be there

- RMO education
- Resident rounds
  - Interns present cases and topics and is good to brush up on things if you’re free

**Medicine in Society**

You could be anywhere and therefore everyone’s experience is completely different. Rely on Orientation week and Debriefing week for notes and emphasis, but the main focus of this rotation is initial emergency management with particular attention to rural limitations and when and how to transfer a patient. Check out indigenous medicine and bush bugs lectures but they give you everything on a CD before you leave Rockhampton/Toowoomba.

You will find out where you are going 1-2 rotations ahead, so if you are placed for Medicine in Society Rotation last, you will not know where you are placed until end rotation 3 or even beginning of 4. Your contact for this rotation is Bev Hadfield (see contacts list).
**Educational Meetings**

Training Sessions on offer at the RBWH

The Medical Education and Training Service (METS) at the Royal Brisbane Women’s Hospital facilitates and monitors junior doctor education, training and assessment. METS also monitors the hospital’s compliance with the PMCQ Junior Doctor Education Accreditation Standards. An active program of Medical, Surgical, Procedural Skills and Resident Rounds occurs throughout the year. METS are happy for students to participate in education sessions on offer by accessing the following intranet sites:

The Medical Education and Training Service intranet site address is:  

The What’s on this Month in medical Education document can be found at:  

Please log on to a computer in the ward to which you are attached to access the above sites.

**Special tips**

Medical students should definitely avail themselves of this excellent learning opportunity. From time to time, we do get complaints that medical students are rude and lack manners at this meeting. Short of adding “manners and how to charm senior consultants” course, here is the deal:

1. Do NOT sit in the front few rows –these are reserved for the physician trainees and consultants. Please sit up the back of the room, and vacate your seat for a more senior person. Often there will be standing room only.
2. Please be circumspect with the sandwiches at this meeting. People get grumpy if the medical students gobble up all the sandwiches before the meeting, and there are no sandwiches for interns, residents, registrars and consultants.
MBBS 4 Rotation

Your Year 4 Rotations follow the same format as year 3 with the same starting and finishing principal. You will be asked your preferences in year 3.

CHOOSING AN ELECTIVE

When choosing an elective, ask yourself the following questions with guided answers from Leonie Callaway:

1. Do you have any money? If so travel for your elective.

2. Do you need to finish an honours project? Then consider an elective with your research supervisor.

3. Is there something you think you might be interested in? If so, try it.
Support, Social Life and Balance

Whilst we acknowledge that a primary focus throughout your time with us will be your studies, in order to be a balanced student it is essential to maintain balance in other aspects of your life. Significantly, without a healthy approach to work-life balance, it is not possible to perform to your potential in your studies. Achieving a useful balance between study, clinical commitments, work, family, friends and other activities will mean something different to every student, and it is therefore our objective to support you wherever possible to ensure that you enjoy your rotations here, whilst developing your clinical acumen. With this in mind, we offer the following advice:

Please inform us of issues or problems – we can help

Many students undergo unexpected experiences that affect their studies. Some common examples include relationship problems, feeling overwhelmed, serious illness, language and cultural difficulties, and challenges with adjusting to the clinical rotations.

It is essential to communicate any issues or problems, in order to make adjustments and help overcome any immediate interruptions to your studies. If you are experiencing any difficulties that might affect your attendance, participation and/or your study, please contact both your immediate supervisor and the relevant student coordinator. You can also contact the relevant rotation head.

Finally, both the University and the UQMS offer support to students. If you have concerns that may be assisted with support, counselling or academic advice, we encourage you to contact the School directly, or the UQMS Academic VP (academic@uqms.org).

The take-home message: please contact a staff member or Student Services if you are having any problems. No problem is too big or too small.

Get to know your peers and staff

Your time at the RBCS will offer many opportunities to get to know your fellow students, supervising doctors, and other hospital staff. Building friendships and getting to know these people will facilitate an enjoyable experience as a student.

With this in mind, we encourage you to take up social opportunities as they arise. If you are spending a period of time with a particular team of doctors (e.g. on your Medicine rotation), it is beneficial to get to know one another, as far as the busy schedule allows. For example, finding out the medical and general life interests of a registrar or intern you are spending several hours each day with will be useful in building rapport. Likewise, if invited to join a doctor for the lunch break, this can be helpful both to build rapport and to gain clinical knowledge by asking medical questions. They may also be able to offer advice on a chosen career pathway.

We also encourage you to get to know your peers by becoming involved in student activities, within your areas of interest. The UQMS offers a range of such activities, several sports, Med Revue, research and surgical interest groups, and regular social activities. Finally, we encourage students to participate in the UQMS peer tutoring program – this is an excellent way to develop your teaching skills, an essential component of all medical practice.
Balance and time management are essential

The 8-week clinical rotations pass extremely quickly. We strongly recommend that you devise a study plan at the start of the rotation, and spread your study load throughout the 8 weeks. Of course, the best way to learn is from real patients, so it is also very important that you spend a good deal of time meeting new patients and working on your clinical skills.

Finally, it is important to regularly take the time to relax and wind down. This can be as simple as taking 5-minute stretch breaks or joining the UQMS touch team for weekly oranges and fresh air. We all strive to be the best we can be, however there is more to life than medicine and if you do not take appropriate breaks from the hospital and your studies throughout third and fourth year there is a risk of burnout. Medicine is a long haul, medical school being only the first of many chapters and it is important to look after yourself. Learn to identify your limits, when to ask for help, and when to go fly-fishing.
Career Advice

Coping in the Clinical Years

Learning in the clinical setting is exciting after 2 years of the Program during which you may have felt that you would never experience “real doctoring”. However sometimes students are surprised by the intensity of the clinical experience, especially the impact of having contact with patients over a period of time. Illnesses which from a theoretical perspective are unpleasant become intensely distressing when a “real” person describes their symptoms, and it can be quite confronting to see patients who have severe injuries or who have undergone extensive treatment with resultant disfigurement. It is almost inevitable that at times you will feel sad or even overwhelmed. Welcome to the world of being a doctor!

Dealing with the Angry or Aggressive Patient

There will also be times when you have to deal with patients or family members who are demanding, irritable or even aggressive. Make sure that you are familiar with the policy of the hospital about aggression and the importance of documenting critical incidents. However that should be only part of your response. A sophisticated approach to difficult encounters can often lead to problems being prevented before they escalate. Always be prepared to think about the reasons for rude or angry behaviour. It may relate to personality, but there are numerous other possible contributions: pain, drug intoxication or withdrawal; past adverse experience in healthcare settings (so presume they will not be heard or cared for this time); being kept waiting without explanation; not receiving appropriate information leading to misunderstandings; lack of knowledge of healthcare systems. Never underestimate the potential for fear and grief to be expressed as rage. Always be aware of your own responses to the situation – a casual comment may be interpreted as dismissive by the patient, leading to further problems. And remember that the problem that seems “ordinary” to you, it is not necessarily ordinary for the patient. Find out about ways of extending your communication skills beyond “breaking bad news” to difficult encounters – discuss with your colleagues and clinical teachers.

Dealing with your own Extraordinary Reactions

Some doctors cope with exposure to suffering by becoming aloof and disengaged from their patients. Others cope by setting unrealistic goals for themselves and working too hard. Still others become bitter or resort to alcohol abuse. Doctors are occasionally even rude to patients or other members of the team because they feel overwhelmed. Start now by acknowledging that: caring for others can be challenging; responding to patients who are angry, afraid or ungrateful is hard work; feeling sad is OK, and in fact means that you are human and have at some level engaged with the person; feeling sad does not mean you are weak or will not be a good doctor. Don’t pretend to be unmoved when things are hard; step back when you feel sad and think about why; talk with your colleagues. When you feel frustrated or even angry try to think about how you arrived at this point – are you tired, unsupported, or do you lack the skills to be able to respond? Not all patients are nice and you can’t always fix things – sometimes you need to accept that you have done your best even though it wasn’t great. Make sure that you have interests outside work; get some regular exercise, and set realistic expectations of what you can achieve.