



MUMUS Tips for Fourth Years, by Fourth Years

Below are a series of reflections, thoughts and points of wisdom gained by students who have successfully completed their fourth year and kindly recorded them for us. There are four sections, one for each specific rotation and one section for general pointers. All points are individual student's personal thoughts and views. We hope this document will provide some guidance for your year ahead. Best of luck!

Evan O'Neill & Caitlin Farmer, MUMUS 4th Year Reps 2009
Lachlan Batty, MUMUS 4th Year Rep 2007

1. GENERAL POINTERS

Belinda Hibble (2006):

- Pace yourself – it's a VERY long year!
- DO NOT stress excessively over the VIA – if you kept your eyes open during 3rd & 4th year especially, you'll cruise through! It is really a test of GENERAL understanding, NOT specific PBL knowledge from tiny segments of the course

Claire Wise (2006):

- Work hard and play hard
- Use the consultants you work with- they can teach you a huge amount
- It's worth putting in the hours at the hospital and getting as much clinical experience as you can this year. Get to know your consultants- you have more time to do this in 4th year.
- Make sure you make time to relax and be social- it's a much more enjoyable year if you have other things on the burner. Go out, see your friends, take a trip. You'll burn out before exams otherwise.
- Inter-relate the 4 units. Psych and paed mix, Womens health and GP mix, GP and psych mix... you will know a FRIGHTENING amount of stuff at the end of this year.
- Try and organize a VIA study group for 2nd semester, if only for peace of mind. Otherwise you'll freak out at the end of the year and think you don't know anything (but trust me.. you will.)
- For the VIA: look over gen med/ gen surg and anatomy. Physiology is also worth a flick through. The rest is mostly 4th year.

Anonymous (2006):

- Start VIA study early
- Get log books filled ASAP and keep a copy at home
- You can still have fun!

Sriram Rao (Mushy) (2006):

- Start planning your elective early, like make a shortlist march/april... People take forever to get back to you
- Do systematic study for the VIA across the year (esp during the GP/Psych sem) cause it will make your life easier at the end, where you'll need to cram for your other exams as well

Pip Ulbrick (2006):

- Turn up to everything!
- Actually do the directed activities...it's a guide to what you need to know (except gp...do the case thingys)
- Practice for the osce's – don't learn lists...practise talking
- For the VIA....study some anatomy...
- Work hard – it's the most important mark you get and you don't want to be disappointed ...
- Do lots of practice OSCE's and exam questions rather than memorising things, even the written exam is very clinical

Phillip Ngu (2006):

- Don't get too anal about knowing everything about everything
- If you want my 4th year notes then let me know or get them off someone Phillsta54@hotmail.com

Lachlan Batty (2007):

- Get a study group and meet regularly- plan out your topics using the DLA's, split the work, present it to each other. Even if you work better alone, a study group helps you understand what is happening in other sites.
- The VIA is not the end of the world- Clinically focused, predominantly 3rd and 4th year, a bit of anatomy and physiology but was very clinically orientated (ie neurovascular compromise in # of humerus...)
- Use the year level reps- if something is not right with the course, tell them and get it raised in the Management Committee Meeting
- Turn up to everything

Courtney Lai (2008):

- Try to find links between all of the four specialties. GP links particularly well with all three others, but everything links with everything else, even if there are only small connections.
- Also link fourth year with the other years; this means there is less material to learn and the VIA becomes less daunting.

Emma Foster (2008):

- Everyone says that 4th year is hard. This already makes it a mental challenge. However, you'll find that on reflection, although there is a LOT of work, not much of it is really that challenging. The concepts are the same as what you have touched on in preclinical lectures and 3rd year general med / surgery.
- What makes 4th year challenging is the ability / inability of your tutors. Do NOT rely on doctors / staff to teach you – they're very busy (particularly O&G), and

- most of your learning will be up to you. Read the text books. See patients. Examine, examine, examine. Think about what you're doing with the examination – why are you doing each test?
- There is lots of down time in hospital – waiting for tutors to pitch up, for doctors to start ward rounds, etc. Carry around a pocket sized book of whatever you're learning, so you can read up on a topic while you wait. It means less homework for you in the evenings.
 - Finally, take a break. If it's 9pm, and you're reading the same page in your book for the third time, and you have no idea what you've just read, it's time to stop studying. A day off every now and then (and by that I mean each month or so, not each week – people will notice) is not a bad thing.

Siobhan McGuinness (2007)

- It's a big year, so pace yourself.
- Find a small (maybe 3-4people) group that you work well with and start regularly revising for exams well out from the date. e.g. My group started doing Sunday afternoon sessions from July onwards for the VIA. Made it much less scary.

Anonymous (2008)

- Be organised. Stay on top of your assignments, logbooks and revision so you can keep motoring through the year.
- Study groups can be very helpful to spread to the study load (especially for the VIA)
- For your sanity's sake, keep up a hobby you enjoy and make sure you save some time for yourself to take your mind off 4th year

Pete Morris (2008)

- 4th year won't be as bad as you think it's going to be! If you start the year off thinking about how much stuff you have to do, it will get the better of you and you'll have a terrible year. If you put your head down and do what needs to be done as your hurdle requirements etc. and a bit extra on the side, then you'll get through. It's a long year, and it is very different and a fair bit harder than the other years you have done, but it's possible, if you put your mind to it.
- Don't stress about the VIA, given that you have made it this far, you don't realise how much stuff you have learnt along the way. Use Paeds and GP to revise your basic physiology, anatomy and disease processes. But don't spend all day every day worrying about the VIA. Do some past exams from other years, and any other practice questions you can get your hands on, such as books in the library and you'll be fine.

Nick Lanyon (2008)

- Keep your logbook on you at all times and make sure you get it signed straight away
- Try and get patients for case reports early and talk their cases over with a registrar or consultant before you submit them.
- Act interested even if you don't feel that way, people are more willing to help someone who is interested in their profession
- At least plan to do some revision throughout the year, there is a lot to cover for your final exams

Anna Loughnan (2008)

- Don't let it all overwhelm you

- Make sure at the start of each rotation you work out what exactly is assessment and what isn't
- Make sure in O&G you do do all the pap smears and other examinations required of you



2. O&G

Belinda Hibble (2006): Sandringham District & Memorial Hospital

- Spend as much time as you can getting involved, particularly by following the Registrar around – you'll be rewarded with much more teaching & general experience as the Consultants aren't around regularly.
- Clerk as many patients as you can pre-surgery – you're encouraged to do this & it's a great way to brush up on your history taking skills, and to request examinations.
- Ask the surgeons questions in theatre & you'll find yourself scrubbing in regularly.
- Once you've attended several antenatal clinics, you'll see the same thing at each one – don't put yourself through all of them, you'll run out of time!

Claire Wise (2006): Bendigo.

- Try and do your births quickly- more than three is a bonus
- Go to as many clinics as you can. Ask lots of questions and put in the hard yards- before you know it you'll be running the clinic!
- Volunteer to scrub in and assist with the surg. That's when you'll really start to see what's going on.
- Read widely. Use other text books such as Symonds and Symonds or Ten Teachers.
- Make sure your information for O&G is current and relevant to Australia- there are a lot of legal issues you need to be up to date on.
- This is a very clinical and unique rotation. Spend a lot of time on the ward, in theatre, in clinics. Bring your text book with you (they're not big) and read up as you go
- Use the Royal Women's Hospital Clinical Practice Guidelines online- they're an indispensable resource
- Enjoy Mentor Week. It's a rare taste of private practice. Live it up and be nice to your consultant!
- Get on well with the midwives. It's in your best interests- trust me.

Anonymous (2006): Frankston

- Get to know the staff well.
- Learn the attachment of the omentum if you're in Southern Health.. (there's this professor who asks this question all the time)
- Try to get births at night

Sriram Rao (mushy) (2006): MMC

- Do labour ward shifts at night... Don't even bother about doing them during the day, the midwifery students will take them 3 times out of every 4... Do 3 night shifts and you're set
- Get your mentor to sign off as much as possible.

Pip Ulbrick (2006): Monash

- Do night shifts to catch babies...if there is no one in labour by midnight – go home and get sleep
- stay with you woman in labour and give them sips of water and do all the midwifery things. If you get on the right side of the midwives they really help you...otherwise they can make life hard
- memorise the history questions so that you can fire them out quickly in the osce
- read the core curriculum in conjunction with ten teachers to help you understand it.

Phillip Ngu (2006): MMC, Moorabin for Gynaecology

- Obs: MMC is great, the only problem is competing with widwives for deliveries. Don't really know a way around it except to convince the unit nurse (via the middies or otherwise) that you are the hottest thing since sliced bread, then she'll give you good patients just waiting to pop their baby out. Of course, nothing ever goes to plan and you might end up on the ward for many a night shift, just depends on your luck. Start your shifts early I'd say.
- Gynae: getting a good mentor on Mentor week will be extremely helpful. I got every single thing I needed signed off for gynae in one week

Lachlan Batty (2007): Franghanistan

- Nights are a good time to get births, make a roster and share them out with the others Med Students- you can sleep in the common room bunks at Frankston.
- No gynae clinic at Frankston but the consultants let us go to their private rooms on occasions.
- Ask the breastfeeding nurse for a tute- it was on our OSCE
- Be prepared to travel, there are a lot of placements away from the hospital.

Anonymous (2008)

- Midwives are your friends. They know more about labour and birth than anyone, and being on their good side will help you get your births.
- Be prepared to do long hours, nights and weekends. Make sure you include some rest time in your week to avoid burning out.
- Men, be prepared to be told 'no'. It's an unwritten law that our female colleagues are at an advantage in this rotation. So, put on your best smile, be polite, and stick at it.

Siobhan McGuinness (Year 4 2007) Box Hill

- Get to know the midwives' names and always be polite.
- There are often lots of students (medical, midwifery, paramedic) looking to get births. If you were there first and have spent time with the patient, even if a midwifery student is brought in the room to assist, be polite but assertive.

- If you can do it, nights are often a great time to get your deliveries. There are usually no other students around, the midwives are often more relaxed, and a surprising number of babies are born between midnight and 6am!
- Go to the clinics you are allocated.
- Find out what sort of stuff your mentor does early on in the rotation. Mine was an IVF expert, so I needed to maximise what I could get signed off before mentor week because I couldn't just rely on mentor week.

Pete Morris, Frankston (2008)

- O+G is one of the best rotations that you are going to do this year, though some people really don't like it. Get your births done early, I know everyone says that but you really should do it because it saves so much hassle later on. Get to know your midwives, be nice to them no matter how you really feel about them. Do some night shifts to get births and things done, and find out when the Midwifery students are on so you can go when they are not there because they usually get preference on births. Get everything, EVERYTHING you do signed off in your book, no matter what it is.
- And make sure you do your DLAs.
- **Books:** Read Women's Health a Core Curriculum because that is where the exam comes from, and do all the questions in it and REMEMBER THEM! It's really not the best book in the world, so if you really want to learn things then read 10 teachers O+G and 10 teachers Gynaecology.
- **Frankston:** Get to know Dr Vasant and Dr Baker; they give great tutes so pay attention. And make sure that everyone get a go with Dr Baker at his rooms, it is basically a trial run of your OSCE.

Nick Lanyon, Casey/MMC (2008)

- Make friends with the midwives, they will get you the majority of your births. Try and be helpful where you can – be prepared to do a long/night shift early, it shows you are keen and will earn you favours
- As with GP do as many consultations independently as you can – it will help your examination and history taking technique
- Understand the diagnosis, investigation and management of the various O+G emergencies
- Most surgical procedures require a vaginal exam or can have a pap smear at the commencement, ask the consultant if it is ok and get permission from the patient before the anaesthetic and you will find many women will agree.

Emma Foster, Frankston (2008)

- Early mornings, late finishes, many long hours of labour, and then a few minutes of action which (fingers crossed) a student-midwife doesn't take off you. Get your births in ASAP. Pull a 24 hour shift – that should probably get your three vaginal deliveries. C-sections happen fairly frequently; they shouldn't be too difficult to get. Use Ten Teachers as your basic tute book, and the Women's Health Core Curriculum as your revision text.
- Start your DLAs early – if you finish them, move on to the Paeds DLAs (there are heaps more of paed DLAs to do).

Courtney Lai, Dandenong (2008)

- Work hard to get the logbook done as early as practicable. Some of the sections will be quite easy to complete, while others may be harder, especially for the males.
- The midwives don't mind you being around the birth suite, especially at night time. Try to do at least a couple of all-nighters and you'll get onside with them so that births shouldn't be an issue.
- Keep on good terms with your mentor.
- I found this the most enjoyable of my rotations during fourth year but it does require a sound knowledge of the curriculum.
- Communicate with other members of your group regularly so that you all get an equitable chance at going to the consultants' rooms, clinics, operating theatres and birth suite.

Anna Loughnan, Dandenong (2008)

- Dandenong is good for O&G not to many midwifery staff
- Don't be afraid to do evenings, or even night shifts to get your births
- Get the births early, and once they are done don't do any more (unless you really love it)
- Don't be afraid to get the consultants permission to go to theatre for the whole day, do that a couple of times and all that will be signed off
- Speak to the patients in pre-admission clinic or before theatre to get their permission to be part of the team, this means you should then have permission to scrub etc. (that's what a consultant suggested to us)
- Be friendly to the midwives !!!



3. PAEDS

Belinda Hibble (2006): MMC (Clayton) & William Angliss Hospital (Ferntree Gully)

- MMC: Don't exhaust yourself hanging around the wards all day – you won't gain enough, and there's a lot of reading to be done! Spend the most time there during the ED week and clerk heaps of patients – you'll learn the most this way.
- William Angliss: Remember that it's a small hospital with different things to offer than MMC, but don't hold that against it! There are some great opportunities in ED once again, and the clinics are interesting.

Claire Wise (2006): Bendigo

- A LOT of bookwork for paed.
- Buy Practical Paeds. Learn it. Learn it learn it learn it.

- Do the directed activities- they're a huge help as paediatrics is a massive topic. These provide some semblance of 'boundaries' in what is otherwise 'gen med/gen surg for little people done in eight weeks'.
- Country people: see if you can get down for the specialist lectures of Workshop Week in week 5. I wasn't really invited but I went anyway and it was one of the best things I did all year.
- Have a look at 'paediatrics at a glance'. Basic, but gives you a really great framework to learn from.
- Don't get too stressed. This is a hard rotation, but it's pretty satisfying when all's done and dusted.
- The OSCE is not very nice. Know that from the outset. Be prepared. It's 12 X 6-minute stations. Know your stuff, be nice to the patients, be efficient. Take a deep breath.
- Know your fluids (type, rate, route etc) for gastro. Know pneumonia and meningitis and antibiotics and stuff- there can be a surprising amount of detail in the exams- but this is the kind of thing we need to know for when we're interns.
- Use the RCH Clinical Practice Guidelines
- Know the Immunisation schedule back to front

Anonymous (2006): Angliss

- Awesome chai latte at coffee shop on the row of shops near the fish&chips shop
- Get in touch with Andrew Chan (he's the main person who'll teach you :)) ED reg for some tutes
- Some consultants could not always make tutes, though all were very nice

Sriram Rao (mushy) (2006): Frankston

- Start studying early. Like really early. Like day 1. There is SO much to get through, you have no idea
- Spend as much time in ED as possible, you'll get a much better idea of how to deal with kids, and what needs to be asked than on the wards
- Don't ignore neonatal stuff, its often also useful for O&G

Pip Ulbrick (2006): Frankston/ Monash

- Get on to the directed activities early as they take ages
- Paediatrics emergency is a great way to see patients before they have told the story a hundred times and try and figure out whats wrong.
- Know the developmental milestones and immunizations well

Phillip Ngu (2006): Angliss & MMC

- Go to the ED at MMC for paediatrics – you'll learn more in that week than probably for the rest of the rotation!
- There's a huge amount of potential information in paediatrics – stick to the guidelines to avoid overwhelming yourself (though you'll probably still get overwhelmed)
- Be vigilant about doing the modules from the start (even if you're at the Angliss), because otherwise it'll all build up on you and you'll be doing paediatrics way into women's health. I know this from personal experience.

Lachlan Batty (2007): done at.....Dandenong/MMC

- Be early at Dandenong and get onto the 0800 ward rounds. The consultants are great but you have to be there. Each consultant does a WR each day so there is a lot of potential.

- Go to the Dandenong ED in small groups to take histories and do examinations- I got my whole logbook done there.
- Case reports don't need to be complex. I did Asthma and Appendicitis.
- There can be a lot of students floating around MMC but make an effort to show up. The ED week is great, make a roster so everyone goes once a day, it will mean funny hours.

Anonymous (2008)

- This is General medicine all over again. A huge range of topics need to be covered over the 9 weeks, so focus on the topics in the study guide and don't go too far beyond them
- ED is a great place to see initial presentations and practising your history and examinations. Make the most of any time you get there.

Siobhan McGuinness (Year 4 2007) Box Hill/MMC

- Get as much signed off as you can before you get to MMC if you are based at a peripheral hospital for the first few weeks. It makes life easier because there can be lots of students vying for signatures at MMC.
- See the common stuff. There is a lot to learn in paed, and it can be hard to find a balance between spending time on the wards and studying from textbooks.
- Get comfortable playing with kids and examining them in all sorts of situations.
- Learn paediatric fluids, it's useful stuff especially for ED.

Pete Morris, Dandenong and MMC. (2008)

- Paeds is one of the most difficult rotations of the year, simply because there is so much to learn. Though it takes a lot of reading and lectures to learn the material, you need to realise that you are never going to know it all. The sooner you realise that the better, because you'll waste a lot of time otherwise. Go over all the DLAs because this is what the exam is based on, go into detail but not too much detail. If you know the basics of each you will do better than someone who runs out of time and only knows a few in depth. Use this as an opportunity to review physiology, anatomy and disease processes etc. for the VIA. Two birds with one stone.
- Go and see kids, go and talk to parents. You'll recognise common presentations that you will get in the VIA if you have seen it before, it makes it a lot easier. Get everything signed off early, as soon as you get the opportunity. Don't think you'll do it later, because you won't get the chance and it'll stress you out even more.
- **Books:** Much of the Exam is based on Practical Paeds and the lectures that you get. Practical Paeds is alright, but many people prefer other books such as Illustrated Paeds. It's good, especially for revision, but sometimes doesn't go into enough depth.
- **MMC:** It's very busy, and much of the stuff you will see you may never see again. There is much to learn, but don't spend all your time on the ward because you will need to do a fair bit of reading and studying. Make sure you do see patients though, and get to know the Drs so you can learn from them.
- **Just remember:** Common things are common, know the common presentations and conditions, but don't forget about the less common and important diagnoses not to miss. But don't spend too much time on the uncommon and rare stuff.

Nick Lanyon, Dandenong/MMC (2008)

- Have an idea of developmental stages and what conditions a child is likely to present with at each age
- Know your baby check, do as many as you can
- Common stuff is common, but different things are more common in kids
- Do your background reading especially with conditions you won't have seen in adult medicine

Emma Foster, Casey and MMC (2008)

- You'll probably get a cold in this rotation – kids are unbelievably contagious. Bring tissues and look after yourself. Parents will co-operate with you if their child is okay around you. Start talking with parents first, reassure them and gain rapport; the child then will feel okay about interacting with you.
- The RCH website and handbook are really good – get them early.
- Start your DLAs ASAP – there are lots to do!

Courtney Lai; Casey & MMC (2008)

- The directed learning activities aren't compulsory, but they do guide your study. There are about 45 to do in nine weeks, which equates to about one per day. Don't fall behind.
- Casey doesn't have a lot of beds and deals mainly with the common problems, however, the common conditions are those which are assessed most heavily.
- Make the most of the emergency department, which has a very high proportion of paediatric presentations. Many of these occur after school hours.
- Team up with the students and Dandenong to arrange tutorials; the consultants at Casey spend much of their time at Dandenong.
- Learn the clinical pathways for asthma, gastroenteritis, bronchiolitis and croup.
- The workshop week includes some excellent teaching so do attend.

Anna Loughnan, Casey & MMC (2008)

- If your out in Casey be prepared to do a hell of a lot of directed learning
- Parking is best if you go in gate 3 and keep driving till your behind the hospital and on the dirt, otherwise it is \$5 a day and security are onto us about saying we are visiting so and so a doctor they won't let you into the staff carpark
- There are plenty of newborns so practice your newborn exam there, it is really good and the nursing staff and very friendly
- Don't forget to make it to the ward rounds as they are done by the Dandenong consultants and they notice when you're not there



4. GENERAL PRACTICE

Belinda Hibble (2006): A 3 doctor practice in Newport (Inner West)

- Take your coffee! Sitting in the one spot for 6 hours can cause one to nod off!
- Go in with a really open mind, and if your doctor practices with a nurse and /or other GP's, ask to sit in with them also – you'll learn so much more by getting some variety to the clientele & teaching style.
- Don't miss days early – you can only afford to miss two each semester, and you don't want to use these up too early!
- Don't spend too much time caught up with GP assignments, most people do well if they answer the questions that are asked – just tick them off as you go!

Claire Wise (2006): Box Hill/Maroondah....

- A more relaxed semester. Enjoy that fact.
- Buy Murtagh. It's called the bible for a reason- truly, it's good for GP (and paed, and psych, and VIA study...)
- Have goals and expectations for your GP placement and make sure they're achieved. Be honest and open with your GP about what you want to do and what your expectations are.
- Find a good historian for your chronic illness patient study.
- Enjoy seeing so many of your friends at uni again!
- Go to the east bentleigh sessions if you're in the city- they're very well run. You'll pick up a lot.
- Do the common problems sheet. Over. And over. And over again.
- Put work into Palliative Care and Disability. The people who coordinate these sections take a lot of time and effort to give you the best experiences in these topics. Learn what they tell you to learn.

Anonymous (2006):

- Make sure you get the opportunity to get your own room and see patients!

Sriram Rao (mushy) (2006): Melb

- Try to be proactive, but don't stress if you are bored, everyone is. Just be polite, power through, and thank god you're not at melb where you have to sit though 4 days a week of it.
- Use murtagh like a bible. Its hard to get used to the format, but its pretty much all you need.

Pip Ulbrick (2006): on the island (Brighton)

- Request a good gp you know if possible
- No tips really – wasn't my favourite rotation!
- Assignments...hmm??

Phillip Ngu (2006): Princess street medical clinic & East Bentleigh

- Use Prof Murtagh's guide at the start of the year and his corresponding book if you want to know a lot of GP stuff
- Don't stress out about the breadth of information they could ask on the exam – certainly not all of it is actually required to pass the exams I assure you
- Listen to any exam 'pointers' that the prof gives you, they're probably going to be very helpful for you
- Say hi to Phillippa and the docs at East Bentleigh for me – they're worth their weight in gold.
- All in all pretty easy

Lachlan Batty (2007): Bendigo (Castlemaine)

- Try to get a room and see patients by yourself. Let other doctors at the practice know to call you if anything interesting pops up.
- Murtagh is great. Bust it out and do some reading with the patients in there with you - helps you and them
- Derm, eyes, pall care, musculoskeletal medicine and the CDDHV topics seem to be common exam topics that are a new from Med/Surg in third year
- If you are rural, look over MUSO and check the notes the urban guys go over.
- The marking criteria for assignments is there. Read it carefully, read it again and tailor you assignments to it.

Anonymous (2008)

- Try to find a GP with a special area of interest (eg. Travel medicine, Sexual health, etc). This will keep your time in the GP's practise more engaging
- Ask your GP questions. Give him/her your own diagnosis. Keep engaging your GP so you don't spend 18 weeks sitting in the corner.

Siobhan McGuinness (Year 4 2007) Box Hill

- Try not to become the Fluvax Queen/King of the practice you are placed at. The first few are ok, the next 50 not so much!
- It's hard, but try to be proactive and see patients on your own if you get given the opportunity.
- Be honest about what you want to get out of your placement. If you feel you could benefit from a different supervisor, explore your options. I changed GPs after the first half of the rotation, and it was a good decision.
- Enjoy the "cruiseyness" of this rotation – you'll be grateful you went to the beach on that day off later on!

Pete Morris, GP in Blackburn and also Notting Hill. (2008)

- Your GP placements will be great, or will be something you would really rather forget. But you can make it better by looking interested, talking to your GP about the patients and ask them if you can see patients on your own, or with them present. Asking can't hurt; you might end up doing injections, BPs, taking blood, freezing off solar keratoses etc. Make the most of it, and learn how the basic GP interview runs (or should run) and focus on learning management.
- Go through the DLAs that you are given, because these are basically the entire exam, including both the written and OSCE. Make such that you focus a lot on the management or conditions, because you should know common presentations and things by now. Run the OSCE interviews the way you are taught, that's OSCE gold right there.

- The lectures can be boring at times, but some of it will turn up on your exams so pay at least some attention.
- Use this as an opportunity to review for the OSCE as well.
- **Books:** Murtagh's book is what the exam is based on so it's good to have or borrow it. There are many other options for books for each of the topics you'll cover, use some of the general med and surgery books you have been using up until this point, including Kumar and Clarke which is good (but still can be go into too much depth so don't learn it all).

Nick Lanyon, Traralgon-Leongat (2008)

- This is the rotation to start perfecting targeted histories and examinations, as well as working on your speed
- See as many pts as you can, try to see them on your own, take a history, examine as appropriate and form a management plan then report back to the GP
- Know common stuff inside out. Chest infections, UTIs, asthma, cardiac failure and diabetes are your bread and butter and are prominent in the exams

Emma Foster, Castlemaine – Lyttleton Street Clinic, Mostyn Street Clinic (2008)

- The hours of GP (especially in the country) are a killer. The work is not hard; you'll get more and more confident in dealing with patients as the weeks go by.
- Don't worry if everyone bursts into tears when you ask "How are you?", many people actually use their GP as an emotional unburdening tool, rather than for medical advice. Choose one thing to study at the end of each day, e.g. chest pain, and read up from Murtagh (also available from Monash Online).

Courtney Lai, Metropolitan. (2008)

- Many GPs have countless years of clinical experience but not as much experience at teaching. You may have to take the initiative and ask your GP questions.
- Don't be frightened to ask to perform examinations and basic procedures.
- Link the material to what you have learned in other years and semesters. This makes learning easier and helps with VIA revision.
- Keep in the good books by attending the sessions at Notting Hill.
- Learn the structure of the management consultation, as described in *General Practice* by Prof. John Murtagh.

Anna Loughnan, Metro (2008)

- Have murtaghs, learn it
- Do the consulting skills hand book or at least the really popular topics
- Any topic they present to you on your consulting skills tute is LIKELY to pop up in the exam
- Practice the 10 step interview process its how you pass the GP osces



5. Psych

Belinda Hibble (2006): Alfred Hospital

- Listen to the senior psychiatrists – they love teaching & you’ll learn heaps from them.
- Take the opportunity to visit all the different placements which are offered – the patients & diseases you’ll be exposed too are very different eg. Acute wards – psychotic episodes, Consultant Liaison Psych – Psych in medical illnesses.
- Attend all the tutes, they’re well worthwhile.
- Get your patient encounters signed off early to minimize stress near exams!
- Ask the psychiatrists to go over your case report with you – you’ll maximize your potential for a good mark.

Claire Wise (2006): Box Hill/Maroondah.

- Work really really hard on your case report. This is one of the biggest projects I’ve ever done, and there will be some scary moments. Pick a good patient. Talk about it with as many different psychiatrists/ case managers/ psychologists/ GP’s/ tutors as you can. Get their opinions on diagnosis, formulation and management. Make sure you write every last section well. Don’t leave sections out- they’ll kill you in the marking otherwise.
- Try and find a good patient for this as soon as possible and see them as many times as you can. Ward rounds, team meetings, family meetings, consultant appointments, CAT team calls... all of it.
- Learn your psychotropics inside out. Mechanisms, side effects, which one’s better for what thing, classes, routes of administration, old school, new school, combinations, everything. You literally cannot know too much about psych drugs.
- Try and immerse yourself in this rotation. It’s a good way to really enjoy it. Speak to psychiatrists about why they love their job- they’re cool, I promise!
- Have a really good hard look at all the things you need to get signed off BEFORE you start. Then get cracking straight away. Have a look at your sheet at the beginning and end of each psych day, you’ll be surprised at how much you can tick off.
- Keep photocopies as they fill up- it would be awful to lose them just before you finish
- See and speak to as many different patients as possible. You can get very good at the psych history and MSE- it’s daunting at first, but you’ll come a long way in a semester.
- Learn the MMSE. You need to know it by heart.
- Learn about the history of psychiatry. The different psychotherapies make a lot more sense when you understand their evolution and foundations.

Anonymous (2006): Alfred

- Get tutes with Prof Kulkarni ← The best tutes you can get ;)
- Go to a bar on Chapel St. called 'Lucky Coq' and try your luck ;P

Sriram Rao (mushy) (2006): Alfred

- Find your long case patient as early as possible. Try to make it a first presentation, as it will be simpler. Avoid the common problem of schizophrenia then trying to differentiate between normal and schizoaffective. You may not get it now, but you will by the end.
- Learn your drugs really early. Like in the first 3 weeks when it feels like a holiday. It won't take long and makes life much easier when you hit the wards

Pip Ulbrick (2006): Alfred

- Categorise things – I made a drug list with antidepressants (SSRI's, tricyclics, SNRI's etc), antipsychotics (typical/atypical) and it really helped me learn which drugs were for what. Also did the same with the list of 7 or so anxiety disorders and the personality disorders.
- Learn common things well...depression, depression, depression and schizophrenia
- Learn the language of psychiatry so you can understand the symptoms well
- Write a lot for your assignment (I wrote 8000 words)...and follow the guidelines writing a bit for every point on them

Phillip Ngu (2006): MMC

- MMC was good – fair teaching and as much ward time as you want
- Psych as a subject is actually really easy, there's only a handful of conditions you need to know and a handful of things you need to know how to handle
- All in all pretty easy

Lachlan Batty (2007): Bendigo

- Be prepared for a lot of waiting around- take a text book everywhere to try and limit dead time by reading rather than just waiting around.
- The PreTest MCQ book was good although the drug section was irrelevant in parts as it is an American book
- The Psych Drugs are daunting. Start studying them early so you are up to speed on the wards. The side effects are really important to know.
- The assignment is a good opportunity to learn the MSE well. Read a few from the year before to see how they are presented and think forward when selecting your patient.

Anonymous (2008)

- Psych is a very intellectual pursuit. You'll find it's a new way of thinking where you need to understand every facet of the patient's life to appreciate their diagnosis and their management plan
- There is lots of variety in psychiatry. Acute inpatients, Outpatients, Isolation, Community, Consultant-Liaison. See as many different modes of psychiatry as you can to keep it interesting
- Work through your logbook requirements early to give you time for revision towards the end of semester.

Siobhan McGuinness (Year 4 2007) Box Hill

- Be safe. Interview patients in pairs and make sure you know where the safety buttons are.

- Go to the tutes and get them signed off. Even if they are in the middle of nowhere (ie. Ferntree Gully!), the tutors are mostly really keen to teach and are happy to answer questions. Try to do some reading beforehand if you can.

Pete Morris, MMC. (2008)

- There are two types of people, those who love Psych and those who hate Psych. There are only a few in between. I certainly wasn't one of the ones who love it.
- You can waste a lot of time by hanging around the wards and following Drs around. So make sure that you see a patient a day if possible, and do some ward rounds with the Drs but don't waste all your time on the ward. Do some reading instead will be very valuable for both exams.
- Learn the terminology of Psych, and make sure that you know the basic presentations of all the common Psych conditions and about 5 DDx for everything. Grit your teeth and you'll get through, and make sure you get everything signed off early and you learn what you need to, no matter how much you dislike it (if you're like me). That way you won't have to do it again!
- **Books:** I used Kaplan and Saddock. The synopsis can be hard to read because it's still a bit long, there is a shorter version which is good and good for revision as well.
- Psych is a favourite for the VIA as well.

Nick Lanyon, Traralgon-Korrumburra (2008)

- Know the Mental State Examination, find an order that you like to do it in and stick with it. Do it the same way everytime and write it up in the same order. You'll be surprised by how well you remember it. For starters write out the areas you need to ask on a sheet of paper in order to jog your memory
- Know drugs and procedures. Try and remember the names of a couple of drugs from each class and their indications. Know their side effects and also how to treat them.
- Understand the process behind involuntary treatments orders, community treatment orders and the process of competency. Know the criteria for involuntary treatment.

Emma Foster, Bendigo Health (2008)

- This rotation messes with a lot of people's heads. Speak to someone if you're feeling uncomfortable / worried / concerned, etc. You will definitely not be alone in these things. Saddock&Saddock is great. It's up to you for learning styles, but remember: it's the person, not the illness, in psych. A diagnosis of schizophrenia only ever gives you a rough guideline to how people may behave when they are unwell, but to help them, you need to understand their social support systems etc.
- Start your case report ASAP – it will take a long time to write up.

Courtney Lai; Frankston. (2008)

- Many of us find psychiatry hard because of the nature of the history. We often do not get the answers that we seek when we ask questions. Accept this and try not to become excessively frustrated. As time proceeds you will learn how to use the lack of straightforward answers in your favour when making a diagnosis.
- Try to see a range of patients. Seeing just psychotic and depressed patients limits your experience. Don't be afraid to venture to the aged psychiatry ward to see some patients with dementia. It's less stressful there.

- Find a patient for the case report early, and interview them several times if possible. Discuss your findings and management plan with the registrar and consultant treating the patient.
- The rotation can be quite confronting. Don't be afraid to seek help for yourself if you sense that things are becoming difficult

Anna Loughnan, Frankston (2008)

- There are plenty of consultants on the acute psych area and only 1 in aged psych.
- Sit in with them for a couple of interviews then ask if there is a patient soon to be discharged (because they are usually pretty sane by then) and if the consultant can watch you do it and help you with your technique
- NEVER interview a psych patient alone UNLESS you're in the middle of a very public place (this is for your own safety)
- Work hard on not laughing at the manic patient (well to much)
- Never interview a severely depressed patient on an afternoon, particularly a Friday afternoon it will ruin your weekend
- Enjoy psych and learn about psychosis, schizophrenia, mania and depression. They are the big four, you should also know about dementia and things like schizoaffective disorder
- Start your huge case report early and don't exceed the word limit they do penalise you for it
- There is a british website www.trickcyclist.com (yes a play of tricyclics) that has heaps of OSCE stems, examiner mark sheets and role players scripts for virtually every situation. They are harder than the ones monash give you but are good learning tools, you just have to remember when you are doing them that they are aimed at a senior HMO level in britain.