



Stuff I wish I knew as a medical student

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Intern

(winner of best dressed doctor 2008)

Breaking the ice



- First med students at UOW
- No tips from senior med students on study
- No past papers for exams
- Cant watch senior medical students at their role in hospital

The average hospital day...

- Anatomy of your team
- Ward rounds (SOAP)
- Ward work (plan, pathology, next bloods, list update)
- Paper rounds
- Consults (intern VS reg)
- Clinics
- Sick patients

Avoid driving on one way roads

- Help your team and they will, in turn, be motivated to teach you
- How can I help when im still learning the basics?
- Keep it simple
(no miracle diagnosis needed)
Ultramicroscopic silicovolcanoconiosis: 99 points in scrabble



All the small things...

truth care, truth brings...



- Pre ward rounds
- Rounds
- Post ward rounds

Pre rounds

- Print the patient list before the team arrives
- Gather patient files
- If there is time, check to see if any patient was reviewed overnight by overtime intern

Rounds



- Curtain
- Find the obs chart if missing
- Report obs “obs stable afebrile” and open med chart
- Scribe (always get it counter-signed)

Rounds



- Adjust the bed settings if asked for
- Help patient up if trying to listen to lungs etc
- If the TV is on, turn it off
- Carry your stethoscope and a torch just in case
- If you see a doctor so a very simple task, do it yourself next time

Post rounds

- Check the “to do” board for the intern
- Run bloods down to pathology if needed (rare)
- Do easy tasks in the plan, but let the intern know (call GP, chase reports from consultant rooms)

Post rounds

- Learn discharge summaries **NOW**
- Attempt writing consults (SAS POP)
- Chase INR and drug levels
- Report finding on new ECGs (not old ones)



The un-interested intern

- Universal phenomena: well known to make your term less enjoyable
- If they don't give you a role in the team, suggest a role with them early and stick to it
- If severe, maximize your learning with another approachable intern/resident

Big No-Nos



- Avoid challenging the boss in front of the patient
- Don't break bad news to patients if they haven't been told and they ask you
- Don't talk negative about a team member in front of other doctors
- Avoid turning down teaching offered by a team member without good reason

Things to keep in mind

- Equanimitas and confidence
- When your team gets hammered...
- 4:30pm syndrome
- Spend time with the intern and reg too
- Long cases and presenting is an uber mega fast way to learn

Procedural skills

- IVC
- Blood taking
- IDC
- ABGs
- Blood cultures
- NG insertion
- LP, Pleural tap, ascitic tap, Joint aspiration, chest drain – mostly done by reg, rarely intern, almost never med student



Cannulas

Flash back and failure syndrome

Keen med students

- Overtime
- ED
- OT



Potential tutorials

- Chest pain
- SOB
- Fever
- Fluids
- Potassium et al
- Pain
- BP
- Decreased LOC
- BSL
- Decreased UO
- Agitation
- Seizures
- ECGs
- Falls review
- Neuro exam made easy

Take home messages

- Help your team and they will, in turn, be motivated to teach you
- Check the “to do” board for the intern
- Learn discharge summaries
- Long cases and presenting is an uber mega fast way to learn
- Don't break bad news to patients if they haven't been told and they ask you

The end
Don't forget to relax

