Medical student’s guide to the Medicine term  

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Starting your new rotation can be a difficult experience. As medical students, we can appear so lost around the ward, and totally out of our comfort zone. We aren’t familiar with how the hospital system works, which doctors do what, where to find your team, how to find a good supervisor and what we are even supposed to get out of it. Because of this, it can delay your transition into your new team and hinder your learning overall. Here are some points to help you have a better transition into the medicine term.

How do patients come in and who looks after them?

Patients generally present to the Emergency Department (ED) and are sorted out (or “packaged”) by the doctors down there. If they are well enough or have their problem fixed right away, then they can go home straight away. However, if the ED doctors feel like the patient is not well enough and requires ongoing care in a hospital setting, they will contact a team who is happy to “admit” them. The team who is contacted is generally determined by what sort of symptoms/signs/diagnosis they have. E.g. someone with a productive cough and shortness of breath could be suspected to have pneumonia and the respiratory team will be contacted to take care of this patient.

The doctor on-call

Each day, one consultant in each specialty will be “on-call” or “on-take”, and so if a patient who presents in the field of their specialty (e.g. pneumonia -> respiratory, myocardial infarction -> cardio, hepatitis -> gastro) needs to be admitted, they are notified, and will be responsible for taking care of the patient until they are well enough to go home again.

Team structure

A team usually consists of an intern/resident (junior medical officer – JMO), a registrar and several consultants who rotate being “on-call”. Together, the intern, registrar and consultant who are on-call take care of the patient admitted.

The intern or resident does most of the ground work. This includes putting in cannulas, ordering tests, organising consults, writing discharges, and a whole lot more! They can be pretty busy sometimes especially if there are a lot of patients to take care of. That is why most teaching you get from them has to be on the run and without continuity. But don’t worry! There are ways to make the most out of it (read in further section later).

The registrar makes most of the clinical decisions. They take the histories, examine the patients, and determine what needs to be done for the patient (tests, medications, allied health etc.) The registrar goes with the JMO each morning to see how the patients are progressing (aka on a ward round) and makes further clinical decisions for the patient. Otherwise the registrar spends their time at work in the public clinic helping consultants, or doing extra-curricular things such as research.

The consultant plays the role of the supervisor. They oversee everything and go to see the patients with the team (registrar, JMO and/or med student) a few times a week to make sure that the patient is having the appropriate treatment. Otherwise, consultants are in clinics, doing research or working outside of the hospital in private practice.
Clarification on BPT and AT registrars

There are two types of registrars, BPTs and ATs. These stand for basic physician trainee and advanced trainee. A basic physician trainee has not yet specialised in the rotation you are doing whereas an advanced trainee has. Therefore if you are looking for someone who is more experienced in your rotation, the AT is a good registrar to stick with.

Where do I fit in?

Quite often, as a med student, you feel like you aren’t getting much out of a term because all you do is follow the team, or the doctors on the team aren’t making an effort to teach you. This can be quite discouraging for some, and it deters them from coming early in the morning or from coming at all. But here are some tips to make the most out of your term!

- **Don’t be afraid to introduce yourself, to anyone!** It can be daunting, when you start a new term and you know no one or even who the people are in your team. Introducing yourself really helps to let people be aware of who you are and what you are doing. Usually I say, hi my name’s ______ and I’m starting a new term in ______. People are generally happy to guide you as to where to go and help you along your way. Also don’t be afraid to introduce yourself to consultants who are in your specialty. They will only think better of you if you do and some are quite happy for you to sit in their clinics.

- **Go to ward rounds:** This is very important. This is where you are able to keep track of why your patients are here, how they are doing, and what needs to be further done for them. It helps to have your very own patient list so you can keep track of them (ask the JMO to print you one). Your team will also see that you are interested if you attend ward rounds, and will be keener to involve you and teach you. Ward rounds usually start at a set time with the usual meeting place being the Registrar’s room on 7, 8, 9 or 10.

  Level 7: Neurology, Orthopaedics
  Level 8: General surgical teams, Gastroenterology
  Level 9: Geriatrics, Haematology, Nephrology
  Level 10: Cardiology, Respiratory, Cardiothoracic surgery

On ward rounds, you can help by getting the notes, pulling the curtains shut, and even writing in the notes if your JMO is busy doing something else (See document on Med Student’s guide to writing notes). Whilst doing all this, try to follow the patient’s story and why they are in here, and pay close attention to what decisions the registrar is making and why. This is also when patients will get more familiar with you, seeing the same face every morning, and most often they will be more than happy to let you examine them in your spare time. It is also sometimes the most rewarding and motivating part of your learning, when you can actually see patients getting better each day, due to the care that you have provided.

- **If you don’t know something, write it down:** The hospital is full of learning opportunities. Each and every day there will be something you don’t know or understand whether it is the use of a particular drug, or what a certain acronym stands for, or the anatomy of the pleural space. You will be surprised at how much you can learn after 4 weeks in a rotation, just by writing these questions down and looking them up at the end of the day. This is the main point in the philosophy of learning from clinical rotations. You are never going to research or remember some topics without developing a curiosity and exposing yourself to them first.
For example, one would never be motivated to learn the anatomy of the radial artery until they actually had to stick a needle into it to get an arterial blood gas. This curious stimulation comes during the ward rounds, hence the importance of them.

- **Go and see your new patients in ED**: This is a great way to learn. One day you will actually have to do this for real, so why not practice doing it now? Ask your registrar when they are “on-take” to notify you when a new patient under your specialty has presented to ED. You can go and see the patient yourself before anyone else (except for ED) has, and without looking at the notes, take a history, do the appropriate examination, and think about what investigations and treatments you would suggest. This has two positives. One, when your Reg comes down, you can fill them in on the story, which they will be grateful for. Two, you are able to compare your own findings to their findings and see what you have missed out on. The next time you come around to do it, you will be a whole lot better.

- **Examine patients**: This is a no-brainer. If you are doing respiratory, then listen to lots of lungs. If you are doing cardio, listen to lots of hearts. Gastro -> Feel abdomens, Nephrology -> Palpate kidneys. It only takes a bit of your time. You don’t have to do a full exam, but just examine or identify the main sign. Your fellow med students will also thank you for it when you are able to give them a good sign to see.

- **Present cases**: Go and see your patients and present them like you would in an OSCE. Usually this can be to your JMO, or even your Reg if he has time. You will so fluent and concise in presenting by the end of the term. Practice makes perfect!

- **Attend clinics and meetings**: St Vincent’s is full of state of the art, top of the notch clinical care, and we are very privileged to have some of the consultants we have. Do your best to learn from them meetings. Find out from your supervisor or your team when the weekly meetings are, and go to them.

- **Learn procedures**: Cannulas, Venepuncture, Catheter insertions. These are all great procedures that you can master. In this term, you are able to practice these on real patients under the safety of your team. So don’t be afraid to give it a go!

- **Remember to enjoy yourself!** We all need to enjoy what we are doing. It’s that which keeps us going and going. Medical school is a wonderful time where you can explore the vastness of medicine, establish friendships with each other, provide great care to patients and discover God’s calling for your life. So don’t stay at home when you can be at St Vincent’s. Go out to ice-cream, coffee or whatever together! It’s a journey that we all go through and you have the ability to make it great.

Remember. The more you put in, the more you get out, and this is definitely true in all rotations that you do. Be proactive, punctual, willing to learn, and you won’t regret it.