

Third Year Overview & GCH

Year Structure

Semester	Block One	Block Two	Block Three	Break/Stu dy Week	
One	WH	CH	Surg	Week Break	
Two	Gen Med	ACC	MH	Study Week	Exams

- 6 x 7 week blocks
- Two Streams – 1 & 2
- Each stream divided into three groups
- One stream doing WH, CH, Surg
- One stream doing Gen Med, ACC, MH

In Training Assessment

•**Weekly tutes – CBLs**

- Usually 1 tute – 1.5 – 3 hours depending on tutor and block (2 for WH)
- Hand up one OSCAR per tute
- OSCAR = case report including, history, exam, investigations, management, legal and ethical issues, progress and summary
- 7 formative, **1 summative**
- Each tutor wants a slightly different style, they will tell you in the first tute

• **Seminar** – 1 per week, similar time each week. **MUST** attend and sign off

•**Mini-CEXs**

- 2 per block
- To be completed by consultant or registrar
- One history and procedural
- Tend to do towards end of block
- Each consultant will have a different approach – marks will vary but even out over entire year

•**ITA Form**

- 1 per block, filled out by consultant
- Block evaluation and 10 MCOs guide to progress only

Assignments & Exams

- **DHC Evidence Based Medicine Assignment** - based on an OSCAR – comparing treatments
- **DLEPP Assignment** – based on an OSCAR – patient care that raises legal and ethical issues
- Both a large percentage for the theme, small percentage for entire year - but remember you **MUST** pass these themes to pass the year

- **Exams in November**
 - Cover the entire **42 weeks**
 - MCQs and short answers, clinical scenarios
 - No OSCE until 4th year

- Ask me more in December
- (when I've sobered up)

Women's Health

- Also known as obstetric and gynaecology
- Rotate through teams, changing weekly
- 2 separate weeks on labor ward
 - Only two students at one time on ward
 - Place on 1 of 3 shifts
- Antenatal clinics, surgery and ward rounds when with teams, seminar, CBL
- Pros
 - Not a really busy block at GCH so lots of study can get done
 - Get to take your own pts at antenatal clinic, handy for OSCARS & Mini-CEXs
 - Can scrub in for surg
- Cons
 - Changing teams weekly, no rapport with team, some regs won't bother getting to know you, don't get a good understanding of how the teams run and what's involved
 - Can feel disorganised and like you're wasting time
 - Labor ward – student midwives have priority and can go the week without seeing live births

Children's Health

- Paediatrics
- Divided into 3 'mini blocks'
 - Community
 - Neonatal care & paed surgery
 - General paed
- Do 3 weeks of one block and 2 week each for the other blocks
- Ward rounds, outpatient clinics, community visits, surg (GCH and Allamanda), seminar, CBL
- Small amount of ENT covered

- Pros
 - See pts in outpatient clinics – Hx and exams (good for OSCARS, Mini-CEXs)
 - Scrub in in paed surg – Allamanda is awesome
 - Baby checks (not a pro for everyone, babies poop)
 - Neonatal care – good tutes from the consultants
 - Community – lots of spare time to get study done
 - CBLs – Dr Wilson gives great tutes during CBL on topics that have been raised in OSCARS
- Cons
 - Community – often boring and feels like a waste of time
 - Changing teams – less rapport
 - Baby checks (poop)

Surgery

- Griffith didn't rename this specialty
- Placed with one team
- Ward rounds (early!), surg lists, outpatient clinics, seminars, CBL
- Pros
 - Entire block with one team – build rapport, structure, get to know what the team does and how things work
 - Get to scrub in
 - Outpatients – take your own patients, histories, exams, very minor procedures depending on your team
 - Hang around the wards and you'll get to do procedures
- Cons
 - Early starts, long days, often standing on your feet watching the back of a surgeons head
 - Surgeons have a reputation and lots of them live up to it!
 - If your team isn't general you may only see one type of surg e.g., colorectal – good idea to swap some outpatient clinics for variety
 - Some teams expect a lot more from students, can be daunting but you learn lots

General Medicine

- Again, not renamed
- 7 weeks, one team
- Morning handover with all teams, ward rounds, outpatient clinics, acting as mini-residents, seminars, CBL

- Pros
 - Rapport, understanding of how the team works and what they do
 - Some teams have consultants and regs that will do lots of bedside teaching and small tutes
 - Lots of procedures if you spend time on the wards
 - Cardio week – lots of tutes and teaching opportunities
 - Hang out with your reg or resident and you'll get lots of hands on procedures /clinic time

- Cons
 - Some teams expect as much from students as paid staff – LONG days and hard questions
 - If with a resp or endo team, don't see a lot of general med but lots of resp and endo
 - Teams that are gen med – lots of maintenance, acopia and aged care, can be little distressing when the patients all start dying!!
 - Appears to be lots of variation amongst teams – some students do a few hours in the morning while others do 8 or 9 hour days plus a couple of days on the weekend

Aged Care/Cancer Care

- Haematology - 1 week
- Oncology - 1 week
- Palliative Care - 1 week
- SCIMS - 1 week (all students on this block together)
- Rehab or neuro - 3 weeks
- Ward rounds, outpatient clinics. CBL

- Pros
 - Hours aren't too long
 - Lots of good teaching during haem, onc and palliative – small CBLs

- Cons
 - Generally a difficult block as patients tend to be pretty unwell
 - Swap teams frequently
 - Rehab – a little boring (apparently)

Mental Health

- Psychiatry
- Haven't completed this block yet but asked some people who have
- One team
- Ward rounds, pt interviews, CBLs

- Pros
 - Not a very busy block for most teams
 - Different to the rest of the year

- Cons
 - More observational than practical for some teams

Books

- Marshall & Ruedy's On Call (ISBN 978-0-7295-3803-9)
 - Presenting complaints, differentials, initial management
- Davidson's Principles and Practice of Medicine (ISBN 978-0-443-10057-4)
 - Conditions, diagnosis, management
- Oxford Handbooks
 - Brief overview of conditions and initial management
 - Generally need more information but good starting point when on the ward
- Clinical Examination (Talley & O'Connor, ISBN 978-0-7295-3762-9)
 - Don't think the days of Talley & O'Connor are over!
 - Review exams and clinical signs
- AMCQ (ISBN 0-86793-377-1)
 - Multiple choice Q's
- Clinical Problems in General Medicine and Surgery (ISBN 978-0-443-07323-6)
 - Any clinical scenario books for each block are useful, cover most common presenting complaints – check that the book explains why and doesn't just give an answer
 - To get something Australian
 - Great for integration