

BROKEN HILL PLACEMENT:

In General:

It is Essential and expected that you are proactive and self-motivated.

As there are no formal structured tutes/ teaching sessions, you'll need to be well aware of the requirements of the Adelaide curriculum - and this is especially true for Broken Hill.

If you can do these two things, then you will gain plenty of experience and knowledge from your time here.

GERIATRICS (ON GEN MED WARD)

General points: Experience is mainly on ward rounds & outpatient clinics.

There are no formal structured tutes/teaching sessions at the hospital, so the video-conferenced lectures are important.

Suggestions:

-Introduce yourself. Let the hospital staff know really early on that you are there for the whole year (there are many other John Flynn and elective students throughout the year there who you have to share opportunities with)

-Teaching: Try to ask the resident or Dr. Moore (or visiting consultant if available) to set up regular teaching times with you. Really take the initiative and be persistent with this, most times the Concord residents are quite keen to teach.

-Practice: The ward is often quiet in the afternoons! However, there are interesting patients and they are generally very friendly, so take these opportunities to do a history or exam. Ask your resident/ registrar/ consultant to observe you doing this - it makes for good practice for the mini-CEXs and OSCEs.

-Take advantage of the easy access to allied health services: These include: Physios, OTs, dieticians, speech therapists, social worker (1 man) and ACAT (1 lady) - For our geriatric case reports we interviewed someone from each of these disciplines. They love getting medical students involved, and also a global approach is helpful in most geri cases. In addition, being in a small community allows you to clearly see how each team function together with the medical team.

Staff:

There are 2 Gen med teams:

1. Dr Komolafe (general physician from Africa) + resident and registrar (from Concord)
2. Dr Flecknoe-Brown (haematologist/ clinical pathologist) + resident and registrar

Both consultant and teams are very nice, it's fine to join and gain exposure in both teams so long as no other student is present.

When the regular consultants are on leave, visiting consultants are rostered on a weekly basis. Residents and registrars rotate from Concord Hospital every ~13 weeks.

Ward rounds: Starts at 8 am. Generally lasts until late morning/early afternoon depending on how busy it is.

Outpatient clinic: One afternoon per week with some opportunities for parallel consulting.

Lunch time teaching: Junior staff teaching (Wednesday), Journal club (Thursday), and Grand rounds (Friday) are all in the conference room, and all have decent free food. Each lasts for about an hour. They are generally very keen to ask for students to present a paper at the journal club, so volunteer if you wish.

GP PLACEMENT

- GP experiences are quite variable. The key is, if there are problems, such as delays in your GP or practice allowing you to parallel consult; not having a student room; not enough patients; difficulty in participating in practical procedures; etc, let staff at UDRH/ Adelaide know early. Dr. Mills is wonderful in this regard and will always hear you out.

- I (Ann) was with Dr Laarni at South and had a very good experience. If you are with her, do ask her if you can set aside time with her at the end of each day to go through the cases you saw.

- Just in case this applies: don't be scared of parallel consulting (as I was!) - it is one of the best ways to learn things in a way that stays in your memory. It doesn't matter how much you do (or don't) know - it is more about learning and practising.

O&G

General points:

- Obstetrics: The ward is often quiet, and then there will be a couple of births happening at once. There is a lot of competition to observe/ help in births from midwives (who need to do so to maintain registration) and midwifery students (who also have a quota of births for them to qualify). If you find that you are being talked out of gaining obstetrics experience - don't be! Remember that you are there to gain this experience too.

- Gynae experience can be good - but as it is rural and the consultants are often older, current management guidelines often won't be followed precisely. However, do familiarise yourself with these guidelines, as they do crop up in exams!

- General schedule of the week: Mon - Gynae clinic, Tue - Theatre, Wed - Antenatal clinic, Thu - Procedural Gynae clinic, Fri- Nothing.

- Take every opportunity to attend all Antenatal clinics - In terms of the Obs long case, it is the most important thing that happens during the week. This is where you get good at feeling/ measure tummies, reading antenatal cards and looking at antenatal ultrasounds (if you're with Dr. Kaladelfos) You can also ask to attend the midwives' antenatal clinic too.

O&G Staff

-1 visiting consultant Obstetrician/Gynaecologist per week: In 2012 there were three regular visiting consultants: Dr Ives (practised in NZ for many years), Dr Rattray (who does amazing

Caesars), and Dr Kaladelfos (everyone in the hospital thinks that he was one of the inventors of the transvaginal tape for urinary incontinence (his specialty), despite his denials).

-Midwives (Many locals and locums)

-Student midwives (there were around 5 when we were there)

-There are no residents or registrars

More on obstetrics:

-General info: You need to see at least 5 births during your rotation, and have these signed off on a form. This can be a real challenge. Try and complete this form as early as possible, so you won't be stressed at the end of your rotation.

-Although it is acceptable (when we were there) to have observing/assisting a Caesar signed off on this form, and some midwives may encourage it, it is a much better experience if you can assist in a vaginal delivery.

Suggestions on gaining experience:

-Get to know the midwives and do let them know that you really want and need to see/help in as many deliveries as possible.

-Ideally: ask the midwives what the current process of seeing/ delivering a birth is. When we were there, the following seemed to help the most-

1. Find out from (A) the book or list on the ward that has the patients' expected delivery dates, (B) the patients' obstetrics files and (C) the midwives, to find out which patients may give birth during your rotation (and hopefully who don't have another midwifery student already allocated to their labour)

2. The midwives will insist that you attend the woman's antenatal appointments (most of which, if not pathological, will only attend the midwife's clinics instead of the doctors', so go to these and ask the woman for her consent to be at the delivery to observe/help with the delivery of her child where possible.

3. Place your name and contact number in the front of the patient's file requesting to be called in for the birth. Be persistent!

-Signs: Consider placing signs with your name on the ward, identifying yourself as a medical student, contact phone number and that you want to be called overnight - ask the midwives what works best.

-Important: Keep going in to the ward, including after hours. This is especially important if you're not getting much experience. It is much easier to gain experience (and harder to miss out) if you are on the ward when things are happening. This is especially important as midwives do forget to ring medical students.

Ward rounds:

Dr Ives arrives before 8 am, the others generally arrive for ward rounds at 8 am or a bit later. Generally a combined obstetrics ward and post-gynaecology surgery ward round.

Clinics:

- As above, two Gynaecology clinics on Mon and Thu, and one O&G antenatal clinic on Wed.

-Dr Kaladelfos offers chances to do parallel consulting - take him up on the offer.

-At Antenatal clinics, always ask the consultant & patient if you can undertake the BP check/abdominal exam - palpating the SFH/ lie/ presentation / engagement gets so much better with practice.

Theatre:

- Elective theatre lists are completed every Tuesday
- Emergency operations (e.g. Caesars, gynae procedures) can happen at any time

Other opportunities on O&G:

- STI Clinic (A great opportunity since you'll miss out on attending Clinic 275, Jo the Sexual health nurse take fantastic histories)
- Women's health clinic (Eleanor is THE women's health nurse of the region, make sure you make time to go)

PAEDIATRICS

General points: The paed's ward is quiet, so take every chance to take histories from and examine patients, read up on patients' conditions, and ask questions of staff and fellow students. It was common to have no inpatients, and 5-6 would be considered really busy and unusual!

Paeds Staff:

- 1 visiting consultant, usually for a week at a time - most are from Sydney, all were really helpful and very good sources of information. There should be a roster with all the visiting paediatricians on the wall to the side of the reception desk. Some, eg Dr Haines, are regulars.
- 1 resident from Sydney's Concord Hospital for a 13 week paed's rotation
- Nursing staff (depending on number of inpatients). Kelly is the head nurse of the paed's ward, she's very experienced and helpful, and is actually more friendly than she appears.

Ward rounds:

- Aim to arrive on the ward by 8 am (this varies depending on who the consultant is - try and arrive early on the first day of the week and check with the consultant)
- Prepare to present the child's information and learn about the condition(s) the child has, including management
- If you're feeling lost/uncertain - seize the moment, ask the consultant/resident if you could present a case, do ask questions

Clinics:

- In 2012, these were running during the mornings Tues-Thurs (from around 9 am to midday)
- Sit in on the clinics. Depending on the consultant, you may end up seeing a lot of patients who have similar problems, one after another. If this happens, try and ask questions, and consider what differentiates the cases from each other.
- Ask the consultant/parents/child if you can listen to the child's breath sounds/heart/etc too!

After hours:

- A lot of the most helpful learning opportunities happen after hours - at nights, over weekends
- Let staff know you're a medical student wanting to be called after hours. However don't expect that staff will call you - especially after shift changes or during busier periods. Often,

the best way of gaining after-hours clinical opportunities is by turning up in person and seeing what is happening on the ward.

-ED: Consider going in to ED in the evenings when you won't be stepping on other students' toes - paediatrics presentations often occur there.

Other opportunities on Paeds

-Two separate sessions with a child psychiatrist and a child psychologist (at the Child and Family Health Centre in town): Ask staff at UDRH early about sitting in. We had a day scheduled near the end of the year with each but more time could be useful

-Lead testing is also conducted at this centre

NSW Paeds Health Resources (can be accessed from your own computer)

1. CIAP (Clinical Information Access Portal)

-Has many paediatrics guidelines and a dedicated paediatrics database, which can be very useful. It has so much more that is useful for other rotations too.

-Ask Veronica (librarian) for access - it needs to be set up on a hospital or uni computer initially

-Website: www.ciap.health.nsw.gov.au/

2. Edmore

-Paediatrics training modules with assessment

-Ask Kelly, paediatrics RN/NUM for access

-Website: doh.edmore.com.au/

ENRICH

- On Thursday afternoons. It covers a variety of topics, from non-medical (like art and photography) to medical (like prescribing and chest drain insertion)

-If you're unable to attend, let UDRH staff know early as they will buzz for you.

OTHER LEARNING OPPORTUNITIES:

When the hospital's quiet in the afternoon, but you want more clinical experience:

1. PSYCHIATRY

- Seek out Dr Howie (who visits Broken Hill every couple of weeks) for psychiatry tutes, experience and more - he is very helpful and student-friendly.

2. SPECIALIST CLINICS

- There are a large variety of specialists (e.g cardio/ gastro/ ortho/ ophthal/ plastics/ uro.etc) who visit Broken Hill for clinics on a schedule. Ask early for a schedule printout from hospital admin or copy from the board at the specialist clinic reception, and try to attend as many of these as you can manage!

3. ED

Despite being allocated very little time on the ED throughout the year, try to go to the ED as much as you can. This, in my experience (Lawrence) was the best place to learn, practice, and carry out procedures. The ED doctor (mostly visiting consultants) and team is always more than happy to have students around and keep them company, especially during the night.

4. AMBULANCE DAY

You can organise a day through the UDRH to tag along with the ambos. It's a gamble as you can spend your day staying at the station waiting, or be out catching cardiac arrests. (Don't worry, they're generally busy) Either way, it's an opportunity you won't get in the city.

5. ST JOHN'S

If you're keen to get involved in the community, joining St John's is a fantastic way to meet locals and get to know Broken Hill. You'll get to attend many local events (e.g Weekend football, horse/4WD races, gymkhanas, festivals) for FREE!! More than that, it's also a great way to learn how to apply your first aid skills (which is quite different from clinical medicine) and will often even see patients before they present to ED. The St John's group in Broken Hill is very friendly, and as a health professional, you'll be much welcomed and respected. Their training sessions are on Tue nights 7pm, at the St John's Hall just beneath the Line of Lode, and the contact person is Ian Harvey (Mb: 0447426427).

We hope you'll have a very productive year that is sure to be different from the rest.

Ann and Lawrence