

# Synthesis

by [Example Student \(stud0001\)](#)

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Synthesis

## Tagged journal entries

Journal entries with tag "[synthesis](#)" by [Student \(stud0001\)](#)

### [Learning Coach Meeting \(LCM\) 4 Outcomes](#)

Posted by Example Student on 23 June 2020, 3:36 PM

Tags: [synthesis](#)

Date of LCM4: 23 June 2020

Learning Coach: -

I had my learning coach meeting 4 today (mid-way through MD2). Both my learning coach and I believe that I am progressing as required through the MD course and this has been well reflected in my portfolio. We did discuss some areas that I can focus on as below:

1. Continue to focus on the clinical application of what we are learning.
2. Continue to fine tune my learning techniques, especially with the new PT style coming.
3. Reflect on how I can use what I have learnt in Aboriginal Health to improve the way I provide care to Aboriginal patients.
4. Look at opportunities to improve my leadership / professionalism portfolios:
  - a. Finding role models → why they are good role models and how can I incorporate this into my own behaviour,
  - b. Taking ownership of my own learning is a sign of leadership.
  - c. What am I doing when nobody is watching? This can be used for professionalism.

### [Student Collection Submission \(SCS\) 4](#)

Posted by Example Student on 23 June 2020, 3:34 PM

Tags: [synthesis](#)

#### **CLO 1: Scholarship**

**Reflect on your progress in achieving the previous SMART goal(s) you developed for this CLO**

1. **SMART Goal:** Listen to the Annals of Emergency Medicine podcast each quarter and refer back to the specific journal articles that interest me.

**Progress:** Refer to the post 'Use of Emergency Medicine Podcast'. I have found this podcast instead which I have been listening to regularly and find it a better resource than the Annals of Emergency Medicine podcast mentioned above. It also references the latest research and guidelines which I can follow up with.

**Reflect on the progress you have made since the previous LCM (with reference to evidence from Mahara reflections and CADMS)**

This CLO is about medical literature in terms of how I use it and how I contribute to it. I have made the following progress in this area:

- With my current work, I helped to develop a home monitoring platform for people with COVID-19 and through that I was asked to write a first draft of a potential journal article. Even though it doesn't look like the paper will get published due to the home monitoring not going ahead (because of limited numbers in SA), this was a very good experience for me as I had to do a thorough literature on a topic that was new to me. Writing a draft journal article was also a good learning experience for me.

#### *Mahara post: COVID-19 Journal Article*

- I have started listening to a podcast called 'Emergency Medicine Cases'. I have found this an excellent new resource which has experts talking about different conditions from an ED perspective (both clinical knowledge and skills). It has already helped me answer a few questions in the previous PT and gives links to the newest research, literature reviews and guidelines. It has also been a good way to use an alternative study model – I can do this while in the car or cooking dinner in a relaxed way.

#### *Mahara Post: Use of Emergency Medicine Podcast*

- 'Up To Date' is a resource which the Flinders Library has a subscription to and has been recommended by a number of different clinicians who have given us lectures or applications sessions. I have started using it this semester and it has been a great addition for me. It also references data to specific studies which I can refer to if I want further information.

#### *Mahara post: Using UpToDate as a resource*

- We have had multiple assignments for HPS this year (public health, law and Aboriginal health). All of these assignments have demonstrated my ability to search the literature for appropriate resources (including grey material like government statistics etc) and apply them.

#### **Reflect on the areas you have identified that require further development with motivation**

- I want to get more accustomed at using the Australian Medical Handbook (AMH) and Therapeutic Guideline (eTG) as I haven't used them much. These are both resources that others have recommended to me (especially pharmacists) and will be very useful for me in clinical years as well as the PTs now they are open book.
- I am still fine-tuning what resources are best for me, so I want to continue to research what literature works best for me

#### **Outline your relevant SMART goal(s) for this CLO**

1. A new Emergency Medicine podcast is released each month, so I want to listen to these when released. I feel this will help me get ready for clinical years as well as it also discusses practical things that I can apply.
2. I have a colleague who has a lot of experience with AMH and eTG as she is a pharmacist and uses it regularly when organising medications in the hospital setting. I will organise a time with her to take me through how to best use these resources before the next PT.
3. As I am doing a coursework topic for Advanced Studies, I want to use this to build on my ability to search the medical literature and apply it to treating patients (Client Centred Health Behaviour Change).

## **CLO 2: Knowledge**

### **Reflect on your progress in achieving the previous SMART goal(s) you developed for this CLO**

1. **SMART Goal:** Focus my learning for PT4 on the respiratory and renal blocks (particularly by attempting previous PT questions to identify potential gaps in my knowledge). I will then review the results of PT4 to ensure that my knowledge in these categories is improving adequately.

**Progress:** Refer to post 'Progress Test 4 Review'. I performed very well in both blocks with my results higher than the cohort average

2. **SMART Goal:** Review PT4 to ensure my overall mark is increasing, showing an increase in my longitudinal knowledge across the course

**Progress:** Refer to posts 'Progress Test 4 Review' and 'MD2 Progress Test 1 Review'. My overall result increased from 38 to 50 from PT3 to PT4 last year showing good longitudinal learning. My result dipped to 48.75 in PT1 this year, however, the overall average for our cohort also fell showing that it was more than likely a harder PT rather than an issue with my longitudinal learning - my result compared to the cohort actually improved.

### **Reflect on the progress you have made since the previous LCM (with reference to evidence from Mahara reflections and CADMS)**

This CLO is about the content and what I am learning. I have made the following progress in this area:

- I still consider PTs to be the best gauge of my longitudinal learning and knowledge progression for KHI. I was very happy with how I performed in the only PT of this year, getting a score well above the cohort average. *Mahara post: Progress Test 4 Review & MD2 Progress Test 1 Review*
- I have performed well in all the block test this year which is a good indication that I am continuing to gain the knowledge required. I have also been able to contribute to our TBL team when discussing clinical cases in the application sessions which shows I am able to apply it clinically (my TBL peer review was positive around this). Even though iRATs are now formative, I don't think I have received a mark at all this year which would have been 'flagged' in the old system which is another good indicator of my knowledge progression.

*Mahara post: Summary of knowledge gained in the GIT, Endocrine and Musculoskeletal blocks*

- In each of the history SPAs, I have been able to either get the correct diagnosis or at least in the right ballpark which again shows my ability to use my knowledge clinically.

*Mahara post: SPA6 – Differential Diagnosis*

- Although dissection was limited for us this year because of COVID-19 restrictions, I performed well in the one time I was quizzed. Anatomy has always been something that I struggle a little bit with but across this and the musculoskeletal block, I have been very happy with my progress.

*Mahara post: Review of Dissection*

- I performed well in both Law assignments this year and got a mark of 'exceeds expectations' for the final one which is a very good indication that my knowledge of the law and how it relates to being a doctor is going well.

*Mahara post: Knowledge of Law – Mandatory Reporting and Coroner's Matters*

## Reflect on the areas you have identified that require further development with motivation

- The way the PT is, there is usually going to be one or two topics that I don't perform that well in. For the most recent PT, I didn't do that well in the respiratory system compared to our cohort (even though I did well in PT4 last year for this). I want to concentrate on studying that leading up to the next PT to improve on that.

*Mahara post: MD2 Progress Test 1 Review*

## Outline your relevant SMART goal(s) for this CLO

1. Concentrate my learning for the next PT on the respiratory system (using practice questions via Amboss, previous PT questions, going over my notes etc). I want to improve my score in this topic compared to my cohort.
2. The next PT will be an interesting experience as the way it is being undertaken is changing completely. I want to make sure I am ready for that by doing a practice exam under the new exam conditions. I will then review my next PT score to ensure I am improving my overall score and still doing well compared to my cohort.

## CLO 3: Skills

### Reflect on your progress in achieving the previous SMART goal(s) you developed for this CLO

1. SMART Goal: Go to the wards at least fortnightly to practice my history taking and physical examination skills. I have already spoken to a colleague who wants to do the same so we will do this together. This will allow us to give critical feedback on each other's performances which is important to identify areas of improvement. The colleague I am doing this with is an experienced paramedic who has very good clinical skills so I feel he will be able to help me in this area extensively.

Progress: I have not been able to do this since we have not been able to go to the wards since the restrictions have been put in place for COVID-19. I also found it difficult to find time in the early part of the year to do this with my colleague as we had different schedules and the workload increased a lot this year. I have since implemented other strategies to improve my examination skills (refer to post 'Practicing Physical Examinations') and we have been practicing history taking a lot in clinical skills tutorials as we haven't been able to do physical examinations.

2. SMART Goal: Organise an extra session in CSSU to practice my BLS skills before my BLS assessment on the 14<sup>th</sup> November

Progress: Refer to post 'MD1 BLS Assessment'. I did this session and then performed well in my subsequent assessment.

### Reflect on the progress you have made since the previous LCM (with reference to evidence from Mahara reflections and CADMS)

This CLO is mainly related to our Doctor & Patient topic where we are learning clinical skills. I have made the following progress in this area:

- We have only had one clinical examination SPA this year and I performed well in this.

*Mahara post: Clinical Skills – GIT Examination Assessment*

- I have passed all the history SPAs and CE assessments this year showing that my history taking skills are progressing well.
- I had my BLS assessment right at the end of last year and did well (97% - advanced CPR performer).

### *Mahara post: MD1 BLS Assessment*

- I did my nursing placement over the summer holidays. This was a great opportunity for me to practice the skills I had already learnt, as well as developing some new ones. I received very positive feedback from the nursing staff about how I was able to help.

### *Mahara post: Nursing placement – skills*

#### **Reflect on the areas you have identified that require further development with motivation**

Our ability to learn, practice and be assessed on our clinical skills this year has been severely diminished with COVID-19. We will have a condensed learning and assessment of these when we return. I will need to be ready to learn a number of new examinations in a short time frame.

I have been a little concerned that I have not practiced the previous examinations we have learnt so I have put a review in place for these to keep my skills up (*Mahara post: Practicing Physical Examinations*).

#### **Outline your relevant SMART goal(s) for this CLO**

1. Review my BLS skills at least every 3-6 months to ensure that I am still proficient and retaining the information from the guidelines etc.
2. Each fortnight I will allocate myself to one of the examinations we have already learned. As a minimum, I will practice this at least once over this period (but preferably twice). This practice will most likely be self-narrating the examination to myself, comparing it against the checklist. If there are any parts of the examination that I am not comfortable with, I will ensure I practice this on someone (whether that be a friend or family member).

#### **CLO 4: Communication**

#### **Reflect on your progress in achieving the previous SMART goal(s) you developed for this CLO**

1. SMART Goal: Develop a document where I can record all the tutor feedback and tips on case write-ups so I can refer back to it with each CE to ensure I continually improving in this area.

Progress: I have created this document and it has been very handy to refer to each time I am doing a case write-up.

2. SMART Goal: Each time we go to the ward to practice history taking and examination (refer to SMART goal from CLO3), present the history / presentation of the patient to my colleague using the ISBAR format.

Progress: As per the previous CLO, this has been difficult to do due to the limitations of being able to go to the wards. However, I have put a lot of effort into my case presentations - refer to post 'Improving My Case Presentation of SPAs'. I believe this has paid off as my case presentation for the most recent SPA went well.

#### **Reflect on the progress you have made since the previous LCM (with reference to evidence from Mahara reflections and CADMS)**

Strong communication skills (both written and verbal) is a vital skill to have as a doctor. I have made the following progress in this area:

- I believe I have improved my oral case presentation skills a lot this year. For the genitourinary history SPA (March), I didn't feel like I did a very good job in concisely delivering the history of the presenting problem so I put a lot of effort into practicing this with my colleagues. We had our next history SPA in May, and I felt like my case presentation went much better. The feedback from my tutor confirmed this which showed the systems I put in place to improve worked.

#### *Mahara post: Improving My Case Presentation of SPAs*

- Writing up case presentations succinctly is another skill needed as a doctor. We have had a number of assessments for this (CEs and SPAs) – I have done well in all of these and received good feedback from my tutor for all.
- I did Horizon as my PPD elective this year. One module I undertook was around ‘communication in the workplace’ and particularly about active vs passive listening. I found this useful to apply for my communication with patients.

#### *Mahara post: Workplace Communication Module from Horizon*

- During my nursing placement I was able to learn some very good communication skills when it comes to working with nurses, admin and allied health staff.

#### *Mahara post: Nursing Placement – working with other professions on the ward*

- We had a great opportunity to listen to some amazing women who either currently have Ovarian cancer or have recovered from it. They told their stories and one part I found particularly useful was their experiences of the doctor delivering bad news. I was able to learn a lot from this.

#### *Mahara post: Delivering Bad News - Ovarian Cancer – Survivor Seminar*

- The feedback from my peers in my TBL peer review has been very positive regarding my communication skills in that setting.

#### *Mahara post: MD2 TBL Peer Review 1*

#### **Reflect on the areas you have identified that require further development with motivation**

- Although I passed the most previous History SPA on MSK. I did receive some negative feedback from the SP which I have taken on board and want to learn from.

#### *Mahara post: Musculoskeletal History SPA*

#### **Outline your relevant SMART goal(s) for this CLO**

1. I have been made aware that there is some good literature on delivering bad news (i.e. by Phyllis Butow) so I will look to see what is available online. It is not something I have to learn straight away, but something I want to progress in by the end of this year. I believe the General Practice topic will also have some material on this which will be useful.
2. Utilise my clinical skills sessions and organise extra time to practice with my peers outside of this to ensure that my history taking skills are getting better and I get better feedback on future history SPAs.

#### **CLO 5: Society**

#### **Reflect on your progress in achieving the previous SMART goal(s) you developed for this CLO**

1. SMART Goal: Reflect on the epidemiology of each KHI block and how health can impact on society / individuals as well as how social determinants of health are impacting on health outcomes.

Progress: I have picked a specific condition from each of the blocks we have covered this year that have a strong effect on society / individuals and reflected on these.

*Mahara post: Epidemiology from GIT, Endocrine and MSK*

**Reflect on the progress you have made since the previous LCM (with reference to evidence from Mahara reflections and CADMS)**

The majority of opportunities to improve in the Society CLOS this year has been via HPS. I have made the following progress in this area:

- The public health topic has been great to learn more about the effects that health has on society, as well as things like social determinants of health, and even road safety as a public health issue.

*Mahara post: Review of Public Health 2A*

- We had two seminars this year that I found truly inspiring (Ovarian Cancer Survivor Seminar and Down Syndrome forum). It really drove home how much different conditions can affect the lives of the individual as well as their families, but it also showed how resilient people can be in the face of adversity.

*Mahara posts: Down Syndrome forum & Ovarian Cancer – Survivor Seminar*

- In law this year we learnt about the Mental Health Act and had a specific seminar on it and the powers we will have as doctors. We also learnt about things like Coroner's matters and mandatory reporting. These are all things that we as doctors are required to do that can have a huge impact on the lives of individuals and the community, so it is important we take them seriously and know when to use them appropriately.

*Mahara posts: Mental Health Act 2009 (SA): A clinician's powers, expectations and responsibilities & Knowledge of Law – Mandatory Reporting and Coroner's Matters*

- We got to build on our knowledge of Aboriginal health this year. I had my last tutorial a couple of days ago and was able to reflect on everything I have learnt so far and how I can put that into practice in my clinical years as a student and as a doctor to improve health outcomes of Aboriginal Australians.

*Mahara post: Review of Aboriginal Health 2A*

**Reflect on the areas you have identified that require further development with motivation**

We have been limited on our abilities to go to the wards this year due to COVID-19 so I haven't had the chance to do that to improve on my knowledge of society via CEs / patient interaction. I have found other ways to develop this (as above) but I am looking forward to being able to get on to the wards again to speak to individuals and get a better understanding of how the healthcare system impacts them.

**Outline your relevant SMART goal(s) for this CLO**

1. Use clinical encounters (when we are able to do them again) to extend my learning of the society CLO.
2. I am undertaking 'Client Centred Health Behaviour Change' as my coursework option next semester. I want to use this topic to reflect on the society CLO as much as possible as it should fit well into this.

## **CLO 6: Learning**

### **Reflect on your progress in achieving the previous SMART goal(s) you developed for this CLO**

1. SMART Goal: Add at least 20 multiple choice questions (from previous PTs or Amboss) per week into my bank of questions in ANKI.

Progress: I have been continuing to do this. A colleague had put together an ANKI deck of previous PT questions listed into categories so I have been using that as well which has been great. I add Amboss questions to ANKI now instead.

2. SMART Goal: Spend at least two hours each week testing my knowledge using PT questions

Progress: Refer to post 'Review of Learning Style for PTs'. A colleague and I do 2 hours of PT practice questions each week together. I also do extra study for this.

3. SMART Goal: For dissection in MD2, I will alter my learning strategy to spend at least one hour each week in a group setting where we can quiz each other about the weekly structures

Progress: Refer to post 'Review of Dissection'. Using group study for dissection and quizzing each other on our body worked well and I feel it was beneficial to my learning.

### **Reflect on the progress you have made since the previous LCM (with reference to evidence from Mahara reflections and CADMS)**

This CLO is about how I am learning. I have made the following progress in this area:

- This year has been a learning curve for my learning as trying to adapt to studying from home has been a challenge, but I feel I have done this well. I have been lucky to have a good TBL group and friends who I have had still been able to have group study sessions with (even if it is via video chat rather than in person).

*Mahara post: Learning techniques for studying at home*

- I have reviewed my learning style for PTs (and my longitudinal knowledge) and have made changes as necessary.

*Mahara post: Review of Learning Style for PTs*

- I had a poor iRAT at the start of this year and used that as a catalyst to review my learning styles for the weekly content, but it was also a good example that one bad result doesn't mean I have to change things dramatically.

*Mahara post: Poor iRAT in first week of GIT block*

- I put specific learning techniques in place for dissection (and anatomy) which served me well.

*Mahara post: Review of Dissection*

- I have put systems in place to aid with my learning and practicing of physical examinations.

*Mahara post: Practicing Physical Examinations*



## Reflect on the areas you have identified that require further development with motivation

I feel like my learning techniques have served me well up to this point. However, making the transition to clinical years will be a challenge as the focus will change from learning new material to gaining a more comprehensive knowledge of the conditions I already know and putting it into clinical practice. I will have to review what works for me to adapt to these challenges.

## Outline your relevant SMART goal(s) for this CLO

1. My current PT learning technique is based on using past PT questions, as well as questions from Amboss etc. Whilst this has been good, I want to start building a document which has a summary of all the main conditions that I need to know about and some key points about it. I feel this will be a good adjunct to my other learning techniques.
2. Dedicate a fortnight at a time to focus my PT learning on a block we have already covered for my PT learning (i.e. cardiology). I feel doing many questions and revision on one topic for a period like this will be better for my learning than just doing questions that jump between blocks. I will spend longer on the respiratory system as I want to improve my mark for that.
3. Continue to do at least two hours each week testing my knowledge using PT questions.
4. Do a comprehensive review of the results of my next PT to ensure that my learning techniques and knowledge suit the new format.

## CLO 7: Leadership

### Reflect on your progress in achieving the previous SMART goal(s) you developed for this CLO

1. SMART Goal: Find at least one example of good leadership from both within and outside of the healthcare setting and reflect on how I can use the sort of skills they exhibit.

Progress: Refer to post 'Horizon - Leadership Lunch' for my example of leadership outside of health. Although I haven't done a specific post about it, the example of the public health experts in Australia during the COVID-19 has been amazing to get the buy in of politicians and the wider to public to avoid a full-blown pandemic.

### Reflect on the progress you have made since the previous LCM (with reference to evidence from Mahara reflections and CADMS)

Building on my leadership skills is important. I have made the following progress in this area:

- I mentored an MD1 this year which was a good way to improve and demonstrate my leadership skills.

*Mahara post: MD1 Mentorship*

- The horizon topic that I undertook had a couple of very good leadership modules which I was able to join in and learn from.

*Mahara posts: Teamwork and Leadership Module from Horizon & Horizon - Leadership Lunch*

- COVID-19 has meant the public is the most engaged with healthcare and healthcare policy it has ever been. It has given me a new appreciation for how much I actually know and how I can use that to help educate the public when it comes to wrong information that is out there.

*Mahara post: COVID-19 - Role for Medical Students for Leadership*

- My TBL peer review had positive comments about my leadership group in that setting which was a good sign of my leadership with colleagues.

### **Reflect on the areas you have identified that require further development with motivation**

I think it is difficult to pinpoint a specific part of leadership that I need to develop. This is a CLO that I want to continue to work on over the course of the MD course.

### **Outline your relevant SMART goal(s) for this CLO**

1. Continue to find examples of excellent leadership inside and outside of the health system and reflect on these.
2. We have started to run PBL cases for the MD1s based on their weekly LOs (along with MD3s and MD4s). I want to be able to show my leadership skills in those sessions, but also learn from the MD3s and MD4s when they are running sessions.

### **CLO 8: Professionalism**

### **Reflect on your progress in achieving the previous SMART goal(s) you developed for this CLO**

1. SMART Goal: I want to understand Heuristics and Biases more. I plan to read the following article as a starting point which was referenced in our lecture: Tversky A and Kahneman D 1974, Judgment under Uncertainty: Heuristics and Biases, Science, vol. 185, pp. 1124-1131

Progress: Refer to post 'Follow Up - Heuristics and Biases'. The article improved my understanding of the type of heuristics that lead to bias and how I can be aware of them to hopefully improve my judgments and decision making in situations of uncertainty. This will lead me to be a doctor that is providing the best evidenced based care.

2. SMART Goal: Prepare some of my anatomy / dissection notes for MD2 over the summer holidays to remove some of the workload around that as I have heard from other students that MD2 semester 1 has a very high workload and can be quite stressful. These notes are something that will be pretty easy to prepare and I can slowly chip away at it to ensure I don't get overwhelmed in MD2

Progress: I was able to do this over the summer and it certainly helped with the workload in the early part of this year.

### **Reflect on the progress you have made since the previous LCM (with reference to evidence from Mahara reflections and CADMS)**

This is a CLO that will take some time to develop a portfolio in. I believe I am somebody that conducts myself in a professional manner. I have made the following progress in this area:

- This year has thrown up many challenges for life as a medical student, from the increased workload of MD2 to having to study from home. I have been able to adapt to this, continuing to get good grades, but also managing to maintain a good study-life balance.

*Mahara post: Study / Life Balance in Times of COVID*

- I received very good responses from my colleagues regarding my professional behaviour in the TBLs.

*Mahara post: MD2 TBL Peer Review 1*

- The nursing placement I undertook in the summer holidays was a great experience. As part of this, the nurse who was my supervisor had to give official feedback about my performance. She was very positive about how I conducted myself and contributed to the team.

### *Mahara post: Nursing Placement – working with other professions on the ward*

- As part of the Ovarian cancer seminar that I mentioned earlier, the ladies involved talked about their experiences with their doctor about how they delivered the bad news of their diagnosis (and follow up). They gave examples of both good and bad professional behaviour from their doctor which I was able to take on board and learn from

### *Mahara post: Delivering Bad News - Ovarian Cancer – Survivor Seminar*

- There have been some examples of poor professionalism within our cohort which has been called out in the application sessions we have had online. We are going to be doctors, so it is so important that we learn to set a good example and treat everyone with the respect they deserve. It must be noted that this is very much the minority as we generally have an amazing cohort.

### *Mahara post: Poor professionalism within our cohort*

## **Reflect on the areas you have identified that require further development with motivation**

This CLO is like the leadership one where I find it hard to identify specific areas within professionalism that I need to develop. Overall, this is a CLO that I want to steadily improve on over the next 2 and a half years. As I enter clinical years, I believe there will be lots of examples of professionalism (both good and bad) that I will be able to learn from.

There were a few outcomes from my last LCM that I hadn't actually followed up with a Mahara post even though I had done the actual goal I had set myself (i.e. I had reflected on the epidemiology of certain conditions in our KHI blocks but I hadn't actually done a Mahara post). I only noticed this when I was doing this document, and this meant that I had to write these posts months later and trying to remember the exact details was a bit difficult.

## **Outline your relevant SMART goal(s) for this CLO**

1. Ensure that I maintain a good study / life balance as it can be very easy to get consumed into the life of studying too much and neglecting your social life.
2. Set a monthly reminder in my calendar between now and the next LCM so I can review my SMART goals from this meeting and make a post if applicable.

## **Overall Summary / Synthesis**

Preparing this document has given me a very good opportunity to reflect on how I am progressing across the 8 course learning outcomes (CLOs) of the MD course. I am continuing to get good marks across all the topics we are covering (I have not received any flags in the first 18 months of this course) and I believe I am progressing well in each of the 8 CLOs.

In my very first SCS document I made the comment that I want to always look at the bigger picture and concentrate on trying to become the best clinician I can possibly be, not just tick the boxes required for me to pass this course. This is something that keeps me focussed and trying to push myself as much as possible. I am still very much enjoying my studies even with the extra workload and disruptions caused by COVID-19 restrictions. Along with this, I am still able to maintain a good balance between the time I dedicate to my studies and my social life outside of medicine which is vital to ensure that I don't burn out. It won't be long until we move into our clinical years which is something I am really looking forward to.

# LO 1: Scholarship

by [Student \(stud0001\)](#)

**Tags:** scholarship

[More options](#)

Scholarship

## Tagged journal entries

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Journal entries with tag "scholarship" by [Student \(stud0001\)](#)

### [Covid-19 Journal Article](#)

Posted by Student on 12 June 2020, 11:35 AM

**Tags:** scholarship

**Title:** Covid-19 Journal Article

**Date:** 08/06/2020

**Tags:** scholarship

With my current work, I helped to develop a home monitoring platform for people with COVID-19 (or those at high risk of contracting it and experiencing adverse outcome). This was done in association with one of the respiratory specialists at FMC.

Following the development of this, I was asked to write a first draft of a potential journal article on how it could be used to help manage the pandemic (i.e. keep well patients at home and pick up deterioration quickly so they can be taken to hospital when required).

Even though it doesn't look like the paper will get published due to the home monitoring not going ahead (because of limited numbers of coronavirus in SA), this was a very good experience for me as I had to do a thorough literature on a topic that was new to me. There was also lots of new information coming out daily so it was a good challenge to sift through that to determine what was relevant. Writing another draft journal article was also a good experience to test my skills on this.

### [Using eTG and AMH for Medications](#)

Posted by Student on 06 June 2020, 6:17 PM

**Tags:** scholarship

**Title:** Using eTG and AMH for Medications

**Date:** 06/06/2020

**Tags:** scholarship

I feel that my knowledge has increased dramatically over the first 18 months of the medicine course. One area however that I am still not that comfortable on is medications – specifically the brand names, recommended doses and contraindications. I know this is something that will improve in my clinical years due to the fact that I will be seeing drug charts and prescriptions on a daily basis, however is something I still want to work on before then.

I was speaking to a colleague the other day and we got on to this topic. She is a pharmacist and asked whether I have ever used the therapeutic Guidelines (eTG) or Australian Medicines Handbook (AMH) for further reading but it is something I have never looked into. She highly recommended getting used to using it as a resource as it will be invaluable for me as a doctor and in my clinical years. As the next 2 progress tests will be open book this year, it is also something I want to get used to if I need to look up something throughout that.

I have had a brief look at both websites now but there are certainly some intricacies on how to use it most effectively that I don't know. I have since spoken to my colleague again and as she has vast experience with both, she is happy to organise a time with me to take me through it. This is something that I will make sure I organise before the next progress test and use when doing practice questions to make sure I am comfortable with using it.

## Use of Emergency Medicine Podcast

Posted by Student on 03 June 2020, 3:40 PM

**Tags:** [scholarship](#)

**Title:** Use of Emergency Medicine Podcast

**Date:** 03/06/20

**Tags:** [scholarship](#)

Over the past 6 months I have started listening to a podcast regularly called 'Emergency Medicine Cases'. It picks a topic for each show which goes for approximately an hour - for example I was just listening to one about shoulder injuries as we had just finished covering this in the MSK block. It is based out of Canada / US and has multiple experts in for the specific topic to discuss all the major points from an Emergency Medicine podcast (for the example given above it was an orthopaedic surgeon and an ED consultant).

Now that my knowledge is improving and we have covered a wide range of topics in KHI, I have found this podcast extremely beneficial to my learning and subsequent use of the medical literature. Following each podcast, they have a summary of all the key points placed on their website (and emailed), as well as some clinical questions you can answer to see how well you retained the information. They also have links to the latest clinical trials that they have used to guide their clinical practice. Although it is aimed at doctors working in the ED, I feel like I have gained so much knowledge from it and in PT1 this year there were multiple questions I managed to get right purely based off the information I got from this podcast (one was on necrotising fasciitis which I had never even heard of before the podcast).

I find these podcasts very interesting so it doesn't actually feel like 'study' when I am listening to them. I am able to fit it into everyday life, whether that be putting it on when I am cooking dinner or having it on in my car when going to / from soccer training.

It must be noted that this podcast is given in the context of the North American healthcare setting so I do take that into account when listening as our guidelines can sometime be different.

Going forward, I want to continue to listen to the new episodes that are relevant to me (which is most of them but every now and then they have one around more logistical type things in the ED such as workflow etc). One is released each month so it is a good amount without overcommitting myself. Also, they have >300 previous podcasts in there so I will listen to some of those which are relevant as well.

## Using UpToDate as a resource

Posted by Student on 14 April 2020, 9:05 PM

**Tags:** [scholarship](#)

**Title:** Using UpToDate as a resource

**Date:** 14/04/2020

**Tags:** Scholarship

As we are doing more clinically based learning, I am having to use new resources to get up to date information on clinical conditions. Some of our lecturers have referred to UpToDate as a good resource and the uni gives us access to it so I have been trying it out more and I have found it very beneficial. This is especially the case for conditions or medications that we only receive minimal formal teaching about but are expected to know. For example, I used it for learning about the contraception pill. It also has references to specific guidelines and journal articles that I am able to look up if needed.

I am also aware that it might not always be 100% up to date and accurate so it is important that I use this as one resource and not my only resource.

# LO 2: Knowledge

by Student (stud0001)

**Tags:** knowledge, leadership, learning, society

More options

Knowledge

## Tagged journal entries

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Journal entries with tag "knowledge" by Student (stud0001)

### Neurology History SPA

Posted by student on 24 July 2020, 2:13 PM

**Tags:** knowledge, communication

**Title:** Neurology History SPA

**Date:** 24/07/20

**Tags:** communication, knowledge

In my most recent SPA (musculoskeletal), I received some negative feedback about my performance from the SP. This was the first time I had received negative feedback and is certainly something that I wanted to improve upon as having a good rapport with patients is something that is very important for me and is something I believe makes a good doctor.

Following this SPA (and leading up to my neurology history SPA), I spent more time practicing the roleplays with colleagues, especially concentrating on my opening questions to be as open ended as possible. I felt like the neurology went well and I got very positive feedback from both the SP and the tutor:

*"The SP felt that this was a very good interview. "very friendly and confident. Asked all the questions and summarised well" This was a clear improvement on the MSS history taking.*

*Your presentation was very good and demonstrated that you had a good underlying knowledge, that you had taken a good detailed history and that you had thought about the likely differentials."*

This feedback made me feel much better about my history taking skills and is more in line with my previous SPAs. It was also nice to hear the positive feedback about my case presentation, including my knowledge base which allowed me to develop a good list of likely differentials.

## Tagged journal entries

Journal entries with tag "knowledge" by Student (stud0001)

### Summary of knowledge gained in the GIT, Endocrine and Musculoskeletal blocks

Posted by Student on 23 June 2020, 9:24 AM

Tags: [knowledge](#)

**Title:** Summary of knowledge gained in the GIT, Endocrine and Musculoskeletal blocks

**Date:** 11/06/2020

**Tags:** [knowledge](#)

We have now finished the first 3 blocks of KHI – gastrointestinal, endocrine and musculoskeletal. For each block, we have weekly iRATs which are now formative and then a block test at the end of the block. The block test is the best gauge of my overall performance in the block and it is what is used for our progression.

We don't get told what the average is for each of the weekly iRATs now, so it is hard to compare my results against the cohort but I use it as a gauge to how well I have understood the weekly content. There are only 10 or 11 questions now (compared to at least 15 last year) so it is also important to take that into account when reviewing results as dropping one or two questions now has a much bigger effect.

#### Gastrointestinal Block

	Mark	Total	%
<b>iRAT 1</b>	5	11	45%
<b>iRAT 2</b>	11	12	92%
<b>iRAT 3</b>	11	11	100%
<b>iRAT 4</b>	10	10	100%
<b>Block</b>	18	21	86%

I had a poor first iRAT (refer to particular post about that) but following that I performed well in all of the iRATs. I was very happy with my block test mark, with that being well above the cohort average of 15.

#### Endocrine Block

	Mark	Total	%
<b>iRAT 1</b>	8	9	89%
<b>iRAT 2</b>	10	10	100%
<b>iRAT 3</b>	10	10	100%
<b>iRAT 4</b>	6	10	60%
<b>iRAT 5</b>	9	10	90%
<b>Block</b>	23	25	92%

Overall, I really enjoyed the endocrine block and I think my marks reflect that. There was one iRAT I didn't perform that well in where I got 60% (iRAT 4 – The Reproductive Life Cycle), but was still well above the flag mark. Again, I was very happy with my block test mark which was above the cohort average of 20.

#### Musculoskeletal Block

	Mark	Total	%
<b>iRAT 1</b>	6	10	60%
<b>iRAT 2</b>	8	10	80%
<b>iRAT 3</b>	8	10	80%
<b>iRAT 4</b>	10	10	100%
<b>iRAT 5</b>	7	10	70%
<b>iRAT 6</b>	10	10	100%
<b>Block</b>	20	30	67%



The musculoskeletal block was certainly a tough block with a lot of content to learn every week. It is also a very 3D topic with lots of anatomy to learn which was made more difficult with online study (it must be said that the academic staff did an amazing job to make this block as good as they did, considering the circumstances). Overall, I feel like I did well in the iRATs and would not have got flagged in any of them. I certainly found the block test more difficult than I anticipated (the questions were certainly harder than the weekly iRAT questions), but still managed to get a mark well above the flag mark. I am unsure what the average was for this test as we haven't been sent an email like we did with the others. Speaking to others, they certainly found it difficult as well. I have done a consolidation document for the block test to review and learn from the questions I got wrong.

### Summary

I believe my knowledge is progressing well as shown by my weekly iRAT and block test marks. I also feel like I am able to contribute well to the application sessions and apply this knowledge to clinical scenarios. I am looking forward to the next progress test to see how I go in each of these categories.

### Review of Dissection

Posted by Student on 07 June 2020, 5:56 PM

**Tags:** [learning](#), [knowledge](#)

**Title:** Review of Dissection

**Date:** 07/06/2020

**Tags:** [knowledge](#), [learning](#)

I came into MD2 knowing that I would have to put a lot of effort into dissection as anatomy is something that I do struggle a little with. Dissection in MD1 made me realise that studying the anatomy in a group situation so I used that technique and it served me well. I would make my document of all the red words for the week and try to learn as much of that in the lead up to the weekly assessment. The day before the assessment, a few of us from our group would meet up and quiz each other, using our body. I found this a great way to learn as it forced me to know where all the structures were on our body which is how we are assessed and the questions from my peers would sometimes identify gaps in my knowledge which I could then focus my learning on before the assessment.

Although dissection was cut short and we unfortunately won't get the chance to finish it off, I felt my anatomy knowledge has come on a lot. I got quizzed once in dissection and I was able to answer the questions well and pass the assessment which I was happy.

We got to learn a lot of the musculoskeletal (MSK) anatomy during that block, rather than in dissection. My assessments went well in MSK which I believe shows that I was able to get the anatomy well as a lot of the questions were based on that.

Going forward, I will look through the rest of the dissection book that we missed and can quiz myself on the red words to ensure that I know all of that. I aim to do this over the next few months. If we get opportunities to look at the cadavers that show these structures, I will book in to see that.

## Knowledge of Law – Mandatory Reporting and Coroner's Matters

Posted by Student on 06 June 2020, 5:20 PM

**Tags:** society, knowledge

**Title:** Knowledge of Law – Mandatory Reporting and Coroner's Matters

**Date:** 06/06/2020

**Tags:** knowledge, society

This semester in Law we have learnt about mandatory reporting and coroner's matter, which our latest assignment was based on. I got an 'Exceeds Expectations' mark for this assignment which I was happy with as it shows that I have understood the content and increased my knowledge in these areas.

Although it is easy to dismiss law as a subject to just get through and tick the box for, I think it is important to get a good grasp on it so that I am able to provide care to my patients in a way that protects myself as well as acting within the requirements and community expectations of us.

The mandatory reporting aspect of our job is something that I didn't really know much about before we covered it. As doctors, we are in a privileged position where we will come across people who are vulnerable and in a situation where they are at risk of harm. It is important that we can identify these people and provide care to them but also report it to the appropriate authorities to ensure that it is followed up so they can receive the help they require.

We have now learnt about mandatory reporting, but I specifically want to learn more about recognising children who are at risk of sexual, physical, emotional abuse and neglect in the settings that I will be practicing. I know this is something that I will learn through placements, but over the next 6 months I want to do some of my own research so I have a better base knowledge for when I start placement.

## COVID-19 - Role for Medical Students for Leadership

Posted by Student on 08 May 2020, 6:08 PM

**Tags:** leadership, knowledge

**Title:** COVID-19 - Role for Medical Students for Leadership

**Date:** 08/05/20

**Tags:** Leadership, knowledge

COVID-19 has had a huge impact on the way everyone in Australia is able to live their life. It is also the most engaged the population has ever been with healthcare, especially with the amount of information (from factual to completely false and everything in between) that is out in the public domain and on social media.

Even though my knowledge is still not at the level expected to be a practicing doctor, it has given me a new appreciation for how much I actually know and how we can use that to help educate the public. It has surprised me how much friends and family have asked my opinions on things or I have been able to correct people if they have been told something wrong or let people know if something on social media not correct (like where people started posting that drinking hot water can kill the virus...aaaaarrgghh).

This has given me a better understanding of the leadership role we as doctors (and even medical students) play in our community. For me, it is also very important to know my limitations and not overstep the mark.

## MD2 Progress Test 1 Review

Posted by Student on 14 April 2020, 2:53 PM

Tags: [knowledge](#)

**Title:** MD2 Progress Test 1 Review

**Date:** 14/04/2020

**Tags:** Knowledge

MD2 Progress test 1 was held on the 2<sup>nd</sup> of March. We had now fully completed the Cardiovascular, Respiratory, Renal Genetics and GIT blocks so I will pay particular attention these areas in this review.

I received a satisfactory mark for this PT, with my overall score being above the average of the cohort (48.75 vs 43.84). Overall, I am very happy with my score in this PT as my aim is to be at or above the cohort average. The summary of each category is as per the attachment.

When I review my marks, I like to concentrate on any topics that we have covered that I didn't perform well in (marked in red) to guide my future learning. For this PT, the only topic that falls into this category is the 'respiratory system'. This surprised me as I usually perform well in this topic.

The other category that falls into the red category which I feel I could improve on is 'Molecular and cellular aspects' as this is an ongoing area that we learn in. This is the second PT in a row that I have got below the cohort average for this topic. Before the next PT, I really want to concentrate on these two topics for my learning.

My overall mark did not improve compared to the last PT. However, the overall mark of our whole cohort decreased as well so I feel that is a sign that the test was harder than the previous one rather than a sign of my knowledge not improving. Comparing my score to the cohort average shows my longitudinal learning is progressing well. This, combined with the scores in the blocks we have covered, shows that my learning style for PT is working well.

## Follow Up - Poor iRAT in first week of GIT block

Posted by Student on 10 March 2020, 4:54 PM

Tags: [learning](#), [knowledge](#)

**Title:** Follow Up - Poor iRAT in first week of GIT block

**Date:** 03/03/2020

**Tags:** [Learning](#), [Knowledge](#)

I posted about reviewing my learning techniques after the full GIT block (following my initial poor iRAT score). Since this initial iRAT I received scores of 11/12, 11/11 & 10/10 which I was very happy with. I also received a result of 18/21 for the block test which was above the cohort average (16/21).

All these results demonstrate that my knowledge of the GIT system has progressed well throughout the block. There was a large focus in the block test on clinical scenarios so the fact that I performed better than the cohort average also shows that I can transfer this knowledge gained into clinical scenarios. It also shows that my learning techniques are still working well and I don't need to make any wholesale changes at this stage.

# LO 3: Skills

By [Student \(stud0001\)](#)

**Tags:** [learning](#), [skills](#)

[More options](#)

Skills

## Tagged journal entries

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Journal entries with tag "[skills](#)" by [Student \(stud0001\)](#)

### [MD1 BLS Assessment](#)

Posted by Student on 07 June 2020, 3:17 PM

**Tags:** [skills](#)

**Title:** MD1 BLS Assessment

**Date:** 07/06/2020

**Tags:** skills

In MD1 we had to pass our BLS assessment (with a minimum score of 90% I believe). I was able to practice my skills over the four sessions that we had, as well as using another session with a colleague to ensure I was able to obtain the appropriate score.

The assessment went well and I was able to get an overall score of 97% which I was very happy with.

What I did well:

- Obtained an overall score of 97% (advanced CPR performer)
- Had an average compression rate of 106/min and only dropped outside of the 100-120/min range for a very short time (2-3 compression)
- Location of compressions was good (100%)
- Got the ratio of compressions: ventilation correct (30:2)
- All my ventilations were in the correct volume indicating that my technique was correct (both the chin lift and using the bag)
- Thought my checking of response, sending for help, assessing airways and breathing was all good and started compressions within one minute

What I could do better:

- The majority of my compressions were of correct depth, but some were a little shallow (especially on the last 2 cycles) so I can work to improve that
- Removed the chair, but should have scanned the room more for dangers

The annual recommendation is a minimum. As BLS is something that is new to me, I want to review my skills at least every 3-6 months to ensure that I am still proficient and retaining the information from the guidelines etc. As I progress as a doctor and feel more comfortable with performing BLS, an annual review may be fine.

## Practicing Physical Examinations

Posted by Student on 08 May 2020, 4:44 PM

Tags: [skills](#), [learning](#)

**Title:** Practicing Physical Examinations

**Date:** 08/05/20

**Tags:** skills, learning

\*\*\*Update from previous post on improving my examination skills\*\*\*

I was recently reflecting on my physical examination skills and I am quite concerned that I have forgotten big parts each examination. For example, the cardiovascular exam has lots of intricate parts to it and things to look out for and I am not confident that I would be able to do this as well as when we learnt it last year.

I think it is important that I find a way to regularly review these as I will be moving into the clinical setting soon and want to be comfortable in performing them. After discussions with my clinical skills tutor, I want to do the following going forward:

Each fortnight I will allocate myself to one of the examinations we have already learned. As a minimum, I will practice this at least once over this period (but preferably twice). This practice will most likely be self-narrating the examination to myself, comparing it against the checklist. If there are any parts of the examination that I am not comfortable with, I will ensure I practice this on someone (whether that be a friend or family member).

This will also give me a good opportunity to test my knowledge of what each of the signs or symptoms are characteristic of. I have recently bought the Talley & Connor recommended text for this so will refer to that for each of the parts of the examination over the fortnight. Linking this learning to the physical examination will be a better way to learn than just reading through the text.

## Clinical Skills – GIT Examination Assessment

Posted by Student on 14 April 2020, 10:17 PM

Tags: [skills](#)

**Title:** Clinical Skills – GIT Examination Assessment

**Date:** 14/04/2020

**Tags:** skills

We had our first clinical skills physical assessment earlier this semester. In this we did the examination on one of our peers. We were then meant to have a follow up assessment with an SPA based on what we needed to improve from this initial assessment but with the COVID-19 situation, we are unable to do this so we are just using our initial assessment.

Overall, this assessment went well for me and the feedback was mainly positive. There were still a few things that were given as feedback which I could improve on:

- Pronunciation of some of the findings (especially angular stomatitis and telangiectasia)
- I touched my stomach while explaining one part of the examination to the patient and then didn't perform hygiene directly after
- I received some feedback while performing the examination on how to improve my abdominal palpation

I have tried to work on the above feedback to improve my overall performance by practicing with friends and family members. This has helped and I feel like my examination skills are improving.

Long term, I believe that my examination skills need regular revision and practice to ensure that I am still able to perform them satisfactorily. Without this, it is easy to lose the skills as well as forgetting particular parts of the examination. I want to make sure I revise and practice every one of the examinations every semester.

I have also bought the Talley and O'Connor so plan to regularly review the individual signs and how they relate to different pathologies.

### Nursing placement – skills

Posted by Student on 20 February 2020, 11:44 AM

**Tags:** [skills](#)

**Title:** Nursing placement – skills

**Date:** 20/02/2020

**Tags:** skills

My nursing placement was a great opportunity for me to use the skills I have learnt in MD1 in a clinical setting. Throughout the placement, I was taking the routine vitals of the patients in the beds that I was assigned to. Although it's not a difficult task, it was good to do this routinely as it made me more comfortable performing BPs, temp, pulse oximetry, resp rate etc. It also got me used to recording the results into the patient records and interpreting the results according to the deteriorating patient guidelines. I also got some practice listening to patient's heart sounds and part of the cardiovascular and respiratory exam that we learnt in MD1.

I also got to help with some wound dressings, removing IV lines etc which was good.

The feedback I received from the nursing staff was all very positive about the way I conducted myself and was able to help them out in the daily tasks. It was nice to hear this and be a help rather than being in the way, making their life more difficult.

# LO 4: Communication

by Student (stud0001)

**Tags:** [communication](#), [leadership](#), [professionalism](#), [society](#)

[More options](#)

Communication

## Tagged journal entries

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Journal entries with tag "[communication](#)" by Student (stud0001)

### [Psychobehavioural Assignment](#)

Posted by Student on 24 July 2020, 3:03 PM

**Tags:** [society](#), [communication](#)

**Title:** Psychobehavioural Assignment

**Date:** 24/07/20

**Tags:** [communication](#), [society](#)

For our psychobehavioural topic this semester, we had to implement a behaviour change over about a month with a colleague. For this, we took a history of the behaviour that that wanted to improve, developed a behaviour change program, and reported on the implementation of that program.

This is an area that I am interested in as motivating patients to be able to make positive changes to their lives is a skill I want to improve in and it can have such a positive effect on health outcomes. This is why I chose the 'Client Centred Health Behaviour Change' as my coursework option next semester and I believe this assignment has given me a good insight into this.

For the assignment I got a mark of 'Exceeds Expectations' which I was very happy with as it shows that I was able to grasp the concepts that were taught in this topic and apply that to behavioural changes. I look forward to expanding on these skills in my coursework topic.

We also had to submit our assignment as a video recording instead of a written submission. This was good as it allowed me to work on my oral presentation skills and this went well.

## Tagged journal entries

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Journal entries with tag "[communication](#)" by Student (stud0001)

### [Musculoskeletal History SPA Review](#)

Posted by Student on 03 June 2020, 5:21 PM

**Tags:** [communication](#)

**Title:** Musculoskeletal History SPA Review

**Date:** 03/06/20

**Tags:** [communication](#)

We had our musculoskeletal history SPA a couple of weeks ago. All my previous SPAs in the past have gone well in terms of how I interact with the patient and getting an appropriate history. However, in this assessment the SP said to my tutor that I used a lot of closed questions. My tutor reviewed the video and gave me the following feedback about:

*'So, on review of the video, I found that your question to invite the patient to tell their story was more "tell me about when these symptoms started" encouraged the patient to tell the story from when her symptoms started post surgery but not from the beginning of her problem. As a patient, she might have wanted to tell you the whole story from the beginning so not being able to tell you all that happened first off, put her off side. I think this then closed her down a bit and she was not as willing to expand which meant that you had to find out your information by closed questions, which compounded your problem.'*

Although I still passed the assessment, I had a good chat with my tutor about it and I now realise how much of a difference the opening question can make to the whole consult and patient interaction. Going forward, I will ensure that I ask a more open-ended question to get the patient to tell the story from the beginning rather than specifying a starting point such as when the symptoms started.

I also noticed that the patient was quite withheld throughout the consult but I put this down to the fact that is how the SP was, rather than thinking that I may have caused it. If I notice this in the future, I will make a point of asking the patient if there is anything else they would like to add in and try to gauge if it is anything that I have done to cause them to be withdrawn and address that.

## Improving My Case Presentation of SPAs

Posted by Student on 03 June 2020, 4:47 PM

Tags: [communication](#)

**Title:** Improving My Case Presentation of SPAs

**Date:** 03/06/2020

**Tags:** communication

For each history taking SPA this year, we have been required to do a case presentation to our tutor immediately after (introduction, symptoms, history of presenting problem, background information, recommendations for physical examination and differential diagnosis list). This has been a good experience as this is a skill that I will need in my clinical years to an appropriate handover to other staff and isn't something I have had a lot of experience with.

For the genitourinary history SPA (March), I didn't feel like I did a very good job in concisely delivering the history of the presenting problem - I felt like I jumped around a little bit which would have made it harder for the tutor to follow. My tutor thought I did a good job but agreed that I could have improved the organisation of it.

One of my friends in clinical skills is a physio and is very good at giving these case presentations so I have made the effort to practice history taking and case presentations with her since the SPA in March. We have done this using the sample cases that are provided in clinical skills. This has been extremely useful for me on multiple counts:

1. I get to see how she presents the cases and learn from that
2. Practicing it regularly has made me more confident and comfortable with the organisation of my case presentation
3. Feedback from my friend has shown me areas that I can improve on

We had our next history SPA a couple of weeks ago which was on the MSK system. I felt like my case presentation went much better than last time and I was able to highlight the key points in a concise manner which was easy to follow. The feedback from my tutor confirmed this which showed the systems I put in place to improve worked.

Going forward, this is something that I continue to practice. I will continue to do this in clinical skills and practicing with colleagues to learn new systems. I will use future SPAs to ensure that my case presentations are up to scratch.



## Workplace Communication Module from Horizon

Posted by Student on 15 April 2020, 12:50 PM

Tags: [communication](#)

**Title:** Workplace Communication Module from Horizon

**Date:** 15/04/2020

**Tags:** communication

One of the Horizon modules I have completed is the workplace communication module. One section of this module was about active vs passive listening. This was something that I found useful to think about, particularly when relating this to taking a history from a patient. A couple of points really stood out to me:

- 'The aim of active listening is to let the speaker know that you understand what they are saying and how they are feeling; that you are engaged in the conversation.'
- 'You need to stay focused so that you not only hear the words being said but fully comprehend the message the speaker is conveying.'

Although I feel like I do this when speaking to a patient, completing this module has really made me reflect on this and ways I can improve my communication skills further. There were some very good practical measures that were mentioned. Going forward, I want to put together a simple but effective document that has key points to remember when taking a history from a patient. I can review this regularly to ensure my communication skills are still focused.

## Delivering Bad News - Ovarian Cancer – Survivor Seminar

Posted by Student on 08 April 2020, 2:08 PM

Tags: [professionalism](#), [communication](#)

**Title:** Delivering Bad News - Ovarian Cancer – Survivor Seminar

**Date:** 23/03/2020

**Tags:** professionalism, communication

We had a presentation today which was delivered by some patients who either currently have Ovarian cancer or have recovered from it. One part I found very interesting was the patients telling their story of how the news they have cancer was delivered to them by their clinician. Delivering bad news is something that I haven't really had much to do with in the past so was something I found interesting as it is a skill that I must know when I am a doctor. There were both good and bad experiences, but there was one positive experience that I felt I was able to take good examples from (as below).

- Importance of giving diagnosis etc in an empathetic manner. This news will change the patient's life forever, keep that in mind when delivering the information
  - Get family involved (i.e. ask the patient if they would like any family members present at the appointment)
  - Give time for patient to take in the information and ask questions
  - Ask if okay to drive home, what support they have
  - Book a follow up appointment in a timely manner so they can ask questions and get clarification once they have had time to process the information

It was amazing the impact that the delivery of this news to the patient influenced their whole experience. I have been made aware that there is some good literature on this (i.e. by Phyllis Butow) so I will look to see what is available online. It is not something I have to learn straight away, but something I want to progress in by the end of this year.

## Nursing Placement – working with other professions on the ward

Posted by Student on 20 February 2020, 11:01 AM

**Tags:** [professionalism](#), [communication](#)

**Title:** Nursing Placement – working with other professions on the ward

**Date:** 20/02/2020

**Tags:** communication, professionalism

I undertook my nursing placement over the summer holidays in the Cardiac Care Unit (CCU) at FMC. Working closely with the nursing staff over this period made me appreciate even more the high level of knowledge and skills that they have.

Building a good relationship with the nursing staff (and other allied health such as pharmacists) will be very important when I am a junior doctor as they will be a great resource to bounce ideas off and get their advice if I am unsure of something. Even though the end decision for patient management in most cases will lie with me and the medical team, it would be silly not to utilise the knowledge they have. This is especially the case in specialised wards such as cardiology where some nurses have been working for 20+ years. As a junior doctor, I can't expect to know everything about a specialty so using as many different resources is key.

Everybody is under time constraints on the ward (the nursing staff were all extremely busy) so it is important to all work together and help each other out. Building this relationship will build trust and allow us to work better as a team. I got along with the nursing staff really well throughout my placement and received very positive feedback about the way I conducted myself so I feel this area can be a strength for me.

# LO 5: Society

by [Student \(stud0001\)](#)

**Tags:** [communication](#), [knowledge](#), [society](#)

[More options](#)

Society

## Tagged journal entries

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Journal entries with tag "[communication](#)" by [Student \(stud0001\)](#)

### [Psychobehavioural Assignment](#)

Posted by Student on 24 July 2020, 3:03 PM

**Tags:** [society](#), [communication](#)

**Title:** Psychobehavioural Assignment

**Date:** 24/07/20

**Tags:** [communication](#), [society](#)

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This is an area that I am interested in as motivating patients to be able to make positive changes to their lives is a skill I want to improve in and is can have such a positive effect on health outcomes. This is why I chose the 'Client Centred Health Behaviour Change' as my coursework option next semester and I believe this assignment has given me a good insight into this.

For the assignment I got a mark of 'Exceeds Expectations' which I was very happy with as it shows that I was able to grasp the concepts that were taught in this topic and apply that to behavioural changes. I look forward to expanding on these skills in my coursework topic.

We also had to submit our assignment as a video recording instead of a written submission. This was good as it allowed me to work on my oral presentation skills and this went well.

## Tagged journal entries

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Journal entries with tag "[communication](#)" by [Student \(stud0001\)](#)

### [Psychobehavioural Assignment](#)

Posted by Student on 24 July 2020, 3:03 PM

**Tags:** [society](#), [communication](#)

**Title:** Psychobehavioural Assignment

**Date:** 24/07/20

**Tags:** [communication](#), [society](#)

For our psychobehavioural topic this semester, we had to implement a behaviour change over about a month with a colleague. For this, we took a history of the behaviour that that wanted to improve, developed a behaviour change program, and reported on the implementation of that program.

This is an area that I am interested in as motivating patients to be able to make positive changes to their lives is a skill I want to improve in and it can have such a positive effect on health outcomes. This is why I chose the 'Client Centred Health Behaviour Change' as my coursework option next semester and I believe this assignment has given me a good insight into this.

For the assignment I got a mark of 'Exceeds Expectations' which I was very happy with as it shows that I was able to grasp the concepts that were taught in this topic and apply that to behavioural changes. I look forward to expanding on these skills in my coursework topic.

We also had to submit our assignment as a video recording instead of a written submission. This was good as it allowed me to work on my oral presentation skills and this went well.

## Tagged journal entries

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Journal entries with tag "[society](#)" by [Student \(stud0001\)](#)

### [Epidemiology from GIT Block](#)

Posted by Student on 23 June 2020, 9:29 AM

Tags: [society](#)

**Title:** Epidemiology from GIT Block

**Date:** 10/06/2020

**Tags:** society

As part of building my society CLO, I will be reviewing the epidemiology of a specific condition from each block in KHI. From the gastrointestinal block, I will be reflecting on colorectal cancer as it is a very prevalent form of cancer in Australia that can have a huge impact on someone's life but also is an example of the way that a screening program can be implemented to improve outcomes in our society.

- Second most common cancer in both men and women in Australia and is more common in people over the age of 50
  - 13000 new cases each year
  - 5500 deaths per year
  - Accounted for 64000 DALYS
- Lots of predisposing factors – some are modifiable, some are not:
  - Non-modifiable - Colorectal adenomas (see colonic polyps), Family history, Hereditary syndromes, Inflammatory bowel disease (IBD), Older age
  - Diet and lifestyle – Smoking, Alcohol consumption, Obesity, Processed meat; high-fat, low-fiber diets
  - Protective factors - Physical activity, Diet rich in fiber and vegetables and lower in meat, Long-term use of aspirin and other NSAIDs
- It is often asymptomatic, especially in the early stages of disease which means it is ideal for a screening program:
  - Offered for free to all Australians every 2<sup>nd</sup> year between 50 – 74 years.
  - Reduces mortality via early detection
  - Still uses the patient's GP as the clinician providing care
  - Stratifies those patients that need a colonoscopy
  - It is important to note that some individuals who are at high risk of colorectal cancer are not suitable for the screening program as they need increased surveillance

## [Review of Public Health 2A](#)

Posted by Student on 23 June 2020, 9:23 AM

Tags: [society](#)

**Title:** Review of Public Health 2A

**Date:** 11/06/2020

**Tags:** Society

We have almost finished our public health tutorials for the year so I thought it would be a good opportunity to reflect on what we have learnt, especially in regard to the society CLO.

I have done a fair bit of learning on social determinants of health (SDOH) in my graduate certificate of public health that I did back in 2017. But this semester has given me an opportunity to expand my knowledge on this even more. The fact that things outside of an individual's control (education, housing, socioeconomic status etc) can have such a major impact on their health is something that I need to be aware of as this could impact on how I treat patients. As health professionals we also have the ability to try to force change to address these inequities in health.

We have also learnt about how things like road safety is a public health matter. This is something that I had never really thought of before so it gave me a new perspective on this. We also learnt more about the epidemiology of some chronic diseases. I did a summary of diabetes, but it was also very educational to read other people's posts about a number of other chronic diseases like heart disease, hypertension, asthma and mental health.

We have also discussed COVID-19 a lot in our tutorials which has also been a very good learning opportunity about infectious disease, pandemics and how health policy can help to control this.

## [Review of Aboriginal Health 2A](#)

Posted by Student on 23 June 2020, 9:23 AM

Tags: [society](#)

**Title:** Review of Aboriginal Health 2A

**Date:** 11/06/2020

**Tags:** Society

I have really enjoyed the Aboriginal Health topic this semester, it is an area I really enjoy learning more about and how I can, as a clinician, help to improve the health outcomes of Aboriginal people in Australia. These are some of the key learnings I have had from the tutorials and the assignment:

- It is vital that interventions in Aboriginal communities is owned and run by the local community.
- That the ACCHOs are really important for providing healthcare as these are generally trusted by the local communities. Engaging with them in a meaningful way is important.
- The importance of Aboriginal health workers and liaison officers and how I can utilise them to provide better care.
- Some specific communication techniques that can help me to treat Aboriginal people better.
- How past human rights infringements still impact on Aboriginal people through intergenerational trauma
- How to be a health leader, advocate and help effect positive change
- Tips on how to engage with Aboriginal communities, families and individuals

I am looking forward to when we get some more practical learning through the SKIMS (?spelling) later this year or next year so I can put what I have learnt into practice.

## Epidemiology from Endocrine Block

Posted by Student on 23 June 2020, 9:21 AM

Tags: [society](#)

**Title:** Epidemiology from Endocrine Block

**Date:** 10/06/2020

**Tags:** society

As part of building my society CLO, I will be reviewing the epidemiology of a specific condition from each block in KHI.

From the endocrine block, I will be reflecting on Type 2 Diabetes as it is so prevalent in Australia and is a prime example of how social determinants of health can impact on both the prevalence of a disease and the outcomes of those who have the disease:

- Chronically elevated blood glucose levels results in microvascular and macrovascular changes, causing eye, cardiac, renal and neurological complications
- It is estimated that 1 million Australians (5%) had T2DM in 2017-18 (actual number expected to be much higher due to many being undiagnosed)
- Diabetes contributed to 17,000 deaths (11%) in Australia
- Males have higher rates of T2DM compared to females (6% vs 4%)
- T2DM has a genetic component but is largely preventable. Lifestyle risk factors are the main reason for developing T2DM
- People in the lowest socioeconomic group are more than twice as likely to develop T2DM, compared to those in the highest economic group (7% vs 3%).
- The rate of hospital admissions for Indigenous Australians was four times greater than non-Indigenous Australians. Indigenous Australians are also six times more likely to die from diabetes than non-Indigenous Australians.
  - This data reflects a broad range of contributing factors for Indigenous people. Addressing these factors should reduce the impact and improve outcomes for Indigenous people
- The risk of death due to diabetes was higher in lower socioeconomic groups and those living in remote areas
- T2DM accounted for 2.2% of Australia's burden of disease in 20153 and 4.7% of the total burden of disease could have been prevented by controlling elevated blood glucose levels

The data for this was obtained mainly from the AIHW.

## Knowledge of Law – Mandatory Reporting and Coroner's Matters

Posted by Student on 06 June 2020, 5:20 PM

Tags: [society](#), [knowledge](#)

**Title:** Knowledge of Law – Mandatory Reporting and Coroner's Matters

**Date:** 06/06/2020

**Tags:** knowledge, society

This semester in Law we have learnt about mandatory reporting and coroner's matter, which our latest assignment was based on. I got an 'Exceeds Expectations' mark for this assignment which I was happy with as it shows that I have understood the content and increased my knowledge in these areas.

Although it is easy to dismiss law as a subject to just get through and tick the box for, I think it is important to get a good grasp on it so that I am able to provide care to my patients in a way that protects myself as well as acting within the requirements and community expectations of us.

The mandatory reporting aspect of our job is something that I didn't really know much about before we covered it. As doctors, we are in a privileged position where we will come across people who are vulnerable and in a situation where they are at risk of harm. It is important that we can identify these people and provide care to them but also report it to the appropriate authorities to ensure that it is followed up so they can receive the help they require.

We have now learnt about mandatory reporting, but I specifically want to learn more about recognising children who are at risk of sexual, physical, emotional abuse and neglect in the settings that I will be practicing. I know this is something that I will learn through placements, but over the next 6 months I want to do some of my own research so I have a better base knowledge for when I start placement.

## Ovarian Cancer – Survivor Seminar

Posted by Student on 08 April 2020, 2:06 PM

Tags: [society](#)

**Title:** Ovarian Cancer – Survivor Seminar

**Date:** 23/03/2020

**Tags:** society

We had a presentation today which was delivered by some patients who either currently have Ovarian cancer or have recovered from it. It was a really interesting presentation and gave some great insights to the patient's perspective and interaction with the healthcare system, which I believe I can learn from and become a better doctor from. Some key points I took out of it were:

Listen to your patient. Take their concerns / symptoms seriously as they will often detect things that we will miss

- Building the relationship with your patients (i.e. as a GP) can help you with this
- Tests are not always 100% sensitive (i.e. cancer markers). Know limitations and don't disregard possible Dx based on these if low sensitivity
- Be aware that the health system is not perfect and mistakes can happen (i.e. the example given where the patients CT was compared against the wrong image)
- Acknowledge if things have gone wrong and apologise for this on behalf of the system
- Patients can be resilient. Empower them to look after their own health
- Explain all side effects properly. Things that are 'minor' complications to us (i.e. leg pain, constipation), can have a big effect on their lives
- Be aware of resources that patients can use to improve their understanding (i.e. EviQ as a resource for them to understand chemo side effects, cancer council, ovarian cancer council etc)
- Private system seemed to quicken how quickly she got surgery etc

For me, this also helped put into perspective what we learn in KHI (symptoms, treatment, pathophysiology etc), relating it to real life patients that it affects so much. Especially something like ovarian cancer which has such non-specific symptoms and can be easily missed.

## Mental Health Act 2009 (SA): A clinician's powers, expectations and responsibilities

Posted by Student on 11 March 2020, 11:10 AM

**Tags:** [society](#)

**Title:** Mental Health Act 2009 (SA): A clinician's powers, expectations and responsibilities

**Date:** 10/03/2020

**Tags:** [society](#)

Today we had a presentation by special guest lecturer from the Office of the Chief Psychiatrist (OCP), Trevor Luzuk, on the Mental Health Act 2009 (SA). It was a presentation I enjoyed and brought up some interesting issues on the powers that we have as clinician regarding mental health and how we should best use them.

The mental health act allows us to take away a patient's rights and potentially their dignity and self-respect via restraints / being held down / seclusion room etc. It is vital that we use the least restrictive approach and work our way up from that appropriately, only using appropriate measures.

One example that was provided was how often Inpatient Treatment Orders (ITOs) via the Mental Health Act are used when it is inappropriate – i.e. to an intoxicated patient who is a danger to themselves. An ITO stays on the patient's record for life and could impact them negatively both professionally and personally. A better way to approach this would be to use section 56 to assess the patient to determine if it is a mental health illness and then place an ITO if indicated after that assessment. Although it might seem like a minor thing to us as clinicians, it can have a big impact on the lives of our patients so it imperative that we keep this in mind and not just do what makes our life easiest in a busy environment.

Mental health is not an area that I have much knowledge of or confidence in and is something that I am looking forward to learning more about in KHI. This seminar has made me think about how my actions can potentially impact patients negatively and how I have to ensure I use appropriate measures.



# LO 6: Learning

by Student (stud0001)

**Tags:** [knowledge](#), [learning](#), [professionalism](#), [skills](#)

[More options](#)

Learning

## Tagged journal entries

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Journal entries with tag "[learning](#)" by Student (stud0001)

### [Review of Dissection](#)

Posted by Student on 07 June 2020, 5:56 PM

**Tags:** [learning](#), [knowledge](#)

**Title:** Review of Dissection

**Date:** 07/06/2020

**Tags:** knowledge, learning

I came into MD2 knowing that I would have to put a lot of effort into dissection as anatomy is something that I do struggle a little with. Dissection in MD1 made me realise that studying the anatomy in a group situation so I used that technique and it served me well. I would make my document of all the red words for the week and try to learn as much of that in the lead up to the weekly assessment. The day before the assessment, a few of us from our group would meet up and quiz each other, using our body. I found this a great way to learn as it forced me to know where all the structures were on our body which is how we are assessed and the questions from my peers would sometimes identify gaps in my knowledge which I could then focus my learning on before the assessment.

Although dissection was cut short and we unfortunately wont get the chance to finish it off, I felt my anatomy knowledge has come on a lot. I got quizzed once in dissection and I was able to answer the questions well and pass the assessment which I was happy.

We got to learn a lot of the musculoskeletal (MSK) anatomy during that block, rather than in dissection. My assessments went well in MSK which I believe shows that I was able to get the anatomy well as a lot of the questions were based on that.

Going forward, I will look through rest of the dissection book that we missed and can quiz myself on the red words to ensure that I know all of that. I aim to do this over the next few months. If we get opportunities to look at the cedavers that show these structures, i will book in to see that.

### [Practicing Physical Examinations](#)

Posted by Student on 08 May 2020, 4:44 PM

**Tags:** [skills](#), [learning](#)

**Title:** Practicing Physical Examinations

**Date:** 08/05/20

**Tags:** skills, learning

\*\*\*Update from previous post on improving my examination skills\*\*\*

I was recently reflecting on my physical examination skills and I am quite concerned that I have forgotten big parts each examination. For example, the cardiovascular exam has lots of intricate parts to it and things to look out for and I am not confident that I would be able to do this as well as when we learnt it last year.

I think it is important that I find a way to regularly review these as I will be moving into the clinical setting soon and want to be comfortable in performing them. After discussions with my clinical skills tutor, I want to do the following going forward:

Each fortnight I will allocate myself to one of the examinations we have already learned. As a minimum, I will practice this at least once over this period (but preferably twice). This practice will most likely be self-narrating the examination to myself, comparing it against the checklist. If there are any parts of the examination that I am not comfortable with, I will ensure I practice this on someone (whether that be a friend or family member).

This will also give me a good opportunity to test my knowledge of what each of the signs or symptoms are characteristic of. I have recently bought the Talley & Connor recommended text for this so will refer to that for each of the parts of the examination over the fortnight. Linking this learning to the physical examination will be a better way to learn than just reading through the text.

## [Use of consolidation documents in MD2](#)

Posted by Student on 08 May 2020, 3:54 PM

Tags: [learning](#)

**Title:** Use of consolidation documents in MD2

**Date:** 08/05/20

**Tags:** learning

In MD1, I forced myself to do a consolidation document after each iRAT to formally address each question that I got wrong. Whilst this was a good learning tool for me, I found that I was spending more time doing the document than actually remediating and learning what I had got wrong.

Going into MD2, I have made the conscious decision to no longer do formal consolidation documents. This does not mean that I am not assessing the questions that I have got wrong to fill the gaps in my knowledge, it just means that I am spending my time more wisely to learn these rather than documenting it.

I have found this system has worked very well for me, especially as we are time poor this year compared to last with the increased workload. I also never went back to review the consolidation once they were complete in MD1 so the formal process wasn't really achieving anything extra for me. When I review questions now, I concentrate on those that I got wrong where I have completely missed the concept or there are clear gaps in my knowledge.

I believe this system is working well for me, as I have performed well in each of the block tests.

## [Learning techniques for studying at home](#)

Posted by Student on 06 May 2020, 3:02 PM

Tags: [learning](#)

**Title:** Learning techniques for studying at home

**Date:** 26/04/2020

**Tags:** Learning

We are coming into the second month of doing studies from home so I thought it was a good time to reflect on how I am adapting my learning techniques to manage this. Below are some issues I have identified with studying from home and things I have put in place to overcome them:

## **Lack of group study and discussing learning issues with my peers**

This is something we take for granted when at uni – whether it be set group study with my TBL group or general discussions with my peers about the LOs for the week. Studying at home has made this more difficult but I have managed to put the following in place to overcome this

- Moved our weekly TBL group catch up to discuss the LOs into an online format using google hangouts (video chat). Also do this with a group of friends to discuss any particular difficulties we are having for the week.
- Have a weekly video chat with my friend where we discuss PT style questions
- Go around a friends house for the application session to stay engaged and discuss the clinical questions
- A friend comes to my house for our clinical skills sessions – allows us to practice history taking and clinical examinations together

## **Lack of dissection / live practicals using cadavers for MSK**

I have already established and discussed that I find learning anatomy more difficult than most aspects of studying medicine. Heading into the musculoskeletal, I knew I had to put a lot of emphasis into this and now we're studying it from home I have had to find a way to do this without using dissection and cadavers which has made it even more difficult. I have put the following in place:

- Using my complete anatomy app (phone and laptop) which allows me to use the 3D model to view the bones, muscles, ligaments etc
- Once I have done the above, I then find it easier to follow the online practicals and videos as I have more of a 3D image in my head
- Use my housemate to identify landmarks and muscles / movements etc
- Make sure I don't leave learning the anatomy until the final day before the iRAT

## **Finding a routine for studying at home**

The first couple of weeks I found it difficult to concentrate on the weekly LOs and get through / learn all the content. I have since changed my technique by implementing the following:

- Get a routine – i.e. make sure I start each day at 9am and study throughout the day
- Take break and fresh air – this has helped with motivation to study and to stay concentrated
- Utilise different areas of my house to study (I initially found it difficult spending all day at my desk so this has helped)
- Removing distractions – for example looking at my phone every 5 minutes. I wouldn't do this in a live practical so now ensure I don't do it in an online prac.

Overall, I feel like I have now managed to find a good routine for studying and getting used to doing this from home. I will review my iRAT marks midway through MSK block to see if this technique is working and make changes accordingly.

## Review of Learning Style for PTs

Posted by Student on 14 April 2020, 3:07 PM

Tags: [learning](#)

**Title:** Review of Learning Style for PTs

**Date:** 14/04/2020

**Tags:** Learning

I have just done a review of my performance in PT1 this year. I thought this was also a good time to review my learning styles for the PT as well. I have one colleague who I do weekly PT learning sessions with which go for approximately 2 hours each. This has been a really good method for us as we are able to test our longitudinal learning against PT style questions and learn off each other. It also gives us the opportunity to throw ideas around in an environment that is comfortable and it doesn't matter if we make mistakes.

We have also reviewed all the questions from this PT to talk through our answers to identify areas of weakness. We found that the questions in this PT were a lot more clinically focussed in terms of management which is why I believe the cohort average went down as a lot of these things you learn in the clinical years. Because of this, we are going to try to think more about clinical settings and the therapeutic guidelines in our PT learning.

I also use Amboss clinical questions which I find are a good method for my individual study as the questions are more difficult than our PT and really test my in-depth understanding of topics. That also give excellent, in-depth reasons as to why each answer is right or wrong. I am aware that the questions are American based so I have to be careful to ensure that they are relevant to our healthcare setting in Australia.

Finally, I am putting together a document of 'high-yield' topics that I need to review before every PT because they are topics that are covered regularly and important to know clinically.

Overall I feel my learning style is working well as shown by my Sat results in all of the PTs (and block tests) so far. However, I want to continue to tweak my learning methods to match my level of knowledge and the style of question in the PTs. I also continue to aim my learning at improving my knowledge to be the best doctor I can be.

## Follow Up - Poor iRAT in first week of GIT block

Posted by Student on 10 March 2020, 4:54 PM

Tags: [learning](#), [knowledge](#)

**Title:** Follow Up - Poor iRAT in first week of GIT block

**Date:** 03/03/2020

**Tags:** Learning, Knowledge

I posted about reviewing my learning techniques after the full GIT block (following my initial poor iRAT score). Since this initial iRAT I received scores of 11/12, 11/11 & 10/10 which I was very happy with. I also received a result of 18/21 for the block test which was above the cohort average (16/21).

All these results demonstrate that my knowledge of the GIT system has progressed well throughout the block. There was a large focus in the block test on clinical scenarios so the fact that I performed better than the cohort average also shows that I can transfer this knowledge gained into clinical scenarios. It also shows that my learning techniques are still working well and I don't need to make any wholesale changes at this stage.

## Poor iRAT in first week of GIT block

Posted by Student on 10 March 2020, 4:53 PM

Tags: [learning](#)

**Title:** Poor iRAT in first week of GIT block

**Date:** 12/02/2020

**Tags:** Learning

Our iRATs are now formative and are no longer used for progress decisions (block tests are now used instead). Even though this is the case, the weekly iRATs are still a good way for me to monitor my progress in terms of knowledge and my learning styles.

Our first week this year was on the upper GIT. I felt like I covered the content and understood it well, however, I got a relatively poor mark on the iRAT (5/11).

I have reflected on this and believe it is important not to jump to any conclusions based on this one result in isolation, especially as it was only 11 questions and that I generally performed really well on iRATs last year. I have done a consolidation document on the questions I got wrong and am confident I now understand this well – some of the questions I got wrong were due to not reading / interpreting the question correctly as I felt a bit rushed.

I will wait until the end of this block (4 weeks) and do a full

# LO 7: Leadership

by [Student \(stud0001\)](#)

**Tags:** [communication](#), [knowledge](#), [leadership](#), [professionalism](#)

[More options](#)

Leadership

## Tagged journal entries

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Journal entries with tag "[leadership](#)" by [Student \(stud0001\)](#)

### [MD2 TBL Peer Review 1](#)

Posted by Student on 03 June 2020, 5:38 PM

**Tags:** [professionalism](#), [leadership](#)

**Title:** MD2 TBL Peer Review 1

**Date:** 03/06/20

**Tags:** professionalism, leadership

As part of our TBL, we are required to give feedback on our team members to highlight things they are doing well or could improve on. I received my feedback from my TBL team and the results were really good with every criteria either score 2.8 or 3.0 (out of 3). All of the comments were very positive (examples below):

- contributes to group discussions in a really positive way
- friendly and respectful
- being generous with your knowledge and resources
- helps to facilitate group conversation by always sharing opinions and respecting other people's perspective

I think this shows that my professionalism skills are going well and there is nothing I really need to change in terms of working with my peers.

I try to show leadership in these group situations, but I am always mindful of not being too overbearing and allowing everyone else the opportunity to drive the discussions and the way we have our sessions. I think I was able to find a good balance for this and the following comments help confirm this for me:

- great at asking questions and leading group discussions that deepen our understanding of the relevant topic
- Student is a leader, and does well to develop/ begin relevant discussions. I really appreciate his contribution to our team

As a group we worked really well together and everybody had the opportunity to take the lead at certain times and contribute in a safe space.

## COVID-19 - Role for Medical Students for Leadership

Posted by Student on 08 May 2020, 6:08 PM

Tags: [leadership](#), [knowledge](#)

**Title:** COVID-19 - Role for Medical Students for Leadership

**Date:** 08/05/20

**Tags:** Leadership, knowledge

COVID-19 has had a huge impact on the way everyone in Australia is able to live their life. It is also the most engaged the population has ever been with healthcare, especially with the amount of information (from factual to completely false and everything in between) that is out in the public domain and on social media.

Even though my knowledge is still not at the level expected to be a practicing doctor, it has given me a new appreciation for how much I actually know and how we can use that to help educate the public. It has surprised me how much friends and family have asked my opinions on things or I have been able to correct people if they have been told something wrong or let people know if something on social media not correct (like where people started posting that drinking hot water can kill the virus...aaaaarrgghh).

This has given me a better understanding of the leadership role we as doctors (and even medical students) play in our community. For me, it is also very important to know my limitations and not overstep the mark.

## MD1 Mentorship

Posted by Student on 08 May 2020, 4:09 PM

Tags: [leadership](#)

**Title:** MD1 Mentorship

**Date:** 08/05/20

**Tags:** leadership

This year, I had the opportunity to put my hand up and be a mentor for one of the MD1s (organised by the FMSS – we volunteer to be part of the program and then get randomly allocated to an MD1). This is something that I was excited to do as I knew this was valuable for me in MD1 to be able to speak to someone in a later year and ask questions and get reassurances about things I was unsure of. It also gave me a good opportunity to use some leadership skills.

I got allocated to an MD1 that has moved to Adelaide from interstate. I organised to catch up with him over a coffee and we had a really good chat about his experience so far, discussed some things about the course and I got to offer some tips to help him get through. I also offered to help him out in the future if he has any questions, as well as checked in on him during the social isolation situation during COVID.

This has been something I have really enjoyed being a part of and is certainly something I want to be a part of in future years.

## Horizon - Leadership Lunch

Posted by Student on 06 May 2020, 1:24 PM

Tags: [leadership](#)

**Title:** Horizon - Leadership Lunch

**Date:** 06/05/2020

**Tags:** leadership

Today I joined one of the Horizon, Lunch with Leaders session which was run by Daniels Langeberg who founded EcoCaddy, a For-Purpose South Australian company providing eco-friendly passenger transportation, tourism and delivery services and compelling outdoor media in Australia.

I found it was a good opportunity to learn from someone that has shown great leadership as an entrepreneur. Some key points that I took out of this were:

- Do something that you really enjoy and are passionate about, so you don't burn out. This will show in your interactions with other people and inspire them to join with you
- Find other people / organisations who you want to collaborate with and reach out to them
- Driving change can take time and you will come across many roadblocks
- Keep faith in what you are trying to do, opportunities will appear

Although the presentation had nothing to do with the health sector, the above key points that I took out of the presentation are certainly transferrable leadership skills to this. It also made me reflect on my time working in the healthcare setting and how these were attributes I saw in people who were leaders in implementing improvements to service delivery. These are probably skills that will be needed when I am in more of a senior role as a doctor, but is certainly something I can think about now and find opportunities to use them.

## Teamwork and Leadership Module from Horizon

Posted by Student on 14 April 2020, 1:49 PM

Tags: [leadership](#)

**Title:** Teamwork and Leadership Module from Horizon

**Date:** 14/04/2020

**Tags:** leadership

This semester I have chosen to do the Horizon Award as part of my PPD elective. One of the modules I have completed is the online teamwork module. I feel like I was able to obtain some very useful leadership skills from this module, especially when it comes to working in teams:

Good leadership is being able to harbour a diverse group of people towards a common goal

- Diverse groups bring different perspectives (i.e. religion, socioeconomic status, cultures etc) and ultimately better results
- Remember to keep an open mind when listening to others' ideas, suggestions and opinions.
- Recognise both my strengths and natural workstyle and, as importantly, the strengths and workstyles of my team members
- Stay focused on the team goals and be flexible in your approach to best achieve results

I believe that leadership skills are not about telling people what to do, but empowering everyone in the team to utilise the skills that they have to get the best results for the team. This is especially the case in healthcare as diverse groups are often seen in medical teams.

Whilst I feel like I do use each of the skills above to some point, it is certainly something I want to focus on more for my leadership skills. I feel like a good opportunity to do this is in my TBL groups. I want to specifically analyse everyone's strengths when we get our new groups next semester and reflect on this.