

CREATED FOR THE STUDENTS, BY THE STUDENTS

JCUMSA 2015

HANDBOOK

TIPS FOR MEDICAL STUDENTS



JAMES COOK UNIVERSITY
MEDICAL STUDENTS ASSOCIATION



Compiled by the JCUMSA Academic Subcommittee and Executive Board of 2011-2015

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If this is your first year at JCU studying Medicine, congratulations on your acceptance to medical school, and welcome to the next chapter of your life!

Getting into Medicine is certainly a great privilege, but also a great responsibility. You have taken the first step to your career as a doctor, which involves taking care of others and saving lives.

This Tips for Students Handbook was created by JCUMSA with the generous help from the medical students over the years. It is with great privilege that I write part of the introduction to our fourth edition of this publication.

With >200 students in each new cohort of medical students, it became apparent that handy tips and advice passed down from year to year was becoming lost in the ever increasing student numbers. As such, JCUMSA decided to collate some of the handiest tips in order to pass them down to generations of medical students after us.

We believe that preparation is the key to success, and being as informed and up-to-date as possible is advantageous in making the most of your time in medicine, being efficient in study and maximising clinical opportunities.

As Shashi (Fourth Year Pathology Lecturer) says, 'those who fail to plan, plan to fail'.

This handbook is not official, nor is it policy or procedure. However, it has been made by the students, for the students and is therefore the advice designed to help you, from people who know exactly what studying at medical school it is like.

We encourage you to contribute to this handbook in future, and spread the handy tips of med school to all your colleagues. If you're ever unsure of anything – just ask!

Best of luck with your studies, and most importantly, enjoy your time at JCU!

Kind regards,

JCUMSA 2015

Introduction

Meet your Representatives

Insert quote here

Stuart Woods; Events Vice-President, 2015

Insert quote here

Daniel Charles; Academic Vice-President, 2015

Insert quote here

Sophie Manoy; JCUMSA President, 2015

#JCUMSAREPS2015

Before you start...

1. Make sure you know where the School of Medicine is, and where your classes are held

Click [here](#) to be linked to the JCU Map Page which will show you where the School of Medicine is.

When it comes to finding rooms, asking other students can help, but have a read of the logic behind building codes. For example, 46-104A refers to Building 46, a room on the 1st floor (not the ground floor), in quad-room 4, which is subdivided into room A. The most important room to know is 45-002, this is the big lecture theatre with red seats, where most your lectures are – you can't miss it!

2. Know how you are going to get there

Figure out the bus routes, the walking paths or how to drive there and where to park. There's nothing like being late to your first lecture because you can't find a park near your building. A note on parking – it is difficult to find a park in the morning, so be early and definitely get a permit as there is no free parking around the med school.

3. Know what your JCU login number and password are

This number will be 6 digits and starts with 'jc' eg. jc123456.

It is not your Student number which is 8 digits: 12345678.

YourJCULoginNumbergetsyouintoyouremail,yourLearnJCU,YourStudentsOnlineandyoureStudent.

4. Make yourself familiar with the computer facilities

LearnJCU? eStudent? StudentsOnline?

No idea what these things are and what they do? Go ahead and click on the links - and a good idea is to bookmark them.

Have a look at them before Week 1 and familiarise yourself with what goes where. **LearnJCU** is where you will find all your lecture notes and important forms and updates – make sure you know how to navigate your way through it. **eStudent** is for enrolment, paying fees and requesting an academic record. **StudentsOnline** is used mainly for exam timetables.

Equally important is checking emails - but more on that later.

5. Make sure you complete the required forms on time

There are some tasks that must be completed in order for you to finish the year. You won't be allowed on placement or to move onto the next year until these are done. Not sure if you've done all that's required? Click [here](#) to log into the placement portal and check you've done it all.

Things I like most about medicine

“I like going home and knowing that **my day is never wasted**—that no matter how bad a day I have had that I have **made a difference** in some little way.”

“The feeling that we are all in it together, there is a **special bond** with your colleagues that is **hard to find** anywhere else - we live, eat, study and socialise together.”

“The clinical skills nights held by different interest groups. As you don't get a lot of clinical exposure during your first year, coming to these **skill nights** give you a healthy break from all the study.”

“Meeting so many new people from different backgrounds who all share the **same goal**: to pass first year.”

“The **challenge** of the course: having something to work towards.”

“The fact that you **don't need to compete** anymore; everyone's in the same boat now.”

“The feeling that what I'm learning will help me to make a difference to **thousands** of people very soon.”

“The things that I love most about medicine is the **diversity** in the degree itself and then for the **potential for the diversity to continue** throughout my career. We are very much spoon fed in medicine and well looked after by the academic staff, which is something I think we all take for granted. There is always more to learn, in a sense we will always be students. It is not until my clinical years that I realised this, however with med being 6 years we are able to form the closest of friendships with our future colleagues. Medicine **attracts the strangest of personalities**; however it makes for the interesting semesters.”

“It's really **rewarding** when you're on placement and the doctor asks you about **something you know** or you see a patient comes in with something interesting you've seen before or have been learning about. It's also a great when you **see patients get better**, if you're on longer placements.”

“Seeing the smiles on patients' faces when they gradually get better can be really touching and satisfying.”

“How medicine is a multidimensional job; it holds the applications of many occupations in one organic practice. As a doctor, you're not only a physician, but a leader, team member, detective, mentor and even a negotiator at times.”

“You **never** stop learning. There is always room for improvement.”

Things I like least about medicine

"All the study!!! There is a lot of it and it can be very overwhelming."

"The colossal workload (well,

"The constant feeling that you are just falling behind."

"That sometimes it feels like Med is 'consuming' your life."

"The lack of clarity with many of the topics: there will always be more questions about the content than can be answered, even by our very knowledgeable lecturers, but if you learn to see what you don't know as a challenge, rather than a frustration, I believe you will enjoy things far more, though the uncertainty can be exasperating and worrying sometimes. Make sure you make good use of lecturers to minimise that uncertainty as much as possible."

"The only other major thing which I don't particular enjoy is the amount of study we have to do. What is worse is when one of those brilliant students waltz into the room not having to do much study at all – damn smart people!"

"You can literally never know everything or study everything that you wanted to before the exam, so you have to be really self-disciplined not only to study enough, but also not to study too much (if you're likely to go that way)."

"It is hard in first year to see the relevance of MAP Kinase Kinase Kinase and the TCA cycle and some students say that it never ever comes up again, but you'll find that if you question how drugs are able to work or why red blood cells don't use oxygen, the answer lies in the molecular subjects you've already learned about. I must say, I enjoyed some of the first year subjects the least, but they're actually really useful."

"Having to settle with "being patient" until clinical years begin."

"Knowing that you will never be able to learn everything. The only thing you can do is do your best."

Tips for studying

Tips on Introductory Lectures

- Attend all your lectures. This will help you more than any study that you do on your own. Students often ask what sort of student fails medicine? A short answer would be: 'The student who doesn't turn up at all'. Half of success is turning up. Even if you don't think it's worth it and you can use your time productively, you will never actually know what you missed unless you go.
- Lectures are a way of the lecturer communicating exactly what they expect from you – who wouldn't want to hear that?
- Prepare for lectures; print out the materials, read the overview/lecture notes if you have them – it makes it easier to listen if you have a fair idea of what is being taught.
- Still take notes in class: old school, but works a charm. Your future patients won't come with lecture slides!
- Pre-reading: 5-10 minutes is enough, Post-read: compare my notes to slides. That same night type out the lecture notes with my notes added.

Tips on Guided Learning Sessions

- Use the GLS time to your advantage – ask questions!
- You have to teach yourself something – you won't always be spoon fed. Do your own research.
- GLSs are a good indication of the depth you need to go into with study.
- Think you're learning too much? Address the learning objectives of the week, if you've covered all these – you're pretty much set.
- GLSs are there to understand concepts, not just answer the questions.
- Do the weekly GLSs again in SWOTVAC to revise important concepts.
- Ask the older years for guidance and help!
- Make the most of the tutors there – older students know what is expected and can help you find the right direction.
- Have a quick look over the GLS beforehand and anticipate the questions you might have trouble with - it will save time if you already know what you will need to discuss with your peers or ask the tutor or lecturer.
- Don't try and be a GLS hero and have all the questions done and just try to impress everyone else. GLSs is about everyone understanding, not just you.

Tips on getting organised

- Consider getting a folder for each semester's subjects materials.
- Create weekly summaries, and try to complete them as each week passes.
- Try drawing up a timetable each week so you know where spare time is.
- Start assignments as soon as you get them – don't do them the night before!
- Set deadlines for what you would like to have done by when.
- Make notes – good notes, easy to read notes are worth their weight in gold before exams. Don't use other people's!

Tips for studying

Tips on Making Summaries and Study Notes

- At the end of the week make a summary no more than two pages of the important info (combining the lecture, GLS and SS).
- Turn the learning objectives into questions and print out a list of them for each week. Try answering them at the end of the week or during SWOTVAC to make sure you know the key points – so much more interesting than reading summaries.
- I type a weekly summary for each topic in each subject, and aim to keep it under 20 pages. That way, at the end of the semester, I have a 120ish page document for each subject with all the key concepts for the semester!”
- Trust me, writing them out helps. Reread them every so often so as to keep it somewhat fresh in your mind. Include diagrams in your summaries too – I find it helps. Use the learning objectives to guide you on what you should and should not summarise.
- A summary is exactly that – a summary. Do not include everything you can find on metabolism, just take the key points of the week and pad them out. Looking for an indication of depth? Address the weekly learning objectives!
- Some write summaries by hand, some type up notes – it’s a personal choice.
- Am I just copying the lecture slides? Pretty notes can’t do CPR!
- I find that summaries and long documents don’t work for me. I prefer answering questions and using a whiteboard or a blank page to write out everything I know from memory – that way you know where your weaknesses are and don’t spend time reviewing things you already know well.

Tips on SWOTVAC

- DO NOT leave all study/summary making to SWOTVAC..
- I study off my summaries and make colourful mind maps for each week
- Make diagrams and charts to put up around the house – learn to label them.
- Try weekly study sessions with some friends to go over material and anything you don’t understand. GLSs are there to understand concepts, not just answer the questions.
- Read the textbook – highlighting as you go.
- Go over your summaries using the learning objectives to focus: anything that’s nice to know or not really part of the content: forget it.
- Spend a little time considering how you are going to approach the exam and manage your time during it – will you just work through the exam from beginning to end, or will you start on something you know the answer to etc...
- Before starting to revise a particular week, try and write down or whiteboard what you remember from that week. This will allow you to focus your study more towards the concepts you don’t know or can’t remember.
- The internet is full of mcqs that can help you revise – do make sure they come from a source that looks reliable though.
- Intersperse study with quizzes

Tips for studying

- After an exam, don't wait for too long to start studying again, but do take a break!
- If you're regretting everything you haven't done and worried about what you might not be able to achieve, leave it behind. All you can ever do is make the most of the time you have left.
- Don't forget about integrative sessions, cross cultural workshop, clinical skills.
- If things are becoming too much, study in a group – friends have an amazing ability to make things better.
- Make cue cards with important things on them throughout the year and use them for revision when you're waiting for a bus instead of scrolling through your phone!
- You will not get 100% - medicine is not like high school.
- Don't worry too much about fancy wording: understand the concepts; this said, it is important to practise explaining concepts.
- If, when going over a week, it feels like it's the first time you've ever seen the material, don't freak out: if you attended the session, it's there somewhere, but you won't remember it if you're overwhelmingly worried or stressed.
- Try to maintain a sense of humour – just before bed, watch something short that amuses you...
- Do past exams questions / weekly quiz questions if you still have them (some students remember questions from past years and pass them on), nominate at minimum a whole day to go over past exams – they are brilliant!
- During SWOTVAC there will be a time guaranteed when you think you will fail, definitely without doubt going to fail. Take a breath, eat some chocolate, this will pass.

All of the study secrets we can think of to share...

- Time management skills are very important! Keep a diary and set a timetable - you will get a lot more done.
- Work hard all year – you're not studying for a test, you're learning how to be a doctor. Turn up to every session – even the ones that feel like a tremendous waste of time. In the hospital, I use what I learnt in my pre-clinical years, and wish I had paid more attention to my lecturers.
- Don't cram (I know it's easy to say now – but cramming never taught me anything). If you don't know everything you need to know by SWOTVAC, you're a long way behind the eight ball. SWOTVAC should be for revision – not learning new material.
- Study for quizzes – they're good checkpoints leading up to exams so you can figure out what you know and what you need work with.
- Attend quiz review sessions – you can figure out where you went wrong in your quiz and study accordingly. Also, I don't know, some of the quiz questions may pop up again during your exams (*wink* wink* nudge* nudge*), so it might be a good idea to find out what the right answers were...
- Exercise – I find going for a jog in-between study helps clear your head and helps you study for longer without getting too mentally stressed.
- Whiteboarding – Invest in a decent sized whiteboard and just keep redrawing the anatomy diagrams and biochemical pathways.
- A little bit every day. When you leave it all until the end, the mountain is just too tall and you will crash and burn. Maybe not immediately, but it will happen. If you try to learn one week of material every couple of days, you will be fine.
- You will never know everything, nor will you need to know everything.
- If you fall behind, leave the week you fell behind in and catch up later.

Tips for studying

- Use the Lecture Recess wisely.
- Know your purpose when you're reading from the textbook: what do you want to learn and get out of it?
- Learn to trust yourself.
- Study styles are unique as you are. Everyone studies differently. What works for one person may not work the same way for yourself. But don't be afraid to try different study styles.
- Share; keep it fun. We need doctors! Mix independent and group study. Doctors work in teams (even pathologists!). Compete against yourself.
- No one said med was going to be easy, but no one said it was boring either.
- Think of the difference you will make.
- Try not to compare yourself to your friends and other people in your year. If you are covering the material and feel like you are understanding it well, that is all that matters – not how much you are doing in comparison to someone else.
- Start early! A close friend of mine discovered we were unfortunately doing the same thing all throughout our medical schooling regarding study techniques, and that was relying on "future me". Example: "Oh don't worry about going over weeks 1-4 now you're tired, sleep, future me will sort it" = fail. Never do this.
- There's this concept called eye-ear dissociation, where you don't recognise what you're hearing about is evaluating the material you've been reading about. Use your senses while studying: read it, discuss it (talk and listen).
- Avoid listening to music with lyrics. It's distracting and research shows it makes you retain less, while classical is said to improve learning.
- Ventilate your room. Chew gum. It improves circulation to your brain. Mint flavours also make you more alert.
- It's not directly related to study, but as soon as you wake up, expose yourself to natural light: it stops melatonin production (which makes the brain fall asleep), thus improving mental energy, alertness and speed of thinking. Work in bright light, with as much of it as possible being natural.
- Light exposure also helps to set an appropriate circadian rhythm, which will help you be alert during the day and get good sleep at night.
- Look for associations between what you already know and the new material.
- Improve retention by: repetition, making notes and diagrams, using the information in context, testing yourself (see below) and discussing it with others. Improve your recall by also learning triggers to access this information: what questions would elicit this information? What case studies could you be given where it applies? Use alliteration, acronyms, acrostics and rhymes.
- Setting up a glossary with all the common prefixes and suffixes (eg hepato = liver) will be really useful to work out the meaning of all the big fancy words, even if you have never heard the word before
- Really try hard to keep up to date and finish the weekly summaries that week – it will be much easier than trying to do them in lecture recess when the material is no longer fresh in your mind.
- Don't spend your entire life in a book. You are not meant to put your life on hold for 6 years to do med. It's meant to be a part of your life, not the entire thing. Make sure you have friends that don't do med and get involved in sports / arts / something outside of med. And yes, you can do this and still get HD's ;)

Tips for emailing

Technicalities

Logging In

This seems like the easiest part of the process, but Hotmail/Outlook have changed so many times over the years, and now it gets pretty confusing. Before, JCU mail was integrated into Outlook but recently Microsoft has created a new branch called Office365. This is what we use. The easiest ways to access your email are by typing "Office 365" (with the space) into Google and clicking on the first link, or bookmarking <http://mail.office365.com>. Your username will be **firstname.lastname@my.jcu.edu.au**

CHECK YOUR EMAILS REGULARLY

It's a known fact that the staff love to inundate our inboxes with emails. Unfortunately, a lot of these emails are about room changes, or cancellations/additions to the timetable. So it's really important to check them regularly – which means at 4-5

The Know-How

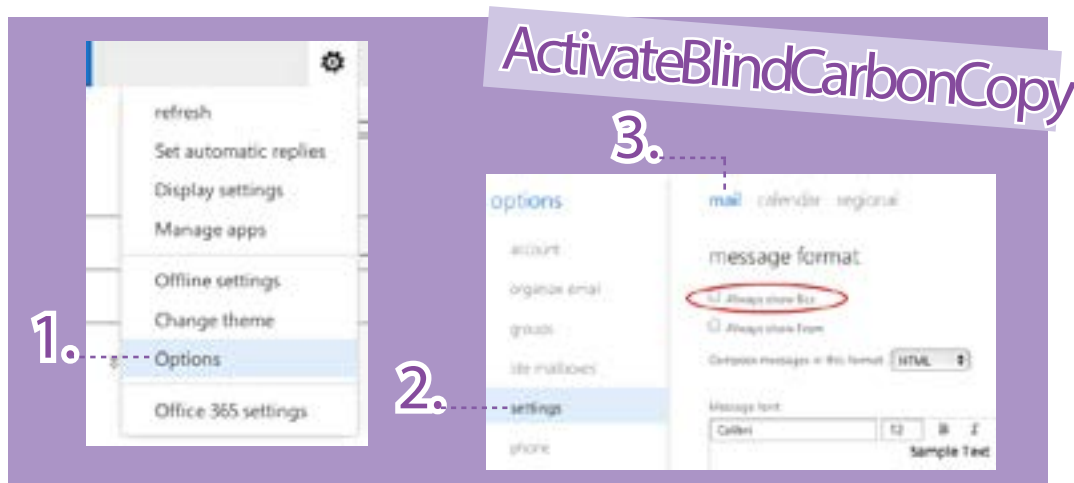
Part One: The Recipient

The most important part of an email is obviously the recipient. Always double, triple check who you are sending the email to, particularly if you have clicked, 'Reply', ensure you have not clicked 'Reply All'. When typing in email addresses, remember that students will be @**my.jcu.edu.au** whilst staff will be @**jcu.edu.au** In the new JCU email system, to add multiple recipients, separate email addresses with a semi colon; then type the next email address:

e.g. John.Smith@my.jcu.edu.au; Jane.Citizen@my.jcu.edu.au

To BCC: an email to someone (Blind copy), first ensure this setting is on. To activate this setting:

1. Click on 'Options' in the top right hand corner of the screen
2. This should open a new page with a menu on the left hand side. Click on "Settings"



Tips for emailing

The Know-How Cont.

Part two: The Subject

There is nothing more frustrating than a blank subject line. Use this line to identify the purpose of your email straight away. Particularly when emailing lecturers, the subject line 'Question' will get lost amongst hundreds of other student's emails with 'Question'. Something more specific to the student asking, the year they are in, and the subject/week from which the question is being asked is more appropriate.

e.g. Subject: Question - Med2 CVM Wk4 –Baroreceptors

You never know, the lecturer might want to address your brilliant question to the whole class in a SS. By having an easy to read subject line, they can find the question easily when searching their index later.

Part three: The attachment

The most important message on attachments: Make sure they are relevant, small in size and in a format your recipient can open. Common mistakes include sending .docm or .docx documents which can often only be opened on certain computers. Sending documents in PDF is the best option, as they are smaller in size and can be opened on almost every computer. Giving your attachment an appropriate name is also useful, such as 'JCUMSA MedBall Poster', rather than just 'poster'.

Part four: The body

All JCU Medical Students are aware of professionalism in the work place, but it often gets forgotten in emails. Emails are a form of professional communication with your colleagues, lecturers, administrators, academics, mentors, doctors and other important health professionals. As such, it is critical to be mindful of things such as:

- Appropriate Titles and Greetings
- Polite requests
- Appropriate use of colloquial language and text formats

Use spellcheck and get someone else to read any important emails eg. to your year coordinator. Nothing looks as unprofessional as someone that can't tell the difference their, they're and there! Be polite, courteous and always say thank-you at the end of an e-mail. Try to be brief, but wishing that the person has a good day and giving a warm greeting is always worth it, I believe."

"If I can pass on one tip after sending approximately 20 emails a day this year – short and sweet will get you places."

The Know-How Cont.

Appropriate Titles and Greetings

Until informed otherwise, it is always safest and most respectful to address all academic staff and health professionals by their official title, be that Dr John Smith, Professor Jane Citizen or Mr George Brown.

On the same note, certain greetings are appropriate for different audiences. 'Hey Med1' is acceptable, but 'Hey Richard Murray' is not. 'Dear Professor Murray' is more appropriate, and depending on circumstances, 'Hi Professor Murray' may be acceptable too.

Polite Requests

There is no harm in a small sentence that says, 'I hope this email finds you well', 'Thank you for your last email' or 'Thank you for your response'. Bearing in mind that lecturers get hundreds of emails a day, a polite introduction can make the difference between an email responded to quickly and one left til a few days later. Professional language is vital, as is basic manners and courtesy. Too often do the words 'please' and 'thank you' get left out of emails.

e.g. "Can you put the lecture notes up from yesterday" as opposed to:

"Would it be possible for you to please put up the lecture notes from yesterday's lecture."

A polite signing off on the email makes all the difference as well e.g. 'Thank you for your assistance.'

When emailing to ask questions of lecturers, they do appreciate if you have done your own thinking and hard work too.

e.g. 'Can you explain to me why metabolism of fructose is different to glucose?' as opposed to:

'I have been reading about the metabolism of fructose, and understand it is different to glucose. I looked at Page 45 of Biochemistry, but am a bit confused regarding whether the same enzymes are used. From what I gather, fructose just skips the first two steps of glucose metabolism. Is this correct? I hope you might be able to clarify my understanding, if possible.'

Lastly, and most importantly – remember how others might perceive your email. Correct grammar, spelling and correct sentence structure goes a long way. Lecturers will be able to understand what you are asking without having to decode your email.

e.g. 'U sed in the lecture something about Na and K but i didn't quite get it.'

Use of capital letters should be avoided in an email, at all costs, unless it is an appropriate name such as JCUMSA, SANTE, RHINO, GLS, CTL or MTC. There is no reason to 'shout' in email speak.

Tips for emailing

The Know-How Cont.

Part Five: The Follow-up Email

First of all, practice being patient. Most lecturers will respond to your email within a week, some respond within minutes, hours, some even respond at 1:00am in the morning, so sit tight and wait a few days.

Then have a good think about whether or not you should send a follow up email. Students have a habit of sending the same email a couple of times a week waiting for a lecturer to reply.

If you haven't managed to find an answer in the meantime, consider approaching the lecturer in a GLS or after a lecture before resending your email. They might then ask you to resend your question or they will help you at this time. Lecturers often prefer to answer questions in person, so they can check your understanding, and also so they can explain concepts to multiple students at once rather than writing the same email 6 or 7 times. However, if you have emailed a lecturer a question asking what page something is on – there is a good chance they are never going to reply, and you really should just go and look yourself.

Likewise with contacting doctors as mentors or for placement, if they have not responded to your email in a week, follow it up with a call, or in person. If an email has been ignored once, there is every likelihood it will be ignored a second time, so try and step out to make a difference. Besides, if anything is that urgent that you need a response in 24 hours – you shouldn't be emailing about it.

Part six: The Reply

The Timely Reply

Not all emails require an urgent reply, or even a reply at all. However, some emails are urgent, and require a response as soon as possible. Take note of the 'priority' of the email.

In general, personalised emails from a staff member (academic, administrative staff) warrant a response as soon as possible. It is important to never assume that the other person knows all the information about a situation. For example, should you receive an email indicating you haven't handed in a piece of assessment, it is vitally important to reply to outline whether or not you have actually handed it in, and if not – why/why not.

The Polite Reply

Students have a habit of sending replies in the heat of the moment, without taking the time to think about a proper response. It is often a good idea to draft an email in Microsoft Word, double check the flow and spelling, and copying it into an email before hitting 'Send'.

If an email stirs emotions that might be expressed in email, it is a great idea to leave it for a few minutes/hours to gather your thoughts, and write a reply that isn't spur-of-the-moment. You might regret saying something, so try to write a reply when you are in a grounded, objective mood.

Tips for emailing

The Know-How Cont.

Part seven: The Reply

As mentioned before, lecturers get hundreds of emails from students every day. It is of great use to identify yourself at the bottom of an email, with your name and year of medicine. This is also very useful when emailing Doctors or Mentors for assignments or organising placement. It may also be useful to put your mobile number in the signature if you wish to be contacted in that way. Furthermore, if you hold any positions in clubs or committees, including your title here will help identify yourself.

#HowToSignature

John Smith | Fourth Year Medical Student
President | JCU Medical Students Association 2014
James Cook University | Townsville
Mobile: 0412 345 678

At the same time, remember not to make your signature longer than your actual email. The following signature is far too long:

#HowNotToSignature

John Smith
Fourth Year Medical Student
President, JCU Medical Students Association (JCUMSA) 2014
Mentor, Medical Students 2008/2009/2010
Casual Babysitter
RA, George Roberts Hall 2009
James Cook University, Douglas, Townsville, Qld, Australia 4814
Mobile: 0412 345 678
Home: 07 47123456
Email: John.Smith@my.jcu.edu.au
Email: Jsmith@hotmail.com

To set up an email signature, click on the 'Options' button in the top right hand corner of the screen. Select 'See All Options'. On the right hand menu, select 'Settings'. Here you can create your signature, and select whether you want it included in all of your emails.

Tips for emailing

Facebook

“Take it from someone who has made this mistake before you – don’t write anything when you’re angry on the internet. Never reply to a lecturer who you’re annoyed at, don’t post on Facebook when you’re feeling upset and never write a sharp word to anyone on the net under your own name. Words can be taken back – but published words have a habit of being copied, pasted and sent to Deans of Medicine.”

“Set your Facebook profile to private settings, and only have a few friends who can view everything on your profile. Don’t add lecturers, accounts set up by the School of Med or other official JCU sites as your ‘full’ friends on Facebook unless you are fully comfortable with the anyone in the School of Medicine seeing everything you put on your Facebook. Remember: whether you want them to or not, once they’re your friend they will be able to see photos of you having a few drinks 3 days before your end of year exam when you’re applying for Supplementary Exams or Special Consideration.”

“No matter how cool the patient you saw today was – never, ever break patient confidentiality. If you must share it with the world, something vague like ‘Just had a great day assisting in surgery’ is fine, not ‘Am in Ruraltown on placement and delivered my first baby girl this morning!’ – Have a think about what the odds are: someone might know someone who knows someone who knows the girl who had the baby, and she was only 16. Better be safe than sorry!”

“The days are gone where our virtual presence is unnoticed by the world. In the future your medical school, your scholarship committee and your employers will look at what you write, post and photograph and put on Facebook or send in emails (or Tweets!). Be very careful about whom you share your most intimate thoughts with. Don’t share anything that you wouldn’t be happy discussing at a job interview.”

“Professionalism isn’t just about acting professional in the real world, it applies on the online world. You might be stoked you got to do CPR on someone in a small rural town, but making it your facebook status isn’t necessary. Do not make facebook statuses about the cool things you’ve seen – you never know whether one of your friends might know the person, and not appreciate you sharing their medical story online.”

“You are entitled to live your own life on facebook – but always have a think about how you might be judged as a doctor. Would you like to see photos of your doctor on facebook entering an all-you-can-drink competition?”

Tips for clinical dressing

General Advice from your Peers

The best clinical dress is that which is not noticed (neither “Wow, she’s hot” nor “He looks slack and unkempt.”) If it is noticed, the thought it elicits should be, “he looks respectable” (or, “that’s how I need to dress”).

Modesty is key (as well as a good iron). Invest in: black slacks, formal/dress shoes and long sleeve shirt with rolled up sleeves.

- Males: shave, unless you can actually support a full on professional-looking beard. (Don’t worry, not many men can…) Jeans are generally not considered clinical unless you’re in Mt Isa or somewhere really rural. But then again, just because doctor’s do it, doesn’t mean it’s acceptable. Think about how the patients/families/other health care staff are judging you.
- Females: high heels generally are a no go...unless you can sprint very fast in them (otherwise how are you going to help out at the resus?!) No short skirts/dresses (no-one wants to see too much when you are straddled over a patient in a resus – it happens!) No see-through blouses. Generally no singlets. No low cut tops. Don’t go too overboard on the makeup – the hospital isn’t a club.

Watch some of the older students – for the boys: a long sleeve, button up shirt (rolled up, of course) and slacks with black shoes will never be inappropriate. Substituting the long sleeve shirt for a short sleeve polo is also fine. For placements, if you’re not sure how formal to dress, dress towards the more formal on the first day and look at what the other staff wear to gauge what you should wear on the remaining days. Better still, contact your supervisor and ask them what you should wear. For the girls – make sure it’s not too revealing – it’s great to look good, but having distracted patients is not ideal.

Collared, sleeved, ironed shirts, long pants and flat shoes never go astray. Some blouses work well with a singlet underneath to reduce the amount of cleavage on show. You should be comfortable and be able to respond to a code red or last minute room change appropriately (ie rushing).

If you think Erin Brockavich is appropriately dressed - start again. And.. if you would feel uncomfortable wearing this in front of your grandmother, or if you need to constantly adjust something, wear something else.

Do:

- Dress like you would like to be judged – as a professional. Dress like a professional and you will be treated like a professional. Dress like you’re not taking it seriously and you won’t be taken seriously.
- Consider how others interpret you, as much as it is your choice what you wear, it sends an impression to patients, colleagues and superiors.
- Dress like a medical student should, not like doctors are. Just because some doctors might wear jeans, a polo and crocs – doesn’t mean it is okay for you to.
- Wear something comfortable. If you can’t walk because those shoes are too tight, or can’t lift your arms because something might fall out, you shouldn’t be wearing it.
- Consider purchasing JCU SMD shirts, they are a handy back-up when you can’t decide what to wear. They are certainly an investment, and will identify where you are from.

Tips for clinical dressing

Do Cont.

- Tailor your clinical outfits to the location you are going. Jeans and a JCU polo might be acceptable in a rural GP setting, whereas a polo may be considered a bit unprofessional for a neurosurgeon's consulting rooms for example.
- Wear closed in shoes, but not joggers. Shoes that cover your toes and heel are recommended.
- Wear something you can change out of easily – anything that requires someone else to help you get undressed or has safety pins / a million buttons / lace up – will be far too difficult to get out of when you need to get into scrubs. Consider wearing buttoned up stuff on surgery days, makes the whole outfit a lot easier to remove!

Don't

- Make it a fashion competition and try to be the most stylish one there. Often the more stylish, the less practical.
- Wear stilettos that make you look like you are off to town or the races. You're off to work.
- Wear anything that should be ironed and isn't.
- Wear anything that is tight, and figure hugging, or shows off too much cleavage or leg. Again, maintain professionalism, which includes dressing respectfully.
- Wear anything that you are worried about getting dirty – you will encounter blood, pus and other bodily fluids. You will also encounter things like betadine, which often doesn't come out in the wash.
- Wear anything see-through.
- Wear long sleeves if possible, they tend to get wet when washing your hands...
- Wear a tie – it may look really smart, but it is not practical to be tickling your patient in the face with your tie, nor dipping it in their wounds.
- Wear overpowering perfume or cologne, you may induce respiratory arrest.
- Not wear deodorant, for the same reason.

In General

"I bought them all in paper format because I find it easier to study that way."

"All my textbooks I bought second hand except for Marieb. Nothing really changes from one edition to the other, except the page numbers. It's like a car – will still get you from A to B, so don't spend your life savings on brand new ones. Like a car, road test them first! Actually have a read of your friend's or the library's copies – you may buy it and then realise it is not your cup of tea..."

"Don't buy them upfront before starting the year; wait until about 1m in because by this point all of the older years will be trying to sell you theirs for >50% off!

"There are two types of medical students when it comes to text books. Type 1: Paranoid, slightly wealthy, generally neat – buys every single text book on the list no matter if it is prescribed or not. Type 2: Bit more chilled, waits until week 2-3 of the semester and sees what the lecturer recommends, happy to buy second hand/ borrow (JCUMSA forums), doesn't buy all text books on list ever. I was type 2."

"Another common option is to purchase textbooks from the internet: you can get the latest edition for a bit cheaper than buying it at a bookshop. Fishpond and Book Depository are generally pretty reasonable priced and have free shipping in Australia. Beware that books may take several weeks to arrive, so order early."

Med One

Introduction

It seems like a lot of textbooks and a lot of money when you first start medicine. The purchase of textbooks is a right of passage for all new medical students, and often leaves you in debt going into your first semester. But fear not! The majority of these books will last you the rest of your medical career, and are an investment for the future. If strapped for cash, consider second hand books, or selling them after the year is over. Find an older student who will kindly lend you the books you will only need for a year.

We recommend purchasing Marieb prior to the year commencing, however holding off til the semester starts is a good idea for the other books, as it will give you the chance to hear whether the lecturer wants you to have it, which books you'll actually use and also to find people selling books second hand.

Prescribed: (Followed by some opinions from your peers)

[HB/CTL]: Human Anatomy and Physiology (Marieb)

- The bible – not to be without! Marieb will inform you of all the basics of medicine from day one. Not quite as well detailed in anatomy as Gray's, it is essential and a must for physiology. You will use this textbook every year for your pre-clinical years. Highly consider the newer editions, as the lecturers often refer to these.
- This textbook is like the BIBLE for semester one first year med. It's the ultimate reference text spanning over Human Biology and Cells to Life. This is an ABSOLUTE MUST for a first year if they wish to pass. No exceptions.
- Marieb is a must – it won't tell you everything you need to know, but it really is the year 1 bible. A lot of diagrams in tests will come directly from here, so make sure you know the diagrams well! Do not rely on it for MSS though.
- The one exception to this rule is Marieb Human Anatomy and Physiology. This book is golden. You MUST buy it!

Tips for textbooks

[CTL/MTC]: Essential Cell Biology (Alberts, Bray, Garland)

- This textbook is the prescribed textbook for all your GLS material, and most of your images from the lecture will come from here. A must purchase. However, older editions are just as suitable – consider buying second-hand from older students!
- Good as a secondary reference to Marieb's for Human Bio and Cells to Life, but I find that Marieb easier to understand. However, some weeks (mainly CTL) absolutely relies on this ECB to understand the concepts (as it may not be covered in Marieb's). Therefore, it might be in your best interests to either acquire a second hand copy, or borrow it out when needed.
- You do need it for the cell communication weeks of cells to life and for the Cell Cycle weeks of CTL. We also used it for a few definitions early in MTC, but it wasn't heavily used in other weeks. You can easily borrow it from the library for these heavy weeks.

[MSS]: Gray's Anatomy for Students (Gray et al)

- Not only is it very cool to own a copy of 'Gray's Anatomy', it will be your staple anatomy textbook for the rest of your life. Consider it an investment, it is quite expensive, but will last you the rest of your medical career.
- An absolute must. I have read about 2/3 of it through my one and half years here just by doing the subjects we have done. I cannot stress enough how fantastic this book is. The accompanying book, McMinn's Clinical Atlas of Anatomy is also a great book: it's not required explicitly for anything, but I should have used it more: it's a great book for actually visualising how things look in situ.

[MTC]: Principles of Medical Biochemistry (Assorted Authors)

- Any medical biochemistry textbook is a must to survive MTC. It is a personal opinion as to which one is best, however they are all very similar in content. Second hand editions are just as good as well, as this is a book not directly referred to by the lecturers, but a staple for laying down the fundamentals of Molecules to Cells.
- Never purchased it or even looked at it. 'The Text', written by Jim Burnell, is the ultimate guide to Molecules to Cells and will cover everything you need to know about biochemistry at this stage. This renders the Principles of Medical Biochemistry obsolete in Semester 1.
- I hear Jim's text book is amazing for MTC, however the prescribed text for us in MTC (Principles of Medical Biochemistry, by Meisenberg and Simmons) was not at all a must: I think I may have used it once or twice briefly, but it is not needed, I believe.
- Grossly too much detail for what you need. Nice for background reading, but it's a sidetrack if you do. (I don't agree with it being on the low-budget text book list.)

[G&H] Human Genetics (Lewis)

- Genetics lays down the fundamentals of genetics and will teach you almost everything you need to know as a starting point for GH. It is not very expensive, and would be a good book to get second hand or borrowed, as you won't really need it again until third year, and by then there are more detailed books to purchase. However, many high school students might find their high school biology textbook had a decent genetics component, and might be happy consulting that for the basics.
- Great to help you understand the concepts you don't get, but DO NOT summarise the chapters in this text book for Genetics – all of the concepts seem really important, but the notes the lecturer gives you are what you really need for a good knowledge of genetics and for the exams.

Clinical Examination: A Systematic Guide to Physical Diagnosis (Talley & O'Connor)

- Prescribed in first year, however we would recommend holding off this purchase til later years. It is the bible for the clinical years as far as examination procedures go, however you don't learn these examinations til second year.
- The editions are updated every year, so consider a later purchase if you would like to be up to date.

Recommended:

[HB/CTL]: Functional Histology (Kerr)

- Highly recommended. Particularly if you are struggling with microscopes, and everything looks like pink/purple dots, consider buying Functional Histology. It will last you for years, and is useful to come back to with Neoplasia in Med3 and Pathology in Med4. It is not terribly expensive, and doesn't update editions often, so you can often get the current edition second hand, and cheap.
- Functional Histology is an amazing book – really helps you to make sense of what can look like a jumble of pink and blue on histology slides.
- Get it. It's used from 1st right through to 4th year. It's too inconvenient not to have it.

[MSS]: McMinn's Clinical Atlas Of Human Anatomy (Drake and Abrahams)

- A suitable alternative to Gray's should you prefer a cheaper option, or a different approach as Gray's isn't for everyone.
- Use this in conjunction with Gray's for MSS. There's a section with bones where they show where all the muscles for a specified bone attach. I wish I'd found it before exams.

[Clinical Skills]: Bates' Guide to Physical Examination and History Taking

- A nice adjuvant to clinical skills examination, up to you if you would like it.
- It's quite easy reading and good introduction, and better for beginners (1st years) than Talley and O'Connor I've heard. However, from 2nd year onwards, you will want a solid process for clinical examination and signs/symptoms to look for on the patient.
- Bates only tells you what to look for, while T&O explains the sign or symptom and what it indicates, and what else can cause it. Good for first year only.

I can only afford a few textbooks. Which ones can I not live without?

- Human Anatomy and Physiology (Marieb)
- Gray's Anatomy for Students (Gray et al)
- Principles of Medical Biochemistry (Assorted Authors) or Essential Cell Biology or Kerr Functional Histology (depends who you ask!)

Med Two

Introduction

So you've passed first year! Now it's the time to buy a whole new set of textbooks. At this stage of your degree, there is still the one you can't live without and others that may or may not be useful. It is up to you to decide what works for you – but here are our suggestions:

Prescribed: (Followed by some opinions from your peers)

[Everything]: Textbook of Medical Physiology (Guyton)

- The bible of Med Two – a must have.
- Its comprehensive chapters on the heart, lungs and blood will serve you well for most of CVM, RM and HRM.
- Definitely useful for answering a lot of GLS questions that come up.
- This is arguably the most important textbook you'll need this year.

[Neuro]: Exploring the Brain (Bear)

- While I used it for some weeks of Neuro, I would definitely only buy it used.
- Some students have been able to get by with online resources instead.

[HRM]: Essential Haematology (Hoffbrand)

- While it can be useful for extra understanding, you would be better off buying it used.
- This textbook is particularly useful for haemopathologies and blood transfusion weeks.

[CS]: Clinical Examination: A Systematic Guide to Physical Diagnosis (Talley & O'Connor)

- While one can get by on the official History Taking and Examination Guides from the med school, this would be a useful textbook to have and will last you for the next five years.
- This is particularly useful because it includes photos of the clinical signs you're looking for that you may not necessarily recognise.

Recommended:

[CVM]: Pathophysiology of Heart Disease (Lilly)

- While useful for the later weeks of CVM, one may be able to get by without it.
- However, it would be recommended if you could find a second-hand copy.

[RM]: Pulmonary Pathophysiology: the Essentials (West)

- Some students have been able to get by without this just by using Guyton.

I can only afford a few textbooks. Which ones can I not live without?

- Textbook of Medical Physiology (Guyton)

Med 3

Introduction

By this time, you'd probably feel pretty weary about purchasing textbooks unless you absolutely have to. While some choose to collect them all (in a Pokémon like fashion), it is possible to get by with only a few key texts and access to the JCU databases. If particularly strapped, there are always a few electronic copies of textbooks being passed around from student to student – keep in mind that JCUMSA in no way endorses the distribution of e-books without the distributor's consent.

We recommend purchasing Janeways Immunology, Robbins Basic Pathology and Rang and Dale's Pharmacology. While some people choose to buy Pathologic Basis of Disease, an extended version of RBP that will come in useful for clinical years, it is simply up to personal preference.

Prescribed: (Followed by some opinions from your peers)

[III]: Janeway's Immunobiology (Kenneth Murphy)

- Excellent textbook that provides in-depth knowledge of Infection, Inflammation and Immunity. Some of the diagrams from Prof. Ketheesan's lecture slides have been sourced from this textbook.
- Provides an amazing amount of detail.
- However, its explanations of concepts can be confusing at times. It may be best to use other sources (e.g. Wikipedia, Youtube) to gain a general understanding of a concept (e.g. MHC presentation) before reading Janeway's.

[MP]: Rang and Dales Pharmacology

- Provides a decent overview of different drug classes, their mechanisms of actions and general side-effects.
- Can be difficult to interpret information regarding specific drugs and their features.
- Some students have been able to get by without this textbook by relying purely on lecture slides, MDConsult, the Australian Medicines Handbook and Wikipedia.
- Other students tend to prefer Goodman and Gilman's the Pharmacological Basis of Therapeutics due to the higher volume of detail (and arguably easier layout)

[TIN]: Robbin's Basic Pathology

- Provides a great explanation of the process of inflammation and neoplasia (development of cancerous growths).
- Also provides a solid and easy-to-understand overview of a variety of different medical conditions.
- The whole textbook is divided into systems, which may make it easier to navigate.
- As mentioned earlier, some students prefer to buy Pathologic Basis of Disease – however, it all comes down to whether you prefer the extra level of detail or not.
- Highly recommended.

[ID/IH]: Mims Medical Microbiology (Goering)

- While it can provide some useful information, it is often over-simplified.
- Some students may prefer to use online resources instead,
- It is possible to get by without this textbook.

Recommended:

[CS]: Clinical Examination: A Systematic Guide to Physical Diagnosis (Talley & O'Connor)

- The bible for history taking and clinical examinations.
- If you do not have this textbook by now, it is highly recommended you get a copy.

[EM]: Emergency Medicine Diagnosis and Management (Brown)

- While some students will find this textbook useful, others have found it to be overly detailed.
- Students can probably get by without purchasing this textbook.

I can only afford a few textbooks. Which ones can I not live without?

- Janeway's Immunobiology
- Robbin's Basic Pathology
- Clinical Examination (Talley's)

Tips on subjects

Med One

Semester 1

Ecology of Health 1 – Social Sciences/Health Policy / History of Health

- Do not ignore the seemingly 'easy' subjects – they are all weighted equally!
- Special note: Pay particular attention to the weeks covering Medicare, Pharmaceutical Benefits Scheme and the funding by different branches of the government. Very easy to be tested on these things during exams. E.g. name two health services funded by the State Government and two by the Federal Government.
- Turn up for the classes and be an active participant!
- The content in this subject is not just common sense – the concepts may not be difficult to grasp, but you do need to actually engage with the content. Just because the information given to you is not difficult to understand does not mean that you would be able to come up with it yourself in an exam situation, and there are certainly parts of the subject that you just have to flat out memorise, and can't get by answering in the exam with common sense. It really is relevant to medicine, and it is often the content from this subject (and RRITH in year two) which you actually experience on placements.

Cells to Life – Cellular Biology

- Make notes off the lecture slides and use the GLS to figure out what's relevant. There are A LOT of concepts covered in CTL.
- Try to record Helen's lectures – she speaks very fast, but is a fantastic lecturer – ask her a lot of questions.
- Know your processes. MAP kinase kinase kinase, the different types of receptors and how they work, and especially the tissue weeks.
- Practice being able to use the microscopes – they will come up over and over again. You need to be confident identifying little pink lines and purple dots! One of the older student told us once, why would they laminate something if it couldn't be on an exam?
- If you're struggling to remember the names of so many things, focus on the Latin derivatives – epi meaning around, myo mean muscle etc. Also try to remember what each thing does, makes the names easier to remember.

Molecules to Cells – Molecular and Chemical Biology (Mostly around Metabolism)

- Whiteboarding. As said earlier, just draw, wipe out, and redraw the biochemical pathways to help you remember them. Even wipe out just the enzymes and see how many of them you can recall.
- Regulation and inhibition points of biochemical pathways: i.e. how fluorocitrate inhibits aconitase the effect of high levels of ATP on isocitrate dehydrogenase. Questions like these do appear on the quizzes but are often overlooked during study.
- Very important: regulation and inhibition points of biochemical pathways: e.g. effect of high levels of ATP on isocitrate dehydrogenase, how arsenic is a poison. Questions like these often appear on the quizzes and exams but are often overlooked during study.
- Start using flow charts early!
- Focus on the parts of the subject that are applicable to medicine – especially in week 2 on chirality and pH and pKA etc – understand the concepts and how to work out what they want you to work out – there is a lot of detailed chemistry which underpins all of that stuff which you do not need to know and you will not remember if you try.

Tips on subjects

- Don't freak out with pKa, it is not a main focus, but useful to understand.
- Butchers paper the pathways until you can do it without looking. Yes, you need to know the enzymes...

Endocrinology

- Be able to answer all of the learning objectives.
- Do NOT ignore Damien's weeks of endocrinology.
- I found it useful to make mind-maps / flow-charts as a way to remember everything and see how it links together (in addition to summaries of lecture slides and GLS's).
- Make sure you can understand and explain all of the images / diagrams in Naga's slides.
- Naga's SS are very useful as he highlights the most important points from the week (often highlighted in orange font) and provides answers to a lot of the GLS questions.
- Know the hormones inside and out. Naga will give you a list of things you should know about each hormone, which is listed below:
 - » Site of production
 - » Type of hormone
 - » Circulating in which form – bound or free
 - » Target site/s
 - » Mechanism of action
 - » Receptor location
 - » Actions
 - » Actions on metabolism
 - » Other important actions
 - » Regulation of secretion
 - » Factors influencing secretion
 - » Hyper- and hyposecretion
 - » Signs and Symptoms with hyper- and hyposecretion – physiological basis
- Attend Naga's lectures and listen for what he says is important. You may find him difficult to understand at first but pay attention and you'll get used to it (also you wont miss any of his jokes! :D)

Semester 2

Ecology of Health 2 – Social Science/Health Policy

- Remember, it's equally weighted as the other subjects, so make an effort to memorise flow charts and lists that are given to you. Think about what they could ask you that would score 5 points?
- A lot of the early weeks (related to health psychology) will reappear in HDB next year, so do take note. You will have to get used to Frances' style of talking though (she tends to emphasise conjunctions and articles in sentences, rather than the technical nouns or verbs).

Musculoskeletal Medicine – Anatomy and Physiology of Musculoskeletal System

- Use lots of flash cards and start learning it early
- DO NOT FALL BEHIND!!! Make sure you do read the chapters of Gray's before going into the lab – if you're trying to learn the names, origins, insertions, innervations and functions of the muscles while in the anatomy lab, rather than trying to picture them, orient them and go over what you've already taught yourself, it is really not ideal. This said, if you don't get a chance to do the readings before one of the sessions, don't stress; there will be free time in the anatomy lab for Med 1s, so you'll get a chance then, but it is best to be as prepared as possible whenever you can. Also, use the lectures to guide what you need to get out of the text – there is a huge amount of detail in Grays, so learn what you need to know and what you will remember in years to come to help you become a good doctor.

Human Biology – Reproduction + Evolution

- Anatomy: Whiteboarding. Draw and redraw the anatomical diagrams.
- Male and Female reproductive cycles: Draw and redraw the reproductive cycles as well, and write a couple sentences for each step
- Embryology: learn what happens on a day-by-day basis after conception. E.g. Blastocyst adheres to the endometrium by day 6, invades by day 7 and finishes implantation by day 12.
- Immunology: Go to Keethesan's lectures! He holds out on those who don't come by removing the learning objectives from his lecture slides.
- The GLSs are especially important, and let Marieb be your guide!
- Make sure you do the pre-reading before going into lectures and especially for her GLSs. In MSS, same thing applies. Know that the lecturers values surface anatomy and relative sizes and relationships of structures highly; you're bound to see it on exams.
- Go to Ketheesan's lectures on time, unless you like being embarrassed as he stops talking and waits until you sit down.
- Utilise body painting.
- Again with the microscopes – get confident! Do the GLS books too, the exact same questions will often come up on the exam.

Tips on subjects

Genetics in Health – Basic Medical Genetics

- Interesting subject. Learn Chi-Squared/ Hardy-Weinberg equation religiously for the end of year exams.
- Only focus on what the lecturer goes over with you in the lectures and the GLS – the text book is great, but use it for background understanding; use the lecture notes and GLSs as a guide for what you need to know. Focus on concepts rather than memorising numbers.
- Really interesting, attend the sessions where there is a guest patient with that week's disease – it really makes it relevant and you can apply the clinical manifestations of the genetics you learn. He also expects you to know a bit more detail about the disorders he has patients for.
- Do not underestimate the importance of pedigrees either!

Med Two

Semester 1

Cardiovascular Medicine

- Intro lectures are a must!
- A good way to learn electrophysiology of the heart is to draw the diagram from a step-by-step process. The same can be said for the cardiac cycle.
- To visualise the process better, you may be better served looking up videos on Youtube.
- General blanket rule: all veins pump blood TOWARD the heart, while all arteries pump blood AWAY from the heart
- The best way to understand ischaemia is to think of it as an issue between supply and demand. When oxygen demand is high and supply is low, it causes the cardiac tissue to become ischaemic
- Focus on the common conditions – e.g. myocardial infarctions, hypertension and heart failure
- The best way to approach any heart condition is to think of the process sequentially (e.g. if there is left-sided heart failure, blood builds up in the LA, causing blood to fill up in the lungs, which can lead to pulmonary oedema etc.)
- Always try and answer the learning objectives.
- GLS questions are quite relevant – exam questions are sometimes based off the ones that are in the GLS.
- Synthesising sessions are a good for revising the entire week and it is highly beneficial to attend them.

Respiratory Medicine

- Suzy Munns explains key topics really well so make sure you attend every lecture!
- Draw / whiteboard airway anatomy, lung anatomy and respiratory physiology to gain a better understanding of how they work.
- Know common respiratory conditions, such as chronic bronchitis, emphysema and asthma, inside and out!
- Suzy allows for a lot of questions so any misconceptions can be cleared.

Haematological and Respiratory Medicine

- Attend Naga's lectures, do the GLS's and attend the SS's as they will highlight the key points to know (he will also go through difficult GLS answers)
- Make sure you can answer the learning objectives.
- It can be hard to follow some of Shashi's lectures so jot down as many notes as possible (and consider re-listening to his recorded online resources).
- Work with your peers to make summaries of each blood disorder using Robbin's Basic Pathology, Essential Haematology, lecture slides and any trustworthy online resources – his weeks are VERY big so it's definitely useful to work together to conquer his weeks.
- Know the material from Prof. Ketheesan's blood group week too (blood groups, HDB, Rh, Coomb's test).
- Guyton is useful for some of your GLS's. If you don't understand Guyton, start by reading about it in Marieb to get a more basic / general understanding.
- Essential Haematology – some people find this useful and some don't. Try to buy it used.
- Know your histology – do NOT ignore it.
- Know the main histopathologies (e.g. megaloblastic anaemia, sickle-cell anaemias) and be able to identify the key features of each.
- Know and understand the coagulation pathway – you may not be asked to draw it, but you do need to be able to answer questions about certain aspects of it.
- Make sure you know the renal weeks well! Don't ignore them just because they're at the end of the semester. They will come up in ENDO so it will make your life easier in semester two.

Rural, Remote, Indigenous and Tropical Medicine

- Do NOT ignore this subject – it is VERY content heavy and cannot be crammed during SWOTVAC (though this has not stopped some from trying).
- Guest speakers are often important and can be examinable.
- Tropical diseases are best organised in a table format or flash cards
- Due to the heavy content, group discussion / study is often effective in determining what's relevant and what's not.
- As GLS workbooks are correlated with learning objectives, they often make good practice questions for SWOTVAC.

Tips on subjects

Semester 2

Neuroscience

- Marieb and Bear were helpful at times but you can get away with not using them provided you use another trustworthy online resource.
- Be prepared to take notes very quickly in any anatomy sessions with Monica. These are important to know and helpful for all of the following concepts.
- Draw the blood vessels of the brain repeatedly until you can remember it off the top of your head (and yes, that was a pun!)
- Be familiar as you can with the formation of all neurotransmitters and their neural pathways in the CNS.
- It is highly recommended that you understand the Motor Loop and how a defect in dopamine leads to Parkinson's disease.

Psychological Medicine and Human Development

- Make summaries according to your learning objectives.
- To organise your summary, use tables to help organise topics and main ideas.
- Focus on understanding the narrative – the summary is made from this document.
- Focus on connecting topics and disorders in chronological order of human development (e.g. developmental disorders in childhood etc.)
- Making a list of definitions can be quite useful for understanding many of the disorders.
- YouTube videos may also be useful in understanding many disorders.
- Flash cards can be effective when learning definitions and disorders.

Medical Pharmacology – Pharmacology / pharmacokinetics of drugs and general classes

- Making drug flash cards can be useful, but make sure you don't get too caught up in making them, instead of actually learning the drug information
- Do not leave it all to the last minute – there are simply too many drugs for you to remain sane in SWOTVAC if you have to learn all of them in one week.
- Understand the principles and basic mechanisms of drug classes (eg. Hypercholesterolemia is treated with statins that act as HMG-CoA reductase inhibitors).
- Incorporate different learning aids such as drug tables, flash cards and whiteboarding to add variety to study. Making and reviewing notes can be tedious and may cause you to lose focus; where as using flash-cards in group study may be useful in helping to remain awake and alert).
- Try not to leave MP study to the last minute. Reviews (no matter how brief) throughout the semester will help you understand and retain the information better (and can help reduce the stress of learning or memorizing what feels like a million different drug names and mechanism of action).

Tips on subjects

Endocrinology

- Be able to answer all of the learning objectives.
- Do NOT ignore Damien's weeks of endocrinology.
- I found it useful to make mind-maps / flow-charts as a way to remember everything and see how it links together (in addition to summaries of lecture slides and GLS's).
- Make sure you can understand and explain all of the images / diagrams in Naga's slides.
- Naga's SS are very useful as he highlights the most important points from the week (often highlighted in orange font) and provides answers to a lot of the GLS questions.
- Know the hormones inside and out. Naga will give you a list of things you should know about each hormone, which is listed below:
 - » Site of production
 - » Type of hormone
 - » Circulating in which form – bound or free
 - » Target site/s
 - » Mechanism of action
 - » Receptor location
 - » Actions
 - » Actions on metabolism
 - » Other important actions
 - » Regulation of secretion
 - » Factors influencing secretion
 - » Hyper- and hyposecretion
 - » Signs and Symptoms with hyper- and hyposecretion – physiological basis
- Attend Naga's lectures and listen for what he says is important. You may find him difficult to understand at first but pay attention and you'll get used to it (also you won't miss any of his jokes! :D)

Med Three

In 3rd year, people will keep telling you not to compartmentalise your knowledge in preparation for the clinical years. One of the ways to start doing this it is make sure you put together the knowledge from different subjects that cover the same diseases. Also, make sure you are well versed in diseases that are covered in more than one subject from either semester: e.g. tuberculosis, rheumatic heart disease, measles, varicella, pneumonia and anaemia and so on.

Semester 1

Infection, Inflammation and Immunity – Infection, Inflammation and Immune Response

- Be on time to class! There's nothing quite like being late to a lecture given by Prof. Ketheesan!

Tips on subjects

- Beware of Janeways. It is a fantastic book (and can be quite useful in preparing the GLS answers or synthesis sessions), but contains a lot more depth than you need in this subject. Focus your reading on the broader concepts discussed in class, rather than the extra additional fine detail explained in Janeways.
- Do not underestimate simple things like the percentages in the differential white blood cell counts, conversions from L to mL etc... - these are easy to learn, but are also easy to make accidental mistakes on and are quite frequently seen in exams.
- Know and understand titres, IgM and IgG graphs– these are also extremely common exam questions
- Similar to the other modules, there is a lot of new vocabulary so it might be beneficial to write up a list of definitions to avoid confusion.

Medical Pharmacology – Pharmacology / pharmacokinetics of drugs and general classes

- Making drug flash cards can be useful, but make sure you don't get too caught up in making them, instead of actually learning the drug information
- Do not leave it all to the last minute – there are simply too many drugs for you to remain sane in SWOTVAC if you have to learn all of them in one week.
- Understand the principles and basic mechanisms of drug classes (eg. Hypercholesterolemia is treated with statins that act as HMG-CoA reductase inhibitors).
- Incorporate different learning aids such as drug tables, flash cards and whiteboarding to add variety to study. Making and reviewing notes can be tedious and may cause you to lose focus; where as using flash-cards in group study may be useful in helping to remain awake and alert).
- Try not to leave MP study to the last minute. Reviews (no matter how brief) throughout the semester will help you understand and retain the information better (and can help reduce the stress of learning or memorizing what feels like a million different drug names and mechanism of action).

Preventative Medicine and Addiction Studies – Preventative Health and Substance Abuse

- Do not dismiss PAS. It is a subject that still has a significant amount of content that you need to learn (and cannot just rely on common sense for), and is actually one that you will be extremely useful to you in the clinical years.
- As some parts of PAS are steered towards clinical medicine it can be beneficial to integrate PAS teachings with MP, TIN and III to grasp the bigger picture of this particular module.
- Case simulation using friends as volunteer patients may be very helpful as well for study of PAS and its integration with MP, TIN and III
- Motivational interviewing and brief interventions are essential exam and life skills to have
- Take note of the different clinical tools (screening tests, Lifescripts, and decision-matrices) mentioned in this module. It is expected to know which specific screening tests are used for each particular addiction. In addition, this holds relevance to clinical medicine practice.
- Statistics (like PPV, sensitivity and specificity) can be tricky, but it is worth spending the time to understand them and doing the practice exercises. These terms get thrown around in clinical practice and knowing what they mean will make you that much more the competent doctor.

Tissue Injury and Neoplasia – Mechanisms of Inflammation and Cancer

- Know your cytokines and chemokines (it will also help you with III)
- Some of the GLS sessions will involve patients coming in to talk to you about their experiences with cancer. It is always worth attending these, as these patients have extremely valuable insight into the more human aspect of cancer
- CTL comes back to haunt us in TIN as histology is very important (visually recognizing the signs of tissue injury and neoplasia).
- Try to link the process of tissue injury to its histological representation to increase comprehension.
- Baby Robbins is a very helpful book to use for TIN. (Take advantage of the easy-to-read diagrams and definitions.)

Semester 2

Infectious Diseases – General characteristics of invasion and system-based infections

- Really obvious point – but make sure you understand III as it will help you understand the pathogens and their resulting infectious processes
- It is worth spending the time writing out/creating a flow chart/or going over, the microbiological features of the pathogens to understand which are gram negative or positive, cocci or bacilli, how they are arranged (diplococci, in clusters, in chains), whether they are encapsulated or not, and what the major virulence factors are; as these specifically determine which pathogen you are dealing with and often come up in MCQs
- Be able to describe bacteria based on description, features and location inside / outside the human body
- Do not neglect lab sessions – they are easy to forget, but actually contain useful practical information which may end up in your exam
- Meningitis, encephalitis, the differences between them and the pathogens that cause them are also essential knowledge

Introduction to Emergency Medicine – Management of system-based emergencies

- ABCDEFG!
- Following a structure when considering every case/patient can be extremely helpful to guide your thoughts and make sure you don't forget anything: ABCDEFG, observations and examination, investigations (imaging, blood tests ...)
- Make sure you know your ECGs, especially the common ones such as normal sinus rhythm, AF, VT, STEMIs and their different locations. Books such as "ECG Made Easy" or the multitude of websites that exist can be useful to give you some extra practice in identifying the different ECGs.
- Have a system to go over chest x-rays to make sure you don't miss anything – it doesn't matter what system you use, just use one you are comfortable with. There are also plenty of educational websites which you can use to start to get used to the appearance of various diseases on x-ray.
- Textbooks like the recommended Emergency Medicine by Brown and Cadogan or the Oxford handbook of emergency medicine may come in handy (especially in terms of answering some of the GLS questions), but are really not essential if you do not want to be spending extra money on textbooks

Tips on subjects

International Health – Various aspects and differences in the health of populations overseas

- Millennium Development Goals are the absolute minimum knowledge!
- Do your wikis on time each week – it is easier than having to do the makeup exercises all in one go.
- Try to vary the types of questions you do for the wiki each week, and don't be tempted to only pick the easy questions or the ones you already know something about – come exam time you will have a lot more experience in answering the different types of questions if you have given everything a go.
- Practice causal chains each week – even if it isn't your turn for the causal chain in the wiki, at least think about what you would have written – the more you practice, the more confident you will be by exam time
- Again, worth mentioning for extra effect – know how to do causal chains!

Skin and Special Senses – Various skin conditions and pathology of the special senses

- Learn the online study guide and the topics that Brennan recommends first, and only expand your learning to other topics after you have covered those basics. Some of the guest lecturers will go into a lot more detail beyond what it is expected you will know, so don't get distracted by the extent of the content, and focus on the common diseases (acne, rosacea, dermatitis, scabies and the infectious diseases).
- Do know meningococcal, measles and varicella, as these are not only are frequently examined but are absolutely critical knowledge for clinical practice – these are diseases you cannot miss.
- Definitely attend the last two GLS sessions: they will cover Snellen, Rinne and Webber's tests which you will need to know.
- Refer to clinical skills work books and online resources for clinical application of SSS

Tips on placement

Before you start

- You will inevitably feel uncomfortable arranging and organising placements, but you just have to deal with it.
- Make your objectives clear with your supervisor, 'I am not confident with taking a history, could I please practice?' or 'I would really like to learn how to take blood'.
- Be on time, be interested and be polite - you don't have to be brilliant, if you are nice to everyone and well-presented/punctual you will soon become a favourite.
- Dress appropriately as per 'Dressing Clinically' – if in doubt, overdress on the first day, then tailor it as necessary.
- You may feel like you're getting in the way a lot during the early years, so do something, be useful! Ask if you can hold something or if there is anything you can do to help?
- Have a notepad small enough to fit in your pocket and a pen to take notes. You'll be surprised when you look back months or even semesters later of the cases you saw (multiple myeloma?). I generally try to avoid using it around patients (specifically during consults) so they don't feel objectified, but if the doctor is very busy, you don't have a choice and I'm sure the patients would understand (especially in a hospital situation).
- Thank everyone, all the time, whenever you can. It shows you appreciate them teaching/providing opportunities. Tell them why you're thankful too: 'Thanks for letting me shadow you today, I really enjoyed seeing how the fracture clinic works.'

When you get there

- Be polite, always introduce yourself at the beginning of phone calls or if you meet someone new. Ask what their name is and what they do, it shows you are interested.
- When asked 'Have you xyz before?' reply with 'No, but I would love to learn' or 'Yes, a few times, but I'd always love more practice'.
- Don't always follow the doctors – you learn a lot from nurses and allied health – they often run the show, especially in rural hospitals.
- Don't be afraid to ask questions to your doctor or for clarification for something they said but in conjunction make a list of questions or topics to look up on your own.
- If you don't know something when asked, be honest, don't make something up. "Do you know what nephritic syndrome is?" "No, to be honest I can't remember, but I recall you do get oedema..." If you're honest, and show you know a bit, you won't seem hopeless.
- Ask if you can examine the patient whilst someone watches – be an active member of the team, and don't criticise anyone, ever.
- Ask for feedback on your clinical skills, where you can improve – and then do it!
- Spend a bit of time working out which doctor/nurse is a good teacher and which isn't. Even the most boring of cases can become interesting and a valuable learning experience, if you can work through it with a good teacher.
- Don't skip the things that may sound boring like handovers: you will learn useful tips about what make a good patient presentation and what doesn't, which in turn will help you become a competent doctor as you progress through the clinical years.
- Ask and thou shalt receive – you may never know what you would be allowed to do unless you ask! Just make sure you receive informed consent from the doctor and patient.

Tips on work life/balance

On study expectations

- Don't expect to have the same balance your friend studying New Media Arts has. You're entering a job that will use up a huge amount of your life. It will hurt you, challenge you and demand from you more than any other career. But it will also give back a great deal of rewards. So, you should expect to work really, really hard as a medical student.
- That being said, get involved in your societies (RHINO, JCUMSA, SANTE, other acronyms), be part of your college soccer team, and enjoy university. It's a great way to meet people and helps you to see a different side of medicine. Make a group of friends, and make a point of going to the pub for a nice dinner and a quiet drink once a week so you spend some time away from college food. Don't be alone – everyone wants to get to know you, so come and spend time with your colleagues!
- All you have to do to pass first year is study. Not a lot, but just consistently & intelligently.
- Do not let settling into uni stop you from doing anything. Take up one activity/group, and see how you go. People always restrict themselves in the first year when it's really not necessary.
- Compromise: study during the week nights in exchange for freeing up your weekends. Just make sure you study fairly consistently.

On balance

- Exercise is the most important thing - when you exercise you will study better too. You need "me time" and this is a perfect way to pound out your stress (on the pavement, into a boxing bag etc)
- Study in between breaks, leaving more time free during nights and weekends. If you have 1-2 hours between a lecture, rather than just sitting around talking or spend time going back to college, start your summaries in the computer lab or do a few of your readings.
- You should give blood. You might not be a doctor yet, snatching people back from the brink of death, but every donation saves three lives. "How wonderful it is that nobody need wait a single moment before starting to improve the world." Anne Frank
- You can still work during medicine, there are plenty of people who work up to 25 hours a week. It can be hard, but it can be done. If you really need the money, consider weekend jobs rather than night jobs, as they tend to tire you out, or consider jobs at the university like tutoring, home group facilitating or being an RA.
- There is time to relax – anyone who studies the whole week through is missing so much of what life is about. Don't let it consume your life, still watch TV, still go for walks and still talk to people. In 20 years time, you should remember medical school for not just the study.
- Make set times in which you will be sociable, just like you would set out particular times for study, or you may find that study takes up all of your time. Make sure that outside-uni activities don't take over your life completely though: you need to be spending at least as long studying outside uni as you spend at uni.
- If you find you're planning to do work, but not actually doing anything, and you know that you won't actually be able to do everything (because you didn't give yourself any breaks and you feel mentally exhausted), lighten up a little and just be honest with yourself. Don't procrastinate the whole Thursday night when you said you'd study for 4 hours straight. Do something – watch a movie, hang out with friends that aren't studying, go gymming – then go do the study.
- Please know that if there is anything terrible that happens – separation of your parents or a death to someone close to you, there is always support from the medical school and the student counselling.

Tips on assignments

On starting

- Get it done early. It's much easier to write an essay if you actually have things to work with.
- If you're struggling with a place to start, just write a paragraph on topics within your assignment. Once you have a few paragraphs, link them together in a cohesive order, then write an introduction and conclusion that ties together the topics you chose. Don't be fooled by starting with the introduction – it's often the hardest part to write of the whole assignment!
- Check the references in your articles, they may have other great articles you can use.
- Do a bit of background reading on your subject before you start to actually find and use sources for your essay, just to get a feel for the topic.
- I also like to get all of the notes from all of my sources in one place, then organise it all into the paragraphs or topics I'm specifically writing about.

On technicalities

- Make sure you at least note down the URL or some other piece of information about each source you have used as you go, or you may not remember how to find it again when you want to reference it properly.
- If you're dealing with abstracts of research papers, just copy and paste the title, journal title, date, etc at the top of the abstract and paste it with the information. You'll find it's much easier to trace it back if you need to properly reference the information.
- Take note of the lecture you get given on how to use the databases – JCU pays for us to get these articles, so don't just rely on google scholar – though it is pretty good!
- Always save the articles, so you don't have to find it every time you want to reference it.

On formatting and referencing

- It can be quite time-consuming to become familiar with a program like Endnote to keep track of references, but it will be well worth the time spent in the long run – no more fiddling around trying to keep track of references manually
- If you are going to need a main reference textbook from the library to write an assignment (one that everyone else in the class is likely to want as well eg Principles of biomedical ethics for an ethics assignment), get on the waiting list for the book early – it may be 6 weeks before the book becomes available
- Find the Referencing and Style Guide before you start – there's nothing worse than consulting it before you hand your assignment in and realising you've done it all wrong.
- Not sure how many references to use? Aim for at least 10, but make sure they're relevant.
- Do not forget an assignment title page or cover sheet, sounds so simple – but don't!

My favourite quotes from med school so far:

"Look to your left, now look to your right, now look at yourself. One of you won't be here in six years' time." (On my first day of medicine)

"So, Dr Smith, do you think the problem is intra-articular or supra-tentorial?"
(When seeing a patient with a sore knee, by one of my rural preceptors)

"If you're ever thinking about being a doctor in the bush, make sure you come out a week before you start work and meet all the pretty girls in the town. That way, you can say you've met them socially before you get them as your patient, and you can still go out to dinner with them!" (Parting advice from another rural preceptor)

"Enjoy every day, make lots of friends - these are the best years of your life so enjoy. And get involved!!! "

"Remind yourself every now and then that: you got into medical school!! That by itself is an exceptional achievement – be proud of yourself, and be proud of your work. You deserve to be in medical school."

"Value being a medical student – remember that for each med student there is, there are at least half a dozen people out there who didn't get your spot at JCU medical student. So don't take it for granted that you are here. Turn up to class, put in your best effort, take it seriously but also enjoy your time – 6 years goes sooooo fast!"

"Start studying early, Breathe! Don't compare your studying to other students; you will never be the same!"

"Life happens every day. Factor it in. Eat well (Do not EVER miss meals, especially breakfast, for study. Ever.) Exercise. Socialise. Sleep 7-8 hours every night. The best laid plans do not always come to fruition. Cut out distractions as much as possible – don't do things by halves!"

"Medicine is like skinning a cat (everyone does it differently). Make summaries logical and concise. Be disciplined with time. Every single person in this room is capable of passing medicine – don't think you're the exception."

"Life happens every day. Factor it in. Eat well (Do not EVER miss meals, especially breakfast, for study. Ever.) Exercise. Socialise. Sleep 7-8 hours every night. The best laid plans do not always come to fruition. Cut out distractions as much as possible – don't do things by halves!"

My favourite quotes from med school so far cont:

"Forget the exams: think about the future: study all the way through the semester. Cramming won't help you in the end. The med school is not out to get you. I repeat, the med school is not out to get you. Find Balance: it'll be a long 6 years if all you do is study, and you'll lose yourself. It's great to prepare, but don't get too caught up with the readings until you've actually done the session: the GLS will often show you what's relevant in the text."

"If it all comes crashing down, try to keep things in perspective and don't be afraid to talk to friends and family. It is important to challenge yourself and try to become the best doctor you can be, but remember that, at the end of the day, your patients could not care less whether you got 100% in your exams, whether you were a C, D, HD student: they care about whether you give it everything you have, and whether you care about them as an individual. Don't let go of compassion and the drive to make a difference, that's what being a doctor is really about!"

"Be kind to yourself – sleep is more important. Remember it's not a competition, do your best. Don't be afraid to ask for help – it's always there."

"If you don't know where to start – do not procrastinate, try to form a list, start somewhere and you will feel better. Do not set yourself unrealistic goals for the day, and wake up already knowing you won't achieve them."

"Remember what you're fighting for – don't lose sight of where you want medicine to take you, and let that drive you on."

"I'm a bastard. Remember that." – Jim Burnell when talking about exams.

"Studying Medicine is like trying to drink from a fire hose – you'll never get it all in so all you can do is keep on drinking."

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