

What do you see and do in General Medicine?

This document is designed to help you think about what you are going to see and learn about while you are in general medicine. Partly it is to prepare you for what is coming, but more importantly it is to help you think about what you might want to learn more about while you are in gen med.

Go through the things you are likely to come across and give yourself a rating. This helps you think about the areas you might want to improve your proficiency. Have a think about what you want to learn more about, and how you are going to do that.

This list doesn't replace the unit handbook which you should look at – this is your opportunity to ask questions! It also doesn't include some components of the assessment tool ([Click for Link to Intern Assessments](#)), which you should talk about so it is clear how you will be assessed. You should also discuss these areas, particularly if they are of concern to you or the expectations are unclear.

Reflect on your skills at this stage, and give yourself a score.

- 1- Not done much
- 2- OK ish
- 3- Pretty good
- 4- Excellent

Common complaints seen in this rotation – admissions and ward calls.

How are your clinical skills with each of these symptoms? Mark yourself 1-4 as above.

Shortness of breath	1 2 3 4	Commonly CCF, COPD, asthma or pneumonia, but don't miss PEs or sepsis.
Chest pain	1 2 3 4	Ischaemic heart disease, pleuritic pain and reflux are common
Abdominal pain	1 2 3 4	Most surgical conditions will go under surgery but pyelonephritis, constipation and diarrhoea are common in general medicine. LFT abnormalities and GI bleeding are also seen.
Confusion	1 2 3 4	Delirium and dementia are both common, but also consider intracerebral haemorrhage, seizures and metabolic abnormalities.
Falls	1 2 3 4	Common as a cause of admission and a ward call – consider multiple contributing factors and management after a fall
Fever	1 2 3 4	Common as a cause of admission and a ward call – think about when to escalate – is this sepsis? (as opposed to an infection without sepsis or an alternative cause of fever)
Hypotension + hypertension	1 2 3 4	Both common ward calls, consider underlying causes (including all causes of shock) as well as management
Rapid AF	1 2 3 4	Common as a cause of admission and a ward call- know how to identify and manage this.
Low urine output/AKI	1 2 3 4	A common ward call. Know how to assess, manage and when to escalate.
MET call	1 2 3 4	Most commonly called for vital signs in the zones of concern, underlying causes frequently infection, or arrhythmias.
Electrolyte abnormalities	1 2 3 4	potassium, sodium, calcium and magnesium

Procedures commonly done in this rotation

How are you at these procedures? Give yourself a rating 1-4 as above

**to be assessed with 'direct observation of procedural skills' (DOPS) – discuss what DOPS you might be able to do this rotation. The DOPS that aren't common in this rotation are greyed out.*

Nasogastric tube insertion*	1 2 3 4	Venepuncture	1 2 3 4
Male urinary catheter insertion*	1 2 3 4	Oxygen administration	1 2 3 4
Female urinary catheter insertion*	1 2 3 4	Blood cultures	1 2 3 4
Cannulation*	1 2 3 4	Arterial and venous blood gas	1 2 3 4
Plastering *	1 2 3 4	Good technique for inhalers	1 2 3 4
Suturing*	1 2 3 4		

Common things to prescribe (in addition to management of above)

Are you comfortable prescribe these things? Mark yourself 1-4 as above

VTE prophylaxis	1 2 3 4
Analgesia	1 2 3 4
Insulin	1 2 3 4
Intravenous fluids	1 2 3 4
Electrolyte replacement	1 2 3 4

What do you want to get out of this rotation?

Goals for learning this rotation?

What practical things can you do to achieve your goals?

How can your supervisor help you?

Have you set provisional times and dates for your mid year/ end of year assessments?