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Congratulations to all our new medical student colleagues! All the hard graft you put into your work experience, interviews and application forms has paid off – you finally made it to medical school. Unfortunately it doesn’t get any easier, but it is a lot more fun. People will tell you that your years at medical school will be the best of your life – but the truth is that if you’ve chosen a subject and career that you love, you will go on loving it for many years to come.

In this book, you will find the wisdom of medical student and doctors from all over the world. Find out about fresher’s week, what (if any) textbooks to buy, how to study effectively, and what to expect from the wards. No matter where you are in your studies, there will be some great advice for you here.

There’s no skirting around the issue: there will be hard times. Medical school comes with its own unique set of problems that people outside of the profession probably won’t understand. But remember that whatever happens to you along the way will have undoubtedly happened to someone else too. Support each other, share advice, and when you’ve finished reading this booklet put it safely in a drawer so you can come back to it when you need it.

Enjoy the booklet, make the most of medical school, and let us know how things go on BMJ’s community site doc2doc.bmj.com.

Katherine Bettany, editor, Student BMJ

Your first year at medical school can be a daunting time. It is your first step on the ladder to qualification and a rewarding life in the medical profession.

The British Medical Association is committed to providing the support and guidance you need to succeed in your studies. We campaign for your rights as a student on a local and national level and provide help as you progress from medical student to qualified doctor.

Find out how to get the most out of your membership at www.bma.org/membership, which has full details of membership benefits and the terms on which our services are offered to you.

On behalf of all at the British Medical Association, your trade union and professional association, we wish you all the best in your studies and your medical career.

William Seligman and Alice Rutter, co-chairs, BMA Medical Students Committee 2013-2014

Members can call on our support at any time by calling 0300 123 123 3 (8.30am-6pm, Monday to Friday), or by emailing support@bma.org.uk

BMA
Surviving as a medical student
Being a student is fun; here are some tips on how to make the most of it from members of BMJ’s community

Freshers’ week
Some universities have Facebook groups for you to “meet” your classmates before you go. My friend met his flatmates before even starting university. Lottie

Medical school started off with a couple of weeks of social events to get everyone introduced to everyone else. These included a pirate themed boat party, beach themed party, salsa night, and black tie ball. I now have a very impressive collection of fancy dress. Frances Dixon

Many students drink considerable amounts of alcohol during freshers’ week. Remember the usual: alternate alcoholic drinks with water; have a decent meal before going out; and try to avoid mixing drinks. Daniel Henderson

While your non-medic friends enjoy freshers’ week, you are thrown into a lecture hall with 300 other people and expected to listen for an hour on something you don’t really understand. E_Amoafo

Most medical schools have a “buddy scheme” of some sort during freshers’ week, so be sure to attend. Older students want to help you and will give you advice more relevant to you and your course than anyone or anything else. Ronnyv

Medic-medic romance
During lectures in the first week of medical school, you will hear: “You should look who you are sitting beside as you may be marrying them in 10yrs.” It is renowned that medic-medic relationships form and go on to be lasting relationships and marriages. NCantley

One night stands with classmates really aren’t worth the drama. Medical students love to gossip and news spreads fast. bungeechump

Getting around
I always used to cycle to university and for trips such as the supermarket, the cinema and to meet friends. Once I bought my first car I still cycled to uni, but the other journeys were replaced by the car. DrS

I’m a med student; I’m poor, hate public transport, and like the idea of having regular exercise in my daily routine, so plan to get a bike and start cycling to uni. David.Jones

Unless you have many clinical placements in the first two years, there’s usually no need for a car at the start. Save the petrol and insurance money for when you enter the clinical years. You’ll spend more time trying to find a parking space around your halls of residence than it will take to get you anywhere. Neil Chanchlani

As a student who got a bike to get around placements I’d just advise to get really good waterproofs and don’t risk it if its icy. mmcevoy
Money
Watch your money. When you first go to medical school there is a lot of pressure to buy stuff. Numerous textbooks, insurance, membership for various societies... It’s easy to go mad and blow half your student loan during freshers’ week. AnnaMR

I worked for my first three years, but had to stop for my 4th to 6th years. I graduated with £45,000 debt. For those poorer students there is sometimes help through scholarships; however, in the UK, these are few and far between. Antagonist

Very careful planning can help avoid that horrible ugly debt that most people are left with at the end. Two of my friends graduated with £45,000 debt each! Imran Qureshi

Medical education is very expensive. There are three ways to survive: help from relatives, loans, and scholarships. Matiram Pun

When I came across my depressing loan repayment form I felt as if someone had handed me a subpoena. I had gathered £15,000 debt. Adamant to find the aetiology of this student debt, I soon realised accommodation and school fees were by far my biggest costs. Zabair Ahmed

Food
Eat properly. It’s easy to live off junk food or ready meals when your mum’s no longer cooking for you. Cooking is easier than you think—buy a good student cookbook and experiment. Food is a great way to socialise. Why not organise your own Come Dine With Me with fellow students? AnnaMR

Don’t bring a kettle, toaster, microwave etc. Someone else is bound to have them and you don’t need more than one. If nobody has, club together and buy one so it works out cheaper for all of you. bungeechump

Moms are always right—you have to eat well. If your GI tract is sensitive to changes, stick to stuff that works for you. A quick cheeseburger fix, isn’t an option for those of us already aware of our relationships with certain ready to eat meals. Pizzas are awesome, although they make you virtually unrecognizable if you get hooked on them. Go for healthier options whenever possible. Remember, you are more likely to add to your stress and depression if you balloon up on a frequent fast food diet. KK Muneer

Cooking and doing laundry for myself isn’t actually that hard. And no, I don’t just mean beans on toast. The washing machines in halls are also pretty idiot proof. Francis Dixon

Families
Medical relatives have their uses! If you have parents or siblings who are medics, use their textbooks and heed their advice. Talk to them, tell them of your defeats and victories, listen to theirs, and marvel how things DON’T change! And turn to them if you need support. Things don’t change that much. Us old f*rgts understand the black times that come in medicine. Talk about things with us, learn how we got through. John D

Lecturers warned us that, having completed one term, we were now doctors in the eyes of friends and family and would be bombarded by requests for advice all through the holidays. I wasn’t asked once! Frances Dixon
Which books to buy
Members of BMJ’s community advise

Textbooks are very subjective. Try them from the library before buying. My recommendations are: Moore & Dalley’s Clinically Oriented Anatomy; Gray’s Anatomy for Student (surprisingly modern for a classic); Anatomy Coloring Book (don’t spend ages colouring in!); Color Atlas of Physiology (almost pocket sized); Human Physiology: From Cells to Systems (readable text); Principles of Anatomy & Physiology (easy to understand); Medical Pharmacology and Therapeutics; Pharmacology (used by most UK students); Oxford Handbook of Clinical Examination Technique (anything that starts with “Oxford Handbook” is usually a safe bet). For clinical years the Lecture Notes series is always dependable and for revision Medicine at a Glance is great to refresh your memory before an exam.

New textbooks are nice on a bookshelf but usually unnecessary. Get to know your learning style before spending hundreds on textbooks. Neil Chanchlani

If you buy, buy on Amazon.com – so much cheaper! But get as many as possible from the library. Lori

Never buy a book until you’ve had it out from the library twice. DrS

You won’t need many books if the course is lecture driven, but books and the internet are the main sources of information. Ask people in years above which books to get; you might get theirs. Pireland

Think about e-books; they’re easier to search, annotate and, unlike paper books, if you go overboard on highlighting you can unhighlight. You don’t need an ebook reader, I used to copy and paste things onto my phone and read on the bus. Prizzi

Library pros

Often it’s not about being able to borrow a book, but to sit down and read, having multiple references to hand. Adam Asghar

Don’t feel the need to go out and buy all the recommended books; they’ll be in the library most of the time. E_Amoafo

Library cons

I used to avoid the medical library at all costs. Not to avoid the books, but to avoid fellow students – especially around exam time when the place was packed. tnolan

There are not enough library books to go around all the time, especially for specific fields of medicine like neurology. Pireland

Surgery textbooks

There is an English text called Lecture Notes in General Surgery. Not many pictures, but all the right information, and in readable chunks. DrS

Bailey and Love’s Short Practice of Surgery is the gold standard surgical textbook for undergraduates in most parts of India. It’s a fantastic book. Sudarsan

Having just finished finals I can say that the book Surgical Talk is awesome – it’s an essential text for all med students (UK at least). It covers all the questions I get asked on surgical firms and it actually reads like a proper book, not just a textbook! DanMH

In Greece we are given Current Surgical Diagnosis and Treatment. While it is a nice book, it is a bit too much for students. Panos
Useful smart phone applications for medical students

Medical student Thomas Lewis blogs about his favourite apps on doc2doc

Mobile apps used appropriately can be a really useful way to quickly check information on the wards/in the library/on the bus. [Don’t forget to check your hospitals policy regarding mobile devices and be sure to maintain proper infection control at all times.]

Anatomy apps
- 3D4Medical Essential Anatomy
- Pocket Body
- Visible Body

Productivity apps
- Evernote
- Dropbox
- Google Drive

Test yourself apps
- Resuscitation!
- Pastest
- On Examination
- ECG Challenge
- ECG Guide

General reference apps
- Oxford Handbook of Clinical Medicine
- Medscape
- Clinical Guidelines
- GP Notebook
- Best Practice
- Patient.co.uk

Radiology apps
- iCXR
- RealWorld Radiology
- Radiology 2.0 One Night in the ED

Medical calculator apps
- QxMD Calculate

Clinical skills apps
- OSCE Trainer
- MyMedTutor
- Heart Murmur Pro

Prescribing apps
- BNF
- BNF for Children
- Student Formulary
- Epocrates

Acute medicine apps
- Patient Safety Manual
- iResus

Staying up to date apps
- Student BMJ
- BMJ

Anatomy apps
- 3D4Medical Essential Anatomy
- Pocket Body
- Visible Body

Productivity apps
- Evernote
- Dropbox
- Google Drive

Test yourself apps
- Resuscitation!
- Pastest
- On Examination
- ECG Challenge
- ECG Guide

General reference apps
- Oxford Handbook of Clinical Medicine
- Medscape
- Clinical Guidelines
- GP Notebook
- Best Practice
- Patient.co.uk

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- iCXR
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- MyMedTutor
- Heart Murmur Pro

Prescribing apps
- BNF
- BNF for Children
- Student Formulary
- Epocrates

Acute medicine apps
- Patient Safety Manual
- iResus

Staying up to date apps
- Student BMJ
- BMJ

Medical apps recommended by other members of BMJ’s community

Eponyms, MedCalc, ECG Guide, and iRadiology are pretty good. The gold standard, Medscape, is excellent and you can even download the content for offline viewing. bungeechump

I use the Google Apps ‘reader’ function to keep up to date with Richard Lehman’s blog and TrustTheEvidence. PastTestApp is good for exam revision on the move but a bit slow and not very well formatted for the iPhone. mSecure is a valuable app that stores passwords, for example, to all the hospital systems that you only occasionally use as a student. j.hare

Epocrates is the ultimate smart phone medical app that’s been going for literally ages. Charles Durdin
Stay up to date online

BMJ Clegg scholar Richard Thorley explains the value of the internet for medical students

Feed readers or news aggregators make viewing news, blogs and podcasts easier, by sending all your favourite feeds to one place as new content is published. You don't need to access the provider's site, and it's free. They save you time and effort jumping between multiple windows to stay on top of events. Available online, or on a mobile device, you are presented with a headline, a few lines of text or sometimes even the whole article itself, and a link to the original. Since the demise of Google Reader, Feedly has become a popular option (cloud.feedly.com). All major journals and news outlets have feeds (called RSS feeds). Click on the orange icon in the corner of the page to subscribe to the sites you like.

You might like to consider these: BBC News Health (bbc.co.uk/health), BMJ (bmj.com), JAMA (ama.jamanetwork.com), NEJM (nejm.org), The Lancet (thelancet.com).

Keep up to date with friends and the medical world on social media, but don’t let it eat up too much of your valuable time (Yes, your time is worth something now!). Also, now you’re at medical school you’re subject to confidentiality regulations, just as you would be as a doctor. It’s obvious but should be said: don’t post anything about patients that you see. For more guidance on the use of Facebook, Twitter and the like go to bit.ly/11BRE17

More online tips from the BMJ and BMJ’s community

RSS feeds send content direct to subscribers without having to visit the actual sites.

Podcasts, audio, and video files allow you to stay up to date without reading.

Social bookmarking allows web pages of interest to be stored online.

Personalised web pages contain your favourite feeds, podcasts, bookmarks, etc.

Twitter lets medics communicate and express succinct views on medicine.

Alexander Young and Jonathan Bloor

From internet forum conversations with a university professor I have never met whose child has epidermolysis bullosa, I’ve learned a lot more than by seeing several cases in dermatology classes, and by reading case explanations in textbooks.” IvaNik

You can’t beat the internet (unless you’re in the bowels of a hospital with hollow dot /no network). j.hare
Top 20 essential websites for medical students

**Richard Thorley recommends**

1. An obvious one is [student.bmj.com](http://student.bmj.com); the name says it all!

2. [doc2doc.bmj.com](http://doc2doc.bmj.com) is BMJ’s community for students and doctors worldwide.

3. People say you should be careful what you read on [wikipedia.org](http://wikipedia.org), but if you follow the references it can lead you to some really interesting and useful stuff. Read why it’s okay to use Wikipedia here [bit.ly/14Y9rSB](http://bit.ly/14Y9rSB).

4. For overviews that are perhaps more reliable than Wikipedia use [medscape.com](http://medscape.com).

5. [almostadoctor.com](http://almostadoctor.com) is very handy for clinical titbits.

6. [meducation.net](http://meducation.net) is an online community where you can use teaching resources created by other students and doctors. You can post your own stuff there too, and they also have a free online bank of practice exam questions.

7. [patient.co.uk](http://patient.co.uk) contains much of the information that GPs give to patients. Use the patient+ articles for more clinically useful information.

8. Podcasts are a great way to learn. They save you reading too. [podmedics.com](http://podmedics.com) has a huge bank of video tutorials, although it costs £30 a year in subscription.

9. There are many lectures on [youtube.com](http://youtube.com). Be careful of these as they may not all be reputable, but Dr Najeeb is highly regarded.

10. For great videos demonstrating clinical examinations go to [geekymedics.com](http://geekymedics.com).

11. There are excellent modules on [learning.bmj.com](http://learning.bmj.com) that are designed for doctors, but are amazing ways of improving your clinical knowledge.

12. The best way to revise is with practice questions, so sign up to an online question bank. With [onexamination.com](http://onexamination.com) you can pick questions for your particular year at medical school.

13. [passmedicine.com](http://passmedicine.com) is also good for revision – a lot of questions, and it’s cheap.

14. When looking for journal articles for essays, search the Medline and Embase databases via [evidence.nhs.uk](http://evidence.nhs.uk) (you need an NHS Athens password which your university should provide if you are in the UK).

15. Also use [thecochranelibrary.com](http://thecochranelibrary.com) for the most prestigious systematic reviews.

**Recommendations from other members of BMJ’s community**

16. [nice.org.uk](http://nice.org.uk) is a great resource for clinical years. Aish15

17. A page I found really useful is [uptodate.com](http://uptodate.com). It’s like a de luxe medical version of Wikipedia, constantly updated and reliable and it has so far answered many tricky questions my textbooks didn’t have answers to. Only downside is subscription is quite expensive even for students ($200 per year), so only really worth it if used heavily. Eva

18. Come to [careers.bmj.com](http://careers.bmj.com) for career related articles. Helen

19. I made a free revision website, [examswap.wordpress.com](http://examswap.wordpress.com), where students across the world can share resources. Ibby

20. When I studied anatomy, I couldn’t really find the right textbook so I set up my own anatomy site – [teachmeanatomy.info](http://teachmeanatomy.info). It’s concise with lots of clinical correlations for other medical students. Ollie93
Are lectures really that useful?
Advice on deciding whether to stay in bed or get up for your lectures

Note taking
I like taking my own notes, but with a system: I only write down something once I’ve completely understood it, and in a way I can understand it again. This greatly speeds up revision. Sunnyfny

A top tip for staying awake in lectures is to take notes – they may also prove useful later on. And try not to miss lectures. Elizabeth Carr

You’re not expected to understand everything you hear in the lecture – you’ll have ample time to go over slides, ask friends, and consult textbooks before the exams. Try to go to all your lectures and tutorials because, when you do grasp something, you’ll experience that beautiful feeling of satisfaction. E_Amoafo

Taking notes in lectures can be something of a moot point. For the more traditional, lecture based courses, you need to take good notes as this is your main source of information. If your course is mainly problem based learning (PBL) lecturers often say, “You don’t need to write anything down, just listen, the slides and notes will be online”. This means you can give your full attention to the lecture, rather making notes, but make sure to look at the slides and notes afterwards. Most lectures are streamed online now, so if your attendance isn’t compulsory, it’s tempting to stay in bed and think, “I’ll watch it later”. Don’t fall into this trap. You never watch it, and if you attend you can ask questions. richthorley

Write down as much as you can. You have always got two great resources after the lecture: friends and the library. Fucithalmike

Lecture etiquette
Make sure your phone is on silent, and try not to come in late. It is also very unpleasant to sit through a lecture while hungover. Probably no need for a shirt and tie in a lecture, but don’t come in dressed like a gangster or in anything very revealing, as people will probably laugh. Jeans and a T-shirt should be fine. Bring a pen, notepad, and bag to carry handout sheets in. Most importantly, bring lunch or money for it, as most days you’ll have things scheduled for the morning and afternoon. Oliver Ellis

There is a theory that where you habitually sit in lectures reflects the specialty you’re destined for: GPs – scattered; physicians – near the front; surgeons – near the back. Daniel Henderson

The rows in the lecture theatre became a reflection of the social gradient at school, so the further down the stairs you walked, the bigger the nerd you were. Vaibhav Gupta

if you remember things you hear, record lectures and play them back when you’re shopping. Prizzi

Attend as many lectures as you can; after all, you’re paying for them! A document entitled ‘syllabus’ or ‘learning outcomes’ will tell you the level of detail your lecturers want you to learn. Ronnyv
Dealing with the competition
Medics are notoriously competitive. Here are 10 ways to keep ahead

1. Don't get overly competitive. Sometimes you might do well on a test, sometimes you might do badly. Try to work out where you went wrong and try to improve, but do not get too stressed about it. There is more to being a doctor than good marks! Max Allen

2. You do not need to be top of your class anymore. The fact you were accepted into medical school is a huge testament to how capable you are of doing something great. Yes, medics are renowned for being competitive, but you'll find everyone has strengths and weaknesses; being humble will allow you to make friends who you can ask for help when needed. E_Amoafo

3. First year is suddenly such a competitive environment and even finishing in the bottom half of the year can seem like a disappointment. It's really of little importance. It's about being as good a student as possible, regardless of how you are doing compared with other students. Fucithalmike

4. If you've got some spare time, there are numerous undergraduate prizes that you can enter. For example, The Royal Society of Medicine has lots of essay competitions on a variety of specialties. These could be handy for future job applications and your CV. Rinkecca

5. There will always be someone who does more work or gets better grades than you. Only one person can be top; if that's you, great, but don't worry if it's not. Accept that your grades will most likely be lower than they were at A level, but as long as you pass, you'll be fine. medstudent13

6. Medics are renowned for not sharing information (we're all competitive). But talk to your friends, share information. Being “average” is okay. You're only “average” because everyone in medicine is the cream of the crop. Lori

7. Speaking as a very average medical student, my most startling revelation was coming to realise I was no longer the smartest kid in class. The sooner you come to accept the fact everybody in medical school is going to be at least as intelligent as you, the sooner you can relax, keep working hard, and enjoy being a medical student. By the way, you won't believe this, but not getting an A is not the end of the world. Pchan

8. Having a few really good medic mates to practice examinations and histories on is invaluable. You also need non-medic mates. Medics drive you insane, especially if you live with them! Find someone who couldn't tell their haustra from their valvulae coniventes and have regular pints with them. DanMH

9. “Everyone in medical school is bright, and it’s difficult to adjust at first. This doesn’t mean you’re inferior—but don’t let the feeling of being average get you down; average is fine.” Bang

10. Be a team player. In the real world we aren't trying to outdo our peers but trying to do our best for our patients. Get into that mindset. Kevin.day
Independent learning techniques

Working independently can be tough. BMJ Clegg scholar Eva Dumann advises on getting the most out of self-directed study

The style of learning at medical school is very different from what you might have done for A-levels or equivalent. Sometimes there won’t even be a syllabus, and the question “do I need to know this?” will be universally frowned upon as the mark of a lazy student. Developing a sense of what is relevant and what isn’t is an important skill, almost more important than reading as many textbooks as you can, to save yourself drowning in the sheer flood of available information. If there is a curriculum, find it, if not, following the lecture notes closely is usually the best idea, even if this is flagged up as “not enough” by the lecturers themselves. Straying too far from what’s in them is interesting, but you may be wasting your time.

The most important bit of advice for small group teaching/learning sessions is: be prepared. When there are only three or four people, there’s nowhere to hide. However, being fully prepared won’t always be possible, and supervisors will test your limits, both of which are learning situations in their own right - for me personally, a rebuke from a supervisor because of a forgotten fact could take away the joy of the subject for days on end. On the other hand, exactly these facts stuck in my mind particularly well later on.

Almost as important as preparation: sound confident, even if guessing! For some reason, many supervisors seem to prefer confidently delivered nonsense to mumbled nonsense. It’s a game. Play it.

Independent learning tips from BMJ’s community

Learn the basics! You’re not going to be good in surgery if you don’t know anatomy. Equally, physiology and biochemistry are crucial for understanding the pathology of all diseases. A home learner, I like to be comfortable and wear chill out clothes when I study. I want the option to make tea, listen to music, etc. That’s an environment where I am relaxed and the most productive. However, many people keep their home “study-free”. ebrencicova

Try different techniques such as reading a page of text, jotting down the main points from memory, then testing yourself later. Also do group work and use different resources such as websites, podcasts, videos. Always focus on the basics and know the common things inside out. Luce

You will be taught everything at least three times; make electronic notes first time round so they can be updated. Oliverhale

Figure out what kind of learner you are. If you pick up things visually, draw mind maps. Prizzi
Look at the bigger picture

In non-clinical years, with your head buried in textbooks, try to think about WHY you're learning what you're learning. Imagine patients with the conditions you're reading about. What would they look like? What signs would they show on examination? What might their history be like? medstudent13

It'll be hard work. Accept it. Get on with it. Many find the volume of work more stressful than the actual complexity. You will have time for other things apart from study, but expect to be studying more than other students. Get hold of the 'syllabus' or 'learning outcomes' document and flick through while revising, and read up on anything you aren't sure about. Past papers aren't always available so ask someone from the year above what their exams were like last year. Ronnyv

Don't learn, do understand. Medicine is complex. Simply learning facts will make the exam season stressful. Understanding a topic will lead to a firm foundation for facts to be built upon. Kungfumatt

Understand the curriculum; know what you are supposed to have learnt after each year, semester, and maybe even lecture. This will make sure that you take the key points out of each stage and do not get lost in the muddle. DaVinci

Take study breaks

Breaks are important, they give an escape from routine work and refresh you. Do laundry, wash dishes, write funny messages on friends' boards or take a quick trip around your floor and chat with somebody in the corridor. I am addicted to music so I stay away from it because it always extends my breaks. Some of my friends take their study notes to the potty but I feel that because I am usually at my desk studying, a break to the loo should be notes free. I am an advocate for moving about though because I feel really stiff from sitting around for hours—I strongly suspect medical school can really change the shape of your backside! KK Muneer

Journal clubs and study groups

A journal club is a group of individuals who meet on a regular basis to discuss and explore publications. They are the answer if you are worried about writing reports for your student selected component, passing exams, and the growing pressure to publish. They are good for those scared at the thought of reading a journal and to whom the application of research in clinical medicine makes no sense at all. Charlotte Hellmich and Luc Bugeja

Study groups are invaluable. Although book work is important, examination practice is essential especially for those doing objective structured clinical examination (OSCE) type exams. It is unlikely you will have the time to spend hours on the wards with patients initially so why not get a group of your mates together and practice on each other. Sophie Cook
Exam experts

Medical students sit exams every few weeks so it’s no surprise that they have developed the following strategies to make them less stressful.

Tackling multiple choice questions (MCQs)

- Read widely around subjects, concentrating more on understanding basic principles than memorising facts.
- Work through previous MCQ papers for an indication of the exam style.
- Some find MCQ books useful, but style and topic range may vary.
- Calculate time available per question and stick to it. Don’t allow any question to delay this.
- Answer using your first impression. If unsure, mark the question with a star and return to it.
- After the first run through, start a second, returning to starred questions.
- If negative marking applies, aim to answer at least 90% (ideally 100%).
- Sweeping statements such as “never,” “always,” or “exclusively” are generally false.
- Statements with keywords “could,” “possible,” or “may” are most often true.
- Chances are, statements containing unfamiliar information are false.
- Precise statistics are often false. **Simon Chen**

- What should you do about MCQ or SBA (single best answer exams) that are negatively marked? If you don’t mind taking risks and trusting your instincts, the more questions you answer the better. **richthorley**

- Answering 100% in a negatively marked exam can be risky, we were warned. I personally would never risk losing secure marks from questions I knew the answer to by guessing on the rest. I’d suggest do the experiment with some past papers and see how many marks you got answering only the ones you knew, or plus guessing the remaining ones. I consistently got higher marks doing the first version, so I stuck with it. **Sunnyfiny**

Exam ethics

Some revision strategies are straightforward, such as developing a detailed revision schedule, others are more underhand. One strategy is to analyse past papers and spot questions or topics that may appear in future exams. Another is to listen carefully to lecturers who, deliberately or unintentionally, may leak details of forthcoming exams. A lecturer might remark: “Make sure you know the clotting pathway inside out.” Or: “The new Mental Capacity Act could well turn up in exams.” Some bold and hopeful students ask lecturers outright what will be examined. Students need to consider the consequences, good and bad, short and long term, of each alternative, and for each of the relevant parties, including students, teachers, the medical school, and future patients. **Daniel Sokol**
Exam advice from members of BMJ’s community

The best way to revise is do practice questions, so sign up to an online question bank. See this excellent Student BMJ article. OnExamination is very useful as you can pick questions for your particular year at medical school (although maybe go straight for the medical finals pack after year one). Passmedicine is also good, there are a lot of questions, and it’s cheap. When learning and revising, build the picture up systematically. Start with basics and general points, and then flesh it out with as much detail as you think you can retain. Should you have a black-out during the exam, those general points can be your lifebuoy! richthorley

Think positively about exams. They are an opportunity to show what you have learned. And remember, you are aiming for your own personal best, which doesn’t necessarily mean outdoing your colleague or the annoying guy two tables from you who always finishes after half the time is up. Focus on your own sheet, and everything becomes so much less stressful. Sunnyfiny

Exams never go as badly as you think! You got into medical school because they believe you actually CAN be a doctor one day. E_Amoafo

When I revise I like to be around people, but not people I know; the temptation to talk or go for coffee or to the pub is too great. tnolan

Staying up late to cram before an exam will only make matters worse. Also, try avoiding negative thinkers before an exam: you have no idea how much they can affect you subconsciously. dania.s

Failing exams

Feedback on exam papers may help prevent failure when resitting an exam. And bear in mind universities mark hundreds of papers at a time, and mistakes are made. There was a case where an American student got a letter saying he had failed. Looking at the papers he saw the secretary had added up just his first two papers, and gave a mark of 32%. The mistake was rectified. Sushant Varma

It’s in everyone’s interests to give constructive support to those who fail. I got a lot of encouragement from friends and staff and had a constructive offer of help from a senior house officer friend, who was willing to give up his time to help me. I also had a useful meeting with a consultant, who helped me to identify the common themes in examinations. Ted Adams

Success from failure

Few doctors have gone through their careers without failing something. Even the dean of my medical school allegedly failed his finals. I performed consistently poorly for the whole five years. Failing seemed apocalyptic at the time; in reality it was chance to take stock.

I would never have spent four extraordinary months abroad, be working in general practice in Buckinghamshire, or have met my wife, had I not failed certain exams when I did. Apart from improving my problem solving skills and my approach to exams, I have learnt a lot about myself. I understand better my own strengths and limitations. Experiencing failure has also made me more tolerant of others.

Ultimately, failure is an intrinsic part of medicine. A consultant in my final year said to me, “Exams? Ah, don’t worry about failing a few now and again—we’ve all done it. It hasn’t affected my career. Breezing exams doesn’t necessarily make you a good doctor.” Ayan Panja
What to expect with clinical teaching

Junior doctor Henry Murphy explains how to make the most of your clinical years for Student BMJ

You’ve been bored and frustrated through your early years of medical school. You feel that everything will fall into place as soon as you set foot inside a hospital. It can therefore be a shock when you finally hit the wards and discover that the experience is an anticlimax. Your supervisors are not expecting you, they do not know what to do with you, and they do not even trust you to take a history from a patient. You might be bored and at a loss, embarrassed to ask your seniors for more structured teaching. “After being taught in a structured way throughout the first two years of medical school, being thrown onto the ward made me wonder how I was going to learn anything,” said Daniella Carter, a fifth year medical student at the Peninsula medical school in England. The below will clarify what to expect when starting out as a clinical student, and how to use the clinical environment to your advantage.

• Timetables nearly always contain erroneous details of key activities, such as the place or time of a ward round. Miscommunication is rife and results in feeling lost in both a physical and an educational sense. This is to be expected, especially when starting a new attachment.
• Be proactive and get involved, keep up with the pace, and learn how to make the most of your colleagues as an educational resource.
• Do not allow anyone to run off without you. If your seniors go to the “office,” go with them; the doctors’ mess is a great place to learn about the wider lives of doctors.
• If your supervisor goes to theatre, either try to observe, scrub in, or spend time with the pre-and post-op patients. There is always something to glean from “clerking” a surgical patient.
• Occasionally it is best to go home. But be aware that as soon as you leave, a bus load of fascinating patients will be referred to the department.
• Ward rounds are theoretically ideal learning opportunities, but in reality are a bit of a rush; it is hard to keep up with the pace of the discussion, and bedside teaching is rare. Good places to clerk patients are the medical and surgical assessment units and the accident and emergency department, where a fast turnover of patients means you should be able to find what you are looking for.
• Practise clinical skills on the wards with willing patients and a “study buddy.” Give yourself the same amount of time for history taking and examination as in your practical exams; this will ensure that you become comfortable with the rather inflexible structure of these assessments.

The step up to the clinical years is more difficult than many anticipate, and students making the transition can become frustrated by the new learning environment. But, remember the positives: for the first time, you can tailor your medical education to suit your learning style. Alisa Wright, a third year medical student at Peninsula, says, “What I like most about finally reaching the clinical years is that I am constantly reminded of the privilege we’ve been given in training to become doctors.”

Remember that you are still training; practice makes perfect. If you have any issues, let your team know. Doctors remember how it feels to be in your shoes, but sometimes they need to be reminded.
Answering doctors’ questions

Answering questions shows off what you know, helps you pass exams, and helps build good rapport with senior colleagues. Tips for answering common questions:

- **How should Mr X be managed?**
  The correct answer starts with airway, breathing, circulation, disability, and exposure (ABCDE) check. This is not wrong even if it’s not what they are looking for. Mention that once stable you would manage specific problems. And say you would ask for help early on.

- **What causes Mr X’s signs and symptoms?**
  Surgical sieves are ways to recall the possible causes of diseases. Don’t forget commonly missed causes e.g., gynaecological abdominal pain or breathlessness due to anaemia.

- **Can you tell me about this x ray/ECG?**
  State what the investigation is, the date it was taken, the patient’s name, age, and presenting complaint, x ray exposure/ECG interference, obvious abnormalities, and the final diagnosis if you spot it.

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Ward tips from BMJ’s community

You might think bum on seat in the library is a better use of time, but the stuff you see on the wards is what’s going to sink in. KirstenP

Ask junior docs for teachings. They are usually happy to oblige unless they are really busy. It takes a few weeks to get used to how wards work; you might prefer to go around in pairs at first to make things less daunting. Oliver Ellis

Remember you chose medicine to help people. Be open, honest, and empathic; humans are not just clusters of cells. Yoram Chaiter

Don’t just turn up for the bedside teaching or ward rounds then leave. You’ll miss so many opportunities. Spending time on the wards meant I was able to see and do procedures that few people in my year had done. Lisa S

If you’re in hospital, see patients, not books. Ask if there are jobs like cannulation. They’ll love delegating chores to you. Fucithalmike

Once you feel competent about performing a skill on a model, actively seek out an opportunity to use the skill on a real patient—obviously under close supervision and making sure you are not out of your depth. Patient safety is the priority so if you don’t feel confident, don’t be afraid to step aside and let whoever is supervising you show you how it’s done, you’ll still be learning something by observing. Prizzi

If you see a patient with leukaemia you’re much more likely to remember how it presents than if you just read about it in a book; never pass up an opportunity to listen to someone’s chest, or feel their abdomen (of course make sure to get the patient’s consent first); and if a doctor offers you some ad hoc teaching, go! richthorley

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Presenting a patient

**History:** introduce the patient, then divulge presenting complaint, history of presenting complaint, medical history, drug history, family history, and social history

**Examination findings:** help decide if the patient is acutely unwell by describing comfort at rest, respiratory rate, pulse, and blood pressure. Mention pyrexia, tenderness, alertness, and orientation. Include negative findings as they may influence management.

Ademola Olaitan and Oluwakemi Okunade
Life outside medicine
The cliche “work hard, play hard” is true for medicine more than most other courses

Do other stuff
Medicine is as much art as science, so try to learn to paint, draw, or sculpt, with passion, early on. Msaleh

Follow any special interest, in or outside medicine. There is nothing to stop you from writing; getting involved in medical politics; or developing an interest in health economics, charitable work, education, painting, running, or playing the piano. Anita Houghton

Joining a sports team or society is a good way of meeting people. Ronnyv

Medics are expected to be well rounded people who can appropriately interact with the general population. Get out there and do something other than medicine occasionally: gym, church, club–anything. Daniel Henderson

How to spend your holidays
Do something fun. Earn some money if you don’t have much, then go on holiday, spend time with your family and friends, and have a good time. Because soon you’ll be working, and you will never have 10 weeks off on the bounce ever again, so make the most of it. Dundee chest

If you think you might be at all interested in a career in academic medicine, I would definitely recommend doing a summer research internship during your pre-clinical years, when you are still being spoilt with outrageously long summer holidays. Max Emmerich

I remember making plans for going over topics I felt I haven’t quite gotten the hang of, and this usually ended up in me wasting time and not having much fun. Starting school afterwards really made me regret studying during holidays; I felt very tired, burned out and alone. Whereas holidays I spent abroad relaxing made me feel energetic, enthusiastic and ready for the disasters coming up. Smokey

During the holidays I like helping out at a day care centre for people with dementia because it is nice to put a smile on their faces. Hannah Laidley
Some final but important words of wisdom

Medical students in crisis
Medical school has many unique pressures. Never underestimate the value of friends and relatives outside of medicine as someone to vent to. I have found this very useful in helping me to switch off. NCantey

Concealing problems will divert you from learning medicine, which is already hard enough! In my first year, I was convinced medical school was not for me. Competition, lack of time to pursue other interests, and a feeling of worthlessness on finding myself surrounded by so many bright students made me feel threatened and challenged; I could barely drag myself to classes. I finally made an appointment with the university counselling service to discuss switching subjects. I was so relieved to learn I wasn’t the first to feel this way, and to discuss everything with a competent stranger instead of annoying my friends. I later found my exam results were better than expected, and that there was scope for doing other things. I now really enjoy my subject, and am very glad I sought help during that one crisis. Sunnyfiny

Things not in the prospectus
It is possible to be a little disgusted and fascinated at the same time (thank you, anatomy class) ...  
• … but that doesn't mean people want to hear all about it during dinner (sorry, mum).  
• Cramming an entire year’s worth of work into five days of exams is possible.  
• The public is eager to help students in any way, whether it is being a simulated patient or giving us money during RAG week.  
• Lots of lovely new words like dyspnoea, amenorrhoea, haematuria, and steatorrhoea.  
• How to spell diarrhoea (finally).  
• The more diseases we learn about, the more hypochondria we develop.  
• The first question everyone asks when they find out you study medicine is: “Do you know what you want to specialise in?” For the record, no I don’t!  
• Scrubs are excellent outerwear for snowball fights.  
• Medical students can be kind of cliquey, but as long as I’m in the clique I don’t mind.  
   Frances Dixon

If a time machine could take me back to starting medical school again, I:  
1. Wouldn’t kill myself to get a grade A in every assessment;  
2. Would go to however many medically related conferences, events, and talks it would take to make me see the kind of light I’d like to see at the end of the tunnel;  
3. Wouldn’t waste time in the medical library eavesdropping on medics lying about how much revision they have and have not done a week before an exam;  
4. Would make friends with medics from all over the country so as to gain some insight into which hospitals are good for certain specialities;  
5. Wouldn’t make medicine the centre of my life - there’s so much more to it than that!  
Pooj
“There are many subjects in medicine that require a lot of memorising. Making mnemonics will help.”  
dania.s

Ooh, Ooh, Ooh, To Touch And Feel ...—nearly all medics are told this legendary mnemonic for cranial nerves at some point, so there’s little need to write it in full here.

**GET SMASHED**—Causes of pancreatitis: Gallstones, Ethanol, Trauma, Steroids, Mumps, Autoimmune, Scorpion sting, Hypercalcaemia/Hypertriglyceridaemia/Hypothermia, ERCP, Drugs (e.g., azathioprine, diuretics).

Two Zebras Bit My Cat—Five major branches of the facial nerve: Temporal, Zygomatic, Buccal, Mandibular, Cervical.

Some Lovers Try Positions That They Cannot Handle—Bones of the wrist: Scaphoid, Lunate, Triquetrum, Pisiform, Trapezium, Trapezoid, Capitate, Hamate.

**GAVLIP**—6 aliphatic aminoacids: Glycine, Alanine, Valine, Leucine, Isoleucine, Proline.

Randy Travis Drinks Cold Beer—Components of the brachial plexus: Roots, Trunks, Divisions, Cords, Branches.

**RIPE**—Tuberculosis treatment: Rifampicin, Isoniazide, Pyrazinamide, Ethambutol.

**MUD PILES**—Causes of high anion gap metabolic acidosis: Methanol, Uraemia, Diabetic ketoacidosis, Paraldehyde, Iron/Isoniazid (INH), Lactic acid, Ethanol/Ethylene glycol, Salicylates.

*S2, 3, 4, keep poo off the floor*—Nerves roots S2, S3, and S4 control defaecation.

*C3, 4, 5, keep the diaphragm alive*—Nerve roots C3, C4 and C5 innervate the phrenic nerve.

Stones, bones, abdominal groans, and psychic moans—Signs and symptoms of hyperparathyroidism: renal stones, bone related complications, GI symptoms, and psychosis/delirium.

The lingual nerve, took a curve, around the hypoglossus. “Well I’ll be f*#ked!” Said Wharton’s duct: “The bastard’s double crossed us!”—lingual nerve course.

Salt, sugar, sex—order of adrenal cortex products: mineralocorticoids, glucocorticoids, androgens.
To the doctor, fame; to the patient, confusion; to the unwary, a minefield; to the initiated, a treasure: medical eponyms are all things to all people. Patients with eponymous syndromes abound in all areas of medicine. As well as the more commonly known eponyms, Parkinson’s disease, Crohn’s disease, Grave’s disease, and Alzheimer’s disease …

Others to know…

Wells’ scores: Scores assigned to evaluate patients with suspected deep vein thrombosis or pulmonary embolus based on various clinical criteria.

The circle of Willis: Circle of arteries at the base of the brain.

Wolff-Parkinson-White syndrome: Cardiac rhythm abnormality.

Von Willebrand’s disease: Hereditary coagulation abnormality.

Henoch-Schönlein purpura: Autoimmune systemic vasculitis.

The epiploic foramen of Winslow: Connection between the greater cavity of the abdomen and the lesser sac (omentum bursa).

And to make you look really clever …

Marchiafava-Micheli syndrome: paroxysmal nocturnal haemoglobinuria (PND).

Von Reckinghausen’s disease: neurofibromatosis.

Lovibond’s angle: nail fold angle.

Duroziez’s disease: mitral stenosis.

Marie-Strumpell disease: ankylosing spondylitis.

Van Bogaert-Scherer-Epstein syndrome: cerebrotendinous xanthomatosis.

Aravinthan Varatharaj

“The Eponyms iPhone app is brilliant for looking up syndromes you can’t quite remember.” bungeechump
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