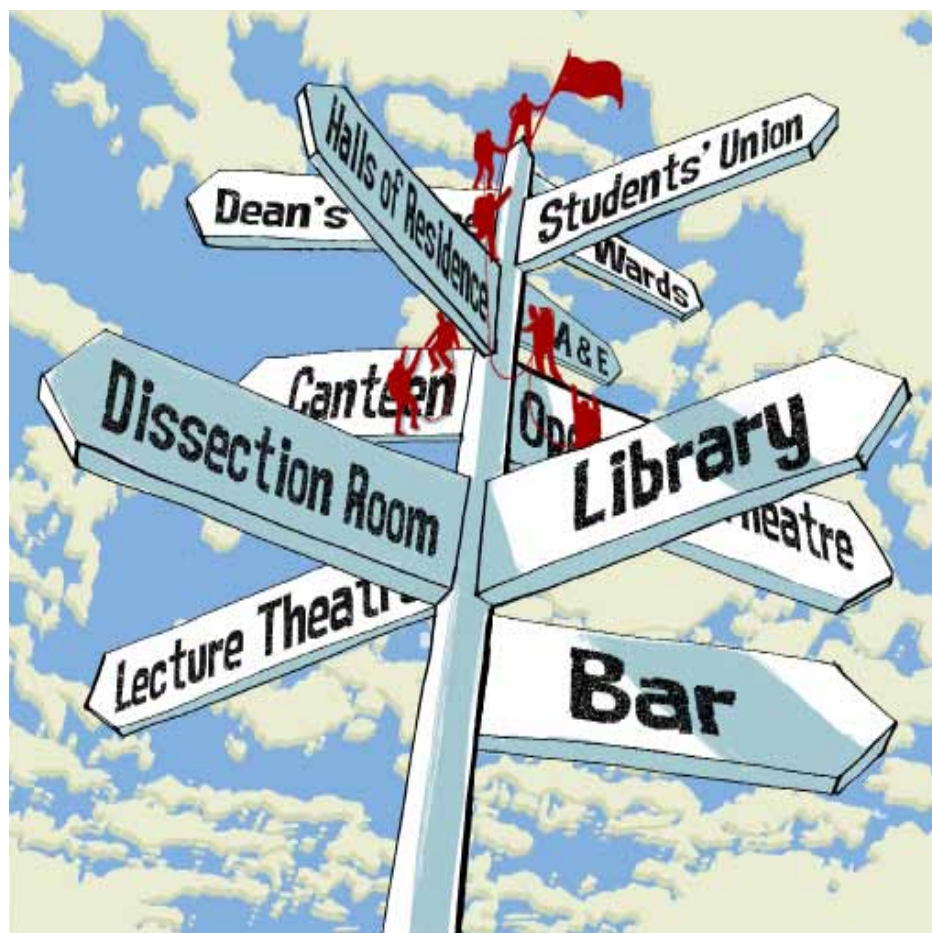


SURVIVE

MEDICAL SCHOOL

TOP TIPS FOR TOMORROW'S DOCTORS

Compiled by Sabreena Malik, Prizzi Zarsadias, Juliet Walker, Anna Mead-Robson, and Kayte McCann





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Congratulations to all our new medical student colleagues! You made it. After all those application forms, interviews and personal statements, you finally got through to medical school. Unfortunately, it doesn't get any easier. It does, however, get much more fun. With any luck you have started doing something you love and will carry on loving for years to come.

In this book you can find the distilled wisdom of loads of medical students and doctors. Find out about freshers' week, what textbooks to buy, good study technique, and what to expect on the wards. No matter where you are up to in your studies, you'll find some great advice here.

And as you wend your way through medical school, there will inevitably be some wobbles, some tribulations, and maybe even some tears. But whatever happens to you has surely happened to someone else along the way. So once you have finished reading this booklet, put it safely in a drawer somewhere so you can come back to it whenever you need.

Enjoy the booklet, med school, and your life, and let us know how things go on BMJ blogs and doc2doc, BMJ Group's global clinical online community. "Take it easy, but take it."

Oliver Ellis, Student editor, *Student BMJ*

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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.

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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.

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Nick Deakin
Co-Chair, BMA Medical Students Committee
2009-10



Medic-medic romance

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

Make friends with medics from around the world on doc2doc
doc2doc.bmj.com

Freshers' week

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

Frances Dixon

Some universities have Facebook groups for you to "meet" your classmates before you go. My friend met his flatmates before even starting university.
Lottie

Lottie

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.

Romyv

Many students drink considerable amounts 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

Watch your money. When you first go to medical school there is a lot of pressure to buy stuff. Numerous text books, insurance, membership for various societies... It's easy to go mad and blow half your student loan during freshers' week.

AnnaMR

Money

When I came across my depressing loan repayment form, I felt as if someone had handed me a subpoena. Over the years I had gathered a debt of £15 000. How could have this have happened? Moreover, what is with this interest? Adamant to find the aetiology of this student debt, after much pondering I soon realised accommodation and school fees were by far my biggest costs.

Zabair Ahmed

Very careful planning can help avoid that horrible ugly debt that most people are left with at the end. I know that two of my friends graduated from with £45 000 debt each! Scary stuff!

Imran Qureshi

Medical education is very expensive all around the world. There are three ways



to survive: help from relatives, loans, and scholarships.

Matiram Pun

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

Antagonist



Family

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*rts 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 at least) and would be bombarded by requests for advice all through the holidays. I wasn't asked once!

Frances Dixon



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 yourself a good student cookbook and start experimenting. Besides, food is a great way to socialise. Why not organise your own *Come Dine With Me* with fellow students?
AnnaMR

Moms are always right—you have to eat well. If your GI tract is sensitive to changes, stick to the stuff that works for you. A quick fix, like a cheeseburger, 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. Be wary of your choices and 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

What not to bring

Don't bring a kettle, toaster, toasting maker, grill, microwave etc. Someone else is bound to have brought them and you don't need more than one. If nobody has one you can all club together and buy one so it works out cheaper for all of you.
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 it's icy.
mmcevoy

“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 official textbooks.”

IvaNik

Med student websites

One very obvious tip is to go read *Student BMJ* online (student.bmj.com) - it’s great!
Birte

You can’t beat wikipedia.org (unless you’re in the deepest bowels of a hospital and have got hollow dot...or worse...no network at all).
j.hare

Websites I recommend for all UK students are patient.co.uk and nice.org.uk They are both great resources for clinical years.

Aish15



Stay up to date online

Web 2.0 applications, such as social networking, web feeds, podcasts and Twitter, are changing the way medical information is distributed, enabling large volumes of data from many sources to be browsed quickly.

Web feeds (RSS and Atom) send newly published website content directly to subscribers without the need to visit the actual sites. Feeds usually take the form of a headline and a few lines of text, with a link to the original article.

Listening to, or watching, **podcasts**, audio, and video files on the internet is a way to stay up to date without reading. Podcasts can be downloaded directly from websites or can be subscribed to in similar ways to web feeds.

Social bookmarking allows web pages of interest to be stored online. Bookmarks can be shared between users. Most bookmarking sites, such as delicious.com, encourage users to tag their bookmarks into categories.

Personalised web pages are single web pages containing all your favourite web feeds, podcasts, and bookmarks.

Twitter allows medics to communicate with each other and express succinct views on medical matters. More novel uses include public health disease tracking, such as FluTweet, and the Henry Ford Clinic’s Twitter account, which recently tweeted updates during a craniotomy.

Alexander Young and Jonathan Bloor

Benefit from free access to all original research articles, the complete *BMJ* archive and regular interactive blogs, podcasts, polls and videos bmj.com

Library pros

I loved being able to go to the library whenever I wanted. Often it's not about being able to borrow a book, but to sit down among bookshelves and read, having multiple references to hand. *Adam Asghar*

Don't be afraid to ask for help and use textbooks, but don't feel the need to go out and buy all the recommended ones; they'll be in the library most of the time and, 90% of the time, using lecture slides is enough. *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, when a basic physiology book doesn't cut it. *pireland*

Shiny, brand 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 decide to buy textbooks, buy on Amazon.com—so much cheaper! But get as many as possible from the library.

Lori

Beg, borrow, or steal books from medic friends and family. Not all books on the book list are essential throughout med school; if necessary, buy second hand.

Sabreena

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

DrS

Make sure you know what style of teaching the school is offering before you start. You may not need to buy many textbooks if the course is lecture driven, but books (and the internet) are your main sources of information.

pireland

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

Prizzi

Speak to people in the years above about which books are worth getting; you might get lucky and get some of theirs.

pireland

Surgery textbooks

There is an English text called *Lecture Notes in General Surgery*. It's part of the *Lecture Notes* series. This covered everything we needed. Not many pictures, but all the right information, and in readable chunks.

DrS

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 I think it is a nice book, it is too much for medical students.

Panos

Bailey & Love's *Short Practice of Surgery*

This is the surgery book of choice at under- and postgraduate levels in Pakistan.

drathore

Recent editions have lost the standards for which they were known. Try reading *Schwartz Principles of Surgery* or *Greenfield's Surgery: Scientific Principles and Practice*. At least go through them in your library and you'll know where Bailey stands in comparison.

Kumaran

This is the gold standard surgical textbook for undergraduates in most parts of India... it's a fantastic book.

Sudarsan

Best apps for medical students

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 App's 'Reader' function to keep up to date with Richard Lehman's blog and *TrustTheEvidence*. *PastTest App* 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

The *Differential Diagnosis app* is useful: enter a symptom and get an instantaneous list of differentials. And, of course, the *Student BMJ app* for news, research, blogs, offline reading and podcasts.

Education_dzd

Epocrates: the ultimate smart phone medical app that's been going for literally ages.

Charles Durdin

Free Student BMJ iPhone app for busy medical students on the go

Digest research on the move, keep track of the latest developments in medicine, find up to date career advice, and access education articles, blogs, and podcasts straight from your pocket by downloading this FREE app

► Find out more at student.bmj.com

LECTURES



“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

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

Note taking

Write good notes during lectures. You may think you will remember everything, but once you have been to a few, you will soon forget what came up each time. There is nothing more boring than sitting in a dull lecture doing nothing. A top tip for staying awake is to take notes—they may also prove useful later on. And try not to miss lectures. If you think sitting and listening to someone talk about a boring subject is bad, it's an awful lot worse having to force yourself to read about it for exams.

Elizabeth Carr

You will get frustrated that a few months ago, concepts were understood so easily and you were pretty much guaranteed those 3 As at A level. These feelings don't last; you'll be amazed at how quickly you adapt. You're not expected to understand everything you hear in the lecture—it's often the first time the concept has been introduced to you and 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 it, you'll remember something your lecturer said and experience that beautiful feeling of satisfaction at understanding what he or she was talking about—those are the things that stick in your mind all year.

E_Amoafo

It sounds a little trite but just write down as much as you can. You have always got two great resources after the lecture: friends and the library.

Fucithalmike

Learning techniques

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

Figure out what kind of learner you are. If you pick up things visually, draw mind maps; if you remember things you hear, record lectures and play them back when you're shopping.
Prizzi

The saying "common things are common" seems to crop up repeatedly and it really is true! Always focus on the basics and know the common things inside out.
luce

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 very clever man once said: "If you don't get the basics down, the fancy stuff doesn't work." As medicine goes, I'd say spot on.
ebrencicova

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

You will be taught everything at least three times, so make good notes first time round, on a computer so they can be updated.
Oliverhale



Taking 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

Try different learning 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, and videos.
luce

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? Medicine is all about applying science to people and so learning medicine should be the same.

medstudent13



It'll be hard work. Accept it. Get on with it. Many find the volume of work more stressful than the actual complexity but it will be a step or two up from college/sixth form. You will have time for other things apart from study, but expect to be studying more than other students. Attend as many lectures, tutorials, and seminars as you can, even if the subject isn't enticing. You may be surprised by the topics you like and, 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. Get hold of it and flick through while revising a topic, and read up on anything you aren't sure about. Past papers aren't always available so perhaps ask someone from the year above what their exams were like last year.

Ronnyv

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

Join [doc2doc's online journal club at doc2doc.bmj.com](https://www.doc2doc.com)

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

A home learner, I like to be comfortable and wear chill out clothes when I study. I want the option to make a pot of tea, listen to lounge music etc. That's an environment where I am relaxed and the most productive. However, I also know many people try to keep their home "study-free".

ebrencicova

Journal clubs

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

Dealing with competition

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

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_Amofo

“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

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

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

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.

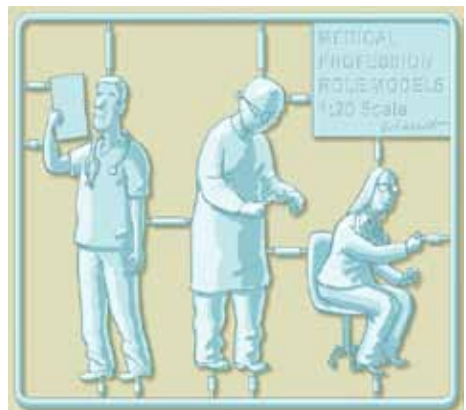
Lori

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

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



Medics do various modules

For the module on **communication** we had lectures, workshops, and interviews with simulated patients (volunteers who we could take histories from). Putting theory into practice was really useful and made me think about how one day I will be interviewing patients for real and will need to communicate effectively, or I could affect a patient's treatment. Just the skill of letting the patient talk, and not interrupting is important—often they mention something you wouldn't think to ask about. Hopefully by the time I am doing it for real myself, it will be second nature.

Frances Dixon

Anatomy and physiology can be boring but learn them! Many doctors regret not paying more attention in the early years. Anatomy's incredibly difficult to re-learn.

bungeechump

I was a little apprehensive about the **epidemiology module**, as someone told me epidemiology was “just health statistics”. When we started, I realised it wasn't nearly as boring as I expected (no offence to epidemiologists).

Frances Dixon



When I first chose the student selected component in **performing medicine** I thought it might mean dressing up with bandages and tomato ketchup, or in a long white coat and stethoscope, and theatrically acting out medical scenarios. In fact, the module was about arts and their place in health care, and included workshops on body language, voice, team work, prejudices, life drawing, yoga, and visits to art galleries.

Laura James

Dissection

The highlight for me was the foundation course on the human body. For this we had a couple of lectures in the morning, and in the afternoon were taken into the dissecting rooms and actually allowed to examine and explore some cadavers. I found this absolutely fascinating. It sounds silly to say it now, but in textbooks all the organs are colour coded and separate from each other, so I sort of assumed this is what it was really like. I mean, obviously I didn't think organs were colour coded! But I didn't realise just how packed in everything is, and how it is all secured there by membranes. It just fits together so perfectly and really made me appreciate what an amazing thing the human body is. I was also impressed with the respect with which the cadavers are treated.

Frances Dixon

How to write a case report ...

Case reports allow doctors from all over the world to share their experiences of new and interesting cases. Although still in their infancy, the journals listed have the potential to act as large case banks for doctors to search cases and view management guidance.

Preparation involved in case reporting

- Literature review—use medical databases (for example, PubMed, Ovid, Medline) to check for similar cases.
- Liaising with doctors in charge—you need their permission and they can provide guidance.
- Gaining consent—ask for senior advice, check journal guidelines, and obtain written consent from the patient if you wish to include pictures or clinical details from which they may be identified.
- Data collection—bring your patient's case together by finding his or her medical notes, laboratory results, imaging, etc.

Structuring a case report

Abstract—concise (< 150 words) and snappy; encompasses the important aspects of your case.

Case report—presentation of your patient to the reader (concise history, relevant examination and investigation findings including negatives).

Discussion—putting the case into context including information about the condition or intervention (for example, epidemiology, pathophysiology, clinical presentation, investigations, treatment) and showing how your case differed from the norm and is contributing to medical understanding.

Journals that publish case reports

- *BMJ Case Reports*
(casereports.bmj.com)
- *Cases Journal*
(casesjournal.com)
- *Journal of Medical Case Reports*
(jmedicalcasereports.com)
- *Radiology Case Reports*
(radiology.casereports.net)
- *Journal of Dermatological Case Reports*
(jdcr.eu)

Aimun Jamjoom, Ali Nikkar-Esfahani, and J Fitzgerald



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📍 Visit casereports.bmj.com for details

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.
- Precise statistics are often false.
- Chances are, statements containing unfamiliar information are false.

Simon Chen

“Exams never go as badly as you think! You got into medical school because your university believed you actually CAN be a doctor one day.”

E_Amoafo

For those doing **objective structured clinical examination (OSCE) exams**, study groups are invaluable. Although book work is important, examination practice is essential for OSCEs. 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 ethics

Medical students are experts in exams. They sit them every few weeks, so it is not surprising that they have developed strategies to make them less stressful. Some 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



Failing exams

Universities mark hundreds of papers at exam time, and mistakes can be made. There was a case where an American student got his papers back with a letter saying he had failed. Looking at the papers he saw he got 15/20, 17/20, 15/20, 14/20 and 16/20. The secretary had added up just the first two papers, and gave a mark of 32%. The mistake was rectified.

Sushant Varma

Help should be available to those who fail exams. It's in everyone's interests to give constructive support to those who fail, rather than to leave them with advice such as: "You need to do more work." I got a lot of sympathy and encouragement from friends and teaching 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

Feedback on exam papers may help prevent failure when resitting an exam. These are often the most stressful events in medical school, so the better prepared you are, the easier it is to cope.

Sushant Varma

Success from failure

Few doctors can honestly claim they have gone through their careers without failing something. Even the eminent dean of my medical school allegedly failed his finals because of a love affair with rowing. I managed to perform consistently poorly for the whole five years. Failing seemed apocalyptic at the time; in reality it was a chance to take stock.

Getting wound up was depressingly unproductive. Calm reflection and positive thinking was key: admitting why things went wrong, thinking about preventing them happening again, and realising the positives that can be drawn. 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: colleagues, students, and, most importantly, patients. Being aware of my own fallibility makes it easier to accept shortcomings in others.

Ultimately, failure is an intrinsic part of the medicine game. The best thing to do is learn from and capitalise on it. Failure, much like illness, can befall anyone at any time.

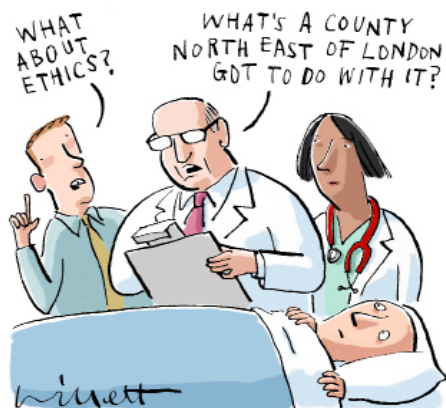
A consultant in my final year said to me, "Exams? Ah, don't worry about failing a few now and again—we've all done it. It hasn't affected my career at all. Breezing exams doesn't necessarily make you a good doctor."

Ayan Panja

What to expect with clinical teaching

Put in all the time you should on the wards. 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 and organs. Remember that from the beginning of your first encounters with patients.

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

I started off carting around my bag which was a huge mistake as it became an obstacle to myself and anyone else around the bedside. The basic essentials are a stethoscope, at least two pens, a folded up sheet of continuation paper tucked behind your ID badge, and lunch money. If you have ample pockets you could carry a mini Oxford Handbook. Other bits and bobs are handy to carry depending on the specialty (for example a decent tourniquet in A&E).

Ward sisters always know which patients will be best for histories and examinations; junior doctors will point out patients with good clinical signs and will have odd jobs

for you so you don't feel like a spare part; final year students will have tips on how to pass exams and are usually happy to teach you as they get to revise for finals!

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 or safe, 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

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Bear in mind that if you're on placement, you are expected to dress like a doctor. Mini skirts, low cut tops, and midriff flashing crop tops will only generate you more patients.

Merys Jones

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

Fucithalmike

Presenting a patient

History: introduce the patient, then divulge presenting complaint, history of presenting complaint, medical history, drug history, family history, and social history; strictly speaking, however, there is no right or wrong place to insert any of this.

Examination findings: help the listener decide whether 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 because they may influence management.

Ademola Olaitan, Oluwakemi Okunade, and Jonathan Come

Answering doctors' questions

Doctors like to ask medical students questions and the common response is the "rabbit in headlights" syndrome. 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 an airway, breathing, circulation, disability, and exposure (ABCDE) approach. This is not wrong even if it's not the answer they are looking for. Mention that once the patient is stable you would manage their specific problems. Don't forget to 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 a disease (e.g., VITAMIN CDE which stands for vascular, inflammatory/infective, traumatic, autoimmune, metabolic, idiopathic, neoplastic, congenital, degenerative, endocrine; and/or consider the cardiac, respiratory, gastrointestinal, and musculoskeletal causes of a symptom). Don't forget commonly missed causes, such as gynaecological causes of abdominal pain or anaemia as a cause of breathlessness.

Tell me about this x ray/ECG

State what the investigation is, the date it was taken, the name and age of the patient, the patient's presenting complaint, x ray exposure/ECG interference, obvious abnormalities, and the final diagnosis, if you spot it. Top tip: pick up any electrocardiograms you find in the notes, even normal ones, and force yourself to go through this system.

Eve Hartley, George Trafford, Sonia Bhangu, and Aneel Bhangu

The old cliché “work hard, play hard” is true for medicine more than most courses

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*



Medic v non-medic friends

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

Sometimes it's good to have a non-medic ear to bend when medicine is all you've done for a week. Also, you never know when you'll need trustworthy lawyers, accountants, dentists etc in the future. *Sabreena*

You will be in your hall maybe one or two years, but you will be a medic for the rest of your time at university. Loyalty to medics from day one is well rewarded. *DrS*

Alcohol

Don't be afraid to be a “normal” fresher and party too much. But there comes a time when you need to knuckle down and pass those exams! *bungeechump*

Just because your flat mates get away with drinking into oblivion and ending up in A&E with a bag of fluids doesn't mean it's appropriate for you! *Merys Jones*

Student BMJ retains the authority of the *BMJ* while keeping a finger on the pulse of medical student life. Medical issues from a student viewpoint are covered in every issue
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If a time machine could take me back to starting medical school all over again, I:

1. Wouldn't kill myself to get a grade A in every assessment;
 2. Would go to how ever 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*

No other degree gives you the opportunity to view the entire spectrum of human life, from delivering a baby to taking part in end of life care. So get stuck in!

bungeechump

If you are feeling blue or bored, put on your favorite song and sing loudly along with it. A girl down my corridor does it sometimes and I never understood why until I tried it myself; what an awesome release!

KK Muneer

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



Things they don't tell you 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 cliquy, but as long as I'm in the clique I don't mind.
- It is a good thing that the medics' bar is next door to A&E.

Frances Dixon

USEFUL MNEMONICS

“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: **G**allstones, **E**thanol, **T**rauma, **S**teroids, **M**umps, **A**utoimmune, **S**corpion sting, **H**ypercalcaemia/**H**ypertriglyceridaemia/**H**ypothermia, **ERCP**, **D**rugs (e.g., azathioprine, diuretics).

Two Zebras Bit My Cat—Five major branches of the facial nerve: **T**emporal, **Z**ygomatic, **B**uccal, **M**andibular, **C**ervical.

Some Lovers Try Positions That They Cannot Handle—Bones of the wrist: **S**capoid, **L**unate, **T**riquetrum, **P**isiform, **T**rapezium, **T**rapezoid, **C**apitate, **H**amate.

GAVLIP—6 aliphatic aminoacids: **G**lycine, **A**lanine, **V**aline, **L**eucine, **I**soleucine, **P**roline.

Randy Travis Drinks Cold Beer—Components of the brachial plexus: **R**oots, **T**runks, **D**ivisions, **C**ords, **B**ranches.

RIPE—Tuberculosis treatment: **R**ifampicin, **I**soniazide, **P**yrazinamide, **E**thambutol.

MUD PILES—Causes of high anion gap metabolic acidosis: **M**ethanol, **U**raemia, **D**iabetic ketoacidosis, **P**araldehyde, **I**ron/**I**soniazid (INH), **L**actic acid, **E**thanol/**E**thylene glycol, **S**alicylates.

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.

MEDICAL EPONYMS

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 (omental 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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