



3RD YEAR SURVIVAL GUIDE

Hi everyone!

This is a quick summary of all the amazing answers we managed to get to your questions- please contact Esha or Trin if you have any issues. We can't guarantee how accurate some of this is (especially regarding exam content) but hope it helps :)



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GENERAL TIPS



- If you don't remember much from phase 1, it's a good idea to revise before placement (especially clinical elements)
- Start revising and getting sign offs early- plan ahead! Type the notes from your pre-reading into the 'Feedback/ Learning points/ Reflections' section as it's easy to refer back to
- With sign offs, make sure you know what is expected of you from that block and have a list of what you would like to get done, learn or try each day
- It's also really helpful to save people's email addresses for sign offs, especially if you're asking someone for multiple sign offs as it makes it easier for them to sign
- Doctors can get very busy, so ask if they need to see you do the skill or if you can do it and debrief them afterwards to get the sign off
- Find out who your assigned doctor is for teaching so you can message them for sign offs or help with a specific subject
- Get as many PSPs as you can since these can be difficult to get in 4th year- nurses, anaesthetists and clinical fellows are great for this
- Don't be afraid to ask questions and be proactive! Equally, don't be afraid to leave early (politely) and be clear and firm on what you want to get done that day
- Revise according to your placement to maximise learning
- Start OSCE prep early- mostly history taking (especially psychiatry). Learn your differentials, investigations and management
- For your KT: learn managements, revise lectures, make use of Capsule and PassMedicine (1 and 2 hammers) and learn the UKMLA conditions list from Dr Muna Al Jawad
- Don't neglect neurology as it comes up a surprising amount in the KT but there wasn't much formal teaching (especially important for elderly)
- Turn up to placement- clerking a patient daily (recommended in induction) is important



MOST USEFUL RESOURCES?



- **KT:**
 - **PassMedicine (1 and 2 hammers)**
 - **Lectures (learn the main points for 302 and 308)**
 - **Capsule**
 - **Quesmed**
 - **Zero To Finals**
 - **Life in the fast lane (good for ECGs)**
 - **Amboss**
 - **ABG Ninja**
 - **Ninja Nerd**
 - **Also; use ChatGPT to generate questions and try to interpret at least 1 chest x-ray per day**
- **OSCEs:**
 - **Chat to patients!**
 - **Practice with friends**
 - **Geeky Medics**
 - **Versus Arthritis (free for orthopaedic exams)**
 - **Sign up for mocks**
 - **OSCEstop to practice histories**
 - **'The easy guide to focused history taking' (textbook)**
 - **Oxford handbook (good for placements as well)**
 - **Quesmed**
 - **MLA buddy**
- **Placements:**
 - **Ask F1s for advice whilst on wards and get a notebook too**
 - **NICE guidelines**
 - **Microguide**
 - **Download BNF (if you haven't already) in case you're asked to look up a drug**
- **CBDs:**
 - **Research a LOT**
 - **Know everything you're talking about and do wider reading**
- **Generally- UKMLA.IO on ChatGPT for CBDs and everything else is good (but don't solely rely on this, as it is AI)**

This is not a checklist and please don't try to do all of it! Just find what works for you :)



HOW MUCH PHASE 1 CONTENT COMES UP IN 3RD YEAR?



- It's a foundation for 3rd year content- if you manage to have a quick look at clinical stuff e.g., conditions, diagnosis, presentations and management before uni (for each rotation), that's good
- It's a lot more clinical in 3rd year but much easier than 2nd year as it's all contextual to the clinical environment and patients you see!
- Don't worry too much as the spiral curriculum means that cardiology, respiratory and GI (for example) are taught again
- 302 is a phase 1 content recap- there's less focus on scientific details
- It's a good idea to go through key anatomy before surgery and understand key concepts like how spirometry and ECGs works
- Mostly 1st year content (cardiology, respiratory, renal) compared to 2nd year



HOW DIFFERENT IS THE 3RD YEAR KT?



- The KT is slightly longer- each paper is 2.5 hours
- Very different in terms of clinical problem solving rather than just knowledge, so you have to think about each question carefully
- PassMedicine and Quesmed questions are very similar to KT questions so familiarise yourself with them
- Know the key/ core conditions for each rotation and the investigations needed for each; also, remember the basics on research methods as it comes up
- Remember A-E as questions in the next best step can come up
- Focus on the core conditions they send and understand them fully, Revise them while not on placement to keep it fresh in your head
- The exam is split between 302/308 and UKMLA content (use PassMed/ Capsule for this) so make sure to cover both aspects
- Gastro was quite popular in terms of questions as it comes up both in surgery and medicine
- A lot of the questions are 2 parts i.e., scenario and investigation/management so you have to differentiate and know the next steps
- Understand how to interpret LFTs and ABGs
- Revise conditions in terms of risk factors, features, investigations and management



CBD ADVICE?



- **Good resources:**
 - CKS NICE guidelines
 - UKMLA.IO via ChatGPT
 - BMJ Best Practice (for conditions)
 - Zero To Finals
 - Get an AMECS tutor
 - SurgSoc CBD workshop
 - Older year examples (ask nicely)
 - MyStudies CBD advice document
 - TeachMeSurgery
 - BNF
- **Take a history and examine a patient, then get their patient notes, imaging results etc. Talk about the differentials (big focus), what investigations and tests you would do and give a management plan (use NICE guidelines for this) based on all your information**
- **Teaching fellows and ward doctors can help you find a suitable case for 3rd year level. You can also ask the consultant if you're not sure what to choose. Ask friends in older years what cases they did as it'll be tailored to BSMS examination**
- **Don't be scared about answering a question incorrectly- if you have a go and talk to them about your thought process, that's what's best. They'll keep asking questions until you say that you don't know, so don't be afraid to say you didn't research that or you don't know**
- **Try to have a case that's not the specialty of your marker as if it is, questions can get very nitty gritty and difficult**
- **When presenting a patient case, they can ask questions about anything you mention in notes/ slides. Don't include a topic that you're not confident in talking about- work with teaching fellows/ ward doctors to tidy up the case**
- **If you're unsure about how to lay out patient notes, look at the patient notes on the ward**
- **If your diagnosis is obvious and differentials aren't too relevant, they'll ask you about the condition. If the diagnosis is less clear, they'll ask you how you ruled out each differential**

There is a LOT of CBD advice on the next few pages- don't get scared of it, and again just find what works best for you!



CBD ADVICE?



- Don't stress! It'll be nerve wracking as it's the first time you've done something like this but if you know what you've written in the page, you're good to go. Don't try to impress the examiner with a crazy case as they'll ask you things you don't know. This is especially important in elderly/ psychiatry as you're doing 2 CBDs (they'll move you along as needed, so don't worry if you weren't able to finish everything)
- Find distinction level notes from previous years and use that as a template. It's also important to note though, that different examiners are very subjective in their marking so try not to worry too much about distinctions
- Try to dress and act professionally- this can really make a difference!
- Sounds obvious, but NEVER tell them the patient number
- Don't be scared to pick a 'hard' case if you genuinely enjoy them. If you're detail oriented and passionate, you'll do well
- Don't make things up because examiners will pick up on this and can fail you
- Some people find it useful to have a script
- Examiners can cut you off throughout your presentation to ask questions so if you feel like this may throw you off, ask at the beginning if they could wait until after you have presented
- Timing can be tough, so make sure you practice presenting your CBD with friends or ask teaching fellows etc.
- If part of the management/investigation doesn't follow guidelines- justify why this is the case. You can speak to the medical team looking after them.
- If you fail a CBD, don't worry! It's a very different type of assessment and can be very subjective. Reflect on the feedback you're given and make sure each CBD improves
- Start early, and don't rush. 10 weeks is plenty to make a great CBD!



CBD ADVICE?



Specific to each rotation:-

- **303:**
 - Medical management
 - Co-morbidities
 - MoA of drugs
 - Why each drug is given
- **304:**
 - Surgery details
 - Don't get thrown off by consultants
 - Know your UKMLA content and NICE guidelines
 - Know surgical procedures
- **306 (elderly):**
 - Good CBD conditions are:
 - Falls
 - Seizures
 - Fractures
 - Focus on Package of Care, Social Protection and Tertiary Care Services
- **306 (psychiatry):**
 - Good CBD conditions are:
 - Bipolar
 - First Episode Psychosis
 - Psychotic Depression
 - Just use a template, and make sure they're young as to not expose yourself to geriatric psychiatry (this is a 5th year specialty!)
 - P.S., Message Aryan for a template if you want! (Just ask one of us for contact details if you need to)



GOOD PARKING LOCATIONS?



- 270, 271 and 272 buses are free for anyone coming to or from RSCH or Princess Royal if you show the your ID (marked medical student). Use this website for more info: <https://www.metrobus.co.uk/royal-sussex-county-hospital-princess-royal-hospital-ticketing>
- Try not to park at the hospital as the maximum stay is 2-4 hours and it can be expensive. Park somewhere free in Brighton (near Moulsecoomb/ Coldean) and get a bus to the hospital (we recommend a 90 day ticket if you'll be travelling a lot)
- Getting a Pret subscription can help save money as coffee from RSCH is very expensive!
- There's a study area in AEB so you can use that if there are any cancellations
- Be there earlier than the placement start time, as buses can run late
- Seafront parking (11 hour bays)- it can be really stressful parking somewhere in Whitehawk
- Brighton Marina is free for 4 hours and we're told they never check... this is at your own risk
- Make sure to claim your travel expenses as they take ages to reimburse- be persistent!
- Use online websites to rent a driveway
- Brighton: Manor Hill, Madehurst Close and Whitehawk has free street parking
- Worthing: Meredith Rd is free (10 min walk from hospital)



HOW REGULAR ARE PLACEMENTS & HOW OFTEN DO PEOPLE COME BACK?



- Placements are 10 weeks long for each rotation
- Depending on your block, it's pretty easy to do placement for Tuesday, Wednesday and Thursday and spend the rest of your time in Brighton
- It does depend on the specialty- for example, psychiatry is monitored, but you don't have to stay the whole day. With others, you can take days off if you get all your sign offs (especially on medicine)
- Coming back depends on your support system- take your time to figure out where you personally feel most supported and do what works for you
- Some people prefer to go to placements 4-5 days/wk for a half day and use afternoons to consolidate what they saw
- It can be really annoying having to come back to Brighton for psychiatry teaching on Mondays and trek back to placements- make friends with people who drive!
- A lot of people come back to Brighton for the long weekend



CAN YOU WORK OR IS IT 9-5?



- You'll be given a timetable, but you can be flexible with it for medicine and elderly. Surgery has more structure and teaching fellows keep registers, so you need to attend what's scheduled. Psychiatry has strict attendance and more fixed hours so harder to get away from
- Some people found it quite full on due to the commute and said it's better to stick to weekend work shifts
- Ward rounds vary but estimated between 8am-2pm. Some people would do ward rounds asap and go in for specific sign offs. Others did long days on Tuesday and Wednesday and had Thursday and Friday off to study/ work
- Try flexible hours like tutoring, hospitality or bank shifts where you can pick your working hours
- You can take days/afternoons off but there are some timetabled monitored sessions and sometimes they won't tell you until the last minute, so it's best to keep things flexible rather than fixed shifts
- You could work weekdays- evenings are your best bet
- Be smart with getting sign offs early and work around your remaining time



WHAT'S THE DEAL WITH MONDAY LECTURES?



DISCLAIMER: Each year has had it differently. People have said it changes year to year, and we decide with a form at the beginning of the year. 302 is online (Monday mornings). In afternoons, medicine was online, surgery was in person and some have said psychiatry was optionally online/ in person? (Basically we're not too sure so please take this with a pinch of salt!)

- Monday mornings are 302 (Scientific Basis) and 308 (Pharmacology). Afternoons are clinical module (303/4/6) specific teaching. It's online for 303, RSCH for 304 and Hove polyclinic for 306 (psych teaching 5 times on a Friday? Again, we are unsure, I'm sorry.)
- It's been recommended to do psychiatry teaching on Fridays in person if you can!
- Mandatory afternoon teaching for elderly/ psychiatry at Millview Hospital, and surgery (possibly AEB- we don't know). You get travel between Brighton and your placement reimbursed for 1 return trip per week
- Monday mornings are very lecture-heavy (often 3+ back to back). Many students find it hard to keep up live. A good strategy is to log into the call, mute it and use that time to review the previous week's lectures instead. That way, you can pause, rewind and consolidate the material as you need
- Trust how you study- you might find it useful to do lectures for a module in your own time according to your rotation rather than the order e.g., the first 302 lecture last year was on lung cancer, but some people were on psychiatry placements at the time



GENERAL REVIEW OF REGIONAL LIVING?



- **Hastings:**
 - Rough place (some dodgy people near your accommodation); it's best not to travel late at night alone if you can avoid it
 - Nice accommodation in the city centre, which is convenient for shopping and close to the train station- there's also pretty good nightlife and food
 - 10-15 min drive to hospital (parking does depend on the time though, it can be an issue)
 - 30 min bus to hospital (be careful though, as sometimes scheduled buses don't show)
 - It is a small hospital, but the doctors are nice and there's great staff support. Since it's less busy, there's really good learning
- **Eastbourne:**
 - WiFi is 50/50
 - Very similar to Paddock Fields accommodation
 - Nice kitchen
 - Lovely staff
 - Better teaching than Brighton
 - Eastbourne DGH is commutable from Brighton so can easily drive back to the hospital in the morning if needed
 - Free parking and 15 min drive from the hospital
- **Chichester:**
 - Nice accommodation
 - Very similar to Lewes Court accommodation
 - Shared bathroom and small kitchen but extremely close to the hospital
 - Can be pretty much anywhere in the hospital within 5 mins (walking)
 - Be organised with meals, and be aware that travelling back to Brighton can get tiring (but you do get used to it)
- **Overall-** doctors are more helpful on regional placements compared to Brighton, and so there's generally better teaching. It's important to know that it can be quite a big adjustment and it gets tiring travelling every week if you're coming back. We'd also recommend to definitely explore where you're placed while living there!



TIPS FOR A DAILY ROUTINE/ AVOIDING BURNOUT?



- Revising phase 1 content over the summer can help a lot
- Do Monday lectures as you go, and try to pay attention (we know it feels long)
- Do a bit of PassMed every day
- Keep a balanced lifestyle e.g., 2 days placement and then 2 days off/ 4 half days
- Plan your week and know what you want to get done every week (e.g., sign offs, KT/ MLA conditions)
- If you do get burnt out- note the days you're more tired and try not to pile your work on those days. Spread it out and sleep well; make sure to take breaks
- Prioritise things you enjoy- aim to be home for 3pm, study for a few hours and then enjoy your evening
- Try not to spend more than 6 hrs/day on placement
- DO NOT leave everything for third term- it can feel easy but you'll regret it later on
- Get sign offs early
- If you don't feel like you're learning anything or getting a sign off, sometimes it is better to leave and revise instead
- Have hobbies!
- Keep a semi-flexible routine- things change so you might need to adapt your plans
- Protect your sleep, eat healthy and keep a balanced diet, and be consistent with self care
- Be firm in your boundaries, and don't be afraid to push for sign offs
- YOU DO NOT HAVE TO BE IN MON-FRI, 8-5!



TIPS FOR AVOIDING ISOLATION?



- Coming back to Brighton to see your friends helps
- Get to know the people you're on placement with
- Plan weekends or night outs in advance so you have things to look forward to and can plan placements accordingly
- Find days to catch up with friends, even if you're just studying together!
- Romanticise your new area- try local bars/ coffee shops etc., go to the beach
- Overall, enjoy yourself! Remember, studying is just one part of your life so make sure you have time for other things too!



We know this is very different to 1st and 2nd years, so as your year reps, we are here to support you! The advice and guidance in this document is just what worked for people in the past, so don't feel pressured to follow it all- find what works for you, and make sure to look after your mental and physical wellbeing above all. Please don't hesitate to reach out if you have any questions, suggestions or just want a chat!

CONTACT US:

E.RAM1@UNI.BSMS.AC.UK

T.RUBEN1@UNI.BSMS.AC.UK