

T year Top Tips

As a result of COVID-19 T year has changed, most of the contributors of this did not sit their T year OSCE. This is produced based on the opinions of those that contributed and is in no way official University guidance. Please always refer to any official guidance given in the first instance. Many thanks to all those that contributed to producing this top tips pdf.

General

T year is a juggle between the priority list, IOD and PBL! On top of this you need to keep up with anatomy (a few sessions), clinical skills and communication skills.

This guide is intended for SGUL students ONLY and is solely based on the opinions of current penultimate year students.

We want to stress everyone has a different approach and to use this guide to find what works for you. These tips may vary as many P years contributed to putting this guide together!

The clinical priority list or CLP

Did you know, if you do 1-2 conditions a day starting from September you could finish the entire priority list by Christmas! **Start early** so you have time to figure out how to approach each condition. Trust me it takes a lot of time!

Top tips from current P years:

"It's THE MOST IMPORTANT part of T year"

"Personally, if I went back – I would do it topic by topic
E.g. finish all the Resp, then CVS, then GI, etc."

"After each topic – do all the PassMed/Pastest/Quesmed questions on the topic"
~ this is a good method for consolidating knowledge ~

"Don't get too caught up in making lots of notes (sometimes you're just mindlessly copying without actually retaining), however it's good to have a summary of each condition to go back to during revision"

"If you have placement in a certain area – do those conditions first"

"The main systems are important – but anything can come up"
Knowing cardiovascular medicine, respiratory medicine, GI, and renal are key

"Use the clinical practice outcomes and for conditions that are not on there – I would do a DR DEAC PIMP"

IOD

Wednesday mornings during placement

“VERY IMPORTANT – comes up a lot in the exam”

“Go over the tutorial's beforehand, this will help you during the session
(I didn't do this, wish I had)”

“Majority of IOD overlaps with priority list, especially Haematology, Infectious diseases, Pharmacology, and Immunology – so ideally do the IOD first, then go back and go over anything not included in it”

“Cell Pathology – really important module – can come up quite a lot – also Jonathan Williams notes are amazing”

PBL

“Use PBL as a means to revise a condition by teaching others and engaging with the case”

“Most PBL conditions are part of the priority list, if they aren't, still treat them as they are”

“PPD/CPH lectures are the most important lectures – do not skip them – they will come up – ideally do them as you go along”

“DR DEAC PIMP of the conditions should be sufficient”

“Safe space to ask questions, answer questions, work through things, share learning techniques and resources”

“PBL is hit and miss, it depends who your tutor is and who is in your group”

“Do the LOBS if you wish or if you don't want to – simply treat each condition in the priority list as a 1* and make your notes that way”

“Be on your tutors' good side so they give you a good mark, contribute as much as you can, don't read off the computer if you can... Sometimes reading off is acceptable if the LOB is the MOA of a drug”

Placement

“If you are looking for ways to be involved and get things signed off, my advice would be to ask the F1's. Even just asking the F1's if there are any jobs you can help out with (i.e. bloods). In my experience, they are often keen to have some help and it can really help get DOPs and mini-CEX's signed off.”

“If you have to spend ages commuting, definitely try and use that time to your advantage. Try doing Passmed/Quesmed, listening to podcasts, or reading up on conditions you saw on placements. Really helps to consolidate what you're learning and feel productive on long commutes home!”

"Take stuff that's easy to do anywhere with you. E.g. I took my iPad and had Quesmed and did SBAs when not doing anything or doctors were updating notes. They love to send you home or away if you are just sitting around staring at them (face it you'd be annoyed with a constantly hovering shadow), so busy yourself but keep near by as things do crop up randomly within the 9-5. And you only get those experiences if you are around"

"Keep record of your patients and use the clinical outcomes from George's to do this. Sounds like a faff but will help in the long run"

"Set daily goals and make it happen for you!

As an example, make taking bloods your goal for Monday... a good place to go would be phlebotomy outpatients. No one better than a phlebotomist to teach you the tricks of the trade, and then watch you do a few yourself. Sometimes if lucky you get your own booth and can help them out for a whole morning/afternoon. Practice makes perfect. Most hospitals have phlebotomy outpatients."

"Clerking can be done wherever you are attached, a good opportunity is before WR, and presenting the patient to the team on WR (requires confidence but its all learning so I say go for it)"

"You can get injections done with the nurses on med rounds, and practice taking obs at the same time."

"Also worth trying to get a catheter done when on surgery, its much less daunting, and gets the DOP done... provided patient consents to you doing it BEFORE of course this is the most important thing (just because they are under doesn't remove their autonomy)."

"Might have less time on placements – so make most of the time you have"

"A lot of the time, it's really easy to feel hopeless on placement – but you really get out what you put in"

"They like eager students. Don't be afraid to ask doctors for any simple jobs, such as bloods, etc. and ask for patients to clerk and examine – which you can present back – good way of getting CBDs"

"Ward round – good way of getting to know the doctors, they sometimes teach you as you go along as well. They always make plans for the patients, so it's a good way to get DOPs"

"DOPs – the only way you'll get them done is if you look for them"

"Keep an eye out or ask during/after ward-round (as they usually make a job list for patients)"

"A lot of the DOPs the nurses usually do, so always ask the nurses, they're usually more than happy to help and even guide you through it"

"Even if you've done some DOPS, e.g. taking bloods, practice makes perfect so no harm in doing them again"

Preparing for the YSKT

"Get to know which resources work for you!"

"Stick to 2/3 resources and don't confuse yourself with the overwhelming information"

“MAKE NOTES ON WHAT YOU NEED TO KNOW – NOT THE EXTRAS”

“Only learn pathophysiology for conditions that appear in the IOD syllabus”

i.e. GI = you NEED to know the pathophysiology of IBD rather than conditions on the priority list that are a ‘2’

“Follow LOBS in the clinical practice outcomes booklet if that is the way you work – otherwise do not bother and just follow DR DEAC PIMP”

“If you are the type of person who learns via understanding the pathophysiology – pair up with a friend and sign up for an OSMOSIS PREMIUM MEMBERSHIP... It is expensive but so bloody worth it if that's how you learn = £48 pp”

Preparing for the OSCE

“Start by making a list of all the possible stations, e.g. the different examinations, and communication stations”

“Start as soon as you can, with friends, doing little by little.”

“Of course, due to COVID, you can find other ways of OSCE practice, e.g. skype sessions. Also use placement for OSCE practice, some examiners have told us that they can tell which students get involved more and clerk patients. Which I've found to be true as I've gotten better with my clerking through placement and presenting to doctors.”

“PRACTICE PRACTICE PRACTICE – find a group of 6 and set up a schedule for each week Make an excel document of all the examinations and all the histories you need to know for the year!”

“For histories – make the heading what the presenting complaint could be e.g. Headache, Cough, SOB, Shoulder Pain, Palpitations...”

“Make your practice sessions serious and effective with stations set up to simulate an OSCE”

SSCT

“Do something you enjoy, and use it to your advantage. Its a great opportunity to network so do find a supervisor you can enjoy working with”

“Personally, I asked around during placement if there were any audits that needed to be done”

“Most IOD tutors are clinicians so you can also email them”

“Start early and email more than one person, spaces get filled up/sometimes they don't get back so no harm in emailing lots of people and then deciding amongst them”

“Find your SSC early – bombard people with emails asap from the tutor list and write that you are motivated and want to do an audit”

“Do not feel disheartened if they do not reply asap – keep emailing”

“Finish your SSC early!!! Do the data collection before 5hrstmas if possible”

Recommended resources

“Try before you buy. There are tons of FREE things out there but also plenty opportunities to spend a fortune and sooo many tap into your insecurities”

“If you want a textbook check if the library has it first and see if you'll actually find it useful. Not all text books suit all. If you borrow a book from the library and don't use it for 2 weeks to a month chances are it will just collect dust if you did make the move and purchase it... so don't waste your money”

“With subscriptions... most do a free month trial or discounted months for the first time buyer... make use of those. If you aren't regularly on it chances are you won't be once you subscribe to it monthly”

“Definitely check the library for online textbooks! With your SGUL login on the library website you can get access to basically all the Oxford handbooks (like the cheese and onion, specialties etc.) and heaps more useful ones. Would definitely recommend if you're on placement and don't want to haul around all your books!”

“Zero to finals (available online, also as a book) – personally found this really, really useful – better for some topics than others – covers majority of CPL”

“Oxford handbook (again better for some areas than others) – but covers almost everything, even though it's not the best laid out at times”

“PassMedicine – question bank – start this early – try to do it topic by topic – then closer to exams do it randomly – really helps with exam technique – you won't get much right at first but WILL get better”

“Personal opinion – Zero to finals, Oxford handbook and PassMedicine were three of my most important resources”

“Pastest – question bank – would also do these alongside PassMedicine – really good for certain topics, e.g. PPD (Ethics and Law), Rheumatology (found this quite late, really close to exams)”

“Osmosis (good for pathophysiology)”

“Medicosis perfectionalis (really good for a few topics, especially haematology)”

Other recommended resources...

NICE CKS
AMBOSS
MediLearn
RAMS
Quesmed
Revision societies
PassMed Textbook

Pulsenotes
Oxford Clinical Handbook
BMJ Best Practice

SGUL specific:

<http://sgul.kieran101.com/conditions>

didact.me

“Don't get too caught up in using loads of resources for each condition, but also don't use only one. As you use them, you'll realise some are better for certain topics/conditions than others”

