Welcome to Salford Royal NHS Foundation Trust

Student guide for year 3 medical students
Hello to all Year 3 students.

I am sure you will find this booklet useful and interesting, particularly as it has been written by students for students. Thank you to Tony Sorial and his team for all their hard work in writing and producing this booklet.

As Student Rep Staff Co-ordinator I am looking forward to working with your Programme Reps, Year Reps and Sector Reps this coming year as they feedback back your experiences in Year 3 to the Medical School. Starting the clinical years is a huge transition but as well as working hard I hope you enjoy both the course and life in general.

Best wishes

Helen Franklin,
Student Rep Staff Co-ordinator, Manchester Medical School
As a student entering my clinical years I felt a huge transition, not only in my medical career but also in life. Becoming a student doctor is a challenging and difficult adjustment to make. My ambition was to find a way to help others learn from the mistakes I have made and opportunities I have missed. I therefore undertook the task of assimilating information FOR students FROM students, in order for incoming clinical students to gain maximum benefit from their first clinical year.

The result of my efforts and those of my colleagues are the articles that follow. Their purpose is to provide you with a framework of advice on how to live life as a student doctor to the full. With hope it will, for many of you, ease the transition into your clinical studies.

Antony Sorial
4th Year Medical Student, Salford Royal Hospital

Acknowledgements.

To ALL the authors, without whom we would have no booklet and no information, I believe their hindsight and experience will be invaluable.

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I am delighted to welcome you to the Salford sector at the start of the clinical years of your Undergraduate Medical course, a period that I hope will be enjoyable and rewarding for you. Our primary goal is that you will emerge as a successful graduate of the University of Manchester MB ChB course who is well prepared for your professional career as a doctor. We want to inspire you to aim for excellence in all aspects of your clinical and academic work and to gain insight into the enormous variety of potential career paths that lie ahead.

From now on you will be learning clinical medicine in the workplace through a very wide range of clinical placements in Salford Royal as your base teaching hospital, our linked district general hospitals and community Health Education Zone. In all your placements, I hope and expect you to encounter enthusiastic teachers and role models, a number of whom are national and international leaders in their field.

As a medical student in Salford Royal NHS Foundation Trust, you will be part of and contribute to an organisation with a very strong culture of patient safety and high quality care. Education is a key part of this culture and we are very proud of the Mayo Building and the excellent teaching resources we can offer within it, for example the first class clinical skills laboratory and simulation suite, library facilities and meeting rooms.

You are joining us at a time of great change. A whole new hospital building has been built to replace the Victorian wards of the old Hope Hospital. This building will be named the Hope Building and will house the Emergency Village, incorporating the A&E department and acute medical and surgical assessment units. It is an extremely exciting time, and I hope you will be able to enjoy with us the challenge and opportunities that our new hospital will bring.

It is undoubtedly the case that high standards are demanded of you but please remember that all the team in Undergraduate medical education will strive to support you throughout your course in acquiring the academic, practical and professional attributes of “Tomorrow’s Doctors”.

I would like to congratulate all the contributors to this student guide, which is the brainchild of Antony Sorial, currently a 4th year medical student. He and his co-authors have brought together a wealth of valuable tips based on recent student experience. I feel that their initiative demonstrates something really important about University of Manchester medical students. They genuinely care about their peers and want to share their knowledge with them: this is a highly professional approach. I commend their advice to you. If you follow it, I am sure your clinical learning and your enjoyment of the clinical years will be greatly enhanced.

I wish you a successful and happy time with us.

Professor Felicity Stewart
Hospital Dean
About 40 years ago I went into the 3rd year of my medical course, just as you are doing today. I had done well in my “ology” studies. I had lots of basic knowledge but knew nothing about people. I was terrified. Today I am Professor of Pathology in the largest Medical School in the UK and I have just taken on the most exciting job in Medical Education, Head of Undergraduate Medical Education (HUGME) in that School. BUT I still wake up at night remembering the first traumatic days of clinical medicine.

Why was I so terrified? Simply it was because I had not been prepared for making the transition from “pre-clinical” to “clinical” medicine.

When I finally got into my stride, somewhere in year 5 with the threat of exams looming, I suddenly realised what I had missed. Medicine is really exciting. The reasons I took the job of HUGME was because I don’t want you to be terrified like I was and to make sure you understand what clinical medicine is about.

As it happens Manchester produces the best prepared young doctors in the country. Best prepared for embarking on a career as a doctor and the best prepared to face the challenges of the life of a doctor in an ever changing healthcare environment. So you are in the best place to learn.

Through PBL you learn to think on your feet; through early experience you learn to interact with well people and patients; through communications skills teaching you learn to free the pent up understanding, listening interrogator in you; and all the time you are gradually acquiring important knowledge, skills and attitudes.

As you are better prepared than I was, please don’t waste years 3 and 4 like I did. The earlier you get in there, the sooner the fun starts!

I have three things for you to remember:

1. When a surgeon criticises you for not knowing the branches of some obscure blood vessel, remember it is easy for an expert to make anyone feel small. But also remember their strength is their Achilles heel, so if you feel a bit impish, first take the flack for not knowing the minutiae you could have got from a book or the net and then ask “how are you managing the patient’s diabetes?”, works nearly every time and is probably the thing the patient worries most about.

2. You learn medicine from patients, with a bit of help from teachers and books. Unfortunately patients don't know the curriculum and are no respecters of timetables (or time). In Manchester our sheer size means we can offer you more opportunities of seeing patients in more settings than any other Medical School, even so, because of the inability of patients to be ill to order, learning from patients is bitty and disorganised. But get used to it, this is how the rest of your life will be!

3. Doctors are human, no matter whether they are treating you, teaching you, or assessing you. It is easy to be critical of imperfections, but remember in 5 years time you could be standing where they are now.

Finally - Have fun; help me make the programme better for you and those coming after you; and always be on the look out for what you want to spend your life doing and where, because before you know where you are 2 and a half years will have gone by and you will be having to make decisions that will shape your life for ever

Finally finally, congratulations to Antony and his team. This brochure is a brilliant initiative.

Professor Tony Freemont
Head of Undergraduate Medical Education
Manchester Medical School
Third year is your first clinical year, and it can be a very daunting prospect at first. What you should always remember is that you are not alone, and there is always help around you both from MRI and from the University itself (see useful contacts list). SRFT 4th year Huw Purssell has these ten top tips that will help you survive 3rd year:

1. **Make sure you have a life.**
   It can be easy to get stressed out so it’s important to take time out doing the things you enjoy to get away from it all. Soon you will be a doctor and holidays and breaks will be few and far between so make the most of them. In the short holidays at Christmas and Easter, make sure you rest and relax.

2. **Take every opportunity that comes your way.**
   You never know what you will be invited to see or do (often it is just the F1 suggesting that present a history to them or going on a ward round) and it will often be unexpected. People will always prefer to teach someone who is eager. Don’t overstretch yourself if you’ve got things to do but if you can do it, even if it means you’ll be home an hour later, go for it. There are lots of opportunities out there and it’s just a matter of finding them.

3. **Be polite and professional.**
   You are expected to be professional at all times inside and outside hospital. It sounds stupid but if you’re smartly dressed and are nice to people, they will help you and will be more willing to teach you or let you do a skill.

4. **Clinical Partners (see separate article).**
   Make sure that if you are choosing a clinical partner that it is someone that you can work with. Clinical partners are very helpful at appraising an examination or history and they are good for practicing on before OSCEs. Don’t annoy them!

5. **If you don’t know the answer to a question just say so.**
   Consultants will grill you because that is how they were taught so that’s how they are going to teach. It can be intimidating and often you’ll think you look really stupid. Don’t worry, everyone will feel like that. If you don’t know an answer, make sure you’ve had a think and if you really don’t know then just say so. Tutors expect you to have a go at answering questions but won’t
expect you to know everything – if you did then their teaching session would be pointless. Likewise if you have a question, ask it even if it seems stupid – consultants are humans really, and the chances are you aren’t the only one who wants to ask that.

6. Learn your Cardiovascular, Respiratory and Abdominal examinations
This is taught early in year 3 and then on your firms. It is one of the most important things to learn. A lot of timetabled teaching on the wards is based round examinations and doctors will help you perfect your technique. But you will need to practice so go onto the wards, find a friendly patient and practice on them.

7. Practice history taking and talking with patients.
The only way you can really practice this is on the wards, talking to patients. Don’t be shy - generally patients are bored and will be grateful for the attention. Avoid meal times (you’ll annoy the nurses) and visiting hours if the patient has family if you can. Ask the nurses or the junior doctors if there are any patients with good histories on the ward, if not find a smiley face! For patients with very complex problems, just listen to what they tell you about their illness and experiences. You can learn things from them that you will not find in textbooks.

8. Get to grips with skills (e.g. venepuncture and cannulation) early on.
The more confidence you get, the better you’ll be. Get used to the models in the skills labs then try and do as many skills as you can on real patients. OSCE examiners can tell if you have done the skill many times so you’ll do better in exams. Also if you’ve practised early on and are confident, you won’t feel the need to go to the skills lab in revision time when they are overrun with people.

9. Manage your time well and be on time.
When you have a gap in your timetable, do something useful – do your PBL or read up on that disease that you’ve meant to read up about ages ago (it can be useful to keep a small notebook to jot down what you need to read). If you do it then, you won’t have to do it later when you’re tired. There will be times when you need a break so do take breaks because you’ll need them. Doctors are often running behind time so when you are on time and waiting for them, just be patient and enjoy the extra five minute break!

10. Have fun!
Clinical years are great. You’ll be amazed at the amount of freedom there is to do what you want, so make the most of it and remember there is always help around if you need it. Good luck!

Huw Purssell,
4th Year Medical Student, Salford Royal Hospital
1. The Oxford Handbook = The medical student Bible!
An amazing book, it is used by everybody!

2. Clinical Partners
If you have one, great, if not, don’t be afraid to fly solo. It is not the be all and end all. There is nothing that demands students be paired up, so don’t worry about it. Often you will find there are other people who do not have partners, so you can always pair up that way if you wish to.

3. PBL
PBL still runs the same way; however there is only 1 session per week, used for closing a case and then opening the next.
Although you need to know a great deal about the particular case, you will be exposed to a variety of disease every day. Try not to be too focused on your PBL, and learn about a few of the different things you may have seen. PBL is not just the week’s learning.

4. GP day does not equal a day off!
In Year 3 you will spend 1 day each week for half of the year at a GP. Quality of GPs varies, some may be structured and keep you all day, whereas others may be very relaxed. Don’t be afraid to ask questions and get involved rather than sitting in the corner and observing. There is a lot to be gained from GP placements, so try and make the most of it. There is no such thing as a bad GP placement; be pro-active.
Again, it is important to arrange your travel in good time, and there are bursaries available depending on the location of your placement.

5. District General Hospitals do NOT equal death!
The idea of a placement at a DGH can be depressing, but don’t judge it until you’ve experienced it. You will find everyone is really friendly and the smaller numbers of staff, students and patients means you can really get to know one another. Other advantages also include smaller groups, which can often mean more focussed teaching.
Do try and make sure you have travel and accommodation arranged in good time before your placement is due to start.
Also, be aware that there are travel bursaries available if you do not get allocated / want accommodation.

6. Practical Skills
Practice in the skills lab is great, but a real patient is even better.
The first time you perform a skill such as taking blood on a patient it can be a scary experience. If you are unsuccessful, try not to panic and don’t be afraid to ask for help. The only way you can improve is via practice.
7. Clinics
These are similar to the GP setting, where a couple of doctors see many patients as either referrals or follow-up appointments. Again, these are a fantastic way to learn as you can be exposed to many different diseases that you may otherwise not be.

8. Sign – Ups
There are lots of sessions that are made available to students to ‘sign-up’ to, e.g. clinics, procedures, surgery. Try and do a few sign-ups if you can. Again, these are a great way to learn as the teaching is often one to one. However, as with anything, quality can vary, and try not to get bogged down with too many.

9. Cancelled Teaching
Unfortunately this does happen, and sometimes it can happen alot! Try not to be put off, make sure you go through Undergrad to report it, but see it as a blessing in disguise. There is always something you can be doing, such as PBL, practicing skills, or getting experience on the wards. Try to remain enthusiastic and make use of the time if it does happen.

10. Wards, wards, wards!
One of the most important places to invest your time; the more time spent here, the better you will become. This is the perfect place to practice history taking, examinations and skills, and also get involved with ward-life. There are a host of opportunities available here, so try to take advantage of them! Regular experience on wards will ensure you build up your confidence and contribute to your professional development.

11. Nurses are a Godsend!
Be nice to nurses and they will be nice to you! Take the time to get to know the nurses and maybe even shadow them to see what they do. Not only will this expose you to different healthcare professionals and their roles, but it can also help to build your confidence with patients and practical skills.

12. Grand Rounds
This is usually a formal session where medical students / junior doctors present unique and interesting cases accompanied by various learning points. Although attendance is not compulsory they can often be great sessions, and offer an excellent way of expanding your knowledge (and getting a free lunch!).

13. Portfolio
Unfortunately this is still compulsory, but it becomes more relevant. Start to see this as your CV and a document of your professional development. Try and make it more personal, and think about expanding it with what you find interesting / stimulating. It is not just a competition for the number of certificates you have!

14. Specialties
There will be some who know exactly what it is they wish to specialise in, but don’t be worried if you don’t. You have ample time to decide, and there will be plenty of exposure to a variety of specialties over the coming years.

15. There is more to life than medicine!
It is easy to focus on medicine and become overwhelmed at times. Don’t forget it is also very important to have time to relax and enjoy doing all of the other things that interest you! Try to maintain any extra-curricular commitments as best you can, and get involved in whatever it is that interests you outside of medicine!

Written by Ozerah Choudhry
4th Year Medical Student, Salford Royal Hospital
On my first day as a third year medical student, I can remember feeling very excited – and very nervous – about what I could expect from Phase Two of medical training.

I was leaving the comfort of my PBL-focussed, library-orientated Stopford semesters behind for a whole new start as “a real medical student” – the type who gets to see weird and wonderful diseases and syndromes, who gets to take blood and resuscitate patients, and who gets 9am-5pm consultant teaching on the wards.

As far as I was concerned, being a student at MRI was going to be “the highlight of medical school” and I was going to love every second of it!

I’m not sure what you are all expecting from your clinical years. For me, the reality was very different to what I expected. Some doctors were too busy to teach during ward rounds or clinics. Some didn’t even acknowledge me! Clinics got cancelled. Patients did not attend their appointments. I thought that everything would run like clockwork and that teaching medical students would always be a doctor’s priority. I was very wrong.

You may be wondering why I’m telling you all this. Well … if you are anything like I was, clinical medicine could be a real shock and, dare I say, a tad disheartening at times. There were days where I would think, “I have wasted two hours sitting in a clinic that’s taught me nothing … I should have just gone to the library.”

On some days, this may be very true. However, there were other days where I would sit in clinic with a fantastic doctor who had loads of time to teach me, to watch me examine patients, to listen to me take histories or present pa-
tients. Similarly, there were days where I would talk to and examine a really interesting patient with really interesting signs and symptom. Then there were the times that I would have seen something that meant I was able to answer a question in teaching or PBL that would leave the people who had spent all their time in the library questioning why they hadn’t remembered/read that fact.

In short, there is no “correct” way to manage your time. I know medics who will come into hospital for the bear minimum registered clinical teaching sessions and then head straight to the library to continue in their pursuit to write out and memorise the entire volume of Kumar and Clark. I know others who rely solely on ward rounds and clinics to spoon-feed them a semester’s worth of knowledge. A small minority of really keen beans are on the ward by day and locked in their rooms digesting the Oxford handbook whilst the rest of us are hitting the gym, watching trashy telly or eating beans on toast for the fifth day in a row. Not healthy, not cool, don’t do it!

My advice to you would be to try and strike a healthy balance between library and clinical work. Personally, I find that taking histories on the wards or seeing patients with particular conditions in clinics forms a good basis to start book work from. Reading about Crohn’s disease or angina is so much more relevant and interesting when you can put a face to a condition. It is also amazing how you are much more likely to remember the information that you read afterwards! As for feeling like a goosebury on the wards … try and track down an F1/2 doctor and see if they will let you shadow them. A lot are happy to point out patients with interesting histories or examination findings – and the more histories you take and examinations you perform, the more confident you become and the better you will perform in OSCEs, Finals, and as a future doctor.

Medicine is a practical subject, and unless you have heard bronchial breathing or a pan-systolic murmur you will not have a clue what you are listening for. There is definitely a place for books, but they are poor substitutes for real-life experiences and practice.

Johanne Davies
5th Year Student at MRI
Being in a good clinical partnership is a fantastic way of settling into your clinical years. Going onto the wards as a clinical year medical student is a daunting experience for many and having someone alongside you that you know, like and work well with, can alleviate some of the stress that you are bound to feel.

Before the beginning of 3rd year you will be asked by the undergraduate office of your base hospital whether you have any preferences as to who you want to be paired with. Unless you organise to be partners with someone and inform the medical school of this, you will be placed with someone new for each semester, in the same way that you are delegated clinical partners in the 1st and 2nd years of your study.

Clinical partnerships in the 3rd and 4th year of medicine have more significance than the first two years, as you spend more time working in just your pair. Whilst everyone in your PBL group will be on the same placement as you, each clinical partnership is likely to have a slightly different timetable; with the group only meeting as a whole for certain events, such as PBL discussion and ward based teaching.

Some advantages to an arranged clinical partnership:

- Ensuring that for each placement you are always with someone that you get on well with. This is particularly important in district general placements where you may well be staying in hospital accommodation, for example Bolton, Bury, Tameside, Blackburn and Crewe.

- Having someone you know you can work well with. This is particularly important in the context of acquiring new clinical skills. Being in a good clinical partnership will allow both of you to appraise and be critical of each others’ performances, both on the ward and in the skills lab.

- Travel may be easier if you can ensure that one of you has a car. Many placements are further afield than your base hospital and sharing petrol costs can often greatly reduce your travel time and expenses.

Potential pitfalls of a clinical partnership:

- You should try NOT to be a clinical partner with someone you live with. Being around the same person all day in hospital and all night...
once you are home is quite intense - it’s possible for even best friends to become sick of each other!

- Don’t pick someone you are best friends with if you are unlikely to work productively together. Chatting too much on a ward round never goes down well with a consultant!

Being in a self-arranged clinical partnership is not the be all and end all of 3rd year, so don’t panic if you don’t manage to organise one! Being with someone new each term can be a useful experience. It’s a great way to get to know other people on the course and also to learn how to form a working relationship with people that you don’t know.

As a doctor you wont be given the option of working with a friend! If later in the year, you decide you would like to choose a clinical partner or you just feel the need for a change, there are opportunities to change partnerships half way through the 3rd year and at the beginning of the 4th year. Whether you arrange to be clinical partners with someone or not, your clinical years will be a great experience - good luck!

**Philip Webb and Kate Armstrong**  
*4th Year Medical Students, Salford Royal Hospital*
Upon entering your third year of medicine, you will have already completed two SSC projects. Although they have probably helped to develop your critical appraisal, teamwork and poster-colour-coordination abilities, they probably haven’t provided you with much of an insight in regards to clinical-based SSCs. With any luck, this article should fill you in on the hazy parts and help you feel a bit more confident in selecting your choices.

I’ll start with the basics. First off, more time is dedicated to SSCs during your clinical years: you are expected to complete two four-week placements in your third year, and two three-week placements in your fourth year. The undergraduate team at each hospital will notify you when SSC options become available and you are able to choose and rank eight placements via Medlea. Clinical placements are widespread and available over three settings – in the community, at DGHs (District General Hospitals) and at your teaching hospital. Of the four placements, a minimum of one must be based in the community and one must be based at a DGH.

At first, sifting through the choices can seem overwhelming. From ENT surgery to drug rehab to neonatal medicine to infectious diseases … where do you start?! My first bit of advice would be to read through the options and shortlist every SSC title that interests you. Okay, so the “shortlist” will probably start off being a “longlist” but you will find that, after a couple of days, some titles may have lost their appeal. Next – think about what you want from a placement. Do you want to be placed on your own or in a group? For instance, the Cancer SSC based at Christie’s and the Infectious Diseases SSC based at NMGH both recruit fourteen students and offer group lectures and teaching sessions. Looking at the location, the number of spaces available on a placement and the individual synopsis may all influence your overall decision. Be aware that not all DGHs offer accommodation to everyone – thus, if you don’t have a car you may opt for placements that are easier to get to by public transport.

In terms of WHAT type of subject to study – my main piece of advice would be to choose something you think you might enjoy. Obviously, A&E is probably going to be a lot more popular than a GP placement in Wigan … but if you don’t try, it’ll pass you by! And let’s face it - doing a specialty that bores you to tears for four weeks makes life a bit of a drag. Some people choose specialties that are somewhat neglected by our medical syllabus, such as ophthalmology, dermatology or ENT – but if these sound like your worst nightmare you will have a very long, tedious placement ahead …

Some of you may already have an idea about what interests you. If this is the case, you may be disappointed when...
there are no clinical placements to cater for you budding burns specialists or haematologists in the making. Do not despair though, there is a way around this … organise your own SSC!

I self-arranged my third clinical SSC placement in Paediatric Psychiatry at the Winnicott Centre, MRI – and it was a lot easier than I thought it would be! The first thing you will need to do is to find a consultant in your area of interest who would be willing to supervise you. I found my supervisor by accessing the “Approved Supervisors” link under the Project Option page on Medlea. This document provides lots of different names and contact details for a whole host of consultants in a range of specialties – and if the consultants are keen enough to take Project Option students under their wings, then it’s worth asking them to do the same for an SSC! Alternatively, you could ask a consultant from one of your previous placements, or ask students already in clinical years whether they know of any contacts.

Once you have done this, you will need the medical school to approve your choice. If you visit your undergraduate office, there will be someone who can provide you with a form that you will need to fill out (explaining your rationale for self-organising your SSC and the contact details of your proposed supervisor). As long as you return this form within 6 weeks of the start of the SSC period, the medical school will contact you to let you know whether your placement has been approved.

So – in summary – I feel the take-home messages of this article are to a) choose an SSC that you think you will enjoy, b) consider the practicalities of the placement and c) don’t be afraid to self-arrange a placement if you really want to try your hand at something that isn’t available – if you’re organised it is very simple and very rewarding. Good luck!

- Johanne Davies, 5th Year Student at MRI
Top tips for portfolio in clinical years

In years 1 and 2, the word ‘Portfolio’ sends shivers down the spines of many medical students.

Only when you get to the end of Year 4 and start thinking about applying for Foundation training do you realise how useful it really is. Having an up to date Portfolio and doing the work as you go along can really make a big difference when applying for jobs and studying for your finals at the same time! It can be almost impossible to think back to experiences you had 4 years ago and the written evidence is invaluable.

Not only is Portfolio an extremely important tool for Foundation applications but, a satisfactory review is required in order for you to graduate at the end of Year 5.

Plan.
Use the material available on Medlea – know what is required for your review in advance so you can plan ahead and be organised.

Organise yours early.
Make sure each section is clear and in a logical order so you know where things are and can access pieces easily at your review. Make a table for documenting skills and fill it in as you go along.

Reflect.
On experiences that have an effect on you, no matter how big or small. Think about collecting evidence for your application form such as team working and significant clinical experiences. Make sure you jot something down near the event so you remember it.

Timing.
Don’t leave it until the last minute! Tutors recognise rushed pieces of work and life is so much easier when you do the work steadily over the Semester.
Forms.
Although it seems like there are lots of forms to fill in, keep on top of them and keep them safe! Any feedback forms from tutors/placements should be kept safe to provide evidence of your attendance. In year 5 there will be lots of forms to fill in – don’t leave them to the last minute. Start early and avoid having your graduation delayed for an outstanding form!

Online discussions.
Make a contribution to your group discussions. Print them out and highlight your sections.

Listen to advice from Portfolio tutors and seniors.
Attend the sessions they put on in year 4 giving advice on how to use yours effectively for Foundation applications.

Identify your areas of weakness.
Reflect on this using a SWOT analysis to show how you have developed.

Opportunities.
Use your clinical years wisely and make the most of every single opportunity you get. From teaching other students to practising a procedure/skill with patients, it will all add up in the end.

Remember…Your Portfolio is your chance to sell yourself and will be with you for the rest of your career…Good Luck!

- Lydia Arnold, FY1, Salford Royal Hospital
How to get the most out of your GP placements

I imagine that soon to be 3rd years will be enjoying their last long summer and excitedly looking forward getting into real medicine, on the wards, in A&E and...in the community?

If, like me you were left with the opinion that GP land was tedious and repetitive after the community days of pre-clinical years (aka grunt work behind reception), here are 8 ways to make the most out of your GP placement. Try to follow them all and you may find a hidden love for community based medicine.

1. **At the start of the placement sit down with your GP supervisor and have an honest conversation about what you want to get out of the placement.**
   This could range from getting your venepuncture sheets signed off to practicing the vast range of examinations you will recently have been introduced. There is no point ending a placement feeling you time has been wasted if you have not voiced your concerns earlier.

2. **Plan a timetable of when you will arrive, go for lunch and leave.**
   At some practices you may be expected to stay for evening surgery or come in early for sessions aimed at busy, working patients. It can be very helpful to see this side of general practice as it gives a clearer idea of what the job actually entails for burgeoning GPs. However, it is always nice to be warned if you are going to be staying later than the last bus.

3. **Use long lunches productively.**
   General Practice is notorious for long laborious lunches between morning and afternoon sessions. This can be a good opportunity to treat yourself to a pub lunch but it is also a good idea to find something useful to occupy your time. A small audit of prescriptions for example can easily be completed during your placement. This will not only look good on your CV but will endear you to practice staff and prepare you for more official audits that you will have to carry out in future.
   Home visits are usually carried out at lunch time so join the doctor on some of these. GPs have only what equipment they can carry in their
bag and therefore home visits require them to think on their feet. Problem based learning in the flesh!
Many GP practices have lunchtime presentations by visiting doctors. I’ve seen presentations from paediatric and respiratory consultants among others. They usually stick around for the free lunch provided afterwards so you have time to ask any questions about their specialty

4. **Try to see patients in a variety of different settings.**
Many GPs still subscribe to the idea that students are only allowed to sit in the corner of a consultation taking notes. The best GP practice that I’ve been at so far arranged for a patient that was relevant to our PBL case of the week to visit the practice each week. I would also recommend going to home visits (in pairs) without the GP as people are usually much more open in their own home. Go to baby clinics, diabetic checks, contraception clinics and counselling sessions if you can. Even if it’s not relevant to your current placement these experiences can either act as revision or as an introduction to a new topic.

5. **Get your GP to run mock OSCEs for you towards the end of your placement.**
GPs are often involved in marking stations so will have a pretty good idea of what is needed to get the top marks. Use this resource and you will feel much more prepared by the time OSCEs come around.

6. **Ask questions.**
It is a lot less scary to look like an idiot in front of your GP than a high flying cardiothoracic surgeon.

7. **Make contacts**
Your GP placement is one of the best opportunities you will have to get to know your supervisor. Use this as an opportunity to get a reference or help with checking your foundation year applications.

8. **Take cake**
And finally bribery, I would suggest taking a cake/bunch of flowers/bottle of wine at the end of your placement to help with good feedback!

*Written by Claire Pritchard*
Motivation for the motivationally-challenged

As medical students we all know how important motivation is. We have all experienced the plunging motivation levels the evening before we are due a PBL session and have only completed 1.5 ILOs. Unfortunately, it doesn’t get any easier once you enter the clinical years. Now you have to be really motivated to study after a long day on the ward.

Motivation can be external- for example your parents pressuring you to study, deadlines, pressure from your PBL group to contribute something are all external motivators. Or it can be internal- for example, learning more anatomy than you need to because you enjoy it or because it is important to your future career as a surgeon for you to acquire that knowledge.

Studies have shown that students who are more intrinsically motivated will do better academically and demonstrate more positive attributes such as self-directedness and persistence (1). And these are two qualities which you will need to have because you enjoy it or because it is important to your future career as a surgeon for you to acquire that knowledge.

As an individual you can make yourself think in a more intrinsically motivated way by:

1. **Believing that your academic achievements are a result of factors that are driven and controlled by you**, such as how much effort you put into your work. Don’t blame outside factors such as lousy teachers and lack of time for not doing well in an exam or failing to complete your ILOs.

2. **Being interested in learning and mastering a topic**. Don’t superficially complete ILOs for the sake of completing them- be clear about what you want to learn and why it is important. Feel satisfaction at having gained knowledge and skills because it will ultimately help you to be a better doctor.

Having a more positive intrinsically driven outlook can boost your motivation and it is worth investing in this approach as being a medic requires life long learning and self-motivation.

There are however, a few tips that you can make use of in the short term:

1. **If you are having difficulty getting started on a topic**, convince yourself to **sit down for just five minutes and study**. Once you have overcome this initial barrier in getting started you will find the five minutes extend to a full studying session.

2. **Set goals.** Write down your goals and any threats you anticipate to achieving them. I know this sounds scarily similar to portfolio, but it is useful! Studies have shown that people who not only visualise themselves achieving their goals, but also visualise the barriers and how they will overcome these, are more successful in achieving their goals.

3. **Let other people know about your goals** - talk to your colleagues, post it on Facebook, tell your family or partner - and help them encourage you. For example, when you want to achieve something, give someone close to you permission to stop you from doing anything else until you have achieved your goal.

4. **Work with your colleagues**. There is a great deal of secrecy and competitiveness in medicine between students. It affects all of us but it can be very detrimental. Be a generous student- share your resources and time with other students and you will reap the benefits. Form study groups. Let the strengths and weaknesses of your peers motivate you to be a better student.

Motivation is needed in plentiful supply to get through medicine, yet we all become deficient from time to time. I hope that this article inspires and motivates you to take control of your learning and take pride in acquiring the knowledge and skills required to be a good doctor.


Jaudat Fatima, 5th Year Student, Salford Royal Hospital
Learning opportunities in clinical years are out there, you’ve just got to master the art of finding them, as they come in all forms and sometimes you might not realise you are in the middle of a ‘learning opportunity’! PBL, clinical skills, firm teaching and lectures are all things you can expect to see on your timetable throughout the year, and are all invaluable parts of your training. Aside from these, (the content of which will vary depending on your firm and your hospital) there are numerous opportunities available for you to discover. The biggest mistake people make is to not make the most of the freedom to explore their placement hospital. Here are some tips and suggestions I wish someone had told me:

- It’s worth thinking about what specialities your hospital is renowned for: MRI is the regional centre for renal transplant; Hope and Preston do a lot of neurosurgery; whilst South is the National Aspergillosis Centre; and the Christie Hospital is world famous for its cancer research programmes. Each DGH will have its own specialties too. There will be chances at these hospitals which may not be available elsewhere, so always take advantage of this!

- Clinics are brilliant places to see signs and examine patients presenting for the first time. MedLea is brimming with signup clinics relevant to your module; your consultants will run other clinics that you may be expected to attend; and you will come into contact with other doctors who might let you attend their clinics (ENT etc). If their clinic times clash with your teaching, try asking if they have any other clinics you could attend, or alternatively arrange to attend the clinic just for a few hours. Be aware that there may be occasions when you are not learning anything- some doctors are still guilty of sitting their medical student in the corner of the room and ignoring them for the rest of the session. If this happens to you, try to be proactive- interact with the doctor and ask them to show you results or let you examine the patient. Read the patient’s notes before they come in to see the doctor so you are up to speed on their history. If this still doesn’t work it is time to excuse yourself and leave.

- Experience in theatre is much more easily accessible during your ‘surgical’ firm, when your consultants should have arranged theatre sessions for you. However, you should be able to arrange theatre sessions at any time using MedLea. The consultant’s secretaries are brilliant people to befriend and will often be able to arrange for you to attend theatre sessions. It might be worth buying some cheap theatre shoes (Crocs or clogs) to keep in your locker. Learn your scrub size (different colour collars depending on size) and always remember to wear a ‘trainee’ hat. Arrive in theatre early so you can follow the patient through from the anaesthetic room- there are lots of opportunities to practice skills and be taught by the anaesthetists. Be prepared to answer questions- some surgeons like to grill their students, but also don’t be afraid to ask questions. Remember that the scrub nurses and other team members will be very knowledgeable sources of information if the surgeon is busy (or mean).

- There are plenty more signups on MedLea covering a wide range of healthcare activities. It’s well worth exploring some of these during your clinical years. Don’t be put off by nurse led sessions, as they are often incredibly experienced members of staff, and you may get more hands on experience.

- Other than what is mentioned above there are plenty of other places to learn and which you can arrange on MedLea or during your firm: ward rounds, planned investigations, endoscopy, multidisciplinary meetings- the chances are endless. Most units like the dialysis unit, cardiac catheterisation lab and haematology day unit will be happy for you to arrange a morning or afternoon with them- just visit the reception and explain to the staff. Think about going to Nuclear Medicine or Radiology, these are departments which students neglect to visit and the staff will be happy to teach. Remember both of these departments also perform interventional therapy and treatments as well as imaging patients- perhaps you can follow one of the patients from the ward when they go to the department.

Keep an eye out for extra opportunities which may be advertised, by email or on MedLea. DGHs are perfect places to explore, and with less students present, staff are more willing to deliver impromptu teaching sessions. If possible arrange some weekend or night on-calls with one of the junior doctors you get on with- it’s a chance to see a whole different side to the hospital. As ever, keep brief notes and reflections on everything you have done and seen- a small pocket sized notebook is perfect for this. Finally, remember to be confident and friendly, it is amazing how helpful these attributes will be when in hospital.

- Kirstin McGregor, 4th Year MRI student.
Base Wards

During your first clinical year at Salford Royal you will each be assigned a base ward on which you are to be present for a number of hours every week. This system was introduced last year with the aim of maximizing students’ exposure to the clinical setting. This time spent on the ward allows students to gain a greater insight into how the ward is run, the roles each medical professional involved and provides an opportunity to put newly learned clinical skills into practice.

Before this system was in place, students gave the feedback that they too often felt unwelcome on wards. With Salford Royal being a teaching hospital, there are large volumes of students on the premises and it can become hard work for staff to have to constantly monitor new faces appearing on the wards. Base Wards have helped to overcome this problem as it enables you to become part of the team, getting to know the ward manager, staff nurses, foundation doctors and on up to the consultant. By building up good working relationships with health professionals on your ward through enthusiasm and motivation, this will in turn encourage them to teach you and open up further learning opportunities to you.

Although some of you will be lucky and your base ward may complement your study module, others may find that it has no relation to your current PBL learning. Even if you should be in the latter category, please do not let this put you off attending your Base Ward! Whichever ward you are on, there is always a huge amount of knowledge to gain and opportunities available to practice clinical skills such as venepuncture and cannulation.

The best advice I can leave you with is to take control of your own learning from an early stage. There will be those timetabled sessions that are compulsory, but much of your time will be your own to allocate as you wish. Base Wards are a great way to get to know the hospital, feel part of the team and to learn and practice your clinical skills; all of which will help to increase your confidence in the clinical environment. Saying this, you must also balance this with your firm teaching and sign up sessions. If your firm is offering extensive teaching and opportunities to be actively involved on the wards, then spend a little less time on your Base Ward. If you find that you are left with large gaps in your timetable or teaching is cancelled for some reason, then the Base Wards are there to provide you with a further opportunity to learn and be productive.

The teaching opportunities are out there – so make the most of them! Be proactive, introduce yourselves to staff, be enthusiastic and you will soon settle into life as a medical student at the Salford Royal. Best of luck!

Kate Armstrong,
4th Year Medical Student, Salford Royal Hospital
Life in a District General Hospital (DGH)

Like spokes on a wheel, each base hospital is linked to a number of District General Hospitals (DGH’s), which expand the number of clinical placements for students and offer a wider experience of different hospitals. It is important to learn how to adjust and adapt to new clinical environments, as we will need to work in a number of different hospitals for many years to come in our medical careers.

Through other medics, I had heard whisperings of what the DGH placements were like, though it still came as somewhat of a surprise when I was informed that my first placement in 3rd year was to be at Bolton Royal Hospital.

Getting Started

The ICL weeks passed quickly and before we knew it our first day of our placement had arrived. We were given a warm welcome, many power-point presentations, a timetable and a map of the hospital – all the tools we needed to get started.

According to an internet survey from the British Association for the Advancement of Science (no, I hadn’t heard of them either), Boltonians are the friendliest people in Britain. In my experience, the staff and patients certainly lived up to this claim.

Transport

Transport is not offered by the university; though lift-sharing made it manageable. The commute was in fact only around ten minutes longer than that for Salford Royal from the student ghetto that is Fallowfield, and so I felt I could return to Manchester when I wanted. There is a good rail network between Manchester Piccadilly and Bolton (though it is wise to bear in mind that a bus is required to get you to Bolton train station).

Accommodation and Facilities

The accommodation was basic, but comfortable – the rooms in fact being larger than in my student flat with the added bonuses of a living-room with a TV and no bills!

On site is a well-equipped gym, which is free to use for students and widely used by the staff. Internet could be accessed in the doctor’s mess, just a stone-throw’s away from the accommodation, and the library had a great selection of medical textbooks (so no wrestling fellow medics for the last copy of Macleod).

Learning

It is somewhat ironic that the staff of DGH’s seem to have more time to teach than the staff in the Teaching Hospitals, though this is by virtue of there being fewer students around. The staff’s enthusiasm for teaching really shined through, especially in the foundation doctors – who gave practical advice and would go out of their way to help you gain clinical skills experience.

My placement at Bolton taught me how to take the initiative to create learning opportunities for myself – from signing up to clinics to gradually gaining confidence to walk onto the ward to practice my skills. The ward patients are your captive audience, and 9 times out of 10 are very happy to be interviewed and examined by students, (though take note that you need to discover how to diplomatically steer the conversation away from the X-factor or their cat, ‘Mr Darcy’).

Working as a team member

The placements at DGHs will often be one or two PBL groups, which create a closely-knit group. The staff make a distinct effort to incorporate the students as part of the team. As a medical student, you can an important role in the team - they’ll have you doing more than making tea.
(though a good tea-making skills will always help you get on in the world).

At first I found it harder than I expected to adjust to the reality of the clinical placements – and would have the more than the occasional whinge to my long-suffering clinical partner. Looking back now with the super-power of hindsight, I would advise any new Year 3’s to take it in your stride, welcome any opportunity to learn, and play your role in the medical team. I feel very grateful to have had my placement in a DGH due to the friendly atmosphere, learning opportunities and medic-camaraderie.

Maeve Hanley, 4th Year Medical Student, Salford Royal Hospital

More About DGH’s…

District General Hospitals (DGHs) seem to be somewhat mythical at the beginning of third year, as you’re not really told anything about them and just hear stories from friends in the years above. I, for example, only knew you could get sent to Wigan or Bolton at the beginning of third year – when I got sent straight to Wigan!

A lot of people think that going to a DGH will be a bad experience because they’ll be away from Manchester and all their friends. Although this does happen, as most people live there during the week, there are also a lot of advantages to be had from being placed at a DGH. Everyone will end up at a DGH at some point during their clinical years and it’s important to know how to make the most of it, so that the good points outweigh the bad!

As mentioned earlier, the two DGHs that you can get sent to from Salford in the third year are Wigan and Bolton.

The vast majority of people stay in Wigan during the week, as there is free parking and the drive can be up to 3 hours depending on traffic. You may feel that you’re missing out on things in Manchester, but on the plus side you can literally roll out of bed in the morning and be in the hospital in 5 minutes.

The accommodation is pretty basic, but if you’re placed there over the winter months you have the bonus that the heating is on 24/7. Each of the flats has 3 single bedrooms with a shared bathroom, living room and kitchen. If you’re a fan of internet then I’d recommend getting a dongle as there isn’t internet in the accommodation, only in the library and the doctor’s mess (probably the biggest downside of living at a DGH).

DGHs are, however, a great place to develop clinical skills and the teaching is usually well organised and of a high standard. There aren’t any phlebotomists, so if you get to the ward at the right time you will be able to do all the bloods and there isn’t any better practice than actually doing the skills on patients. You can also go on to any ward at pretty much any time and the junior doctors will be willing to teach and listen to you presenting histories.

Another plus to being at a DGH is that there aren’t many students there, so you don’t get lost in the fray. Doctors at all levels, from FY1 to consultant, find the time to teach you and you get to know them well. The staff at the academic centre are extremely helpful, you even get a phone call if teaching is cancelled or rearranged, which just doesn’t happen at Hope because of the sheer number of people. You are also encouraged to attend grand round, held on Friday lunchtime at Wigan and Wednesday lunchtime at Bolton. They can be pretty interesting and there’s a buffet lunch - always an attractive thing to students!

As is expected, there isn’t the best nightlife in Wigan or Bolton. In Wigan there are nearby pubs, which have a weekly pub quiz that medics often go to (there’s also free food). In Bolton there is very little to do close by, but there is a gym on site that is free for students and regularly used by them in the evening. If you’re keen to keep on top of work during the week, so that you can relax and catch up with friends when you’re back in Manchester at the weekends, then the library is accessible at any time with a code from the security lodge.

In summary, it’s not all bad to be placed at a DGH during your 3rd year. Although you’re away from Manchester and your friends during the week, teaching is of a high standard and you can really start to get to grips with some of the key skills that you’ll need - not just for your OSCE, but also throughout the rest of your time at medical school and as a junior doctor. All the staff are very enthusiastic to teach, so it’s up to you to make the most of the placement by being pro-active and seeking out learning opportunities whenever possible.

Catherine Hill & Kate Armstrong 4th Year Medical Student, Salford Royal Hospital
Extra-curricular activities and ways to get ahead

The main priority for all of us is passing our exams and getting through Medical School. However, if you feel like you would like to get involved in extra activities then your base hospital, and the University, can provide you with opportunities that many of us will not have again throughout our careers.

A lot of the things that you do now may not automatically get you points for Foundation placements, but they do help boost your CV, enable you to meet new people, and can be used further down the line when applying for future jobs and training. You can also get a lot of personal enjoyment and professional satisfaction from taking part.

Here is just a short list of things you can get involved with if you fancy an extra challenge.

- **Opportunistic learning:**
  You will have free time in the hospital, with spaces between teaching and PBL. By all means get familiar with the coffee shops in the hospital, but also try to use this time productively - hit the wards or hit the books.
  Its also important to remember that hospitals are not just open 9AM-5PM. Get to know the on call doctors and see if you can do a shift with them. It provides a valuable chance to get 1 on 1 teaching and to see some acute illness.

- **Audit & Research:**
  This can be daunting to the newcomer. Audit is usually easier to self arrange or get involved with. The best thing to do is find a doctor working in the area that you are interested in. Most will have a few ideas up their sleeve and are usually happy to have another person to help them out.
  To get into specialty training it is essential that you understand the principles of audit and research and it is desirable that you can show active participation in them.

- **Prizes, Publications & Presentations:**
  These look great on a CV and carry certain kudos, however they don’t count for much in getting into the Foundation programme. It’s also important to remember that most people entering competitions do not win, so be careful to only apply for such things if you are really interested in them and are prepared to do a good piece of work.

- **Societies:**
  There are lots to get involved with and they are a good way to show commitment to an area of medicine or surgery.
  If you feel like getting involved in the committee it can be another thing to put on the CV to provide evidence of team involvement, organisation, leadership and commitment to a specialty - all essential skills for career progression.

Remember that the opportunities you have at University are much wider than those mentioned above. You have the chance to develop and demonstrate transferable skills from many different sources outside of medicine (there is no harm in being a rounded person!).

Be aware of your limitations and try to play to your strengths to make yourself stand out. Maybe even have some fun along the way!

- Paul Loughnan, 5th year student, MRI