The following advice has been written by three students at the University of Newcastle.

# Academic Advisor Assignment

Author : Geoffrey Yong

n.b. : every year, there may be slight changes to the syllabus (e.g. assignment requirements) - make sure you always read the study guides and assignment packs carefully to know what is required by the medical school, as requirements and rules may vary from year to year.

## General Advice for all Progress Examinations in Years 1 & 2:

Anatomy

• ***Gray's Anatomy for Students*** by Drake, Vogl and Mitchell is an excellent resource for any anatomy topics for the first 2 years of Medicine. For tablet users,

an excellent anatomy app(***Human Anatomy Atlas - 3D Anatomical Model of the Human Body*** by Visible Body) is extremely useful for good 3D visualisation of structures(especially for blood vessels, lymph nodes, and muscles of the upper and lower limbs which may be hard to visualise in the mind). The app allows a full rotation of any structures of the human body, ranging from the eyes to the bones of the feet. It is available for purchase at the App Store for around 20 pounds, but I believe it would be a good long term investment.

- In Year 2, the book '***Clinical Oriented Anatomy***' by Keith L Moore et al. contains a lot of very useful diagrams for neuroanatomy, which may also come out in exams.
- There is also a useful Youtube channel known as '***AnatomyZone***', which provides videos that explains a variety of anatomical structures.
- However, note that most exam questions are based on real images taken from cadavers and are rarely drawn or printed artworks. '***McMinn's Clinical Atlas of Human Anatomy***' by Peter H. Abrahams et al. is a very useful resource that helps you recognise structures well from the cadavers. It is very useful to have a strong basic knowledge and familiarity with the drawn and printed artworks on textbooks, before you can fully recognise structures on the cadavers.
- Best way to familiarise yourself with an anatomical structure is by drawing out the structure yourself and labelling it from memory, and then referring it to your notes to spot out any mistakes or inconsistencies and correct them.

## Understanding core learning outcomes and extra reading

- If some of the lecture notes seems confusing or insufficient to help you understand a certain topic, there are good websites providing clear resources written by other medical students including www.almostadoctor.co.uk, www.geekymedics.com, and www.mediwikis.com. These websites cover a large variety of topics and they are written in a clear and structured way.
- In Year 1, most of the lecture notes are sufficient in helping you cover all the

learning outcomes in great detail. However, if you require clarification or extra information for better understanding - reading textbooks will always be advantageous.

- A very useful Youtube channel called '***Armando Hasudungan***' contain videos that clearly explains many topics relevant to Medicine. If you find a topic particularly hard to understand, this is one of the best place to go to. It covers topics ranging from Microbiology to Immunology, consisting videos of a beautiful hand drawn artwork illustrating the different concepts of a large variety of topics.

## Advice for the OSCEs:

- www.geekymedics.com provides excellent detailed information on each examinations with videos as well. For tablets and mobile phones, there is the ***OSCE Skills*** app by Jepson Rae which provides clear simplified notes for the OSCEs - useful for quick revisions when there is limited time or when you are on the go.
- If you find any inconsistencies in any notes or in any of the teachings you have received and are not sure(especially when it comes to technique or steps), always go back to ***'Macleod's Clinical Examination'*** by Graham Douglas et al. as this the 'standard' clinical skills textbook used by Newcastle University. However if you find that you do not have time to go through all the details covered in that book, you can also refer to '***Introduction to Clinical Examination***' by Michael J. Ford et al. which is basically a beautifully simplified version of Macleod's, containing all the key points you need to know. This book also covers some of the key presentations in history taking which is definitely worth a read.
- Are you looking for a book that tells you all the steps of every examination and also telling you what signs to look for and what they signify? There is an excellent book for that as well. It is known as '***Essential Examination***' by Alasdair K.B. Ruthven.

- Practice as frequently as you can with your coursemates, and if possible with non-medical friends who would not know what to expect in an examination. They represent simulated patients better.
- Get used to the equipments : Stethoscopes, sphygmomanometers, needle and syringe or vacutainers for venepuncture etc. Play around with them as much as you can until you feel comfortable with using them.
- Notes provided from the clinical skills sessions in Year 1 and 2 often cover everything you need to know, and everything you need to do in the OSCEs.
- Do not forget to practice history taking on friends as well, as many people may ignore this part in favour of practicing the examinations and procedures alone.
- Apparently there has been a huge confusion as to whether students need to describe what they are looking for when inspecting a patient during examinations. It seems that in the first 2 years of medical school you need to describe what you are looking for “On inspecting the hands, there were no signs of clubbing, peripheral cyanosis etc.”, while in clinical years(Stage 3 onwards), you need to do it as if you are in a real clinical situation(do not talk to yourself or examiner, but just talk to the patient) - e.g. showing the examiner clearly that you know what you are looking for but NOT saying it out (Like in driving exams, you have to show the examiner that you are OBVIOUSLY looking at the side mirrors but you don’t tell them “I am looking at the side mirrors”). A good idea is to confirm with the Clinical Skills lead teacher of your year on what is expected at the OSCEs.

## General Advice for Assignments

- Always start as soon as possible. Time management is crucial. Do not ignore lectures just to do assignments, as it will make it a lot more difficult to catch up later, especially in Year 2.
- Students often write over the word limit and then struggle to cut down later. Therefore, try to write your content in a concise way, yet covering all the detail you need. This minimises the amount of time required at the end to try cut down

all the words.

- ***PDS lecture notes*** are extremely useful resources especially for the Family Study and Patient Study, as many of the lecture notes are specifically designed to aid you in the assignment. They cover information that you may need to include in the assignment and may also direct you to useful resources such as textbooks or research journals.
- Use clear subheadings to help markers relate your points to the criterions.
- Presentation is important for most assignments! If relevant and appropriate, try to insert diagrams, pictures and choose a unique formatting in Word to make your report stand out!
- There are some good tips and advice available in www.mediwikis.com regarding some of the assignments which would be worth a read.
- The university takes plagiarism very seriously. A very useful method to prevent plagiarism - First, read the source material. After that, put away the source material and write down they key things you need based on your understanding of the material, in different words(your own words). Then, write your assignment based on your own written notes, which is based on that source material, and DO NOT forget to cite that source in your bibliography! When you have time, it is always good to double check to make sure you did not end up paraphrasing(just replacing a few words from the original sentence) - which IS counted as plagiarism.
- Do take any reflections sections seriously, as they are an important skill that you will require as a doctor in the future. Most of them have a heavy weighting in terms of marks as well. Be honest with yourself, and think of practical ways you can use to improve yourself in the future.

# YEAR 1

## PROGRESS 1

- First exam is still basic compared to the upcoming ones so do not put too much

pressure on yourself.

- Molecules to Disease Strand : Notes are valuable and questions in exams are based on them.
- Life Cycle 1 Strand : Most questions in exams are also based on lecture notes. ***Simbryo*** is an excellent online tutorial on embryology and the development of organs - It is found in the LSE under Course -> General Tutorials.
- Cardiovascular, Renal & Respiratory Medicine 1 Strand : Questions are mainly from lecture notes. Anaemia seems to be the hardest topic for most students - Common questions in exams include the different diseases and conditions that can cause microcytic, normocytic or macrocytic anaemia(e.g. liver disease is one of the cause of macrocytic anaemia), the development of different blood cells(e.g. megakaryocytes responsible for the production of platelets), and the oxygenhaemoglobin dissociation curve.

## PROGRESS 2

- Nutrition, Metabolism and Endocrinology 1 Strand : Lecture notes are sufficiently helpful in covering learning outcomes. Common questions are based on lectures by Dr. David Kennedy e.g. Gut Enteric Nervous System.
- Life Cycle 1 : Many students commonly struggle with the human genetics lectures. Many questions are based on the patterns of disease inheritance - very useful resource from http://almostadoctor.co.uk/content/systems/paediatrics/genetics/patterns-disease-inheritance. There are also a couple of questions related to the Pedigree Analysis. There are many useful resources on the internet on the basic principles involved in a pedigree analysis which can simply be found through Google. One website which helps distinguish between a dominant or recessive pedigree is http://www.ndsu.edu/pubweb/~mcclean/plsc431/mendel/mendel9.htm
- Cardiovascular, Respiratory & Renal Medicine 1 : Do make sure you attend the lectures on the physiology of the heart (e.g. Heart Failure, ECG) as there are

many useful information given by the lecturer that help explain the lecture notes itself.

## Formative Christmas OSCE

- Only 3 stations : One procedure, one history taking and one examination
- Do not give yourself too much pressure as this is only formative. Use it as an opportunity to understand what OSCEs are like and do take into consideration the feedback given as they are often very helpful for the Summative OSCE. Do use this opportunities to ask any questions as well if you have time. **For more information on OSCEs, refer to the 'Advice for OSCEs' section above.**

## PROGRESS 3

- Prioritise LC2, CPTP 2, CRRM 2, NME 2 as most questions will be based on them, but do not ignore the lectures from the previous semesters, as there may also be a significant number of questions based on them. Time management is crucial. With the vast amount of information needed, I find that it is important to prioritise the lecture notes first, and use textbooks only when necessary(when you do not understand certain things in the lectures or when you feel something is missing).

## Assignment 1

- Remember who the audiences are. Try to minimise the use scientific jargons and make the language clear and understandable by the public(read the information pack).

## Assignment 2

- Vital information can be gained from critical appraisal seminars and lectures - which gives a good introduction on how to critically appraise articles. The seminar also teaches you how to systematically appraise a paper.
- Remember, no scientific articles are 100% perfect. Use your judgements and the notes provided in the seminar to help you identify and appraise the weak points and also the good points of the article. Appraisal of an article is often very

objective in a way where you identify specific limitations(e.g. sample size sufficient? any bias? are the data clearly and accurately displayed? any obvious flaws in the methodology which could affect the results?). As long as you cover the specific points outlined in the seminar, you wouldn't go wrong.

- Remember to also attend important teaching sessions on medical databases which teaches you how to search for relevant articles.
- A useful textbook to help you get started with appraising a paper is ***'How to read a paper: The basics of evidence based medicine'*** by Trisha Greenhalgh.

## Family Study

- Try to organise and get all your visits done as soon as possible. This is because unforeseen circumstances may occur(e.g the family goes for a long holiday, or has a busy schedule at a certain time period).
- Use the criterion in your assignment pack to help you formulate the questions you need to ask during your interviews with the mother.
- Try to also get information from other family members as well as they do offer helpful insight into the experience of having a child and helps prevent bias from getting information just from one perspective.
- Do make sure to attend the ***PDS lectures*** related to the Family Study, as they do provide very relevant information and may also direct you to useful textbooks and other resources. This can help you save time from looking for resources in the library.
- Useful resources for the biopsychosocial report include: '***The pregnancy book : your complete guide to pregnancy, childbirth and the first few weeks with a new baby***' by V. Beckett and S. Latchem; articles related to antenatal and prenatal care from www.patient.co.uk and '***Health inequality : an introduction to theories, concepts and methods'*** by Mel.Bartley.
- If possible, try to include diagrams or pictures in your assignment. They do make the assignment a lot more interesting to read for the examiner.

• Do not forget ICE! - Try to ask for the patient's ICE in as many aspects as possible - e.g. prenatal period, during labour, postnatal period. Don't just state them, always go one step further - Why the ICE? e.g. ABC is worried about whether her future baby will be born healthily. Ask why? Could it be because she has had a previous bad experience?

***For information about OSCEs, refer to the 'Advice for OSCEs' section above.***

# YEAR 2

## PROGRESS 1

- Lecture notes are mostly sufficient for the Thought, Senses and Movement strand. Useful textbook for neuroscience: '***Basic clinical neuroscience'*** by Paul A. Young, Paul H. Young et al. Useful textbook for neuroanatomy : '***Clinical Oriented Anatomy'*** by Keith L. Moore et al.
- For the Patients, Doctors and Society 3 Strand, there may be exam questions based on the **Medicine as a Profession and its Codes** lecture by Bryan Vernon. Make sure you know the basic features of the different declarations - e.g. World Medical Association Declaration of Tokyo. However, don't get bogged down into details.

## PROGRESS 2

- Immunology lectures are what most students find challenging. An excellent channel in Youtube called '***Armando Hasudungan***' contains excellent videos which help explain the topic in a clear and concise manner, yet with a level of detail that you need. The video contains hand drawn visual diagrams that helps you remember the complex steps in Immunology better. The channel also consists of useful videos for topics related to pathophysiology and microbiology, which you will need to learn in the CSIM 1 Strand.
- A useful textbook for reference for immunology lectures is '***Janeway's Immunobiology***' by Kenneth P. Murphy et al.
- Remember the key antivirals and antibiotics used for specific diseases(e.g.

ceftriaxone/cefotaxime for meningococcal septicaemia) as they often get asked in the exams.

- Do not forget your TSM!

## SSC 1

- Choose a topic that you are interested in. Make sure you have a good idea of what you want to write about.
- Secondly, do not choose a topic that is too difficult for your stage, as there were students who ended up not really knowing what they are writing about by choosing really complicated topics!
- Thirdly, ensure to search the medical database first to make sure that there are enough relevant studies that are relevant to the topic you are writing up on. It is best if there is a Cochrane Review Article related to your topic, as you can use some of the articles described in the review article. The review article itself will serve as a useful source of information.
- Remember the key principles of critical appraisal gained from the seminars and lectures during Year 1. The book '***How to read a paper: The basics of evidence based medicine'*** by Trisha Greenhalgh can be a useful resource. There will be examples of past SSCs uploaded on the LSE for reference, do read them early on for inspiration and to have a good idea on how to start your SSC.

## Patient Study

- Do organise visits as soon as possible just in case unforeseen events occur later(e.g. they may be off for holidays for a long period of time)
- Use the criterion to help organise the questions you would ask in the interview.
- Do ask other family members as well as they do provide valuable information e.g. their role as a carer, supporter and the difficulties they go through.
- Do not forget ICE! Ask about their ICE in as many aspects as possible - e.g. during the diagnosis, social life etc. Like in the Family Study, don't just state the

ICE, try to go one step further. Why does the patient have the specific ICE? e.g. The patient is concerned she will not be able to walk someday. Why is this? Is it because she had a friend with the same condition which got progressively worse and causing him to be unable to walk?

- Many students may be unfamiliar with the sociology aspect of the assignment. An excellent textbook which provides a clear explanation on the different social models include '***Sociology as Applied to Medicine'*** by Graham Scrambler. Examples of social models includes biographical disruption, stigma, Parson's sick role etc. The book also covers other important information including Zola's triggers.
- Another helpful textbook which provides insight on the psychological aspect of chronic illnesses is the '***An Introduction to Health Psychology***' by V. Morrison and P. Bennett and '***Psychology and Sociology as Applied to Clinical Medicine***' by Beth Alder et al. These books are useful references for important concepts, such as the different models of health and also the iceberg of illness.
- Remember to attend relevant PDS lectures including the '***Doctor-Patient Relationship***' lecture by Dr. Mary Anne Freer, which covers the different types of relationships e.g. paternalistic, mutualism etc.

**For OSCEs, refer to the 'General Advice for OSCEs' above.**

# YEAR 3

## WRISKE examinations

- For X Rays, the best way is to know the key features you are looking for in a particular disease(e.g. heart failure - cardiomegaly, kerley B lines, loss of costophrenic angles)[refer to the learning outcome notes to know which diseases to cover for X Rays], and then look up on as many examples as possible. It comes with practice. A good resource is www.radiopaedia.org. Always always use a system - whichever you find most useful. The one I use for chest X Rays is RIP ABCDE(Rotation[look at trachea position], Inspiration, Penetration, Airway,

Breathing[lung markings, expansion], Circulation[Heart], Diaphragm[e.g. costodiaphragmic angle], Everything else[bones and soft tissues]. This is to ensure that you don't miss out any key findings.

- For prescribing, make sure to make the most out of the prescribing seminars, and learn the do's and don'ts of prescribing. If possible, try to get hold of the latest BNF and make sure you are comfortable using it as you will need to use it in the exams. Remember to try not to use short forms(e.g. mcg or mg. Use micrograms/milligrams instead)
- Most students struggle with timing in the WRISKE examinations. Remember, all the questions have equal weightings, so it doesn't matter if you write more on one or less on others. Some students find it easier to start with the simpler questions first(e.g. interpreting the results of a urine dipstick/writing down prescription notes) before moving on to the ones that take a longer time(e.g. interpreting an ECG or X ray)
- Many students also do not know what to expect and tend to get nervous before the exams. Remember that the instructions in the exams are clearly written. Just remember good time management, and also do not forget simple points such as writing your name, time, date and position (in any clinical notes you need to write that down)
- Many students struggle with interpreting ECGs. Remember, as long as you have a clear system when interpreting ECGs, and you know the key features that you would find especially in conditions such as STEMI, NSTEMI, heart blocks etc. you will be fine. '***Kumar and Clark's Clinical Medicine***' contain a section on ECG that helps explain the different aspects of ECG clearly - such as the different axis, the different leads and what they mean, and the different features you would find if the patient has a specific heart condition. Another useful textbook is '***ECG made Easy***' by John R. Hampton.

## Single Best Answer Exams

- The exams will mostly consist of cases, and you would need to either choose the most appropriate diagnosis or investigations or managements.
- Just focus on the core conditions stated in the learning outcomes. To give yourself a good understanding on each condition, at least understand the basic pathophysiology, common presentations, basic investigations and managements[this is a minimum requirement].
- I personally believe the best way to practice is to imagine yourself explaining to a junior colleague about the condition : So you pretend you are asking ‘them’ questions about the presentation, investigations and appropriate managements - and then explain it to ‘them’. This helps you actively process the information and also consolidate all the facts that you learnt.

**For OSCEs, please refer to the ‘Advice for OSCE’ section above.**

## MOSLER Exams

- The MOSLER exams is like an OSCE, except that you do a complete cycle of a history, examination and then a discussion with the examiner on the investigations, management and also other relevant information as appropriate(e.g. pathophysiology and pharmacology)
- The key knowledge you need to know is based on the learning outcomes in the study guides.
- A key thing is to be confident when approaching the patient, keep them comfortable and make sure all you do is patient-centered.
- Remember the common investigations for most conditions : Bloods(FBC, LFTs, inflammatory markers, glucose), radioimaging(CXR, MRI, CT, USS), obs(H.R, O2 sats) etc.
- For managements of acute emergency conditions, always think about ABCDEF(Airway, Breathing, Circulation, Disability, Exposure, Do not Forget Glucose)
- During a discussion with your examiners, it is good to explain your thought

process to them (e.g. If the examiner asks you what are your differentials, don't just list them but also explain why do you think in that way - for example, you would explain that you think the chest pain is more likely to be due to a cardiac cause than a respiratory cause, as the pain is central, occurs at rest and there were associated palpitations and a significant past medical history of diabetes and claudication, so you are thinking of MI or unstable angina)

- Management is not necessarily always about drugs, always think in a practical sense(what you would really do in a real life scenario) - e.g. involving the MDT team and why(especially in chronic illnesses), reassuring parents in a child with a viral infection(which are commonly self-limiting).

## General Advice for Stage 3:

- If possible, make your own notes, based on the learning outcomes in the study guide. Making your own notes allows you to reflect on what you know well, and what you know less well. A structure I like to use for every core condition is this : basic pathophysiology, key presentations, investigations, management, differential diagnosis(and if appropriate, risk factors and causes). This way, you cover most aspects of each core conditions.
- As you won't be receiving lecture notes, always write down key things you learn from clinical teaching sessions and also from informal feedbacks you receive from healthcare professionals.
- Always always ask for informal feedback whenever appropriate, as they are very useful in helping you improve.
- Get as much practice as you can. The more you put in, the more you gain. This means making the most of your white time to either see patients or to do some reading at home.
- Two books that will provide you with a strong foundation in year 3 is the '***Oxford Handbook of Clinical Medicine***' by Murray Longmore et al., and '***Kumar and Clark's Clinical Medicine***'.

- Note that professional articles in www.patient.co.uk also contain excellent information that are based on the latest guidelines and evidence.

| | Year 1 | Year 2 | Year 3 |
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| **Progress 1** | • **Look at the learning outcomes**<br>• **They expect you to have the normal values for the blood indices (MCV etc.) memorised for a few questions**<br>• **Don't worry too much about embryology as it doesn't get tested in loads of detail**<br>• **Don't worry too much about this exam; it's easier than the rest you will sit and not worth ruining the first weeks of uni over** | • **Revise anatomy by looking at pictures or drawings of real dissections as well as from Gray's because the pictures you get tested from will be more like the former – a lot of the pictures used in exams are from Grant's Atlas of Anatomy**<br>• **Make sure to follow the learning outcomes**<br>• **Don't get too freaked out by the neurology quizzes on the LSE – the questions in the exam are easier than this!** | • **Read around your teaching in general medicine textbooks to make sure you're covering all the bases**<br>• **Print off the Standard Clinical Examination Stationary off the LSE to practise with for your WRISKE as some of the Base Units give you slightly different stuff to practise on** |
| **Progress 2/3rd year written papers** | • **This is harder than your November exam so don't feel terrible if you feel like you don't know as many answers**<br>• **Worth revising pre-November stuff as well because it still comes up a bit**<br>• **Know how to spot degrees of heart block on ECG and how to do pedigree analysis to work out genetic abnormalities as these both come up a lot!** | • **Revise pre-January content! A lot of people didn't do this and were really stuck because a lot of the easier questions were on TSM**<br>• **Don't stress too much about immunology – there are some good books in the library on it and there aren't a lot of marks in the exam for it** | |

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| | • **I used Boron physiology a lot but know some people find this too detailed – if you do use it try not to get too bogged down in minutiae**<br>• **If you don't understand something from a lecture, try to read up about it – I almost always found I understood it after I read about it from another source, and if not don't be afraid to email the lecturer!** | | |
| **Formative Christmas OSCE** | • **Don't get too worried about this, you're marked by fourth year and they're quite friendly and really not expecting you to do everything perfectly**<br>• **In the history station remember to identify the patient and try and remember their name for reporting back at the end because they really like that** | **-** | • **Make sure you know how to do the slightly less standard examinations (e.g. skin examination) in case they come up**<br>• **Don't worry too much about correctly diagnosing anything or questions at the end – most stations they don't ask any questions at all** |
| **Summative Summer OSCE** | • **Practise on each other lots – practising physically doing examinations is much more useful than making notes on them**<br>• **Remember to be really friendly to patients even if you're very nervous as it** | • **Same as advice for 1st year summative OSCE**<br>• **Try to know examinations really well so you can do them almost automatically** | Including MOSLERS |

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| | **makes a good impression on the examiner**<br>• **You can get full marks in venepuncture without managing to get blood!** | | |
| **Progress 3** | • **Don't forget to still go over pre-January stuff a bit – it still comes up and always catches people out!** | **-** | **-** |
| **Assignments** | Assignments 1,2,3 and Family Study<br>• Try to hand in assignments before the day they're due in as submitting them online and getting them printed on the day can be stressful and might be slower because everyone else is trying to do it too<br>• Try not to reference lectures because at least some of the markers won't like it<br>• Be imaginative with your layout and the way you present information, especially in the family study | Patient study and SSC<br>• Pick an SSC topic that it's easy to get papers on that you understand<br>• Be imaginative with presentation and layout<br>• Check if there's a Cochrane Review on your SSC topic – these can be good for leading you to good papers and for providing an overview of the topic<br>• For your Patient Study patient's condition, sometimes it's easier to read a detailed description of it in a general medical textbook (Davidson's, Kumar and Clarke's) than to get a textbook just on that condition as usually it's too detailed for the number of | Case Reports etc |

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| | | words you have to write (but these can be good for getting specific facts) | |

**IN GENERAL – Revise from learning outcomes not just from the lectures; if something's an outcome but isn't covered in the lecture make sure to read up about it because it might still be tested. Likewise, don't worry too much about revising lots from a lecture if the content doesn't have anything to do with any outcomes – in the MCQs they have to match each question to an outcome so if they can't do this they won't put it in the exam!**

| | Accelerated Year | Year 3 |
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| **Progress 1** | This formative exam will cover the first 5 cases of the course. It is a good opportunity to get a feel for the type and standard of questions that will appear in future exams over the year. The recommended reading for the course is pretty helpful but having access to the ReCap facility is an invaluable resource: it covers the exact learning outcomes asked of you, in the appropriate amount of detail. For anatomy, it pays to pay attention in dissection room sessions but otherwise Gray's Anatomy for Students is a fantastic book that covers everything in a good amount of detail whilst being easy to understand. | There is a formative paper at xmas after FoCP. The questions are more clinical than you will have seen in previous years but they are pretty straightforward, provided you've paid attention in FoCP. There are teaching fellows that will be on hand during FoCP (regardless of your base unit) that will be able to help with any problems. The questions relate to the different core systems that are covered in FoCP, and you will more than likely be given some practice ones during FoCP to give you an idea of what the questions are not like. Similarly to previous written exams, if you stay on top of things early on, |

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| | | this shouldn't pose too much of a problem. |
| **Progress 2/3rd year written papers** | There will be a greater caseload to deal with this time round and now it counts! Hopefully you will have a feel for how you are getting on based on your Progress 1 result. The style and standard of questions are pretty much the same as before, though it is spread over 2 papers now instead of 1. ReCap is still the business! Core texts are still helpful but depending on your way of learning, you may opt for a different approach that works better for you. | |
| **Formative Christmas OSCE** | Have fun with this! Most people will have never done an OSCE at this point so it can seem quite a daunting experience at first. There will be 3 stations: 1 examination, 1 procedure and 1 history of presenting complaint. You will have been taught a few clinical skills over the first few months of the course and the examined topics will have been covered previously. By the time the Summer rolls round you will have learned a lot of clinical skills and it can be a huge amount to cram the night before the exam! So it really does pay to start practicing your clinical skills early on. Arrange some time every other week to go over the examinations etc with your classmates, harass your parents for practice when you go home. It sounds sad but any opportunity to practice will be so helpful: you'll be more confident with the procedures and you will become a lot more slick at performing the examination, which is vital given that | The format of this OSCE is essentially the same as you will have experienced in previous years, except now you don't have to explain every step of the examination to the patient/examiner (e.g. I'm checking the nails for splinter haemorrhages etc.)…you just do it whilst keeping the patient informed of what you want of them. There are 10 stations and they will have some examinations/procedures you |

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| | you only have 7mins in each OSCE station. The patients will all be 'normal' at this stage: you won't be expected to find any clinical signs but having an awareness of them is a good foundation for moving into stage 3. | will have done last year but there will probably be some new ones you've only met this year. There are lots of opportunities to practice during FoCP but there is no harm doing extra in your own time. The big difference now is that they can start having REAL patients with real signs and symptoms that you are expected to pick up, and relay to the examiner afterwards. With this in mind, that extra practice might not be a bad idea! |
| **Summative Summer OSCE** | The format for this OSCE is essentially the same as the formative one at xmas except that there are 10 stations now instead of 3. There will be a mixture of examinations, procedures and communication stations, all lasting 7mins. My advice remains the same: practice practice practice! You NEED to go over these beyond the weekend before the exam, as there are a lot of things you could be examined on. McLeod's or Geeky Medics are good resources for covering what you need to know. If you're still unsure, ask the clinical skills lead for extra help…I'm sure he/she would be happy to help. | Including MOSLERS |

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| **Progress 3** | The end is in sight and your workload has doubled yet again! It really helps to have kept on top of your work before now so as to avoid having loads of outcomes you haven't looked at once, let alone revising! The format is, yet again, MCQs. The majority of questions WILL be covering the content that you have learned since progress 2 but don't neglect the older material, as it can still be (and more than likely will be) examined. | - |
| **Assignments** | Weekly/biweekly presentations for current case<br>Cystic fibrosis report<br>Patient study | Case Reports etc |