

Dear Year 3,

Welcome to your clinical years! As daunting as it may seem, third year is a really exciting time, and is a lot of people's favourite year at medical school. I wanted to compile advice, useful information, and tips and tricks from fourth and fifth years that BSMS might not be able to give you. I hope you find this useful, my email is below if you are ever in need of help or advice- I will endeavour to get back to you ASAP.

A bit of Year 3 background, there are a lot of moving parts. I felt overwhelmed at the start of Year 3 over the sheer amount of bits and bobs that are going on, and I felt anxious that I was going to forget something. BSMS are great at sending you reminders about what you need to remember to do- and so are your very organised friends.

Mondays look the same for pretty much the entire year- 302 lectures centre around one topic/case and it feels like the idea is to go through high yield topics (but not always, annoyingly) in a level of detail not found in other parts of the course. 308 is pharmacology (Prof Okorie is absolutely excellent). You do all of these lectures at the AEB as a whole year group. Sign in is on paper, thus they expect you to be there- my advice is to go and to stay, you're paying for the degree after all.

303 refers to Medicine, 304 to Surgery and 306 to Elderly and Psychiatry. You will have these lectures in person in the afternoon- always double check the location as you could be in LMB, AEB or for 306, Mill View Hospital in Hove (get the number **5A** bus from Old Steine or parking is free on-site). Sign in is also in person for all of these. Importantly, and I didn't understand this when I started third year, what you do in your 303, 304 and 306 lectures will not necessarily tally up with what placement you have Tuesday to Friday. For example, you could have gastro placement for 2 weeks, with cardiology and respiratory lectures on both Mondays, with your

gastro lecture only coming at the end of the term. So, you cannot rely on these lectures to carry you through. More on this in the ‘General advice’ section below.

You also have TfD and PPD, and still need to have PT meetings each term.

My biggest advice, and I hold your hand as I say this, go to placement. Not just for the sign offs, but for the OSCE. Go to placement, and stay in placement until you really truly feel you’ve got enough out of the day. I totally empathise with wanting to just go home and study, but the knowledge is going to come- that extra patient, that one MET call you stay for, that one final patient on the list, might be a really good learning opportunity. Sometimes, the vibes are just terrible- no one wants to teach you, all the patients are boring, there’s nothing happening, so there’s no point suffering for a laugh. However, I have spent hours reading notes when there’s been nothing to do- and I have learnt a lot about good clerking, bad clerking, and the patient journey. Dr Google can help you- google the drug you haven’t heard of, the condition we haven’t covered yet. It will help. It all adds up.

Get enough sleep, make an effort to see friends and look after yourself. Student support’s email is below, never hesitate to reach out. You’ll do great, but you are about to start a whole different degree (in my opinion).

Good luck.

Georgie
Surgical Society President

g.dean-brophy1@uni.bsms.ac.uk
studentwellbeingandadvice@bsms.ac.uk

General advice:

How to study:
Time management. High yield.

I personally found figuring out how to study, and what to study when, incredibly tricky. Do I go through the Monday lectures (that for me, take quite a while to get through) or do I focus on the content I'm going to need for the week on placement? I settled on the latter. I found it more useful to feel confident on what I was doing while on placement, and found I got more out of it while I was there.

I used to dedicate one evening a week to 302 and 308 content lectures- I made some notes and did anki. For total transparency, some of these decks still sit, never once looked at, because I struggled with the motivation to get through it all. I did however still pass the year, so do with that what you will.

My method for study for placement (303, 304, 306) was between Zero to finals, Anki, Passmed and then assessing that I had covered at least the bare minimum against Sofia content. You will be introduced to Sofia at the start of term. I personally did not find it hugely useful as I don't think it is detailed or extensive enough, but I did use it as a 'bare minimum' revision list. I used the afternoon lectures (303, 304, 306) as revision at the end of the year, but never made anki on them.

Georgie

From your peers:

Travel:

- 5A bus from Old Steine to Millview / Hove polyclinic / Sussex Education Centre or parking is free on-site

- Metrobus 271 / 272 run directly between PRH and RSCH and are free for BSMS medical students - just show the driver your NHS ID card that says 'medical student'; no need to apply for a pass. Bus 270 is also free but goes between PRH and Churchill Square (not RSCH)

- Worthing:
    - Free parking on Meredith Road (10-15 minute walk from the hospital)
    - Nearest train stations are East Worthing station and Worthing station (both also 10-15 mins walk away)

Websites:

https://zerotofinals.com/
https://www.passmedicine.com/preclinical/index.php (use the MLA one, BSMS doesn't pay for this in Year 3 but I really, really recommend this).
https://www.spranki.com/
https://geekymedics.com/ Get one person to pay for it and split the cost- SO useful in revision season for OSCE prep

Placement- logbooks and CBDs:

Logbooks can be a bit of a nightmare. Get Pebblepocket on your phone as this is easy access (already logged in) and you can log things without wifi. Some of the sign-offs are really silly and vague. Find a nice F2+ who can help you interpret it and is happy to sign you off. This is really specific but where you save your logbook to within Pebblepad is quite important, there are videos on MyStudies to help you.
Get your CBD early! I tried to get mine in areas of the placement that I was interested in (I managed to get an OrthoGeris case for my Elderly CBD), but that is not always possible. Try not to pick a super complicated case, either. It is okay to do another laparoscopic cholecystectomy, it just matters that it is done well. In Surgical CBDs, try to see the patient before, and to see their surgery. The day I got my surgical CBD, I turned up super early to introduce myself to the anaesthetist and surgeon doing the list, stayed for the WHO and then ran around the hospital speaking to all the patients on the list, trying to find a good CBD before they started operating. I then managed to see her during surgery and the next day on the ward round. This is a logistical nightmare and does mean you need to lock in- pick someone and fight to stay with them.

CBDs should not be scary exams. Look at previous ones and chat through it with year 4s and 5s. It is more about what you are saying than what you have written down on paper- you have less time than you think. You can also very easily get unlucky in CBDs with dodgy examiners- if you're not happy with how it went in that sense, reach out to BSMS ASAP. Try not to take it too personally if you get a pass when you're convinced it was a distinction- it's a shame, but it happens a lot.

We will be running CBD clinics for those on their Surgical Rotation- utilise us!

From other Year 4s:

- Practise presenting your CBD out loud and time yourself so you can make sure you cover the important content within the timeframe

- We all got told not to pick an appendicitis case for your surgical CBD because the presentation is so typical and can be difficult to suggest differential diagnoses - it's a

tricky balance between having a case that is interesting but not too complicated that you can't answer questions about it or makes it a difficult case to follow

- Surgical Assessment Unit (SAU) is a good place to look for surgical CBD - Level 6 Millenium Wing

Surgery Specific advice:

General advice:

- Phone ahead for clinics to confirm they are going ahead - especially if your clinic is at PRH to avoid travelling all the way there for nothing!

- Surgical clinics are limited but you have to attend 1 per surgical specialty for PebblePad. Go to the one you have been allocated - ***don't*** just turn up to a different one as you may be taking the spot of someone who has been allocated to that clinic. If your clinic gets cancelled, ask the school office to re-arrange it for you

- RSCH is a maze to find your way around, especially when you're not told where things are happening, so below is a guide to the locations of the main places on your timetable…

- Easiest way to get between buildings is to take the LMB B lifts to floor 6 and then follow the coloured signs across the either the Thomas Kemp Tower (green) or Millenium Wing (blue)

Timetable:

- ***RSCH Main OPD*** = Outpatient Department Building opposite LMB (next to AEB). Your timetable probably says 8am clinic but some only start at 9am so phone ahead to confirm timings :)

- ***HPC =*** Hove Polyclinic located at the same place as Millview (where 306 Monday afternoon lectures take place). Can get the 5A bus from Old Steine or parking is free on-site!

- ***Trauma MDT handover at RSCH:*** located in the Level 8A seminar room in the Millenium Wing. If your timetable says "follow Plastics team" = halfway through the meeting a bunch of people stand up and leave and the rest of the room continues the meeting. The people who left are Plastics

- ***Trauma MDT handover at PRH*** (Princess Royal Hospital, Haywards Heath) for Ortho: go past the main theatres on the 1st floor (not in SOTC) right to the end of that corridor past Twineham ward. In the back right corner there is another door that you need card-access to - the MDT handover happens through there in the door on the right (seminar room in admin office) at 8am

- ***SOTC*** = Sussex Trauma & Orthopaedic Centre at PRH. Not in the main hospital building - instead go past the main hospital entrance to the right (opposite side to A&E). On your left, you will find the Urology building and on your right you will find SOTC

- ***Fracture / plaster clinics*** are on Level 4 LMB Lift C

- ***Ortho / trauma wards at RSCH:*** Level 11 Millenium Wing (need to go across a bridge on Level 9 and then up stairs as the lifts only go up to Level 9)

- ***Ortho / trauma wards at PRH:*** Twineham / Albourne / Ansty, floor 1

- ***Breast Clinic MDM*** = Multi-Disciplinary Meeting at Park Centre for Breast Care (***PCBC***), Floor 3, 177 Preston Road, BN1 6AG

- ***Breast Clinic***: also at PCBC. Try to see all 3 elements of the triple assessment: examination, mammogram & biopsy if you can

- ***Don't miss your 2 breast sessions - these are difficult to re-schedule and are both sign-offs on your logbook so prioritise these!*

- ***Plastics Teaching***: will either be in-person or on Teams and will be run by Mr Ian King

- ***SLS*** = Student-Led Seminars. These take place on Teams at the same time every week with one surgeon facilitating. These sessions are just students presenting on either a GI / vascular case or topic they find interesting. Feedback / questions vary but it's very laid-back - just turn up with something to present on the day that it's your turn and you'll be fine; it's not marked. You need to attend at least 2 other sessions just to watch other people's presentations (all 3 sessions are self-certify on PebblePad)

- ***RSCH Main theatres***: Level 5 Thomas Kemp Tower. Access via B lifts to Level 6, follow the signs to Thomas Kemp Tower and then go down the stairs to Level 5

- ***PRH main theatres:*** 1st floor

- ***Vascular wards (RSCH)***: Level 8 Thomas Kemp Tower

- ***IR suites (RSCH)*** (interventional radiology): Theatre 6 in RSCH main theatres is hybrid (vascular + IR). Main IR suites in LMB theatres (Level 5 B lifts - you'll need card-access)

- ***GI wards (RSCH):*** Level 9 Millenium Wing
    - ***UGI*** = Upper GI, ***LGI =*** Lower GI

- ***GI handover:*** Level 9 Millenium Wing, past endoscopy, through 2 sets of double doors, in a room at the end of the corridor on the right

- ***Endoscopy (RSCH):*** Level 9 Millenium Wing

- ***Urology clinics:*** Not in the main hospital building at PRH - instead go past the main hospital entrance to the right (opposite side to A&E). On your left, you will find the Urology building and on your right you will find SOTC

- ***Urology handover + ward round:*** 1st floor inside main building PRH, follow directions to the bereavement office to find 'Room 4' next to a fire extinguisher!

- ***ESWL =*** Extracorporeal Shock Wave Lithotripsy suite located in same place as PRH main theatres on 1st floor. No need to wear raspberry scrubs and you need to book in the urology building reception - don't ask the receptionist in the main theatres (she won't help you)

- ***Fellows:*** you are allocated 1 or more fellows for each surgical specialty (they change every 1 or 2 weeks). They will contact you first. They are F2+ doctors whose role is split between clinical work and time dedicated to teaching students. They are a brilliant resource for getting sign-offs such as examinations and ward rounds without having to bother the clinical doctors so make use of them! There are allocated timeslots on your timetable in which they will organise bedside teaching, including the student-led MDMs (which sometimes go ahead and sometimes don't)

Getting scrubbed and assisting:

Your Surgical Logbook:

https://client.elogbook.org/

Make an account and get logging surgeries ASAP. Try to always get scrubbed as this means you 'assisted' rather than 'observed'. I logged a handful of observations because I thought they were cool surgeries. I recommend having your own notes on each surgery, as in theory you could be asked about them in many, many years to come. You need 40 logged minimum for CST, you will not get that all in third year. Lists with a lot of short surgeries are good to get the numbers up.

Details you'll need to make a note of from each surgery: patient age (DOB), patient ID number, operation name, and name of the consultant surgeon (you don't need them to sign it off).

Add the main hospitals (PRH, RSCH, SOTC) to your favourites for easier entry of operations.

For the 'specialty' section on the logbook, searching for operations is simpler if your specialty is set to the relevant specialty. You can change the specialty so don't worry too much about this.

IRP and other opportunities:

You need to think about your IRP and who your supervisor is going to be. If you want to do Surgery as a career, try to get a Surgical IRP. I cold emailed a bunch of people. To get these email addresses, look on UHSussex Website for Consultants in the field you would like to do research (https://www.uhsussex.nhs.uk/consultants/), then email a list of names to the IRP team (IRP@bsms.ac.uk). Use your NHS email to do this as it just makes it easier. Also, don't be afraid to ask Consultants you meet on placement who are friendly and good teachers, the worst they can say is no.

We hope you found this at least slightly helpful. Please don't worry as you will get the hang of things the further you get into the year and there is always support available when you may need it. If you enjoy surgery and want to be involved more, please do keep an eye out for SurgSoc events and engage as we always want people to get involved as much as they can. Keep an eye on your year group societies chat as well as the SurgSoc IG (@bsmssurgsoc) for events, including suturing sessions and mock CBDs.

Other than that, we hope you enjoy the clinical years and finally being able to put your knowledge to practice. Make the most of your time as it flies by!

Good luck,
BSMS Surgical Society
bsmssurgsoc@societies.sussexstudent.com