

# Twelve Tips for Medical Students starting Clinical Placements in the United Kingdom

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## Abstract

Transitioning from the pre-clinical to clinical years at medical school can be challenging and overwhelming. This paper aims to utilise the experience of healthcare professionals to provide tips for medical students to consider in order to maximise their learning opportunities.

Before starting a placement, it is highly encouraged that you familiarise yourself with the curriculum, remember to bring your essentials and dress appropriately. During your placement, ensure good attendance keeping, introduce yourself to the team, manage your time well, engage in self-directed learning, ask questions to other doctors, interact with allied health care professionals and follow the patient's journey from admission to discharge. It is also key to be wary of university requirements, regularly practice history-taking and clinical examination and examination style questions. Prioritise a suitable work-life balance by enjoying hobbies and extra-curricular activities in order to avoid burn-out.

These tips should ensure medical students make the most of their clinical placements as well as making it a memorable and enjoyable experience.

**Keywords:** Pre-clinical; Clinical; Placements; Undergraduate; Medical Students.

## Introduction

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In the United Kingdom (UK), the majority of medical schools integrate lecture-based learning with teaching in a clinical setting (Appendix A). The aim is to produce intellectually independent autonomous doctors to meet the increasing needs of the society to be served (Council and Kingdon, 1993). As medical students progress through their medical education, there is a shift from lecture-based didactic teaching to a learner-centred pedagogy (Moate and Cox, 2015). Clinical exposure can be in a variety of settings, including wards, operating theatres, outpatient clinics, accident and emergency and wider community settings, such as a health centre (Spencer, 2003).

In this article, we share common experiences from a variety of undergraduate medical schools within the UK. These tips should act as a guide to help medical students maximise opportunities during their clinical placements.

### **Tip 1: Familiarise yourself with the curriculum content.**

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It is important to be smart about your learning, considering the breadth of knowledge covered in the undergraduate medical curriculum. Study the curriculum objectives early in the semester as these will outline the core topics which are lectured and examined at the end of the year (Atta and AlQahtani, 2018). Set personal goals and prioritise learning by their importance, course weighting, level of difficulty and your own educational needs. For example, set yourself a target of learning at least three new pieces of information a day. Furthermore, in each speciality placement, you could aim to learn about ten common conditions, ten common medications and three clinical skills. Set a time frame and monitor your progress. To structure your learning, you can use a Gantt chart or revision plan to allocate time accordingly. This process can be made less didactic by engaging in revision discussions with your peers regularly.

### **Tip 2: Cultivate a self-directed learning approach.**

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Self-directed learning (SDL) is vital to maximising learning on clinical placements (Goldie, 2015; Dacre and Fox, 2000). Medical students are expected to have some basic knowledge when on the wards, in clinics, theatre or community. If you find yourself struggling, don't worry, you are not alone. You can never know everything! SDL promotes autonomy and reflective practice which are important characteristics of future clinicians (Goldie, 2015). It also supports deep learning which is indicative of success in medical school finals and future clinical practice (Dacre and Fox, 2000).

Experiment with different learning resources. Some people prefer medical textbooks (e.g. Kumar and Clark's Clinical Medicine), others prefer small summary books with bite-size information (e.g. Oxford Handbook of Clinical Medicine) and some use websites (e.g. BMJ Best Practice). Some students make handwritten notes, others prefer electronic notes, and some don't make notes at all. It is important to identify the best learning method that suits you.

### **Tip 3: Dress appropriately for placements and remember to have essential equipment.**

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Dressing appropriately falls within professionalism. You need to ensure you look smart and professional to inspire confidence from patients and colleagues. Ensure it complies with the infection control guidelines, such as being bare below the elbows at all times. Observe what colleagues who adhere to the hospital dress code are wearing at work and use it as a benchmark, such as smart shirts and trousers (BMA, 2012). Ensure you have the basic equipment, such as a stethoscope, surgical tape, a pen torch, a small notebook and a pen. Most equipment can be picked up during freshers' week. Junior doctors and allied healthcare professionals should be able to provide you with what you

require on the ward.

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#### **Tip 4: Attendance during your clinical placement is key.**

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Most medical schools will factor in your attendance when it comes to deciding whether to pass or fail a rotation (or the year)! It is important to introduce yourself to the team when you begin your placement, so you become acquainted with the team and clinical environment. Placements are supposed to be fun and a stimulating environment for students to learn, therefore make the most of it and enjoy it! It is always important to be proactive. Hospitals and other supervised clinical settings are a safe environment to learn, develop your confidence and ask questions. Help will always be at hand if required. If the placement is not meeting your expectations, raise it with your placement supervisor or senior clinician who can offer guidance.

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#### **Tip 5: Be smart about the limited time you have in hospitals.**

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Be punctual! Ward rounds provide vital information about a patients' status and treatment plans. Generally, this is 9 am for medical ward rounds, and 8 am for surgical ward rounds, although timings can vary. Similarly, clinics start around similar times. Ensure you also take a break and have lunch. It is just as important to look after your health. In the afternoon, use the opportunity to support junior doctors as well as allied healthcare professionals to improve diagnostic reasoning, clinical skills and build teamwork skills. Practice clinical skills such as intravenous cannulation, venepuncture and urinary catheterisation. Busy staff will always appreciate some help and your colleagues will be keen to teach you. It may also be a great opportunity for junior doctors to provide impromptu bedside teaching. In addition, utilise your commute to and from placements. Podcasts are a great way of learning on your commute.

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#### **Tip 6: Ask questions when unsure.**

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If you've read a topic which doesn't make sense or a doctor, nurse or allied healthcare professional explains something which is not clear – then make sure you ask questions. There is no such thing as a 'stupid question'. Every doctor has filled your shoes at some point. Find a doctor or allied healthcare professional you find helpful and seek their expertise. These individuals can also act as mentors and provide career guidance and support. It also shows your enthusiasm for active learning. Remember that even consultants still learn from colleagues and ask questions and consult with colleagues regarding challenging cases/situations. You will certainly enjoy the hospital placement more if you understand what is happening around you.

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#### **Tip 7: Interact with allied healthcare professionals.**

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Holistic patient care is facilitated by a diverse team with mixed and complementary skill set. These include doctors, nurses, allied healthcare professionals such as dieticians, occupational therapists, pharmacists, physiotherapists, podiatrists, speech and language therapists, art therapists and operating department practitioners as well as support staff such as health care assistants, porters, ward clerks, discharge coordinators and volunteers (NHS, 2020). During your placement, you will benefit tremendously from interacting with these team members as you will build a professional identity and appreciate their role within the team, and how they contribute towards patients' healthcare both in primary and secondary care settings (Bridges, 2011). Moreover, you can harness their specialist expertise and support your future role as part of the multidisciplinary team.

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### **Tip 8: Follow the patient's hospital journey.**

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During your hospital placement, try to follow patients from the point of admission through to discharge. This allows you to appreciate both the clinical and non-clinical elements of a patient's hospital journey. It is important to understand not only the clinical presentation, investigations, management and prognosis of the disease but also appreciate the patient's perspective and feelings throughout this journey – something which is difficult to attain from lectures or textbooks. Hospitals can be a daunting experience, and it is significant to treat patients with the utmost respect, dignity, compassion and understanding. Take a moment to have a discussion with patients and identify if there is anything you can do to make their day better. This also allows you to reflect and disassemble the complex process that occurs in everyday clinical interactions (GMC, 2020).

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### **Tip 9: Sign off mandatory tasks set by the medical school.**

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Medical schools have mandated a list of competencies or tasks which you complete during the duration of your hospital placement. You will be expected to provide evidence usually countersigned by a doctor or suitable allied healthcare professional. Ensure that you have these completed early. It is advisable to attempt to complete tasks at least one week before the last week of the placement. This alleviates undue stress and anxiety and provides practice for future competency-based assessments you will pursue as a practising clinician.

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### **Tip 10: Use your hospital placements to prepare for the Objective Structured Clinical Examinations (OSCEs).**

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The OSCEs intend to replicate real-life clinical scenarios in a safe and controlled manner. Manage your time in the hospital to practice your clinical examinations on real patients and observe important procedures. Try to refine your history taking and make it as concise as possible. There are plenty of useful resources available online on how to take a good history (Ohm, 2013; Muhrer, 2014). Practice clinical examinations with your peers before examining real patients. Observe junior doctors and pay attention to how they perform clinical examinations. Seek feedback from patients and supervising doctors. Peer, patient and facilitator feedback is beneficial to support students' knowledge acquisition and ability to attain the overall learning objectives. Observe core procedures (i.e. colonoscopy, endoscopy etc.) and interpret blood gases or lung function tests, as you may be expected to explain or interpret this during your OSCE.

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### **Tip 11: Prepare for the clinical written paper.**

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Students can find the style of questions in the clinical paper unfamiliar and challenging. Every medical school employs a slightly different style of questions, but in general, the standard structure is a patient case vignette followed by the question (such as the most likely diagnosis, investigation or first-line treatment). Additionally, you may be given a set of laboratory results (e.g. blood tests) and asked to interpret them. Regardless of the question, a clinical exam requires a student to utilise their deductive clinical reasoning to identify the correct answer. You can prepare for these by supporting the doctors on the ward clerk patients and devising suitable management plans together. Knowledge can be substantiated by hospital guidelines, question banks and medical textbooks, such as the Oxford Handbook of Clinical Medicine.

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### **Tip 12: Acknowledge resilience.**

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Resilience is essential for doctors and medical students. It is crucial to know when to take a break, reflect and

enthuse yourself with the demands ahead. Having hobbies and activities to do in the evening and the weekends outside of studying is just as important as passing exams. It may facilitate a healthy work-life balance. If you find yourself struggling in any way, help is available. Start by approaching your supervising consultant or junior doctor or even a peer. Educational institutions have multiple support networks in place from the university counselling service, welfare representations to the medical student union.

## Conclusions

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Transitioning from pre-clinical to clinical years can be challenging. This article outlines our twelve tips which all students should consider before starting clinical placements. Hospital placements are a safe learning environment which should be a memorable and enjoyable experience for medical students.

## Take Home Messages

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- Transitioning from pre-clinical to clinical undergraduate training can be a challenging experience for medical students.
- This article captures the experiences of medical graduates from the United Kingdom to provide tips for medical students to consider prior to starting clinical placements.

## Notes On Contributors

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**Awais Ul-Hassan** is a final medical student at the University of Leeds. He has recently completed his second clinical year with success; therefore has current insight into the challenges faced when transitioning from pre-clinical undergraduate training.

**Saima Khanom** is a Community Pharmacist who graduated from University College London in 2016. She has regular encounters with medical students.

**Madeline Elizabeth Gray** is a Foundation Year 2 doctor, who graduated from The University of Sheffield, currently working in General Surgery.

**Ahmad Ali** is a Specialist Trainee in General Practice who graduated from University of East Anglia in 2013.

**Ryan Laloo** is a National Institute for Health Research Academic Clinical Fellow in Vascular Surgery who graduated from the University of Birmingham in 2017.

**Janet Enye** completed her GP training in Liverpool and currently works as a locum GP in London. She graduated from King's College London in 2014.

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**Mahfooz Hasan** is a General Practitioner who graduated from the Imperial College in 2014.

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**Mohammed Abdul Waduud** is a BHF Clinical Research Fellow in Vascular Surgery. He graduated in Medicine from the University of Glasgow in 2013.

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## Appendices

**Appendix A : Medical Schools and Course Types Within the UK:** *Information for this table was collected on the 19/09/2019 from the admission teams at the medical schools.*

Medical School	Course Type	Years Pre-dominantly Pre-Clinical	Years Pre-dominantly Clinical
Aberdeen	Integrated	3	2
Barts & the London School of Medicine & Dentistry	PBL	2	3
Birmingham	Integrated	2	3
Brighton & Sussex	Integrated	2	3
Bristol	Integrated	2	3
Buckingham	Integrated	1.5	2.5
Cambridge	Traditional	3	3
Cardiff	Integrated	2	3
Dundee	Integrated	3	2
Edinburgh	Traditional	3	3
University of Exeter	Integrated	2	3
Glasgow	Integrated	2.5	2.5
Hull York	PBL	2	3
Imperial College London	Integrated	3	3
Keele	Integrated	2	3
Kings College London	Integrated	3	2
Lancaster	PBL	2	3
Leeds	Integrated	2	3
Leicester	Integrated	2	3
Liverpool	Integrated	2	3
Manchester	PBL	2	3
Newcastle	Integrated	2	3
UEA (Norwich School of Medicine)	PBL	3	2

Nottingham	Integrated	2.5	2.5
Oxford	Traditional	3	3
Plymouth	PBL	2	3
Queen's University Belfast	Traditional	2	3
Sheffield	Integrated	2	3
Southampton	Integrated	2	3
St Andrews	Integrated	3	3
St George's	Integrated	2	3
Swansea	Integrated	1	3
UCLAN	Integrated	2	3
UCL	Integrated	3	3
Warwick	PBL	1	3

## Declarations

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*The author has declared that there are no conflicts of interest.*

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