

“What I wish I’d known before starting 4th Year”:

Tips from previous 4th years



We have put together some tips from last year's 4th years on resources that they found useful and things that they wish that they'd known before starting the year. Whilst we can't guarantee that these will be 100% relevant to your year group, as there may have been some changes for the upcoming year, we hope that you find them useful!

MedEd also plans to put together lots of revision sessions covering 4th year content throughout the year – if you have any specific requests, please feel free to contact us.

Libby and Joe – MedEd 4th Year Leads



The SBA – general tips and useful resources

- Passmed, or other question banks such as Quesmed/ Medisense SBA style questions, are so useful!
- Practice makes perfect - start doing SBA questions early and get into the habit of doing a certain number of questions a day/ week to get into the swing of it. Ensure that this is timed, to help feel less pressured in the actual exam.
- The end of block questions can also be useful to go back through nearer to the exam, especially for more niche CDM topics where there aren't that many questions in question banks, such as immunology and genetics.



The MOSLER – general tips and useful resources

- The MOSLER can seem daunting as it is a new style of exam and has more components than an individual OSCE station. Read through the exam specifications well in advance of the exam so you are aware of the different styles of station.
- Medisense has lots of practice cases to go through and it is relatively easy to make your own cases to practice from. It is so useful to practice these with your friends/ housemates to ensure that you can practice your timings. MedEd also hope to run some timed MOSLER sessions, as a lot of our year found these very useful last year!
- It is important to be aware that CDM and ACE content can come up in MOSLERs



The MOSLER - discussion

- When answering discussion questions – try to stay calm. It is useful to have a structure to answer common discussion questions, potential structures could include...
 - When asked about differential diagnoses, try and think of 3 relevant diagnoses. This could be the diagnosis that you think is most likely, another possible diagnosis and a diagnosis that you wouldn't want to miss (e.g. malignancy / more sinister diagnoses). It is important to be able to justify the reasons for these differential diagnoses. If you can only think of 2 relevant diagnoses, it is probably better to just say these 2 than to add a 3rd less relevant diagnosis and not be able to justify it.
 - When asked about investigations that you would do for the patient: "I would usually split my investigations into bedside investigations, bloods, imaging and special tests". If you can give very specific investigations: for example, specific tumour markers or specific scoring systems for the suspected diagnosis (e.g. Wells) this is often marked well.
 - When asked about management of the patient: "I will split my management of this patient into conservative, medical and (surgical) management". Conservative management: useful to talk about topics such as multidisciplinary approach to care and (if relevant) smoking cessation, weight loss, rehabilitation etc
- If a history is really convincing don't be afraid to say so! Striving to think of extra diagnoses for the sake of it may look like you didn't spot an obvious history.



The MOSLER – extra!

- Start early! Practice throughout the year and don't leave it to the last minute, make sure that it forms a significant part of your revision period!
- MOSLER stations can sometimes be similar to categories that are covered in patient panel; for example, a patient presenting with a new diagnosis, a patient at the end of their life, or a patient being referred for further investigations such as a 2ww.
- Use feedback from your January exam MOSLER to help you practice for the final MOSLER.



The WrisKE – general tips and useful resources

- The patient identifiers might be prefilled in some questions, but you may have to fill them in in other questions. In some questions, some patient identifiers are completed and some are still missing, so it is important to double check the information even if it does initially seem to be filled in.
- Also make 100% sure any pre-filled details are correct and match the question!
- Common questions in 4th year WrisKE are based upon requesting bloods, requesting imaging etc- make sure you know why you're ticking each box so you can get the most correct!
- Read the prescribing questions carefully as there is usually a hidden diagnosis or comorbidity that influences prescribing, such as renal impairment or concomitant medications.
- Do the practice WrisKE questions on Medisense and time yourself, so that you get a feel for how it works in the exam.



- Print off all of the exam stationary (from the MLE) and practice using it.

The WrisKE – more general tips and useful resources

- If you can, try to get a paper BNF (lots of GP practices have spare outdated BNFs so your placement GP may be able to borrow you one) and practice using it.
- Be familiar with the different sections of the BNF and practice finding things, so that you don't waste too much time in the real exam.
- Lots of the WRisKE questions for last years' 4th year exam were focussed on selecting appropriate investigations and prescribing. The exam included lots of clinical reasoning and related to CDM/ ACE teaching, rather than being focussed upon ECG and chest X-ray interpretation etc (however it is still important to know these techniques well, as topics may differ year upon year!)



- Timing is quite tight in the WrisKE so keep an eye on the clock

Patient Panel

- Try to get the patient panel done early so that you don't have an extra thing to worry about at exam time
- You can share patients with your GP partner/ group, which can make it much easier to find and follow up patients!
- Patient panel patients are easiest to follow up and find at the GP usually.
- Write up the entries as you see the patient, so it is much easier to remember and takes less time than going back through at the end.
- Find patients early (start looking from day 1) and complete visits as soon as you can (ideally do most before Christmas holidays if you can) so you don't have to worry about it afterwards



ACE Core Conditions

- Get notes on ACE Core Conditions done early because it's easy to forget about them until just before exams as a lot of it is self-directed.
- It can be useful to make succinct illness script pages with epidemiology, risk factors, presentation, investigations, management, and complications. Try to review these regularly.
- ACE conditions are just as important as CDM when it comes to examined content- make sure you cover it fully!!



CDM Content

- Stay up to date with CDM, because once you get behind it can get overwhelming - revise as you go if you get any spare time
- Try not to let the weeks overflow - complete each week on time (even though it is hard!)
- Summaries are more important than lecture notes, make them throughout the year so you don't have to do these during the Christmas/ Easter holidays



General useful resources for revision

- Your own notes from CDM – it can be helpful to make a separate document and summarise these notes too
- Make ACE Core Condition summary sheets
- The Oxford Handbook remains you oldest and wisest friend
- Quizlet
- Passmed
- Medisense: has good WrisKE practice questions, MOSLER cases and free and helpful SBA style questions
- Quesmed
- Zero to finals book/ online
- Pulsenotes



Any other tips for 4th year in general?

- Discuss openly with your mentors what you need to be doing and what you want to get out of placement at the start of the year
- Placement might feel a little dull at times, but make sure you stay motivated to keep on top of the work
- Ask your placement mentors to go to other things as well as clinic – for example, ward rounds, shadowing other members of the MDT
- Try to practice as many examinations as possible throughout the year - even if not particularly relevant to the specific patient. If there is time, patients are often happy to help and to be examined.
- Don't worry too much about getting GMC sign offs this year, as these carry over to 5th year when you will be on the ward a lot more.



- You always know more than you think, be confident with what you know and don't worry too much!