Well, not quite. This is just the start of your exciting, sometimes nerve-wracking, and challenging time at medical school. It might not always be an easy ride, but you will make it, and we’ll be by your side every step of the way.

We hope that this guide – containing the collective knowledge of medical students who have gone before you, and snippets of content from us – will give you what you need to get through your first year. Take this guide, read it, print it, scribble on it, add to it, and make sure you share it with your fellow freshers.

We look forward to being part of your journey to becoming a doctor. High five and good luck!
Everyone’s smart at med school, so chill out

So, you were probably one of the smartest kids at your school. But here’s the thing — that’s probably true of all your classmates too. Why does this matter? Because when you’re sitting in that first biology class or anatomy tutorial and someone says a 20-letter word in what seems to be a different language, it’s important not to freak out. In fact, chill out. And say hi. That person is probably the one who’s going to help you pass your first exam!
Think like a Junior Doctor

Your friends probably already think you’re a doctor, and your family hopes you’ll become a successful one. And that’s a good way to think, and act. While you shouldn’t take yourself too seriously, thinking like a Junior Doctor will help you become a Junior Doctor. Here are my top three reasons why:

1. Junior Doctors are responsible for looking after others. But if you don’t look after yourself first, you can’t care for anyone else. Make sure you devote enough time to your own physical and mental wellbeing.

2. Junior Doctors work in teams. If there is one tip to help you succeed and not just survive at medical school, it is to find your team. Find your study team. Find your party team. And find your non-medical team.

3. Junior Doctors know they need to keep learning. And you will too. Your learning curve will be so steep. So yes, you need to learn. But you also need to learn to keep learning.
JOIN SEVERAL DIFFERENT SOCIETIES

Make friends with ALL years.
(They’ll help you with notes from previous years)
Remember that smart person from the previous page? The one that’s going to get you through your first exam? Chances are they will help you get through your degree as well. And probably your career. Your cohort will become your study buddies at uni, your trusted advisors, and your network once you all specialise. And who knows? They may even become your lifelong friends!
Good doctors have good listening skills

Being a good doctor isn’t just about how smart or how technical you are. It’s much easier if you’re genuinely interested in people. Communication is key.

Tips for effective communication

- Ask open questions to start with (and resist the urge to interrupt)
- Do not hurry (or at least do not appear to be in a hurry, even if you have only limited time)
- Maintain comfortable eye contact and an open posture
- Use the head nod appropriately
- Reinstate facts or feelings identified, to maximise accuracy
- Clarify, rather than assuming
- Use silences to encourage the patient to express him-or herself
- Ask more questions to verify the facts
- Acknowledge emotions, show respect and express your support

- Talley and O’Connor’s Clinical Examination 2-Volume Set, 8th Edition List 2.1
You don’t have to be a walking medical dictionary (there’s Mosby’s for that), or a diagnostic savant (there’s Dr. House for that) to do well in medical school. But you do need to know how to think, and how to problem solve.

Whether it is learning the Krebs Cycle, deciphering chest X-rays or learning the action, origin, insertion, and innervation of the brachioradialis, you need to find a system that will work for you. There’s no right or wrong way.
ANTERIOR VIEW OF THE SKULL

Fig 8.18, Page 844
Gray’s Anatomy for Students, 4e
ISBN: 9780323393041
An annotated hippocratic oath

“I will share my survival guide with future first years... even if I don’t share my textbook.”

“I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

“I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

“I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon’s knife or the chemist’s drug.

“I will not be ashamed to say “I know not,” nor will I fail to call in my colleagues when the skills of another are needed for a patient’s recovery.

“I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. Above all, I must not play at God.

“I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person’s family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

“I will prevent disease whenever I can but I will always look for a path to a cure for all diseases.

“I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

“If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

“Prevention is better than cure.”

“I will hone my social skills — they will be more important than my medical knowledge. (And potentially save me from being sued).”

“Discretion is the better part of valour.”

“I will enjoy the privilege of being a doctor.”
A mentor of mine who is a general surgeon used to say: “See one. Do one. Teach one.” What she meant was, after seeing a surgery performed, she expected her trainees to be able to perform one themselves, and after doing a surgery, they had to be able to teach a junior doctor how to do the surgery, and so on. In study, as in your career, no one expects you to know everything. But people expect you to be able to learn quickly and to share your knowledge with others.

At medical school, you have to be a sponge, learning and absorbing new things every minute. It can be tough, but there are many interesting ways to learn. For example, check out Netter’s Anatomy Coloring Book. Trace and colour your stress away, while strengthening your understanding of the human body at the same time. Who says studying can’t be fun?
You rock up to hospital on your first day, you’re wearing a crisply ironed shirt with a stethoscope around your neck, patient list in one hand and a coffee in the other.

On your first ward round, you have eight patients to see, with roughly five minutes per patient. Easy. Quick scan of the patient chart for history – 60 seconds. Review vitals – 30 seconds. Catch up with the nurse – 30 seconds. Complete a differential diagnosis in your head – 90 seconds. Devise treatment plan – 30 seconds. Leave the nurse with the treatment plan to deliver over the next 24 hours and tell them you’ll be back tomorrow same time to check in.

What could possibly go wrong? Well, depending on how your interaction with the nurse goes, things could either go smoothly or... not so smoothly. As a new doctor, you’re excited and probably quite proud of yourself. You probably think of nurses as your sidekicks, or your helpers. But the truth is, nurses are the cogs that keep a hospital running. You might spend 10 minutes with the patient twice a day, if you’re lucky. Nurses are responsible for the care of the patients on their ward 24 hours a day, 7 days a week.

So, remember: be nice.
As a Junior Doctor, Senior Doctors and Consultants don’t expect you to be a machine. In fact, they don’t even expect you to be right most of the time. But they do want to get to know you, and they want to get to know the real you.

You’re probably thinking, “Surely they don’t, why would they care?” The reason they care is, if you want to get accepted into a training programme for their specialty, they’re not asking: “Can this person do the job?” They’re asking: “Do I want this person to be my colleague for the next 20 years?”

So, be yourself. Be real. Talk about your hobbies, talk about the bad decisions you made on the weekend, and talk about the football teams you support! And trust me, if they like you and can see a bit of themselves in you, they may just see you as a colleague one day.
THERE ARE MANY DRUG OPTIONS FOR YOUR PATIENTS, THE ONLY DRUG YOU’LL NEED IS CAFFEINE.
In your final year of uni, you will look back and realise just how much you’ve learned – from anatomy to physiology, embryology to paediatrics, ethics to communication. You’ll realise that you spent hundreds of hours observing other doctors and learning (hopefully) how to save lives. But one thing you won’t have been taught to save is money.

Whatever currency you’re earning in, chances are you’re not saving much money. With that in mind, here are some tips about how you can save money during med school, without missing out on all the fun!

1. Invest in a coffee machine, and use it. Economists believe that for the average medical student, a coffee machine has a return on investment of 683% and a payback period of two months.

2. Get free stuff from O'Week; these places are great for getting free pens, bags, and notepads. Some stalls will even offer really cool prizes. One thing is for sure: where there’s an Elsevier stand, there’s sure to be freebies – including books. So come say hi to us whenever you can!

3. Speaking of books... We know that there are lots to choose from, and it can be tough to figure out which ones you really need. Look at your reading list and ask the students in the years above for guidance. They’re always a great source of advice; they’ll tell you which books you just can’t live without – for example, Gray’s Anatomy for Students, Talley & O’Connor’s Clinical Examination – and the ones that you can.

4. Don’t forget to check out the online resources in your library. If you have access to ClinicalKey, even better!
If you ask your cohort, in the first week, what type of medicine they want to do, half will say surgery, another third will say general medicine, and the rest might be split between whatever their parents do or simply, “I don’t know”. But the reality is, many will end up in specialties that they would never have considered (or even knew existed) at the start of the degree. How do I know? Because I was in the 50% who wanted to be a surgeon (an orthopaedic surgeon, to be exact), and now I am in the training college for nuclear medicine. My best friend wanted to be a GP all through medical school, and now she is about to be a paediatrician. The moral of the story? Keep an open mind, talk to consultants, and ask lots of questions. You never know what career path may interest you!
Keep your brain fuelled

**NO BAKE BRAIN BALLS**

1 cup oatmeal
1/2 cup peanut butter
1/3 cup honey
1 cup unsweetened coconut flakes
1/2 cup ground flaxseed
1/2 cup mini chocolate chips
1 tsp vanilla

*Mix everything! Chill for 1/2 hour then roll into balls*

**GREEN HORNET SMOOTHIE**

1 tablespoon yoghurt.
4 leaves kale, stems removed.
1/2 apple.
1 handful loose spinach.
1 cup coconut water.
4-5 fresh mint leaves.
lemon or lime!
#14

Study songs

Staying Alive - The Bee Gees
Every Breath You Take - The Police
The Drugs Don’t Work - The Verve
Comfortably Numb - Pink Floyd

#15

Match the condition with the term

Tennis Elbow  prepatellar bursitis
Goosebumps  tibial stress syndrome
Housemaid’s knee  lateral epicondylitis
Sneezing  sternutation
Shin Splints  horripilation
Stereotypes: match the specialty with the stereotype description

**Pathologist**
The carpenters of the medical world. They’re just as familiar with hammers, chisels, and saws as they are with a stethoscope. Call them if you need someone to help mend your fence!

**Surgeon**
Our mums and dads. They are always there to pick their kids up from school. They have a work-life balance. They’re happy-go-lucky and love to go on holidays with friends.

**Emergency**
Adrenaline junkies with short attention spans. They love adventure; rock climbing, windsurfing, extreme sports, endurance events... Anything that gets the heart pumping.

**Paediatrician**
Vampires of the medical world. They sit in a dark room all day, never see the sun, and they love blood! Close relative of the genus radiologus.

**General Practitioner**
The nice guys and girls. They are super nice and super patient. You want to hate them because they tend to make you feel like a terrible person in comparison, but you just can’t!
We hope that you have found our guide informative and fun. Our mission is to prepare you for the road ahead.

Find out more about us and how we can help you, visit:

www.elsevier.com/en-au/education/survivemedschool

www.facebook.com/ElsevierForMedicalStudents