

Ask Aberdeen Episode 15 Transcript

Georgie [00:00:07] I'm Georgie.

Michaela [00:00:08] And I'm Michaela.

Georgie [00:00:08] And we're here to tell you about the University of Aberdeen,

Michaela [00:00:11] in each episode, we will discuss frequently asked questions about topics such as applications,.

Georgie [00:00:15] Go abroad,.

Michaela [00:00:17] Student life,.

Georgie [00:00:18] Sports and Societies,.

Michaela [00:00:19] Budgeting for Uni.

Georgie [00:00:20] And life in Aberdeen.

Michaela [00:00:22] We will be speaking to current Aberdeen students, those who really know what it's like to study and live here.

Georgie [00:00:27] And we'll be getting exclusive tips from members of our amazing staff.

Michaela [00:00:31] Join us for this episode of Ask Aberdeen.

Georgie [00:00:36] Welcome to today's episode of Ask Aberdeen. Today I'm going to be talking about medicine, applications and also studying at the University of Aberdeen, so I'm very lucky to be joined by two guests today. We've got Sarah from our admissions team for medicine, and we've got one of our students as well, Jie Fei, who is going to give you her experiences. Sarah, do you want to just briefly introduce yourself to the listeners?

Sarah [00:00:58] Hello, my name's Sarah Miller. I am the admissions manager for medicine. So I look after all the applications that come in and deal with them right through from when you enquire until you get started medicine.

Georgie [00:01:10] Thank you, and Jie Fei?

Jie Fei [00:01:13] I'm Jie Fei, I'm a fourth year medical student, I'm from Malaysia, but I've been in the UK for the last six years or so

Georgie [00:01:23] Brilliant thank you. So hopefully our listeners today will get a good feel for what it's like to study medicine at Aberdeen, maybe they're already thinking about it or they're thinking of coming across to Scotland to study medicine. We have quite a lot of international listeners to this podcast, so they may have an interest in our medicine course as well. So we're going to start with what is medicine Aberdeen like? So Sarah, do you want to tell us a bit about the facilities that we have at Aberdeen for our medicine students?

Sarah [00:01:50] Yeah, sure. So our medical school is located on the Foresterhill campus and the Foresterhill campus is where the main hospital for the Northeast of Scotland is located. So we're right on the doorstep of the hospital and as well as a general hospital and Aberdeen Royal Infirmary, we have a children's hospital, so a paediatric hospital. We've got a maternity hospital and we're getting some new purpose-built cancer facilities and family hospitals being built just now. And, what else do we have on site, we have other university buildings as well. So as well as the medical school, we have our research colleagues and they're just in the building next door to the Institute of Medical Sciences and the Rowett Institute as well. So we're one of the biggest health campuses in Europe. And everything you need is right on the doorstep, so when it comes to doing your clinical placements, you really don't have far to walk at all.

Georgie [00:02:48] Nice and Jie Fei, what's it like for a student in terms of like social spaces? Is there places to meet your friends on campus?

Jie Fei [00:02:56] Yeah. So our campus is separate from the Kings campus, but within Foresterhill campus, I suppose we do have, you know, in the Suttie Centre, which is the teaching building, we have the first floor where you have kind of what we call the breakout area where students usually go there for lunch, chats, sit there waiting for our exams sometimes. And I mean, we hang out anywhere and everywhere in the library, which is not great. But, you know, I mean, like, we make every space our own almost and, you know, in the hospital, which is next to the building, we also have cafes like the Orange Cafe and. Yeah, and there's a really nice break out social space at the top there, and the chips are cheap!

Sarah [00:03:50] There is an outdoor garden as well. So it's nice. And everyone tends to congregate outside and we have social spaces in some of our other buildings as well that not all the students are aware of but in the Polwarth building, which is the building right next door to the Suttie Centre on the second floor there, that's a really nice break out area as well. It's really quiet because nobody knows about it.

Georgie [00:04:14] Nice! I suppose also medicine students, for our listeners who maybe don't know our campus, Sarah and Jie Fei have said how they're on the Foresterhill Campus, but we have our King's College campus, which is where most students would be based. But medicine are up at Foresterhill. But you can use both campuses so people do, students will come down to the sports facilities and things like that down on the campus. And that's the massive library there as well. The Sir Duncan Rice library. So you can meet your friends. There's a coffee shop, Starbucks, which is very popular. So there's lots of facilities and things as well I suppose across the campuses, but yeah, for our listeners who don't know, Aberdeen Foresterhill is the main campus they would be on. So Sarah, you spoke about all the kind of clinical facilities. Do students get early access to that? When do they actually start using these facilities from when they begin their studies?

Sarah [00:05:05] So for the first term, first year, you're based in the Suttie Centre, but second term, first year is when you get your first clinical attachment, so you get sent over to the hospital and you work in small groups and you get to see real life patients. Maybe Jie Fei could add her experiences of what that was like the first time you went to the hospital and you got to see someone. But, first clinical placements in first year that increases in second year, you're out in the wards every week. And third is bit of a shorter year, you have placements twice a week and then fourth and fifth year you're in the hospital all the time.

Georgie [00:05:44] Nice, so lots of patient contact.

Sarah [00:05:47] Absolutely.

Georgie [00:05:47] And Jie Fei how did you find that?

Jie Fei [00:05:50] Yeah, absolutely. I think well, first of all, we weren't just airlifted and dumped into the hospital without any warning. So, like, seriously, we only started to go into the hospital in second term, and the first term we had sort of simulation sessions, tutorials in the Suttie Centre with patient partners. So it's just to learn the very basics of taking a history and doing an examination. And so we got quite a lot of prep work kind of to prepare us for going to the hospital. But it was very exciting, I remember our first day in hospital. It was quite daunting as well because, you know, it's very alien. And we just, we felt like we were in everyone's way. But, you know, it was always, always really well organised. And, you know, almost always you know where to go. I always get lost, but that's just me. And you kind of go there and you have a one to two hour kind of slot every week, even in first year. You get allocated a patient, usually with another medical student, unless you're on your own. In which case, you know what? Sometimes you just got to shoulder it by yourself. And then you have probably a half an hour to an hour or two, kind of talk to a patient. And if they are happy for you to kind of have a feel of them, examine them and then in the next hour, regroup with all the other students to, you know, discuss your patient and what you think your diagnosis is, though that is something they don't really expect you to come up with in first year. It's more towards like second and third year. Um, but yeah, and at the end of that session, the tutor who is usually either an FY or a registrar or a consultant, would kind of give their own little tutorial almost of just some common things to look out for. So it's very informative because I think it's a really good opportunity for students to apply and practise. And I think probably when I was in first year, I took it for granted. You know, this opportunity, but I think now that I'm in fourth year, looking back, I genuinely think that, you know, it really did help me prepare for clinical years because, you know, you're not just seeing a patient in that setting for the very first time not knowing what to do.

Georgie [00:08:24] Yeah, it sounds sounds good to be able to apply your knowledge as you're learning it. So it's not all kind of theory based. It's quite practical if you can go into the hospital right from the beginning. So something else we're obviously asked about, I mean it all sounds brilliant, is people then go great, I want to come to Aberdeen. So what is it that we look for in applications? Sarah obviously you look at all the applications and you're part of the team that organises that. So what are three areas that we will look for when people are applying?

Sarah [00:08:52] OK, so the first thing we're looking at is obviously your academic performance. So your grades, so dependent on what you're studying, either your grades to date or what you're predicted to achieve. And it's probably best we don't go into the grades because there's so many different, different things. But A-levels, they're very common. So we're looking for 3 A's, and chemistry is always a must for most medical schools they require chemistry and one other science or maths, biology, physics and another subject. So that's in terms of A-levels. And of course, there's IB's and Highers and whatnot. But if you go onto the website, you'll find all the details of what you need to get or be predicted to get for us to consider your application. So that's the first thing we do when we get all the applications. And in October, we go through them all. We are looking at the grades, making sure and you either have them or you're predicted to have them. And then the next step, what we look at is UCAT. So that's, every stage is important, but UCAT's what helps

you decide if you're going to come to interview or not. So it's, you've either got the grades or you don't have the grades. So if you've got the grades, that's great. So we need something that it's going to draw a line in the sand, if you will, so we can decide who we're going to invite to interview. And unfortunately, that is the UCAT score. And so we get those scores in from UCAT people in November and what we do is we rank them and then we assign everyone a score. So we split them into deciles. So we split them into ten and then we award everyone points, so the higher you score compared to everyone else who's applied that year will determine how many points you get. So it varies year on year, depends on the number of applicants we get and how well they've done in their UCAT that year. So we're not able to say that this is the score that will get you an interview or this is a cut of. Because we don't do that, everyone gets a point or points and we add them to your academic scores. So once we've done those two things, whilst we're doing that, we have a quick check of your personal statement. Make sure that A you've written one and B, that there are no red flags or anything that we need to be aware of in your personal statement. And then we add the two scores together, so add your academic score, add your UCAT score and then we rank all them again. A lot of ranking goes on and that's how we decide who we're going to invite to interview. We tend to do between 800 and 1000 interviews. We did slightly less this academic year or this admissions cycle just passed purely because we had to do all online this year and it was quite time consuming. We're hopeful that going forward we're going to be able to offer face to face and online interviews. But we're really hopeful that everyone will want to come and have a look around and see Aberdeen, because if you're going to be going to university, you're going to be spending five years there at a medical school. So it's quite important that you make sure it's the right fit in the right feel for you. So this year will be face to face and online interviews for people who can't travel. And so, as I said, we do up to 1000 of them. They take the format of a multiple mini interviews so what that means is you have essentially seven little mini interviews and you go round in a little circuit. You're interviewed for seven minutes at each station. You'll be confronted with probably two examiners this year and they'll ask you a set of, I think it will be, three questions and you'll have seven minutes to answer them and then you move on to the next set of questions. So that's the three things we look at. Once we've done the interview, we add all your scores together, rank them, and then that's how we make it offers.

Georgie [00:12:40] Perfect, thank you. I think that helps people understand what they need to focus on and where the points are. Jie Fei, how did you find it from your experience of applying to Aberdeen? People often say Aberdeen is really friendly and they enjoy the interview process. Hopefully you felt that?

Jie Fei [00:12:55] No, absolutely. I think, I mean I won't share like the other medical schools I applied to, but I remember visiting Aberdeen for the very first time on my interview days. So I applied there because a senior medical student had recommended it to me and I had faith in what he had to say. And so I applied there and got the interview and took the train from England all the way up to Scotland for the very first time. I remember when I arrived in the evening, it was dark. I didn't know what to make of it. But then after my interview, I remember walking out and taking a picture of myself and just saying, that was a good interview. I don't know how to explain it. I just felt like obviously not all the stations went according to plan. I remember not being able to answer some quite tricky questions, but, you know, walking out definitely felt really good. And then well, I can say this now since I'm already here, but I felt good. But then I didn't get and offer the first time and I was waitlisted. But then, you know, eventually come I think August time, it was Sarah actually who emailed me back and, you know, meet me a new offer. It was a very dramatic but now I'm here.

Georgie [00:14:22] So, there you go it doesn't always go to plan first time round. I think we're going to talk about that in a bit as well. What to do if you don't get in time and kind of what else you can look at. But I've helped with medicine interviews and we want you to do well and we want you to perform to your best. It's fun for us if you do really well and give great answers. So I guess the key thing I would advise people is to prep. You need to practise interviews. If you've never had an interview before, you're going to struggle to answer questions because you just don't know what to do. So speak to your teachers and get your parents to test you on even basic questions, just so that you have practised giving a nice, clear answer, because that helps us to give the tick in the box. If we've heard what you have to say clearly and it made sense. So that's really good.

Sarah [00:15:05] I was just going to say YouTube is a great resource. There's so many like MMI prep and practise stuff out there and take advantage of that.

Georgie [00:15:16] I definitely did that actually. When I applied for my first job after uni, I Googled competency based interviews because I didn't even know what that was. And yeah, I use the YouTube video, so good tip. Something else people ask is about work experience. So for more degrees at Aberdeen we don't particularly look for a huge amount of work experience. You know, if you're applying for history or something. But for medicine, it is slightly different. So what is required?

Sarah [00:15:42] So, obviously, things are a little bit difficult just now, and getting work experiences is going to be challenging, but essentially we're looking for you to make sure that you've researched the career and you know that it's what you want to do and that you're suited and fitted for that. Spending five years studying medicine is hard work and we don't want you to be doing that if you don't want to be studying medicine, if you don't want to be a doctor, then there's no point in putting yourself through the stress of the courses. So obviously, it's difficult just now. But there are still ways you can think about work experience and gain some of that. It might not be in a practical sense, as in going into hospital, but there are many online work experience packages available just now. Some of the other medical schools in the UK have done that. And I would recommend you go on to a website called the Medical Schools Council. So they are a consortium of all the medical schools in the UK and they have just recently updated their website, that was a couple of years ago, and they've really made a fantastic resource. So they've got links to all those virtual work experiences on their websites. And there's a GP one and there's a medical school in England who's done one. I think maybe Glasgow University's done one as well. So we appreciate that it's going to be difficult to go out and get hands on clinical experience. But you could be doing these packages. Another experience you could do is maybe phone up your GP surgery, ask them if they have time, at the end of the day, just have a chat with you about what a career in medicine is like, and that's an option. Attend Open Days. Speaking to medical students, there's lots of ways that you can find out that this is the career that you want to do in terms of medicine, other things you can be doing are voluntary work as well. So it's great seeing that you work with people, but do you like working with people who perhaps have different demands that the able bodied people might not have, for example? So people with disabilities and elderly people and people with dementia, they're all experiences that you could consider. And there's charities and care homes and all those things out there that potentially need a bit of help and it'll help then for you as well, and some charity work as well.

Georgie [00:18:05] I think that's a lot easier to come by as well isn't it. I mean, saying to a care home I come in and support your residents for an hour a week or something that's

more likely to get a yes than if you want to go into a hospital, which is probably trickier to organise. What experience did you have Jie Fei that made you want to study medicine?

Jie Fei [00:18:21] Well, when I was 16 years old, I was doing secondary school then back in Malaysia and we had a work experience programme where we were supposed to go out and find a summer job almost and a lot of my friends decided to go to work in a cinema or a restaurant. So it's quite varied. And I knew that I was quite interested in medicine, but I didn't somewhere necessarily medical related for that. I volunteered in a cancer non-governmental organisation. And I was there for, I think almost a month. And, you know, I was just there to kind of watch. It's quite a number of years ago, but I was there as a kind of an intern sitting at a desk helping out with work. But I also got to shadow the oncologist there who would go out and do you know, cervical smear or breast screening, kind of like campaigns almost. And in the NGO itself, there was also a children's home where they would provide sort of very highly subsidised accommodation for children with leukaemia or other cancers who were coming into the city to get treatment. But they knew they could not afford anywhere to stay for overnight or for a couple of days. So they would kind of get to stay in this home for the duration of the treatment. And, you know, just sitting with the children and just spending time with them, it made me realise that, you know, there is this feeling I get when I'm with patients or people who are just a bit vulnerable, that I just feel very protective. You know, I feel like I want to help them in any way possible, be it, you know, medically or even just, you know, holding their hand, listening to them. I realised that that was a part of me that derives a lot of joy in that. And so that was when I realised, OK, you know, it could potentially be something worth exploring.

Georgie [00:20:40] That sounds like a really good experience to have had. I mean, you could be my doctor, I trust you, you sound like you care about your patients. But like what you just said is exactly what we want to hear in interviews, isn't it? That's what we want to hear people tell us, what experiences they've had and why they want to be a doctor. I think something Sarah said about you need to be want to be a doctor. We do sometimes have students whose parents want them to be doctor. And that's a very different scenario. It has to be what you really want.

Jie Fei [00:21:07] Yeah, yeah. And I know the work experience nowadays is going to be a bit more challenging than before, but I think we always try to look too far to find something that's an internship in the hospital, something that looks good on paper. Actually, I think, you know, just look locally, see, there's always something locally that you could always make the connection back to medicine because it ultimately is just boiling down to the very simple kind of human empathy. And so I think that as long as you have the sincere intention like the interviewer will be able to see that

Sarah [00:21:48] That's it. You can have 12 weeks work experience in a hospital. But if you're not learning and taking anything from it, is that more valuable than having a couple of days in a care home where you've really learnt something about yourself and taken something that's going to make you better in the future? So it's more about what you learn rather than quantity.

Georgie [00:22:09] I think that's quite reassuring. Hopefully for our listeners. If anyone is thinking that they don't have like a parent who can get them into it easily, then that's OK. Don't panic. We would still want you to apply if you've got the other criteria. So something else people ask us as well or people, it happens all the time in medicine, it's a very competitive degree, is what if I don't get in you know, people throw themselves into it. There's a lot of emotion involved and we 100% feel for people where it goes wrong or

overall they don't get an offer to study at any medical school that they've applied to. What I sometimes say to people, look at doing a different undergraduate degree in a science based course and then finishing that degree and applying as a graduate. What do you recommend to people, Sarah?

Sarah [00:22:55] So I think you need to be aware that medicine is competitive and we only have a limited number of spaces and those spaces are governed by the Scottish government. So they tell us how many places we have each year. So unfortunately, we have to say no to quite a lot of the people that we know would be a really, really good medical student. So if it doesn't work out, you've got a couple of options. You could take a year out and try again after. And more often than not, the people that we have to reject, first off, is because your UCAT score isn't high enough. So take a year out, go get some experience, perhaps get a job as a health care support worker or something related to medicine to increase your experiences and also work on your UCAT score during that time. And as you said, Georgie, go away, do a degree in a different subject, we don't allow transfers into the course, everyone has to finish what they're doing and then apply, and come in as a graduate. We get lots of graduate applicants and sometimes a little bit of life experience is just what some people need. And they look back in hindsight and realise that perhaps they weren't quite ready for a medicine career just when they left school. So what I would say is if it doesn't work out first time, try again. If it's your dream, you'll still get there.

Georgie [00:24:13] I've also interviewed quite a few of the graduates coming to apply after doing an undergraduate degree in science and they often excel, and they do really well in interviews because they are that bit older with that bit more experience. And yeah, like you said, if they really want it, then it is a long journey. By the time you've done a four year degree or a three year degree in England and then come up to apply again. But it's worth it if that's what you really want, it's worth putting the time in. So the other thing we have in terms of entry is gateway to medicine, so obviously this will only apply to our Scottish listeners and those who are eligible. So, Sarah could you just briefly explain a little bit about what gateway to medicine is?

Sarah [00:24:51] Yeah so Gateway to Medicine or G2M this is our fourth intake this year, and it's a Scottish government backed project, or course, and it's designed to support applicants who are from a widening access background. So perhaps haven't had the easiest of times in their educational journey up until this point. So we have quite a strict entry criteria and our entry requirements are reduced. But all that information can be found on our website. And essentially the G2M course is a one year course. It's a bit like a pre-med course or a foundation year course, it's just getting you prepared and giving you the knowledge, the and some of the skills that you'll need to start medicine. So you do that one year before you do start medicine.

Georgie [00:25:40] Brilliant, thank you Sarah. Yeah, so anyone who's listening, who thinks they may be eligible if you're widening Access in Scotland, have a look on the website and we have a whole access and articulation team here dedicated to students like that. So if you need any support, they can help advise you as well. So the next thing we always get asked about is what type of teaching do you do? Medical students or prospective medical students are really keen to find this out from us. I think I know the answer, but I'll let you answer that one. What type of teaching do we do?

Sarah [00:26:06] OK, so we use a systems based approach for teaching. And Jie Fei can jump in and correct me if I'm wrong because she's been through all of it, so we split all the

systems that you're going to learn into three. So you start your systems teaching in year one. And so what I mean by systems is we break everything down into different parts of the body. So year one is respiratory and cardiovascular systems. Year two is quite a big year, you do a whole lot of systems that I'm not going to be able to remember off the top of my head, MSK. is one of them. You go for it Jie Fei

Jie Fei [00:26:44] Yeah, I know. I remember all too well because I lived through it. Yeah. So in second year, what I think is changed slightly, but um, just because this year but it's usually six system, so gastrointestinal, neuro, head and neck, dermatology and another one I can't remember. But now instead of six, we have, I think now we also have MSK, which is musculoskeletal and infections and ethics. So I think that's around eight or nine now. But what that means is because those three systems, MSK infection and ethics are traditionally in third year. So what that means is you get a slightly less stressful third year and a slightly more stressful second year. So it all balances.

Sarah [00:27:34] So those last three systems you spoke about were done at the end of second year after year exams. You would come back to those three, then go on a great big summer holiday and then you wouldn't be examined on them until the end of year three. So we've moved the point of exams. So you'll do those blocks and then you'll be examined on them. So that's done and dusted. And so the systems would do that in third year as well. And it used to be the case based approach to that. So maybe you could give an example of when you're doing a system, what sort of things do you do to do the learning. So you'll have the clinical skills, you'll have the anatomy for it, and you get the lectures for it, what sort of things to learn at the lectures?

Jie Fei [00:28:16] Yeah. So the lectures themselves are doctors and consultants from the hospital. So they come in and they're trying to teach us everything, essentially. I don't know how to put it quite simply. They want us to know the epidemiology, the pathophysiology, the clinical presentation, the investigations, the treatment, the prognosis, everything, and it can be quite overwhelming when especially in the first year when, you know, when you come in and you know, you have these very passionate and dedicated doctors who want to teach you everything they know, which is impossible because you can't possibly be an expert in everything, like as a student. I mean, but eventually you realise that with the learning outcomes provided by the medical school, we have this document and in it they have learning outcomes for every lecture. Actually, it's very well organised students would be quite relaxed to know that you're not expected to know everything and you eventually kind of get the hang of what you need to know to have a bit of a discerning mind almost and. Yeah, and they use a lot of cases whereby a patient presents with a symptom ABC and and you kind of have to think, oh, you know, I think it could be one of these and kind of take it from there.

Georgie [00:29:53] And do you use the simulation ward and the anatomy labs? I think that's quite interesting to people listening because it's something kind of cool and interesting to use throughout your studies. Did you Jie Fei for looking at and practising treating patients and looking at things?

Jie Fei [00:30:10] Actually, now I'm in the fourth year I've had the opportunity in Raigmore Hospital, which is in Inverness, which to all listeners is the other teaching hospital, one of the teaching hospitals that that students get allocated to in your fourth and fifth year. So at Raigmore Hospital, I've had a few, opportunities to get involved in a few simulations with kind of a full body patient that can, oh, my goodness, kind of breathe in and make sounds. And that was horrifying when I first saw it. So it kind of simulates a real patient in the ward.

And you go up to them and you start talking to them like a real patient and they'll actually talk back to you. Obviously, as cool as that would be, they're not actually talking. There is actually someone else doing the talking through them. And it's very real if you throw yourself into it. So, yeah,

Georgie [00:31:11] That's really cool. That sounds fun, I think, because a lot of pictures in promotional leaflets are things like the simulation wards, so if people have seen that they'll understand what we're talking about.

Sarah [00:31:22] So can I just go back, I touched on it there. So when you're doing a system, you actually learn the clinical skills for that as well. So when you were doing the respiratory system, you were learning to listen to people's lungs. You learnt about asthma and how to do peak flows and things, I'm guessing. Yeah. And then when you were in anatomy in that system, you were looking at the lungs and how they all work.

Jie Fei [00:31:46] Yes. What I like about our curriculum is that they box it up quite neatly. At the same time. It's not compartmentalised so that you only learn about anatomy in anatomy or you only learn how to do an examination in the clinic, in the clinical settings. And, you know, you only learn the theory in the lectures. They try to show you how you can apply each one in each aspect. And it's very important because. You know, sooner or later, you realise especially now that I've gone to the wards, you need to know a bit of everything. When you're seeing a patient in surgery, you need to know a bit of anatomy to know what arteries kind of were underneath this muscle, for example. And so I really like that. I like that we kind of have the opportunity to make that connection.

Georgie [00:32:40] Brilliant, that sounds really good. Something we get asked about is how long is the degree? So typically it's five years for someone to complete our medicine course, but we do offer the intercalated year, which is quite popular as well. So Jie Fei, do you want to mention what the medical humanities are and how that works during the intercalated year.

Jie Fei [00:32:59] So we have medical humanities both as a module that all students will get in third year anyway. It's a six week module and I'll just touch on that briefly. It's an opportunity for students to study from a list of subjects they can choose, whichever they like. And it has to amount to 30 credits. So there are some choices. There are 15 credits. So you can actually choose two. And so you can choose from a wide array of subjects like creative writing. I said that because I chose that. And I think it's amazing or global health, anatomy, creative arts.

Georgie [00:33:42] Can you do law? Is that one of the options, is medical law a kind of option?

Sarah [00:33:47] It is within the humanities degree, but not so much as a humanities course. A new one that we had last year, which is really popular, is music. And a lot of medical students are very talented musicians. And so that's a new one that we did last year.

Jie Fei [00:34:04] We have an Aberdeen Medic's Music Society and yeah, they do orchestras, which is fun. So the medical humanities is so you can study quite a wide array of subjects and it's really fun. I think it was the highlight of my third year, especially because it was quite a different year compared to what we thought it would be. And so that's the six week thing which everyone gets regardless of whether you do intercalated.

But if you do choose to intercalated between third and fourth year or between fourth and fifth year. And my understanding is if intercalate between third or fourth year, unless you have already done a previous degree, you would you have to integrate in a bachelor's. And that's where you can choose to do a bachelor's in medical humanities or medical sciences. I'll let Sarah share with you the list of subjects is quite a lot, but I think the website is quite clear on what subjects you can study. And so between fourth and fifth year, you can do a masters even as an undergraduate, which is very attractive because it adds another feather to your cap. It's a great CV boost for the future as well, especially if you kind of know what you want to specialise in. And you can do, once again, quite a lot of subjects like public health and pharmacology.

Georgie [00:35:33] Sounds like there's loads. So for people who do the intercalated year, it's six years then isn't it when they're finished. But they've got a master's potentially and an undergraduate degree in medicine. So like you said, that's quite a lot to kind of finish with. It's quite impressive.

Sarah [00:35:46] That's it, so it's either graduate with an MBChB plus a BSc honours degree or a Masters. So options for both.

Jie Fei [00:35:55] As if studying medicine wasn't hard enough.

Georgie [00:35:57] Yeah, well that kind of brings me on to the next but which is what support there is for students, because obviously medicine is really intense and 100% everyone understands that. So I think my message is to speak out and ask for help if you need it. And you know, no one expects you. I can imagine, I haven't studied medicine myself, but I can imagine that everyone is very high achievers, they've got onto a medicine degree. It can feel a bit intimidating perhaps to say I'm struggling or I need a bit of help. So the message, I think, for me is that it's OK, that you're not alone and everyone will find that it's quite a big jump and that you're learning lots of new steps and it's absolutely fine to ask for help. But Jie Fei you've done the Students for Students and been a PAL mentor, can you explain a bit about what that is and how it helps students?

[00:36:41] Yes, S4S, short for students for students, is this peer kind of assisting scheme set up by the university where students like myself, who are already studying there, can sign up to become a mentor. So we get paired up with a prospective or incoming freshmen, first year student. And we get their emails so we can contact them, introduce ourselves, arrange for a chat. I think before the pandemic, you would have kind of met them, met you guys face to face and basically just get to know each other and show you around Aberdeen, perhaps. And and we're there basically as your friend, buddy, almost. If you need anything from where is the nearest Tesco or, you know, where can I buy X, Y, Z it's everything. But even during a pandemic the scheme was still ongoing and it's just that we couldn't meet students face to face.

Georgie [00:37:54] And Sarah is there academic support if people are struggling or need a bit of help?

Sarah [00:37:57] Absolutely, so the university has a dedicated student support team and of course all the medical students are very much entitled to use that. But within the medical school, we have our own student support team. So a small, dedicated team that are there specifically to help the medical students. And you can have an appointment with them and they will chat with you or advise you and signpost you to the right place to go. So we have that support, and all our students are allocated a regent and regents are either an

academic or senior academic or clinician. And there's somebody there just to give you a bit of pastoral support and a bit of support about what it's like to be a doctor as well, what it's like to have a career in medicine. So you get that, you get assigned a regent when you start. What else? Our Med Soc Society also sign you up with a medicine family if you will, so a mum and a dad to look after you when you come in first year. And so you've got a bit of a family there because of course, they'll have been assigned a mums and dads the year before as well. So there's always somebody looking out for you. And last year we introduced, just because of the pandemic, some of our senior students are signing up to be mentors to first year students. So a bit like the S4S but purely medicine students. So I think sometimes with the S4S scheme you might end up with like a science student or perhaps not a medical student. So we've developed our little in-house one. So we know that our incoming medical students will be paired up with a senior medical student. So they'll be there just to look out for the new students coming in, because we appreciate it's quite difficult sometimes to ask for help when you're fresh start because you don't know who to ask.

Jie Fei [00:39:55] And to just add on to what Georgie mentioned about the PALS mentor, it's a scheme where, like current students, once you progress to third year onwards, you can sign up for the scheme to help facilitate some of the clinical sessions or anatomy tutorials for the first and second year students. So that's really nice, I remember when I was in first and second year, you know, seeing someone in fourth or fifth year being in my class and kind of help answering some questions. And it felt really reassuring. I felt like they were a lot more approachable. I mean, our teachers are approachable by themselves, but it was just nice to have someone close to our age and kind of level of experience to kind of say, oh, I have no idea, could you please teach me?

Georgie [00:40:50] That sounds pretty good. I think it's nice to have, like you say, someone your age who understands exactly what that process you're going through, at that stage to say it's okay.

Jie Fei [00:41:01] Exactly. And one more thing I want to say was we also have class reps in every year. We have I think in my year we have three or four and they're chosen. So I think they get nominated and then there's some election and they get chosen. And all our classreps are fantastic. And as I understand, the ones in the year above and below are too, their job is to be the spokesperson for us. So any time we have any worries, concerns, we just drop them a message because they are our friends to begin with. They are, of course, mates. And so they would kind of compile our list of queries and worries and then they will have a meeting with, you know, the year rep or the the leads and kind of come back to us with a response of some sort. And so, you know, especially during a pandemic, you know, everyone was feeling very isolated and everyone was worried about what tomorrow may bring. Our year reps really outdid themselves alongside the the medical staff team to ensure that, you know, whatever we were worried about, they were addressed. And so, yeah, absolutely, we did not feel, I don't think there was any point of time during this difficult year that we felt that we were completely alone during the year.

Sarah [00:42:30] And I think it all comes back to what you said at the start. If you were to approach any member of staff, anyone will help you. And the key thing is you just need to ask for help and we'll go out of our way to make sure that you're helped.

Georgie [00:42:42] Yeah, definitely. So something else people ask about is like placement times. So we always talk about Aberdeen specifically having the remote and rural aspect that you can do. We talk about rural GP's and things like that, so it's kind of a different

element that you might get Abdeen that maybe other medical schools don't offer. Jie Fei I'm going to come back to you because I know you're on your rural placement at the moment. Can you explain what you're doing at the moment and how it works?

Jie Fei [00:43:09] Yes, I am currently on the remote and rural one year programme, it's not an extra year out of medicine as it's part of your fourth year. So you get the option because, first of all, why is it called remote and rural is because as part of this programme, you will get allocated to Inverness, specifically Raigmore Hospital, which is the teaching hospital there for the entire year. All students in fourth year would have to do a block, which is about six weeks in Inverness anyway. But if you're really keen, you can sign up for this in third year so you can spend the entire year there. And the reason why I applied for it is because, well, even before I even when I was applying to Aberdeen, I had already read about it on the website. I really liked the idea of spending a year out somewhere rural and getting more experience in these areas. I think it's very valuable exposure to a different type of medicine. So I was already sold right from the get go. But in third year I also came across one of the more senior medical students blog where she was blogging about her experience in Inverness. And it was so much detail. And so I knew exactly what I was signing up for. And now I also blog about it so that hopefully more students will know what they're signing up themselves for, because I think traditionally not many people signed up for it. We have I think, correct me if I'm wrong, Sarah, less than 20 places every year for this programme. And in the last few years, I don't think all twenty places have been taken up because it is quite a big commitment to sign up for an entire year out of Aberdeen without knowing what to expect. But, you know, now that I'm in my second block in Inverness. Everyone who has come here so far has absolutely loved it and they are all wanting more and so well, I, I don't I never like to be the kind of person to say, you know, I told you so, but...

Georgie [00:46:18] So what placements do people do if they don't do remote and rural, are there other options? Other than the blocks that everybody does. Is there a different kind of other placements that we offer?

Sarah [00:46:27] We have seven different rotations, so everyone does that. So one of those rotations off the top of my head is long term conditions. And so you can be placed in any ward that deals with long term conditions for that. So you will be based in Aberdeen Royal Infirmary. But you may also have to travel to Woodend Hospital, which is another nearby hospital. It's about a mile up a hill. And or you might have to go to a psychiatric hospital or a mental health hospital. It's maybe 10 minutes down hill. It's not that far away. But depending on what block you're in, everyone does that block. And if you're in Inverness and you're on that block, you do the same stuff that you would in Aberdeen but you do it in Inverness. Does that make any sense at all?

Georgie [00:47:12] Yeah, yeah. I think basically what I've got from Aberdeen is that there's lots of other practical placements and lots of working with patients and kind of practising skills, as well as studying and learning about it. So it sounds really good

Sarah [00:47:25] Year four is the year that you get to experience a bit of everything. And one of those blocks in year four is a speciality specialist block and you get to choose what you want to do. So you get to go back to an area and focus on something you're interested in. And you also spend some time in a GP. I think we should mention that as well. You spent six weeks in a GP surgery.

Jie Fei [00:47:46] Yeah. And currently I'm on my GP placement in Brora, which is just [4.0s] a stone's throw away from Inverness. And so it is considered a rural. So for you choose between urban or rural. And I chose rural because I'm on R and R, and even though I don't have a car, the medical school is kind enough to still allocate me to this place, which is hard to explain. But essentially I got the preference that I wanted because I was on this programme and you know I'm in my second week now and I can see why this is. Everyone who has done their GP placement in somewhere rural has enjoyed it and learnt a lot from it because they have more time for you and you actually have a lot more work to do because often these practises are the only GP practise for the entire village or possibly even two villages. So in Brora, we have a thousand other people and so all of them will be registered with the one practise. So, so far I've had you know, I've sat through telephone consultations from morning until evening. It's quite intense. It's not the idyllic coastal life that I envisaged when I first started. So you get lots to do and lots to learn. Lots of blood taking.

Sarah [00:49:18] Can I just add, so that's year four that we've been speaking about. But year five, there's the option to do the year rurally as well, but you go a little bit further afield. So you might be in Inverness, but you also get the option to go to Shetland, to Orkney, to the Western Isles, to Fort William. So a little bit further afield in year five.

Georgie [00:49:41] Yeah, I've definitely done medicine interviews with ambassadors that have been somewhere really remote up in the islands, they're doing a placement there. So that sounds very exciting. It's nice to see different parts of Scotland I think while you're studying. Something else, Jie Fei you talked about was research opportunities. I mean, Aberdeen, famous for inventing the MRI scanner and lots of students will say, what research can I get involved in? Have you had any experience of that?

Jie Fei [00:50:08] Yeah so in first year we were told that we could sign up for the Aberdeen Summer Research Scholarship Programme, which sounds very fancy and very daunting, but it's essentially a scheme set up by the medical school to encourage very junior medical students like I once was to get involved in research. So if you happen to apply for it, it's as simple as putting your name for it saying you're interested. You don't have to have any prior experience whatsoever. It's targeted for complete beginners. And then you go for an interview. And if you get it, you get a stipend to do an eight week summer project and you'll be supervised so that can be a dry project. So things like a systematic review or a topical review or it could be a wet project, which basically means you're going to be in the lab looking under a microscope, working with some dyes and all those. And so I did a wet project in my first year. And at the end of this entire thing, all of us would present our research in a symposium in November. So this programme takes place in around summertime, I mean, as the name suggests. And so then you get a few months to kind of write it all up and present it. And a lot of it is kind of the spring board that kick starts so many students, academic career if you will. And as you progress through the years, there are ample opportunities, lots of other scholarship schemes. The ASRS, which is short for the Aberdeen Summer Research Scholarship, is the most accessible one, in my opinion. But then as you get more experience, you can always try your hand at other ones as well. And even if you don't get this scholarship, there's no stopping you from approaching even your lecturer after his lecture saying, hey, I'm really, really interested in what you know, what you're doing. And is it possible for me to do a project supervised by yourself, anything like an audit or any quality control project so it can be as informal as that? And it's kind of. And so far everyone I know who wanted a project, got one.

Georgie [00:52:26] I presume as well, this is from a complete non-medicine person's opinion, but I presume it helps when you finish universities while you're applying to be a doctor. Every little thing you've done that is a bit extra and you've put that personal initiative into, to kind of make happen, will help you stand out from other people applying for positions when you've graduated.

Jie Fei [00:52:47] Absolutely. Especially if you are interested in applying for the academic foundation programme, which is a little bit different from the regular foundation year programme, which is the two year programme that all medical graduates we have to do to then progress. And so, yeah, if you're considering an academic career, getting involved in research early on in medical school, it always helps. It's not a necessity, but always helps.

Sarah [00:53:15] It gets you a couple of extra points in your application if you've got some publications, but it would never be encouraging to stress about that and certainly at the beginning of your career. Often some of our group projects, the student selected components that we end, do end up getting published. So there's lots of opportunities through medical school to get involved in research.

Georgie [00:53:39] And I think we've covered absolutely loads during this podcast. So hopefully we still got some people listening all the way to the end and they found that really interesting. So the last thing I'm going to ask you guys from your own opinion is what is the best thing about studying medicine? I mean, you can be completely biased. You chose to study here. Sarah and I work at Aberdeen. It's slightly different. But what do you think is the best thing about studying Aberdeen? Why did you choose everything?

Jie Fei [00:54:05] I chose Aberdeen because of one person's testimony of how great it is. And I mean, I would agree with that student you know, I always talk to this and I say, you changed my life forever. I won't name the student, but he was a really great student before he graduated. And, you know, he said, yeah, it's your job to now kind of pass the baton to the next person. Yeah. And I think. Yeah. So the best thing about Aberdeen I think is, you know, all the degrees great and all. But I think it's the friends that I've picked up along the way. I think I've found a really good, sincere group of friends and you know, they keep me right. They're good people and we're all, you know, and I think it's not specific to Aberdeen, but I you know, people here in Aberdeen are really down to earth. And, you know, they're not unapproachable. They you absolutely you know, you meet them in Aberdeen is also a small city. So you meet people and. They're just really approachable.

Georgie [00:55:11] Definitely. I had my best friend from primary school who I didn't know who had gone to Aberdeen until I started working at Aberdeen, and she told me that's where she'd studied. She always said, oh, it's like a really friendly community because everyone, like, knows each other and everyone's on campus and it's really smiley. So that's my that's why I would choose to study. Aberdeen, I think is very friendly campus. What about you, Sarah? What would you say?

Sarah [00:55:31] Well, I'm not even lying, but I was going to say the same. So I think in terms of working as a staff member in the medical school, I think we support our students very well and we tend to know more students by their first name. We're not that big a medical school, so we can build good relationships with the students. And it's always nice to see everyone graduate at the end as well. So, no, I think we do. We did a good bit, a nice place to be. Look after students from a staff perspective. That's my favourite thing.

Georgie [00:56:09] So, thank you so much to both of you for giving opinions and your expert knowledge to our prospective students. I hope listeners enjoyed that and they've learnt something from it. I will put some of the links in the way that we've spoken about the entry requirements in the work experience. We can put that in the show notes so the listeners can find that easily. And if we have any listeners from North America, we're doing a podcast next week specifically for you so that you can find out about coming to Aberdeen from North America. And you can also catch up on any of the previous podcasts we've had. We've got lots of episodes like this one about different areas, including student life and accommodation and things like that. So if you are interested in Aberdeen, check out our podcast wherever you are listening to this or on the university website as well. So thank you, Sarah and Jie Fei.

Amy [00:57:00] Thank you for joining us for this episode of the Ask Aberdeen podcast, if you would like to suggest a topic we should cover, please email us at ukteam@abdn.ac.uk. We would love to hear from you to be alerted about new episodes. Subscribe wherever you get your podcasts.