

Welcome to the fourth issue of *The British Student Doctor*.

In this issue, we feature ‘*The case of the vanishing medical student*’ by Henry Dunn, a medical student at King’s College London, and his colleagues Thomas Taylor and Amanda Bacon, medical students at the University of Oxford. In this reflective piece, they discuss how medical students are failing to take full opportunity of clinical placements. The authors believe that this is due to a number of factors, including the limited availability of bedside teaching, a culture of not wishing to overburden busy junior doctors, and a perception that there is little to gain from so called ‘*ward work*’.

Editorial

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As medical students, we also experienced the same challenges during our clinical attachments; being encouraged to study textbooks rather than to spend time on clinical placements or to ‘*take advantage*’ of our free time whilst we could before facing the pressures of life in the NHS. Now as junior doctors at the end of our foundation year, reflecting back on the issues raised by Dunn et al., we understand these perceptions. However, we also realise with new insight the importance of using clinical practice to gain as much preparation as possible before the transition from medical student to junior doctor. Having passed through this phase recently, the change in responsibility that this passage entails cannot be underestimated.

Sir William Osler, a Canadian physician who founded John Hopkins Hospital in Baltimore, Maryland, and was the pioneer of bedside teaching, wrote in his book *Aequanimitas* in 1904:

“He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all.”

When under pressure as junior doctors, often during the middle of the night on a busy ward cover shift, it is not the textbooks that we remember, but the patients that we have encountered as medical students on clinical attachments. These experiences serve as the guidance that we need to manage the most difficult of situations, and even to find solace in during the most stressful of times. However, we also realise that we now hold a responsibility to optimise the experience of medical students in our hospitals, to ensure that they do not feel undervalued or burdensome. It is also our responsibility to act as role models for the students that we teach, and stress the value of clinical attachments.

In this issue of *The British Student Doctor*, we also feature research by Andy Cheng and his colleagues on ‘*Analysing ethnic differences in compulsory admissions for psychiatric disorders in the UK*’. This pertinent work reveals worse outcomes for persons of ethnic minority backgrounds.

This issue also features a number of education articles, including ‘*Cannabis – current trends and methods of bioavailability*’ by Sarah Gritis, ‘*The Ponseti method for the treatment of congenital talipes equinovarus*’, ‘*Recent advances in the understanding of non-coding RNA*’ by

Jernej Zorman and ‘*Skin picking disorders – what can we learn from such a topical issue?*’ by George Johnson and colleagues.

Finally, we also publish an article by Luke Roberts and his colleagues at the Evelina London Children’s Hospital on the topic of clinical coding. This article provides a rare insight into a process which is considered esoteric by most junior doctors, but is a process in which they play an important role, and is vital for NHS funding.

We hope that you enjoy reading this issue of *The British Student Doctor*. We would like to extend our gratitude to the medical students, junior doctors and faculty staff that have contributed to this issue of the journal. If any of the articles in this issue raise discussion, we would be pleased to consider a correspondence piece in response. Our author guidelines can be found on our website and offer all of the necessary guidance for submitting manuscripts for consideration for publication in our next issue.



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