

Medicine

The Medic Method · How top medics actually revise

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7 entries

The reason a Nile medicine student outperforms is not raw hours, it is method. Three levers from learning science do the heavy lifting, and every lesson is built around them. This is the argument for serious tuition over a well-meaning amateur.

The three levers

Active Recall

Retrieve, do not re-read. The student answers from memory first, then we explain. Pulling a fact out strengthens the memory far more than reading it again, so it sticks under exam pressure. Evidence: Karpicke and Roediger (2008) showed testing beats re-study by a wide margin.

Spaced Repetition

Topics come back on a widening schedule (roughly day 1, 3, 7 and 21), timed to land just before the student would naturally forget. Each review resets the forgetting curve a little flatter, so by exam day recall is near automatic. Evidence: Ebbinghaus (1885) and the modern spacing effect.

Exam-Board Forensics

We map every question type across AQA, Edexcel and OCR to the exact mark-scheme response the examiner rewards. The student stops writing what they know and starts writing what scores, command word by command word, mark by mark.

Inside a Nile lesson

Diagnose

A short retrieval quiz opens the lesson and shows exactly what has and has not stuck since last time.

Teach to the gap

We spend the minutes where the recall failed, not on what is already secure, so no time is wasted.

Rehearse the answer

The student writes a real exam answer to the mark scheme, gets it marked live, and redrafts on the spot.

Schedule the return

Today's weak topics are booked back into the spaced plan, so the next lesson already knows what to test.