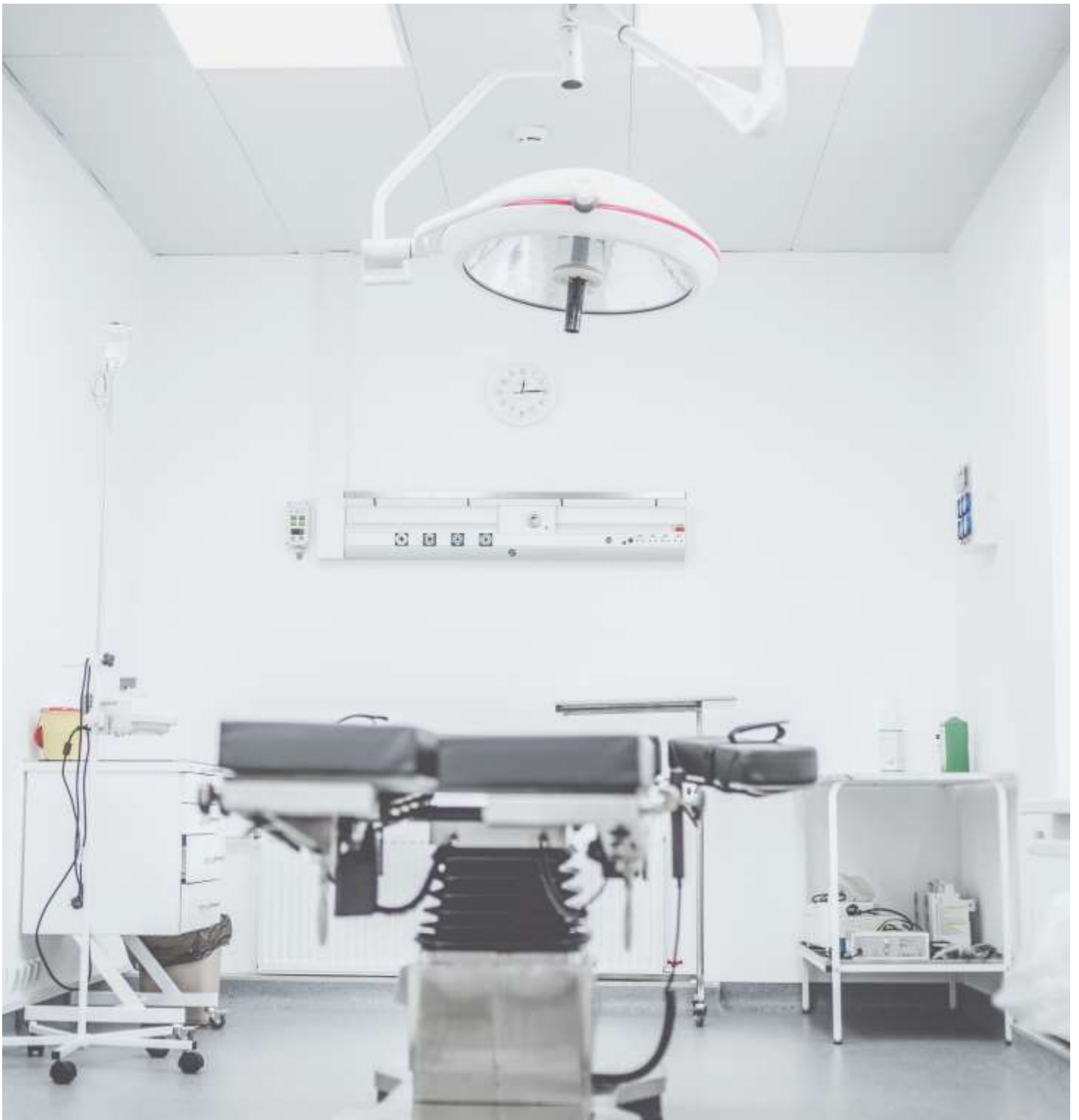


**THE LUSUMA GUIDE TO**

# **PHASE TWO**

**BY STUDENTS FOR STUDENTS**



# WITH THANKS TO

LUSUMA Academic

*with the help of*

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Starting Phase 2 can be pretty daunting - not only do you have to adapt to a whole new way of learning but you have to do it while being sent all over the East Midlands, living in hospital accommodation, and coping with WiFi that hasn't been updated since 1995.

Fortunately, we've have created this guide so you can know what to expect and how to make the most of your placement years!



**Dear Year 3 students:**

Phase 1 is a challenging introduction to Medical School and I congratulate all of you on having passed its requirements. It is a significant achievement to be entering Phase 2 and you can be proud of yourselves to have got this far.

As you pass through the MB ChB course at Leicester, we gradually place more and more responsibility upon you to drive your own learning, as once you enter qualified practice your future learning will be entirely your responsibility. With that in mind, Phase 2 is focused on your learning within the clinical environment, and all the other learning activities you engage in will be aimed at strengthening your performance in that environment. It won't surprise you, therefore, that your learning experiences with patients are placed at the centre of Phase 2, - wards, clinics and the GP surgery replace the time you spent in lecture theatres, the DR and group work, and it is essential that you embrace that from the very start of Year 3.

Make the most of the opportunities laid before you and take every chance to refine your clinical acumen. One of the key skills is this the ability to 'clerk' a patient – take their history, examine them confidently and competently and write that up, whilst considering the differential diagnoses you would make. The more practice in clerking you have, the more you will develop as a future doctor. So, I repeat, grab every opportunity – some of the best are in the evening, or weekends, when things appear quieter, but when many patients arrive from general practice, or A&E – and treasure the remaining years of your medical school career. It sounds crazy but, even though it is longer, Phase 2 will fly by as quickly as Phase 1. However, what appears daunting at first will appear straightforward by the time you qualify.

Enjoy reading this excellent guide and please accept my very best wishes for your clinical studies.

*Prof. Simon Gay*  
*Head of School*

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## A LESSON

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# WHAT TO EXPECT

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Placement is a big change from lecture-based learning and the structure of your days will vary massively. Generally, they will be a mixture of ward work, clinics, theatres, and shadowing the on-call team.

The amount you learn on placement will depend on how involved you get, the range of patients you see, and how keen the doctors are to teach you.

Getting involved can be difficult, especially if your doctor seems like they don't have time for you, but sometimes it takes you proving your enthusiasm for a doctor to decide that they want to teach you. Ask questions, talk to patients, and volunteer to help with jobs.

You won't absorb knowledge from hovering at the back of the room and falling half asleep, so push yourself to be a part of the team and make yourself known. The more involved you get, the more ward staff will start to recognise you and they'll tell you about interesting patients or jobs that need to be done.

The range of patients you get to see is kind of out of your control, but make the most of those that you do see by taking histories, talking to them about their treatments, and getting used to what abnormal signs look like on examination.

If doctors are keen to teach you, take advantage. Ask questions, present patients to them, and ask them to supervise you/give feedback on your history taking, examinations, and clinical skills. If they're really not keen, there are usually plenty of other doctors on the ward for you to shadow instead.

# MAKING AN IMPRESSION

When you arrive on the ward, it's important to make a good impression. It can be tempting to huddle with the other medical students on the wards for security, but this won't help you get to become part of the team.

Split up from your friends and introduce yourself to all the doctors, not just the one listed on your timetable (keep your options open) - explain who you are, how long you'll be on the ward for, and what block you're on/what kind of things you're hoping to learn.

Introduce yourself to the nurses and HCAs too, and ask them to let you know if there are any skills you can do. This is a great way to get some DOPs signed off while getting integrated into the team – it's a win-win!

The nurses will also be good for directing you to friendly patients who don't mind talking to medical students. Basically, being nice to anyone you see in the hospital is a good rule to live by because they all know a lot more than you and will be more likely to help you out if they like you.



**"LEARNING IS A CONSTANT PROCESS OF DISCOVERY -  
A PROCESS WITHOUT AN END."**

*Bruce Lee*

Doctors are very busy and will often work through their lunch breaks. This can sometimes be made even worse for you as a student if you're shadowing different doctors in the morning and afternoon and you don't want to miss out on either teaching session. Look after yourself: stop for a drink, take a break for lunch, don't be afraid to step out for a minute on a hot ward round.

Dress smart on your first day, and then judge how smart the rest of the doctors on your ward dress - if scrubs are the staple on your ward then go for it!

As medical students you are the most likely to be pulled up on not looking professional enough, but as long as you are slightly smarter than the F1/F2 you should be fine.

For guys, chinos and a shirt is a pretty simple dress code to stick to. Girls have a lot more flexibility in what they can wear, but generally as long as you're wearing smart trousers or a skirt you don't have to be overly formal.

If you're really stuck on what to wear, just follow people in the year above on instagram and copy them.

# LEARNING IN A CLINICAL SETTING

## Talk to patients

When talking to patients on the wards, you have plenty of time to take full and detailed histories, this is great practice for OSCEs as you can start by taking longer histories and as you get used to asking questions you can start cutting it down. Plus patients who have been in hospital a while will really appreciate a nice chat!

## Examine patients

Examining patients on the wards is a good opportunity to get used to eliciting and recognising abnormal signs.

## Practice clinical skills

Practicing clinical skills can be daunting at first, but gets easier with practice. While you're building up your confidence, practice in the clinical skills labs (accessing these is different at each hospital but just ask the block coordinator), and ask doctors to supervise you when performing procedures on patients.

You will receive training on different clinical skills with the clinical skills teams throughout different placements, and hopefully you will then get to practice those skills on that placement.

Sometimes the teaching is badly timed, and you might not get taught a skill until the end of the block, or you may get an opportunity to perform a skill that you won't get taught until a later block.

In this case, tell the doctor that you're not confident in the procedure but if you are keen to practice the skill and the doctor who asks you to do the skill is willing to teach you, make the most of the opportunity to learn.

**"He who studies medicine without books sails an unchartered sea, but he who studies medicine without patients does not go to sea at all."**

*William Osler*



## Make the most out of your time on placement.

There are so many other options of things to do, including following other doctors or healthcare professionals, talk to patients, go to other wards, or read up about patients that you have seen through the day. If there's something you want to learn about or see that isn't on your timetable, your lanyard and ID badge are basically an access all areas pass to learning about medicine. Finding a healthcare professional that you want to follow and saying: *"Hi, I'm a medical student on my \_\_\_\_ placement. Is it okay to come with you/watch this?"* works in almost every situation.

Doctors generally understand that there are other learning opportunities available, and there's no point wasting your time staying with your timetabled doctor if they ignore you are not so keen to teach you that day. If this is happening to you, please discuss it with your local clinical supervisor, block lead or undergraduate lead.



# WARD WORK

Different wards work to different schedules, but generally they have a similar structure.

The morning generally starts with a discussion of the patients on the ward. What did they first come in with? What are the main problems since they've been in hospital? Any major changes or issues overnight (or since the last ward round)? What does the patient need? After a while on the ward, you'll start to notice the important details that get included about each patient. As you gain confidence, come in early to check on a patient that you've gotten to know and then offer to present them in the ward discussion.

Then you will have the ward round. It's very easy to just get stuck at the back of the ward round team, especially if it's a big group, but this is kind of useless and makes it very easy to zone out so pick a doctor to stick to. If the FY1/FY2 is documenting, watch them as they write the ward round notes and offer to take over on writing the notes for one of the patients on the round. If there's a case you're particularly interested in, stick to the consultant and ask lots of questions.

Throughout the ward round, the junior doctors will be making a list of the jobs for the day - if patients require blood tests, if other specialties need to be contacted, if discharge plans need to be made. After the ward round, the rest of the day is spent doing those jobs. This is a really good chance to get *clinical skills done and discuss patients' cases* in a less pressured environment than the ward round. It is also a good chance to go back and take full histories from patients you saw on the ward round and examine them.

When you're hanging around on the ward, make an effort with the patients. Just because you're training to be a doctor doesn't mean you're too important to fetch a patient some squash or rearrange their pillows if they ask you! Often this is a great way to build a relationship with patients, and you will get more out of the ward round when you've got a connection with the people you're checking on.

Asking a patient "is there anything I can do for you?" before you follow the ward round to the next bed can make a huge difference to someone, especially when the ward round can often consist of a lot of doctors talking over them and no-one paying attention to the patient as a person.



N O P L A C E I S E V E R  
A S B A D A S T H E Y  
T E L L Y O U I T ' S  
G O I N G T O B E .

## CLINICS

Clinics are a good opportunity to learn about presentation, progression and management of key conditions within a specialty.

Ring the consultant's secretary a day before to confirm that the clinic is definitely on and ask if they know what cases are booked in for the clinic. This gives you a good chance to do some pre-reading on the conditions, which will make the clinic a bit more useful. The pre-reading doesn't have to be too extensive, but if you are confident with the presentation and progression of the conditions then you can offer to take histories from and examine patients in the clinic. Consultants sometimes aren't that keen to let you review their patients, but you can still learn about what they're looking for by the questions that they ask the patients.

The consultant will often spend a few minutes reading through the patient's notes before the patient comes in to see you. Normally the consultant will just read through the notes silently. If you ask what each patient is coming in with, they are more likely to discuss the case with you, so you have a bit more context before the patient walks in.

The more specialised a clinic is, the more same-y it is likely to be. You may end up seeing several patients with the same condition, and especially if the doctor you are shadowing isn't keen to let you get involved then you're unlikely to learn more from seeing 10 of the same patients as you are from seeing 4. In these situations, ask the consultant if there are any different cases on the list, and if not don't be afraid to ask to leave early.

# THEATRE

There is obviously a limit to how involved you can get in theatre, but it can still be a good learning opportunity. Arrive early so you can introduce yourself to the patient in advance, take a history, and ask what they know about the procedure. Ask the surgeon if you can scrub in; this means you can get closer to the patient and see what is actually going on. In Leicester students wear white scrub caps – this is just so that in case anything happens where more help is needed, you're not asked to help with something above your ability (if you're on outblock check which colour you should wear). Most people are happy to help so if you have any questions (like where to put your bag) don't be afraid to ask!

You won't be required to have detailed knowledge of surgical procedures, but *getting to see the abnormal anatomy and what goes on during the surgery will help you understand the condition a bit better*. It can get pretty hot in theatre especially when you're scrubbed in. If you feel like you're going to pass out don't be embarrassed - tell someone and step away from the patient. It happens to the best of us.

# ON CALL TEAM

Shadowing the on call team is a great opportunity to see a range of patients and urgent presentations. You can discuss what initial tests a patient needs, and consider the initial and ongoing management plans they need. If it's busy, a good way to get involved is to offer to clerk one patient while your doctor clerks another. This involves taking a comprehensive history and initial examination of the patient. While this sounds daunting, there is usually a proforma that guides you through aspects of the history and examination that you need to cover. When they are done, you can present your patient and get feedback on how well you clerked and what you can improve for next time.

When it comes to presenting your findings, don't be tempted to say you examined something that you didn't. If you forgot to check the respiratory rate or ask if the patient smokes, don't make it up. Patient notes are a legal document, and this could affect the care the patient receives. It can be embarrassing to admit that you've forgotten part of your assessment, but it's really not a big deal. Just go back to the patient and do the missing examination or ask the extra questions.

If you're offered a login for the computer systems at the hospital or GP surgery try to get it up and running as soon as possible and get used to how the system works. If you're not offered one, then ask about getting one. This can allow you to look up test results and imaging for the patients that you are talking to. When you are with the on call team, adding these results to the clerking proforma shows that you are keen and proactive and saves your supervising doctor a job later. If you are not able to access the systems yourself, your supervising doctor can show you the online results. If you feel confident, you can look up a patient's blood test results before seeing them on the ward round and include these in the ward round notes (if relevant).

# MEDICAL NOTES

Writing in patient notes is a good way to get involved in ward rounds. Different specialties and different wards have different main focuses, so get used to the way they take notes on the ward you're on before you offer to take the notes yourself, but it is helpful to get used to a basic template of ward round notes.

**Some ward note paper will have this printed, but make sure to write the hospital + ward**

Hospital	LRI
Ward	4Z

**The context you are seeing the patient in + the most senior doctor with you + their grade**

**if you can't find any stickers, write at least 3 points of patient ID in its place**

**there needs to be a patient sticker on EVERY SIDE of EVERY PAGE of the notes**

**date + time that you are seeing the patient**

01/01/19 09.00

**overview of what's happening with the patient**

Ward round - Dr Smith (cons.)  
 Day 3 post hemi-colectomy  
 Day 2 co-amoxiclav for HAP

**what the patient said**      **what you can see**

**Brief summary of subjective + objective initial impression of patient**

Pt. lying in bed, complaining of SOB + nausea  
 Pt. states BNO 1/2

**Examination findings**

- lung auscultation
- heart sounds
- abdo palpation
- calves
- ↳ signs of DVT
- any other relevant examination

**lungs**  
 XXX - crackles  
 ♪ - wheeze  
 ↗ - no abnormal findings  
 e.g. ♪ → ♪

**HS - heart sounds**  
 I+II+0 - both normal heart sounds + no extra sounds

**abdomen**  
 # - Scar  
 # - Catheter/wound drain

**### - pain**  
 always label findings on drawings  
 don't overcrowd the drawings if there's too much going on, just label it

**O/E**

bibasal crackles wheeze in upper zone  
 HS: I+II+0

abdomen soft tenderness around site of scar  
 catheter in situ, Somet in bag

Calves SNT  
 TED stockings in situ

**impression**  
 ileus

**overall impression of patient situation**

**plan**

- ① continue co-amoxiclav
- ② repeat U+Es
- ③ leave catheter - monitor output
- ④ encourage fluid intake
- ⑤ continue soft food diet
- ⑥ DRE
- ⑦ chase sputum culture for Abx sensitivity

**plan**  
 ↳ should include everything mentioned in the ward round  
 if you don't feel ready to write in the patient notes, offer to write the plan for the FI (with parts of the plan the FI (or you will have to do) on a separate piece of paper

**Obs**

- HR - 70
- RR - 22
- BP - 110/80
- temp - 38.1°C
- O<sub>2</sub> sats - 95% on 2L

**include most recent obs + blood results if relevant**

**Sign, print your name + write that you are a medical student at the bottom of the notes + get a doctor to co-sign**

**if the notes go over more than one page, sign each side of paper + write PTO in the bottom right corner**

Colin  
 Gaurika Puri  
 medical student

Dr Smith  
 1234567890

If you're not confident taking the "official" ward round notes, try making your own version of the notes while the F1 takes the notes that will go in the patient folder. After you have finished seeing the patient, ask a doctor to check over your version of the notes (usually a more junior doctor will check them more thoroughly) and when you are confident that your notes are comprehensive enough then you can offer to take over from the F1.

# COMMON MEDICAL ABBREVIATIONS

The use of abbreviations depends on the context you are using them in. Look through the previous notes to gauge what abbreviations they commonly use on the ward you are on, and if you still aren't sure then no one will criticise you for writing out the full word.

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SOB	Shortness of Breath
BO	Bowels opened
BNO	Bowels Not Opened
BS	Bowel Sounds
Obs	Observations
BP	Blood Pressure
HR	Heart Rate
RR	Respiratory Rate
PSM	Pan-Systolic Murmur
ESM	Ejection Systolic Murmur
SNT	Soft, Non-Tender
CXR	Chest X-ray
MSU	Mid-Stream Urine sample
M+S	Microscopy and Sensitivity
DRE/PR	Digital Rectal Examination
Ca	Cancer
NAD	No Abnormalities Detected
NBM	Nil By Mouth
TTO	To Take Out (medications/care to be taken at home)
ADL	Activities of Daily Living
WB	Weight Bearing
NWB	Non-Weight Bearing
$\bar{c}$	with
Mx	Management
Tx	Treatment
$\triangle$	Diagnosis
$\textcircled{N}$	Normal
$\textcircled{L}$	Left
$\textcircled{R}$	Right
$\frac{x}{7}$	x days
$\frac{x}{52}$	x weeks
$\frac{x}{12}$	x months



## LEARNING IN PHASE 2



The most important thing is to pace yourself. You don't need to learn everything before your first day. Make sure you are on top of your relevant Phase 1 knowledge before starting the placement, but don't stress about knowing much more than that. You will never know the answers to all the questions that the doctors test you on, so don't stress about it and learn at your own pace. You will pick up information a lot quicker than you realise, but a lot of learning in Phase 2 is self-directed.



The big issue with self-directed learning (especially for such a broad topic like medicine) is knowing when to stop. Take breaks, limit yourself, and don't push yourself into burnout. Placement can be intense, and some days will be so exhausting that you have to take the evening off. Don't feel guilty and don't feel like you have to know every medical condition that's ever been written about. You only need to know the common conditions and presentations for each block.

# HOW TO ORGANISE YOUR NOTES

For each specialty the main things to cover are:

- Basic sciences/anatomy - slim down your Phase 1 knowledge into what's actually relevant for Phase 2/clinical practice
- Presentations - key presenting complaints for that specialty (e.g. for respiratory medicine you'd have chest pain, shortness of breath etc.)
- Conditions - all the diseases you learn about in that module
- Emergencies - all the emergency conditions within that specialty



For each presentation, create titles either using a surgical sieve (e.g. VITAMIN C - vascular, infective, traumatic, autoimmune, metabolic, iatrogenic, neoplastic, congenital) or by the systems model (cardiology, respiratory, endocrine etc.).

Under each of these sub-headings, list the conditions you have come across that can cause that presentation. Under each of these conditions list associated symptoms and investigations that you would use to differentiate that condition from any other conditions in the list. For each condition, write about it using sub-headings to ensure you cover the important points:

- Definition - sum up the condition as specifically as possible in one sentence
- Epidemiology - who gets it, how common is it, what are the risk factors
- Presentation - signs and symptoms that they will come in with
- Causes/causative organisms
- Pathophysiology - keep this stripped back to a simple, *relevant* explanation
- Types/terminology - only if appropriate: what are the different types of this disease and how do we describe different parts of the disease
- Investigations - if you suspect a patient has this condition how do you prove it
- BOXES - Bloods, Orifices (urine dip, pregnancy test), X-rays/imaging (ultrasound, CT, MRI), ECG, Special tests (depending on the presentation)
- Scoring system - if appropriate
- Management
  - *Emergency* - could this present with an imminent threat to life and if so what do you do?
  - *Conservative* - e.g. analgesia, rest, lifestyle changes
  - *Medical* - drugs (antibiotics, steroids etc.) and their common side effects
  - *Surgical* - at what point do you consider surgery, what are the risks
- Complications - what are the possible outcomes of the disease if not managed?

You can now get an NHS OpenAthens account through the university (email librarians@le.ac.uk) which allows you free access to BMJ Best Practice, a website that looks at how you approach, investigate and manage these conditions in clinical practice.





# PassMedicine vs Quesmed

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A lot of Phase 2 students also buy a subscription to PassMedicine or Quesmed, these are online question bank/textbook resources. The questions can get quite samey and there is a pattern to some of the niche details they ask about, but it can be very useful. For each specialty there is a library of multiple choice questions, and there is an explanation and a link to the textbook page for each question.

You do have to pay to use both of these but it's nice to have an opportunity to test yourself on your learning, and often feels like a more manageable way to learn than to sit in front of a list of topics and conditions. Both are good so it depends on what you're looking for to see which one you want to get! Generally, Quesmed questions are more similar to Leicester SBAs but PassMedicine has a better text book – so its up to you!



## PHASE 2 EXAMS

**This information is only a guide to make you aware of how you might be assessed in Phase 2. The university might change its assessment criteria exam styles. Check the most recent guidance on your year group's blackboard for more information.**



At the end of each block there is a *formative assessment*. The style of the formative depends on the *block*, and consist of any combination of: SBA, SAQ and OSCE style assessments.

Formatives don't count towards any kind of final grade, but it is best to prepare for these so you can really see how much you have learnt throughout the block. Cramming is never a solution! Stay on top of your revision. While the formative written papers will assess the knowledge you should have gained on the block, they are not always an indicator of the question style that will be used in the end of year exams.

In junior rotation blocks, the formative assessment OSCEs will include *clinical skills stations* as well as *interpreting x-rays*, performing examinations, and taking *histories*. This can sound daunting but they are very relaxed and so it is a good opportunity to see how you will be examined in your end of year OSCE. End of year exams will follow a similar pattern to what you are already used to: SAQ, SBA and OSCE.

In EOY3, the SAQ and SBA will focus on broad recognition and management of diseases. You will be tested on clinical presentations with slightly less focus on the pre-clinical sciences that you learnt in Phase 1.

The OSCE will have several stations that assess many aspects of your clinical practice through the year, including *clinical skills, history taking, examinations, fluid prescribing, infection, giving information to patients, and interpreting images*.

In EOY4, the written paper will focus more on reaching a diagnosis and more specific management of patients within the specialties covered in fourth year. The OSCE will also focus more specifically on assessing a patient for a given specialty and developing a management plan for them.

# WELFARE

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Phase 2 takes you on a vastly different journey of medicine. The entire cohort is dispersed across various hospitals and GP surgeries and chances are you will not see many of the colleagues that you have been so used to spending time with.

Accommodation concerns can also be welfare related issues.

As such, welfare is something to be very conscious about as the medical school and LUSUMA want to support you towards success.

Your course reps are still one of your main routes of feedback, where they will be joining quarterly meetings called Student Staff Liaison Committee (SSLC) meetings with the head of years, as well as as the head of school, Professor Holland. As such, do not hesitate to share any concerns that you have with them as these can be directly brought up with those who can help ensure welfare issues are sorted promptly.

If you find yourself struggling, do reach out for help. There are various routes to do this; you can reach out to Phase 2 for any general enquiries, and they will route you to the appropriate staff to assist. You can also contact the pastoral team ([psu@le.ac.uk](mailto:psu@le.ac.uk)), just like you would have in Phase 1.

- Pastoral Support: [psu@le.ac.uk](mailto:psu@le.ac.uk)
- Academic Support: [acad-supunit@le.ac.uk](mailto:acad-supunit@le.ac.uk)
- Professionalism Support: [prof-supp@le.ac.uk](mailto:prof-supp@le.ac.uk)



**Dear Year 3 students:**

Hello! For those of you who don't know me, my name is Dr. Sophie Parkinson and I am the Director of Student Support for the Medical School. This means that I oversee all the Pastoral, Academic and Professionalism support available for you.

Congratulations on starting Phase 2 and the clinical part of your studies! I remember thinking that I had finally reached the point that I had come to medical school for and was very excited, but apprehensive, to start 3rd year!

Hopefully you will all enjoy your placements, manage a sensible work life balance and everything will go well. When life is going well things can seem easy and straightforward and we feel like we can cope with anything. However, sometimes life throws us challenges such as health problems, family concerns, exam difficulties and we can need a bit of help. That's when we would encourage you to reach out to us for support and help in navigating through the difficulty. All support is confidential and non-judgmental and no problem is too big or too small. It can help to share. You will not be alone in seeking support. Lots of you have already been - we see about 1/3 of the students each year and about 80% of you will have spoken to someone in the PSU team by the time you graduate. It might be that simply talking is enough. Or we might help signpost you to other services, help you with mitigation, special circumstances or time off. ***Whatever is wrong, we're here for you.***

The Pastoral, Academic and Professionalism Support services are still here for you even though you are not based in the GDC most of the time. We can offer face to face or remote meetings. We also have pastoral support advisors who are part of the LMS PSU team at some of the out-block locations.

Please reach out if you want to talk. We look forward to seeing you.

***Dr. Sophie Parkinson***

# WELFARE

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**LUSUMA** is also here for you if you do not feel comfortable speaking directly to your course rep or PSU. You can reach the Welfare Team at any time: Welfare Officer, Suvarna Netke at [welfare@lusuma.com](mailto:welfare@lusuma.com) or the Vice President of Academic, Welfare & Sponsorship, Ray Kee at [vpaws@lusuma.com](mailto:vpaws@lusuma.com).



Welfare Officer, Amy Healey, has also collated a series of useful services and information that you might find helpful: <https://www.lusuma.com/useful-services.html>

*Overall, Phase 2 takes independence in learning and living to the next level. So if you find yourself struggling to adapt to the change, know that you are not alone, so please do not hesitate to ask for help or advice.*

# CLINICAL PLACEMENTS

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good



time



things



take



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**"Change can be scary. But you know what's scarier?  
Allowing fear to stop you from growing, evolving and  
progressing."**

# ADVICE FOR SPECIFIC PLACEMENTS

For the most up to date information on each block, consult the workbook. This is just to give you an idea of what clinics/teaching sessions other students have found particularly useful.



## Medicine

This is one of the most content heavy blocks of Phase 2. Make the most of your clinical time and the workbook to work out which presentations and conditions come up commonly and try to focus on those.

The “base ward” (where you will spend most of your time) may not always be the most relevant to what you need to learn, but it is a good opportunity to get involved with the team and try to practice examinations and talking to patients - experience is the best way to prepare for the OSCEs.

## Surgery

You don't have to know the intricacies of specific operations, but going into theatre can help you understand the aims of surgery and help you understand the full patient journey and is a good opportunity to see patient care from the anaesthetist's perspective. In terms of your learning, focus more on the presentations that are referred for surgery, the pre-operative investigations and assessments, and the post-operative recovery and potential complications.

## GP

The quality of this placement can vary massively depending on the GP practice you are at. Try to get as involved as possible, and if you aren't offered your own clinics then volunteer to see patients in your GP's clinic. Ask about what other services the practice offers - it might be worthwhile to sit in with nurses or watch minor surgeries.

## Obs and Gynae

This is another busy placement, but use your MKM sign offs to guide what you need to see. Patients all seem to prefer giving birth in the middle of the night so introduce yourself to a patient on MAU through the day and be prepared to wait around all night to watch a birth.

## Integrated Care

This block is definitely what you make of it. Just talk to as many people as possible - patients and healthcare professionals - about their experiences and try to make the most of all your free time.

## Cancer Care

Try to talk to as many patients as possible and if you can, watch doctors break bad news to patients in different contexts. You are normally allowed to do an SSC so use that to focus on a cancer sub-specialty that you're not too confident on.

## Neurology and Special Senses

This can be quite a hectic block as there are so many specialties to cover in a short placement and as it is very specialist you might not get teaching at the level you need. Use clinical time to practice examinations (especially getting your ophthalmoscope and auroscope DOPS sign-offs) and be conscious of the most common presentations that come in.

## Mental Health

This is often a difficult placement to get involved with as mental health patients don't always want to talk to medical students. In Leicester it is a more structured placement, whereas in Northampton there is a bit more freedom in the timetable. If you can't manage to talk to patients yourself, try to sit in on ward rounds and initial patient assessments. If you can, sit in on sessions with the psychologist as well as just the psychiatry team. Take Psychiatry: a clinical handbook - Mohsin Azam, Mohammed Qureshi, Daniel Kinnair out of the library as it covers almost everything you need to know for the placement.

## Child Health

There are likely to be limitations to what you are allowed to do in terms of clinical skills in paediatrics. Focus more on clerking patients and presenting them back to doctors. Taking histories from children is a very different skill from the history taking that you are generally more used to so use this as an opportunity to practice.

**"Treat a patient, not a disease.  
Admit a person, not a diagnosis."**



# CLINICAL PARTNERS

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Before starting placement you can choose two or three friends to form your “clinical friendship.” The only guarantee that the university makes regarding clinical friendships is that you will be based at the same hospitals together, however that generally also means you will be on the same placement.

Depending on where you’re based, clinical partnerships can be very different. You may have the exact same timetable as each other and so will spend all day together, or you may be doing completely different things.

Being part of a clinical friendship is a personal choice. Many people think that it’s nice to have your close friends to come back to in the evenings, especially if you’re on a placement outside of Leicester.

Other people prefer to stay on their own so that they can use Phase 2 as an opportunity to make new friends on their different placements. Most people tend to go with their housemates for clinical friendships so that no one is left living in a house in Leicester on their own while everyone else is on outblocks. If you have special circumstances which mean that you have to be placed specifically in Leicester then it might not be possible for you to be placed with your clinical partner.

# OUTBLOCKS

## WHAT TO EXPECT AND WHAT TO PACK

You will generally be told in June/July about your rotation for the next academic year, including where you'll be and what order you'll be doing your different placements in. Information for individual placements is normally a bit more last minute, e.g. you'll generally get an email a week (or less) before you start a placement with information about where you'll be living, how to pick up your keys, and what time you start on your first day. This can be frustrating but it's something you get used to.

During your junior rotations, you can be placed outside of Leicester for 12 weeks at a time. In most places, this is like living in very plain halls accommodation, which generally isn't too bad but can feel a bit bleak. Consider taking some home comforts to make your room a bit more homely and less miserable to come back to after a bad day.

Some people may request all out-blocks due to a medical or caring reason. This is considered on a case-by-case basis and students have to apply via special circumstances. There is still a requirement to have at least one 'in-block.'

Be aware that if you want to request all 'out-blocks,' you will not be able to be placed with your clinical partner. Additionally, there will still be times that you need to be in Leicester (exam periods, university days etc.)

You can take as much stuff on outblock with you as you want, but people tend to find that they don't need much, and taking extra stuff can just become a hassle. The main things that you will need to remember for most outblocks are:

- Placement clothes
- Toiletries
- Laptop/iPad
- Stethoscope
- Paper and pen to make notes on the ward
- Bedding and towels (some placements provide these, details below)
- Washing up liquid and a sponge (most kitchens are fully equipped but you need to take your own washing up stuff)

# USEFUL CONTACTS

## UNDERGRADUATE CO-ORDINATOR

For organisation issues, absences and general queries.

## BLOCK CO-ORDINATOR

For issues about the block. If there is a major problem, email [phase2@le.ac.uk](mailto:phase2@le.ac.uk) directly or cc them into your email to the undergraduate co-ordinator.

## IF YOU FEEL UNCOMFORTABLE ON YOUR PLACEMENT OR IF PATIENT CARE SEEMS UNSAFE

Don't be afraid to speak up! Report it to a doctor on the ward, your block mentor, the block lead or the Phase 2 team.

# STATEMENTS ABOUT OUTBLOCK

FROM YOUR PAST AND PRESENT LUSUMA TEAM

## **JASMINE (LUSUMA SECRETARY 23/24)**

Although outblock can seem like a lot to begin with and it might take some time adjusting, it's never as bad as you think it is going to be! Similarly to starting Uni, remember that everyone is in the same boat as you and it's something new to experience – but this time you've got your clinical partners there to experience it with you! Outblock is also a great opportunity to get to know people in your year you haven't talked to much before. A good tip, and definitely one that I've used before, is to make a group chat of everyone on your outblock. This is a great way to get together outside of the hospital environment and explore new places most of us wouldn't have been to before. Chances are some people outside of your clinical group will want to do something similar to you – whether it be exploring the town, going out for dinner or on a night out!

It's up to you guys to decide how you want to spend your time on the weekends. Most people come back to Leicester but there have been times I've spent the weekends on outblock and it's been more than okay! For those who don't have a car you may have to rely on your clinical partners or ask others on the same placement as you. Either way there is always a way to get to where you want to be, so don't worry about getting stranded in Burton or wherever you end up!

Just remember to relax and enjoy making it to clinical years and out of the GDC!

## **RAY (LUSUMA VPAWS 21/22)**

Outblock comes with its pros and cons and all of us will experience about half of our placements on them. The medical school tries its best to make it balanced so that our experiences are similar. In general, most people enjoy their outblocks as it allows you to engage with your clinical partners and also socialise with medics you might have seen in Phase 1 but never spoke with. New friendships definitely can come out of it. Some outblocks also have extra teaching sessions as well in the evening by FY and Trainee doctors, which you do not get during your in blocks.

## **SUSMIT (LUSUMA TREASURER 21/22)**

Generic outblock advice - learn to be social, try to meet new people, do social cooking and going out with them because you never know how close you can end up with people after months with them! Outblock brings a certain camaraderie between medics and it's always nice seeing and meeting people you may not know well.

## **ALEX (LUSUMA PRESIDENT 21/22)**

Outblock might seem daunting, but once you've done it, you realise it's not as bad as it can be made out to be, and in a weird sort of way, you start to look forward to your little mini-break! There are two really great things about outblock: 1) You get a lie in because the accommodation is mostly on site so you only have to walk across the car park to get to placement; and 2) More importantly, you get to meet new people! You tend to end up in a clique during phase 1, however in phase 2 you work closely with lots of different people, and often live with them on outblock as well, so you quickly make new friends - it's like halls and first year all over again.

My placement years have been about 50/50 for inblock and outblock. I've been allocated Peterborough (Surgery & SSC), Northampton (GP) and Burton (Paeds and Obs & Gynae). The Peterborough and Northampton accommodations were lush and I wish my Leicester accommodation was as nice! Burton was perhaps not so glamorous, but the team allocated us to live in our clinical groups so it was a home away from home, and the proximity of the accommodation meant it was easy to get to night shifts and pop back for lunch too. Although you may not find this reassuring, let me emphasise that although you're not at Leicester Medical School geographically, you always are in terms of support – the PSU are there to support you no matter where you're placed, so don't hesitate to seek help if you need it!

Finally, remember to enjoy it - it's more like 'proper doctoring'!

## **SURAJ GANDHI (LUSUMA SECRETARY 21/22)**

After two years of study in LE1 most of us feel pretty well settled. Being suddenly deported to one of the district general hospitals (DGHs) can invoke mixed feelings.

On one hand, outblock is an exciting opportunity to meet people beyond your established friend group. It can be like being in halls again - but you're older, wiser and more confident than you were as a fresher. Opportunities for cute socials abound, whether putting your heads together at a local pub quiz, exploring your new surroundings, or just settling down for a hot choc and a movie night in the shared accommodation. It's not unusual to stay friends with your outblock gang once you've all returned to Leicester. It's also a great opportunity to really get stuck in to your speciality. Accommodation is typically really near to the hospital, and the teams you're placed with are small. This makes it easy to make the most of your time there and become a familiar face on the wards so that you can get into the groove of clinical life.

It can be a double edged sword though - boomeranging between accommodation and hospital every day can feel like all work and no play. Living away from the support network of friends and societies can compound this feeling. I think it's important to be aware of this effect so that you can catch yourself when you're feeling down and administer some self care. Be sure to pack some creature comforts from home (for me: ginger teabags, my speaker, and that Saturday's copy of The Economist). Be proactive in hanging out with others on your placement. Most importantly, look out for your buddies and never be afraid to check in with them if they seem troubled or withdrawn.

Outblock is an exciting and intense part of Phase 2, during which you will make new friends and start to become confident of your place in the world of medicine. We hope that this LUSUMA guide helps you make the most of it. Good luck and have fun!

# OUTBLOCK THINGS TO DO

## CORBY:

- Gym at accommodation
- Kirby hall
- Corby international swimming pool
- Corby central park and boating lake
- The race club karting – go karting
- Gravity trampoline park Corby
- Rockingham castle – a nice open area to walk around
- Corby ice rink – hopefully will be there again this winter

## BEDFORD:

- Bedford park
- Herring green activity farm – alpaca walking, birds of prey
- The Higgins Bedford – art gallery
- Kathy Brown's garden – afternoon tea

## BURTON:

- Gym at accommodation
- Wing Wah restaurant
- The Octagon – shopping centre + restaurants
- Tower Brewery – apparently good beer
- Brews of the World – beer
- Stapenhill Gardens - pretty area to walk around

## LINCOLN:

- Lincoln cathedral
- Magna Carta and the Charter of the Forest
- The Engine Shed – live music and entertainment



# OUTBLOCK THINGS TO DO

## NORTHAMPTON:

- Gym next door to NGH accommodation with a swimming pool
- Billing Aquadrome – large area to walk about, marina, Northampton Balloon Festival, family pub
- The Pinnacle Climbing centre
- Pitsford reservoir-Pitsford water park
- Heart of the Shires shopping village
- Sixfields – retail park about 10 mins away from the hospital (Maccies, Taco Bell, cinema, bowling, Pizza Hut, Bella Italia etc)
- A rugby team

## BERRYWOOD:

- Gym 5-10 minutes drive away
- Upton country park
- Hunsbury hill country park
- Near to Sixfields

## KETTERING:

- SimplyGym – across the road from Kettering General Hospital
- Kettering's Cultural Quarter – independent shops, bars, restaurants, cafes
- West Lodge Rural Centre – 3 miles of nature trails, cows, sheep, goats, pigs, poultry, horses – personal for some animal de-stress therapy
- Earl of Dalkeith – spoons!
- Kino Lounge – cocktails and nice meals
- Rushden lakes – outlet stores, cinema, mini golf



# OUTBLOCK THINGS TO DO

## WELLINGBOROUGH:

- Santa Pod Raceway - fast cars racing
- Rushden Lakes

## PETERBOROUGH:

- Peterborough cathedral
- Ferry Meadows Country Park - water sports, boat rides, fishing, open water swimming
- Halcyon - closest pub to hospital
- Hungry Horse - weekly pub quiz



# OUTBLOCK FACILITIES

## ALL SITES:

- Own room with bed and desk
- Shared kitchen for the flat
- WiFi
- Parking (only some Northampton general sites)
- Communal study area (except Bedford)
- Microwave
- Electric kettle
- Cooker (hob and oven)
- Fridge
- Electric toaster (only some Northampton general sites)
- Pans, plates, cutlery, utensils (only some Kettering sites)

## QUEEN'S HOSPITAL BURTON

- Shared bathroom in each flat
- Laundry per flat block
- Duvet, pillows, bed linen, towel
- Toilet rolls, kitchen rolls, foil/cling film, kitchen cleaning products
- Gym is a 20 min walk
- Supermarket within a 10 min walk
- Lots of local pubs and restaurants
- On-site costa coffee, WHSmiths and a staff restaurant

## KETTERING GENERAL HOSPITAL:

- Shared bathroom in each flat
- Laundry on site
- Toilet rolls
- Simply Gym across the road from the hospital (no joining fee when showing NHS ID card)
- Supermarket within a 5 min walk





## LINCOLN COUNTY HOSPITAL

- Spacious accommodation with en-suite bathroom
- Washing machine and tumble dryer
- Pillows, bed linen, towel
- 1 Toilet roll provided for when students move in
- Gym close by
- Supermarket within a 20 min walk; 5-10min drive to Morrisons
- Duvets are not provided, but can be hired for £6/week or £12/month

## NORTHAMPTON GENERAL HOSPITAL

- Some have en-suite bathroom, others have bathroom shared by 2 rooms
- Tumble dryer and laundry machine
- Duvet, pillows, bed linen, towel; these are picked up weekly to be washed if you choose to. They are very plastic-ey though; consider bringing your own.
- Toilet rolls
- Gym - Cripps recreation centre at NGH includes a Trilogy Health and Fitness state of the art gym (pay as you go), dance studio, function room, bar, badminton and more
- Supermarket (Morrisons) within a 10 min walk
- Parking is limited to 5 permits issued on a weekly lottery system; most people tend to park in an area about 10 - 15 min away; the hospital shares the area to do so in their introductory emails
- Junior Doctors Mess (which students have access to): Sky TV, pool table, table tennis table, Wii games console

## PETERBOROUGH CITY HOSPITAL

- En-suite bathroom
- Desk, storage, bedside cabinet
- Lounge and kitchen shared between 4 bedrooms
- Washing machine and tumble dryer - tokens £1/wash, £1/dry
- Duvet, pillows, bed linen, towel
- Toilet rolls
- Supermarket within a 20 min walk
- Purpose-built accommodation; effectively based in the car park so only 2-minute walk from hospital



## GRANTHAM AND DISTRICT HOSPITAL

- En-suite bathroom
- No laundry facilities
- Duvet, pillows, bed linen, towel
- Toilet rolls provided at the start of your stay
- Supermarket within a 5 min walk
- Two 24 hour gyms within walking distance

## PILGRIM HOSPITAL (BOSTON)

- En-suite bathroom
- Washing machine and tumble dryer - tokens £2/wash, £1/dry
- Pillows, bed linen, towel
- Duvets can be hired at a cost of £6/week or £12/month
- Toilet rolls in room on arrival, subsequent ones need to be purchased
- Supermarket within a 20 min walk

## BEDFORD HOSPITAL

- Shared bathroom in each flat
- Washing machine and tumble dryer - tokens £2/wash, £1/dry
- Duvet, pillows, bed linen
- Toilet rolls
- Kitchen cleaning products
- Supermarket within a 5 min walk

## NORTHAMPTON BERRYWOOD

- Shared bathroom in each flat
- Washing machine and tumble dryer
- Dishwasher
- Duvet, pillows, bed linen, towel
- Toilet roll, kitchen cleaning products
- Daily cleaning (includes taking trash out, cleaning bathroom, wiping kitchen counter)
- Accommodation sleeps 2
- Gym - none nearby; you will need to drive about 10 min away to The Gym
- Supermarket - there is no large supermarket nearby; you'll need to drive to it about 10 min away; there is however, a small store about 5 min walk away in a small village town, which also has a coffee shop



## NORTHAMPTON GP ACADEMY

- Shared bathroom in each flat
- Washing machine and tumble dryer
- Dishwasher
- Duvet, pillows, bed linen, towel
- Toilet rolls, kitchen cleaning products

## LAKESIDE GP ACADEMY, CORBY:

- Some have an en-suite bathroom (1 bedroom in each house has an en-suite)
- Washing machine and tumble dryer
- Duvet, pillows, bed linen
- Some have kitchen cleaning products
- Gym - swimming pool with gym membership and fitness classes
- Supermarket within a 5 min walk (small Tesco express, pub, takeaways)

## 3SIXTY CARE PARTNERSHIP ACADEMY

- Washing machine, some have tumble dryer
- Some have a dishwasher
- Supermarket within a 5 min walk
- Properties based in the middle of town centre with good access to supermarkets, shops, bus routes etc



# PLACEMENT HOSPITALS

## UNIVERSITY HOSPITALS LEICESTER

UHL hospitals are the ones that we are generally more used to, but that means that we never actually get a proper tour or any kind of introduction. The volunteers at the main reception desk are generally happy to point you in the right direction though. Work out where your closest hospital hopper stop is and be aware of the running times as parking at the hospitals is difficult and expensive. If you are based at the Glenfield you may be able to park in the LPT parking area for free but it is a bit of a gamble.

Rob Marsden and Maria Christou organise the medicine and surgery placements at UHL, respectively, so they're a good point of contact if there are any problems with your timetable. They don't always answer emails promptly. They will endeavor to reply to you as soon as possible. Please be aware that they and other coordinators do take annual leave so if something is urgent please try calling them or the local block lead instead.

## KETTERING GENERAL

The Kettering accommodation is flats of four, with a shared bathroom and toilet. The rooms are decently sized with a good large desk, a single bed and an individual sink. You will need to bring your own bedding and towels. The kitchen is generally well equipped, but small with no dining table or social space. If you are a tea/coffee drinker, bring your own mug because the ones they provide are tiny. There are laundry facilities onsite (you have to pay to use) and each flat has its own iron and ironing board. Cleaners come in to clean the kitchen and empty the bins every day. You can sign up for the WiFi via Glide and it is normally good enough for all of your researching (or Netflix streaming) needs. You will be given access to the accommodation car park (right outside the accommodation and a 2 minute walk to the hospital). There is a Simply Gym just across the road from the hospital.

The social club on the hospital site is only 2 minutes away from the accommodation and a nice place to get a drink with your pals and play pool or darts. There is also a social room on the top floor of each block of flats, with a TV and sofas.

# NORTHAMPTON GENERAL

The accommodation is on hospital grounds and is fairly modern. Each room is an en-suite with a large desk. Bedding is provided, however the duvet and pillows are the 'wipe down only' plasticky ones found throughout the hospital so students normally take their own, particularly during the summer as it can get very hot. You may want to take a fan with you during the summer if you have one as the windows only open an inch and the rooms quickly get uncomfortably hot. The kitchen is very poorly equipped and therefore it is best to take whatever utensils you require.

There is a library in the accommodation with computers which can be useful as you are only allowed one device on the WiFi at any one time and the WiFi is incredibly slow sometimes. There is a doctors mess across the small car park which is usually empty and has a TV with Sky. You will need a code to enter but just contact the admin at the hospital and they will provide you with this. There is a car park however there are only 5 spaces allocated to student and to get one of these you have to enter a raffle every 2 weeks at 8:30 Monday; if you're on surgery you'll miss this as your day will start at 8am, and if you get one it costs you around £20 for those 2 weeks. Otherwise there is free roadside parking 5-10 minutes from the hospital.

# NORTHAMPTON BERRYWOOD

The accommodation is a 10 minute walk from Berrywood hospital and is possibly the nicest place you will live until you reach consultant pay. Everything is provided (towels, bedding, kitchen equipment, smart tv - most are already logged into other people's' Netflix). There is free parking right outside the accommodation, and at Berrywood Hospital if you're too lazy to walk in (although there are not many parking spaces left by 9am). There is not much to do in the area but there's a OneStop and fish and chip shop pretty much next door. The Melbourne Arms is a nice pub about a 10 minute walk away. WiFi can be a bit iffy but they have been working on replacing it so hopefully will be fixed.

For any timetabling or accommodation issues, contact [medicalhr@nhft.nhs.uk](mailto:medicalhr@nhft.nhs.uk)

# B E D F O R D

The accommodation is flats of 4, with a huge, well-kitted kitchen and full bedding provided. Plus a newly added house – if you get put there you'll love it! There is good parking outside the accommodation, and it is a 2 minute walk into the hospital and a 5 minute walk into town. There is a Farm Foods across the road and a big Tesco further down the road. There is also a The Gym Group gym about a 10 minute walk away.

# B U R T O N

The flats are all very different, but they are generally flats of 2 or 3 with a shared bathroom and kitchen. You will need to take your own bedding and towels. The rooms can get very hot so it might be worth taking a fan if you have one. There is parking right outside the accommodation but it is limited and people will often block you in so it may be easier to park in one of the hospital staff car parks slightly further away - just make sure you don't park in the treatment centre car park as we don't have authorisation for it so you may get charged. There is a The Gym Group gym about a 10 minute drive from the hospital.

# L I N C O L N

Everyone is split up in the accommodation so if you want to be in a flat with your clinical partner request this as soon as possible. The accommodation is made up of good sized, en-suite rooms with large desks and nice communal spaces. It can get quite hot as the heating is on a 30 minute motion timer. Bedding is not provided, although they do provide towels, hospital blankets and sheets. They give you parking permits to the hospital car park as well as access to secure bike storage. There are washing machines available on-site although they require coin payment. It is a 20 minute walk to Tesco, Aldi, Lidl, McDonalds, and into Lincoln town. Jade Sanbrooke, the undergraduate coordinator, is fantastic and quick to reply to any queries. The undergraduate medical education centre (UMEC) is a small but useful place, with computers to use and access to a kitchen and clinical skills lab. You have a postal address for each flat if you want to get post/small parcels sent there. Good things to do while in Lincoln - visit the cathedral! It is usually £8 entry, but there are times when it is free so check in advance. Takeaway pie and mash from Browns Pie Shop. High Bridge Cafe. Pub quiz on a Wednesday at the Magna Carta.

# NORTHAMPTON 3SIXTY PARTNERSHIP

Being spread out across Kettering/Corby/Wellingborough can be a bit of a pain but if you email Sarah Fox she will try to be as accommodating as possible to keep you with your friends. You will be living in houses or flats with other people on your placement. Sheila from Ashan Properties is the main point of contact for the accommodation – she is actually really helpful and will make sure any issues are sorted as soon as possible. Due to all the housing being different there is no set list of things that you will need to take, but in general the kitchens are fully equipped and you just need to bring your own washing up liquid/sponge, bedding and towels.

Sarah Fox will tell you to make a WhatsApp group with her and the other people on your placement. This is a good way to get in contact with any timetabling issues you have, but Sarah will then have to talk to the doctors who are teaching you so it can still take a while to get a response.

# PETERBOROUGH

The accommodation is made up of modern en-suite rooms, with lots of storage and a large desk. It is a short walk across the car park to the hospital. There is free parking outside the accommodation with lots of spaces, however these are also open to staff so as long as you get there early/late enough you'll get a space. If you are leaving the car park you have to get your ticket validated at reception so ensure you take it with you to the hospital and validate it on your way out to save you a trip back in. The flats are spread along a large corridor with kitchens spaced out between the individual rooms (4 people per kitchen).

The accommodation is accessed using a key fob, including the individual rooms and kitchens so ensure you keep the fob with you else you can be locked out of your room and have to call the maintenance man! Towels and bedding are provided. The kitchen is advertised as 'fully equipped' however in reality this isn't the case so it is probably best to ensure the first week you take plates and cutlery along with pots/baking trays just in case you arrive and there isn't what you need.

# CORBY / LAKESIDE ACADEMY

Accommodation is in new build houses in groups of 4. There are good communal living areas, with a dining room, living room, kitchen and garden. It is a bit of a drive from Lakeside (about 10 mins) but if you have a car there is free parking at the practice and at the houses so is no problem! Otherwise Lakeside also offer a taxi service if needed which is very convenient. They provide bedding and all crockery but you may need to bring your own towels. There's a big Morrisons a five minute drive away.

One major bonus is that you get a FREE gym membership with the placement (contact Nicola for more details), and the gym is a five minute walk from the practice and also has a pool. The centre of Corby has had a recent glow up, with a cinema, restaurants and lots of high street shops. There is also a pub (Harpers Brook) within walking distance of the accommodation which does a pub quiz on Thursdays.

Lakeside Practice are incredibly used to having students so are very accommodating! There is a good combination of clinics and teaching, and the staff are lovely. You will also spend a week in the Urgent Care Centre, which is attached to the practice and acts as an intermediary between GP and A&E so you get to triage patients and conduct assessments and investigations.

There is also an AMAZING hot chocolate machine in the staff room you can use, so definitely make the most of that! Your best points of contact are Aimee Fulton ([aimee.fulton@nhs.net](mailto:aimee.fulton@nhs.net)) and Alice Grant ([alice.grant@nhs.net](mailto:alice.grant@nhs.net))



# TRAVEL EXPENSES



**Travelling to and from placement can get quite expensive, but the medical school help by reimbursing some travel expenses.**



To claim back expenses, you have to fill in the EC1 spreadsheet and a bank details form (available on blackboard). The EC1 form looks quite daunting but it is an automated spreadsheet with a lot of autofill functions and it works out a lot of the maths for you.

It can also be difficult to work out what expenses the university will and won't reimburse. It is worth asking for advice for specific situations (if needed, consult [LMSStavel@le.ac.uk](mailto:LMSStavel@le.ac.uk) in the first instance) but in general the university reimburse costs for getting to and from outblock, and any costs involved in inblocks. For extra costs on outblocks (e.g. travelling to offsite clinics), ask the undergraduate coordinator at your hospital.

The easiest way to approach travel expenses claims is to keep a note throughout each block of all the places you've had to travel to for anything involved in your placement. Also keep track of whether you drove, got a taxi or took a bus or train, and whether you took anyone with you. The university don't require petrol receipts but it's worth keeping a hold of any tickets or receipts for any other transport or parking fees (the university won't always reimburse these) just in case.

Then at the end of the block, fill all the details in on the spreadsheet and send it to [LMSStavel@le.ac.uk](mailto:LMSStavel@le.ac.uk) as soon as possible (preferably within 3 months).

When travelling offsite on outblock, ask the undergraduate co-ordinator about taxis – often they will only reimburse taxi costs if you book it through the preferred hospital company.

The university caps travel claims at £250 per student per year (with extra allowances for certain blocks, such as integrated care), however if you receive a means-tested loan you may be able to apply for further help from Student Finance England:

<https://www.gov.uk/travelgrants-students-england>.

# TRAVEL SAFETY

Whilst you are on outblock, you will often be living on site, so journeys to and from the hospital will probably be short. However, whilst you are in Leicester you may need to travel further. If you do a long day or nights as you progress to senior rotations, you may find yourself travelling alone or at more unsociable hours. To help you, alongside measures you would normally take, LUSUMA would like to highlight SafeZone to you.

SafeZone is a safety app which the University of Leicester uses and is available to all students free of charge. The app allows you to alert University Security via your mobile phone if you ever need urgent assistance or first aid, or if you have an emergency while on campus. Recently, 'campus' has been expanded and now covers the hospital sites as well as the main path through Victoria Park and Welford Road (see pictures). The system is privacy-protected, so will never share your location unless you summon assistance or if you use the check-in function.

Once you have downloaded the SafeZone app you need to sign up using your University email.

SafeZone has three main buttons that can be used to request assistance from Security:

- First Aid
- Enquiries
- Emergency

It may help you feel safer if you 'check in' as you walk to and from placement and means you can summon help if you need it. It's important to remember though-placement is really exciting and very few students have problems.



# PROFESSIONALISM

Professionalism is something that becomes slightly more prominent in Phase 2. However, it is not as uncome as you might as think and students may find themselves in a tricky situation.

You may get referred to the Health and Conduct Committee which is led by Professor Simon Gay – he explains it's not as daunting as it may first seem.



My name is Simon Gay and I am a GP and a Professor of Medical Education at the School of Medicine. I qualified from St George's Medical School in the 1980s and then came to Leicestershire to undertake my GP training.

After working for a number of years in Leicestershire, I moved away and spent 20 years living and working in the North West where I held a number of roles at Keele School of Medicine, before coming back to the East Midlands to spend three years working at Nottingham Medical School. I came back to Leicester to take up my current post at the School of Medicine two years ago.

At our School, I chair the Health and Conduct Committee. This is where students are invited to appear to help the school better understand exactly what is happening if substantial Health, Conduct, Behaviour, Attendance or Progress issues come to light. We realise that it can feel quite scary to students who appear before the Health and Conduct Committee, but the vast majority of students engage well with the support and guidance offered by the School and are able to go on to graduate and practise as qualified doctors.

Outside of the School of Medicine and general practice, I work for the GMC as an Education Associate where I lead a small team who help quality assure new medical schools, I edit a journal called Education for Primary Care which often publishes papers authored by medical students, I chair the Association for the Study of Medical Education (ASME) Educator Development Committee and I am treasurer to both the UK Clinical Reasoning in Medical Education group and the Melbourne-based International Clinical Skills Foundation.

My favourite ways to relax are scuba-diving, heli-skiing, competitive chess and watching sport.

**IF YOU HAVE ANY  
QUESTIONS THAT  
WEREN'T ANSWERED IN  
THIS BOOKLET...**

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