

Placement FAQs

We asked current Year 2 MBChB students if they had any questions about the transition to Year 3 and provided them with a platform to ask Year 3 and 4 students for advice and collected their answers to those all-important questions. Hopefully, this resource will ensure no student feels overwhelmed by the transition to placement.

Please note: A range of Year 3 and 4 School reps were asked these questions and as a result there are many different opinions given in response to these questions. This is a snapshot of what some students thought as they all approached 3rd year differently. So, please do not be confused by the answers as it is advice given by students who all had different experiences.

1) *Is Year 3 easier or harder than year 2?*

REP 1: “I found that Year 2 had more volume than Year 3, but Year 3 required more knowledge integration. I had to spend more time covering content in Year 2, but Year 3 content was very manageable as Years 1 and 2 provided a solid foundation. However, if you do not know how to manage your time at clinical placement in Year 3 you might find yourself falling behind with content. Overall, Year 2 requires more rote learning, but Year 3 requires more thinking. If you have a solid foundation built at Year 2 you will not find Year 3 too bad and clinical concepts will be easier to grasp and it will feel good when things begin to click – this is not a passive process though, you have to battle with content and repeat topics regularly.”

REP 2: “Content-wise a little easier, as a lot of it you will pick up during placement and apply to things you’ve seen (it seems more relevant so easier to understand). Mentally however, I personally found it more difficult because it can be exhausting going to placement every day and constantly being on the ball.”

REP 3: “Easier in the sense that it’s easier to learn things (conditions, drugs, doses, skills) when they are in the context of what you’ve seen on placement, as opposed to trying to remember things from textbooks and PowerPoints. Also, placement is fun!”

REP 4: “The academic ‘difficulty’ plateaus in second year, with all the EMS, CP science etc. What becomes your new focus is expanding the breadth of your knowledge; it is not harder (if anything, far easier), just more to take on.”

REP 7: “Year 3 is a different year to Year 2, there’s a lot less lecture content but its more self-directed. If you do not do any work it will affect you badly, but overall, it is less full-on depending on your placements.”

REP 8: “It is hard to say! Content-wise Year 2 is harder as you are building on and consolidating the science knowledge learnt in Year 1, there is a lot of detail in terms of enzymes and pathways etc. In Year 3 it is mainly applying everything you have learnt in Year 2 and seeing how they manifest clinically. What makes Year 3 hard is the amount of placement you have and balancing that with revision time, extra-curricular, looking after yourself etc.”

REP 9: “I would say Year 2 is harder than Year 3 because of the large amount of content in Year 2 which can be hard to retain. However, by Year 3, I was able to know my revision strengths and attending placement allowed me to apply some content I had learnt practically which helped me retain more information. Year 3 is also more “fun” which helps you engage

more with learning, and this makes it easier to revise. However, balancing both placement and revision in Year 3 is hard, but it all comes down to how you split your time and your revision methods.”

2) *How much of Year 2 are you expected to retain and remember for placement?*

REP 1: “Parts of Year 2 are relevant for clinical placement such as Control and Movement for cranial nerve and peripheral neurological examinations and Special Senses placement. I think knowledge from Year 1 was more regularly used.”

REP 2: “3rd year is a lot of recognising symptoms and being able to work out what it might mean. Therefore, it is helpful to retain information about conditions that seem relevant to know, for example: the symptoms of AKI, whereas statistics and complex facts from 2nd year are less likely to be relevant.”

REP 4: “The fundamentals mainly; do not try and que-card every aspect of EMS and CP. 3rd Year is about clinical application, as long as your medicinal science understanding is steady (make sure you do understand endocrine, hormone and organ functions), you will rapidly identify any gaps. Revise anatomy for surgical placement (go back to BS, C+M) and the Eye/Ear sections of year 2 for special senses.”

REP 5: “There is no expectation. Medicine is extremely broad, and year 2 knowledge is very useful if retained, but prioritise retaining year 2 knowledge which interests you as this will likely be influential in your career path.”

REP 7: “This depends a lot on consultants and placements. Generally having a good overview is good but you pick a lot up on placement if you engage.”

REP 9: “It is helpful to remember year 2 content, especially the anatomy as this will be helpful when it comes to surgery and aspects of the conditions where the pathophysiology is important. Year 3 exams also cover topics that were taught in year 2 so it would be great if you did retain content. However, if you do forget some of the year 2 content, it is not the end of the world. Leeds operates via a spiral curriculum, so often some things covered in year 2, you will see yourself learning again in year 3.”

3) *Does everyone get a similar learning experience or is it random, dependant on which Doctor you shadow etc.?*

REP 1: “How you interact with and learn from the doctor you shadow determines your level of experience. I found that being proactive and asking questions was useful for making the most of placement wherever I was. It is important to have objectives for each day of placement to make the most of the doctors. Some doctors are not as vocal as others, so you do have a role to play in your learning. Being passive ensures your experience won't be great.”

REP 2: “Overall you'll get a mixed year, for example: you'll have some placements that are better than your peers, but other placements you'll feel that yours was worse than your peers. You have 5 rotations though, so even if you get a bad one overall you'll still be average compared to everyone else.”

REP 3: “It’s a bit random, but that doesn’t mean you’re at a disadvantage. Some placements have scheduled teaching which is good, some have great doctors that are just really enthusiastic and like teaching you through the ward round etc.”

REP 4: “In surgery and general medicine you will only see one of the major specialties. You will become very familiar with, for example, Respiratory but not have the same depth as someone who did a cardiology rotation. It is up to us to bridge this gap, there are plenty of heart failure patients in respiratory, and pulmonary oedemas in cardiac etc. But you cannot rely solely on placement to provide for all students equally. Particularly in special senses, where you get only 1 week, you will not see every core condition.”

REP 5: “Hospitals, wards, doctors, patients... they are all very different and circumstantial. Identify at the time whether a situation is likely to benefit your medical knowledge before committing to engaging with it. Try to find the F1’s more invested in helping you and stick with them.”

REP 6: “It all depends on which doctor but also how much you put in and if you are willing to be proactive, it is rare someone will say no if you ask to do something. Or even if they do, they will try and find you something else to do. For example, if you wanted to do a cannula, but this patient was particularly difficult, the doctor will keep it in mind and when a patient who is a bit easier to cannulate requires one, they’ll get you to do it.”

REP 8: “There is no way of ensuring that everyone gets the same experience, the clinical outcomes are set at the beginning of each year and given to each placement provider so you will all definitely learn the same things but how much you get to practice is quite dependent on 1) You and 2) What your placement is able to offer. To get the best experience you need to put yourself out there. It is terrifying but will help you learn so much and allow you to grow in confidence. Even if there is not much going happening on the ward that you are on, they will see that you are keen to get involved and take you to another ward where you can do more. Appreciate though that sometimes it can be quite busy, so they won’t necessarily always be teaching you things.”

REP 9: “In terms of skills, history taking and examinations, everyone has a similar learning experience. So, no one should be disadvantaged. However, in terms of learning about certain conditions, or methods of learning, that will vary from trust to trust, hospital to hospital and doctor to doctor. Especially since people may find themselves on different wards, so may learn more about the system that that ward focuses on.”

4) *Could we have access to the long list of conditions and drugs we must know for Year 3? It would be useful to be able to link it to current conditions we are learning now. E.g., at the moment we sometimes learn about rare conditions but realistically this is not ‘bread and butter’ conditions we need to know.*

REP 1: “You get a list of conditions you need to cover, and I found that they are well-represented in exam questions. You are not at all left wondering what you need to cover.”

REP 4: “Yes – ask your 4th year friends if you are struggling. It is recommended to learn ‘1 core condition and 1 drug a week,’ but they come in linked sets of 2+ (ABCD of hypertension, Angina/MI etc.) so as long as you keep progressing, the list is not too daunting. It is useful to be aware of some rare conditions (i.e., their name, what is wrong with the patient, roughly how rare (1:1000 vs 1 in a million) but at nothing more than face value, do not waste time if this is difficult.”

REP 5: "Preparation can't hurt, but I think it could draw attention away from the core focus of year 2. Try not to get ahead of yourself."

REP 8: "Absolutely! You will have access to this at the beginning of year, literally the first week. It is so important to get the proper rest you need over summer because 3rd year is intense, and you will find that you will become more tired more quickly. You cannot pour from an empty jug, and you may burn out. If you would really like to prepare, consolidate your year 2 knowledge, it would stand you in good stead."

REP 9: "In the third-year study guide, they will give you a list of the conditions to learn which are split by systems and then further split into in depth conditions (conditions that may come up often in clinical practice) and in brief (conditions that may not come up as much). You will also be given a list of special senses conditions to learn and a drug list that you should learn in third year."

5) Do you get much chance to practice clinical skills on placement and be hands on or is it more observation based?

REP 1: "It is mixture a of observation and practical activities. You have a list of DOPs and MiniCEX entries to make so there is quite a lot of opportunity to get involved. To make the most of your practical experience you need to ensure you have objectives for each day and share them with your supervisor so they can find you opportunities to get involved. It all comes down to ask or you do not receive. However, at times it may be difficult to get hands-on experience for several reasons."

REP 2: "SO much chance. Just ask!! Some doctors will say "do you want to do this?" So, it is important to jump in and say yes. If you do not feel confident ask them to supervise you (they want to help and see you do well). You'll get better feedback if you're eager to have a go at things even if you need supervising doing it."

REP 4: "Take the initiative; ask if there are any bloods/cannulas/ABG's etc to be done, offer to take a history of a new/interesting patient (doctor's favourite way to get rid of us for 20 mins). If you were not present, the doctor would do the same tasks anyway, so they are usually willing to observe you performing a clinical skill. Cannulas are hard to find on placement; make use of your surgical rotation to get it signed off! Ask to join anaesthesia in pre-op, or on the surgical assessment unit where patients first get seen."

REP 7: "If you engage with placement you can get to do lots of skills- obs, venepuncture, cannulation. It's all about being confident with it, approaching staff and getting friendly with the junior doctors."

REP 8: "You will have several teaching sessions throughout the year on how to do X skill but when out on placement this depends on you. You need to put yourself forward and ask to shadow someone first if you are not confident, then ask for supervision then go on to do it independently. After putting yourself forward for the first couple of times you get used to it and it is not as daunting. If you do not ask, the answer will always be no! Clinicians are more than happy to help provided it is not too busy. Also, you do not have to always be with a doctor, there are always plenty of skills to learn from the PAs, Nurses, Phlebotomists, and even older med students! Use the whole team to your advantage."

REP 9: Do not be scared take the chance to practice there will always be a doctor or junior around to help, usually they are very eager to teach and help. I suggest, if you are scared or nervous about skill technique, use the clinical skills rooms (LGI or SJUH) to practice. It is not

the same as practicing on a patient but helps perfect how to do the skill correctly. It builds your confidence.”

6) Do you have tips on balancing placement travel, being on placement almost full-time, learning exam content (core conditions) and not getting burnt out?

REP 1: “I found it helpful to speak with my supervisor about what I would like to achieve on placement and set expectations. Then come to an agreement on how much time I would spend each day on placement. When reasonable ask your supervisor if you can have an SDL day if you feel behind on work. The doctors are more than willing to help make things manageable for you, but you must voice your requests. Do not be shy. Also, if, for example, you are at a clinic and you are not learning do not be afraid to tell the doctor you would like to use the time to do some work, and that you would like for them to call you if a patient that is good for learning comes in. Fit in regular exercise as often as you can. I found that using public transport gave me a chance to get work done before arriving at placement. Try creating a morning routine that you follow regularly and do the same with an evening routine to unwind.”

REP 2: “Try and start on the core conditions early (e.g., throughout the week or at the weekend). If you continue with a steady pace you are less likely to get burnt out after Christmas with content. Try and form a routine and stick to this throughout the placement (e.g., finish placement, gym, cook tea, do some work, then relax). It’s easy to burn out early on because placement is tiring, so try and find a routine that works for you and can become normal and achievable to maintain.”

REP 4: “Do not be daunted by the long lists of drugs, skills, conditions etc. You will pick these up; many of them without knowing it. You do not require 100% knowledge of each condition or pharmaceutical interaction, so don’t push for that level of perfection.”

REP 5: “This is the difficult part. The med school cannot control the quality and quantity of learning you receive. Be aware in clinical surroundings, sometimes there is nothing to be gained. If you think time can be spent better doing something else, vocalise this and take control of your own education. Clinical staff will appreciate you have other commitments to be getting on with.”

REP 6: “Start from the beginning, set yourself a target of one productive thing a day. Remember, as tempting as it is to miss placement do work on your core conditions, there is more to medicine than this long list of conditions. Placement gives you all the conditions and the rest of medicine in one. Medicine includes communication and practical skills which you won’t get by being in your room learning core conditions.”

REP 8: “Get into a good sleeping regime because if you’re tired you won’t be retaining as much and could be put patients at risk. At the beginning of the year or each placement block, review your timetable and find where the free time is, forward planning goes a long way. Get a physical diary this will become your best friend. Having a calendar on your phone is great but after a while everything down to signing off skills is on your phone! In 3rd year you are given the freedom of going if you have other work or projects to do. Use this sensibly! At the beginning of the year my focus was getting used to it all so stayed the full time. But as time went on, I had to prioritise SDL.”

REP 9: “Revise the content as you go through your rotations. For example, on one rotation I was on the cardio and neuro, so in that rotation I did cardio and neuro conditions. I split the

conditions in a way that I would cover all the conditions in that block of rotation (so that came up to like 2-3 conditions a day 4 times a week) and in GP I focused on Mental Health and respiratory etc. I tried to take the weekends off to ensure that I was still getting well needed breaks, you do not want to overwhelm yourself. Also revise with your friends if you can – especially OSCE practice.”

7) How did you manage to balance long hours of placement with academic study?

REP 1: “I used a digital calendar to schedule each day and a to-do-list manager to rank my tasks in priority order. I limited distractions by making myself less available when I needed to work. I made agreements with my supervisors on when I desired to leave to study and then set goals on what tasks to complete in the time I was on placement. These steps made my days very efficient and ensured I lost as little time as possible.”

REP 2: “If you get gaps on placement such as long lunch breaks, I found it helpful to do lots of work in the breaks so that once you are home there’s more time to relax in the evening. Also, some days you might do more work than others and that is okay! Do not force yourself to do work every single night. In some placements the hours might also not be as long as you think, it just depends on where you are.”

REP 4: “Keep evenings, or weekends (or both!) free, medicine is all consuming and personality draining, and it is important to spend some time 100% away from it all. Each day, I make a 5–10-minute summary of what I did each day and anything new I learnt. On Friday afternoon (or one of the half-days on placement) I go through the week’s “notes” and consolidate them.”

REP 6: “You just learn to do it with time, at the start its difficult to balance your time because you feel tired all the time, but things like prepping your meals and keeping them in the fridge or freezer so they’re easy to take out and microwave after placement is really helpful and saves you time!”

REP 7: “You have to know your limits and respect that you might be exhausted after placement and need to rest. Some placements you will finish after half a day, some you might be there all day. If you’re not learning you don’t have to stay on placement until 5pm but placement is a good learning opportunity if you make the most of it.”

REP 8: “Accept that you are not a machine, you are human. There is only so much you can do, know your limits. Some people prefer to wake up early and do work before placement, so they have less to do after the day when they are tired. Dividing your time at the beginning of the week will help you see where the free time is to study. Some days it is not possible to do any work. Do not beat yourself up for it, accept at each stage that you are doing your best! Do what you can and keep it moving!”

8) *What do you do with your bags and valuables on placement?*

REP 1: “There are usually locker areas, or you can leave your things in the doctor’s office. I had no issues.”

REP 2: “Usually you can leave stuff in the doctor’s office however, sometimes this isn’t locked. If you are anxious about leaving valuables, get a very small purse that can hold a couple of bank cards and a few notes that will fit into your scrubs pocket. That way you can have cards/keys/phone on you at all times and there’s less to worry.”

REP 4: “Some places (few) have lockers, otherwise it’s an improvised location all the doctors share. Try not to bring valuables, laptop especially until you know there is a safe place.”

REP 10: “Some places tell you where to put them beforehand, otherwise ask the ward manager/nurses, or else just keep them with you.”

9) *Are there any good resources you have found useful in preparing for placement?*

REP 2: “patient.uk is a good website for learning about core conditions in detail.”

REP 3: “Geeky Medics (cases, quizzes and practical skills).”

REP 4: “Learn your clinical examinations beforehand – placement is for practising these skills. As such, Geeky Medics, Zero to Finals, anything you can watch in 10 mins is very useful.”

REP 6: “NICE CKS, Oxford handbooks and the NHS website.”

REP 7: “I’ve found Clark and Kumar good for core condition notes. NICE CKS is also good and gives you up to date guidelines.”

REP 8: “Teach me anatomy/ Teach me surgery. Random medical student blogs online (light-hearted way of preparing yourself for the reality of placement). BMJ Best practice and MedIndia.”

REP 10: “Look over notes as soon as you know which specialty you are on. Get ready the night before as the early starts can be difficult.”

10) *How does 3rd year work? What is the balance of placement vs campus teaching? What areas would we normally be in during placement and how is the campus teaching structured?*

REP 1: “Campus teaching is at the end of a rotation block. For GP placement there are Friday teaching sessions.”

REP 6: “4 days of placement, 1 day of teaching/off. 5 blocks of 4-week placements, with the 5th week being 2 days of placement and 3 days of RESS/Safer medic etc.”

REP 7: “Friday is for skills training and other sessions. This may be different due to covid, learn to be flexible. Some placements might give you teaching as well in the 4 placement days.”

REP 9: There are 5 rotations covered over the whole year, which are typically 4 weeks and 2 days long. And vary between how different times a week.

- Elderly Medicine: 4x a week
- Medicine: 4x a week
- Surgery: 4x a week
- GP: 3x a week
- Special senses: 5x a week for each special sense (Dermatology, Ophthalmology and ENT) however SS is only 3 weeks long. There is one week and 2 days of SDL.

Between rotations, there are 3 days of lectures (Wednesday – Friday) which covers – RESS, IDEALS, SAFER MEDIC (C2C).”

11)What modules do you study in third year and how are they assessed? I think you have OSCE’s, but are there any summative examinations or essays?

REP 6: “Not really modules like year 2 – mainly just placement and RESS. There is an ethics lit review and summative exam too.”

REP 9:

- “C2C – placement and SAFER MEDIC – attend placement and get all your DOPS and Mini Cex signed off. Present SAFER MEDIC cases at an appropriate level and pass SAFER MEDIC essay
- RESS – creating and carrying a project – audit cum evaluation – pass/fail.
- IDEALS – attend sessions.

SAFER MEDIC will require a pass or fail essay at the end of the year. RESS and IDEALS will be examined along with the conditions you have learnt and things you may have covered on placement in your summative exam. OSCE assess your skills, history, examination, and communication, so essentially things you have learnt on placement.”

12)Can you give an example of an average day on both primary and secondary placement?

REP 3: “Most days have a general routine of morning clinic/ward round, lunch break/MDT, then a quiet period where most of the work is admin and not something we can do, which is a good time to practice history taking and examination. Some teaching can take place in the morning, sometimes it can be in the afternoon, depending on the placement.”

REP 4: “Primary Care: Turn up to the GP 8:00-8:30, make way to my own consultation room. Log on/set up and the GP will allocate several (not too difficult and chatty!) patients who will visit, or I will call. I will take a full history from the patient and feed my findings back to the GP, where we will form a management plan and ask any questions missed. I (or the GP) will then call the patient back and explain our plan of action. This is usually the pattern – broken up by nurse clinics, baby clinics or home visits. If an interesting patient is seen by another GP in the practise, I may be invited to see the unusual situation. You are usually 1:1 in your practice, so you can’t ‘hide’ behind your fellow students, but everyone is very friendly and knows our limitations.”

REP 6: “GP – appointments with GP’s, nurses, health care assistants, PA’s and some home visits.

Secondary care depends on where you are and what rotation but usually a mixture of placement time and teaching.”

REP 7: “Secondary care- arrive for ward round, generally takes a couple of hours. Chill with the junior doctors and help with jobs. You may have some teaching in the afternoon depending on placement location etc.”

Primary care- sit in on a morning and afternoon clinic Mon-Wed, teaching all day Thursday and skills or other bits and bobs Friday.”

REP 8: “Secondary care: Surgery- Tend to be in groups of 3 or 4. 8am start, ward round followed by teaching halfway through then lunch. Afternoon: ward time where you will complete the jobs needed for the patients alongside junior doctor. Or you could have formal teaching or watch a surgery. Finish at 4pm.

Primary Care: Usually alone or with one other student. Different placement providers do it differently. 9am start, shadowing GP or other clinician consultations.”

REP 10: “ I wouldn’t say that there is a ‘typical day.’

Primary: get to the clinic around 9, sit in with the doctor for the morning with teaching in between patients. Then a student clinic in the afternoon – these are scary at first but useful!

Secondary: join the ward round in the morning, then help with jobs in the afternoon and get practice with skills or history taking.”

13) Do you feel as if you’re expected to know everything when on placement? E.g., do you feel worried about getting things wrong when doctors ask you questions?

REP 1: “As a third-year medic I found that clinicians had great awareness that we wouldn’t ‘know everything’. They would only ask questions to see what level of knowledge we have then teach us. It also helps to let them know at first what you know and what you don’t know so you avoid being put on the spot.”

REP 3: “The desire to look competent when a doctor asks me questions definitely drove me to revise lots beforehand. However, if you knew everything then you would be a doctor by now. Be okay with saying ‘I don’t know,’ and a good doctor will teach you instead of making you feel bad.”

REP 4: “No; doctors would much rather you answer incorrectly, or ask ‘dumb’” questions, so they can teach you. Remember these doctors don’t know you at first; they need to gauge your knowledge base so they can teach what is relevant, keep asking questions, and don’t be afraid to say you don’t know.”

REP 5: “No, doctors are humans. It is better to ask questions when you do not know than to feel stupid for not knowing. No doctor knows everything.”

REP 6: “Never. This is the best time to ask questions. They know you’re a third year!”

REP 7: “This depends on the consultant. Usually, you are in a group of other students so you can cover for each other. Do not get worked up about asking questions or getting stuff wrong. You’re only in third year so there is a low expectation.”

REP 8: “It can definitely feel this way, but it is impossible to know everything at this stage and all clinicians should know this. Some doctors deliberately ask you questions you might not know the answer to so as to stretch you which is nice. Never allow a clinician to make you feel stupid or inferior for not knowing something, at the end of the day you are there to learn. If this is an issue, you can talk to your placement lead or use the University reporting tool. You get used to getting some things wrong after a while and they’ll end up sticking with you, win-win in my opinion!”

REP 10: “No not at all, but some doctors can be worse than others at expecting you to know everything. Is very hit and miss, some doctors definitely do expect you to know everything, but most are nice and only want to help you out.”

14)Is there parking available for students?

REP 7: “This depends on your placement location, but you can usually find somewhere to park and other students will know where is good.”

REP 9: “Due to COVID parking was free in most places, however things seem to be going back to paying so I am not sure how next year will be. There is off roads street parking in some instances so best to check around the hospital before setting off just in case you are taking a car but don’t want to pay for parking.”

REP 10: “At some places, normally there is at GP, Pinderfields paid for it.”

15)When do you find out your placement rotations for Year 3?

REP 2: “We found out ours 2 days before the first day of 3rd year. You have 2 weeks of lectures first though, so there’s time to arrange transport.”

REP 4: “A large spreadsheet is sent out in the first few weeks with your rotation (Surgery, medicine etc.) and hospital location. The spreadsheet will show fellow students in the same location/rotation, it’s not uncommon to share future placements with them.”

REP 7: “Don’t expect a lot of notice. Generally, about 2 weeks’ notice at the start of the year and you will know what trusts you are in. Specific rotations and wards you may only find out a week before.

16)Did you find that travelling to and from placements was very tiring and costly?

REP 1: “After a long day, travelling can be tiring. Fortunately, there is on-site accommodation you can live in during your rotations if you couldn’t stomach going back home after long days.”

REP 3: “Costly, no, because travel is reimbursed. The travel time itself can be tiresome but look on the Brightside, I’ve always found the bus journeys a time to do a bit of revision or relax and enjoy the Yorkshire scenery.”

REP 4: “Variable; particularly if you don’t drive. Many students (I am estimating 20%?) do, so do not be afraid to ask everyone in your rotation if they have a spare lift. Driving is much easier!”

REP 8: “Yes it can be. Here are some ways to get around this:

- **Car share** and offer to pay for fuel.
- **Get an M card**: the green student one. It costs £25.20 weekly, and you can get on any bus, any train, any time in the west Yorkshire region. It is a steep cost at first, but you will be saving yourself so much money especially if the unexpected happens and there is a change in your route e.g., railway fire or other disruption.
- **Stay over in accommodation**: Faraway sites like Airedale and Pinderfields offer accommodation so calculate it beforehand and see what is cheaper.
- **Leeds university hardship fund/ NHS workforce fund**: offer additional financial support.”

17)How to get the most out of each day at Placement, where do you find the best opportunities for skills and learning?

REP 1: “I found that seeing a patient myself and then reporting back to a doctor was the best way to learn. It helped to refine my history-taking and handover skills. Anywhere you find a patient is a great place to learn but for skills like cannulation or catherisation going to somewhere like a surgical assessment unit, an acute care unit or emergency department would be best.”

REP 3: “Practice history taking and examination on patients, especially if you are not on a specialty ward e.g., acute medicine, elderly medicine, GP etc. If you can take a good history or do a good examination on a real patient, you will smash the OSCE, because simulated patients are easier than real ones.”

REP 4: “Ask, ask, ask. If doctors are too busy; offer to do their bloods or take a history. Join the phlebotomists to get 10+ bloods done in an afternoon. Ask to join the pre-op team in surgery to get cannulas/catheters done. Ask to join the MAU/SAU to get ECG, cannula, catheter, ABCDE assessment done. If there is nothing, and there will be days when there is, go home/library and study. Better to study in an afternoon and get your weekend free.”

REP 6: “Be proactive. If it is busy ask if you can do anything to help. Or ask if you can go and take a history/exam from a patient and do a handover. Then read the patients notes to consolidate your learning. One patient a day will really help you. It means in one week you have seen 4 conditions. Which means 80 conditions by the end of the year.”

REP 7: “Use the junior doctors; they’re the best people to make friends with. Use the teaching sessions you get. If I see a specific condition on placement I will go and write my core condition notes for that condition in the evening/weekend.”

REP 8: “Be proactive, if there’s something you need to sign off, ask and you will receive (if it’s not too busy). If you quietly stand in the corner/ out of the way, they **will** ignore you. Each day, come with a list of 3 things you want to practice and or get signed. I always used to get very anxious the night before placement. Helpful phrases that were my rock for putting myself out there were:

- “Hi, my name’s X, I’m a 3rd year Medical student and I’m on the ward this morning with you, please can I join you on the ward round/ the jobs you’re doing.”

- “I’d like to get more practice with X, Y, Z today, who would be the best staff for helping me doing this please?”
- “I’d like to do X but I’m not yet confident doing it independently, would you or someone else be able to supervise me please?”
- “When talking to the patient you mentioned X, Y, Z what did you mean by that, I didn’t quite understand.”
- “Thank you so much for having me today. If it’s ok with you I’d like to go and write up notes/ case studies for today would you be ok for me to go home?”

Do not forget basic manners. Please and thank you go a very long way!! Acknowledge and work with everyone on the team from receptionists to porters to cleaners to nurses. You are not above (or below) anyone in the clinical environment. Do not let your sole focus be getting things signed, we are doing this to become the best doctors we can be. If a doctor asks you if you want to help with X cool procedure, say YES! Sure, it won’t get you a DOP signed off, but they’ll be keen to teach you, grill you in a nice way and let you get involved, this is one of the best ways of revising what you’ve covered so far.”

18) Outside of placement what do you think is the best use of time and realistically how much time do you think you need to spend studying when not on placement?

REP 1: “1-2 hours of focussed study Mon-Fri is more than enough. There is also plenty of time to get involved in societies, extra-curricular activities and socialise. You don’t need to study at every moment of the day, in third year anyway.”

REP 4: “3rd year you actually have plenty of time; the pressure of medicine is actually to separate free time and studying efficiently, procrastination is the worst enemy. Make sure you do not harshly compromise on the things outside medicine that bring you joy; sports, exercise, meeting people.”

REP 5: “Remember to prioritise your mental health, whether it be hobbies, sport, societies etc, you need to be a happy human to be able to work well and learn. After ensuring enough time is allocated to activities which keep you happy, then allocate time to library sessions for learning core conditions.”

REP 7: “Be patient with yourself and give yourself the rest you need. Placement can be very full on. If you do not feel like working after placement do not, you will not get anything out of it. Pace yourself through the year with core conditions and formulary.”

19) How do you best adapt your learning style for 3rd year compared to non-clinical years and how and where should I focus?

REP 1: “Year 3 is about making links between information, not amassing as much knowledge as time allows (unless this is what you like doing) which is more suitable to Years 1 and 2. Application is the word of Year 3. Focus on practicing presenting key positive and negative findings, investigations, and a brief management plan. Know the defining symptoms for each condition well. This is your bread-and-butter. Find a reliable course mate to do regular recap sessions with. Practice history-taking and examinations regularly because these are skills that can take a while to grasp. Don’t leave these to the last minute!”

REP 6: “I made all my notes then learnt from them. Try to think logically if there is a lecture on peptic ulcers how would they structure it? Definition, epidemiology, symptoms etc.”

REP 7: Be proactive and get the best method for you. Write your condition notes how you best learn. I write long notes then summarise in a table, I have a table for the core conditions and the formulary that I use for revision now to make the work manageable.”

REP 8: “This is something you’ll have to play by ear as the year goes on. If you previously wrote out notes before, now would be a good time to switch to electronic note making if you are able to get access to a computer. It will save a lot of time and can be accessed from any device. Something that helped me was revising topics by placement block so that whatever I read about could be applied and revised on placement.

Have a notebook!!! You will not be able to write everything down and I strongly recommend you do not, but jot down a couple of key things you want to look up when the day is over or at the end of the week. At the end of your placement block you can go back over the notes in your notebook and quiz yourself.”

REP 10: “OSCE practice, talk to patients, practice on your friends.”

20) Can you recommend any resources for 3rd year that you found most useful for both learning and revision please?

REP 1: “Geeky Medics and The Unofficial Guide to Passing OSCEs were my go-to for OSCE preparation.”

REP 3: “Passmed, NICE CKS, Ninja Nerd Lectures (YouTube channel) and Oxford Handbook of clinical medicine.”

REP 6: “Don’t underestimate the NHS website! It is helpful to understand a condition clinically. Lots of things have too much detail but the NHS website is in lay terms which means you can understand it as an intro, it’s what translates to clinical practice, and is really helpful in OSCEs if you’re asked to explain a condition to a patient e.g., angina.”

REP 7: “RRAPID eBook, Clinical Skills eBook, Clark and Kumar and Patient info (professionals page).”

REP 8: “Oxford medical education, Teach me anatomy/surgery , BMJ Best practice , MedIndia, Medisense, Osmosis and older year notes if you are able to get access to them.”

REP 9: Almost a doctor, Pass medicine, Quesmed and Zero to finals.”

REP 10: “Some books I found useful were: 100 Drugs and Oxford Clinical Handbook of Medicine.”

21) What is a typical Start and finish time for Primary and Secondary placement?

REP 2: “It is very different for all placements. Primary care is often 9am-5pm, however the other 4 rotations are very dependent on what you get. Sometimes you might be in 9am-5pm, some other rotations might be 3 hours a day. As you have 5 rotations though, you will have a good mix of all different lengths of days.”

REP 3: “My GP started at 8am and most wards started at 9am unless it’s surgery, which starts earlier. I always left at around 3-4 because I had buses to catch. The afternoon might not be so eventful but that is the perfect time to practice history taking and examination skills on patients who are bored.”

REP 7: “For Secondary it is either 8 or 9am for ward round (8am for surgery generally). It depends on the placement; you could end at lunch or have teaching or other things to do until around 3/4/5pm.

For Primary care it is 9am-5pm Mon-Wed (But will depend on your GP practice).”

22) Do you spend all week on campus or is there campus dedicated time?

REP 4: “Each rotation is 4 weeks and 2 days. Each week is 4 days placement (3 in GP and 1 day teaching), with a Friday of lectures. You will have extra teaching sessions in the hospital mid-week. This comes to 18 days (14 in GP) minimum. Attendance is 75%, so be strategic. In-between rotations you have a week of campus teaching; RESS, IDEALS, Microbiology etc. It is quite a nice break from hospital.”

REP 6: “0 campus time. You are never on campus.”

23) What do you wish you would have been told about before starting clinical years and how different it is learning in clinical years?

REP 1: “You become a ‘student doctor,’ the focus in Year 3 is integrating practice, critical thinking and knowledge. Fortunately, I was told before Year 3 to focus on making links and using resources like PassMed and Get Ahead Medicine to understand what exam questions look like.”

REP 2: “Try and throw yourself in. Even though it is overwhelming at first if you get to know the staff on your ward they will often ask you to take histories/ perform clinical skills. Staff will also want to give you quick teaching if you are enthusiastic, so make sure you always turn up to placement because you will get a lot out of it if you really try hard.”

REP 3: “Staff are actually so helpful, if you need anything done just say it straight up. If you are looking to observe a particular thing or learn a practice a skill, there is always someone willing to help. You get out what you put in, speak out and be a part of the team, you will get so much more out of the day.”

REP 4: “Do not let yourself fall too far behind on core conditions/drugs; it is not essential to know 100% straight away, just don’t know 0%. Also, you will find it useful to learn (at least superficially first) clinical examinations because they will need to be *practised* on placement. It is incredibly embarrassing to do your first Abdo exam prodding a very ill person’s belly.”

REP 6: “Everyone told me third year was easy. Not true, it is still very full on. Be prepared.”

REP 7: “You will be scared, you will get imposter syndrome, you will probably feel like an inconvenience. But be brave and introduce yourself to people. The more you put in the more you will get out. And if you are not a confident person you will learn to pretend. Fake it until you make it.”

REP 8: “A lot of people kept saying how relaxed 3rd year was, it really was not if you actually go. It is however, by far one of the most enjoyable years. There’s so much to learn, so many new people to meet and new connections to make! It really is a whole new world of opportunity if you put yourself out there. I am so excited for you all, you are really going to have a lot of fun. 3rd year is the year that reminds you why you came into Medicine in the first place. It is incredible! It can also be the year that you decide that Medicine might not be for you, either way you learn a lot about yourself, and you grow immensely.

I wish I had been told that you will be more tired than you think and unfortunately we overestimate how much work we can get done and end up feeling guilty if we do not get it done. We are only human so just try to do your best each day and it will be more than enough! Seek help early, do not wait until the end of the year when it is close to exams. If you need time out do something fun for a weekend, go home or do something to relax. Placement is what you make it, be brave, put yourself out there have fun with it but be safe. There is nothing to lose and everything to gain.”

24) *Is there any particular preparation you think would be useful to do before 3rd year or wish you would have done before you started 3rd year to help you feel more prepared?*

REP 1: “There is more than enough time in third year to do preparation. But what I found useful, at the beginning of the year, is splitting the academic year into weeks and splitting study time of the conditions, drugs, OSCE preparation etc. into each week to give yourself a flexible plan and objectives. This will stop you from having to use long days to study closer to exam time due to not starting preparation at the beginning of the year.

Also, it may be worth asking someone in the year above for templates of notes to see how much detail you would need to go into for conditions, drugs etc.; believe it or not there is such a thing as overdoing it with notetaking.”

REP 2: “You’ll have the OSCE at the end of the year. Learn the examinations properly throughout the year/even start in summer. Then practise when you can throughout the year, it will make the OSCE easier. If you have all your examinations nailed down (e.g., learn one properly each week), you will not have to revise as much for the OSCE because you will know them all well anyway.

REP 4: “Year 1/2 you learn medical conditions haphazardly (there is no ‘list’) - go through your notes.”

REP 7: “I would revise your clinical skills, although I think you will be taught these at the beginning of the year. Have a good rest over summer and enjoy seeing friends and family.”

REP 8: “**Resting over summer!** It sounds counter-productive but if you come back from the summer holiday feeling refreshed you are very likely to withstand the academic year and not just the first two months. Burnout is a real thing!”

Med Ex

Head over to: <https://medex.leeds.ac.uk/> which will have all the information you need about your placement locations.

With Special Thanks to

The School of Medicine, The Footsteps Fund, Bethany Bracewell, Makeen Baroudi, Asad Isfahani, Catherine Ogbechie and to everyone who asked and answered a question. This guide wouldn't have been possible without you!