

# A Guide For Students By Students

**PEER**  
MENTORING  
MEDICINE



Welcome Guide to your Clinical Education  
Years at: **Manchester University**  
**NHS Foundation Trust (MFT) Wythenshawe**



(Picture taken at a Peer Mentoring event)

## The Purpose Of This Welcome Guide

This Guide is predominantly written BY students FOR students, therefore giving you an honest idea of what to expect while you continue to study as an MBChB student in year 3 onwards. However do bear in mind there can be changes to the programme from year to year and their experiences could differ to yours. You should also read The MBChB Programme Handbook, which is an important source of reference that you can refer to when you may have query about the Programme.

The Student Experience Team coordinates the articles written mainly by the Clinical Education Years Peer Mentors, Student Coordinators, other students and some staff. In this welcome guide we hope you find lots of informative and helpful information that you need when transitioning from University Life into your Clinical Education Years.

**The first student guide was written in 2013 by Antony Sorial, a then Year 5 Medical Student at Salford,**

*"As a student entering my Clinical Years I felt a huge transition, not only in my medical career, but also in my life. Becoming a student doctor is a challenging and difficult adjustment to make. My ambition was to find a way to help others learn from the mistakes I have made, and opportunities I have missed."*

**A taster of what to expect in this guide:**

**Taken from the Article 'That Transition into Clinical Education Years' by Claudia Cipriano, Wythenshawe Year 3 Intercalating Student 2018**

*"Third year was a huge change but I loved it! I loved being in the hospital, talking to patients and seeing all the things we learnt about in real life. Some things will make you laugh, and some will make you want to cry but it gives you a true taste of what your future career will be like."*

# Year 3 Welcome Message from the Head of the Medical School

Hello to all Year 3 Students,

I would like to thank all of the contributors to this guide. It has been prepared for you, by your fellow students, because they want to pass on to you their hints and tips on how to immerse yourself in clinical learning in Year 3, and as your perspective on life and learning shifts from the University to the NHS.

We of course, will provide the formal advice that will guide you through the programme, but we know that there are always things best said from a student perspective. So if you haven't already, load this up onto your ipad and browse through it again and again when you have time to spare, perhaps waiting for your consultant who is delayed, no doubt, for some life-saving reason!

Learning to be a doctor is never easy, and is often demanding, but it should be fulfilling.

Good luck for Year 3 and enjoy your studies.

With Best Wishes,

Doug



***Professor Douglas Corfield  
Head of the Division of Medical Education and Head of the MBChB Programme***

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# General Information About Year 3

Third Year is designed to be an introduction to general medicine. You will have a series of 'blocks' that are placements on different wards with a consultant Clinical Lead. You will have two six-week blocks, and then three four-week blocks in different departments. Examples of these blocks include respiratory, cardiology, gastroenterology and surgery. This is followed by an 'APEP' (extended research project) and a student selected component (four-week placement in a chosen specialty).

## Why is it different?

Third year is a much more hands on style of learning, with a lot of time spent in the hospital. Each week, you will be expected to attend a ward round and clinic. You will have a number of "sign-offs" to complete, by talking to patients and examining them. You will also be taught skills such as taking swabs, observations and scrubbing up.

You will go round the blocks in a group of six to eight students. Generally there are two St. Andrews students in a group together. The groups are allocated randomly, you typically go round with someone in your group.

## What happens during a block?

During your blocks, you will have Friday teaching. This consists of both TCD (theme based discussion) and PCC (patient-centred consulting). TCD is a session based around discussion on a specific topic, such as COPD, which you'll prepare for using online work during the week. This session is similar to PBL close, with all the pre-reading laid out for you. You'll also have PCC (communication skills) workshops, covering scenarios with simulated actors or discussions of ethics within the group. Both of these sessions will take place in either the morning or afternoon.

Occasionally, you will have clinical skills teaching, where you learn venepuncture, cannulation and PR examinations. There are not many lectures, with the emphasis being on small group, interactive teaching. The majority of individuals much prefer this style of teaching compared to pre-clinical years.

Enjoy!

- *Emma Jeffery, Year 3 Preston Student 2017/18*



# Learning The Lingo

**DGH** – District General Hospital

**TCD** – Themed Case Discussion (the tutorials you do on Fridays).

**PCC** – Patient Centred Consulting (Communication Skills, also on Friday).

**SP** – Simulated Patients.

**MEP** – Medical Education Partner (these are professional patients that help during communication skills).

**PPD** – Personal Professional Development (i.e. Portfolio, you'll learn to love it) you will be able to access this via 1Med (see below).

**APEP** – Applied Personal Excellence Pathway; a 10-week research project carried out after OSCEs in 3<sup>rd</sup> year. This is a great opportunity to do some research that you can present at a conference or even get published!

**QEPEP** – A four-week project (either an audit or production of a leaflet) in a chosen speciality. You will do one in year 4 and one in year 5. At least one project must be based in the community.

**SSCP** – Student Selected Clinical Placement (4-week placement in a chosen area of Medicine). You'll do one of these in year 3 and year 5.

**Clinical Debrief** – This is a session with a GP once a week. This is where you are given the opportunity to talk about issues you've encountered on the ward, discuss cases, practice prescribing and debate medical ethics (they're usually happy to structure the session to your groups preference).

**SWAPS** – Student Welfare and Professionalism Support. There is a team of people at each hospital and a Central team. They are there to give advice and support you as you study.

**1Med** – an Internet platform (similar to Galen if you're from St. Andrews) that holds the main bulk of day-to-day stuff you'll need. It's split into a few sections:

- **1MedLearn** – where all your TCD material and PCC info will be.
- **1MedBuzz** – where you can find all the latest opportunities! Societies and Medicine post their events details on there. I'd also suggest joining lots of society pages to get involved.
- **1MedInfo** – Where information can be found about the programme e.g. APEP.
- **PPD Portfolio** – via this platform you'll be able to upload your portfolio pieces, which will be automatically shared with your academic advisor.

**Medlea** – Though the medical school is looking to phase this platform out, it still holds your timetable. It is also where your e-forms (see below) can be validated. Requests for 'time out'

and absence forms are on Medlea too. Most importantly exam results are located in the 'forms' section on Medlea. The 'Timetable' and 'My forms' section of OneMed links to Medlea.

**MyManchester** – this is where you'll access your emails and exam timetable.

**E-forms** – this is where your iPad comes in. Each week you're expected to perform a certain number of tasks on the wards e.g. histories, exams and ward rounds. Some of these forms are signed off with the email address and signature of an appropriate clinician. You need to validate these forms by going on 'My Forms' on Medlea. This then emails the clinician who will confirm the e-form is correct.

**E-forms dashboard** – Another place where you can submit your e-forms. The dashboard allows you to track your progress with the e-forms in your current block and across the year. The dashboard is accessed via typing 'Manchester university e-forms' into google.

**UPSAs** – Tasks you must get signed off (via an e-form of course) throughout the year on placement. These are mandatory and set by the GMC for each year.

**Procedural and core skills** – Skills the medical school require you to get signed off each year (on top of UPSAs).

**Prescribing tasks** – prescribing practice you need to get signed off throughout the year.

*Top tip – get your e-forms done throughout the year and try not to leave them till the last minute! Saves a lot of stress in March when OSCEs are approaching...*

**Progress Test** – multiple-choice exam you'll take twice a year. Every year takes the same exam and your marks are expected to go up each year. Difficult to know how to prepare for, the best way is to get involved on the wards and look up things you don't know as you go along. In year 3 & 4 in May you get an extra set of multiple choice questions in the afternoon. These are based on material you have covered in the online cases and TCD during the year.

**OSCEs** – Objective structured clinical examinations. These are clinical exams, you'll have a 'formative' exam and 'summative' exam in year 3.

- **Charlotte Underwood Year 4 student at (MFT) Oxford Road 2017/18**



# Quotes from your Peer Mentors

Your Clinical Education Years Peer Mentors from your sector have said this about your Clinical Education Campus:

- *“The transition from university to hospital is a big leap but the fantastic team at Wythenshawe made us feel right at home.”*
- *“Wythenshawe has great facilities, and the staff are always friendly and happy to help.”*
- *“UHSM is a friendly and supportive environment to start clinical learning, with great clinicians and skills tutors who actually care about you succeeding.”*
- *“Great hospital. Quaternary centre for cardiology and respiratory (including transplants). Very good burns and plastics centre where students are likely to have placements.”*
- *“The DGHs are very accessible and offer a great opportunity to work in smaller teams and be more hands on in patient care.”*
- *“The clinical skills centre in Wythenshawe is amazing, the staff are so helpful and you can go to practice whenever you want before OSCEs!”*
- *“Everyone is so supportive and friendly. Wythenshawe actually care about you enjoying your placements and doing well!”*
- *“All the staff are helpful and approachable. It’s also very easy to get to by car and parking is very reasonably priced.”*



- **Clinical Education Years Peer Mentors, 2018/19**

# MFT Wythenshawe – A Welcome From Your Dean

First of all, a very warm welcome to you from myself and all of our Undergraduate staff at MFT-Wythenshawe Hospital. Some of our staff have told me that the arrival of our new cohort of Year 3 medical students is the best time of the year for them.



<https://www.onemedinfo.manchester.ac.uk/blog/place/university-hospital-of-south-manchester/>

<https://www.uhsm.nhs.uk/hospitals/wythenshawe-hospital/>

Starting your Clinical Education Years is a major transition but also a good one. It is your entry into the environment where the majority of you will spend the rest of your working careers. We are aware that it will take you some time to settle into this and all the Undergraduate staff will do all they can to help you acclimatise to the clinical environment.

As many of you may already know, MFT formed from the union of CMFT (MRI) and UHSM (Wythenshawe), making us one of the largest trusts in the country. I would like to take this opportunity to assure all students that there will be no predicted changes to your clinical teaching as a consequence of this. Both sites will maintain their own Undergraduate Departments and we will continue to work with Professor Fiona Carley, Hospital Dean for MFT – Oxford road and her team.

The scope of clinical medicine is absolutely vast. Over the next three years you will be exposed to every major specialty. This may be the only close exposure you will have to many of these specialties in your entire careers as the early career choices now expected from junior doctors will narrow your pathway after your 2 year post-qualification Foundation Programme. So, make the best of your undergraduate time. Personally, I found every specialty that I was exposed to in my Clinical Years fascinating. I was never bored.

You will be exposed to another type of learning opportunity in clinical medicine as well – the patient. I believe that spending time with patients is the best and most rewarding resource of all clinical learning. Never forget that learning and practicing medicine is a privilege. The privilege is that you are able to share some very personal aspects of peoples' lives and, indeed, have access to their own physical bodies. You should spend as much time as you can on the wards and in the various departments in the hospital taking histories from patients, examining them (with their permission), learning and practicing procedural skills and observing and event participating in the care of the patients. Be proactive and make the best use of your time, particularly in any

gaps between scheduled teaching sessions.

This is the real thing and I hope you thoroughly enjoy your next three years. However, please also bear in mind that hospitals and GP practices are fast-paced environments and patient care is a clinician's first priority. We have many excellent and committed teachers in Wythenshawe but sometimes, extreme busyness or emergencies can disrupt teaching and you will need to be flexible and understanding of this at times. However, both the undergraduate team and I are committed to giving you the best learning experience we can.

*So here are my top tips:*

1. Enjoy your clinical medicine experience.
2. Your clinical years should be some of the best and most enjoyable of your life.
3. Work hard but make sure you enjoy life outside medicine too.
4. You will become a more rounded person.
5. There is always something to do and learn in clinical medicine.
6. Be flexible and make the best of your time.

We all wish you luck, success and happy times!



Professor Ann-Marie Kelly, Hospital Dean Manchester University NHS Foundation Trust  
Wythenshawe Hospital.

# 1. Hospital Details:

## About Wythenshawe Hospital

(Manchester University NHS Foundation Trust: Wythenshawe Hospital)

Wythenshawe is a great teaching hospital with some world leading Clinicians based there. The particular specialties of the hospital being Respiratory and Cardiology (North West Heart and Lung Centres) and its Transplant Centre (for lungs and heart).

Useful Names to Know in the Undergrad Team (as of March 2018)

**Professor Anne-Marie Kelly** – Hospital Dean

**Nicola Lees** – Undergraduate Manager

**Amanda Gould-Sadler** – Year 3 Coordinator

**Dr Mo Al-Aloul** - Associate Hospital Dean for Year 3

Most staff emails at [firstname.surname@manchester.ac.uk](mailto:firstname.surname@manchester.ac.uk)

## District General Hospitals

The DGHs are Stepping Hill (Stockport), Macclesfield, and Leighton (Crewe). Leighton provide accommodation for all those placed there for a block, and most students travel to Crewe by car/taxi (in a small group) or train on a Sunday afternoon/evening and return again Thursday evening to their houses before teaching at Wythenshawe on Friday. Macclesfield provide accommodation also and is quite a pleasant 30-40 minutes drive through some of the nicest parts of the North West such as Prestbury and Alderley Edge. Stepping Hill is a commute by car or bus and is relatively direct from Withington/Didsbury.

In Year 3, they aim not to send out St. Andrews Students to DGHs during their first block, although this can't be guaranteed.

*\*Please note you will also need to spend some time at hospitals outside your clinical education campus and its associated clinical education providers. Please be aware that due to the changes in the NHS, Trusts may merge, change or increase. Also due to changes in NHS services there may be some changes in placement locations and in the usage of associated teaching hospitals listed above.*

## Housing

The majority of Wythenshawe Students live between Fallowfield and West Didsbury, with those from St. Andrews mostly residing in Withington and West Didsbury. Student Housing is competitive in Manchester, but fortunately you can often rent professional lets due to your degree after graduation from St. Andrews. For student lets, aim to have looked round before

Easier to give yourself the best chance of somewhere you are happy with. If you decide to look at professional lets, you are in the very unfamiliar situation of being told you are looking too early if it is more than two months in advance of moving in. So don't worry if you haven't got anything arranged before summer, with a bit of looking you can find somewhere no problem.

## Transport

Sometimes you can have clinics at a different hospital when based at Wythenshawe. The most common one being Withington Community Hospital which is easily accessible when living in Fallowfield, Withington or Didsbury.

For the sake of ease, the following transport information about Wythenshawe will be based around Withington and West Didsbury, as the vast majority of students take accommodation there.

A Good website to use is: <https://my.tfgm.com/#/planner/>

## Car

Travelling to and from the hospital (Wythenshawe) by car from Withington and Didsbury is extremely easy. From 15 minutes when its quiet, to 30 minutes at rush hour, it's probably the easiest commute you are likely to get at any hospital. It is equally easy to use the metrolink (tram) or buses to commute to the hospital should you not have a car or be able to car share with someone in your group.

## Tram

It is usually a direct tram to Roundthorn (nearest stop to the hospital) or can be 1 change, and will take 30 minutes in total from the tram stop.

## Bus

This is slightly faster than the tram using the 101 or 103 at 20 minutes but buses are slightly more infrequent with buses scheduled every 15-25 minutes (if they are on time)!

## Cycle

20 minutes along A roads, but best reserved for confident road cyclists.

*- Chris Warner, Year 3 Student at Wythenshawe, 2016/17 and Sarah Warwick, Year 3 at Wythenshawe*

# Life In A District General Hospital

Not a lot of people tell you about what it's like in a District General Hospital (DGH). I personally had no idea what to expect when I went the first time. You hear a lot about the educational campuses, as that's where you'll spend most of your time, and the thought of going elsewhere may seem daunting. However, going to a DGH can provide you with some incredible learning experiences. Everyone will end up at a DGH at some point during their clinical years and it's important to know how to make the most of it!

Depending on the DGH, you may decide to commute or to stay over during the week, when given the option. They tend to be longer commutes, so staying over is definitely a valid option, especially when you have an early start the next morning. It can be frustrating at times being away from Manchester, but remember, it's only for a few weeks! The accommodation is of a good standard, and is fairly similar to university halls. It involves a shared flat (usually with 2 people in your year), and a communal kitchen, bathroom and dining/living area.

## DGHs are a great place to develop clinical skills

The teaching is usually well organised and of a high standard. There is a lot of opportunity for clinical skills practice, such as taking blood, because the staff are often more able to find the time to watch you practice and are then able to give you helpful advice on how to improve your technique. It's also the perfect time to get your UPSAs and prescribing skills done (which are tasks set by the University for you, to be completed throughout the year)! From personal experience, I can say that it is often easier to find staff that are able to help you to complete your tasks in DGHs than in the educational campuses.

Another benefit to being at a DGH is that there are fewer students in your firm, which means it is easier to get one-on-one (or at least smaller group) teaching and help from doctors. This means that everyone gets more personalized teaching. For example, during teaching, everyone will have the opportunity to perform full examinations with structured feedback, as there is more time for teaching each person. You may also get opportunities to practice writing in patient notes, which you often don't get in the educational campuses.

Doctors at all levels, from FY1 to consultant, find the time to teach you and you get to know them well. The staff at the academic centre are extremely helpful, and there is often a clinical fellow attached to the DGH, who is there specifically to teach medical students. They are very helpful, as they provide a lot of individualised teaching and are always available to contact for any help or questions.

## In summary

It's not all bad to be placed at a DGH. Although you're away from Manchester during the week, teaching is of a high standard and you can really start to get to grips with some of the key skills that you'll need - not just for your OSCE, but also throughout the rest of your time at medical school and as a junior doctor. It's up to you to make the most of the placement by being proactive and seeking out learning opportunities whenever possible.

*-Tarryn Saidel, Year 3 Student at Wythenshawe, 2017-18*



# Macclesfield General Hospital



## How Do I Get There? By Car Or Public Transport

Driving to Macclesfield every day takes 30-40 minutes in the morning and up to an hour to get back depending on what time you leave hospital and how bad the traffic is. In terms of public transport there is a train that takes 20 minutes from Piccadilly followed by a 20 minute walk to the hospital.

## Where Is Good To Get Accommodation?

Year 3 students are offered accommodation. The hospital accommodation is within the hospital grounds allowing you to have a bit of a lie in every day and there is Wi-Fi access in all rooms.

## Where Can I Buy Lunch?

There is the “Treetops” cafeteria in the hospital, which serves both breakfast and lunch along with sandwiches, salads, tea, coffee etc. for reasonable prices.

There is a big Sainsbury’s 10-minutes away and there are also a few shops in the city. There is also a “grand round” every Tuesday for doctors in the hospital which medical students can attend where you can get free lunch.

## Is There Good Wi-Fi?

There is Wi-Fi throughout the hospital but you will have to register your device with the hospital and they will then grant you access to it.

## Is There a Library On Site?

There is a very good library onsite which is open during office hours and accessible via your swipe card out of hours and they also have free tea and coffee!

## **Can You Use The Skills Lab?**

The staff in the skills lab are very friendly and apart from the weekly clinical skills sessions which are organised you can also go in any time if you feel like you need some additional practice. They can also be very helpful in helping you get some of your UPSA's signed off.

## **When You Have a Problem You Can Contact**

Catherine Rimmer is the Undergraduate Administrator and is of great help with any problems or queries you may have. I also found that the Consultants, junior doctors and nursing staff were also very helpful

*- Sasha Vucicevic, Year 3 Student at South, 2016/17*

# Leighton Hospital, Crewe



You'll hear many people refer to Leighton as Crewe, which is where the hospital is. The furthest of the 3 DGHs, this is the one that most students are wary of getting. Hopefully, this guide will be able to ease some of your concerns.

## How Do I Get There? By Car Or Public Transport

If you drive or know someone who does then getting to Crewe is as straightforward as it gets. It'll take around an hour from Didsbury/Withington with no traffic. If you don't drive it's still fairly easy to get there. The trains to Crewe run very frequently and are very cheap (buying a day in advance gets you tickets for about £4). Once you're at a Crewe you can either cab or bus to the hospital.

## Where Is Good To Get Accommodation?

Crewe provides accommodation to Third Year Students. While at the beginning it'll seem frustrating to have to get there for Sunday night and to spend an entire week away from Manchester and your friends, living on site might be the best thing about Crewe. The flats are literally 2 minutes away from the main entrance and this means you won't have to worry about commuting every day, and you get to sleep in, a lot.

## Where Can I Buy Lunch?

The accommodation provides a kitchen, fully equipped with utensils, which means going back and cooking lunch is super easy. However, within the hospital itself there is a restaurant, a café and a shop which sells things like sandwiches and snacks. The café and the shop are located right across from each other, right next to main entrance and while the restaurant is a little further away, there are signs to guide you so it's really hard to get lost.

## **Is There Good Wi-Fi?**

This is the thing that most students worry about, and the answer is yes. Once you're registered to the residences Wi-Fi, you get it in your flat and it's strong enough for you to keep up on your Netflix dramas. The Postgraduate Centre has got eduroam so you'll be able to access Wi-Fi there as well. Unfortunately you won't get Wi-Fi anywhere else in the hospital and occasionally you'll have trouble getting phone signal as well.

## **Is There a Library On Site?**

Yes. It is located in the Postgraduate Centre (there are signs so it's easy to find). The library is 24-hour access and equipped with Wi-Fi, tons of medical books and computers.

## **Can You Use The Skills Lab?**

Unfortunately, you're only allowed in the skills lab when you have a skills session. So you won't be able to go in to practice your skills any other time. But, when there are only 2-3 students per ward, you hardly ever need it. You get tons of opportunities to do procedures such as bloods, cannulas and ABGs on the wards.

## **When You Have a Problem You Can Contact**

Carol Morgan is your first point of contact for any problems you might have; and she's great at her job. Expect lots of emails from her just before you arrive at Crewe and she tries to meet up with the students at least once a week. Here's how to get in touch with her, Tel: **01270 612015**  
Email: [carol.morgan@mcht.nhs.uk](mailto:carol.morgan@mcht.nhs.uk)

***- Aarathi Krishnan, Year 3 Student at South, 2016/17***

# Stepping Hill Hospital, Stockport



## How To Get There? By Car Or Public Transport

Car drivers are offered parking facilities on site, which is paid monthly. There is also plenty of parking on the streets nearby if you would rather not pay for parking. For cyclers, showering facilities and bicycle sheds are provided. Students will be directed through the paperwork to get that sorted on their induction day.

The bus 192 (terminates at Piccadilly or at Stepping Hill Hospital or Hazel Grove) some 192 buses stop in the hospital grounds and some carry on down the A6 Road (check on the front of the bus, you can get either) they go via Stockport station are very frequent. From Stockport bus station, you can get the 42 to Withington, Didsbury and Fallowfield or the 23 to Didsbury.

## Accommodation?

This is unfortunately not offered for the duration of your 6/4-week placement at Stepping Hill.

## Lockers?

There are free lockers in Pinewood House for those who cycle – it is also handy for keeping your coat and bag instead of carrying it around on the wards! If you need out of hours access to Pinewood there is a key that you can put a deposit on (£10) to let you into the building, you get the deposit back when you return the key at the end of your placement.

## Lunch?

There is a canteen and Café's in the hospital, which will be shown to you on your induction day. Otherwise, if you fancy something different, there are plenty fast food shops and a Sainsbury's along the main road. There is also a common room in Pinewood House with fridges to store food and microwaves if you would rather bring your own lunch.

## Internet Access

Whilst in the Education Centre (Pinewood house), there will be access to Wi-Fi. However, inside the hospital, that can be a bit patchy.

## Other Educational Facilities

There is a library on site, which can be accessed 24 hourly if arranged so beforehand but is usually manned by staff during normal working hours. There is also a small computer lab in Pinewood. Be sure to get your library card and Open Athens login when you arrive.

There are two skills labs, one of which (F15) is open to students wanting to gain more practice. The experiential learning timetabled will be provided by a teaching fellow.

## Who To Contact If There Is A Problem?

The educational administrative staff in Pinewood house are there to help you if there is a problem. If you find any clashes in your timetable or have had one of your classes cancelled, contact Nicole Beveridge. The skills tutors have their office in F21 and are very willing to help if you need a hand with practicing the procedural skills.

***- Tanvi Ujodha & Abigail Gordon, Year 3 Students at Wythenshawe, 2016/17 and Sarah Warwick, Year 3 student at Wythenshawe, 2017/18***



# Tameside General Hospital



## How Do I Get There By Car Or On Public Transport?

### Car

Best method since public transport takes ages. About a half hour cars ride. Often, there's a waiting list for the car parking permit at the hospital so you may have to park in the side streets nearby.

### Bus

- 231 goes directly from Piccadilly Gardens but takes an hour to get there.
- You can also take the 216 from Piccadilly and change to 231 (bound for Piccadilly) or 387/389/350 from the Ashton Bus Station, stands CDEF. Overall, this route is a slightly shorter than the 231 route but, obviously, a change is involved.
- Note that 387/389/350 are first buses while 216 and 231 are Stagecoach. For this reason, I would recommend buying the System One **monthly** bus pass as it's the same price as a First monthly pass, or a Stagecoach monthly pass.

### Train

Nearest station is Stalybridge and it's approx. an 15-18min ride. Note that the walk from Stalybridge to the hospital is also another 18-20mins. The train comes every half hour.

## Where Is Good To Get Accommodation?

Accommodation is not provided. You could move nearby but your placement is likely only 7weeks long.

## Where Can I Buy Lunch?

- Hartshead Restaurant on site
- Costa
- WRVS café
- League of Snack Bar
- Newsagents

## Is There Good Wi-Fi?

Yes, they have a separate Med Student Wi-Fi. Your Placement Co-ordinator should give you access to this on induction day.

## Is There A Library On Site?

Yes, in Werneth house education centre. I think the timings are 8:30am-5:00pm. They have a separate IT suite too.

## When You Have A Problem You Can Contact?

Your placement co-ordinators. So, either your consultant in charge or the admin staff.

- *Kanika Daga, Year 4 Student at (MFT) Oxford Road, 2016/17*

## 2. So you want to know about:

### Top Tips For a Stress Free Portfolio



#### 1. Read the guidance material

Take time out at the start of the year to read through the guidance material. Make sure you know what is required, by when, and in what format. The guidance material includes plenty of top tips about how to produce high quality reflective writing.

#### 2. Make yourself a Portfolio 'To-Do' list

Clinical years are very busy. There will be many different things fighting for your attention. Making a 'To-Do' list makes your life much easier and significantly boosts your efficiency.

Make a list of portfolio items you need to complete for each portfolio review. Whether on paper or your iPad, the key requirement is that you can quickly see what is outstanding at a glance. You can also see what you have already completed - a handy reminder for revisiting previous reflective pieces.

#### 3. Little and often is easier than saving everything to the last minute

Students who make regular, small updates to portfolio often report spending much less time on portfolio than students who carry out inefficient last-minute sessions. Not only that, but these last minute writing sessions often take up entire weekends of personal time. There are numerous, small quiet moments on wards or between clinics. A little time spent jotting down a quick reflective piece during these times prevents portfolio eating into your weekend.

#### 4. Set your own reminders

There are very few reminders about portfolio throughout the year. You need to be proactive in reminding yourself to complete the work. An efficient way to do this is to schedule yourself a one hour session on the medlea calendar at the end of each placement.

#### 5. Make portfolio as enjoyable as possible

Portfolio upkeep is a key part of life as a doctor. Love it or loathe it, there's no escaping and it will play an increasingly important role as time goes on. So why would you want it to feel like a chore? Turn 'I need to do portfolio tonight' into 'it's portfolio and pizza\* night' and it feels a lot less like work (\*also works with wine and another favourite drink\*)

- **Richard Milea, Year 4 Student at MFT- Wythenshawe, 2017/18**

# What Is A Logbook?

The logbook is a collection of forms that records your learning throughout the year. It allows you to document any histories you have taken, any examinations which have been observed by the medical staff and any case presentations you have done. It allows you to demonstrate attendance to all the timetabled clinical sessions such as ward rounds, clinics, theatres and on-calls. It is also used to gather evidence of completing assessed mandatory procedural skills and developing procedural skills, which are taught in the skills lab.

## Why You Have A Logbook And Why Is It Important?

Logbook is a useful indication of how much clinical experience you are getting during your placement. It also allows you to get more involved in your placements. It is important to do these forms as it highlights areas that may need a bit more practice. It also helps your supervisor get an idea of how much you've been involved in your placement before signing you off! The exact requirements may be different for your year as the Year 3 team have been listening to your feedback and streamlining the process, but in general we needed to be signed off for:

History taking, Patient presentation, Patient examination, Ward Round, Outpatient clinic, Theatre list (only on surgery), On-call, UPSA (Undergraduate Procedural Skills Assessments) and Prescribing tasks.

## Some great tips about sign offs:

- **Top tip: BE PROACTIVE!** Doctors don't bite, so don't sit around waiting for people to sign you off, put yourself out there and ask at the start of any session if you can do XYZ. Not only will you find getting signed off easy but you'll learn so much more. Everyone likes to teach people who are enthusiastic and passionate about what they're doing.
- Sometimes getting forms signed off isn't an easy task as Drs are busy people but a good way to incentivise them is to make them aware you can give them feedback on their teaching for their portfolio.
- **History taking:** Try and get the histories and presentations done early in the week. The most efficient way to do this is to go onto the ward and ask the junior Drs or nursing staff if there are any new/good patients to take histories from. This way you get patients that are normally happy to talk to you, have interesting signs/symptoms and are good historians. Then if the patient is happy for you to do so examine them and then log into the system to check your findings with the admission clerking.
- **Patient presentations:** A good way to do this is to integrate it with your weekly ward round. Ask the doctor leading the ward round if you can go ahead of the ward round take a history and examine a patient and present your findings when the ward round reaches them.

- **Patient examinations:** You will get one or two consultant lead teaching sessions a week. This is a good place to get tips/advice on your examination technique but also get that much needed sign off. Alternatively, outpatient clinics are a really good place to get examination practice as most patients are fairly fit and well.
- **Theatre session:** Often surgeries go on a lot longer than your timetabled slot and you have to leave before the end so usually it's easiest to get the anaesthetist to sign you off.
- **Out of hours/On-call:** Do more if you can as they are great for getting one to one teaching and experience.
- **UPSAs & Prescribing:** Don't leave them to the last minute!

**And don't worry - if you miss one outpatient clinic or ward round (e.g. because it is cancelled), you are not going to fail your placement. The logbook is just the start of a conversation with your supervisor to show that you have been actively learning on placement.**

NB: Generally foundation year 1 doctors cannot sign you off for anything other than ward rounds as they are still officially under supervision themselves, but they are great to help with finding patients to take histories from and get practice in general.

- *Sherin Shaji, Year 3 Student at (MFT) Oxford Road 2016/2017 and Ryan Beggs, Year 3 Student at Salford 2017/18*

# What Are Themed Case Discussions?

Themed Case Discussions or TCD is name for the flipped classroom model of teaching that the medical school has implemented for year 3.

## Why Do You Have Them?

TCD are the next evolution from the Problem Based Learning style you have encountered during Year 1&2. It is like the clinical reasoning style of semester four, however without a session for the opening of a case, only the closing.

## How Is It Set Up?

Just like a classroom... With tables, chairs, computer and a projector.

## What Exactly Is A Flipped Classroom Model?

It is exactly as it sounds like a “flipped classroom”, so what does this mean? So rather than the classical, going to a lecture to be taught the material, then going home to revise and then do homework. You are expected to do the online material on the topic of the week; this can be anything from Headaches to Haematological malignancies.

Then once you have the TCD, you should already have some prerequisite knowledge on the subject. During the TCD, you will work through cases that follow the theme of the week. However, what differs from your previous experiences is that there are subject matter experts (in other words specialists in that field (e.g. consultants) on hand to help.

You work with the other students at your table, to answer questions such as: what is the next step in management, what is the most likely diagnosis etc. Using the data provided to you e.g. patient's history, symptoms, test results. This is like what you should do in real practice, to decipher the mass of information you are given, to work systematically to generate a differential diagnosis or decide on the most appropriate management.

But do not despair if this all sounds daunting, as there will be subject matter experts at hand to help you during all this. There are usually three during one session and they move from table to table, helping you draw from your own knowledge an appropriate answer.

## Why Are They Important?

As you will be spending a lot of your time attending clinics, ward rounds and teaching, it is difficult to schedule time for lectures. Plus, the added difficulty with students being sent to district general hospitals, the old style of teaching isn't appropriate.

I find it a much more engaging way to learn, rather than getting spoken at, you will have the opportunity to have a conversation with the teachers and ask questions. During the sessions, it



helps to reinforce the information that you have learnt during the week and clarify anything that you don't understand.

## Q&A

- Do I need to do the online material?
  - Yes, if you want to understand what's going on in the session.
  -
- Do I need to be an expert on everything?
  - No, that's why there are experts on hand to help you when you get stuck.
  -
- How long does the online material take?
  - It depends on the topic. It shouldn't take more than a couple of hours to go through the material. There are online lectures to watch and links to videos that help aid your understanding.
  -
- Is it better than PBL?
  - In my humble opinion yes, rather than regurgitating something you learnt 5 minutes before the session. You work through problems during the session, which is more exciting than for example repeating the coagulation pathway. Learning why it matters is more fun.

- *Matthew Chun Bond Chiu, Year 3 Student at Salford, 2016/17*

# Patient Centred Consulting (PCC)

Patient-Centred consulting (PCC) can be considered as an extension of the Early Clinical Experience during Year 1 & 2. It integrates Clinical Communication, Prescribing, Ethics and Law, Patient Safety, Psychology and Sociology. The team is well trained to make sure all of these are covered, and includes: doctors, pharmacists, tutors from the medical school, simulated patients, expert patients, translators, and who else, every week could be a surprise!

## All of these topics are equally important

To achieve a better understanding on how different issues may affect patients whom you are treating.

### For example:

- You will learn how to communicate in difficult situations such as breaking bad news, talking to angry patients and families, and dealing with difficult colleagues.
- You will develop your critical thinking about ethical and legal issues such as mental health, disability, and allocation of scarce resources.
- You will learn how to take a medication history, how to do a medication review and how to safely prescribe.

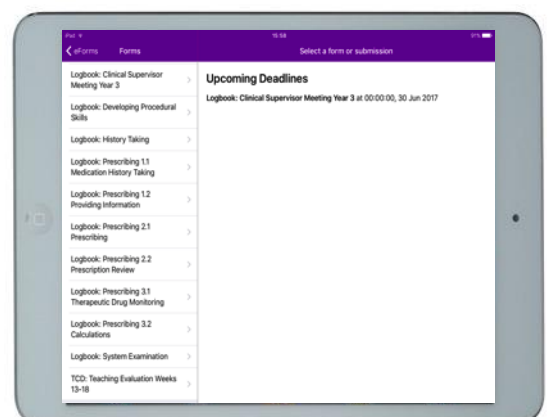
## PCC is not like a lecture

You don't just sit and listen; the sessions are run so that they are interactive and allow you to participate and engage. One week you are a doctor handing over a patient for surgery, the next week you are talking to real patients and their translator, and another week you are 'solving' poverty in Manchester. They all give you the opportunity to practice and develop these skills in a **safe** environment and to receive feedback from your tutors and colleagues.

The sessions are run on Fridays at your base hospital, or after your Themed Case Discussions (TCD). They are not always linked to the TCD cases, but they build nicely on to what you have previously covered.

- *Cedric Ho Tiu, Year 3 Student at Salford, 2016/17*

## What Are Prescribing Tasks?



There are a number of prescribing tasks that need to be completed during Year 3. These will be uploaded onto your iPad (via eForms) for you to fill in and get signed off.

## They Can Include:

- Taking a detailed medication history from a patient
- Providing appropriate information to patients regarding their medication
- Practising completing a hospital prescription
- Reviewing a patient's hospital prescription chart
- Learning about Therapeutic Drug Monitoring
- Practising calculations used in prescribing

## Why Do You Need To Do Them?

The prescribing tasks are there for you to learn about prescribing and to practise this alongside professionals such as FY2 doctors and pharmacists. It is a great opportunity in Year 3 to learn on the wards how important prescribing is as it's a skill you'll be doing every day once you qualify. You will also appreciate how much the pharmacists know and how valuable it is having someone on the wards who knows so much about most medications.

## Why Are They Important?

The prescribing tasks are important so that you learn about prescribing correctly. This is a skill that is essential as a junior doctor but even before you get to that stage, it's a skill that will be examined in your OSCEs (using University of Manchester prescription charts) so it's useful to become confident in the skill early on.

- **Lizzie Rawlins, Year 3 Student at Preston, 2016/17**

The image shows a sample of a hospital prescription chart form. It is titled 'NOT FOR CLINICAL USE' and 'PRESCRIPTION CHART'. The form includes sections for patient details (Name, Address, Date of Birth, Sex, etc.), a list of drugs currently taken, and a large grid for prescribing. The grid has columns for drug name, dose, frequency, and duration. There are also sections for 'ANTIBIOTIC PRESCRIPTIONS' and 'OTHER PRESCRIPTIONS'. The form is designed to be filled out by a prescriber and signed off by a pharmacist.

# Clinical Skills 'A Practical Tool Kit'



Clinical Skills are carried out daily by most Healthcare workers (doctors/nurses/ physicians assistants) in every clinical setting imaginable, be it a hospital ward, GP surgery or operation theatre. These skills are integral to the diagnosis and provision of care of each and every patient you will come across as a medical student, and a future doctor.

In your PBL cases throughout Years One and Two, you may have been met with some blood results to diagnose a patient's condition- well, who takes these blood samples? The answer is any trained Healthcare worker can. Once the tutor has trained you in your hospital, you can take blood samples, whilst always under supervision. While blood results are vital in understanding what is going on with a patient, there are a number of other clinical skills that aid us in diagnosis and management, which you will have teaching sessions on, but also be exposed to on hospital wards,

Such as:

- Cannulation (to establish IV access in order to give patients medications/fluids)
- Urinary catheterization (to monitor urine output/ relieve obstructions)
- Collecting Mid-stream urine samples
- Observations (blood pressure, heart rate, oxygen saturations, temperature, respiratory rate)
- System Examinations (cardiovascular, abdominal, neurological, respiratory, thyroid, peripheral vascular, and numerous others!)
- Arterial blood gas sampling (taking blood from most often the radial artery in the wrist)

## **This list does not exhaust just here!**

As you begin Year Three, you will begin to see the sorts of skills that nurses, junior doctors, and older medical students perform- and, will be able to shadow and learn from them. Once you receive your iPads at your Year Three induction, you will also be able to access a list of clinical skills you should be acquainted with on your eForms. The eForm will be titled 'developing procedural skills'.

## **Are these skills examinable?**

Some skills such as taking a patient's observations, and monitoring a patients blood glucose, will be part of your UPSAs, and you will need to get Eforms signed off for them by your qualified assessors. In terms of examinable skills, you will not be asked to perform these skills in an OSCE

situation in Year Three, however, you may be asked to explain a skill to a patient, gain consent, or interpret results. Interpreting results of clinical skills, also transcends OSCEs, often even Progress Test MCQs will require you to understand why a test was performed and what the results mean. Despite not being tested on performing these skills, it is important that you pay attention when others perform them, and that you too practice when opportunities present. Clinicians and nurses will appreciate if you offer to perform a job such as sampling blood from a patient, and it will also help to enhance your communication skills with patients. Practicing in your clinical years, will mean that you will be better equipped as a foundation year doctor.

### **Will there be opportunities to practice/perform clinical skills?**

Opportunities do exist to practice examinations, and present patient histories especially. These are often in the form of ward rounds, outpatient clinics, or scheduled teaching on the wards. While these opportunities tend to be handed to you, sometimes you may need to ask for a doctor on the ward to watch you perform a system examination or skill when they have the time. Letting doctors and nurses on the ward know what your aims for your placement are and what you would like to observe and learn, means that you will get more out of your placements. And, remember patients are also most often amicable to you practicing on them, once you clearly inform and gain consent from them. Don't worry about making mistakes, it will just mean that you will know where to improve and practice more of in the future!

- ***Hira Ghuman Year 3 Student at Salford 2017/18***

# Top Tips For OSCE's



## Why Do You Have Them?

- They are simply to check the skills you've been picking up whilst on the wards.
- Importantly they test your patient interaction skills and ability to deal with uncertainty. These will be important qualities to have as a doctor in the future.

## There Will Be Stations On:

- History taking – can include a medication history taking.
- Basic examinations.
- Explanations of basic conditions, treatments or procedures.
- Prescribing station – could include prescribing or prescription review.
- Data interpretation.

## Top Tips To Prepare For The OSCE

- Spend plenty of time on the wards during clinical placement, you'll learn more by osmosis than you realise!
- Be an active history taker – think about differentials as you take histories on the wards.
- Practice the exams using the iBook and other resources to test your knowledge of common pathology.
- Try to link patients you've seen to pathology but looking at pictures can also help.
- Attending extra tutorials or OSCE revision session provided by your hospital / societies can be a great way to revise.
- Speak to your Peer Mentors who will be able to give you some hints and tips.
- Geeky medic YouTube videos are great alongside Nick Smith's videos!
- Practice! Practice! Practice with your friends! Make up histories, examine each other and explain to each other too.
- Practice giving short summaries at the end of histories and exams.
- Take time to think how you'd explain common conditions/treatments/procedures in the TCD cases. Patient.co.uk or NHS choices is helpful to get the level right.
- Practice using both paper and e-BNFS to prescribe with the Manchester medical school "mock" prescription chart.



- Make sure you have a clear strategy for interpreting x-rays/ECGs/blood results. Again practice these and look at examples of pathology.

## Top Tips Whilst In The OSCE

- Be structured in everything you do; this will mean when you do have a mind blank you have a plan B!
- Try not to be freaked out by pathology on examination, describe it as best you can and give some reasonable differentials.
- ALWAYS ICE patients in histories and explanation stations!!
- In the prescribing stations it's important to check for allergies and write down all the patient information on the prescribing chart.
- In the interpretation station do not simply give a diagnosis. Talk through all the results and give your reasoning.
- Take each station one at a time, try not to lose your confidence if you have a bad station.

... and finally Good Luck!

- *Charlotte Underwood, Year 3 Student at (MFT) Oxford Road, 2016/17*

## Progress Test In Years 3-5

If you were in Manchester for Years 1 & 2 you already had the joy of progress test several times over. If you have arrived from St Andrews you will take it once before you arrive to give you a little taste. Dentists and IMU students get a practice early in Year 3.

### The Principles Behind the Progress Test

Understanding the principles behind the Progress Test helps because, as someone once said, if you have to go into battle it helps to know your enemy! The concept of the progress test is to encourage continuous learning, and to discourage a superficial approach, i.e. cramming facts just before the exam (which are forgotten the day after...). Questions are supposed to highlight the connections between the principles we learn early on and clinical work on the wards and in the clinics, so you may use your applied anatomy and physiology to answer clinical questions.

### Does It Count?

In Clinical Years Progress Test results count towards Honours Points and ranking (which then counts towards points on your Foundation Programme Application).

You can find out about honours points in the Programme Handbook:

<https://cases.mcrmed.manchester.ac.uk/handbook/assessments/general-information-regulations/honours-points-distinctions/>

And about ranking in the Educational Performance Measures Document:

<https://www.onemedinfo.manchester.ac.uk/blog/infoobjects/the-national-online-foundation-programme-application-system-fpas/>

### Preparing For The Progress Test – A Deep Learning Approach

How should you prepare? Inevitably the answer is that you need to keep on studying throughout the course, making sure you cover new material, refresh old knowledge, update and revise concepts that help you to understand the new information.

Partly it comes down to how you like to learn. I like to use lots of different methods to make sure that the learning has really sunk in – read, discuss, see a patient, watch a video, talk with a tutor, try a related practical, explain the concept in lay terms, write out related issues in a table, try a multiple choice question from a revision book... Whichever way you prefer to learn, I think it helps to use several different techniques – that way you can be learning for OSCEs at the same time. And the number of patients you see (and read up about) really makes a difference.

### As The Exam Gets Nearer

As the progress test comes closer you might do some structured revision.

- Practising random questions does not make for good marks. At the end of third year I relied purely on question banks and scored 67%. Start of 4th year I took a systematic

approach to revision and scored 78%. I think actually going through the Oxford Handbook (or another book that covers most topics), page by page as a supplement to working the cases, helps massively. You need to go through subject by subject with books, then test yourself on the topic. If you do well move on to the next topic. If you do badly, time for more reading before hitting the self-tests again.

- The best question banks are those which offer questions topic by topic, not just mixed mock papers, as this helps you to organise your revision. And a key feature of a good question bank is that it will explain not only which answer is correct (or incorrect) but also why it is so. Reading the explanations is important even if you get the answer correct, as they should add to your total understanding of the topic.
- You can increase your learning from many of the questions by “working backwards”. First go through all the answers to see how much you know about each option – working with a friend and making tables organise your thoughts helps for this. Only when you have organised all the information you know about option, should you attempt the question. The correct answer should then be obvious.
- Create tables of causes of key symptoms and signs – what are the main causes of acute onset of breathlessness? Haemoptysis? Dullness to percussion in the lungs? Blood in the stools? Night sweats? ... Make sure you can tell one cause from another by listing risk groups, symptoms and signs that would point to each possible diagnosis. Learning random facts is not going to help now; you need to be able to make links.
- Question banks like passmedicine or the GetAhead Series not only helps you to apply the knowledge but you start picking up patterns and key cues. E.g widened mediastinum = aortic dissection
- Don’t fall into the trap of trying to learn 1000 questions by heart in the hope that the exact question comes up, or spend hours trying to question spot. You need to learn the first principles in order to be able to both answer new questions and eventually manage real patients. One word difference can change the answer.
- Make sure you know the difference between the first test and the definitive test...

## Which Topics Should You Focus On?

Most of what comes up will be about either common conditions or serious conditions, because they are the most important when you are in practice. Remember that no-one fails finals for forgetting the minutia of a rare syndrome.

And don’t be tempted to only revise areas that you are interested in or comfortable with. Although this will make you feel secure, it won’t increase your marks very much. You will pick up marks faster by looking at those subjects that you don’t like, or have little knowledge about. Genetic inheritance is mine – is it 50% chance or 67% chance?

## Should I Try to Learn Specialties We Have Not Covered Yet?

Because the progress test covers all specialties, it is tempting to try to learn up on new material just before the exam. Should you try to learn about death certificates or contraception in year 3 for example, even though you have not covered these yet? If you are wondering whether to do this, I would say think hard about how you learn. Usually you will talk about a case in TCD/PBL, see some patients in the clinics or on the wards, perhaps go to theatre, the skills lab or the

radiology department, do your reading. By contrast, if you are attempting to cram a topic that you have not met before, you are probably only going to read up on it. So your knowledge of the topic will be very thin, and the probability that the stuff you have read up on will come up in the exam is very low. In effect you may well waste your time reading something new, when you could have spent it looking back at an area you have not covered for a while and feel weak on. Seeing patients and getting their perspective and story is probably the best stimulus to reading, and now you have a hook to hang your learning on.

## Use Your Feedback

The division changed the feedback we get from progress test a year or so ago, so that you can find out question by question what you got right and what you got wrong. Although a couple of weeks after the exam itself you might not be interested in looking back over it, if you can force yourself to go through the feedback it is worthwhile. The feedback won't make nearly as much sense to you if you leave it until later. You can find out where your weaknesses are and read up on the topics you got wrong, so that next time you don't make the same mistake. Plus if you write down your thoughts it counts as a portfolio reflection!

## Year 5

In fifth year, the progress test becomes a pass/fail, summative, assessment. At this point the pass mark is not about how you compare to your classmates, but about how you do compared to a set standard. This seems the fairest approach, since in theory every student could achieve the standard required to pass finals.

If you are interested in knowing how the pass mark is determined and you can find all the information in the Programme Handbook. But more importantly when you are stressing, remember that the vast majority (90 – 95% usually) of students pass exempting and if you don't there is always finals. There is lots of support (so I am told) before Finals, and you can get honours points in May.

## Finally – If You Things Don't Go Well

If you do badly on the progress test, ask yourself how hard you worked, not just before the test but also in the last semester. If you had a great social life, put in very little reading during term then tried to cram in the last week, the way to pull your marks up next semester is likely to be by working methodically, little and often, every day and every week. Organise your social life around your studies rather than the other way around!

On the other hand, if you worked hard during the term but still struggled in progress test, than perhaps it is time to look at your study methods. The approach that worked in school and college may not necessarily get you through university. Instead of sticking to a study partner who is just like you, seek out someone with a different (but successful!) approach. Join in with their discussions, follow their study habits, practise with someone who is good at the bits you hate and help someone who struggles with the bits you find easy. Teamwork is another skill that we want you to learn.

- *Adapted from an article by Tariq Ramtoola, Year 5 Student, 2016/17*

# What Are Applied Personal Excellent Paths?

The Applied Personal Excellent Paths, or APEPs for short, are projects that are undertaken in third year. These are 10-week student selected components in which you will participate in either a research or a non-research project. During this period, you will be working with researchers and professors of your chosen field to complete projects such as audits, literature reviews and lab-based research. The aim of the project is that by the end, not only will you have completed a piece of work, but also you will have studied and researched an aspect of medicine in detail, understood how to critically review literature, used basic statistical analysis and presented your findings or work. All good practise and experience for the future.

## Why Do You Have Them?

The APEPs are beneficial in a number of ways:

- **Exposure** - It allows you to spend dedicated time working in an area or field of interest to them. Such exposure may not have been possible previously because finding research to partake can be difficult when you're a medical student. It's also a great opportunity to start considering what specialties are appealing.
- **Research Opportunity** - Many of you likely will not have done anything similar previously or had chance to. Being part of the curriculum, it allows you to experience research and paper writing first-hand, great for anyone who has an interest but doesn't know where to start.
- **Guidance And Networking** - You'll also be working together with leading experts in the topic, thus allowing for both guidance and further opportunities. It may also even allow for networking! (Get to know the senior staff members!)
- **Professional Skills** - It provides you an opportunity to develop skills in literature review, lab-based research, statistical analysis and other necessary skills for the future. Understanding the importance of research and how to interpret them are crucial for any medical professional.
- **Publication** - There are also opportunities for publication for some topics or projects. Whilst these are not definite, the opportunity to do so is important for any medical student. Chances like this are few and far between so try your best! (Also, many tutors are aware of this and will be happy to help you achieve this!)
- **Achievement** - Completing a large piece of work by writing it yourself is definitely intimidating. However, it is also an opportunity. During the 10 weeks, you won't have any other classes or cases to do. It gives you a lot of time to focus. It also allows you to be more flexible with your time. Want to spend all night writing and all day sleeping? You can! (If you actually do work... also bearing in mind tutors will want regular meetings). If you are planning to intercalate, then this is also good practise for essay or thesis writing (things you are unlikely to have done for a while now!).

- **Time** - Term time during placements can be tough, if you're travelling long distances to district hospitals or you're on call or you've had full weeks. Finding time to consolidate and study can be difficult. You'll have plenty of time left over in the week for this too, in preparation of progress test. You'll also have time for social or extracurricular activities (especially if you manage your time well).

## Any Other Information

- **Applying** - It's important that when you apply to the projects, to choose one you are interested in. It sounds obvious but you do not want to spend 10 weeks of your life on a subject matter you have no interest in. You probably won't want to put effort in and produce something subpar, and you will not gain anything of benefit with that.
  - **Meeting Tutors** - When applying, try and arrange a meeting either in person or via Skype/phone/Facetime. This is very important because it can make all difference for both you and the tutor. They may be able to convince you to do something you had no interest in previously. You may also be able to make a good first impression, important for when they decide whom to work with. (Read around the subject area before meeting, it'll be helpful!).
  - **Be Quick!** - It is also important to note that if you are interested in something, go ahead and apply for it! Chances are, there will be 10 other people in your year that want to do the same thing. Be quick about it! Some of the most attractive projects get up to 30 applications in the first couple of days.
  - **Rejection** - If you are rejected from an application, do not be disheartened. As said previously, there can be a lot of competition. Look around the topic/area for similar projects. If you can't find anything similar, contact the tutors directly because they may happen to have something but haven't put it up on the website.
  - **Finally** – Think of this as an opportunity, not coursework/work to do. This has been arranged to be beneficial to you and you can make it so only if you want to gain the most out of it.
- *Jackie Liu, Year 3 Student at Salford, 2016/17*

# What Are Student Selected Clinical Placements?

The SSCP is a 4-week block at the end of 3<sup>rd</sup> year where you do a clinical placement of your choice. It can be at your base hospital, an associated district general hospital or a GP practice.

For example, here are the dates for the SSCP this 3<sup>rd</sup> year (2017-2018):

Week 39	18-Jun-18	to	22-Jun-18	Student Selected Clinical Placement (SSCP)
Week 40	25-Jun-18	to	29-Jun-18	
Week 41	02-Jul-18	to	06-Jul-18	
Week 42	09-Jul-18	to	13-Jul-18	

You rank 8 choices in about mid-April and your placement will be confirmed by mid-May. The deadline for self-arranging a placement is earlier.

## Why Do You Have Them?

It gives you a chance to explore a specialty of your choice, gain more experience in hospital, improve your skills or make up for a block that you have not been put on.

## Why Are They Important?

The SSCP allows you to pursue your clinical interests and explore a different specialty. It gives you the chance to think about career options, show your interests and develop your career.

## Any Other Information

You need to pass all your clinical placement blocks to be able to choose this one. The SSCP is assessed by submitting a reflective piece about what you have learned. If you fail, you can resit it in summer or next year.

*- Jenny Quang, Year 3 Student at Salford, 2016/17*



# Conferences, Presentations And Publications

## What Can I Do?

You can present a poster or presentation at a conference, publish research or apply for academic prizes. Publication types include articles in journals, reviews, reflective pieces and even letters. Publications are considered educational achievements and bear weight in your job applications.

These are great opportunities to develop expertise in your chosen speciality and gain insight into a career in research, all whilst developing your research and presentation skills.

## I Can't Find The Time!

Some scientific bodies only ask for a 500-word summary, which is one hour of typing. You can begin with subject areas that you find interesting, or perhaps draw on research conducted during your intercalation year.

Start with the resources we mention below and keep looking until you find something that catches your eye. Work on your chosen project for 20 minutes a day and something will come together quickly. Don't forget to email [mmsprizesandpublications@manchester.ac.uk](mailto:mmsprizesandpublications@manchester.ac.uk) if you have won a prize and we will sing your praises on our Twitter!

## Where to Find Opportunities on 1Med

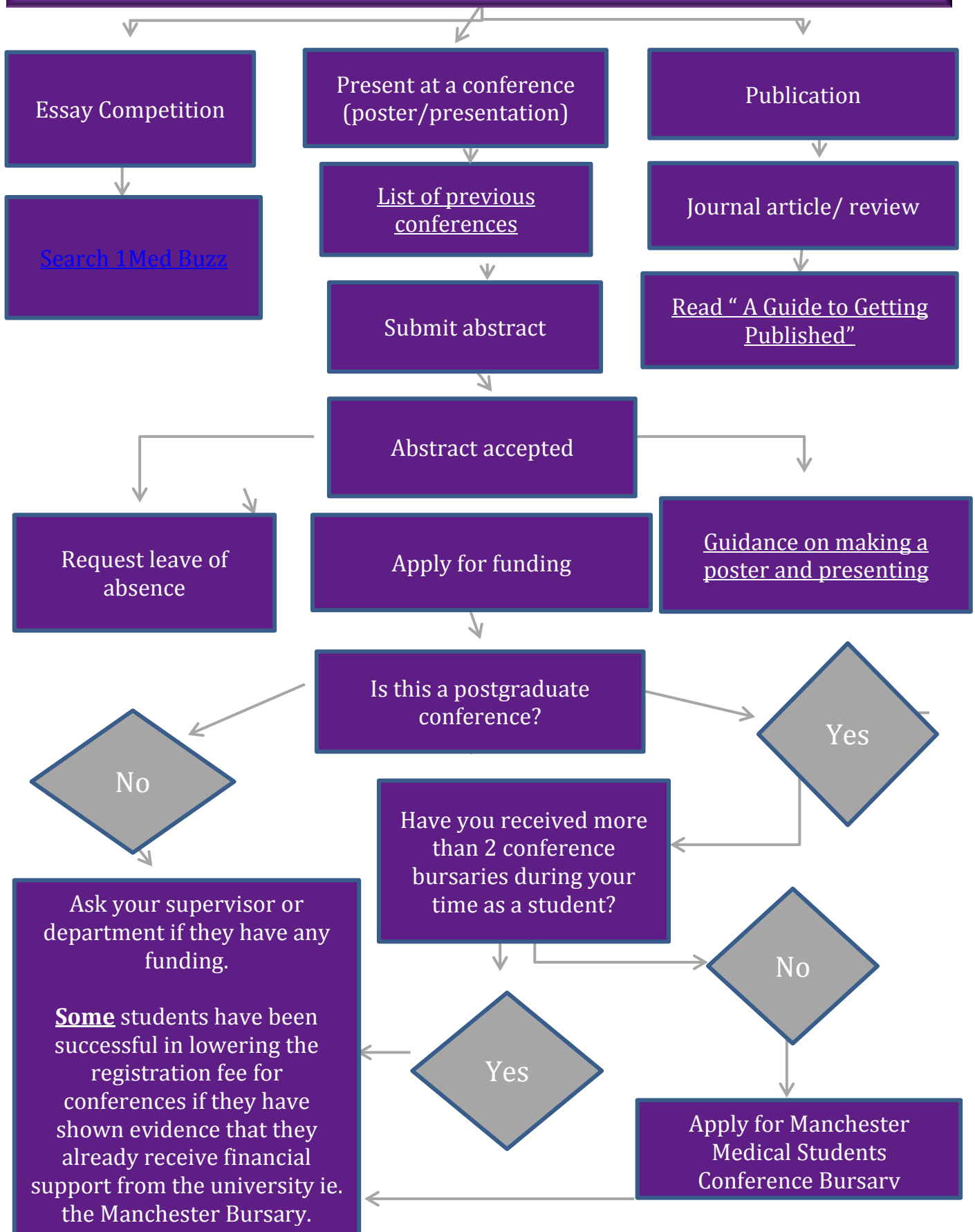
- Academics and admin staff will regularly post information about competitions and conferences on **1Med Buzz** <http://www.onemedbuzz.manchester.ac.uk/opportunities/>
- On **1MedInfo** there is a Section called **Careers Planning**. Scroll down to the bottom for various resources, and then click on 'Conferences, Posters and Oral Presentations'. These two sections contain guides to publications, poster templates, advice on presenting, a list of conferences where students have previously presented and many more useful documents. <https://www.onemedinfo.manchester.ac.uk/blog/sections/careers-planning/>

## Funding for Conferences

The Division of Medical Education provides up to two bursaries of £50 for students selected to present their work at conferences. Time off to attend conferences must be approved in advance by the Hospital Dean, as it can impact on learning and progression.

Email us ([mmsconferencebursary@manchester.ac.uk](mailto:mmsconferencebursary@manchester.ac.uk)) with a completed application table including authorisation of time off, confirmation of attendance, your poster and a few other things. The application table can be found on both **1MedBuzz** and **1MedInfo** simply by searching 'conference bursary'.

# What can I do with my project other than submit?



## 3. General Hints, Tips and Advice:

### That Transition into Clinical Education Years

Hello I'm Claudia! I've finished 3<sup>rd</sup> year and am intercalating doing an MRes in Medical Sciences. I've made that transition into the Clinical Education Years and it's quite the adjustment! I felt at that time there wasn't much guidance on the transition so I'm writing this from my own experience to (hopefully) give you some insight into what it's like.

#### What Equipment and Resources?

Firstly the practical side. Absolute essentials are a biro and spiral bound notebook (it's hard to write on something which can't fold around when you're standing up), nothing fancy as you will lose your pen or spill something on your notebook, guaranteed! This is for writing down impromptu teaching and what the doctors who kindly take you under their wing tell you to look up. Learn this stuff! Doctors will quiz you and you don't want to look like you're not interested as it might lead to a disappointing sign off. Get a good stethoscope and don't be afraid to go for a colour you like! Buy a "nurses watch" with a second hand so you can take the pulse when examining a patient. I got one from amazon with a clip (not a pin) so you can hook it to your lanyard or belt loop. Having these on the first week will make it easy to dive in with examinations, which I would start practicing early so it comes naturally for the OSCEs.

Oxford Handbook of Clinical Medicine is the bible of 3<sup>rd</sup> year. It's small (you can easily take it to wards for reading between ward round and clinics) and every TCD case is in it and really well explained. I also used ECG Made Easy, for interpreting ECGs, which is scary at first but you do get better. Just remember structure and WiLLiam MaRRoW (this will all become clear!). I used online resources to help with Themed Case Discussion (TCD). I used Passmed it is a multiple-choice question website which helps with the progress test but also gives information sheets for conditions. This is particularly helpful with very similar groups of conditions (e.g. cholecystitis/ cholangitis/ choledocholithiasis, yes they are all different, nightmare) as they are all on one page and it explains the differences. BMJ best practice and NICE guidelines are also helpful for TCD.

#### A Normal Week (sort of!)

You've seen me mention TCD, which replaces PBL but is more suitable for clinical. There are 24 cases in year 3 from September to March, one a week. Each week there is an online workbook. You get the case on Friday, work through it using the resources provided and any extra information you want to look up (Oxford Handbook, NICE guidelines and BMJ best practice; hint, hint), and there is a consultant led session the following Friday to work through the case and examples you may come across as an F1. You can also ask questions about aspects of the case you were unclear on.

Another session you have is clinical debrief; one session a week led by a GP. It's primarily to boost differential diagnosis skills and is a great time to learn from your peers and talk about what you've seen. At some clinical debriefs, one person a week (chosen the week prior) brings an interesting case to the group. Remember when choosing a patient, get an interesting case

and as much information as possible including blood results! The group then takes a history and forms a diagnosis.

You need to fill in forms on the iPad each week so the medical school can see you're progressing and are involved on the wards. These forms include history taking which you record yourself, and forms which a doctor will sign off, (history presentation, clinical examinations and clinic/ward round/theatre attendance). The forms were a source of stress for me (at 1<sup>st</sup>) and it's easy to get hung up on the fact you did a lot of things in one day and learnt a lot but didn't get a form signed off. This can demotivate you but remember you're doing this to learn - and if you find a doctor or nurse on the ward who saw you do many activities you could ask them to fill in a few forms in one sitting.



Undergraduate practical skills assessments (UPSAs) and Prescribing and Medications Safety Skills (PMS) are mandatory sign offs for clinical education years and there is a list that you need signed off for each year. I recommend getting the full list at the start of 3<sup>rd</sup> year so you can identify placements where you can sign them off (scrubbing in for example, you can only do in your surgical attachment).

## My Experiences

I've covered practicalities so will talk about 3<sup>rd</sup> year from my experience. It's a massive change to go from University to what felt like a full time job. You have to get up early to get to your placement on time, especially if you have a district general hospital placement (DGH). I recommend a Whatsapp group with the people on your placement and if someone with a car is willing to give lifts, it could make your lives easier. Remember to pay petrol money though, cars don't run on friendship!

You may feel disappointed that you have a placement at a DGH because it's away from the main hospital and often a long way to get to. But I learnt so much from these placements and the doctors and nurses have more time because there are fewer students. I enjoyed these placements the most because I felt part of the team and that I was learning every day. Take advantage of your DGH placements is my advice! If your placement has accommodation with WiFi, take it! Waking up 20 minutes before you need to be somewhere and walking 30 seconds to the hospital is great! You'll be less tired and can come back to Manchester on the weekends. In all your placements, be proactive, ask the doctors and your consultant if you can get involved or if they can help you. If you see there are bloods to be done, ask if someone can watch you do it. Ask the juniors if they need feedback forms filling in, this way, they can help you and you can help them! It's about taking your experience into your own hands, which is daunting at first but being confident and polite gives you more opportunities!

Clinical years are hard, it's a massive adjustment and you feel like you've been dropped in at the deep end. On the wards you'll see everything: good and bad. It's amazing to see patients recover from life-threatening conditions but distressing to see other patients deteriorate. Death is as much a part of medicine as life, and this may become apparent on the wards. Remember first and foremost you are the most important person in your life, so look after yourself and if things are getting too much, talk to your GP or SWAPs.

Third year was a huge change but I loved it! I loved being in the hospital, talking to patients and seeing all the things we learnt about in real life. Some things will make you laugh, and some will make you want to cry but it gives you a true taste of what your future career will be like. You'll do specialities, which you love, and some you hate and that will influence what you do when you graduate. Having taken a step back from medicine by intercalating, I miss it so much, even with the early starts and workload! Remember everyone's experience is different and unique. Don't worry if your friends are seeing what seems like more interesting things than you, your experience are just as valid and you will all get to the same endpoint.

Don't worry, it will all be fine.

- *Claudia Cipriano Year 3 Intercalating Student at (MFT) Wythenshawe*

# Things I Wish I Knew Pre-Hospital

## The Oxford Handbook = The Medical Student Bible

An amazing book that is used by everybody! Good to keep it with you on the wards for checking, but do remember it is not on its own enough to pass your exams and manage that patient.

## District General Hospitals

The idea of a placement at a DGH can be depressing, but don't judge it until you'd experience it. You will find everyone is really friendly and the smaller numbers of staff, students and patients means you can really get to know each other. Other advantages also include smaller groups, which can often mean more focused teaching.

Try and make sure you have your travel and accommodation arranged in good time, before your placement is due to start. Also, be aware that there may be travel bursaries available if you do not get allocated/want accommodation.

## Practical Skills

Practice in the skills lab is great, but a real patient is even better. The first time you perform a skill such as taking blood on a patient it can be a scary experience. If you are unsuccessful, try not to panic and don't be afraid to ask for help. The only way you can improve is via practice. And remember, if you improve your skills you can become a helper on the ward, not a burden.

## Clinics

These are a fantastic way to learn as you can be exposed to many different diseases that you may otherwise not see. Try to make sure you are not sitting quietly in the corner of the outpatient clinic – ask if you can take a history. If there is a spare consulting room you can do this without slowing down the clinic, then present the patient to the consultant or specialist trainee. As you progress through the course, you can start to think about differential diagnoses and management plans too.

## Sign-Ups

There are lots of sessions that are made available for you to sign-up to, e.g. clinics, procedures, and surgery. Try and do a few sign-ups if you can. Again, these are a great way to learn, as the teaching is often one-to-one however, the quality of these can vary, and try not to get bogged down with too many.

## Cancelled Teaching

Staff involved in the teaching of medical students will often have rescheduled their normal activities, cancelled outpatient clinics, operating lists or ward rounds in order to teach you. Sometimes however, some teaching activities may have to be cancelled at the last minute

because of the needs of patients. Make sure you go through the undergrad office to report it so that it can be rescheduled and try to see it as a blessing in disguise. There is always something you can be doing, such as reading, practicing skills, or getting experience on the wards.

## **Wards, Wards, Wards!**

Wards are one of the most important places to invest your time, the more time you spend here, the better you will become. This is the perfect place to practise history taking, examinations and skills, and also get involved with ward-life. There are a host of opportunities available here, so try to take advantage of them! Regular experience on wards will ensure you build up your confidence and contribute to your professional development.

## **Nurses Are A Godsend!**

Be nice to nurses and they'll be nice to you! Take the time to get to know the nurses and maybe even shadow them to see what they do. Not only will this expose you to different healthcare professionals and their roles, but it can also help to build your confidence with patients and practical skills.

## **Portfolio**

Unfortunately this is still compulsory, but it becomes more relevant. Start to see this as your CV and a document of your professional development. Try and make it more personal, and think about expanding it with what you find interesting. It is not just a competition for the number of certificates you have.

## **Specialties**

There will be some people who know exactly what they want to specialise in, but don't be worried if you don't. You have ample time to decide, and there will be plenty of exposure to a variety of specialties over the come years. Use your choices to try out a wide variety of options.

## **There Is More To Life Than Medicine!**

It is easy to focus on medicine and become overwhelmed at times. Don't forget it is also very important to have time to relax and enjoy doing other things that interest you! Try to maintain extra curricular commitments as best you can, and get involved in whatever it is that interests you outside of medicine.

*- Adapted by Ozerah Choudhry, 5<sup>th</sup> Year Student at Salford, 2013/14*



# Motivation where does it come from?

You are all inspirational individuals, you had ambition to apply to medical school, you wrote your best personal statements, you excelled at interview, you took action to achieve the top grades for entry requirements, you incentivised yourselves and each other through phase one. Now you need to continue that drive to be able to study after spending hours on clinical placements in hospital Monday to Friday.

As always with motivation; you get out what you put in. The more enthusiastic you are asking pertinent questions during placements then the greater benefit you will gain. Sign up to as many additional opportunities as you can. It's a privilege to be allowed into certain areas of the hospital to learn and you may not get the chance to experience them further on in our careers. I have worked many jobs in customer service, sales, banking and recruiting along with a few dodgy temporary roles. On the whole I was successful earning a considerable amount of money; however I could not achieve job satisfaction and felt empty for a lot of the time. Realising that life is not a dress rehearsal (we only get one) I developed the impulse of changing my profession to a childhood desire of studying medicine and becoming a doctor.

Motivation waxes and wanes in all of us at times and medicine is a difficult degree to undertake. When my interest in studying is low I think back to my last job, the sales targets, the headset, the hardnosed outbound business calls I had to make every day and I ask myself if I want to go back to that. The answer is always no. My incentive is to do something useful and rewarding with my life, to help people make the best of their health. This thought sets me back on to the path of fulfilling my ambition of being the best doctor that I can be. Unfortunately this dream cannot be realised by prayer alone, I have to study for it.

This gives you, the reader some insight into what motivates me to study as a medical student; however I am not a typical medical student, therefore I set up a survey of 100 medical students to find out about their motivational behaviours through five multiple choice questions. There were originally six questions however gender did not alter the responses enough to be included.

## What motivates other Medical Students?

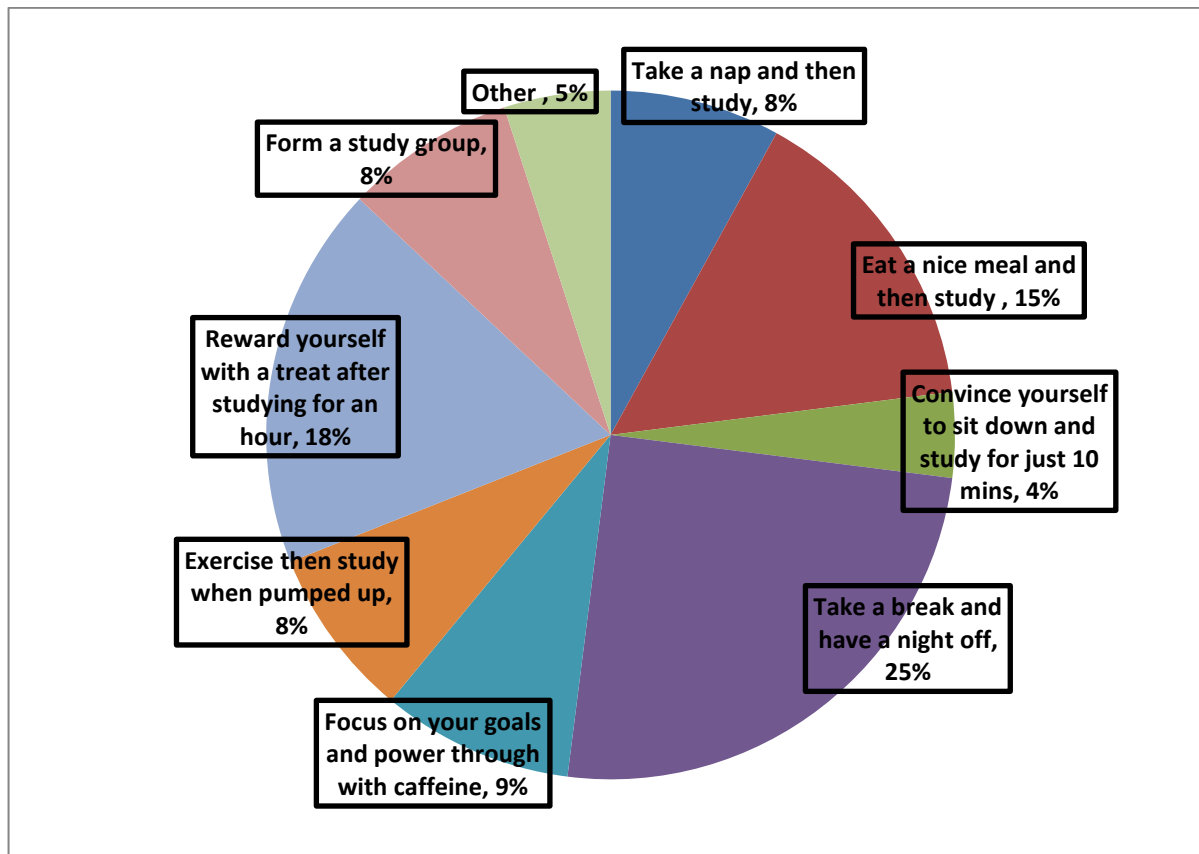
In response to asking "What motivates you to study?" 51% of responders selected 'desire to be a good doctor'. Thinking about your future and picturing yourself as a doctor will help those in this category. A friend of mine commented that, "Ultimately we do what we do for the patients, and the harder we work, the better we will be at helping those under our care." 20% selected 'fear of failure' and on the occasions that this is my mind-set I think about re-sitting the year, having another year of student debt or dropping out being forced to go back to an unsatisfying career. 'Fascination with the human body' is the fire for 12% of responders. Thinking about the reasons that you applied for medicine, making a note of them and keeping it handy can often give you the inspiration necessary for opening your books, sitting at your desk, activating OneMed or watching an educational video.

The next question I posed was "Who motivates you to study?" with the clear majority of 81% answering 'yourself'. If you're studying medicine to please other people, then it will be an even harder slog than it is already. Most students have made a considerable commitment to studying medicine so have cultivated an inner hunger and thirst for knowledge and learning. The library (no it's not cluedo!) is where 53% of medical students who completed the survey are most

motivated. Studying at home is the action that 43% of responders took, with this covering living alone, in shared housing, with partners, parents or in your own family home. My peers who are studying whilst also raising a family are a significant inspiration to me. I am fortunate to have no distractions except those of my own desires to prevent me from studying. I respect those who can only find peace and quiet required for concentration after parenting duties have been fulfilled for the evening.

## How do others motivate themselves to study?

Having covered the what, who and where my questions moved into the more practical angle of How? Firstly, “how do you motivate yourself to study after a long day in the hospital?” provided a more balanced response (see pie chart below) than the initial questions.



## Motivational Advice

Remember to talk to yourself in motivational language, don't mentally beat yourself up for taking a break or night off but also be stern with yourself when you find yourself slacking too often.

In support of your peers, 40% said they would 'form a study group' when asked "How do you help motivate a friend who is stuck in a lethargic study rut?" whilst 17% would 'mind their own business' and leave them to it. 13% would practice their BSS by 'motivational interviewing'. 'Rewards & treats' tied in 4<sup>th</sup> place with 'Nagging'.

If you find yourself in really deep water, go onto the wards, talk to patients and discover how often they go to the GP, how many hospital admissions they have and ask them what they think about doctors. Patients are the reason for medicine and they need you!

- **Clare Hornby, Year 3 Student at Preston, 2017/2018**

# Making the Most of Medical School

Can there be more to Medical School than passing exams? Well yes, yes there is. And it's all related to making that CV even bulkier and tailoring the opportunities the medical school provides to suit your future career as a doctor.

There's a range of extra-curricular activities available through a huge range of medical societies, which contribute to making your student days more fun. Whether they are educational or recreational, they help to make you are more well-rounded, employable, future doctors.

Many opportunities may not directly gain points towards your foundation placements, but they have a range of other benefits as illustrated below.



In Years 1 and 2 you were introduced to the Peer Mentoring Scheme and your Student Co-ordinators. Another Peer Mentoring [Clinical education Years](#) scheme continues into year 3 and you will soon meet your new placement “family”

Another opportunity in third year is to apply to become a [student representative](#). There are 3 different roles; hospital rep, international rep and direct entry rep. These roles allow you to become a key link between your peers and the Medical School. It will require you to commute back to Manchester for a few meetings per year, but you can apply for expenses. It is a great addition to your CV and it allows you to take control of the changes you want to see in your education.

Additionally, being a third year student brings with it its own set of special extra-curricular activities that will also enhance your CV:

## Audit And Research

Commit to APEP! So yes you've committed to a project, why not make your project even fancier? During APEP, you will have the chance to do research and/ or audit. Find a doctor working in an area you find interesting as early as possible; normally doctors are more than happy to talk about their areas of expertise and sometimes it pays to be keen.

To get into specialty training it is essential that you understand the principles of audit and research and it is desirable that you can show active participation in them. Also, showing interest in particular areas of medicine at medical school level will only work in your favor further down the line.

***“Audit is usually easier to self-arrange or get involved with than research.”***

## Prizes, Publications And Presentations

These look great on a CV and carry certain kudos at Specialty training interviews and Academic Foundation Programme entry. They could be a lot of work so you want to be selective and only go for essay topics that you are really interested in, or that match your APEP/PEP topics. It's surprising how few students actually enter competitions, so your chances of winning may be higher than you think.

## Societies

There are lots to get involved with and they are a good way to show commitment to an area of medicine. If you feel like getting involved in the committee, it can be another thing to put on the CV to provide evidence of team involvement, organizational ability, leadership and commitment to a specialty - all essential skills for career progression.

### REMEMBER:

University is your chance to experiment, learn more about yourself as well as gaining an academic qualification so make the most of it!  
Try new things, if you don't enjoy them then find something else. Things will be very different when you enter the working world, so enjoy being a student whilst it lasts.

- ***Updated by Rebecca Pearson Year 3 Student at Preston, 2017/18***

# Top Tips For St. Andrews Students

1. Save a copy of your portfolio pieces from St Andrews. They may just come in handy when writing your new portfolio.
2. Save St Andrews lecture slides now!
3. Get an iPad case and an Apple ID (that you know the password to) – it saves stress when they give you a shiny new iPad.
4. Arrange flat viewings for Easter Break/a free weekend. Good flats go early so get searching!
5. If you can't drive, it's worth having a look to see where the nearest tram stop/bus stop would be when looking for houses.
6. Try to get involved with the huge range of Medical Students Societies, events and possible research opportunities.
7. Talk to students in the Year above, we've just made the move so we understand what you're going through.
8. In September, you will be given a Peer Mentor from the Year above, email/Facebook/Whatsapp them if you have questions – they can help or at least direct you to the right person.
9. The 2<sup>nd</sup> Years at Manchester also have no idea what to expect from Clinical Years!
10. Don't stress out! We promise you will be alright!

- *Charlotte Underwood (MFT) Oxford Road, Kitty Acton Salford, Chris Warner (MFT) Wythenshawe and Joseph McKay Preston 2016/17*

# Dentists Guide

## Why Are You On The MBChB Programme?

So you thought you were done after five years of Dental School, but alas, *you have a burning desire to be an Oral and Maxillofacial surgeon, or perhaps a curiosity for Medicine*. This has resulted in landing you here! Congratulations... here are a few tips which I hope you will find useful.

## What Should You Know Before You Get Here?

1. Buy a stethoscope. Most students have the Littman Classic II, Classic III or Cardiology III. All are adequate for the purposes of Medical School.
2. Do not worry about reading clinical books or 'revising' in advance. You will learn what you need to when the time comes. Relax and enjoy the last few days of freedom.
3. Most books you will want to refer to are accessible as eBooks through the university and hospital libraries. Do not get bogged down in buying specific books or subscriptions until you are familiar with what you are likely to need and use regularly.

## What Should You Know Once You Arrive Here?

There is a lot of information given to you during the two induction days, which take place at Manchester University. It may seem overwhelming at the time.

1. The iPad logbook app and online Professional Development Portfolio (ePPD) can seem very complicated initially (you may begin to yearn for the days of the simplistic elogbook used in Dental Core Training). Trust me, it is all relatively straightforward once you get used to it. Careful perusal of published guidance on 1MedLearn will clearly set out what you need to do and how often, so do not worry if you don't understand it all during the induction.
2. Each sector varies in their approach to placement allocations, but essentially you will have learnt the basic physiology in Dental School for all systems. It may be a matter of refreshing a few finer points before starting the placement, but carry on as your instincts guide you.
3. Review the basic system examination for the respective rotation you are about to start before going on the placement (video tutorial and guidance in Nick Smith's ebook). Having never previously been shown the technique, you may consider approaching the Medical Educators in your respective sectors early on. If you ask nicely they may be willing to run through some of the essential system examinations with you to help prepare!

4. You will all be familiar with ward work, so enjoy the relaxed pace of being a third year medical student and having no formal direct patient responsibility for the first time in what may be 8 years or more. Get involved and be interested goes without saying.
5. The Ackland Anatomy online resource and Complete Anatomy iPad app are useful resources if you wanted extra support with anatomy.

## General Advice

All in all this is a three-year course and there will be an element of playing catch up and an element of repetition. Do what you need to (and by this stage you will inherently know how much detail you need to learn whilst revising), jump through the hoops and *roll with it*. Speaking with the years above, they relished the opportunity to be a student again. If they were to repeat the experience they said they would relax and try to travel more during time off! I hope you have a fantastic time and let any of us know in the years above if you have any questions. We will try to organise socials for 'Dentists doing Medicine in Manchester' so watch this space.

## Best of Luck

- **Gauri Vithlani, Year 3 Student at (MFT) Oxford Road, 2016/17**



# What Is It Like For An IMU Student?

## Why Are You On The Manchester MBChB Programme?

University of Manchester is a highly reputable university that has been long established. The medical degree that you will obtain here will be something that is highly valuable and recognized worldwide. However, the main reason that attracted me to Manchester is the city itself - vibrant, alive and filled with endless opportunities and possibilities.

## What Do You Wish You Had Been Told Before You Arrived:

### About Living In The UK?

Summer practically does not exist. No I am kidding; it does, probably for just a few weeks. Generally, UK is a nice place to live in. People are generally friendly and helpful and it is safe to walk on the streets. As students we often worry about the cost of living. Don't believe what the TVs tell you about the UK, not everyone dresses or speaks like the actors in the movie shows. You will understand when you get here. I would recommend trying to get in contact with your seniors/ possibly staying with them, as they will REALLY REALLY BE ABLE to help you up until your graduation day. Bring loads of Malaysian food, as you'll be very homesick initially. However things are not expensive and in fact very affordable once you find out where to get the cheapest groceries, clothes etc. For household items or furniture, there are a few Facebook groups out there selling secondhand items from seniors. Do check them out!

Try to settle your biometric residence permit (BRP) upon arrival because you'll need them to open a bank account.

### About Manchester As A City?

Manchester rains a lot. A WHOLE LOT. Please bring a sturdy, good quality umbrella or anything that protects you from the rain and the cold. Aside from that, Manchester is awesome! The airport is near and everything is available in the City Centre. We even have our own Chinatown for Chinese, Thai, Viet food and curry mile for the middle eastern/Indian food and etc. There are just endless things to do here in Manchester - sports, clubs and societies, museums, art and history, food, hipster cafes, shopping, nightlife... the list goes on. You name it, Manchester has it. Manchester is also set in a strategic location in the Northwest. It is a good base for you to travel either to the South or North of England and Scotland making it cheaper to travel. And the best part! If you do know how to manage your studies well, you can even go travelling in the weekend! If you are an outdoorsy person, Manchester is surrounded by beautiful countryside - for example Peak district, Lake District and loads of access to beautiful walking trails.



## About Where To Live?

This is mainly a personal preference and depending on where your base hospital is. You might want to live close to your base hospital, which might be far from the City Centre, or live in the City Centre and commute to the hospital every day. You will be sent to one of the main four hospitals, MFT Wythenshawe, Salford, MFT Oxford Road and Preston. If you are in Preston, it's gonna be a whole new game living there as it takes 1 hour plus to commute by train, so basically you are there most of the time. For the others, staying in the City Centre is LOVELY. Most of us seniors chose the latter because the transportation system is much more accessible in the City Centre, as sometimes you might be sent to other hospitals or clinics for certain placements. It is also important for us to highlight that average rental in the City Centre is around 500 pounds excluding bills but the rooms are a lot nicer than what you can get in the main cities such as London or even Edinburgh. If the above is too troublesome for you or it's your first time, book university accommodation to avoid hassle (and it's guaranteed warm).

## About Getting Around?

Public transportation in Manchester is excellent. A yearly bus pass costs about £250 and can practically bring you anywhere. You can also opt to take the tram (something like the LRT in Malaysia) or the train (similar to the KTM in Malaysia) to different places. University of Manchester provide annual travel bursary for all medical student. Hence make the best use of the money. If you want, you can get a car, but of course, you need to get a driver's license here. No Malaysian driving license will work here!

## About Studying Here?

Daily activities in general include ward-based teaching, ward work (i.e. taking histories, performing examinations, presenting cases and ward rounds) and clinic work. There are minimal formal lectures; therefore self-study becomes more important than in pre-clinical years. You can cater it to your own needs and even plan it based on your blocks. We also have weekly Themed Case Discussions which is similar to PBL, but is more of a large group workshop. Along with this, we have weekly sessions (Patient-Centred Consultation) to discuss various aspects of communications skills, similar to specific CSSU sessions in IMU. Another weekly activity we have is Clinic Debrief where you can decide as a group with a designated GP on what to discuss and learn together in your groups. Make sure to get in close contact with the other Malaysians or form a group so you have friends to practice for OSCEs, which is heavily regarded here in Manchester. Overall, teachings are flexible to the student's needs to make sure that at the end of the day, we are competent enough to handle patient care.



## Having a Life beyond Medicine?

The University of Manchester offers more than 40 different sports club and many more societies, becoming one of the biggest university in the UK to give YOU such an offer. If you're adventurous and interested to try out for different sports and clubs, but not quite sure whether it is for you? Fret not, there's

always free tasters, There's also Sporticipate which is a free session for all sports at different times each week, just bring yourself and be prepared for some adrenaline filled fun! Besides clubs and societies, there's always various events (such as gigs, concerts, workshops etc) going on in the Student Union. Join the Student Union page on Facebook to keep yourself updated! You won't regret it.

Besides that, if you are interested in working part time or do any other sort of extra curriculum activities, do not hesitate to contact us seniors! We are always happy to help.

## About Getting to Know Other Students?

Be open-minded and friendly! Students here in Manchester are very friendly and they are willing to make new friends as long as you are willing to!

## About Who Is Helpful When You Are Settling In?

Contact us seniors if you need any help. We are more than happy to help you! All you need to do is to ask! No question is stupid question, We might even ask you to be our housemate ;)

(I.e. what helps you?)



## Do I Need To Bring Any Books Over To Manchester?

In all honesty, the Oxford Handbook of Clinical Medicine and the Oxford Handbook of Clinical Specialties are all you need. If you prefer using books like Kumar & Clark or Davidson, you can always get the soft copy from the seniors. Alternatively, the year 5 students would usually sell them for quite a 'decent' price after they passed their finals. Just bring your laptop. You will be given an iPad from the medical school!

## Any Other Information

Come with an open mind and you will be amazed at how much you can learn and progress as an individual at the end of the day. Be glad you are sent here, there are lots of good connections and support here! See you soon and Good luck!

**- 'Choops' Xin Yin Choo (Third Year 2017/18), Ray Zheng Liang Tan, Navpreet Minhas (Fourth Year 2017/18), Fiona Liang, Cheng Ken Ong, Zen Zuan Yong, Priya tharshika Muniandy (Fifth Year 2017/18)**

**TOP TIP – International Students also need to practice communication skills with UK native students to pick up on all the subtleties of the language, so grab a UK student and offer your Malaysian contacts for electives in return for help!**

## 4. Further Useful Information:

### Dress Code

There are always questions about the dress code, so if you are wondering about what to wear on the wards and in the clinics, here is some advice!

#### Look Like A Doctor – Clean, Smart And Professional

##### No:

- T-shirts with slogans;
- Nail varnish or extensions;
- Extremes of hair styles;
- Body and face jewellery (except small stud earrings and wedding rings);
- Wrist bands/string;
- Revealing clothing;
- Open-toed sandals (all footwear should be low-heeled and well-fitting round the ankles);
- Trainers;
- Clothing that covers most of the face i.e. peaked caps and hoods
- The Niqab is also an example of unacceptable clothing when interacting with patients, clients or service users as it covers the face; *however the Hijab (Only obscuring the hair and the top of the head) is acceptable*. This applies not only in clinical settings but also in educational elements of the programme where communication skills are relevant, such as some types of group work and role-play exercises. While the University reserves the right to check the identity of students who wear clothing that covers most of the face (as defined above) on key occasions such as examinations, it should be noted that this is done sensitively and by a member of the same gender;
- Strong odours, perfumes or aftershaves.

#### Act Like A Doctor - Clean, Smart And Professional

The below are about infection control and about how you will appear when examining a patient:

- Hair should be tied back and off the collar – preferably in a bun. Pony tails should not touch the collar.
- Hijabs should be kept tidy without any draping material.
- Arms should be bare below the elbow in Clinical Areas.
- Watches should in pockets, on belts or pinned to clothing (nursing style).
- Heels should be low, and all shoes should be CLEAN and comfortable.
- No low cut tops, or short skirts (you will be leaning over patients).

Further information can be found at:

<https://cases.mcrmed.manchester.ac.uk/handbook/expectations-attendance/dress-code/>

And here is a survey of patient preferences – see below link to the BMJ paper

[http://www.bmj.com/content/331/7531/1524?ijkey=146dcd8d5f8f4329284ad0a81415544cb56c9ebd&keytype=tf\\_ipsecsha](http://www.bmj.com/content/331/7531/1524?ijkey=146dcd8d5f8f4329284ad0a81415544cb56c9ebd&keytype=tf_ipsecsha)

# Fainting In Theatre

## Why Is This Important?

At the Medical School, 174 of 473 (37%) students surveyed had at some point felt faint or actually fainted in theatre. It can happen to anyone, at any time. Unfortunately, in a very small minority of cases, it can have an effect on the operation and this is why it is so crucial to know about, especially as it is largely preventable.



Contrary to belief, it is largely NOT due to squeamishness. Main reasons for fainting in theatre include feeling too hot, standing for too long and wearing a facemask.

## What To Do If You Feel Faint In Theatre (Advice From Previous Med Students):

- It is INCREDIBLY common so don't be embarrassed to speak up!! If you leave it too late, this could put the patient at risk so SPEAK UP ASAP.
- Sit down. It's better to sit down than pass out and hurt yourself/someone else/ the patient. Lie down if you feel woozy sitting up.
- Leave theatre.
- Get a drink of water and something sweet to eat once you've come round.

## What You Should Do If Someone Else Faints In Theatre?

- Don't laugh or be cruel. It can happen to anyone. It might happen to you in the next theatre session. Reassure them that this is very common and largely preventable.
- Get them water, leave theatre with them. Let theatre staff know.
- Try to protect the patient and sterile fields.

## How To Prevent It From Happening Again:

- EAT something before surgery.
- Drink something before surgery but also maintain fluid intake throughout the day (2L) so maintaining BP. (Some suggest having a full bladder is beneficial for them)
- Clench thighs and calves in theatre to increase venous return.
- Try to move about as much as possible.
- Rock back and forth on toes.
- TALK about it with friends but also teachers. (Anxiety about fainting can actually cause you to feel faint again!) Remember Occupational Health is there to help you through things like this!

- If face masks is the thing that causes you to faint, perhaps consider taking a mask home (with permission of course) to practice wearing and getting used to in your own time.
- Some find wearing tights under scrubs or TED stockings beneficial.

**Please note: If you pass out for more than a few minutes, someone notices you fitting, you lose control of your bladder or bowels or you have other symptoms see a doctor.**

### **And On A Final Note....**

Fainting doesn't just happen in theatre! In our study, 33% had felt faint or actually fainted at some point in other areas of the hospital. Same rules apply: tell someone, sit down and leave ASAP.

**It happens to nearly 2 in 5 of us! It doesn't mean you are ill equipped to be a doctor, it's just something to work through.**

**- Student Experience Associate Director 2016/17**



# Peer Mentoring (Clinical Education Years)

## What Is Peer Mentoring?

Peer Mentors are there to support you through your transition from University life into your Clinical Years. In the good old days you had Mummies and Daddies, a Peer Mentoring scheme for when you first arrived at the University, but in your Clinical Years you will receive a Peer Mentor who will have just been through Year 3 themselves. They'll be equipped with the experience and the knowledge to answer any of your questions, because we all know this transition can be daunting and scary.

## How Does the Peer Mentoring Scheme Work?

Student Coordinators meet with University and Base Hospital staff every six weeks, to discuss the situation in each Clinical Education Campuses, and talk about the kind of support that the Year 3 Students might be needing. Your Peer Mentors should be in regular touch with your Student Coordinators, and in regular contact with you. So let them know what support you would like and they should help you find it.

## Why Do I Want a Peer Mentor?

Your Peer Mentor can help you through the transition from lecture theatre to ward, pass on the little tricks they've acquired and even sometimes just offer advice to a fellow student in need. Plus you get a great Purple T-shirt to wear for free..



## What Do Peer Mentors Do?

They help plan and attend the Q&A session, which you should have attended in February of Second Year. This was the session where you were introduced to some of the staff from your Base Hospitals as well as meet your Student Coordinators and Peer Mentors. These are the students that write the articles that feature in the Survival Guide. In September, they will also be at the Introduction into Clinical Learning session, where you'll get to meet your personal Peer Mentors (and the rest of your Mentor group) and ask any further questions about Year 3.

Throughout the year should keep in contact so you can ask questions about OSCE's, APEPs, Progress Test and Logbooks, but don't forget that you can contact them anytime as well.

## Who Will Be My Peer Mentor?

Your Peer Mentors will be Year 4 Students from the same Base Hospital as you. They come in pairs, and will mentor a small group of Year 3 Students including Manchester and Direct Entry Students. They are trained to help you, know exactly what it feels to be a Year 3 Student and most of all they care.



## What Can I Ask Them?

Accommodation, travel, ward life, as well as those questions that have been on your mind, but you're not entirely sure whom to ask. Speak to your Peer Mentors, and they can either answer your questions or direct you towards someone who can. They can be contacted via email, Buzz, or any forms of social media that you've agreed with your Mentor. Every Year 3 students should receive an iPad at the start of the year, so if you're stuck on how to use these or any of the apps related to the programme, your Peer Mentors can also offer a little help and advice. Your questions don't always have to be about studying, remember that the work/life balance is just as important, and can be just as difficult to manage.



## How Can I Become A Peer Mentor?

During November there will be an advert on Buzz for Year 3 students to show can interest in becoming a Clinical Years Peer Mentors. Read the job description and book onto one of the training sessions. Peer Mentoring is a great opportunity to make friends, add something to your CV and give you the chance to become more involved in your Base Hospital and the Medical School.

For further information about the Clinical education Years Peer Mentoring scheme you can contact [lisa.cullen@manchester.ac.uk](mailto:lisa.cullen@manchester.ac.uk)

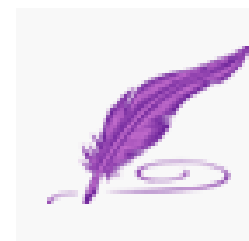
**- Lisa Cullen, Peer Support Lead Administrator 2017/18**

1MedBuzz is a great resource for medical students, particularly as you are away from the University Campus!

It is an intranet website that is part of the 1Med universe where you can find everything extra-curricular, and explore the resources available to you regarding careers, peer mentoring, societies, opportunities, and so much more! Our comprehensive guide below will break it down for you so you can make the most of joining the 1MedBuzz community.

## Blogs

Blog posts on 1MedBuzz are a great place for short reflective pieces by academic and non-academic staff or students about a wide variety of topical issues, advice, research or ideas. Some examples that have been discussed include giving blood, FOMO (fear of missing out), and 'Why Peer Mentoring?' – and there is plenty more to be said!



If you think you have an inspiration for a blog post – whether it be on a topic you'd like to speak about or some advice you'd like to share – then send an email to [1medbuzzcomms@manchester.ac.uk](mailto:1medbuzzcomms@manchester.ac.uk).

## Careers Q&A

Do you have a burning question about your medical degree or where you will go as a doctor that you need advice about? 1MedBuzz provides a regulated but open Q&A forum for you to ask career-related questions to be answered by clinicians, academics and fellow students.

**Ask a Question**

We also host 'Ask Me Anything' forums with Alumni of the University of Manchester Medical School and outside clinicians, in where they post a profile outlining their Career pathways and invite you to ask them about it. Past examples discussed careers in Health Technology, Medical Education, Anaesthesia & Intensive Care, Acute Medicine and taking your career abroad.

## Events

The perfect extra-curricular calendar can be found on 1MedBuzz! Imported from the Med Soc calendar and added to by various societies and staff, this is a valuable resource for planning your lives outside of teaching and clinical practice. Events listed here can be hosted both on and off University and Clinical Education campuses, so there is something for everyone!

<< Feb 2018 >>						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
29	30 GP soc & MUMPS talk - GP with Paediatrics as a special interest The Other Side of Silence: Doctors and Mental Health	31 The Future of the NHS	1 Anaesthesia All Day Meeting Final Y3 Peer Mentor Training at The University of Manchester Tonight Only! MMBuzz How to Ace the Year 2 PEP? more...	2	3	4
5	6 Careers and Training in Surgery	7 Unexpected results - a case report from a biochemical perspective with discussion of key learning points.	8 Radiology transformation in Greater Manchester. Opportunities and threats	9	10 Revie National Inter-Medical School Surgical and Anatomy Challenge	11

If you want to find out about great events hosted by societies, informative workshops in specialist areas, careers panels, presentations and more – check out the Events Calendar on 1MedBuzz!

## Opportunities

The Opportunities section of 1MedBuzz is a goldmine of useful information about upcoming seminars, competitions, volunteering, student surveys, conferences, workshops, work experience, funding, and more! If you want the opportunity to step up and expand your skills in leadership, teamwork and showing initiative, this is also the place to and find out when and how to become a student rep, peer mentor, and student coordinator.

Every clinical education campus is represented here, so a range of opportunities is advertised located throughout Manchester, Wythenshawe, Salford and Preston, as well as elsewhere in the UK! The University of Manchester medical school posts anything and everything that it hears about, and so do other students and societies, so it really is worth checking regularly for updates.

## Student Reps

Have your say about the MBChB programme and student experience by becoming a Student Rep, or keeping up to date with who your Reps are and what they have been up to. The Student Reps page provides you with the contact details for Reps from various areas of the programme, so that you can get your voice heard. It also allows you to view the minutes and updates from meetings with staff that the Reps are involved with.

There are specific reps for the overall programme, each year group, direct entry students, international students and European Studies. If you're experiencing concerns about the way the programme is run, contact your reps! They may have experienced many of the same issues as you, so can help reassure you that you are not alone and can signpost support.

## Peer Mentoring



Peer Mentoring is a key part of your student experience within the MBChB programme, and it's formed from two schemes: the 'Mummies and Daddies' Scheme for First Years which welcomes students at the start of their Medicine programme, and the 'Year 3-5 Clinical Education Years' Scheme which supports both The University of Manchester Medical School and Direct Entry students in the challenging transition into being based at one of the four Clinical Education

Campuses. You are currently reading the result of the latter scheme, as your Peer Mentors have contributed towards the creation of this Survival Guide!

The Peer Mentoring page on 1MedBuzz provides contact details for your Student Coordinators of each Peer Mentoring Scheme, key information on how to become a Peer Mentor yourself, and even has links to this Survival Guide in case you need it again!

### Categories

[All](#)[Campus Talks and Workshops](#)[Careers](#)[Clubs & Societies](#)[Conferences](#)[Courses & Training](#)[Employment Opportunity](#)[External Research](#)[Final Year](#)[First Year](#)[MBChB Research](#)[Preston Activity](#)[Prizes & Competitive Bursaries](#)

## Placements

The Placements section on 1MedBuzz is incredibly valuable in finding out addresses and contact details for GP placements far and wide that you may visit as part of your Medical degree – perfect for putting into the Sat Nav when you are in a hurry in the morning!

You also have the opportunity to leave informal hints and tips about each placement, for example car parking facilities, preferred entrances, or even just where to get a good cup of coffee nearby! It's worth looking at if you have any queries about a placement, as well as adding in your own hints. This sort of detail is so valuable to your fellow students, as well as for your own reflection.

## Societies

Drawn directly from the Med Soc directory of Medical Student Societies, this section of 1MedBuzz provides you with information and contact details for societies that you can join specifically as Medical Students. Have you ever wondered about playing a new sport, doing outreach, learning more about a specific medical speciality, or just want some outside interests from your degree? There are so many societies to get involved with!



This page is also useful if you are already involved in a society committee and want some help with balancing accounts, room bookings, or applying for funding. There are links to resources for committees, and if in doubt you can contact [medicalstudentsocieties@manchester.ac.uk](mailto:medicalstudentsocieties@manchester.ac.uk).

## Marketplace

There is so much potential to advertise in this safe Marketplace forum to fellow medical students and staff. Sell those books that are gathering dust! Why not advertise a house share if you're struggling to fill that spare bedroom or if you're going away for a few months for your elective then why not advertise it for an Erasmus student to stay in while you're away? If you have a car, advertise a car share and make a few extra pounds helping your fellow peers get to placement whilst helping reduce your carbon footprint.



### Books for sale

£15 obs and gynae books, £7 crash course books, £10 at a glance, neuroanatomy free, anatomy colouring book £10

Posted in : **Books**

And if you are in need of a car share, spare room, or set of books – advertise your interest by asking if anyone is offering. You don't know if you don't ask!

Once you have access to the 1Med system you can go onto 1Medbuzz at:

<https://www.onemedbuzz.manchester.ac.uk/>

- *Student Experience Intern, 2017/18*

# What is Wellbeing?

Being a medical student can be challenging at times and can feel overwhelming, especially as you start your clinical placements. We care greatly about your health and wellbeing and we want to make sure each and every one of you feels supported and able to blossom while you are with us.

## The University's 6 ways to Wellbeing

The University has introduced the 6 different ways in which students can improve their wellbeing. The University's Wellbeing strategy is based around the model shown below, which proposes the idea that engaging in activities related to the six 'ways' can improve your overall wellbeing. More information can be found at **1Med info: Student Support: Student Wellbeing** and at <https://www.onemedinfo.manchester.ac.uk/blog/infoobjects/student-wellbeing/>



**There are lots of resources to help you with your wellness both here at the University and in the hospitals where you are training:**

- Yoga sessions.
- Mindfulness sessions.
- Books on relaxing.

Also watch out for sessions taking place in some hospitals such as:

- Monthly Tea and Coffee sessions.
- Puppy therapy to help with relaxing.

**Our top tips for stress reduction are:**

- 1) Maintain a flexible pace and practice good time management. This will keep your head above water, lower your stress level, enhance and improve your student-life balance. If

you are unsure about time management, the university and hospital libraries have a lot of books and courses on the topic. The key is to identify what works for you and what doesn't.

[http://www.humanities.manchester.ac.uk/studyskills/organising/time\\_management/](http://www.humanities.manchester.ac.uk/studyskills/organising/time_management/)

<http://www.cmft.nhs.uk/education-and-training/library-services/library-resources>

- 2) If you find yourself overwhelmed at any point with an issue – ask for help from the Student Welfare & Professionalism Support Team (SWAPS). A problem shared is often a problem halved so talk to your Peer Mentors, family, friends and academic advisers too.
- 3) Clinical placements are demanding but are truly wonderful, life-changing experiences, so enjoy yourself! You will meet and develop professional relationships and build networks with amazing clinicians, foundation doctors, nurses, support staff and patients who will greatly enrich your life.
- 4) Get involved. Your health and well-being and those of others is greatly enhanced when you support one another so get involved in peer mentoring, become a wellness champion or join a society to help support your peers.

### Stay positive by maintaining a healthy attitude:



- *Student Experience Team, 2017/18*



# Not sure who to contact for advice?

Students have written this guide for students to help you settle into the wards and the clinics. Our thanks go to the current and past Peer Mentors and Student Coordinators and the Student Experience Team for all the hard work.

If you cannot find an answer to your question, you can always

- Use the next Current Useful Contacts page, to email the right person including your Peer Mentoring Student Coordinators.
- Check the relevant 1MedInfo pages:

<https://www.onemedinfo.manchester.ac.uk/>

- Look through the Programme handbook:

<https://cases.mcrmed.manchester.ac.uk/handbook/>

- Ask your Peer Mentors in the year above, their help is just a click/email away! Find their information on 1medbuzz: <https://www.onemedbuzz.manchester.ac.uk/>



And don't forget to let us know if there is detail missing that you think we should include next year, Equally if something has changed and needs an edit, please get in touch.

Starting the clinical education years is a huge transition, but one that most doctors look back on with fond memories. "Remember the first time we...?"

So go out there and enjoy the next step in your training...



Dr Fiona Leslie  
Associate Director Student Experience



# Current Useful Contacts

Please find below a list of handy contacts for you to use throughout your Clinical Education Years. This information is accurate according to our records in **May 2018**.

## Peer Support (Peer Mentoring Scheme)

Student Coordinators (Peer Mentoring)

**Laila Siddique** - [laila.siddique@student.manchester.ac.uk](mailto:laila.siddique@student.manchester.ac.uk)

**Sarah Warwick** - [sarah.warwick@student.manchester.ac.uk](mailto:sarah.warwick@student.manchester.ac.uk)

Sector Student Experience Lead

**Riina Richardson** - [Riina.Richardson@manchester.ac.uk](mailto:Riina.Richardson@manchester.ac.uk)

Peer Support Lead Administrator

**Lisa Cullen** – [lisa.cullen@manchester.ac.uk](mailto:lisa.cullen@manchester.ac.uk)

Associate Director of Student Experience

**Dr Fiona Leslie** - [fiona.leslie-2@manchester.ac.uk](mailto:fiona.leslie-2@manchester.ac.uk)

## Student Reps

Year Reps, Direct Entry and IMU Rep

<https://www.onemedbuzz.manchester.ac.uk/student-reps/>

## Other Hospital and University Contacts

Year 3 Leads

**Year 3 Lead at the Medical School** – [anubha.trehan@manchester.ac.uk](mailto:anubha.trehan@manchester.ac.uk)

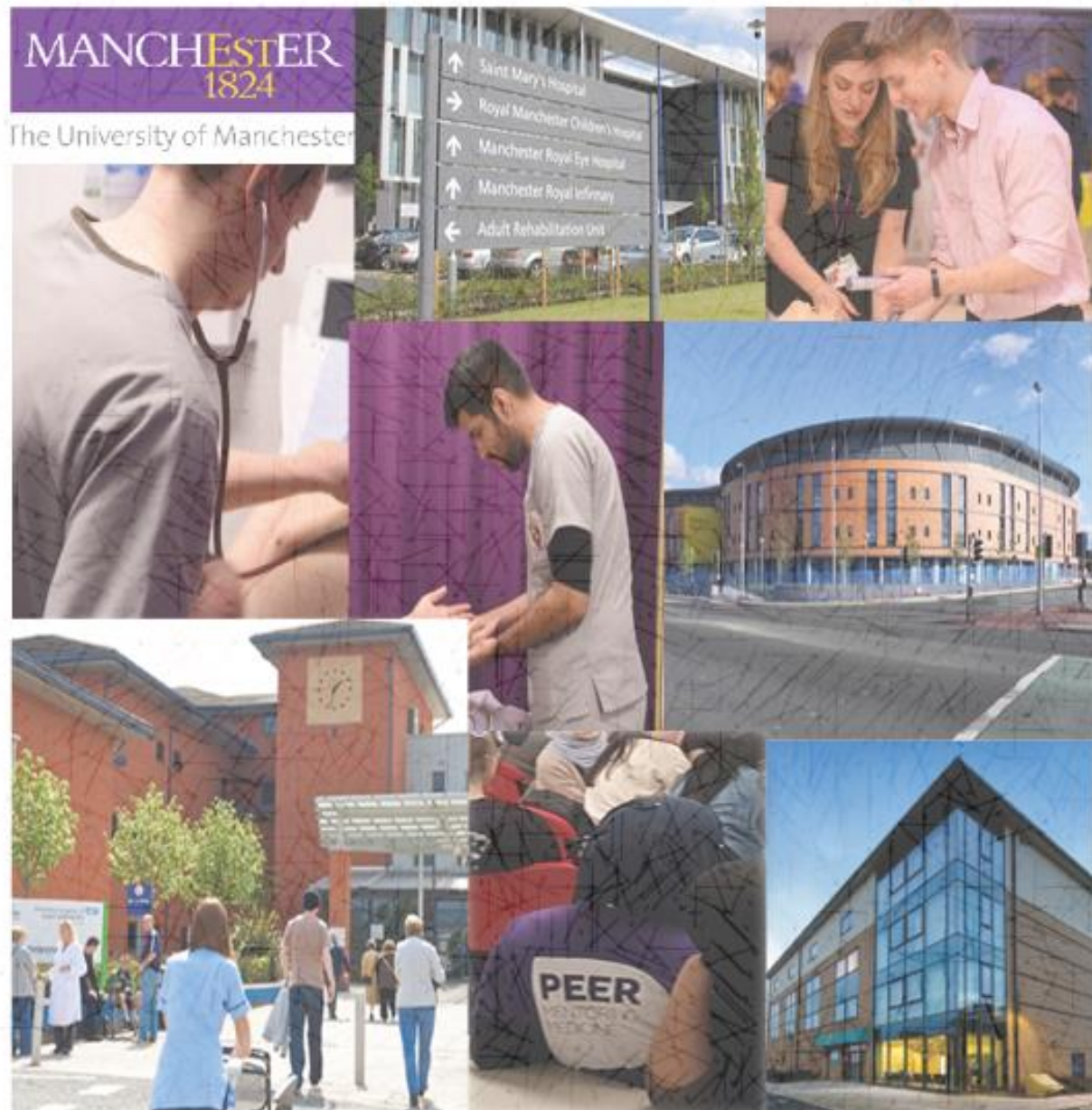
**Year 3 Lead at MFT Wythenshawe**– [amanda.gould-sadler@manchester.ac.uk](mailto:amanda.gould-sadler@manchester.ac.uk)

SWAPS

[uhsm.swaps@manchester.ac.uk](mailto:uhsm.swaps@manchester.ac.uk)

# A Guide For Students By Students

**PEER**  
MENTORING  
MEDICINE



**Everyone wishes you  
good luck  
in your Clinical Education Years!**