

MBCHB YEAR 3 STUDENT GUIDE 2026/27

School of Medicine
FACULTY OF MEDICINE AND HEALTH



UNIVERSITY OF LEEDS



INTRODUCTION

Welcome to Year 3 of the MBChB programme.

By now you will have a good foundation of medical knowledge from your previous studies. In Year 3, the focus shifts to applying that knowledge in clinical settings, developing diagnostic skills, managing a wide range of clinical problems and learning the principles of evidence-based medicine. This marks the transition from predominantly classroom-based learning to learning through clinical practice.

Your learning this year takes place across five clinical placements, each lasting five weeks, and is complemented by the SAFER-MEDIC programme. Through patient encounters, group work, reflection and tutor support, you will develop the knowledge, skills and professional behaviours required for safe, evidence-based and patient-centred care.

Placements are supplemented by continued teaching within the IDEALS and ENQUIRE strands, which you will know from Years 1 and 2. Year 3 also includes learning in ethics, microbiology, mental health, communication skills and prescribing. Primary Care placements include weekly central teaching sessions that further develop consultation, prescribing and clinical reasoning skills. Together, these components are designed to help you integrate scientific knowledge, clinical skills and professional practice as you begin to think and work more like a doctor.

No two placements are identical, and your experience will vary according to the patients you meet, the clinicians you work with and the opportunities available within each clinical environment. These varied experiences form an important part of your development as a future doctor. Teaching and learning take many forms this year, including lectures, small-group tutorials, clinics and ward rounds. A substantial amount of learning also takes place informally through conversations with doctors and other members of the healthcare team. These opportunities can only be fully realised when you are present, engaged and actively involved in placement activities. We work closely with placement providers across the region to maximise learning opportunities and expect students to take responsibility for their own learning. This includes attending placement punctually, being prepared and making use of the suggested pre-placement reading included in this guide.

The nature of clinical practice means that everyone must be flexible and adapt to changing circumstances. Planned teaching sessions may occasionally need to change at short notice because of patient, tutor or service demands. As long as you are present and engaged, there will always be opportunities to learn, develop your clinical skills and gain valuable experience from the patients and teams around you.

This guide is intended to be used alongside the Year 3 Assessment Guide and the Year 3 MLA Curriculum Guide. The Assessment Guide is the definitive source of information relating to assessment requirements, progression, examinations and workplace-based assessments. The MLA Curriculum Guide provides the framework for Year 3 knowledge learning, revision and self-directed study. Detailed information regarding learning

objectives, teaching sessions, timetables and assessment requirements for IDEALS and ENQUIRE is available on Minerva and in the relevant module guidance.

Year 3 will feel different from your first two years of study. The transition to a more self-directed and experiential learning environment can be challenging, and we encourage you to contact the Year 3 team if you have any questions or concerns. We aim to provide the information you need through the study guides, Minerva and direct communication, but we are always happy to help if you are unsure where to find support.

We recognise that the MBChB programme is demanding and that Year 3 brings new challenges and responsibilities. You will be supported by an experienced network that includes placement leads, academic personal tutors, the School of Medicine Student Support Team and the Year 3 team. We are all committed to helping you make the most of the opportunities and experiences available throughout the year.

We hope you enjoy Year 3 and feel welcomed into your clinical placement teams. The skills, knowledge and professional behaviours you develop during this year will form an important step in your journey towards becoming a doctor.

Dr Sarah Jagger - Head of Year 3

Mr Paul Harwood – Head of Year 3

Alanna Davis – Year 3 Co-ordinator

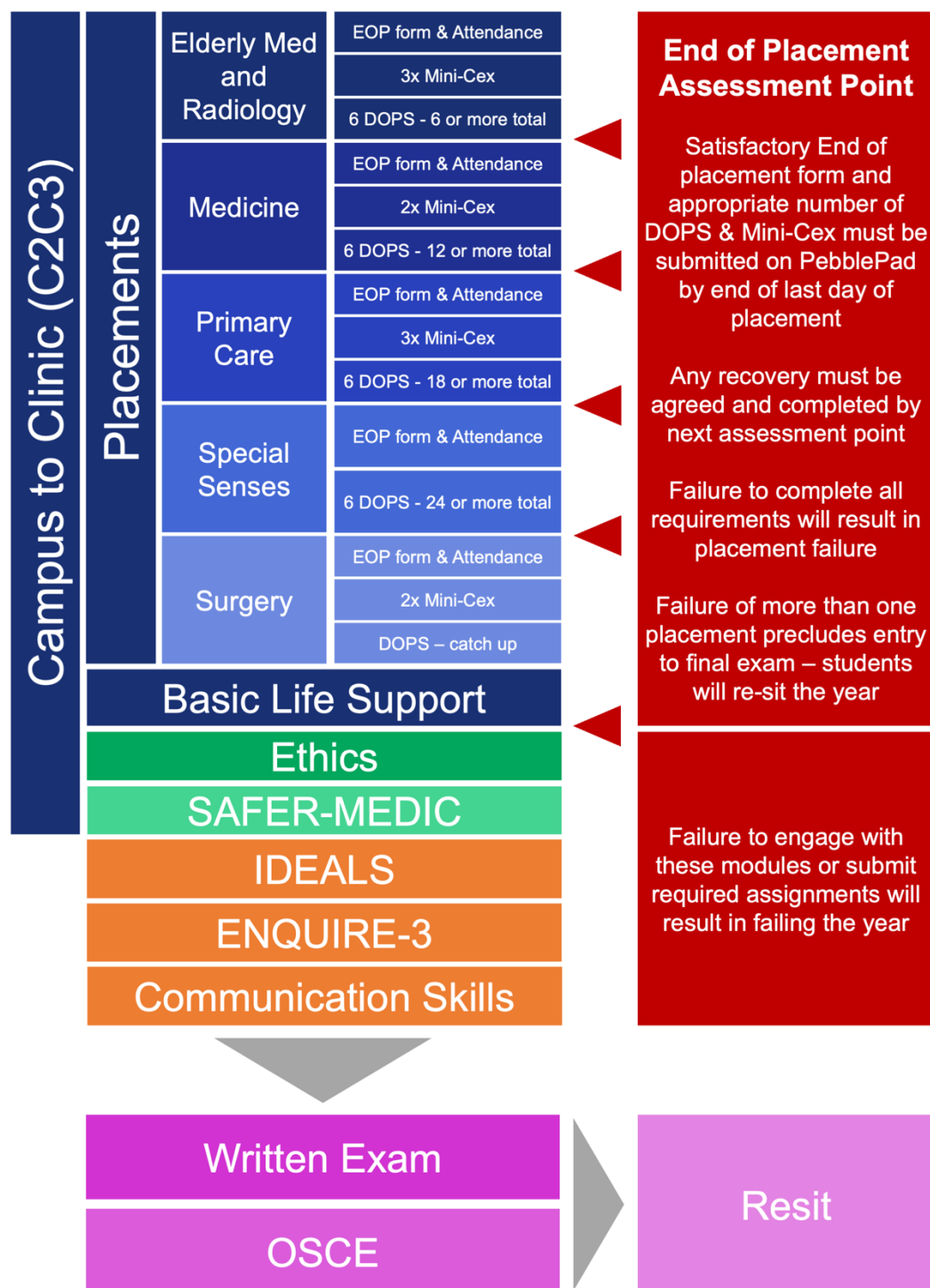
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KEY CONTACTS

Most Year 3 related queries should come to the main inbox - y3mbchb@leeds.ac.uk and this will be directed to the most appropriate contact. If your query relates to placements, you can contact the placement team directly. Similarly, you can access support and advice from the Academic Sub-dean and student support services using the contact details below.

Contact details for relevant personnel for Year 3 and each ICU:	
Heads of Year 3	Mr Paul Harwood Dr Sarah Jagger
Year 3 Co-ordinator	Alanna Davis Y3mbchb@leeds.ac.uk
SES Team Lead (Year 3, 4, & 5)	Catherine McAndrew
Clinical Placements	medicine-placements@leeds.ac.uk
Academic Sub-Dean	Mr Dermot Burke d.burke@leeds.ac.uk
School of Medicine Student Support	somstudentsupport@leeds.ac.uk
School of Medicine Front Desk	Room 7.09, Level 7, Worsley Building 0113 3437234 medschool@leeds.ac.uk
Assessment Team	medicineassessment@leeds.ac.uk
Assessment Lead	Dr Veena Daga
Primary Care Lead	Dr Sam Wong
Elderly Medicine Lead	Dr Virginia Aylett
Special Senses Lead	Mr Vernon Long
Ethics Lead	Danielle Bromwich
SAFER-MEDIC Lead	Mr Nigel Simpson
Mental Health Lead	Dr Nick Venters
Radiology Lead	Dr Taryn Cruickshank
Clinical Skills Leads	Emma Simpson
IDEALS Lead	Dr Alison Brown
ENQUIRE Lead	Dr Therese Munyombwe
Communication Skills	Dr Sarah Johnson

YEAR 3 STRUCTURE



Please note that the order of placements will be different for each student. Full details of assessment requirements, progression regulations, placement assessment points, workplace-based assessments, examinations and resits are contained in the Year 3 Assessment Guide, which should be regarded as the definitive source of assessment information.

DATES AND DEADLINES

Your timetables are accessed via Minerva <https://students.leeds.ac.uk/timetable>

All the information regarding your placements can be accessed via SPARC. More information, including how to access SPARC is available via the Taught student guide [guidance on accessing and navigating SPARC](#)

All information regarding assessments, including dates for this academic year, are in the Assessment guide

CAMPUS TO CLINIC (C2C)

This component of the curriculum includes clinical placements and additional modules including ethics, SAFER-MEDIC and basic life support (BLS) training.

Along with your clinical placements you will have central teaching and workshops arranged on the following topics:

- Surgical skills
- Medicines administration
- Mental Health
- Communication skills
- RRAPIDs
- Microbiology

CLINICAL PLACEMENTS

Placements are allocated in line with the School of Medicine MBChB Placement Travel Policy, which has been developed with student representatives to promote equity in travel times across the year. As this is a Leeds-based programme, travel times are calculated from the University campus and checked against regional public transport information for the appropriate time of day. Not all placements and specialties are available at every site and travel to different hospitals and clinical settings should be expected. Some hospital placements can offer accommodation, and you should contact the undergraduate team at the relevant site if accommodation is required.

Accommodation is not provided automatically. Travel expenses, or a contribution towards expenses, may be available for some hospital placements and for all Primary Care placements. Details will be provided via Minerva where applicable.

Before the start of each placement, you should contact the placement provider to confirm where you need to attend and any local arrangements for your first day. You are expected to attend all scheduled placement activities and take an active role in your learning. If you are unable to attend for any reason, you must inform the placement provider as soon as possible and record your absence on Minerva. Suggested pre-reading for each rotation is included in the relevant placement section below and links to the Year 3 reading lists available through Minerva and the University Library.

Each placement will include a local induction and opportunities for feedback throughout the attachment. You should engage fully with all aspects of placement learning and seek feedback from supervisors and members of the wider healthcare team.

If there are circumstances that require planned absence from placement, and you are aware of these in advance, you must seek approval from the Academic Sub-Dean as early as possible. You are also responsible for informing the placement provider of any approved planned absence.

Assessment requirements, workplace-based assessments, PebblePad submissions, placement assessment points and progression requirements are described in the Year 3 Assessment Guide.

GETTING THE MOST OUT OF YOUR PLACEMENTS

PREPARATION

Making the most of a placement starts before you arrive. Contact your placement provider in advance so that you know where to attend, who to report to and whether there are any local arrangements or induction requirements. Spending some time reading before the placement begins will help you gain much more from clinical encounters and teaching sessions. Suggested pre-reading is included in each placement section below and links to resources available through Minerva and the University Library.

COMMUNICATION

Knowing who to contact and when to escalate concerns is an important part of professional practice. If problems arise during a placement, raise them early with the most appropriate individual. This may be your placement lead, tutor, undergraduate co-ordinator, Academic Personal Tutor or the Year 3 team. Consider both the nature and urgency of the issue when deciding who to contact and how best to communicate with them.

BE PART OF THE TEAM

One of the best ways to learn is to become an active member of the clinical team. Introduce yourself to staff, participate in ward rounds, clinics and multidisciplinary activities, and take advantage of informal learning opportunities. Valuable teaching often occurs outside formal sessions and can happen during routine clinical work, discussions between colleagues or even over a coffee break.

Look for opportunities to contribute appropriately to patient care and clinical activity. This may include taking histories, performing examinations, clerking patients, assisting with procedures, observing operations, undertaking clinical skills, supporting vaccination clinics or helping with other supervised activities. Being proactive will significantly enhance your learning experience.

PROFESSIONALISM

Professional behaviour is fundamental to effective clinical practice and helps to build trust with both patients and colleagues. Attend placements punctually, dress appropriately for the clinical environment and treat all members of the healthcare team with courtesy and respect. Clinical priorities will sometimes take precedence over teaching and flexibility is often required. Taking responsibility for your own learning will help you gain the most from these situations.

You must also maintain the highest standards of confidentiality and information governance. Patient-identifiable information should never be shared inappropriately or discussed outside appropriate clinical and educational settings. Photographs, recordings or other images of patients must not be taken, and patient information should not be stored on personal devices unless specifically authorised within local policies.

Patients place enormous trust in healthcare professionals and students by sharing their time, experiences and personal information. During placements you will meet patients at important and often difficult points in their lives. This is both a privilege and a responsibility, and every patient interaction should be approached with professionalism, respect and compassion.

MAKING THE MOST OF YOUR TIME ON PLACEMENT

Your timetable provides the framework for your learning, but many of the most valuable experiences arise through self-directed engagement with the clinical environment. Use time between clinics, ward rounds and teaching sessions to read around cases you have encountered, reflect on your experiences, seek feedback and complete workplace-based assessments while the clinical encounter is still fresh in your mind.

Take time to understand how the placement works, where different teams are located and what other learning opportunities may be available. Find out where you can study, rest and safely store your belongings, and be curious about activities taking place elsewhere in the department, ward, clinic or practice.

No two placements are identical, just as no two patient encounters are the same. Much of your learning will arise organically from the patients you meet, the clinicians you work with and the circumstances of the day. You also have considerable influence over your own experience. Use self-directed time to pursue your learning needs and interests, discuss these with your supervisors and make the most of the opportunities available to you. Few university courses, and few stages of a medical career, offer such broad access to clinical practice. Make the most of it.

USING THE YEAR 3 MLA CURRICULUM GUIDE

Clinical placements provide the foundation for learning in Year 3. However, no placement can expose you to every presentation, condition or clinical scenario that you are expected to understand by the end of the year. You should therefore combine your placement experience with self-directed learning throughout the year.

The Year 3 MLA Curriculum Guide provides the framework for this learning. The guide is aligned to the GMC Medical Licensing Assessment (MLA) content map and organises Year 3 learning around clinical presentations and their associated conditions. It is designed to support learning on placement, revision and preparation for assessments.

A useful approach is to use the Curriculum Guide alongside your placements. When you encounter a patient, presentation or condition on placement, use the guide to identify related presentations, broader differential diagnoses and important conditions that may not have been encountered directly. Similarly, if there are presentations within the guide that you have not experienced on placement, these can help direct your independent study.

The guide categorises presentations as Core, Supported and Aware according to the level of capability expected during Year 3. Students should focus initially on developing confidence in Core presentations before expanding their knowledge to Supported and Aware presentations.

The Year 3 MLA Curriculum Guide should be used throughout the year alongside placement learning, teaching sessions, reading, workplace-based assessments and revision for end-of-year examinations. Students are encouraged to read the accompanying Year 3 MLA Guidance Document, which explains how the curriculum map is structured and provides suggested approaches to self-directed learning, revision and prioritisation of study.

ELDERLY MEDICINE AND RADIOLOGY

This placement occurs in hospitals around the region and may include community-based elderly medicine attachments. The radiology placements include on-site and remote teaching.

During this placement you will see patients with a wide variety of problems, affecting a number of different systems. This is not simply general medicine applied to older patients and requires a whole-team approach in diagnosis and management of each patient. You will have the opportunity to see how patients with a range of medical problems can present differently in older people, in particular, delirium, falls, immobility, incontinence; you should be familiar with the common causes of these.

Obtaining a history from an older person can be difficult due to a combination of poor hearing, fatigue, and visual or cognitive impairment. You must learn to understand how to improve communication with patients with a hearing impairment, how to gather information from carers and family, and how to assess cognition using tools such as the MoCA and MMSE.

You will have the opportunity to explore some of the ethical issues encountered when caring for older patients, including assessing capacity, feeding patients with dementia, elder abuse, resuscitation decision and advanced directives.

For many people, getting older is associated with loss, whether that is bereavement or loss of independence. You will need to know how to look for depression in an older person. Social history is vital in the management of older patients. This should include a full assessment of the activities of daily living along with family and carer support.

Physical illness is often accompanied by a loss of function. Rehabilitation can help to restore a person's ability to look after themselves. A stroke rehabilitation ward is an ideal place to learn how this happens. You will be able to see how a multi-disciplinary team contributes to patient rehabilitation and learn about the various roles of the team members. You should also learn about the various types of social support available, the role of carers, and the impact of carer strain.

Many patients cared for in Elderly Medicine have a number of different chronic conditions, each with their own medical treatment. A sound working knowledge of common drugs and their interactions is essential. You should also be aware of the problems caused by polypharmacy and about some of the appliance aids available to assist patients and carers.

Around 10-15% of older patients admitted to hospital die during their stay. On this placement you will also witness how dying patients are cared for, be familiar with end-of-life pathways and observe communication with relatives of dying patients. There are aspects of this placement, like any clinical placement, that could affect you personally. Learning how to deal with these situations is a vital part of your clinical experience, as is learning about the support available to you now and in the future.

You will spend a total of four days over this placement in the Radiology Department. You will be provided with induction information including aims and objectives for the placements and the format will vary depending on where your placement is.

By the end of the placement, you will gain an appreciation of the role of radiology in the patient pathway. This includes the process of requesting, protocolling, and performing radiological investigations. You will learn about the range of different modalities available in the diagnostic pathway and understand common emergency pathology on X-Ray and CT. You will be expected to develop a systematic approach to interpreting basic X-Rays, including, but not limited to, correct NG tube placement, pneumothorax, lobar collapse, visceral perforation, bowel obstruction and fractured neck of femur.

You should be able to describe the appropriate guidance and investigations for a range of common presentations including head injury, altered consciousness, stroke, shortness of breath, chest pain, urinary colic, bone and soft tissue injury, and spinal trauma. On this placement you should also learn about safe use of contrast media, and principles of imaging in the oncological staging process.

Expected pre-reading:

- Kumar and Clark's Clinical Medicine ([Link](#)). Chapter 15 - Geriatric medicine, frailty and multimorbidity.
- Clinical Surgery, Henry ([Link](#)). Chapter 4 – Investigation of the surgical patient (Imaging). Excellent introduction to your radiology placement.

MEDICINE

Your medicine placement is an ideal opportunity to practise history, communication, and examination skills. In addition, it is an opportunity to understand more about medicine in secondary care, and how this differs from surgery and primary care. Each placement will vary in terms of the specialties you will experience, such as cardiology, respiratory or gastroenterology. Wherever you are placed you should not limit your learning to that area. For example, you can perform an abdominal examination on a diabetic patient and a neurology examination on a patient with a respiratory complaint. The curriculum is designed to be adaptable, and you can design your placement to meet your learning needs, while making the most of the unique experiences available to you on each rotation.

It is essential to your training as a doctor that you can identify an acutely unwell patient. The RRAPID course has been developed to assist you with this and every student will have the opportunity to attend a workshop during Year 3. It is also important to put these skills into practice and you should try and spend some time on the acute admissions wards, including out-of-hours where possible. You will be able to experience some of the pressures of being a junior doctor and gain an understanding of how acute and emergency care is arranged, whether it starts with a GP or through the emergency department, and how clinical teams communicate and handover patients. By the end of this year, you must be able to recognise acutely unwell patients, and competently use the NEWS scoring system. You will need a knowledge of hydration status, fluid prescribing and safe use of oxygen therapy. You will experience how to manage factors complicating care including alcohol abuse, self-harm, and mental illness.

During the placement you should learn about ward management of patients, including attending ward rounds, learning about keeping in-patients safe while in hospital (including thromboprophylaxis and infection control), and the roles of other healthcare professionals on the ward. You will witness investigations being ordered and performed, including the process of informed consent and assessment of capacity. You should also aim to attend out-patient clinics and observe how hospital-based services help to manage patients in the community. You should experience how primary and secondary care services communicate to ensure high-quality patient care.

Expected pre-reading:

- Kumar and Clark's Clinical Medicine ([Link](#)). This is an essential text to refer to throughout your clinical placements. Start with topics related to the specific wards you are being placed on e.g. Chapter 28 – Respiratory disease, Chapter 30 – Cardiology, Chapter 36 – Kidney and urinary tract disease. Focus on common illnesses. As your placement continues, read around other areas and look for opportunities to speak to patients with those conditions.
- Work through the Pharmacology and Medicines Management resources on Minerva. When reading about specific conditions also look up the associated drugs and refresh your knowledge from previous learning with these recommended

texts – Medical Pharmacology at a glance, Neal ([Link](#)); or Medical Pharmacology and Therapeutics, Waller ([Link](#)).

PRIMARY CARE

You will receive additional guidance about your Primary Care placement before you start, including details of the GP practice you will be joining and the activities expected on placement. You should contact your practice well before the placement starts.

On this placement you will gain a good understanding of how Primary Care services are arranged and how this provides care to patients across the country. You will see patients with a broad range of issues, including acute illness, chronic disease management, screening, disease prevention and health promotion. You will be able to practise taking a focussed history, clinical examination skills, and how to elicit patient expectations from a consultation.

This placement includes weekly teaching on how illness presents in primary care, advanced consultation skills and prescribing. There is pre-course work required for some of these sessions so do look out for this on Minerva. You will have the opportunity to put these skills into practice on placement where you are encouraged to observe patient interaction, consult with patients and practise clinical skills. You will see how we manage acute and repeat prescribing for thousands of patients, working with the entire primary care team to ensure safe and effective evidence-based care. You should practise writing prescriptions, both by hand and electronically.

In the scheduled teaching you will use electronic patient records and information systems to keep notes, prescribe medication, manage chronic disease and communicate with community and secondary care teams.

Expected pre-reading:

- A Textbook of General Practice. Stephenson ([Link](#)). Look in particular at Chapter 3 – The General Practice Consultation, and Chapter 7 – Common Illnesses in General Practice.
- Skills for Communicating with Patients. Silverman, Kurtz and Draper ([Link](#)). Review the consultation model and what you learnt about taking a history from Year 1 & 2. You will be able to refine your focussed history-taking skills this year.

SPECIAL SENSES

This placement includes dermatology, ENT and ophthalmology. These are organised as separate one week placements and each will therefore require its own end of placement form.

DERMATOLOGY

By the end of this placement, you should understand the structure of the skin and be familiar with dermatological terminology. You will be familiar with common skin conditions and be aware of the psychological impact of skin diseases. You should be able to take a focussed dermatological history and examine the skin, describing lesions and be able to formulate a list of differential diagnosis and management plans. You will have opportunity to learn about tests, procedures and treatments including punch biopsy, cautery, suturing, cryotherapy, patch testing, phototherapy, and treatments including immunosuppressive and biologic therapies.

The range of conditions covered is broad, but you should have a good understanding of the presentation and management of conditions including inflammatory dermatoses, infections, cutaneous drug eruptions, dermatological emergencies, skin cancers, benign tumours and autoimmune conditions involving the skin.

Expected pre-reading:

- Any of the recommended texts on Minerva are useful. Look at a range of dermatology atlases as skin rashes and lesions vary on different people. Dermatology: an illustrated colour text, Gawkrödger et al ([Link](#)). Mind the Gap, Mukwende et al ([Link](#)) and other text are useful to get used to describing different skin conditions and learning about common problems and treatments.

EAR NOSE AND THROAT (ENT)

Patients with ENT problems very commonly present to Primary Care, on the wards and in the emergency department. A good foundation in this speciality is essential for all doctors. This placement will allow you to develop an understanding of the range of ENT conditions and treatments and when to refer appropriately to secondary care.

You will need to learn to take a comprehensive history from a patient presenting with ENT symptoms and be able to examine the ears, nose, throat and neck of a patient. This includes otoscopy and recognition of the normal ear drum as well as common abnormalities.

Common symptoms include hearing loss, otalgia, otorrhea, dizziness, sore throat, dysphagia, hoarseness, neck swelling, facial weakness, epistaxis, nasal congestion and anosmia. You should be aware of the red flag symptoms of suspected head and neck cancer, how to investigate these and when to refer.

Expected pre-reading:

- Kumar and Clark's Clinical Medicine ([Link](#)). Chapter 27 - Ear, nose and throat and eye disease - Excellent introduction to clinical examination and findings in ENT, along with common problems you will encounter on placement.
- Further reading texts on Minerva go into much more detail.

OPHTHALMOLOGY

Ophthalmology conditions are common, and many systemic diseases have ophthalmic manifestations and/or complications. By the end of this placement, you will have an understanding the structure and function of the eye and its neural pathways. You should learn about common eye conditions and treatments, including dilating drops.

You will be able to speak to patients and learn about in the social and psychological impact of eye disease and understand about the support available for patients with visual impairment.

You will need to be able to take a comprehensive history from a patient presenting with ocular symptoms and perform an examination of the eyes and surrounding structures, including assessment of eye movement, pupils, visual acuity, visual fields and direct ophthalmoscopy. You should be able recognise ocular emergencies that can lead to blindness, be familiar with management and when to refer to an ophthalmologist.

Expected pre-reading:

- Ophthalmology at a glance, Oliver ([Link](#)). Introduction to ophthalmology for medical students including history and examination, and common presentations of eye disease.

SURGERY

Your surgical placement is a great opportunity to develop your history-taking and examination skills. Just like the Medicine rotation, your placement can be with a range of different surgical specialties, but there will be chances to personalise your experience in line with your own learning outcomes. You will see many patients presenting with acute problems, along with planned surgical interventions. This can take place in hospital, out-patient clinics and at some private provider locations.

On this placement you will learn about the principles involved in preparing a patient for surgery, whether planned elective surgery or acutely unwell patients. You should think about the criteria for elective surgery and which patient and surgical factors might change the options for management.

You should learn about the different types of anaesthesia, how this relates to type of surgery and peri-operative management of patients. You will see patients prescribed a range of prophylactic treatments to reduce the risk of infection and thrombosis and you should gain an understanding of the evidence and rationale behind this. There will be plenty of opportunities to learn about other post-operative considerations such as nausea, pain and fluid management.

You will be able to observe how risk and consent are communicated to patients, and link this with other placements this year, such as elderly medicine, where understanding the principles of capacity and consent are essential. You should be aware of common surgical presentations, surgeries, and complications and how to recognise and manage a range of acute surgical conditions including sepsis, trauma and haemorrhage.

Expected pre-reading:

- Clinical Surgery, Henry ([Link](#)). Just like your Medicine placement pre-reading, you should start with the surgical specialty where you are based, then extend your reading to other areas of surgery, matched with speaking to patients with those conditions. Include Chapter 3 – Emergency Medicine, Chapter 7 – Perioperative Management.
- MacLeod's Clinical Examination, Innes et al ([Link](#)). Use your time on placement to revise and gain deeper understanding of clinical examination. This is not just a routine to be performed in an OSCE; each part of a clinical examination links to disease, variation and prognosis.

ADDITIONAL LEARNING ON PLACEMENTS

Throughout Year 3, there are several themes that should be integrated into your learning regardless of which placement you are undertaking.

Pharmacology and prescribing are central to clinical practice and should be considered in every clinical setting. Take every opportunity to discuss medications with patients and healthcare professionals, including why treatments are prescribed, how prescribing decisions are made, and how risks and benefits are balanced. By the end of the year, you should be able to prescribe common medications, fluids and oxygen safely, and understand the principles of patient assessment, adverse effects, evidence-based prescribing and shared decision-making.

There are extensive self-directed learning resources available on Minerva to support your development in Pharmacology and Medicines Management, including slides, worksheets and access to the PILLS eBook. You should engage with these resources throughout the year and link your learning to medications and prescribing decisions encountered on placement.

Mental health is another theme that cuts across all clinical environments. Many patients will have psychological, psychiatric or social factors that influence their health, wellbeing and healthcare decisions. You should use placements as an opportunity to develop confidence in discussing mental health, exploring the impact of illness on patients' lives, and understanding how mental health conditions are assessed and managed. Topics such as capacity, dementia, loneliness, self-harm and suicide risk are relevant across multiple placements and clinical settings.

Microbiology and infection are similarly relevant throughout the year. You will participate in dedicated microbiology teaching, but placements provide an important opportunity to apply this knowledge in practice. You should develop an understanding of common infections, the principles of investigation and diagnosis, appropriate infection control measures, and the safe and effective use of antimicrobial therapies.

FEEDBACK

Feedback is an important part of learning on clinical placements and provides an opportunity to recognise strengths, identify areas for development and plan future learning. At the end of each placement you will receive feedback from your supervisors. You should take time to reflect on this feedback, consider how it relates to your learning objectives and use it to inform your goals for subsequent placements.

You will also be invited to provide feedback about your placement experiences. We encourage you to consider what helped your learning, what could be improved and what opportunities were particularly valuable. Feedback from students plays an important role in supporting placement quality and helps both placement providers and the Year 3 team to enhance future learning experiences. If you have significant concerns about any aspect of a placement, please do not wait until the end of the placement to raise them. Concerns should be discussed as early as possible with the placement lead, undergraduate team, Year 3 team or another appropriate member of staff.

We are fortunate to work with many outstanding educators and clinical teams across the region. If you have an exceptionally positive placement experience, whether through a single teaching session, an individual member of staff or an entire placement, we encourage you to recognise this by submitting a **Commendation** through the Clinical Placement Reporting Tool. Commendations allow students to acknowledge individuals who have demonstrated excellence in teaching, professionalism, patient-centred care or support for learners. Feedback submitted through the system is shared with the individual concerned and can be an important source of professional recognition.

The same system can also be used to raise **Concerns** about issues that may affect patient safety, professionalism, student wellbeing or the quality of the learning environment. Concerns are handled confidentially by the School and reviewed by the appropriate Year Lead. We encourage students to raise concerns whenever appropriate and as early as possible so that support and action can be provided where needed.

Further information and access to the Clinical Placement Reporting Tool are available through the School of Medicine Taught Student Guide website.

WORKPLACE-BASED ASSESSMENTS (WBA)

Workplace-based assessments (WBAs) are an important part of learning in the clinical environment. They provide opportunities for observation, feedback and reflection, helping you identify strengths, recognise areas for development and monitor your progress throughout the year. WBAs should be viewed primarily as learning opportunities rather than simply tasks to complete.

Many of the skills and clinical encounters assessed through WBAs can occur on multiple placements, although some placements may naturally provide more opportunities for particular activities than others. You should actively look for opportunities to gain feedback throughout the year rather than leaving assessments until the end of a placement. Completing assessments close to the clinical encounter allows feedback to be more meaningful and helps you reflect on your performance while the experience is still fresh in your mind.

PebblePad provides a record of your learning and development across the year. In addition to recording assessments, it offers opportunities for reflection and helps you identify goals for future placements. Developing the habit of collecting evidence, reflecting on feedback and documenting progress will help prepare you for postgraduate medical training, where portfolio-based learning and workplace assessment form an important part of professional development.

Workplace-based assessments are a required component of Year 3. Full details of the assessment requirements, workplace-based assessment structure, deadlines and progression criteria are provided in the Year 3 Assessment Guide.

BASIC LIFE SUPPORT

Basic Life Support (BLS) training will be delivered by the Clinical Skills Team during Year 3. Students will be allocated a session and should attend at the time provided. To gain the maximum benefit from the training, you are encouraged to familiarise yourself with the current Resuscitation Council UK guidance before attending.

BLS is a fundamental clinical skill that underpins the recognition and management of deteriorating and critically unwell patients. The knowledge and skills developed during this training should be reinforced and applied throughout your clinical placements.

Further information regarding BLS assessment requirements and progression criteria can be found in the Year 3 Assessment Guide.

SAFER-MEDIC

Year 3 is your opportunity to bring together everything you have learned so far, including clinical skills, scientific knowledge, communication skills, ethics and research. Applying this knowledge in real clinical situations can be challenging, particularly when faced with the uncertainty and complexity of patient care. The SAFER-MEDIC framework has been developed to help you approach clinical encounters in a structured, safe and reflective way.

Throughout the year, you will attend SAFER-MEDIC workshops where you will discuss and reflect on clinical encounters from your placements with a tutor and your peers. These sessions are designed to help you develop clinical reasoning, build confidence in managing uncertainty and learn from the experiences of others. They also provide an opportunity to explore how knowledge from different areas of the curriculum comes together in the care of individual patients.

THE MEDIC FRAMEWORK

The **MEDIC** component focuses on the patient encounter itself:

- **Meeting**
- **Examining**
- **Diagnosing**
- **Investigating**
- **Concluding**

This emphasises that clinical practice involves more than simply taking a history and performing an examination. Effective patient care requires you to interpret information, formulate a management plan and work with the patient to agree appropriate next steps.

THE SAFER FRAMEWORK

Running alongside this is the broader **SAFER** framework, which influences decision-making before, during and after every clinical encounter:

- **Safety**
- **Awareness**
- **First Principles**
- **Ethics**
- **Research**

Reflection is an important part of the process and underpins the development of safe and effective clinical practice. The SAFER-MEDIC framework encourages you to think critically about your experiences, identify gaps in your understanding and consider how you might approach similar situations in the future.

Over the course of the year, you will use the SAFER-MEDIC framework repeatedly in workshops and on placement. It provides a foundation for clinical thinking and reflective practice that will continue throughout Years 4 and 5 and into postgraduate training.

Further information about SAFER-MEDIC, including workshop arrangements and assessment requirements, is available in the SAFER-MEDIC guidance and the Year 3 Assessment Guide.

ETHICS

The Ethics programme provides an opportunity to explore a range of ethical issues encountered in clinical practice. Through guided workshops, you will discuss complex clinical and professional dilemmas, develop your critical reasoning skills and learn to construct well-supported arguments based on ethical principles, evidence and professional guidance.

Before each workshop you will be provided with preparatory reading and will be expected to undertake independent study of the topic. The sessions are designed to be highly interactive and will involve discussion of your research, perspectives and recommendations with other students and facilitators. The workshops provide an opportunity to explore different viewpoints and consider how ethical principles are applied in real clinical situations.

The ability to recognise and analyse ethical issues is an essential component of medical practice. These sessions are intended to help you develop the skills needed to make reasoned, patient-centred and professionally informed decisions throughout your future career.

Further information about workshop topics, preparation and timetabling is available on Minerva. Assessment requirements for the Ethics programme are detailed in the Year 3 Assessment Guide.

COMMUNICATION SKILLS

During Year 3 you will take part in two Communication Skills simulation sessions facilitated by experienced tutors and lived experience patients from the Patient and Carer Community. These sessions provide an opportunity to develop your communication skills in a safe and supportive environment, receive feedback and reflect on your performance with patients, peers and facilitators.

The first session focuses on communication around sensitive and intimate topics. You will practise asking potentially sensitive questions, explaining intimate examinations, discussing chaperones and obtaining informed consent. Working through a series of role-play scenarios involving breast, testicular and rectal examinations, you will explore how to communicate clearly, professionally and respectfully in situations that can feel challenging for both patients and clinicians. Please note that you will not be performing intimate examinations during these sessions, as these practical skills are taught separately in Clinical Skills teaching.

The second session allows you to build on experiences from your clinical placements. With support from your peers, facilitator and lived experience patient, you will design and explore consultation scenarios based on situations you have encountered in practice. Topics commonly include managing consultations involving distress or frustration, negotiating shared management plans when patients and clinicians have different expectations, discussing prescribing decisions and investigations, and exploring sensitive issues such as lifestyle change and behaviour modification.

Throughout both sessions you will receive feedback from patients, peers and facilitators to support your development. You will also have opportunities for guided reflection, helping you identify strengths, areas for improvement and strategies for future patient interactions. Observing other students is an important part of the learning process and provides additional opportunities to reflect on effective communication in clinical practice.

Communication is a core clinical skill and these sessions are designed to support your development as a safe, patient-centred practitioner. Further information regarding attendance, assessment requirements and Communication Skills Masterclasses is available in the Year 3 Assessment Guide.

EXAMS AND ASSESSMENT

Please refer to the Year 3 MBChB Assessment Guide for detailed information about workplace-based assessment, PebblePad, exams and progression. This also includes information about prizes and awards available in different components of Year 3.

The information in this study guide is accurate at the time of publishing and relates to the academic year 2026-27. If any information changes during the year we will update students via Minerva or email.

If you have any questions about this guide, please contact the Year 3 Team - y3mbchb@leeds.ac.uk.