



CUPS Paediatric Placement Guide

2020-2021



Cambridge University
Paediatrics Society



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Hi there! We here at PaedSoc wanted to make a little document to help prepare incoming 5th Years for their paediatric placements. We know it can feel a bit scary going out to a new region and to interact with children for what might be the first time. So, we've gotten students who've recently undertaken their placements to summarise their time at each of the hospitals. This includes what's expected from you, how to make the most of the placement and some informal tips and tricks on how to make the most out of these placements! We hope it helps!

If you have any questions, concerns, or really just want to chat about anything paediatrics-related, feel free to get in touch with Tash (nt368) or Manu (mr678).

Please remember that this is an informal document created by CUPS, with contributions from ex-5th Year students who have completed their placements. None of the following material is representative of official Clinical School advice, and - especially this year - some things may change or be run differently.

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A Note on the Critically Appraised Topic (CAT)

- The (adorably-named, but less adorable to do) Paeds CAT is something that lots of people stressed out about – me included. In reality, it's really nothing to worry about!
- It's actually quite chill – the main thing to do is to follow the advice that Clin School give on the MedEd pages, have a look at the exemplar submissions from previous students (but remember that these are next level!), and make sure you submit it on time
 - Remember that your submission doesn't need to be as thorough/ use as many sources as the examples do – these are the absolute top level ones, so unless you're going for prizes etc., it doesn't need to mirror this
 - There's a deadline on MedEd to submit the Paeds CAT. Even though it's not super deep, I'd recommend getting on it early and doing little but often to make it more manageable and avoid last-minute stress!
- You'll need to formulate a question based off a case you've seen, so keep an eye out for anything interesting, or any questions that are raised that you don't know the answer to
- After that, it's to PubMed etc. to literature search the topic and get lots of sources to put into it
 - If you're not too familiar with literature searches and the different databases around, the Clin School Library is great at helping out. They're used to students wanting more info on this, so just get in touch!
- Follow the format that Clin School give and just bosh it out! Just remember not to worry about it, and we know you'll be great!

Hospital-Specific Points:

Stevenage

What can we expect from the hospital?

- You'll have an introductory meeting with the consultant paediatrician in charge of your teaching on the first day
 - They'll take you on a tour of relevant bits of the hospital and answer your questions
 - You may have teaching scheduled in the afternoon, if not, you're left to settle in to your new accommodation!
- There were 8 students overall- 4 on O&G and 4 on Paeds before you switch over
 - You can choose who does which first (on the first day), but there's no real advantage either way
 - Use this as a chance to exchange advice between the two blocks with what you found helpful!
 - Also, UCL students may be around alongside, so it's worth sharing knowledge and chill time
- You get given a timetable and you're expected to rotate through the Children's Assessment Unit (CAU), the ward and time allocated to go to whichever clinics you fancy
- There are plenty of fun clinics to go to!
 - You can organise whichever clinic by going to the clinic reception the day before, checking which ones are on, and emailing the consultant beforehand to let them know you're coming
- The teaching sessions they put on are great and really worth doing!
 - There's a mix of bedside teaching, PowerPoint presentation-based supervisions and teaching of developmental assessment
 - If you want to cover particular content - like if you've left developmental assessment 'til the end of placement (classic really ;)) - the consultants are very receptive to what you want to cover!
- On one day per week after ward rounds, there'll be a Paediatric and Neonatal Emergency Teaching in the simulation rooms, which is super interesting!
- Another day of the week, a trainee does a case presentation, which always sparks discussion

What do they expect from us?

- Don't forget to get your basic mini-CEX forms done!
- They'll expect you to come to most of the morning ward rounds, so make sure at least one or two from the group are there each morning
- You're expected to do a weekend shift, but no night shifts (phew)! Evening shifts are timetabled, and are really great to attend- you get to be much more independent and useful!
- Be aware there will be two different consultants on call each week- one covers CAU and the other takes the ward
 - Both will attend the morning meeting to discuss both units, but then will split off afterwards if you need them
- Be aware everything is on paper, and ICE is the main programme used for investigation results like bloods, imaging, etc.

What should I do when I'm there?

- My favourite times on this placement were twilight shifts (4PM-11PM), because you get to be so much more useful!
 - You can shadow the juniors, and be sure to ask if there's things you can do to help, like initial clerkings
- Dr Gite's General Paeds clinics are great! You get to see a broad range of pathology and he's a great teacher
- Dr Ventilacion is also great to shadow in Allergy Clinic
- Cardiology clinic is supposedly very cool too- however it's super popular, so get in early if you want it
- Safeguarding meetings can be particularly interesting, but be aware that they can be quite heavy
- Consultants on ward round enjoy recruiting medical students to scribe, which is great Yr 6/ FY1 practice
- However, if you start to find the main ward round a bit dull, don't feel the need to stick to timetable
 - For example, you can pop into CAU (check if there's people timetabled to go there) or a fun clinic instead!
- Be aware that Dr Teh can be quite strict- if you're going to prepare for any teaching, make it hers!
- Also, if you try to leave a session early when you're with Dr Dhelaria, you'd better have a good excuse!

Any Final Tips and Tricks?

- Don't be scared to do histories/ examinations by yourself in CAU side rooms and present to doctors, even early on

- I found this is definitely the best way to learn! Stick to the proforma, and you'll be great. You get to make a positive difference and it's much better than awkwardly standing around
- The accommodation is super close to the hospital – a 5-min walk from door-to-(handover) door – so we would always pop back for meals etc.
- There are many local supermarkets nearby (Sains, ALDI etc.), and Toby Carvery is not far and became a staple of our diet. 10/10 would recommend

Hinchingbrooke

What can we expect from the hospital?

- On the first day, you get taken to meet Dr Dixon on the ward
- There will be one other student with you when on Paeds
 - We'd recommend teaming up to clerk patients in the Paediatric Assessment Unit (PAU)
- There's PAU, one paediatric ward, outpatients and a Special Care Baby Unit (SCBU) in the hospital, and you spend time on each. You can also go to clinics
 - Clinics etc. don't always happen according to the timetable, so worth checking with the receptionist the day before to be safe!
- They put on teaching for the juniors which can be quite useful on Tuesdays and Thursdays
- There's also a useful Radiology MDT Wednesdays in the morning- can ask about this
- Overall, the team is super friendly!

What do they expect from us?

- We had to get a Developmental Assessment, a History and Examination, and a NIPE signed off as our mini-CEXs
 - Easiest to do these in PAU
 - Also could join Dr Dixon, or another SCBU doctor, for a SCBU follow-up clinic, where you can practise a bunch of developmental assessments
 - Another way is to find which junior doctor is on SCBU for the week and check when they are doing NIPES on the postnatal ward. You can then go with them and do a bunch (best to do more than one!)
- Apart from that, it's all generally relaxed
- Just note that it's all paper notes, so be prepared for that

What should I do when I'm there?

- PAU is really useful for clerking/ seeing new presentations, and taking histories and examining before presenting
 - You get to see a good variety of ages
 - This is busiest at around 4PM in the afternoon- we'd say this is good to do then, as you really feel involved with the firm
 - It's also fine to go in in the late afternoon, where you can chill in the Doctors' Office and clerk patients as they come in

- PAU ward round in the morning is good, and you can get practice in writing in paper notes, but you don't need to go in every day
- SCBU follow-up is useful for seeing and doing developmental assessments
- SCBU ward round is interesting and worth a visit, but you definitely don't need to go in every day
- We'd advise following the Reg/ junior with the bleep to get a chance to attend C-Sections or Baby Resus
- You can wear normal ward clothes if you like, or maybe scrubs (e.g. if following the person with the bleep and you don't want to rapidly change)

Bedford

What can we expect from the hospital?

- On the first day, you meet Tina in the Education Office and she'll take you on a brief tour, and to the paediatric wards to be introduced to one of the consultants
- At Riverbank Ward, the consultant will give you a brief introduction to the placement and then you can either go back to settle in the accommodation (and start properly the next day) or go onto the ward
- There are 6 students overall- 3 on O&G and 3 on Paeds before you switch over
- The secretaries give you a rough timetable for mornings and afternoons where you rotate between different areas
 - There's only one Paeds ward, the neonatal unit, outpatient clinics, and one day organised to be in the Child Development Centre
- There are 4/5 clinics scheduled in the week- this might feel like a bit too many, but you quickly realise you don't need to follow the timetable too religiously
- The only formal teaching you get in Bedford are the webinars that are put on centrally from Addenbrooke's- sometimes it can be difficult to go to these as it may be in the middle of a clinic or something. Try to catch up later though, as they are super useful!
 - It was a bit underwhelming for the first rotation in our year- we all complained about a lack of General and Bedside teaching, not being able to go into A&E, things like that...
 - That said, they implemented some changes based on the feedback, so later students have said that they got student-specific bedside teaching! Hopefully you guys get some good teaching there too!

What do they expect from us?

- Bedford don't expect anything more than Cambridge- 1 Developmental Exam, 2 clerkings, and 1 NIPE
 - The best time to do the developmental exam is on your day in the Child Development Centre
 - For clerkings, you can do these in the acute assessment part of the ward
 - The best place for NIPES is the transitional care unit; one junior doctor is assigned to do all the NIPES on one day- just shadow them and ask to do a couple

- You can be very independent at Bedford. No one knows where or when you're expected to be with them- if you want to just go to the ward and clerk patients by yourself, that's absolutely fine!
- Weekend and night shifts are recommended, but not really enforced
- Everything is on paper notes
- Ward rooms have names (mainly of animals) rather than numbers- would recommend familiarising yourself with them!

What should I do when I'm there?

- Would recommend not to follow the timetable too strictly- they schedule too many clinics, which can be slow or under-filled, so is not always the best use of time
 - We found it much more useful to spend time on the ward and to chat to as many patients as possible and examine- especially if you know from their history that they have good signs
- Go on some ward rounds, but it's not essential to always follow it- they're generally very happy for you to go around talking to patients by yourself if you want
 - If you do go on ward rounds, try to get involved by writing notes/ preparing notes for the next patient if you can!
- Clinics are rather general at Bedford- nothing too specific to mention
- Wear normal smart ward clothes- you could probably wear completely black trainers if you wanted
- No one ever wears scrubs

Any Final Tips and Tricks?

- We found that NICU (the Neonatal Intensive Care Unit) was not the most useful unless you follow a doctor/ the ward round and they can tell you why the baby is there and what the management plan is etc.
- The accommodation (the Horseshoe) is a 5-minute walk away from the hospital
 - It's close enough that you can go back for lunch or things like that- maybe not for anything shorter
- You have to register your car (Make, Model, Colour, Number plate) with Tina, but then you get free parking at the accommodation all week- it can get quite busy, but you usually find a space
 - If not, there's a hospital car park that you can park in as well, but as above, is 5-min away from the accommodation

- Some people have gotten tickets for parking at the accommodation, but this shouldn't happen- if it does, let Tina know and she'll get it sorted for you!
- The paed's ward is at a slightly different entrance from the main hospital one (but you can use both)
 - It's a 3-min walk from the main entrance, but right next to the paed's entrance
- The river is quite nice in Bedford, and the Embankment can be quite nice. There's also a really nice Spoons a short walk away
- Work-wise, the Illustrated Textbook of Paediatrics is really good. Also, the Passmedicine 'textbook' function is also good, but the questions are not sufficient to cover everything without using the 'textbook' or another book

Ipswich

Note: this experience was from a COVID catch-up block!

What can we expect from the hospital?

- First day, you'll meet Dr Desai, who will introduce and give you timetables etc. After that, you join your ward
 - Dr Desai will be your key contact for the placement
- For us, there were two of us on Paeds, but that was in a covid-time catch-up block... it may be different
- Paediatrics is a bit less formally timetabled than O&G
 - We had a week on the Paediatric Assessment Unit (PAU) and a week on the Special Care Baby Unit (SCBU)
- There is a Handover to attend each day at 9AM in the PAU classroom
- Dr Desai organises specific teaching with you when you're there

What do they expect from us?

- They expect two mini-CEX forms from your time there- this is one Paediatric History and one NIPE
- We had timetabled on-call shifts from 5-9PM every other day
 - Don't feel like you need to stay for the entire time if nothing's happening!
- For us (again, bear in mind it was a catch-up block), no weekend shifts were expected
- Just wear normal smart placement clothes- I think scrubs would probably be acceptable too

What should I do when I'm there?

- Would recommend using the juniors and registrars- most are really friendly and happy to teach
- The consultants are also not scary!
- We tended to go to Handover at 9AM, then onto our respective ward rounds. Jobs and new admissions happen in the afternoon if you want that

Any Final Tips and Tricks?

- For accommodation, we stayed in doctors' mess accommodation for our catch-up blocks:
 - They were basic rooms, with communal kitchens and shower rooms

- Bedding and towels were provided, although you might want to bring your own towels though
- Kitchen equipment varies in amount, and so probably wise to bring some of your own
- Should be able to get from accommodation to PAU in 5-10 minutes
- There is plenty of parking around the hospital site- bear in mind that it can take a while to find a place in the daytime though!

King's Lynn

What can we expect from the hospital?

- On your first day, you meet Rob Golsby (who is lovely and deals with all the admin) for an introduction
 - You get your schedule and he runs through the structure of the placement
 - You then get an induction from one of the senior doctors, and a tour of the department
 - After this, the day is relatively free, just with a couple of teaching sessions
- We had 6 students on the placement together- you do all of Paeds and O&G together as six
 - For the timetable, you get split into three pairs, and get scheduled for things together for the majority
- The Paeds department has a few different places to it:
 - One Paeds ward (called Rudham), and a Paediatric Assessment Unit (PAU) located at the end of the ward
 - A room called Woodlands around the corner from the ward- this is where meetings/ teaching/ handovers tend to happen
 - It can be a bit confusing as it is literally just a room down a corridor, but you get shown it
 - The Roxburgh Centre (across the road from the hospital), where clinics occur
 - There's a Neonatal Intensive Care Unit (NICU), but you're scheduled for more time here in O&G than Paeds
 - There's a relatively small Paeds A&E, but you tend to only go here when shadowing doctors on the ward who get called down
- You're scheduled general clinic time- best thing to do is to get there early and ask the nurses what's going on on the day, and pick what you like
 - I'd advise arranging with other students what you'd like to see, just to make sure you don't step on each other's toes!
- There's a specific Community Paeds Clinic scheduled in your timetable, separate to general clinic time
- For our year, they also did a Paediatric Immediate Life Support (PILS) and a Simulation day, which were both pretty interesting and useful

What do they expect from us?

- We were expected to get 3 mini-CEX forms signed- one for Developmental Assessment, one for a NIPE, and one for a History and Examination

- There are timetabled sessions devoted to getting the NIPE and Developmental Assessment sign-offs done, so you just need to get the last one done (which is super easy to do on the ward)
- For NIPes, one junior doctor gets allocated to NIPes for the whole day, so just shadow them, and they're great at getting you involved and helping out!
- We were expected to do evening and weekend shifts, and Dr Nair is very particular about these being signed off
 - These can be really useful, and a good chance to see Paeds and the hospital in a way you normally wouldn't
 - That said, lots of us ended up leaving early once we were happy we'd seen what we wanted- don't stick around if you're not learning anything!
 - As long as you're nice about it, the juniors are more than happy to sign you off for whatever you need
 - I would big time recommend doing an evening shift as you really feel part of the team and can do a lot of independent work (and be legitimately helpful to the team!)
- You're generally safe in standard smart ward wear- I'd advise getting some black trainers to wear when you're rushing around
- Be aware that Dr Nair can be a bit scary, but is fine really. She's an amazing teacher, but doesn't like people being late/ missing her sessions
 - She also organises to see you at the end of the placement to confirm everything is signed off, so make sure you have it sorted by then!
- The rest of the Paeds team are also generally lovely- some of the senior team can seem a bit scary, but if you show up on time and you appear interested, they soften up pretty quick
- They organise multiple teaching sessions on a range of Paeds- these are often really really good (in contrast to some of the shakier O&G sessions)
 - Dr Piel and Dr Rewitsky are particularly great and teach well, but the whole team is very knowledgeable and are keen to teach

What should I do when I'm there?

- There's a pretty thorough timetable- I'd follow it because its pretty good to get a whole range of experiences and to allow you to easily get your sign-offs
- There are slots where you choose to either go to NICU or do NIPes, which are fun- I went to do NIPes pretty much every time to get used to it, but also 'cause they are really cute :)

- The bedside teaching sessions are useful and give you good exposure to interacting with kids, as well as some strong feedback on how to improve- would recommend
- Ward rounds in the morning can be a bit meh, but we got called out on occasion for not going- either make sure someone's there or have a good excuse and cover for each other :)
- The range of clinics is really good- some of these are specialist outreach clinics (like Dr Kelsall's Cardiology clinic) and don't happen every week, check in advance so you don't miss anything!
- Be aware it's all paper notes- take this as a chance to get involved with writing/ preparing notes and become part of the team!
- Just have fun really! Everyone is nice and just wants to help you learn!

Any Final Tips and Tricks?

- First up, if you have any issues at all, get in touch with Rob- he's great at sorting things out for you and will look after you
- Don't stress about leaving things early or doing different things with your time- as long as you have the sign-offs done and you don't annoy Dr Nair, no one really minds what you do!
- The Paeds block in KL is loads better than the O&G block, so don't be disheartened if O&G wasn't that fun!
- On occasion, complex patients will be transferred to Addies- if you're keen (like me :)), you can follow their care through and see what happens to them
- The central Addies teaching gets scheduled for weird times, so they often clash with your hospital work
 - They should be recorded, and real-life experience tends to be more fun and useful, so I'd say miss it and re-watch later!
 - Hopefully they will be better with this for you guys
- Accommodation is right next to the hospital, just around the back of it- it's literally a couple minutes walk across a road
 - We always went back in short breaks/ lunch
 - There's also parking at the front of the hospital- you get given a badge, make sure you display it clearly!
 - The hospital site is also a 5-min drive away from a Lidl, which is where we all went for stuff
- For us, there was a weird quirk where students were put into an accommodation block with at least one other student, but not necessarily in the same flat. This meant a few people were in flats with two random doctors and themselves, which felt a bit weird

- Standard basic rooms, with a shared kitchen/ bathroom within a flat of three. I'd say to bring your own kitchen equipment and towels, but bedding was provided
- Make sure you hang out together and socialise (as much as covid allows for this year, I guess)
 - King's Lynn itself doesn't have much going on, but you can drive around to beaches and pubs, and there are a few nice walks and runs around- don't get cooped up in the hospital!

Addenbrooke's

What can we expect from the hospital?

- Have individual timetable with ward rounds, clinics, A&E slots and NICE time to attend
 - Probably best to roughly stick to format of the timetable to avoid lots of students going to the same place at the same time, but easy to be flexible
- There was 15-20 students on Paeds in Addies at any one time, so there's lots of fellow friends to go and see patients with!
- Has multiple ward rounds- one for gastro, resp, neuro, oncology etc. You can end up timetabled for multiple of one and not much else, so feel free to switch around a bit to see a range
- For ward rounds, arrive at 8:30 for the handovers in the portacabins outside, next to the ATC/ out of the concourse exit by Barclays
 - Your badge won't let you in, but ring the bell and they'll let you in!
 - After handover, different teams split up, so you can pick one to go with
 - Sometimes they have teaching for the doctors at 9AM in the handover room before ward round, which can be interesting
- For PICU, ward rounds start at 9AM in the office on PICU itself
- The timetable might not be very accurate with which clinics are running, so be prepared to switch around
 - There'll be a whole range, and the receptionists/ HCAs are great in letting you know what's going on and finding one for you to attend
- Most clinics are located in the main outpatients area (right to the end, and it's the one with all the toys and bright colours!)
 - Some are elsewhere- e.g. Endocrine in the ATC, or Haem/Onc in the day unit (off C2 ward)
- Paeds A&E is great to see a range of acute presentations, a lot of patients at high turnover, and for practicing clerking/ examining/ getting mini-CEXs signed off
 - I would recommend spending as much time here as you can for the "Core" Paeds
- So you have time seeing neonates, you will be timetabled two days in NICU, as well as some time on the Lady Mary ward- where you can learn and practice NIPES
 - On NICU, there is teaching at 8:30AM most mornings in the seminar rooms in the Rosie, or handover/ ward round starts at 9AM in the reporting room (upstairs)

- There are usually 3 ward rounds- two for ICU/HDU and one for SCBU/ Charles Wolfson ward.
- The afternoons are when jobs tend to get done, so you can hang about if you're interested in seeing more (there are some really interesting procedures to watch, or you can accompany a baby to theatre), or feel free to go home
- You have bedside teaching with an allocated supervisor through the placement- these are good to practice examinations and do developmental assessments
- There are also Paeds and O&G seminars timetabled throughout the entire block, usually at lunchtime

What do they expect from us?

- You need to complete three mini-CEX forms- one for History Taking/ Examination, one for NIPE and one for Developmental Assessment
 - For the NIPE, head to Lady Mary ward in the morning, and find the midwife/ SHO doing baby checks and get involved
 - For History/ Examination in Acute Paeds, A&E is ideal
 - For Developmental Assessment, I would recommend being opportunistic here in A&E, or going through it with your supervisor in bedside teaching
- One or two of your timetable slots will be twilight shifts
 - These can be really useful if you're keen! But staff won't be expecting you to arrive at a certain time or stay the whole shift, so pop in for as much as you like
- You are scheduled in for a weekend shift, but a few people in our year actually got turned away from this when they turned up :(
- Overall, the Paeds placement is pretty self-directed, with no sign-in for clinics/ ward rounds etc., so it's up to you how much to go in
- There was a sign-in for the seminars for us (although these are probably going to be online now!), and you should really attend your beside teaching sessions

What should I do when I'm there?

- Being in Addies, make the most of the niche specialties as well as seeing core presentations

- In particular, we'd recommend Haematology and Oncology teams, who are super friendly and keen to teach, and you see lots of rare niche malignancies alongside the more common stuff (like ALL)
 - But don't forget that the bread-and-butter material is what's core, examinable material, so don't neglect the general Paeds!
- If you can, I'd advise trying to see patients at different stages of diagnosis, treatment and follow-up
- Try to see a good variety of main specialties and ED, and if you find a particular department you really enjoyed, spend more time there!
 - ED is great for variety- from croup to rashes to fractures
- A highlight for me was the complex epilepsy clinic, where there were patients on a wide range of unusual therapies. The Cystic Fibrosis clinic was also great for following a single patient through multidisciplinary care
- Dr Wilf Kelsall has a Neonatology/ Cardiology clinic joint with Great Ormond Street Hospital (GOSH). This is fantastic! Make sure to ask to listen to as many babies' hearts as you can!
- Lady Mary ward is great to get NIPes done and to see care bridging child and maternal health- ask the midwife if you can watch the first couple and then do some yourself
 - Most parents are happy for you to be there and are interesting in what you're doing!
 - Would recommend to read up on the NIPE beforehand so you know a bit about what you're doing
- Rapid Referral is useful to see a variety of patients referred from GP with core presentations (e.g. asthma or faltering growth)
- With NICU placements, you could follow the ward round, but I found it really useful to shadow the SHO with the bleep- this way you get more 1-to-1 teaching, and might get to go labour ward or theatre
 - Being able to see babies being assessed and treated after emergency deliveries can be really interesting, and ties in well with O&G!
- The Paediatric Day Unit (PDU) can be useful to see patients in clinic but also procedures such as bone marrow biopsy, lumbar puncture and intrathecal chemotherapy being given
- The Limping Child clinic is generally excellent- all the doctors there are really keen to teach, and it's in A&E, so if you get bored, there's lots of other stuff going on!
- The Paeds Neuro clinics are a good chance to see (and maybe do) some developmental assessments. Dr Parker also lets you take histories before he sees his patients, which is a good experience

- Attending a Neurodevelopmental Clinic in the CDC) just before you turn left into the Rosie) is very worthwhile- you can get to see ex-NICU kids at their follow-up, and can see plenty of development assessment
 - Angela D'Amore is in charge of these and is always open for students to join her
- Some departments like PICU and NICU can be very niche, with a lot of new terminology. It can be quite hard to follow what's happening on ward rounds, so don't be afraid to ask!
 - Sometimes the NICU ward round can be very busy and can be difficult to hear and understand what's going on- in this case maybe consider checking out the ventilators and lines and asking about them. Ask the nurses what they're doing as well.
 - Look out for things such as babies being cooled for HIE, any necrotising enterocolitis in preemies, bubble CPAP machines, gel pillows and cranial ultrasound scans through fontanelles
- Have a look at how babies are 'bound' or swaddled- positioning of preemies is very important in their care!
- If you're struggling to get the mini-CEX forms signed off, get your supervisors to go through that stuff in the teaching sessions

Any Final Tips and Tricks?

- The Paeds department in Addenbrooke's is quite spread out, which is a bit different to most places- it takes a bit of getting used to!
 - They explain it quite well in the handbook, so check that out and figure out where everything is, or go for a walk around on your first day before you get lost in a rush!
- What to wear:
 - For ward rounds, clinics and ED, just wear normal clothes
 - For NICU, you'll need to wear scrubs- changing rooms are all the way down the long corridor in the Rosie (walkway above the café) on the right- if you turn up a bit early, someone should be able to show you
- Try to be on time to the portacabins for handover in the morning- once the different specialty ward rounds go off, they can be hard to find again!
- Talking to some of the parents can also be really useful on NICU, just by asking about their experiences and seeing how they are coping
- With the clinics, don't feel like you need to stay for the whole thing if you're not finding it useful- while they're normally absolutely amazing, on occasion it can be a bit hit and miss

- There's nowhere to leave coats and bags, so probably best to leave everything in your locker. Some A&E nurses got annoyed about leaving bags under their nurses' station
 - If you're staying for a twilight shift, be aware of when Clinical School get locked in the evening! (Definitely not from painful personal experience...)
- Most importantly, have fun! Paediatrics is a really friendly welcoming department, so even if you don't like kids there should be plenty of doctors to teach you and help you get the most out of your placement.

Bury St Edmunds

What can we expect from the hospital?

- Generally, the hospital is quite small, but that just means that the staff (particularly junior doctors) are very friendly and the atmosphere is great!
- On your first day, I think we had an introduction from the consultant in charge, and then we just distributed ourselves around the ward/ SCBU
 - It's pretty relaxed and you can easily move between places
- There's only one ward – the Children's Day Unit (CDU) and the general ward are pretty much combined. There's also a Special Care Baby Unit (SCBU)
- When I was there, there were three of us – we chose to split up, so one person went to do baby checks, one went to the Neonatal Intensive Care Unit (NICU) and one person stayed on the ward
- There are teaching sessions each week, and they're generally pretty useful!
 - Sometimes the consultants forget to put them on though, but just try to remind them/ enquire beforehand and it'll be fine

What do they expect from us?

- We had to get one history, one NIPE and one developmental assessment signed off before the end of placement
 - There's more than enough time to do this, but I'd recommend getting it done early so you don't have to stress later!
- You can do the NIPE with the junior doing baby checks (I'd advise watching a couple first!).
- The developmental assessment is best done with a relatively well younger child on the ward – there is a play area with lots of toys to help with this!
 - Remember to get the parents along with you when you do this!
- The history is best done during the evening shift, because there tends to be more new admissions
- It's relatively relaxed, so you can move between wards
- There is a handover in the morning (I think starting at 9AM). Definitely go to this (and arrive 5 minutes early!). It's a good way to introduce yourself to the team and see which patients are in at the moment
 - There is another handover at 5PM, so if you stay for the evening shift, make sure you go to this one
- Handover is also a good way to figure out who you want to shadow during that day, and being able to introduce and go with them

- You also have to go to Community Paediatrics for an ASD day. I would only go for a morning, as it's quite samey at times. I would also recommend emailing before you go to make sure the clinics are still on, as one of the days I was there, everything was cancelled for a training day :(
 - It takes about 20-30 minutes to walk there, but you can also drive there if you prefer
- We weren't required to do any night shifts
- Our consultant also made us do a 10-minute presentation on a particular condition/ presentation to present at handover at the end of our 4 weeks, so keep an eye out for interesting cases!
- The consultant in charge is pretty strict about attendance, so make sure you are turning up and showing your face! If you do that and engage, he'll like you, and he is generally a pretty good teacher.

What should I do when I'm there?

- Night shifts aren't required, but we found that the evening shift (5PM-8/9PM, I think) was the best, as this was when all the kids got off from school
 - This means you get to see more cases, and more interesting ones too! For our placement, we rotated who did each evening shift
- When I was there, pretty much all of the juniors and registrars were super nice – I would stick to them mainly, as the consultants often just disappear off to their offices
 - If he's still there, Jaeger (bae) is an amazing teacher – make sure to follow him!! We would have us seeing patients by ourselves, clerking them etc., then get us to present and quizzed us on what we thought was going on. Super useful!
- There are clinics available to attend, and I would go to a few (I did diabetes and a cardiac one), but you don't need to go to masses
 - I'd recommend checking in with the receptionist on the bottom floor of the clinic department at the start of placement to see which clinics are on and who is running them
 - Then you can decide amongst the 3 or 4 of you on Paeds about who is going to what
- I would try to follow the reg carrying the bleep – occasionally they get called to ED, and it's interesting to follow the child from initial presentation and assessment through to admission to the ward
- When on SCBU, attach yourselves to the junior with the bleep, as they get called to emergency C-sections to resuscitate the newborn – make sure you go with them!
- Sometimes SCBU can be pretty quiet, so two of us ended up shadowing the two junior doctors that are on the general ward

- I would recommend talking to the safeguarding person. Sadly there's quite a lot of safeguarding issues, so it is helpful to find out a bit more about the processes involved
- The Paediatric Life Support day is super cool and interesting! Make sure you attend this – you get a certificate at the end too!
- The consultants and juniors are generally great about letting us clerk patients, document histories and examinations, then present to them. I would recommend doing this as much as possible – it's really good practice!

Any Final Tips and Tricks?

- Basically just get stuck in! The more you put in, the more you'll get out of the placement!
 - Be proactive, ask to clerk as many patients as possible, and the more you engage, the more the juniors are likely to teach you.
- The accommodation is SUPER nice, and only a 5-minute walk from the Paeds block
- Make sure you bring a double duvet/ sheets/ pillow/ towel, as we didn't get anything provided
- There's a small Tesco a 10/15-minute walk away from the hospital – it's pretty easy to get food from there (at least in normal times)
- I generally went back to the accommodation to have lunch, but the cafeteria is also super nice and cheap, and the team are friendly, so some days I had lunch with them there too.

Peterborough

What can we expect from the hospital?

- The first day of the Maternal and Child Health placement is pretty chill- you do have to get computer training and receive your pager during it though
- The placement was a month long for us, and rotated around three different areas:
 - The paediatric assessment unit (aka the Jungle)
 - The paediatric ward (Amazon)
 - Outpatients clinics (Rainforest)
- Technically, you are assigned one week in each of these areas, and then one week of your choice
 - I found that there is a lot of flexibility in this though- for example, I spent less time in areas such as clinics and chose to spend more time in the Jungle
- There were just two Cambridge students on our paediatrics placement, with two others on Obs and Gynae at the same time. There might also be some Leicester students present too
- They will put on teaching sessions, which occur about 2 times a week. These are generally run by the paediatric consultants and can be a mixture of bedside and didactic teaching
 - Often the timing of these can be rather variable- sometimes they get rearranged if there are no useful patients to see, or if the consultant is too busy
 - Some of the best teaching sessions are from Dr Puthi

What do they expect from us?

- The required sign-offs are the same as what Clin School expects
 - In terms of these, Dr Puthi is great at helping to get both the developmental assessment and the scenario-based sign-off done
- You are expected to attend one weekend shift
 - You should receive an email asking you to book the days you would like this on
- You're not expected to do any night shifts, but you will have to do two evening shifts
- In Peterborough, you are also required to attend two Community Paediatrics clinics
 - This is located in the City Care Centre. The walk is 40 minutes from the hospital, or a short bus ride

- Again, you should receive an email to book the days you would like these to be on as well

What should I do when I'm there?

- I personally think that a good balance of the three clinical environments is the best, but maybe put more time in certain ones
 - That said, whilst I found clinics interesting, there were generally fewer opportunities to directly talk to and examine paed patients (which is something I felt I needed a lot of practice with!)
- I generally spent more time in the Jungle, where you can pick up the notes of children as they are admitted, and clerk them in yourself
 - You can then take the opportunity to present to a senior, then watch them review and manage the same patient, which is useful
- The ward rounds can be really interesting and the teaching can be quite helpful, however I found that the patient turnover is rather slow. So after a few days, I had seen most of the patients already
 - Dr Puthi puts on some of the best teaching sessions
- Another thing that I found helpful was to look at the board of patients in the ward Doctors' Office and choose interesting cases in particular to take histories from and examine

Any Final Tips and Tricks?

- The accommodation in Peterborough is great!
 - You have your own en-suite room, and share a kitchen/ lounge with three other people
- The showers may be one of the best parts of the accommodation- they have ruined other showers for me!
- The accommodation is just on the other side of the car park from the hospital
 - As such, people generally pop back to their kitchen for lunch and things like that