UNIVERSITY OF LEICESTER

Leicester Medical School

# Child Health

## Student Handbook: 2026 -7


Updated August 2026

**CONTENTS**

## WELCOME TO CHILD HEALTH

Welcome to your Child Health block. We hope that you find this placement interesting and enjoyable. A good working knowledge of the assessment and management of sick children is important for future doctors. In the NHS, children and young people represent 1 in 4 Emergency department visits and up to 40% of GP consultations.

Your handbook contains information about your learning objectives, the Child Health curriculum (based on the GMC Medical Licensing Assessment Content Map – please note that a new one is being introduced from September 2026) and your assessments for Child Health. Please read it carefully.

## CONTACT DETAILS

LEICESTER (Leicester Royal Infirmary)

| | | | |
|---|---|---|---|
| Block Lead: | Dr Vinayak Rai | vinayak.rai1@nhs.net | |
| Block co-leads: | | | |
| | Dr Razi Paracha | razi.paracha2@nhs.net | |
| | Dr Emily Sivers | Emily.sivers@nhs.net | |
| Co-ordinator: | Lauren Harris | lauren.harris43@nhs.net | 0116 258 8158 |

BURTON (Queen's Hospital, Burton on Trent)

| | | |
|---|---|---|
| Tutor: | Dr Richard Lloyd-Nash | richard.lloyd-nash@nhs.net |
| Co-ordinator: | Amie Adams | amie.adams1@nhs.net<br>Uhdb.undergradburton@nhs.net |

COMMUNITY (Bridge Park Plaza, Leicester)

| | | |
|---|---|---|
| Tutor: | Dr Sandip Ghosh | sandip.ghosh@nhs.net |
| Co-ordinator: | LPT Team | lpt.meded@nhs.net |

KETTERING (Kettering General Hospital)

| | | |
|---|---|---|
| Tutor: | Dr Trilok Acharya | t.acharya@nhs.net |
| Co-ordinator: | Elvira Hawkins | kgh-tr.Undergraduate.Co-ordinator@nhs.net |

NORTHAMPTON (Northampton General Hospital)

| | | |
|---|---|---|
| Tutor: | Dr S. Jayaseelan (Dr Jay) | sathyaseelan.jayaseelan@nhs.net |
| Co-ordinator: | Ionela Moisa | ngh-tr.meded.y4undergraduates@nhs.net |

PETERBOROUGH (Peterborough City Hospital)

| | | |
|---|---|---|
| Tutor: | Dr Diana Yong | diana.yong@nhs.net |
| | Dr Peter Rose | peter.rose1@nhs.net |
| Co-ordinator: | Jo Beeken | joanne.beeken@nhs.net |

## OVERVIEW OF BLOCK SCHEDULE

**Key** **LRI = Leicester Royal Infirmary**
**DGH = District General Hospitals**

| | | |
|---|---|---|
| Week 1 | Monday to Wednesday<br>Thursday to Friday | Course introductory lectures, RKCSB, LRI<br>Clinical attachments (LRI or DGH) |
| Week 2 | Monday to Friday | Clinical attachments (LRI or DGH) |
| Week 3 | Monday to Friday | Clinical attachments (LRI or DGH) |
| Week 4 | Monday to Friday | Clinical attachments (LRI or DGH) |
| Week 5 | Monday to Friday | Clinical attachments (LRI or DGH) |
| Week 6 | Monday to Friday | Clinical attachments (LRI or DGH)/ Clinical exam |
| Week 7 | Monday to Thursday | Clinical attachments (LRI or DGH)/ Clinical Exam |
| | Friday | Written exam (virtual - examsoft) |

**INDUCTION WEEK:**
Lectures are provided on the first three days of the block. They aim to provide students with basic information about acute paediatrics, neonates, general paediatrics and paediatric subspecialities including information on a variety of acute and chronic childhood illnesses.

An *Intro week timetable will be shared with you at the start of the block*.

## LEICESTER/LEICESTERSHIRE COMMUNITY PAEDIATRIC PLACEMENT

Welcome to your Leicester/Leicestershire Community Paediatric placement, part of your Child Health Block!

A structured learning programme has been created for you to meet some of the key curriculum objectives for community child health. We hope you find these educationally engaging and rewarding. Please see your timetable (separate document to be made available) for your schedule of learning activities for the week.

Your learning will be delivered through face-to-face or virtual placements which include regular clinics, tutorials and lectures. Please engage with the session tutors/clinicians to make the most of your educational experiences.

For your face to face clinics and nursery placement, please comply with all infection control measures and PPE requirements as advised at the venue site.

By the end of the placement, you should be comfortable taking a history, identifying risk factors, able to conduct an appropriate clinical examination, have differential diagnoses and be able to come up with a management plan for all of the key conditions outlined below. Bear in mind that there may be some overlap of the learning activities and conditions across themes for different days. In addition, you should have developed an idea about understanding and assessing development in children and also knowledge about child safeguarding issues.

**Key conditions**- ADHD, Autism, Behavioural difficulties, Cerebral palsy, Child safeguarding, Developmental assessment and delay

**Assigned community weeks:**

| | |
|---|---|
| **Week 2** | some LRI Students |
| **Week 3** | some LRI Students |
| **Week 4** | some LRI Students |
| **Week 5** | some LRI Students |
| **Week 6** | Burton & Peterborough students |
| **Week 7** | Kettering & Northampton students |

LRI students can find their assigned week in their timetable. Further details will be sent to you by the community team. If you have any queries please contact LPT Team (lpt.meded@nhs.net) in the first instance.

## LEARNING OUTCOMES, AIMS AND OBJECTIVES

Throughout Phase 2, you will work towards the learning outcomes of the **Leicester Medical School Curriculum** (see the Phase 2 Curriculum Guide), to attain the core knowledge, skills and behaviours defined in the **Medical Licensing Assessment (MLA) Content Map** and to achieve the **GMC Outcomes for Graduates**. You should refer to these documents and resources regularly to guide your learning.

The aims and objectives listed below support these outcomes and align with the Leicester Medical School Curriculum, MLA Content Map and GMC Outcomes for Graduates. They show how you can use your Child Health Placement to achieve these outcomes and goals. These aims and objectives also reflect the Royal College of Paediatrics and Child Health (RCPCH) Undergraduate curriculum for Child Health.

### AIMS

- Working knowledge of common acute and chronic problems in paediatrics
- Insight into the NHS Healthy Child Programme which includes routine screening and surveillance, immunisations and developmental assessment
- Basic understanding of practical procedures frequently used in paediatric practice

### LEARNING OBJECTIVES

#### 1. History taking and communication

Demonstrate the ability with any child or young person, parent or carer to:

- Take and age and developmentally appropriate history
- Explain common and important medical conditions
- Explain common procedures and investigations
- Undertake health promotion discussions e.g. healthy eating, accident prevention

Demonstrate the ability to communicate with colleagues including to:

- Present clinical findings verbally
- Give a verbal handover
- Write a summary of a consultation in the medical notes
- Write a discharge summary
- Construct and interpret a family tree

#### 2. Examination

Demonstrate in any child or young person the ability to:

- Hold and undress a baby
- Perform a newborn examination
- Measure vital signs (including heart rate, respiratory rate, oxygen saturation and temperature)
- Perform an examination (to include respiratory, cardiovascular, gastrointestinal, central and peripheral nervous system, musculoskeletal, skin, eyes, ear/nose/throat)
- Plot and interpret growth charts

#### 3. Common and/or serious presentations

Identify in a **range of contexts** (primary care, acute care, outpatients) the:

- Key points in the history
- Key examination findings

- Red flags
- Differential diagnosis
- Initial investigations
- Initial clinical management
- Existence of national guideline (where applicable)

for the **presentations** listed in the attached *Child Health Curriculum*.

**4. Recognition and management of the sick child**

- Prioritise the care of a sick child
- Use a systematic approach (ABCDE) to the care of a sick child
- Demonstrate basic airway management (including appropriate airway positioning and bag-valve ventilation)
- Deliver age-appropriate cardio-pulmonary resuscitation
- Recognise the need for help and how to obtain it
- Calculate a Paediatric Early Warning score
- Use a Paediatric Early Warning score to recognise an unwell child

**5. Practical procedures/investigations**

- Identify the common challenges of undertaking practical procedures in children
- Describe techniques for undertaking practical procedures in children e.g. distraction, play therapists, topic anaesthetics
- LEARNOutline the need to justify practical procedures in children
- Interpret: Common bedside and laboratory tests
  Blood gases in children
  Chest radiographs in children
- To Observe Peak Flow/ Spirometry
- Instruct patient/carer inhaler technique [attend paediatric asthma clinic]
- Instruct patient/carer use of adrenaline autoinjector [attend allergy clinic]

**6. Prescribing**

- Explain prescription by age, weight and surface area
- Identify common prescribing errors in children
- Identify common aides to safe prescribing e.g. BNFc, ward pharmacist
- Identify ToxBase as a useful resource in case of poisoning.
- Write a safe, accurate, legal prescription for a child (using BNFc/local guidelines) for:
  - Intravenous fluids (bolus and maintenance)
  - Common medications like laxatives,
  - Principle of prescribing controlled drugs
  - Common antibiotics
  - Common analgesics
  - Common asthma medications e.g. beta-2 agonists, steroids

**7. Safeguarding**

- Describe the main types of child maltreatment
- Identify the risk factors for child maltreatment
- Describe the symptoms, signs and red flags for child maltreatment
- Identify the procedures for raising concerns about child maltreatment

- Identify the duty of care for health professionals to report concerns about child maltreatment
- Safeguarding lecture is delivered during induction and also have opportunities to come across cases during the block

**8. Surveillance**

- Describe the NHS Healthy Child Programme newborn screening schedule
- Outline the principles of the childhood immunisation programme in the UK
- Perform a basic developmental screen and identify a child with developmental delay.

CHILD HEALTH CURRICULUM (based on GMC Medical Licencing Assessment Content Map)
[please note that a new revised curriculum coming into place from September '26]

| PRESENTATIONS | CONDITIONS |
|---|---|
| **Community paediatrics** | |
| Abnormal development | Attention deficit hyperactivity disorder |
| Behavioural difficulties in childhood | Autistic spectrum disorder |
| Child abuse | Cerebral palsy |
| Developmental delay | Developmental delay |
| Dysmorphic child | Down syndrome |
| Learning disability | Eating disorders |
| Self-harm | Non-accidental injury |
| Speech and language problems | |
| Substance misuse | |
| **Emergency paediatrics** | |
| Accidental poisoning | Cardiac arrest |
| Acute life-threatening events | Croup |
| Acute abdominal pain | Dehydration |
| Acute joint pain/swelling | Febrile convulsion |
| Crying baby | Hypothermia and hyperthermia |
| Decreased/loss of consciousness | Hypoglycaemia |
| Deteriorating patient | Malnutrition |
| Infant feeding problems | Overdose |
| Limp | Peripheral nerve injuries/palsies |
| Peripheral oedema and ankle swelling | Pneumothorax |
| The sick child | Poisoning of unknown origin |
| Trauma in children and young people | Respiratory arrest |
| **Respiratory** | |
| Apnoea | Asthma |
| Breathlessness | Bronchiectasis |
| Cough | Bronchiolitis |
| Cyanosis | Cystic fibrosis |
| Stridor | Home ventilation |
| Wheeze | Lower respiratory tract infection |
| | Obstructive sleep apnoea |
| | |
| **Cardiology** | |
| Blue baby | Acyanotic and cyanotic congenital heart disease |
| Murmur | Aortic and pulmonary stenosis |
| Breathlessness/exercise intolerance | Atrial and Ventricular septal defects |
| Growth failure | Tetralogy of Fallot |
| | Transposition of the great arteries |
| | |
| **Allergy** | |
| Allergies | Anaphylaxis |
| Food intolerance | Hay fever/Rhinitis |
| | Urticaria |
| | |
| **Nephrology** | |
| Acute kidney injury | Chronic kidney disease |
| Haematuria | |
| Urinary symptoms/Bed wetting | |

| PRESENTATIONS | CONDITIONS |
|---|---|
| **Infectious diseases** | |
| Acute rash | Candidiasis |
| Fever | Cellulitis |
| Shock | Conjunctivitis |
| Vaccination | Epiglottitis |
| | Herpes simplex infection |
| | Immunisations |
| | Influenza |
| | Kawasaki disease |
| | Malaria |
| | Measles |
| | Meningitis |
| | Mumps |
| | Otitis media |
| | Periorbital and orbital cellulitis |
| | Primary immune deficiency syndrome |
| | Rubella |
| | Tonsillitis |
| | Toxic shock syndrome |
| | Tuberculosis |
| | Upper respiratory tract infection |
| | Viral exanthema |
| | Viral gastroenteritis |
| | |
| **Haematology/Oncology** | |
| Bruising | Anaemia |
| Lymphadenopathy | Disseminated intravascular coagulation |
| Pallor | Hyposplenism/splenectomy |
| | Leukaemia |
| | Lymphoma |
| | Pancytopenia |
| | Sickle cell disease |
| | |
| **Dermatology** | |
| Chronic rash | Acne vulgaris |
| | Atopic dermatitis and eczema |
| | Contact dermatitis |
| | Cutaneous warts |
| | Human papilloma virus infection |
| | Impetigo |
| | Psoriasis |
| | |
| **Endocrinology** | |
| Fluid and electrolyte disturbances | Diabetes insipidus |
| Growth – short and tall stature | Diabetic ketoacidosis |
| Polydipsia | Diabetes mellitus type 1 |
| Pubertal development | Diabetes mellitus type 2 |
| | Hypothyroidism |
| | Obesity |
| | Rickets |
| | Thyrotoxicosis |
| | Vitamin D deficiency |

| PRESENTATIONS | CONDITIONS |
|---|---|
| **Neurology** | |
| Abnormal involuntary movements | Epilepsy |
| Fits/seizures | Extradural haemorrhage |
| Floppy infant | Migraine |
| Headache | Muscular dystrophies |
| | Raised intracranial pressure |
| | Spinal muscular atrophy |
| | Spinal cord injury |
| | Subarachnoid haemorrhage |
| | Subdural haemorrhage |
| | Tension headache |
| | Visual field defects |
| | |
| **Gastroenterology** | |
| Chronic abdominal pain | Coeliac disease |
| Constipation | Constipation |
| Diarrhoea | Gastro-oesophageal reflux disease |
| Vomiting | Functional GI disorders |
| | Hepatitis |
| | Inflammatory bowel disease |
| | Liver failure |
| | |
| **Paediatric surgery** | |
| Abdominal mass or pain | Appendicitis |
| Scrotal pain and/or swelling | Biliary atresia |
| Urinary incontinence | Epididymitis and orchitis |
| Vomiting | Hernias |
| | Hirschprung disease |
| | Intestinal obstruction and ileus |
| | Intussusception |
| | Peritonitis |
| | Pyloric stenosis |
| | Testicular torsion |
| | Undescended testis |
| | Volvulus |
| | |
| **Neonatology** | |
| Congenital anomalies | Hypoxic-ischaemic encephalopathy |
| Dysmorphic child | Necrotising enterocolitis |
| Infant feeding problems | |
| Jaundice | |
| Neonatal death or cot death | |
| Prematurity | |
| Respiratory distress | |
| Resuscitation at birth | |
| Sepsis | |
| **Orthopaedics/Rheumatology** | |
| Musculoskeletal deformities | Henoch Schonlein purpura |
| | Reactive arthritis |
| | Septic arthritis |

**ASSESSMENTS**

Your block assessment is formative. It will provide you with a guide of how well you have achieved the learning objectives. It will comprise evaluation of the following:

1. Professionalism and attendance.
2. Presentation of a selected topic.
3. End-of-the-block Bedside Examination/ OSCE.
4. Performance in the end-of-block written examination.

**1. Professionalism and attendance**

Your clinical tutor will provide a written report on these domains:

Professionalism

The GMC document titled *Good Medical Practice* describes the personal and professional values and behaviours expected of all doctors. These responsibilities include:

- Be honest and open and act with integrity
- Treat patients politely and considerately and respect their confidentiality
- Maintain trust by showing respect, courtesy, honesty, compassion and empathy for others, including patients, carers, guardians and colleagues

**Attendance**

Attendance is expected in all time-tabled sessions. In this respect you should consider you clinical attachment as full-time paid employment. For all absences please inform the undergraduate co-ordinator with as much notice as possible. In the absence of adequate absence notification or an excessive amount of absence without permission, failure to attend sessions will result in an unsatisfactory grade for attendance.

Any missed sessions like Bedside teaching, Tutorials, Lectures cannot be rescheduled due to the tight schedule of the various clinical teachers and tutors. Please consult your tutors for any further discussion.

If a clinical teacher is not present at their scheduled time for their bedside teaching, please contact the relevant numbers mentioned in the time-table.

**2. Student Presentations** (see *Student Presentations Assessment Sheet*)

- During your time in Child Health you will present a short talk on a **topic of your choice**.
- The objective of the session is to teach your colleagues about topics of paediatrics that are of **interest** and **importance to your curriculum**
- You can however choose **any** topic relevant to Child Health e.g. clinical case, clinical encounter (e.g. taking consent, referral for surgery), issue of public interest (e.g. withdrawal of care) etc. This should be supported by a paediatric case that you would have seen during clinical attachment in clinic or in-patient.
- Preparation and presentation will usually be with your clinical partner (in pairs).
- Presentations should be about 15-20 minutes long with 5 minutes allocated to questions.

**3. End-of-the-block Bedside Examination/ OSCE**

- All students will be assessed on real ward-based patients as part of OSCE; this

involved 10 minutes for History-taking, 10 minutes for Examination followed by discussion with examiner presenting the case and coming out with a working diagnosis, differential diagnoses, knowledge about investigations and management. This will happen towards the end of the block i.e.in the last two weeks of the block.

4. **Written examination**
   - All students will sit a written exam at the end of the placement. This will be at 12:30 on the last day of the block
   - The paper will consist of 50 SBAs (single best answer questions) and 2 SAQs (short answer questions); this will be taken virtually from any suitable location via examsoft. Please ensure that you are located at a place with secured internet connection.

Based on their performance, a merit list is prepared and the top candidates from each block will be invited to submit their CV and Personal Statement for the selection for a fully-paid RCPCH annual conference. The 2026-27 students will be invited in the months of September-October 2027.

There is a plan to introduce the 'Simulation' during the Child-Health block after a successful piloting of simulation in 2025-26. You will be told about this update during the block.

**STUDENT PRESENTATIONS ASSESSMENT SHEET**

Name of students:

_____

_____

Topic:

_____

| **Presentation content** | **No** | **Partial** | **Yes** |
|---|---|---|---|
| **Introduction:** Provides general description of topic including approach and expectations of talk. | | | |
| **Clarity of content:** Information clear; pitched at right level; no confusion by presenters. | | | |
| **Quality of content:** Evidence of research into topic; not too much or too little information. | | | |
| **Summary:** Student's summarise presentation and provide key messages / learning points. | | | |
| **Presentation mechanics** | | | |
| **Quality of slides:** Not too much information per slide; sensible colour scheme. | | | |
| **Presentation organisation:** Well organised and rehearsed between two speakers. | | | |
| **Presentation delivery:** Speak clearly, address audience, present professionally. | | | |
| **Audience interaction:** Involved audience in presentation; asked questions. | | | |
| **Response to questions:** Able to field questions from audience. | | | |

| **Feedback / Comments** |
|---|
| |