



**University of Leeds**

**MSc Physician Associate Studies**

**CLASSROOM TO CLINIC - Year 2**

**ELDERLY MEDICINE TUTOR GUIDE**

**2024 – 2025**

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## Introduction

Thank you for your continued involvement with the Physician Associate (PA) Students from the University of Leeds.

The students, who have now reached their second year of the course, will undertake a variety of different placements at acute trusts and with primary care providers, including 1-2 weeks in **Elderly Medicine**. This placement sits within a 9 week block that includes General Medicine, Paediatrics and Acute Medicine. There is flexibility in the length and timing of this placement because it is dependent on availability within your Trust.

In year 1, each of the PA students undertook a placement at a GP practice. This placement was 1 day a week for 33 days and concentrated on learning the basics of history and examination. They have since undertaken 3 weeks in Mental Health and 3 weeks 'Introduction to General Medicine', the focus of which was to enhance student understanding of how secondary care differs from primary care, how inpatient medical care functions and how this relates to the roles and responsibilities of the members of the MDT and the patient journey.

This guide provides an overview of the learning outcomes for students during this placement, suggested activities, and how the placement will be assessed. This is to support you in providing a placement experience that meets the students' learning needs.

Thank you once again for your continued support.

*Best Wishes*

*The Physician Associate Team*

*Dr Katie Cunningham, Programme Lead MSc Physician Associate Studies*

*Sarah Howarth, Academic Lead Physician Associate Placements*

## Elderly Medicine Placement - Hours

All physician associate students from the University of Leeds will spend 1-3 weeks on placement in an Elderly Medicine setting during Rotation 1 (Sep-Dec). Our expectations are that students are timetabled 7.5-8 hour days. The core placement hours for Elderly Medicine are included in the General Hospital Medicine allowance, which is **350 hours**.

Students are permitted to take 3 study days during this 9 week rotation, if also permitted by the placement supervisor.

Whilst on placement some students may be involved in campus-based teaching. This would be for a maximum of 4 half-days over the course of the rotation. If this is the case, then you will be informed in advance.

## Elderly Medicine Placement – Learning Outcomes

These are the objectives and intended learning outcomes of the placement and they should be met through clinical experience and wider reading.

**By the end of their placement in Elderly Medicine the physician associate students should be able to:**

### Professional Attitudes and Behaviours

- Demonstrate respect at all times and reflect on the obstacles that older people face and be prepared to challenge these.
- Respect all patients right to autonomy and reflect on patients' ability to make decisions about their health (which may seem counterintuitive to a younger person).
- Understand that older patients may present differently to patients you have previously met particularly with acute confusion, falls, immobility and incontinence.
- Participate in a multidisciplinary team meeting and understand each profession's role and their contribution to improving rehabilitation.
- Be aware of the ethical issues commonly encountered when caring for older people. These include:
  - Assessing capacity
  - Feeding dementia patients
  - Elder abuse

- Resuscitation decisions
- Advance directives

**Clinical Skills:**

- Understand that obtaining a history from an older person can be difficult, due to a combination of poor hearing, fatigue, visual or cognitive impairment. You must understand:
  - how to assess cognition, using the AMTS and MMSE
  - how to gather collateral information from family and carers
  - how to improve communication with a hearing-impaired patient
- Understand that getting older is associated with loss – bereavement, or loss of independence and understand how to look for depression in an older adult.
- Elicit a thorough social history and include:
  - A full assessment of the activities of daily living along with family or carer support.
  - Assess for carer strain.
- Understand different discharge pathways eg. Reablement, Community Care Bed (CCB) etc. and discharge destinations including nursing home, care home etc.
- Participate in an Advanced Care Planning (ACP) discussion and understand the goals of treatment.
- Participate in a RESPECT discussion including DNACPR and be aware of the different levels of care.
- Recognise frailty through awareness of the 5 'frailty syndromes' and be aware of various tools to quantify this for example, Clinical Frailty Score (CFS).
- Complete a capacity assessment.
- Be aware of Deprivation of Liberty Safeguards (DoLS) documentation and its suitability of application.
- Assess and examine the confused patient to determine its causes and management.
- Complete a falls assessment.
- Be aware of the complete geriatric assessment and how it contributes to holistic patient care.

- Understand the implications of a prolonged hospital admission in elderly patients including deconditioning.

**Medication Management:**

- Familiarise yourself with chronic condition medications including but not limited to COPD, heart failure, diabetes mellitus type 1 and 2 and understand their side effects and interactions.
- Understand the impacts of polypharmacy in the elderly population and be aware of tools such as the ACB (anticholinergic burden) calculator.
- Familiarise yourself with medication appliance aids that can be used to assist patients.

**Clinical procedures:**

- Perform catheterisation (LTC/STC) and understand the appropriateness of prophylaxis according to local guidelines.
- Redemonstrate peripheral venous cannulation skills and review appropriateness of indwelling devices such as cannulas, catheters etc due to their associated complications.
- Perform and interpret urinalysis and be aware of its limited interpretation in the elderly population.
- Take and/or instruct patients on how to take a swab.

**Clinical knowledge:**

Teaching on campus has been designed to address the learning outcomes for newly qualified PAs as outlined within the [FPA Physician Associate Curriculum](#). In year 1, students have been taught the theory underlying how core and critical clinical conditions may present, and how a PA would be expected to assess and manage these. In year 2 students are expected to apply and develop this knowledge, recognising that there is often complexity and uncertainty associated with diagnosis and the need for appropriate supervision, support and guidance.

Domain 3 of the [GMC Physician Associate Registration Assessment content map](#) outlines the patient presentations and conditions for which a newly qualified PA could be expected to assess and initiate treatment under appropriate supervision.

Students may encounter a range of these presentations and conditions during this placement.

### Falls

The physician associate will be able to assess a patient presenting with a fall and produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan		
Knowledge	Skills	Attitudes and Behaviour
<p>Describe causes of falls and risk factors for falls, including drug and neurovascular causes.</p> <p>Outline the assessment of a patient with a fall and give a differential diagnosis.</p> <p>State conditions that may present as a fall.</p> <p>Outline the relationship between falls risk and fractures.</p> <p>Outline secondary risks of falls, such as loss of confidence, infection.</p>	<p>Define the significance of a fall depending on circumstances, and whether recurrent, to distinguish when further investigation is necessary.</p> <p>Identify possible secondary complications of falls.</p> <p>Commence appropriate treatment including pain relief and bone prophylaxis.</p>	<p>Recognise the psychological impact to an older person and their carer after a fall.</p> <p>Contribute to the patients understanding as to the reason for their fall.</p> <p>Discuss with seniors promptly and appropriately.</p> <p>Relate the possible reasons for the fall and the management plan to patient and carers.</p>

## Elderly Medicine Placement - Suggested Activities

You will be provided and timetabled opportunities that enable you to develop the attitudes and behaviours, clinical skills, treatment/medication knowledge and clinical knowledge listed above. Some specific suggested activities include:

- Attend morning handover and discuss how the approach taken supports patient safety.
- Observe an MDT meeting with physiotherapists, occupational therapists, doctors, allied health professionals and nurses.
- Engage in a ward round and observe a comprehensive geriatric assessment.
- Observe a RESPECT and ACP discussion.
- Shadow a PA during their shift to understand how they work and interact with other members of the team and how they manage their time and workload.

# Essential Components

## 1. INDUCTION

### Administrative

At the start of the placement there will be an administrative induction including the following:

- Patient confidentiality
- Access to IT facilities, and rules regarding appropriate use of PCs/internet
- Student and placement liability, and requirements for appropriate supervision of procedures
- Placement health and safety procedures and risk assessment
- Personal health, social, cultural or religious requirements of the students
- Arrangements for communication in case of sickness or other absences, or emergencies
- Who's who!

### Clinical

There should also be a clinical induction to clarify aims and objectives, proposed learning timetable and clarification of assessment requirements.

There should also be a clinical induction to:

- clarify aims and objectives;
- discuss the proposed learning timetable;
- clarify assessment requirements;
- clarify who the overall educational supervisor is and who is responsible for clinical supervision each day.

### Attendance

Students have their own timesheet which they complete and is reviewed by the university at the end of each term. This timesheet also needs to be reviewed by the clinical supervisor at the end of the placement (see below).

Please note students are told: *Attendance is one of the key professional attributes. We expect students to attend 100% of the sessions on the course as a mark of respect for their colleagues, staff and particularly patients.*

*If they are absent while on a clinical placement, students should contact the relevant person at the placement and [pastudies@leeds.ac.uk](mailto:pastudies@leeds.ac.uk) to indicate how long they expect to be absent. It is expected that they make any missed days up. If this is not possible, they must contact the PA team to decide next steps.*



## 2. ASSESSMENT

### End of Placement Assessment Form

This can be found in the PebblePocket app and includes reviewing the Clinical Skills, MiniCex and timesheet. If in doubt regarding professionalism issues please refer to the professionalism statement (appendix 4) which is the guidance given to students about aspects of professionalism. This should be completed by the supervisor.

*If you would like to discuss problems related to a particular student please contact Sarah Howarth ([s.d.howarth@leeds.ac.uk](mailto:s.d.howarth@leeds.ac.uk)).*

### Clinical skills

Students should have opportunities to be assessed and receive feedback on clinical skills (e.g. taking bloods, history taking). There are a number of mandatory clinical skills that students need to complete over the year and they should be recorded on the PebblePocket App. These can be completed by any appropriately trained professional.

For more information on these skills (what they are and what level they should be undertaken at), please see *Workplace-based assessments: Expectations of a Year 2 physician associate student*, which can be found [here](#).

### Mini-CEX scenarios

Students should have opportunities to be assessed and receive feedback on clinical scenarios they have taken part in. Students must complete a minimum of 15 by the end of year 2. These are completed on the PebblePocket app with any appropriately trained professional.

For more information on these skills (what they are and what level they should be undertaken at), please see *Workplace-based assessments: Expectations of a Year 2 physician associate student*, which can be found [here](#).

### Drug Profile Form and Reflection Forms (optional)

Both of these forms can be completed by students if they download the form from Minerva. They are self-directed learning tools and will not be monitored but they are useful to have on record when uploaded onto PebblePad.

## 3. EVALUATION AND FEEDBACK

### Placement evaluation form

We collect feedback from students after each placement and use it carefully to improve aspects of the PA Studies curriculum and placements. A feedback report will be provided and then discussed with the Trust.

## Clinical Placement Reporting Tool

The Clinical Placement Reporting Tool allows staff and students to inform the School about the positive experiences that they've had as well as highlight any problems or issues that they may have encountered.

Staff and students have two options after accessing the Tool – 'leave a commendation' and 'raise a concern'. Commendations are intended to recognise individuals that have made significant contributions to a placement experience through their outstanding teaching, professionalism, or attitude. Both students and staff can submit feedback for one another, and the named individual will be sent the feedback instantly if an email address is provided.

Concerns should be raised if a staff member or student has engaged in behaviour that has either contributed negatively to the placement experience or falls short of the professional standards expected of their role. This includes harassment, bullying and discrimination, as well as any other behaviour that might jeopardise the delivery of safe and equitable healthcare or a supportive and effective learning environment. The School will work with individuals who submit a concern to ensure that issues are fully-investigated and action taken where appropriate.

The placement provider version of the Tool and further information can be found [here](#).

Please remember if you would like to discuss an issue that arises concerning a student (good or bad), the PA team are always happy for you to send an email or call to discuss it further.

## Relevant Contacts

### Dr Katie Cunningham

Programme Director, MSc Physician Associate Studies

Email [k.cunningham@leeds.ac.uk](mailto:k.cunningham@leeds.ac.uk)

### Sarah Howarth

Academic Lead for Physician Associate Placements

Email: [s.d.howarth@leeds.ac.uk](mailto:s.d.howarth@leeds.ac.uk)

## Additional Resources

Additional resources can be found [here](#). Such as:

- Advice on contamination incidents & needlesticks
- Physician Associate Professionalism statement
- PA student drug formulary
- Workplace-based assessments: Expectations of a Year 2 physician associate student
- Curriculum Map covering both years of the programme
- Guidance on clinical and educational supervision of a PA student