University of Leeds

MSc Physician Associate Studies

CLASSROOM TO CLINIC - Year 2

GENERAL MEDICINE TUTOR GUIDE

2024 – 2025

Contents

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 3 weeks in **General Medicine**. This placement sits within a 9 week block that includes Elderly Medicine, Paediatrics and Acute Medicine. There is flexibility in the medical specialty 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 Director MSc Physician Associate Studies

Sarah Howarth, Academic Lead for Physician Associate Placements

General Medicine Placement - Hours

All physician associate students from the University of Leeds will spend 1-3 weeks on placement in a General Medical specialty setting during Rotation 1 (Sep-Dec). Our expectations are that students are timetabled 7.5-8 hour days. The core placement hours for General 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 9-week rotation. If this is the case, then you will be informed in advance.

General 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 placements in General Medicine the physician associate students should be able to:

Professional Attitudes and Behaviours

- Understand the day to day running of a ward, including ward rounds and the division of clinical tasks amongst the MDT. Appreciate how this may vary dependant on medical specialty.
- Understand the role of the PA in secondary care medical specialties and have an appreciation that this may vary according to specialty and the needs of the team. Compare how this has differed in the different medical specialties in which you have been placed.
- Appreciate the roles and responsibilities of other members of the multidisciplinary team (eg nurses, doctors, allied health professionals, pharmacists etc.) and how effective team working can be facilitated.
- Understand the patient journey from admission to discharge.
- Understand the process of discharging a patient and considerations which must be met to ensure a safe discharge.
- Understand how and why patients present to out-patients.

- Appreciate the range of facilities available to help avoid hospital admission, including out-reach and rapid access clinics.
- Understand the routes for admission to a general medical ward and documentation that should be reviewed when a patient is first admitted.
- Understand how information is communicated between secondary and primary care when a patient is discharged to ensure continuity of care and appropriate follow-up.
- Recognise measures taken to ensure a safe hospital stay, including thromboprophylaxis, falls prevention, antimicrobial stewardship and infection control measures.
- Respect the patient's right to autonomy, privacy and confidentiality (this includes the conscious and unconscious patient).
- Understand the principles behind informed consent and how this can be determined when the patient does not have capacity.
- Understand how clinical systems are used for requesting and interpreting investigations and clinical documentation.
- Understand how imaging and other investigations are requested, having an appreciation for the justification for performing these and the information that should be included when completing a request.
- Understand what factors must be considered to ensure imaging investigations are undertaken safely - ie communication with staff and patients, whether there is a need for the patient to be accompanied and by who, are there requirements for eg IV access, are there any patient factors which would be a barrier to performing this investigation eg mobility issues, clinical presentation.
- Recognise the reasons that some patients require investigation as an in-patient, whilst others can be investigated as an out-patient.
- Consider how updates on progress and management are communicated to patients and their family to ensure that they remain informed and can participate in decisions made about their care.
- Understand processes for making referrals and seeking specialist advice.
- Understand the need for early escalation of care to appropriate seniors/specialties, good communication (including SBARR) and sound teamwork in the management of acutely unwell patients.

- Consider how clinicians prioritise and organise clinical duties in order to optimise patient care.
- Understand the role of current best evidence and how and where to access clinical guidelines and how these are utilised in clinical decision making.
- Recognise limitations of knowledge and skills and seek help when needed.
- Consider the emotional impacts of scenarios encountered on placement and strategies to manage this, including reflection and debriefing.

Clinical Skills

- Elicit a history from a patient and from information gathered, perform an assessment and relevant physical examination.
- Utilise clinical monitoring information in patient assessment – eg NEWS/vital signs, urine output, bowel charts, nutrition assessments and neurological observations.
- Identify the acutely unwell patient and practice assessing patients using ABCDE approach.
- Present a history and/or examination in a succinct and professional manner.
- Use history and examination findings to formulate appropriate differential diagnoses.
- Suggest appropriate investigations to support clinical decision making with an appreciation of the range of investigations available.
- Interpret investigations, practice formulating simple management plans, and communicate these effectively with patients.
- Explain how investigations and treatments must be prioritised according to clinical urgency.
- Explain when and how to utilise clinical scoring systems (eg CURB65).
- Undertake a daily review of a patient with a working diagnosis and agreed management plan and start to consider how to formulate a problem list and daily plan.
- Demonstrate clear and concise clinical documentation.

Medication Management

- Establish an accurate medication history, covering both prescribed and non-prescribed medication, herbal medicines, supplements and recreational drugs.
- Establish and clarify medication allergies and the types of medication interactions that patients experience.
- Understand what is meant by medicines reconciliation and why this is important.
- Understand clinical systems used for prescribing.
- Understand the role of pharmacists and pharmacy technicians and other healthcare professionals in safe medication management.
- Understand how to carry out an assessment of benefit and risk for the patient of starting a new medication, taking into account the medication history and potential medication interactions in partnership with the patient and, if appropriate, their relatives, carers or other advocates.
- Understand where to access reliable information about medications, such as the BNF, to support safe prescribing.
- Understand how medications are administered in an in-patient setting and how to avoid errors in drug administration.
- Understand why a daily review of the drugs prescribed and administered for a patient is important, and what to consider during this review.
- Understand the process of creating a TTO when a patient is ready to be discharged and what factors should be considered to ensure continuity and medication safety.
- Describe and discuss some of the common drugs used in General Medicine. *(This will depend on the area the student is placed in - the student formulary is available as a guide)*

Clinical procedures:

- Demonstrate proper techniques in hand washing
- Demonstrate appropriate selection and use of PPE
- Demonstrate aseptic technique
- Perform venepuncture
- Perform peripheral venous cannulation

- Perform and interpret ECGs
- Perform and interpret Arterial and Venous Blood Gases
- Perform and interpret Capillary Blood Glucose
- Perform and interpret Urinalysis
- Perform Urinary Catheterisation
- Perform NEWS score (i.e. performing observations and calculating scores)
- Undertake respiratory function tests, including the performance of peak flow measurement
- Commence and manage nebulised therapy
- Commence and manage oxygen therapy
- Observe an NG tube insertion
- Obtain a swab eg nasal, wound, throat
- Observe the preparation of an IV injection/infusion
- Observe prescription and monitoring of oxygen, IV fluids and insulin

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, but should have the opportunity to be involved in the assessment and management of patients presenting with some of the following:

Cardiovascular

Presentations

- abdominal pain
- breathlessness
- cardiorespiratory arrest
- chest pain
- claudication
- cold/painless/pulseless leg
- collapse
- cough
- dizziness
- fever/ night sweats
- headache
- heart murmurs
- leg swelling
- leg ulcers
- orthopnoea
- palpitations

Core conditions

- acute and chronic cardiac failure
- acute coronary syndrome
- arterial thrombosis
- common arrythmias
- hypotension
- hypertension
- infective/inflammatory cardiac conditions
- peripheral vascular disease
- valvular disease
- venous thrombosis

Uncommon but critical conditions

- aortic aneurysm and dissection
- cardiac tamponade
- intestinal ischaemia
- pericardial effusion

Endocrine and metabolic

Presentations

- amenorrhoea
- excessive sweating
- fatigue
- gynecomastia
- hypertension
- neck swelling
- palpitations
- polydipsia
- polyuria
- pubertal development
- sleep problems
- weight gain
- weight loss

Core conditions

- adrenal insufficiency
- Cushing's syndrome
- dehydration
- diabetes mellitus and its complications
- disorders of the thyroid
- electrolyte abnormalities
- hyperlipidaemia ★osteoporosis

Uncommon but critical conditions

- adrenal tumours
- diabetes insipidus
- disorders of the parathyroid
- growth hormone disorders
- hyperosmolar hyperglycaemic state
- metabolic bone disorders
- pituitary tumours
- thyroid neoplasm

Gastrointestinal

Presentations

- abdominal pain
- abdominal swelling
- dysphagia
- change in bowel habit
- cough
- constipation
- diarrhoea
- jaundice
- fever
- hematemesis
- itching
- melaena
- organomegaly
- nausea
- per rectum bleeding
- vomiting
- weight loss

Core conditions

- alcoholism
- coeliac disease
- constipation
- disorders of gut motility
- disorders of the gallbladder
- eating disorders
- gastro-oesophageal reflux and gastritis
- gastrointestinal malignancy
- haemorrhoids
- hepatitis (viral, autoimmune)
- inflammatory bowel disease
- irritable bowel syndrome
- liver failure (including cirrhosis)
- malabsorption and intolerances
- pancreatitis
- Gastro-intestinal ulcer disease

Uncommon but critical conditions

- haemochromatosis

Infection (inc. sexual transmitted infections)

Presentations

- diarrhoea
- fever
- genital warts and ulcers
- loss of smell
- night sweats
- rash
- red eye
- sepsis syndrome
- sore throat
- swollen joint
- urethral discharge
- vaginal discharge
- vomiting
- weight loss

Core conditions

- bacterial/fungal/viral infections
- hepatitis
- infections secondary to insect bites (inc. Lyme disease)
- notifiable disease
- returning traveller (to include malaria)
- pyrexia of unknown origin
- sexually transmitted infections
- surgical site infection
- tuberculosis

Uncommon but critical conditions

- human immunodeficiency virus
- infections in immunocompromised patients
- necrotising fasciitis

Neurosciences

Presentations

- acute loss of vision
- altered sensation
- behaviour/ personality change
- diplopia
- dizziness
- dysarthria
- dysphagia
- facial weakness
- fasciculation
- gait disorders
- head injury
- headache
- incontinence
- limp weakness
- visual disturbance/change
- myalgia
- ptosis
- seizure
- squint
- transient loss of consciousness
- tremor
- urinary retention

Core conditions

- Bell's palsy
- cerebrovascular accident
- central nervous system infections
- delirium
- dementia
- epilepsy
- essential tremor
- headache disorders
- migraine
- peripheral nerve injuries/palsy
- peripheral neuropathy
- radiculopathy
- Parkinson's disease
- transient ischaemic attack

Uncommon but critical conditions

- cerebral and spinal cord tumours
- intracerebral haemorrhage
- motor neurone disease
- multiple sclerosis
- muscular dystrophies
- spinal cord compression
- spinal cord injuries

Respiratory

Presentations

- change in voice
- chest pain
- cough
- cyanosis
- fever
- haemoptysis
- shortness of breath
- snoring
- stridor
- wheeze

Core conditions

- asthma
- bronchiectasis
- chronic obstructive pulmonary disease
- cystic fibrosis
- interstitial lung disease
- infection (bacterial, viral and fungal, tuberculosis)
- malignancy
- pleural effusion
- pneumothorax
- pulmonary embolism
- respiratory failure

Uncommon but critical conditions

- pulmonary hypertension
- empyema

Renal and urology	
Presentations	Core conditions
★ abdominal trauma ★ dysuria ★ erectile dysfunction ★ fluid balance abnormalities - dehydration ★ hypertension ★ loin pain ★ nocturia ★ oliguria ★ penile pain ★ penile swelling ★ peripheral oedema ★ proteinuria ★ testicular lump ★ testicular pain ★ urinary incontinence ★ urinary retention ★ visible and non-visible haematuria	★ acute kidney injury ★ acute urinary retention ★ calculi of the renal tract ★ chronic kidney disease ★ electrolyte abnormalities ★ epididymitis and orchitis ★ paraphimosis/phimosis ★ prostate hyperplasia ★ testicular torsion ★ urinary tract infection (lower and upper) ★ malignancy of the renal tract
	Uncommon but critical conditions
	★nephrotic syndrome

General Medicine Placement - Suggested Activities

Students should be provided and timetabled opportunities that enable them to develop the attitudes and behaviours, clinical skills, treatment/medication knowledge and clinical knowledge listed above. Students are also strongly encouraged to seek out their own learning opportunities. Some specific suggested activities include:

- Attend morning handover and discuss how the approach taken supports patient safety.
- Attend ward rounds and discuss how patients are reviewed and management decisions are made for new admissions and inpatients.
- Clerk in a newly admitted patient under supervision.
- Take a complete history from an inpatient to understand their patient journey. Read the patient's clinical notes to understand how the patient was assessed and clinical management decisions were made.
- Document patient encounters in the clinical notes – to be reviewed and countersigned by a clinician.

- Observe how investigations are requested and referrals are made, discussing the rationale for performing these and how the results/outcomes will contribute to clinical decision making, and the information that must be included in requests/referrals.
- Accompany a patient who has been referred for an inpatient imaging investigation to understand how this is performed.
- Spend time with nurses, pharmacists and allied health professionals to understand their roles and responsibilities in providing high quality patient care.
- Accompany a nurse on their drug administration round to understand how their approach supports safe management of medications.
- Observe handovers which take place during shift changes/transfer of patients and discuss how the approach taken supports patient safety.
- 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.
- Attend an outpatient clinic to understand the role of secondary care specialists in assessing and managing patients in an outpatient environment.
- Practice completing a discharge summary under direct supervision.
- Attend departmental or other scheduled teaching.
- Attend an audit meeting.
- Attend Grand Round and discuss the purpose of these meetings.

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 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. This should be completed by the supervisor with the student. If in doubt regarding professionalism issues please refer to the professionalism statement on the placements website which is the guidance given to students about aspects of professionalism.

*If you would like to discuss problems related to a particular student please contact Sarah Howarth (*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 is provided in January and August to 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

If you have any queries please contact one of us as below:

Dr Katie Cunningham

Programme Director, MSc Physician Associate Studies

Email k.cunningham@leeds.ac.uk

Sarah Howarth

Academic Lead for Physician Associate Placements

Email: s.d.howarth@leeds.ac.uk

PA Studies Student Education Service Team

Email pastudies@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