



**University of Leeds**

**MSc Physician Associate Studies**

**CLASSROOM TO CLINIC - Year 2**

**OBSTETRICS AND GYNAECOLOGY TUTOR GUIDE**

**2024 – 2025**

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## Introduction

Thank you for your continued involvement with Physician Associate (PA) Students from the University of Leeds. Our students are in the middle of their second year and will undertake three weeks in **Obstetrics and Gynaecology** as part of a 10 week rotation that includes General Surgery, Emergency Medicine, and ENT/Ophthalmology

So far on the programme, each of the PA students has undertaken a year 1 and year 2 placement at a GP practice. They have also undertaken 3 weeks in a mental health setting and 12 weeks in secondary care (General Medicine, Elderly, Paediatrics, and Acute Medicine). They, therefore, now have a range of clinical skills and knowledge of patient care.

This placement is designed to continue their development. The emphasis for this placement is on clinical experience.

Thank you once again for your continued support.

*Best Wishes*

*The Physician Associate Team*

*Dr Katie Cunningham, Programme Lead*

*Sarah Howarth, Academic Lead for Physician Associate Placements*

## Obstetrics and Gynaecology Placement - Hours

All physician associate students from the University of Leeds will spend 3 weeks on placement in Obstetrics and Gynaecology during Rotation 3 (January–May). Our expectations are that students are timetabled 7.5-8 hour days.

The core placement hours for Obstetrics and Gynaecology is 90 hours.

Students are permitted to take 3 study days during this 10-week rotation, if also permitted by the placement supervisor.

## Obstetrics and Gynaecology Placement - Learning Outcomes

The purpose of this placement is to provide a learning experience for student physician associates in order for them to build on their history taking, physical examination and clinical skills.

Students should attain a level of clinical competence sufficient to allow them to investigate and initiate treatment of obstetrics and gynaecology patients, and to communicate appropriately with patients, relatives and other medical professionals.

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 the placement in Obstetrics and Gynaecology, the physician associate students should be able to:**

### Professional Attitudes and Behaviours

- Recognise the importance of maintaining privacy and dignity in all interactions with patients in an obstetrics and gynaecology setting
- Gain an understanding of via which routes patient are admitted to obstetrics and gynaecology, how patients are initially assessed and reviewed by a senior decision maker and how decisions are made in terms of diagnosis and management.
- Understand how these decisions impact on where ongoing management takes place (ie within the labour ward, early pregnancy assessment unit, as an inpatient etc).

- Consider how clinicians prioritise and organise clinical duties in order to optimise patient care.
- Respect the patient's right to autonomy, privacy and confidentiality  
Understand the principles behind informed consent and how this can be determined when the patient does not have capacity.
- Understand and recognise how workload, time management and organisation influences performance and patient care
- Understand and recognise strengths and learning challenges with personal clinical experiences
- Show critical awareness of sensitivities involved in practices such as Clinical Gynaecology, Obstetrics and Sexual Health in all communications.

### **Clinical Skills**

- Elicit a history from a patient and from information gathered, perform an assessment and physical examination for a range of common urgent presentations.
- Elicit a valid and appropriately targeted history from a pregnant patient
- Be able to take an appropriate history from patients at risk of STI, including Sexual history and HIV risk history.
- Identify the acutely unwell patient using an approach that incorporates clinical assessment and appropriate urgent investigations.
- Examine a pregnant patient competently
- Understand principles of routine antenatal care and identify risk factors in pregnancy
- Understand and recognise (including appropriate referral) the common 'red flag' presentations in important gynaecological conditions
- Understand and recognise (including appropriate referral) the common 'red flag' presentations in important obstetric conditions
- Recognise the importance of thrombo-embolic complications of pregnancy
- Understand and be able to implement an appropriate safety netting plan on discharge.

- Identify relevant psychological and social factors, integrating these perspectives with the biomedical evidence to elucidate current problems
- Interpret the findings from the consultation (history and physical examination) in order to determine the need for further investigation and, with the patient/carer, the appropriate direction of patient management.
- Understand the indication for initial and follow-up investigations.
- Determine the relevance of screening tests for a given condition
- Have an awareness of the indications for, and the process of, an induced labour, interventions and a caesarean delivery

### **Medicines 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 prescribing considerations in a pregnant patient and breastfeeding patient and why these are important.
- Understand where to access reliable information about medications, such as the BNF, to support safe prescribing.
- Observe and discuss how a clinician makes a decision to and safely prescribes:
  - Oxygen
  - Fluid therapy (fluid challenge vs maintenance therapy)
  - Antibiotic therapy
  - Analgesia
  - Insulin for management of diabetes in a pregnant patient
  - VTE prophylaxis

### **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 Capillary Blood Glucose
- Perform and interpret Urinalysis
- Perform a pelvic examination ( bimanual and speculum where indicated)
- Perform Urinary Catheterisation
- Commence and manage oxygen therapy
- Obtain a swab eg vaginal, nasal, wound
- 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 a number of the following:

Obstetrics and Gynaecology	
Presentations	Core conditions
<ul style="list-style-type: none"> <li>● abnormal cervical smear result</li> <li>● abnormal vaginal discharge</li> <li>● amenorrhoea</li> <li>● bleeding antepartum</li> <li>● bleeding postpartum</li> <li>● complications of labour</li> <li>● diabetes in pregnancy</li> <li>● hypertension in pregnancy</li> <li>● irregular periods</li> <li>● lump in vagina/vulva</li> <li>● menopausal problems</li> <li>● normal labour</li> <li>● normal pregnancy and antenatal care</li> <li>● pain in early pregnancy</li> <li>● painful or heavy periods</li> <li>● pelvic mass</li> <li>● pelvic pain</li> <li>● postmenopausal bleeding</li> <li>● seeking contraception</li> <li>● unwanted pregnancy</li> <li>● vulval itching</li> </ul>	<ul style="list-style-type: none"> <li>● Bartholin's cyst</li> <li>● cervical abnormalities (inc abnormal cervical screening)</li> <li>● dysfunctional uterine bleeding, including causes of dysmenorrhoea, amenorrhoea and menorrhagia</li> <li>● gynaecological prolapse</li> <li>● infections of the cervix, vagina and endometrium</li> <li>● normal labour/delivery</li> <li>● antenatal care and diagnosis</li> <li>● menopause</li> <li>● uterine and ovarian malignancy</li> </ul>
	Uncommon but critical conditions
	<ul style="list-style-type: none"> <li>● complications of early and late pregnancy</li> </ul>

## Obstetrics and Gynaecology – 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:

- Clerk in a newly admitted patients under supervision in Obstetrics and also Gynae settings.
- Observation of an Antenatal Clinic
- Observation of initial admission process and clerking of new medical patients in the Early Pregnancy Assessment Unit
- Observation of process of admission, monitoring and management of patients in the Delivery Suite.
- Observe a colposcopy clinic
- Attend the Gynae acute assessment ward
- Observe a theatre list in Obstetrics and/or Gynaecology



# Essential Components

## 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.*

## 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, 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.

## 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