



MSc Physician Associate Studies

CLASSROOM TO CLINIC 2

**ENT AND OPHTHALMOLOGY
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 **ENT and Ophthalmology** as part of a 10 week rotation that includes General Surgery, Emergency Medicine, and Obstetrics & Gynaecology.

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

ENT/Ophthalmology Placement - Hours

All physician associate students from the University of Leeds will spend 1 week on placement in ENT/Ophthalmology during Rotation 3 (January–May). Our expectations are that students are timetabled 7.5-8 hour days.

Ear, Nose & Throat (ENT) Surgery – Learning Outcomes

Aims:

Ear, nose and throat problems are a common reason for visits to General Practitioners and Emergency Units. The aims of the undergraduate ENT course are to equip the new physician associate to be able to initiate management, in both community and hospital non-specialist settings, and to refer appropriately to secondary care. The following aims should be met through their clinical placement experience and their own wider reading.

By the end of their placement students should:

- Be able to identify the structure and function of the ear, nose and throat and surrounding area.
- Have an understanding of conditions commonly presenting to ENT Surgeons.
- Know when to refer patients to their supervising clinician or for a specialist ENT opinion.

The student should be able to:

- Be able to take a comprehensive history from a patient presenting with ENT symptoms.
- Be able to examine the ears, nose, throat and neck of a patient. This includes otoscopy and recognition of the normal ear drum as well as common abnormalities.

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:

Ear, nose, and throat	
Presentations	Core conditions
<ul style="list-style-type: none"> ● acute hearing loss ● anosmia ● dizziness ● ear discharge ● epistaxis ● facial pain ● facial swelling ● hoarseness and voice change ● nasal discharge ● mouth ulcers including herpes simplex ● facial/neck lumps ● sore throat ● snoring ● stridor ● swallowing problems ● tinnitus ● vertigo 	<ul style="list-style-type: none"> ● cerumen impaction ● common causes of dizziness (e.g. benign paroxysmal positional vertigo) ● common causes of neck lumps including parotid swellings ● ear infections ● oral fungal infections ● rhinitis ● sinusitis ● tonsil and pharyngeal infections including abscess
	Uncommon but critical conditions
	<ul style="list-style-type: none"> ● ENT malignancies ● acoustic neuroma ● epiglottitis

Ophthalmology – Learning Outcomes

Aims:

In the UK 1.5% of general practice consultations are related to eye problems. The aims of the year 2 physician associate ophthalmic course are to equip the new PA to be able to initiate management, in both community and hospital non-specialist settings, and to refer appropriately to their supervising clinician or for ophthalmic secondary care. The following aims should be met through their clinical placement experience and their own wider reading.

By the end of their placement the student should:

- Be able to identify the structure and function of the eye and its neural pathways.
- Have an understanding of common conditions presenting with eye symptoms.
- Be familiar with commonly-used treatments for the eye, including dilating drops.
- Recognise that general medical problems can cause eye disease and that this may represent the first presentation of a patient with a medical condition.
- Understand the impact of eye problems on the population in the context of frameworks such as the NSF for diabetes.
- Understand the social and psychological impact of eye disease on the patient.
- Understand how the visually impaired are supported, through Low vision aids, CVI (Certificate of Visual Impairment) registration and employment implications.

The student should be able to:

- Take a comprehensive history from a patient presenting with ocular symptoms.
- Perform an examination of the eye and surrounding structures, including assessment of eye movements and pupils, visual acuity and fields and direct ophthalmoscopy.
- Use history and examination findings to formulate a proposed differential diagnosis, understand the available investigation techniques and when to use these appropriately.
- Recognise ocular emergencies that may lead to blindness, be familiar with management and when to refer to their supervising clinician or an ophthalmologist.

Students should be able to perform the following skills:

- Measurement of visual acuity
 - Vision testing
- External examination of the eye
 - Eyelids
 - Conjunctiva
 - Cornea
 - Fluorescein staining of cornea
 - Pupil examination
 - Direct
 - Indirect
- Examination of eye movements
- Assessment of visual fields with confrontation
- Use of direct ophthalmoscope
- Remove loose foreign bodies from under lids

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:

Ophthalmology	
Presentations	Core conditions
<ul style="list-style-type: none">● acute loss of vision● diplopia● eye pain● eye trauma including foreign bodies● facial or periorbital swelling● flashers and floaters● gradual loss of vision● loss of visual field● red eye● squint● swelling to eyelid	<ul style="list-style-type: none">● benign lumps of eyelid● blepharitis● cataracts● corneal abrasion● foreign body● infective, inflammatory and allergic eye disorders● optic neuritis● periorbital and orbital cellulitis● retinopathy (diabetic and hypertensive)● third nerve palsy● visual field defects
	Uncommon but critical conditions
	<ul style="list-style-type: none">● acute angle glaucoma● amaurosis fugax● retinal detachment● retinal vascular or arterial occlusion● retrobulbar haemorrhage● temporal arteritis

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 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).

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

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Email k.cunningham@leeds.ac.uk

Sarah Howarth

Academic Lead for Physician Associate Placements

Email: 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