



University of Leeds

MSc Physician Associate Studies

CLASSROOM TO CLINIC - Year 2

PRIMARY CARE 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. Our students have now reached their second year and will undertake two primary care placements. The first placement is in **December 2024** and the second and final placement of the course is in **June 2025**. In the intervening months, the PA students will undertake a variety of different placements at acute trusts and in the community.

Prior to their **December** primary care placement they will have completed rotations in Mental Health, General and Acute Medicine, Paediatrics and Elderly Medicine in addition to the 33 days in Primary Care that they undertook in Year 1.

By the time of their **June** placement they will have also experienced placements in General Surgery, Obstetrics and Gynaecology, Emergency Medicine and ENT/Ophthalmology.

These two primary care placements are designed to continue and develop themes from the year 1 GP placement. The emphasis is on clinical experience and the majority of the students' time should be spent consulting with and presenting patients to their supervisors. These patients should be 'real-life' patients that could present with undifferentiated symptoms (having been triaged appropriately) that the students can see in their parallel or joint clinics.

We have tried to keep this guide as concise as possible, but please note that further and more comprehensive information about the course can be found on the [placements website](#).

Best Wishes

The Physician Associate Team

Dr Katie Cunningham, Programme Director MSc Physician Associate Studies

Sarah Howarth, Academic lead for Physician Associate Placements

Primary Care Placement - Hours

All physician associate students from the University of Leeds will spend 3 weeks on placement in Primary Care during Rotation 2 (December) and a further 2 weeks in Rotation 5 (June). Our expectations are that students are timetabled 7.5-8 hour days.

The core placement hours for Primary Care is 180 hours. We timetable around 500 hours over the 2 years of the programme because of regional prioritisation and funding allocated to primary care.

Students are permitted to take 1 study day during December, if also permitted by the placement supervisor. No study days are permitted during the 2-week rotation in June.

Primary Care Placement – Learning Outcomes

The purpose of placement in Primary Care is to provide a learning experience for student Physician Associates in order for them to gain and build on the necessary skills needed to care for patients with a wide range of undifferentiated urgent and emergent conditions. Students should attain a level of clinical competence sufficient to allow them to investigate and initiate treatment of the patient, and to communicate appropriately with patients, relatives and other medical professionals.

December placement: During this rotation, as well as developing skills to meet the broader learning outcomes, there should be a focus on patients presenting with dermatological symptoms and conditions.

In terms of **Dermatology-specific learning outcomes**, by the end of the year the physician associate students should be able to:

Professional Attitudes and Behaviours

- Be aware of the psychosocial impact of skin disease, how this potentially affects patients and their families.
- Treat patients and their carers with professionalism and confidentiality.
- Recognise when it is appropriate to refer a patient to dermatology and have an understanding of the different referral pathways.
- Recognise the conditions which require Public Health notification.

Clinical Skills

- Be able to take a focused history from a patient presenting with a skin lesion.
- Be able to examine skin, hair, nails and mucous membranes systematically showing respect for the patient.
- Be familiar with dermatological terminology.

- Be able to recognise common skin problems and develop a system of describing common lesions using dermatological terms.
- Understand common conditions presenting with skin symptoms or signs.
- Recognise and be aware of the significance of less common but important skin problems including dermatological emergencies.
- Understand the clinical features and classification of common skin diseases.
- Understand the role of current best evidence and how and where to access clinical guidelines and how these are utilised in clinical decision making.
- Utilise this knowledge to interpret evidence, formulate simple management plans and communicate effectively with patients.
- Recognise limitations of knowledge and skills and seek help when needed.
- Counsel patients on appropriate sun protection behaviours with the correct use of sunscreens (protecting for both UVA and UVB).

Medication Management

- Apply a stepwise approach to treating skin problems ensuring that exacerbating factors have been addressed.
- Understand the main indication, contraindications and side effects of:
 - Emollients and soap substitutes
 - Corticosteroids
 - Antifungals and Antibiotics
 - Retinoids
 - Therapies for parasitic infections
 - Immunosuppressants and biological medications
 - UVB and PUVA therapy
- Counsel patients and/or carers on benefits, potential adverse effects and appropriate application of topical treatments to maximise adherence to treatment.

Clinical Procedures

- Perform skills utilised in the field of dermatology, including skin scrapes/clippings, viral and bacterial swab.

Knowledge

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:

Presentations	Core Conditions
acne	acne
bites	angioedema
desquamation	basal cell carcinoma
dry skin	bites
hair loss	cellulitis
hypo and hyperpigmentation	eczema and dermatitis
itching	lipomas
lumps	fungal and mite infections
nail abnormalities	psoriasis
rashes	skin infection
pressure sores	ulcers
skin and subcutaneous lumps/lesions	urticaria
	malignant melanoma
	squamous cell carcinoma
	Uncommon but critical conditions
	erythroderma
	desquamation disorders including Steven-Johnson syndrome
	necrotising fasciitis

June placement - By the time of the **June** placement our expectations should be that students are approaching or at the level of a newly qualified PA and ready to sit their end of year SBA exam and OSCE. These expectations of a newly qualified PA are listed in the GMC Physician Associate Registration Assessment (PARA) content map. A link to the PARA can be found [here](#).

By the end of the placements in Primary Care the physician associate students should:

- Have honed their consultation skills and be able to effectively explore the patient, family and healthcare professional's journey through an illness or injury.
- Have developed their patient-centred history and examination skills to enable accurate assessment of patients attending primary care with a range of presentations.
- Use clinical reasoning skills to formulate a differential diagnosis.

- Be able to identify patients with more complex or serious issues and recognise where their scope of practice ends, and more senior input is required.
- Communicate sensitively and effectively with both patients, carers and other healthcare practitioners.
- Propose an investigation and management plan in agreement with the patient and understand when specialist input and advice are required.
- Demonstrate how to keep coherent, legible, accurate and comprehensive patient records.
- Understand the role of clinical information systems in patient care and the interface between primary/secondary and tertiary care in health care delivery.
- Be able to assess and propose a management plan for patients with diagnosed long-term conditions during review appointments.

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. 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.

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

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