MSc Physician Associate Studies

University of Leeds

CLASSROOM TO CLINIC 2 MODULE

INTRO TO GENERAL MEDICINE

TUTOR GUIDE

Rotation 0

July/Aug 2025

Contents

Introduction

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

Our students are now reaching the end of their first year and will undertake their first secondary care rotation, which is three weeks in **General Medicine** and three weeks in Mental Health. They will then transition into their second year where they will undertake a variety of different placements at acute trusts and with primary care providers.

So far, each of the PA students has undertaken a year 1 placement at a GP practice. This placement was 1 day a week for 33 days and concentrated on learning how to undertake a patient consultation, as well as an introduction to primary care, the multidisciplinary team and how the healthcare system works.

The aim of the **Introduction to General Medicine** placement is for students to build on the clinical skills and knowledge and professional values and behaviours learnt over the past year and start to apply these to the secondary care setting. As well as the development and consolidation of clinical knowledge and skills, a focus of this placement is 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.

Best Wishes

The Physician Associate Team

Dr Katie Cunningham, Programme Director MSc Physician Associate Studies

Sarah Howarth, Academic Lead for Physician Associate Placements.

Introduction to General Medicine Placement - Hours

All physician associate students at the University of Leeds will spend 3 weeks on placement at an acute trust based in a medical specialty in July/Aug. Our expectations are that students are timetabled 7.5-8 hour days. The minimum core expectations for placement hours in General Medicine are **350 hours, of which this placement contributes 120 hours. If a student fails to meet an 80% minimum attendance, please make this clear on their assessment of progress form.**

Please note, **no flexible study days are allowed** during this placement block, and they should not be timetabled, wherever possible. This is because students may be expected to attend an end of year presentation day or resit an assessment during the placement. The Medical Education Team at your Trust are notified in advance if a student will be missing any day of placement, and this should then be on the student timetable.

Introduction to General Medicine Placement – Learning Outcomes

The purpose of the first general medicine placement is to introduce students to clinical placements in a secondary care setting. This should be a learning experience that enables student physician associates to learn about how patients are cared for in a hospital environment and to gain and build on the necessary skills needed to assess and manage patients with a wide range of conditions. This is the first of a series of general medicine placements the students will undertake, and the students will build on the competencies throughout the placements that follow.

By the end of the placement, the PA student 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.
- 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.
- 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 admitting a patient to a hospital ward, including nursing admission, infection control procedures and medical clerking
- 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 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).
- 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.
- 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 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

Knowledge

Teaching on campus has been designed to address the learning outcomes for newly qualified PAs as outlined within the 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	Core conditions
★ 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	★ 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	Core conditions
★ 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	★ 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	Core conditions
★ 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	★ 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

Renal and urology

Presentations

- 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

Core conditions

- 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

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

Introduction to 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.
- 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.

Essential components of all placements

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;
- 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 hours log which they complete and is reviewed by the university at the end of each term. This hours log also needs to be reviewed by the clinical supervisor at the end of the placement, with all absences noted on the assessment form (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

Professional Portfolio

To prepare PA students for maintaining a portfolio of attainment post-qualification, we have reviewed the workplace-based assessments that students are asked to complete with their supervisors whilst on placement. These have been adapted to align more closely with the Faculty of Physician Associates eportfolio and to allow students to demonstrate their development over the course of their studies.

While we are still using Pebble Pad as the online platform, you will notice some changes to both the requirements and templates. Students are required to complete assessments every term and these are categorised into Direct Observation of Practical Skills (DOPS), MiniCEX, Case Based Discussions and Reflections. These assessments should be reviewed along with the student's attendance record when completing the Assessment of Progress form. There are set requirements for how many and which WBAs should be completed throughout the year. This is outlined in *Workplace-based assessments: Expectations of a Year 2 physician associate student,* which can be found here.

1. Direct Observation of Practical Skills (DOPS; completed with any suitably qualified healthcare professional)

Students should have opportunities to be assessed and receive feedback on a range of practical skills (eg venepuncture, intravenous cannulation). They will have received training on campus on how to perform these procedures prior to undertaking them on placement. The DOPS assessment tool is designed to evaluate the student's performance in undertaking the selected practical procedure, against a structured checklist. The assessor can be any healthcare professional who is qualified to perform this procedure.

You will be required to give your overall assessment as to what level of supervision you assess the student as being competent to perform this procedure at:

Level 1 – Observation only

Level 2 – Able to perform under direct supervision

Level 3 – Able to perform under indirect supervision

For more information on DOPS (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.

2. Mini-CEX (completed with any suitably qualified healthcare professional)

A Mini-Clinical Evaluation Exercise (MiniCEX) is an observed, real-life interaction between the student and a patient. Through observing the interaction, students should be assessed on a number of aspects of the encounter – these will vary according to the MiniCEX chosen and their stage of training but may include history

taking skills, physical examination, diagnostic skills, communication and listening skills etc.

For more information on MiniCEX (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.

3. **Case Based Discussion (completed with any suitably qualified healthcare professional)**

Case Based Discussions are used to evidence and demonstrate a student's understanding of the assessment and management of a patient and to provide feedback on their clinical reasoning, decision making and the application of medical knowledge in relation to patient care. It also serves as a method to document conversations about and presentations of cases by the student. These may be consultations that they have observed rather than led.

For more information on Case Based Discussions (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.

4. **Reflections**

Students are required to complete a number of reflections based on themes such as patient safety, team working, and self-awareness. These require the student to reflect on an event that took place in a clinical setting, thinking about the impact that this had on patients and colleagues and a focus on what the student has learnt from this experience.

These are not assessed but we would encourage review and discussion of the student's reflection during the end of term meeting with their supervisor.

For more information on what these interactions should cover, please see *Workplace-based assessments: Expectations of a Year 2 physician associate student,* which can be found here.

5. **Assessment of Progress Form (completed in person with the educational supervisor)**

A meeting should be scheduled with the student's educational supervisor at the end of every placement block in order to review progress and whether the objectives for the placement have been met (DOPS, MiniCEX, Case Based Discussions, Reflections, attendance should be reviewed). The Assessment of Progress form should be completed to document and evidence what was discussed in the meeting and a personal development plan should be co-created to address any learning needs.

If you would like to discuss problems related to a particular student identified during this meeting, please contact Sarah Howarth (s.d.howarth@leeds.ac.uk).

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

If you have any queries, please contact:

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