



University of Leeds

MSc Physician Associate Studies

CLASSROOM TO CLINIC - Year 2

PAEDIATRICS TUTOR GUIDE

2025 – 2026

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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 **Paediatrics**. This placement sits within a 9 week block that includes Elderly Medicine, Acute Medicine and General Medicine. There is flexibility in the timing of this placement within the rotation 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 30 days and concentrated on learning the basics of history and examination. They have since undertaken 3 weeks in Mental Health, 3 weeks 'Introduction to General Medicine' and 3 further weeks of GP, 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 Placements, MSc Physician Associate Studies

Placement Hours

All PA students from the University of Leeds will spend 3 weeks on placement in Paediatrics during Rotation 2. Our expectations are that students are timetabled 7.5-8 hour days. The core placement hours for Paediatrics are **90 hours minimum**.

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.

Paediatrics Learning Outcomes

The purpose of the paediatrics placement is to provide a learning experience for student PA in order for them to gain and build on the necessary skills needed to care for young patients with a wide range of undifferentiated urgent and emergent condition.

Students completing the Year 2 Paediatrics placement should have attained a level of clinical competence sufficient to allow them to conduct initial assessment of cases presenting in paediatric settings, to indicate an initial management plan for common/important conditions, 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 Paediatrics, the PA students should be able to:

Professional Attitudes and Behaviours

- Understand the organisation and structure of paediatric services in a secondary or tertiary healthcare setting (e.g. assessment and treatment units, inpatient wards, PICU, NICU, SCBU).
- Gain an appreciation that paediatric patients are also managed in community healthcare settings.
- Demonstrate effective communication and engagement with children, young people and families.

- Appreciate the breadth of different healthcare professionals that have a role in paediatric healthcare: health visitors, child and adolescent psychiatrists, midwives, child care services, community Paediatricians.
- Understand the role of a PA in Paediatrics.
- Identify and address ethical and legal issues which may impact on patient care, carers and society. For example:
 - Ensuring patient's rights are protected (eg children's rights including Gillick competency; patient and parents' right to participate in decision making about care)
 - Maintaining confidentiality
 - Obtaining informed consent
 - Providing appropriate care for vulnerable patients
- Understand how to recognise when there is a safeguarding concern and the responsibility of a health care professional in this scenario.
- 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 comprehensive and detailed history of a paediatric patient, adapting approach to information gathering dependant on the child's age and who they are accompanied by.
- Understand how to approach and interact with a child to obtain a useful examination.
- Utilise clinical monitoring information in paediatric patient assessment, with an appreciation for what the normal ranges are for the various parameters depending on the age of the child (eg vital signs, urine output, nutrition assessment, weight, neurological observations).
- 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 for how this differs to adult medicine and why.
- Understand how to recognise when a child is acutely unwell and why prompt escalation is of vital importance in the paediatric population.

Medication Management

- Understand how prescribing in children differs to prescribing in adult medicine.
- Understand that preparations/formulations and routes of administration for medications may differ in children to the adult patients.
- Understand that dosages for medications should be checked in the BNF for Children and they are generally based on body-weight or specific age ranges.
- Understand how paediatric doses are calculated and prescribed and why including the strength and preparation of the medication in the prescription is important.
- Understand the factors that may influence adherence to taking prescribed medications in the paediatric population.

Clinical procedures

- Check temperature, pulse, respiratory rate, oxygen saturations and blood pressure (if indicated/appropriate) for paediatric patients of varying ages.
- Observe how a urine sample is obtained and analysed in paediatric patients of varying ages.
- Observe a qualified healthcare professional perform a developmental assessment.
- Observe a qualified healthcare professional perform venepuncture on a child.

Knowledge

A key aim for PA students during this placement, is to understand what is normal in terms of child growth, development and behaviour before developing their knowledge of and ability to recognise pathology. They have received teaching on this during their campus week but will need to consolidate this knowledge whilst on placement.

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, as well as during their GP and Emergency Medicine placements, but should have the opportunity to be involved in the assessment and management of patients presenting with a number of the following:

Child and adolescent health	
Presentations	Core conditions
<ul style="list-style-type: none"> ★ bruising ★ crying infant ★ coryza ★ cough ★ cyanosis ★ dysmorphic features ★ diarrhoea ★ failure to thrive ★ fever ★ polyuria ★ polydipsia ★ seizure ★ rash ★ sepsis ★ wheeze ★ injury ★ testicular pain/swelling ★ penile abnormalities ★ feeding difficulties ★ limp ★ lymphadenopathy ★ pubertal development ★ floppy baby ★ vomiting ★ worried parent 	<ul style="list-style-type: none"> ★ attention deficit hyperactivity disorder ★ autistic spectrum disorder ★ common childhood infections (RSV, Croup, measles, varicella) ★ developmental delay ★ diabetes ★ epilepsy ★ febrile convulsions ★ Henoch-Schönlein purpura ★ inhaled foreign body ★ malabsorption and milk intolerances ★ mesenteric adenitis ★ non-accidental injury ★ neglect ★ testicular torsion
	Uncommon but critical conditions
	<ul style="list-style-type: none"> ★ congenital or inherited disorders ★ cystic fibrosis ★ intussusception ★ leukaemia ★ pyloric stenosis

Paediatrics 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:

- Clerk in a newly admitted patient under supervision.
- Perform a developmental assessment under supervision.

- Spend time with other health care professionals to understand their roles and responsibilities – e.g. play specialist, dietician, physiotherapist, pharmacist.
- Observe the process of completing a prescription and performing drug calculations for paediatric patients.
- Attend an outpatient clinic.
- Observe how medications are administered to paediatric patients of varying ages.

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 complete a weekly timesheet that is uploaded to their portfolio. These are reviewed by the university at the end of each term. These timesheets also need 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

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 designed 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](#).

➤ **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](#).

➤ **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](#).

➤ **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](#).

➤ **Reflections**

Students are required to complete a reflection at least once per term. 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.

➤ **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 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

Dr Katie Cunningham

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Email K.Cunningham@leeds.ac.uk

Sarah Howarth

Academic Lead for Placements, MSc Physician Associate Studies

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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
- PA Professionalism statement
- PA student drug formulary
- Workplace-based assessments: Expectations of a Year 2 PA student
- Curriculum Map covering both years of the programme
- Guidance on clinical and educational supervision of a PA student