University of Leeds

MSc Physician Associate Studies

CLASSROOM TO CLINIC - Year 2

EMERGENCY MEDICINE TUTOR GUIDE

2025 – 2026

Contents

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 three weeks in **Emergency Medicine**.

So far on the programme, each of the PA students has undertaken a 1-year placement at a GP practice. They have also undertaken 3 weeks in a mental health setting and 9 weeks in secondary care (General Medicine, Elderly, Paediatrics, and Acute Medicine) followed by a further 3 weeks in Primary Care. They, therefore, now have a range of clinical skills and knowledge of patient care.

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 physician associate students from the University of Leeds will spend 3 weeks on placement in **Emergency Medicine** during Rotation 3 (Jan- May). Our expectations are that students are timetabled 7.5-8 hour days.

The core placement hours for Emergency Medicine are included in the Front Door Medicine (Acute Medicine and Emergency Medicine) allowance, which is **180 hours.** The students have already completed 2 weeks in acute medicine (75 hours).

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

Emergency Medicine Learning Outcomes

Students completing the Emergency Medicine placements should have attained a level of clinical competence sufficient to allow them to investigate and initiate treatment of cases presenting in emergency care settings, and to communicate appropriately with patients, relatives and other medical professionals.

Students should be able to develop a working understanding of how early triage and assessment can lead to better outcomes and optimise patient care in a busy environment. Students should have the opportunity to observe how to employ care pathways for specific conditions, how to utilise diagnostics, and appreciate how results affect management decisions.

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, the physician associate students should be able to:

Professional Attitudes and Behaviours

- Understand the organisation and running of an Emergency Department.
- Gain an understanding of which routes patient are admitted and reviewed in Emergency Medicine, how patients are initially assessed and triaged and how decisions are made in terms of priority.
- Understand how these decisions impact on where ongoing management takes place (i.e. within the different areas within the Emergency Department).
- Understand the role of the PA in Emergency Medicine.

- Consider how clinicians prioritise and organise clinical duties in order to optimise patient care.
- 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.
- Consider how updates on progress and management are communicated to patients and their family to ensure that they remain informed and can participate in decisions made about their care.
- 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.
- 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

- Identify the acutely unwell patient using an approach that incorporates clinical assessment and appropriate urgent investigations.
- Have an understanding of the initial resuscitation and stabilisation of an acutely unwell patient.
- Explain the principles and importance of prompt identification and management of acute respiratory failure, shock and sepsis.

- Elicit a history from a patient and from information gathered, perform an assessment and physical examination for a range of common urgent presentations.
- Utilise clinical monitoring information in patient assessment – eg NEWS/vital signs, urine output, bowel charts, nutrition assessments and neurological observations.
- Present a history and/or examination in a succinct and professional manner.
- Use history and examination findings to formulate appropriate differential diagnoses including possible life and/or limb threatening conditions.
- 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 and risk scoring tools (eg CURB65), and how to communicate this information to patients.
- Explain what a sepsis bundle is and when and how to use it.
- Recognise and respond to abnormal physiology.
- Explain how to assess and manage a patient with acutely impaired consciousness.

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 in the Emergency Medicine department.

- Understand the role of pharmacists and pharmacy technicians and other healthcare professionals in safe medication management.
- Understand where to access reliable information about medications, such as the BNF, to support safe prescribing.
- Understand how medications are administered in an acute emergency setting and how to avoid errors in drug administration.
- Understand which drugs may need to be administered in an emergency, where these are stored and considerations to ensure safe and prompt administration.
- Describe and discuss some of the common and emergency drugs used in Emergency Medicine.
- 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 DKA and for diabetics in emergency settings)
    - Treatments for alcohol withdrawal
    - Treatments for paracetamol poisoning

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 Urinary Catheterisation
- 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
- Observe an NG tube insertion
- Obtain a swab e.g. nasal, wound, throat
- Observe the preparation of an IV injection/infusion
- Observe prescription and monitoring of oxygen, IV fluids and insulin
- Observe of procedures such as application of plaster or 'back slab' for fracture of limb.

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 (and will undertake a placement in Emergency Medicine in Rotation 3), but should have the opportunity to be involved in the assessment and management of patients presenting with a number of the following:

Acute and emergency care (inc. toxicology)	
Presentations	**Core conditions**
★ abdominal pain ★ anaphylaxis ★ breathlessness ★ burns ★ cardiopulmonary arrest ★ chest pain ★ choking ★ collapse ★ facial swelling ★ headache ★ haemorrhage ★ overdose ★ palpitations ★ poisoning ★seizure ★ self-harm ★ sepsis ★ suicidal ideation/ attempts ★ trauma ★ unresponsiveness/coma ★ wheeze	★ acid/base disturbance ★ acute coronary syndrome ★ acute heart failure ★ anaphylaxis ★ arrythmias ★ cerebrovascular events ★ diabetic ketoacidosis ★ drug overdose ★ ectopic pregnancy ★ electrolyte abnormalities ★ open/closed fractures ★ gastrointestinal bleeding ★ intracerebral haemorrhage ★ paracetamol poisoning ★ venous thrombo-embolism ★ pneumothorax ★ pulmonary embolism ★ respiratory arrest ★ respiratory failure ★ transient ischaemic attack
	Uncommon but critical conditions
	★ aortic aneurysm and dissection ★ cardiac tamponade ★ compartment syndrome ★ hypothermia ★ polytrauma

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:

- Observation of triage and initial assessment process of emergency department patient

- Clerk in a newly admitted patient under supervision.
- Document a clerking in the patient notes – to be reviewed and countersigned by a clinician.
- Observe the assessment of a patient with:
  - Abdominal pain
  - Acute breathlessness
  - Chest pain
  - Palpitations
  - Collapse
  - Confusion
  - Altered consciousness
  - Seizures
  - Head injury/headache
  - Infection/sepsis
  - Major trauma
  - Mental health problems
  - Gynaecological problems such as vaginal bleeding
  - Basic toxicology (e.g. overdose)
  - Back pain
  - Major trauma
- Observation of procedures such as application of plaster or ‘back slab’ for fracture of limb.

Please note this list is not meant to be exhaustive, neither to negate the importance of many other patient presentations.

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 PebblePad 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

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Sarah Howarth

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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 PAstudent
- Curriculum Map covering both years of the programme