## Emergency (‘Front Door) Medicine Placement: Quick Guide

The UWE Physician Associate General Emergency Medicine placement consists of a total of **90 hours**, during which the student should spend time in Triage, Minors, Majors, Resus, and Observation/clinical decision units.

Students will typically undertake their Emergency Medicine placements in their second year of training and will be expected to learn about topics including (but not limited to) the Emergency resuscitation, Primary surveys and acute patient assessment, Initial management of the critically unwell patient, and Clinical decision making.

Emergency Medicine Placement Learning Outcomes:

**KNOWLEDGE**

***By the end of their training/placement, a PA would need to know about?***

* The structure and working processes of an emergency department
* Key ED principles of resuscitation, symptom relief and exclusion of life threatening conditions
* Recall the prioritised structure of resuscitation in life threatening illness
* Understand techniques of pain relief in the ED, including the analgesic ladder and non- pharmacological methods
* Elicit and interpret symptoms and signs of acute illness
* How to access and implement common ED guidelines, tools and algorithms

**SKILLS**

***By the end of their training/placement, a PA would need skills in?***

* Prioritisation of acutely unwell patients with senior input
* Recognise the range of practical procedures performed in the ED, such as:
  + Venepuncture, IV cannulation
  + Performing and interpreting blood gases
  + Performing and interpreting ECGs
  + Inserting a urinary catheter
  + Observe and perform wound care and closure (glue/suture)

**ATTITUDES**

***By the end of their training/placement a PA would need to have attitudinal, higher and organisational learning in?***

* Explain the importance of ED triage and observe it being performed
* Appreciate the importance of multi-professional team-working and the role of effective communication both within the ED and other specialities
* Explain why people attend ED with primary care problems
* Discuss the various radiological modalities relevant to ED, their indications, limitations and potential harm
* Understand that exclusion of serious/life threatening conditions prevails over uncertainty in the ED
* Understand timely referral to the correct speciality, even when the diagnosis is uncertain Understand safety netting on discharge home
* To be aware of own learning needs and adopt lifelong learning principles
* Awareness of how a ‘Physician-PA’ team can work in practice and how PAs can function within multi-professional teams
* Awareness of the PAs professional and clinical competence boundaries

Placement Assessments:

On placement, students are required to maintain a yearly portfolio of evidence. This is a pass/fail assessment marked by the programme team and contains a record of formative learning experiences, student reflections, and end of rotation supervisor sign offs. **Students are required to ensure signature verification is completed by all assessors/supervisors.**

Supervisors should meet with the students at the start of the rotation and then again at the end to perform a formative end of placement review (this contains a review of all rotation tasks and multisource feedback):

**EMERGENCY MEDICINE PLACEMENT: TASKS FOR COMPLETION:**

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| **Minimum Tasks Required** | **Context** |
| Start of placement meeting\* | Set learning plan/goals with student. |
| **2** Mini-CEXs | Observation with detailed feedback to student focusing on development, as per form. |
| **2** Case-based discussions | Discussion with feedback to student for development, as per form. |
| **2** Multisource feedback | Focus on feedback and professional development from MDT. |
| End of placement supervisor review with student | Meeting with student to review placement progress and personal and professional development, focusing on feedback and areas for further development, as per form. |