## General Hospital Medicine Placements: Quick Guide

The UWE Physician Associate General Hospital Medicine placement consists of a total of 350 hours spent rotating across a variety of medical specialties including (but not limited to) Cardiology, Care of the Elderly, Endocrine, Gastroenterology, Neurology/Stroke, and Respiratory. Secondary care placements are split across the first and second year of the PA students’ training.

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):

**GENERAL MEDICINE PLACEMENT: TASKS FOR COMPLETION:**

|  |  |
| --- | --- |
| **Minimum Tasks Required** | **Context** |
| Start of placement meeting\* | Set learning plan/goals with student. |
| **5** Mini-CEXs\*\* | Observation with detailed feedback to student focusing on development, as per form. |
| **5** Case-based discussions\*\* | Discussion with feedback to student for development, as per form. |
| **5** 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.  |

\*To be completed on each rotation.

\*\*Can be spread across the entirety of the General Medicine placement block.

Rotation Specific Outcomes:

Information about specific outcomes expected of the student for each rotation they undertake can be found on the following pages:

* **Acute medicine:** pages 2 & 3
* **Cardiology:** page 4
* **Respiratory:** page 5
* **Gastroenterology:** page 6
* **Neurology:** page 7

Acute Medical Admissions Placement Learning Outcomes:

**KNOWLEDGE**

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

* Common acute medical presentations such as (but not limited to) anaemia/blood loss, collapse, cough, falls/faints, fever, frailty, headache, oedema, pain, shortness of breath, substance withdrawal/overdose, weight loss
* A systematic approach to causes of these common presentations, i.e breathlessness by rapidity of onset (acute, sub-acute or chronic)
* Describe and discuss how to discriminate between the acute/subacute causes of breathlessness in terms of history and examination
* Be able to correlate the symptoms and signs with the underlying pathophysiology
* Describe investigations commonly used in the assessment of acute breathlessness and be able to interpret the results
* Have an overview of the first line initial management of acute severe asthma, exacerbations of COPD, acute heart failure, pneumonia, pneumothorax and PE
* Describe and be able to apply the scoring systems used to assess likelihood/severity of a particular condition
* Presenting signs and symptoms that point towards differentiating serious conditions that need prompt action
* Understand how patient first present and how patients access acute healthcare

**SKILLS**

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

* Obtains a detailed history and can examine patients with shortness of breath
* Can work towards an appropriate differential diagnosis and establishes a problem list Summarises accurately and documents the main points of patient’s history, active and potential problems, investigation and management plans
* Aware of how to prescribe (can transcribe currently) medicines and fluids accurately and unambiguously
* Aware of how to prescribe (transcribe) oxygen appropriately including patients with the risk of carbon dioxide retention
* Recognises when arterial bloods gas sampling is indicated, identifies abnormal results and interprets results correctly
* Performs peak flow assessments
* Perform pulse oximetry and be aware of its limitations Interpret and verbally report a chest x-ray Differentiate serious and minor illness
* Be able to gather data from multiple members of the family or collateral information sources Be familiar with some of the techniques used to explain illness
* Reassure and safety net using evidence and structure

**ATTITUDES**

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

* Awareness of the process and the importance of triage and prioritisation
* Awareness of the importance of being able to produce a structured management plan within a targeted timeframe
* An appreciation of the importance of patient flow
* Awareness of the importance of handover and communication both within and between departments
* Recognise that an acute illness may be an exacerbation of a long term disease
* Understand the importance of treatment escalation plans and resuscitation decision making Understand an approach to breaking bad news
* Understand and be mindful of why people access healthcare and the triggers and thresholds for consultation
* Be aware of the pressures on acute healthcare and how this affects teamwork and inter- professional working
* 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 in order to work most effectively under supervision and safety for the patient

Cardiology Placement Learning Outcomes:

**KNOWLEDGE**

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

* Understand the pathway management of Acute Coronary Syndrome (ACS) Clinical assessment and routine investigation of chest pain
* Knowledge of coronary anatomy
* Understand the indications and pathway for PCI Awareness of bradyarrhythmias and pacing
* Basic understanding of cardiac conduction diseases

**SKILLS**

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

* ECG recording and interpretation
* History taking from patients with chest pain Cardiovascular examination
* Peripheral venous cannulation

**ATTITUDES**

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

* Multidisciplinary approach to ACS patient care
* Understand the need for prioritisation for patients/urgency of investigation Discussing care with a senior promptly if concerned
* Communication with anxious patients about diagnosis, investigations and need for long-term medication
* 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 in order to work most effectively under supervision with upmost safety for the patient
* Understand and recognise how workload, time management and organisation influences performance and patient care

Respiratory Placement Learning Outcomes:

**KNOWLEDGE**

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

* Common lung diseases and their main presenting symptoms
* Important discriminatory questions to distinguish causes of breathlessness Basic investigations for breathlessness
* Understand the limitations of pulse oximetry
* Management strategies for acute and chronic COPD
* Management strategies for acute and chronic asthma
* Understand the role of non-invasive ventilation in COPD

**SKILLS**

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

* Systematic chest X-ray interpretation and identification of common abnormalities
* Eliciting and differentiating common clinical signs of respiratory disease, i.e. crackles, consolidation, pleural effusion & pneumothorax
* Describe and basic interpretation of spirometry
* Understand how to treat hypoxaemic patients with oxygen (including controlled oxygen therapy in COPD)
* Determine the most likely differential diagnosis of breathlessness in an individual patient based on history, examination, and investigations

**ATTITUDES**

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

* Multidisciplinary approach to respiratory care
* Understand the need for prioritisation for patients including initial management and discussion with a senior promptly if concerned
* Appreciate psychological and social impact of chronic respiratory disease Appreciate palliative elements to severe lung disease and lung cancer
* 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 in order to work most effectively under supervision with upmost safety for the patient

Gastroenterology Placement Learning Outcomes:

**KNOWLEDGE**

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

* Knowledge of the anatomy of the GI tract and Hepatobiliary system Knowledge of the common GI diseases seen in secondary care
* Understand the causes, diagnosis and initial management of an acute GI bleed
* Understand the diagnostic and management principles of iron-deficiency anaemia
* Understand the causes, diagnosis and management principles of acute inflammatory bowel disease
* Understand the causes, diagnosis and management principles of acute liver disease

**SKILLS**

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

* Taking a competent GI history
* Performing a competent GIS examination (including PR examination)
* Competent assessment of disease severity (GI bleed, IBD, Liver disease)
* Competent immediate resuscitation and longer term management principles of patients with Gastroenterology and Hepatobiliary disease

**ATTITUDES**

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

* Multidisciplinary approach to gastroenterology care
* Understand the need for prioritisation including initial management and discussion with a senior promptly
* Appreciate psychological and social impact of chronic GI disease
* A non-judgmental and empathetic approach to patients with and relatives
* 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 in order to work most effectively under supervision with upmost safety for the patient

Neurology Placement Learning Outcomes:

**KNOWLEDGE**

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

* Learn the core clinically applied anatomy of the nervous system and how this relates to the pathophysiology of neurological disease
* Understand the common neurological conditions and their presentations (Stroke, TIA, Bell’s Palsy, Tremor, Migraine, Subarachnoid Haemorrhage, Meningitis (bacterial/viral), Seizures) Understand an approach to differentiate between these neurological conditions based on history, examination and investigations
* Appreciate principles of diagnosis and management in such conditions
* Have an awareness of other ‘less common’ but important neurological conditions (CNS inflammatory disease, acute polyneuropathies, neuromuscular diseases and motor-neurone disease)

**SKILLS**

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

* Take a comprehensive history and perform a competent neurological examination focusing on identifying clinical features of the conditions mentioned above

**ATTITUDES**

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

* The mental approach to neurological cases and using a systematic framework to structure thought processes around a case, e.g.
	+ **Where is the lesion?** Upper vs lower motor neurone
	+ **What is the mechanism causing the problem?** e.g. surgical sieve
	+ **What is the lesion?** According to speed of onset and site of lesion
* Appreciate difficulties involved in assessing patients with language or cognitive problems due to neurological disease
* Aware of role and importance of MDTs in acute and chronic management of neurological conditions
* Understanding the wider social/family impact of neurological diseases
* Understanding the uncertain nature of many neurological conditions
* 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