## General Surgery Placement: Quick Guide

The UWE Physician Associate General Surgery placement consists of a total of **90 hours** spent in a surgical setting. Whilst on placement, the student should spend time on the surgical take, on the surgical wards (including surgical assessment units), in theatres, and in clinic.

Students will typically undertake their surgical placements in their second year of training and will be expected to learn about topics including (but not limited to) the patient’s journey in surgery, the acute abdomen, surgical emergencies, theatre and theatre etiquette, and perioperative care.

General Surgery 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,
* Understand the scope of acute and planned ‘General Surgical’ conditions
* A basic knowledge of the common surgical conditions and their investigation
* The physiology of fluid and cardiovascular homeostasis
* A detailed understanding of the different types of shock
* Have an approach to the acutely unwell surgical patient including blood and fluid management in resuscitation, analgesic requirements, antibiotic usage, senior involvement at an early stage, and need for surgery
* An understanding of preventative and monitoring strategies when needed

**SKILLS**

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

* Take a thorough history relevant to an abdominal/general surgical complaint and a perioperative history
* Perform a competent general and Gastrointestinal examination, including examination of the tender abdomen and identification of peritonitis, and additional tests such as urinalysis and pregnancy testing
* Formulate a differential diagnosis of abdominal pain/acute abdomen
* Formulate an initial management plan including investigations required Perioperative fluid requirements/management
* Competence to recognise common perioperative problems Recognise acutely ill patients and know when to call for help
* Be aware of the importance of accurate documentation

**ATTITUDES**

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

* Attention to detail and a systematic and comprehensive approach to the surgical complaints and perioperative patients
* Recognise the limitations and competence boundaries of the PA role and seek senior support in acutely unwell/complex patients
* 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):

**SURGICAL 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.  |