



MSc Physician Associate Studies

Clinical Placement Handbook

2017/18

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Every effort has been made to ensure the content of this handbook is correct at time of going to press. Please note that changes may be made during the course of the programme. Students will be advised of any amendments to information contained in this booklet via email.

This document does not form part of any contract between the University and the Placement Provider.

Introduction and Course Overview

Physician Associate (formerly known as Physician Assistant) is a rapidly growing healthcare role in the UK, working alongside doctors in hospitals and in GP surgeries. Physician Associates will support doctors in the diagnosis and management of patients. They are trained in the medical model to perform a number of roles including but not limited to: taking medical histories, performing examinations, conducting consultations, analysing test results, and diagnosing illnesses under the supervision of a doctor.

The Physician Associate Studies MSc is a full time 90 week programme, consisting of a mixture of University-based teaching and clinical placements. To practice as a Physician Associate students must also pass the United Kingdom Physician Associate National Examination.

Year 1 Core modules

- Clinical Sciences
- Evidence-Based Practice and Research Methods
- Applied Pharmacology
- Foundations in Clinical Medicine I
- Foundations in Clinical Medicine II
- Clinical, Diagnostic and Consultation Skills along with anatomy
- Four GP placement blocks

The first year is made up of three terms. Terms one and two focus on the theory and skills covering general adult medicine across primary and secondary care. Term three then focuses on core specialities such as Woman's Health, Mental Health and Children's Health, along with Care of the Elderly and Acute and Emergency Medicine.

In the second year students are predominantly based in the clinical setting focusing on general adult medicine and surgery in hospital, and community medicine in general practice. There will also be specialty rotations in mental health, obstetrics and gynaecology, paediatrics, and emergency medicine.

We generally recommend the speciality placements mentioned above to be three weeks in duration.

Alongside clinical placements the following modules take place.

Year 2 Core modules

- Public Health and Health Promotion for PAs
- Evidencing contemporary PA Practice (portfolio)
- Masters Dissertation

Year 2 is followed by a nationally-set certifying examination which then allows Physician Associates to practice.

Clinical placements comprise around 50% of the course. A minimum of 1600 hours of clinical practice (divided between different areas of practice) is required in order to be eligible to qualify as a Physician Associate.

Year Two Placement Dates

Hospital Placement Block One: 27/08/18 – 23/11/18

Hospital Placement Block Two: 11/02/19 – 12/04/19

Hospital Placement Block Three: 29/04/19 – 26/07/19

University Contact Friday (students come back to UWE):

Friday 26/10/18

Friday 15/02/19

Friday 07/06/19

University Public Health Module: 26/11/18 – Christmas 2018

Year Two GP Block: 14/01/19 – 08/02/19

Placement Experience: Guidance for Placement Providers

Summary

The 'Placement Experience' is the students' opportunity to experience clinical practice and to begin translation of the acquisition of knowledge, skills and attitudes into practice. It is the students opportunity to interact with patients and to begin to understand how a Physician Associate can fit into the medical/healthcare team, whilst it is the 'teams' opportunity to begin to understand how a Physician Associate can fit into their model of practice.

Learning objectives for each rotation are attached in the **appendix**.

The clinical placements should enable students to feel comfortable and confident in caring for sick patients and their relatives. Therefore the focus for these rotations are not only clinical knowledge but further development of communication skills, procedural skills and team-working.

Dates & Student Streams

The hospital rotations should follow the minimal hours of practice within an area there can be some degree of flexibility based on what works best for the particular trust. The placement rotations can be divided into **different student streams** so that a particular Trust can take larger numbers of students without saturating a particular clinical area. The final 'selected experience has been discontinued based on feedback from placement providers.

Planned absence from Placement

Students will be required to come to the university for three full contact days.

Tutor Placement Visits

Tutors **may** visit the students at placement on one or more occasions throughout the block. This will be an opportunity for the academic tutor to meet with student and if possible relevant staff to monitor student learning and check any relevant documentation such as the procedural skills passport, portfolio and clinical hours accrued. However, due to the large number of placements scattered geographically, such visits will not be routine.

Professional Behaviour and Attitudes & End of Placement Sign Off

At the end of the placement we ask that the clinical supervisor completes a student's Professional Behaviour and Attitudes assessment and an End of Placement Competency Sign Off.

The students take ownership of these forms and they are required to submit them in a portfolio as part of the programme.

Learning Agreements

We would like learning agreements between the clinical supervisor and the PA student to be discussed and documented at the beginning and end of the placement (learning agreement in the appendix).

The **aims** of the learning agreement are to give an overview of the placement, plan assessments, identify and review learning opportunities and conclude the placement with consideration of achievements and future planning.

It is ideal that this is done at the **beginning** of each placement and then at the **end of the placement**.

Learning agreements contain a **summative end of placement assessment which contain:**

- A review of whether minimum hours on placement have been achieved
- A review of the core placement competencies achieved by the student
- A professionalism assessment

Assessment of Competence

There are three major components (expanded in the in the following pages):

1. The **core competences** which the Physician Associate is expected to be able to demonstrate across all their clinical practice
2. The range of **procedural skills** in which the Physician Associate must have demonstrated competence.
3. The common **patient presentations** and clinical conditions

Details can be found within the following national documents; Competence and Curriculum Framework for PAs 2012 and the Matrix specification of Core Clinical Conditions for the PA: <http://www.fparcp.co.uk/about-fpa/Who-are-physician-associates>

These three components need to be **discussed** at the **beginning** and **end of placement meeting** with the clinical supervisor.

Core competencies need to be considered in parallel with the learning outcomes for each placement. Each core competence (listed on page 8) needs to be considered when the medical supervisor meets with the student and forms part of the structure for this review, along with goal/future learning setting.

1. Core Competencies & Conditions

Competence is professionally contextualised as the ability to practice to the specific required predetermined standards in a range of clinical fields and clinical situations. PA competence is described two-dimensionally:

- Competence in undertaking diagnosis
- Competence in managing the condition

This focuses on the conditions, which in their uncomplicated form, the PA can diagnose and manage. Further details can be found within the **Matrix Specification of Core Clinical Conditions for Physician Associates** (formerly Physician Assistants) which can be found: <http://www.fparcp.co.uk/about-fpa/Who-are-physician-associates>

Competence is more than a sum of these elements, and in accordance with the medical model, the Physician Associate responds to individual patients and their situations, listed below. Core competencies are acquired through working with patients in clinical practice. These are normally evidenced by direct participation; however in some circumstances simulation may be used.

Core PA Competencies

- Professional Behaviour and Probity
- The Patient relationship
- History taking and Consultation skills
- Examination (general)
- Interpreting evidence/determining the requirements for additional evidence
- Clinical judgement in diagnosis and management
- Therapeutics and prescribing
- Risk management
- Teamwork
- Maintenance of good practice
- Ethical and legal issues
- Equality and diversity
- Common Core Skills and Knowledge when working with Children
- Clinical planning and procedures
- Documentation and information management
- Team and resource management
- Awareness of guiding principles and current developments in the NHS
- Public Health

The Core Competencies (above) should be considered by the clinical supervisor in the end of placement review. This then forms part of the summative assessment of the student's placement achievement submitted in their portfolio and should be documented in the **learning agreement** as:

1. Unsatisfactory (action plan required)
2. Competence Achieved
3. Exceeds Expectations

On qualification, the PA should be able to recognise red flag conditions that require referral, manage a condition that their supervising clinician has diagnosed or diagnose and manage uncomplicated conditions.

2. Procedural Skills

On completion of the course the Physician Associate will be able to perform procedural skills relating to the following:

The areas below can also be assessed via the **supervised learning assessments**.

Cardiovascular system
Respiratory system
Gastrointestinal system
Musculoskeletal system
Eyes
Female reproductive system
Renal and genitourinary system
Skin
Diagnostics and therapeutics

Each individual procedural skill is held within the students **Procedural Skills Passport** which has a DOPS for the skill and the required expectations to gain competency. These provide a baseline for expected performance. **All competencies must be signed off by a practitioner with suitable experience and competence in that particular skill.**

3. Common Patient Presentations

The PA student should be familiar with the following patient presentations on graduation and should be able to manage and diagnose / refer appropriately as stipulated in the CCF.

Addiction	Falls/faints
Altered sensation	Fertility / Infertility
Anxiety	Fever
Appetite/weight	GI disturbances
Backpain	Head and neck lumps
Blood loss	Headache
Breast problems	Hypothermia
Children: Failure to thrive	Injury: Head & Neck
Children: Developmental problems	Injury: Extremities
Children: Short stature	Injury: Abdominal & Pelvic
Children: Unexplained injury	Injury: Thoracic
Circulatory abnormalities	Joint pain/swelling
Collapse/reduced level of consciousness	Mass: abdominal
Cough	Memoryloss
Cutaneous/subcutaneous swellings	Menstrual changes / problems
Disordered mood	Micturition abnormalities
Disordered thinking	Movement: loss of/abnormal
Distension: abdominal	Oedema
ENT problems	Pain
ENT Emergencies	
Eye problems	
Eye Emergencies	

Clinical Portfolio

Students will be required to continue to develop their clinical case portfolio throughout their placement. This is a vitally important element of the student's learning during this experience. The portfolio is first and foremost a learning tool and should aid in the development of a reflective practitioner. It is a format through which to start thinking about clinical cases and the students' learning from them and to identify the particular learning needs that the student highlights or enables the students' to meet.

Students are reminded to take care that they do not record any information which might breach patients' confidentiality and they should never record their patient's name in their portfolio.

Students have been advised to select cases that represent critical learning opportunities. This may mean cases involving patient presentations or pathological processes with which students are unfamiliar, but it may also mean cases with familiar pathology / presentation that require students to reconsider or refine what they thought they have already understood. Students have been advised to remember that the key learning may not relate to the biological process of illness but to the psychosocial aspects of the patient's condition, or ethico-legal issues raised by their management.

Areas and clinical presentations covered in this portfolio are directed by the **Competence and Curriculum Framework for the PA)**

N.B. students should use their time sheets to document their clinical hours which will then be kept in their portfolios.

Further details regarding the portfolio will be provided to students directly.

Formative & Summative Assessments

Core competencies and skill acquisition form a continual thread as training progresses. These will be recorded by the student and then verified by the clinical supervisor in the **portfolio**.

Formative Supervised Learning Assessments (SLAs) these are form of feedback for the student and aim to give opportunities for development. These will be in the form of case-based discussions and mini-clinical evaluation exercises and will be held by the student (examples can be found in the appendix). **Assessors must be familiar with assessment and feedback methodology** and they must be able to competently perform this interaction themselves.

Case-based Discussion (CBD): Ideally in the **first week** of a rotation (or at intervals in longer placements) – **aim** is to expand on a particular area of interest and identify a focus for further progression.

Mini-Clinical Evaluation Exercise (Mini-CEX): Ideally completed in the **last week** of a rotation (or at intervals in longer placements) – **aim** is to highlight the level of the student in a given area(s) and identify areas to work towards.

Individually these SLAs will be formative, but overall they will contribute to the students 'pass/fail' portfolio. The portfolio is the student's lifelong record of professional development and can include personal reflections, action planning and goal setting.

Summative end of placement review:

- A review of whether minimum hours on placement have been achieved
- A review of the core placement competencies achieved by the student
- A professionalism assessment

Rotation	Formative Mini-CEX minimum	Formative CBD minimum	Summative End of Placement Review	Formative MSF
Year 1 GP (4 blocks)	1	1	1	3
Year 2 GP (4 weeks)	2	2	1	3
Acute/General Medicine	7 in total (min 2 in gen med)	7 in total (min 2 in gen med)	1	10
Surgery			1	
O&G			1	
Mental Health			1	
Paediatrics			1	
ED			1	

Professional Practice

Physician Associate students are expected to demonstrate a high degree of professionalism at all times.

Students are asked to obtain **multisource feedback (MSF)** from different individuals during their placements.

Assessment of professional behaviour will be assessed by a summative Professional Behaviours and Attitudes assessment on each placement.

Attendance on Placement

Students are required to attend **all** scheduled clinical placements. Attendance needs to be recorded and verified by the clinical supervisor.

The student **must** inform the placement of any sickness/absence at the earliest possibility, and they must also inform the University by email to Alexander3.stevens@uwe.ac.uk and the absence report line below.

In order to meet the required clinical hours 100% attendance is required to all planned placement time. If a student regularly falls below 90% attendance on clinical placement then they will be subject to the universities professional suitability procedure. Any short fall will need to be addressed, firstly between the PA student and their placement supervisor.

Practice Absence Reporting Line

A telephone answer service for HAS students in practice placement to record their sickness and absence.

Telephone: +44 (0)117 32 83283

Email: practiceabsence@uwe.ac.uk

Roles and Responsibilities

Preparation for placement includes mandatory training, which is University based and includes basic and immediate life support, moving and handling, student and patient safety, equality, diversity and human rights, information governance and infection control.

The Student

Prior to placement

- Consider the nature of the placement and familiarise themselves with outcomes/competencies that could be achieved
- Identify priorities in skills/experiences
- Identify and document goals for development

During the placement

- Observe and participate in practice
- Ask relevant questions
- Reflect upon experiences and read related literature
- Actively seek feedback on performance

Prior to the end of placement review, the student should complete a self-assessment of competencies, log experiences, produce evidence of experiences and skills achieved to date and action plan for future achievement. If at any time, concerns are expressed about student progress, the student should contact their clinical supervisor and the programme leader at UWE.

Student Introductions and Name Badges

Students must introduce themselves to patients and their families as a **Physician Associate Student**.

Students should remember, at all times, they are acting as an ambassador for both the university and the profession.

Once issued, all students **must** wear their supplied University of the West of England 'Physician Associate Student' name badge at all times.

If a student loses their badge, they should email Alexander3.stevens@uwe.ac.uk for a replacement (a charge may apply). Trusts and practices may also issue site-specific ID badges; these should be worn at all times.

The Clinical Supervisor

Prior to placement

- Check their availability to work with the student, particularly during the first week when an initial meeting should take place. Also, that they are available on a regular basis throughout the placement.
- Every student **must** be assigned a clinical supervisor at the beginning of the placement experience.
- Provide the University with an email address

During the placement

- Ensure that an appropriate induction is given and documented
- Conduct the initial interview and plan for student development
- Coordinate suitable individuals to work alongside the student, demonstrating and teaching evidence-based practice
- Coordinate the observation and supervision of the student's practice
- Provide feedback, both verbal and written for the student on their progress
- Document and liaise with the Programme Leader when students are a cause for concern
- Conduct and record a start of placement and end of placement review

When the clinical supervisor is not available to work directly with the student, in order to safeguard patients and aid the student's learning, the supervisor may delegate some day-to-day supervision to another registered health professional. The student **must** always be **supervised either directly or indirectly by a registered professional**, appropriate to the nature of the placement and ability of the student. Therefore, during the placement, a number of health practitioners may supervise the student and facilitate their development. Supervisors should provide regular feedback about the student's progress to the assigned main clinical supervisor.

Evidence from others adds 'rigour' to the assessment, helps to ensure the reliability of the assessment and reduces subjectivity in the assessment process.

However, it is important to note that the **supervisor** remains **responsible and accountable** for all the student's learning and assessment. Therefore, **direct observation** of the student by the supervisor remains an important aspect of assessment. The supervisor must make the final judgement about whether the student has met the requirements of the placement.

The PA Programme Team

The programme leader will liaise with the clinical placement areas to ensure the supervisors and students receive appropriate information and support.

Prior to placement

- Ensure there are sufficient appropriate supervisors available for the students allocated
- Contact placements if any problems are anticipated

During the placement

- Support the supervisor and student as required
- Support the assessment process when there are queries or concerns about a student's progress in clinical practice
- Provide guidance and feedback to ensure quality of learning, supervision and assessment.

Concerns about student progress

If at any time there are concerns about a student, the student's programme leader should be notified as soon as possible. Concerns may relate to attendance, knowledge, progress, ability, behaviour or health issues. Any concerns should be documented in the appropriate section of the learning agreement feedback or in the yellow form and an action plan developed to address these.

Important Note: Any unauthorised absence, repeated sickness, or sickness longer than a week should be identified as a cause for concern and the PA Programme Leader should notified immediately.

PA Programme Leader: Alexander3.stevens@uwe.ac.uk 0117 3287743

Professional Behaviour

UKAPA (the United Kingdom Association of Physician Associates) with support from the UKIUBPAE (United Kingdom and Ireland Universities Board for Physician Associate Education) established a **Managed Voluntary Register in 2010**. This publicly accessible record lists all those who have obtained a PA qualification in the UK and have maintained their CPD requirements. The commission also responds to reports of inappropriate professional behaviour and can choose to remove PAs from the register if appropriate. Thus the MVR acts in a similar way to the NMC (Nursing and Midwifery Council) or GMC (General Medical Council) registers. Employers are encouraged to require PAs employed by them to be on the MVR. The MVR is now held by the PA Faculty of the Royal College of Physicians of London.

The University of the West of England has a responsibility to ensure that students graduating with the Physician Associate Studies MSc are academically, professionally, physically and psychologically fit to practice as Physician Associates.

Fitness to practice is especially important with this degree since each graduate is potentially employed within the NHS with direct responsibility for patient care.

Attendance/Absence:

Students are required to attend all teaching and placement time as directed by the rotation lead/clinical supervisor unless students are unavoidably ill. In those circumstances students have been advised to email the Programme Lead (Alexander3.stevens@uwe.ac.uk) **as well as** the absence reporting line and their clinical supervisor.

We ask for clinical staff to contact us if students do not attend. In the event of a student not attending (and not emailing in to explain) please email the Programme Lead (Alexander3.stevens@uwe.ac.uk). An online system is currently being developed which may replace email.

- **Monitoring Attendance:**

We ask students and clinical supervisors to record placement hours which is a mandatory requirement of passing the placement

Professional Behaviour and Attitudes

At the end of each placement, we ask that a clinical supervisor meets with the student to discuss the student's Professional Behaviour and Attitudes.

The assessment is part of the end of placement review (form in the appendix). It is the students responsibility to ensure all completed copies are returned to the Programme Leader within their portfolio (Alexander3.stevens@uwe.ac.uk).

This assessment covers the following categories:

- **Demonstration of attitudes**
 - Treats others with respect, politeness and consideration
 - Does not allow personal views to prejudice their interactions
 - Maintains confidentiality and appropriate professional relationships
 - Makes it clear that he/she is a student and does not offer medical advice
- **Communication of attitudes**
 - Communicates appropriately
 - Demonstrates awareness of others' needs, concerns and prior understanding
 - Communicates with clarity, precision and sensitivity
- **Learning behaviour**
 - Attentive to and fully engaged with teaching, especially in the clinical area (incl. 'on take' if applicable)
 - Takes responsibility for own learning
 - Takes opportunities to learn independently, especially in the clinical area by working with patients and other health care professions.
- **Attendance**
 - Regularly attends designated clinical learning experiences (e.g. tutorials, clinics, bedside teaching)
 - (If applicable) Attends 'on-takes' as required, including time outside the normal academic day and week
 - Is present throughout the normal academic day every day
- **Appearance**
 - Maintains standards of personal hygiene that will avoid offence to others
 - Maintains standards of dress and personal appearance that confirm the trust of patients and others in his/her professional status (smart, tidy, conservative)
 - Dresses in a manner that provides appropriate coverage of the body and leaves face and hands uncovered

Please note:

- This is a pass/fail element for students. A fail result may result in students having to undertake further clinical practice and/or being referred to fitness to practice processes.

Concern Form

The 'Yellow Concern Form' is in use for staff to alert Programme Lead to students about whom they have a concern. These concerns can relate to welfare issues or conduct. All forms are sent to the Programme Lead for a referral to the appropriate Tutor, who will make the decision on whether to meet with the student to discuss the concern. A copy of the form will be retained on the individual student file. The student and their Medical Supervisor will be notified. Copies are available from the Programme Lead (Alexander3.stevens@uwe.ac.uk) and in the appendix.

There is also a 'Notification of Concern for Fellow Student' form, which is for students to use (anonymously if necessary) to alert those involved in welfare to a problem that has emerged. Copies are available from the Programme Lead (Alexander3.stevens@uwe.ac.uk).

Student Commendation Forms

Many staff members may wish to tell us that they meet students with whom they have been particularly impressed, or those who take the initiative, are particularly helpful, are very kind to patients or their relatives, or who are outstanding in any way.

In order that these comments are kept on record we have introduced a Student Commendation Form, which can be completed to assist those staff in ensuring that their sentiments are received by the Programme and recognition of positive achievements is given to students.

It is blue in colour (to differentiate it from the Yellow Concern Form). We hope that we will receive many of them and the Programme Lead will write to every student who receives one to congratulate them. Copies are available from the Programme Lead (Alexander3.stevens@uwe.ac.uk) and in the appendix.

Appendix



MSc Physician Associate Studies Placement Learning Objectives

Minimum mandatory clinical hours required

- Community Medicine = 180 hours
- General Hospital Medicine = 350 hours
- Front Door Medicine* = 180 hours
- General Surgery = 90 hours
- Mental Health = 90 hours
- Obstetrics & Gynaecology = 90 hours
- Paediatrics = 90 hours

** Front Door = GP, ED, Medical and Surgical Assessment Units*

Learning outcomes mapped to

Competence and Curriculum Framework for Physician Associates; <http://www.fparcp.co.uk/about-fpa/Who-are-physician-associates>

Matrix Specification of Core Clinical Conditions for Physician Associates; <http://www.fparcp.co.uk/about-fpa/Who-are-physician-associates>

General Medical Council Outcomes for Graduates;
https://www.gmc-uk.org/education/undergraduate/undergrad_outcomes_overarching.asp

MSc Physician Associate Studies Primary Care Learning Objectives (180 hours)

KNOWLEDGE

By the end of their training a PA would need to know about?

- Management of chronic conditions in the community (e.g. Diabetes, COPD, asthma, heart failure, ischaemic heart disease, hypertension, leg ulcers)
- Recognition and management, especially natural resolution of, minor illness in adults and children
- Recognition and initial management of acute and chronic skin conditions in adults and children
- Community antenatal care
- Community recognition and initial management of common mental health disorders (e.g. depression, anxiety, grief, bereavement and dementia)
- Recognition and initial management of common gynaecological and women's health problems
- Recognition and initial management of common ENT and ophthalmic conditions
- Recognition and initial management of acute respiratory disease in children and adults, including the indications for use of antibiotics and recognition of conservative management
- Recognition and initial management of common GI conditions (e.g. Irritable bowel syndrome, constipation, gastroenteritis, dyspepsia)
- Knowledge and application of "red flag" and 2 week wait criteria for possible cancer diagnosis referral

SKILLS

By the end of their training a PA would need skills in?

- Bio-psycho-social assessment
- Eliciting of Ideas, Concerns and Expectations (ICE)
- To be able to take mental health history appropriate to Primary Care
- Assessment of suicide risk and assessment of severity of depression
- To recognise opportunities for and perform opportunistic health promotion (e.g. blood pressure and weight measurement, smoking, alcohol, exercise, immunisation and screening advice)
- Understand and be able to implement an appropriate safety netting plan

ATTITUDES

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

- Awareness of how a 'Physician-PA' team can work in practice and how PAs can function in multi-professional teams used in the community
- Awareness of the PAs professional and clinical competence boundaries in order to work most effectively under supervision and with upmost safety for the patient
- Understand and recognise how workload, time management and organisation influences performance and patient care
- Understand and recognise strengths and learning challenges with personal work load and time management issues

MSc Physician Associate Studies
Acute Medical Admissions Learning Objectives
(Total medicine 350 hours)

KNOWLEDGE

By the end of their training 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 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 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

MSc Physician Associate Studies Cardiology Learning Objectives

(Total medicine 350 hours)

KNOWLEDGE

By the end of their training 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 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 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

MSc Physician Associate Studies Respiratory Learning Objectives (Total medicine 350 hours)

KNOWLEDGE

By the end of their training 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 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 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

MSc Physician Associate Studies
Gastroenterology Learning Objectives
(Total medicine 350 hours)

KNOWLEDGE

By the end of their training 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 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 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

MSc Physician Associate Studies Neurology Learning Objectives (Total medicine 350 hours)

KNOWLEDGE

By the end of their training 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 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 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

MSc Physician Associate Studies General Surgery Learning Objectives (90 hours)

KNOWLEDGE

By the end of their training a PA would need to know about?

- 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 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 accurate documentation

ATTITUDES

By the end of their training 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

MSc Physician Associate Studies Emergency Department Learning Objectives (As part of front door medicine)

KNOWLEDGE

By the end of their training 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 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 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

MSc Physician Associate Studies Obstetrics Learning Objectives (90 hours O&G)

KNOWLEDGE

By the end of their training a PA would need to know about?

Early Pregnancy Care (Early Pregnancy Clinic):

- Understand the principles of first trimester miscarriage management
- Understand of the risk factors associated with ectopic pregnancy and the recognition and management of a woman with a suspected ectopic pregnancy
- Recall safe prescribing throughout pregnancy

Antenatal Care (Antenatal Clinic, Obstetric Ultrasound and Obstetric Wards):

- Understand the principles of routine antenatal care in a low risk pregnancy
- Be able to identify factors in pregnancy or in the previous medical history of a pregnant woman, which are associated with a higher risk of complications during the antenatal, intra-partum or postnatal period
- Understand the recognition and principles of management of ectopic pregnancy and the acute recognition and management of ruptured ectopic pregnancy
- Understand the effects of common pre-existing medical conditions on a pregnant woman and the foetus, and how pregnancy can affect the medical condition (Heart Disease, Diabetes, Hypertension, Asthma, Epilepsy, Inflammatory Bowel Disease, Obesity)
- Define the routine ultrasound screening tests that are offered to all pregnant woman
- Define the indications for obstetric ultrasound (non-routine)

Intra-partum Care (Central Delivery Suite, Caesarean Section Triage):

- Define the stages of labour understand how a low risk labour is managed
- Understand the clinical recognition and be aware of the principles of management of pre-eclampsia, small for gestational age foetus and obstetric cholestasis
- Understand the aetiology, clinical recognition and be aware of the principles of management of common complications of labour (antepartum haemorrhage, abruption placenta, prolonged rupture of membranes, premature labour, slow progress, breech presentation and foetal distress)
- Understand the indications for, and the process of, an induced labour and a caesarean delivery
- Recognise the clinical features and be aware of the principles of management of common Obstetric emergencies (shoulder dystocia, eclampsia, post-partum haemorrhage and cord prolapse)

Postnatal Care (Central Delivery Suite, Obstetric Wards and Urogynaecology Clinic):

- Understand the principles of common postnatal care involving perineal care, bladder care, pelvic floor exercises and post Caesarean section care
- Recognise the types of trauma on the pelvic floor organs with both the short and long-term complications
- Understand the normal and pathological aspects of the puerperium including lochia, lactation and sepsis
- Recognise and understand the principles of management of long-term complications of Obstetric trauma on the pelvic organs (utero-vaginal prolapse, urinary and faecal incontinence and perineal pain)

MSc Physician Associate Studies Obstetrics Learning Objectives (cont)

SKILLS

By the end of their training a PA would need skills in?

- Recognise the critically ill pregnant patient and initiate resuscitation measures whilst liaising promptly with a senior doctor and obstetrician
- Take a valid history from a pregnant patient
- Examine a pregnant patient competently
- Produce a valid list of differential diagnoses
- Initiate treatment if appropriate
- Understand and be able to implement an appropriate safety netting plan on discharge

ATTITUDES

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

- Recognise the importance of thrombo-embolic complication of pregnancy
- Communicate with obstetric teams throughout the diagnostic and management process
- Discuss care with a senior promptly
- 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 with upmost safety for the patient
- Understand and recognise how workload, time management and organisation influences performance and patient care

MSc Physician Associate Studies Gynaecology Learning Objectives (90 hours O&G)

KNOWLEDGE

By the end of their training a PA would need to know about?

- Understand the aetiology, risk factors, clinical recognition and management of common gynaecological problems
- Understand, recognise, and be able to initially manage (including appropriate referral) the common 'red flag' presentations in important gynaecological conditions
- Be able to recognise and understand the principles of management of premenstrual syndrome
- Recognise and understand the principles of management in common conditions involving the uterus
- Recognise and understand the principles of management in common conditions involving the cervix
- Recognise and understand the principles of management in common conditions involving the vagina and vulva
- Recognise and understand the principles of management in common conditions involving menstrual disorders

SKILLS

By the end of their training a PA would need skills in?

- Take a valid gynaecological history
- Perform a competent gynaecological examination, including speculum examination
- Produce a valid list of differential diagnoses
- Initiate treatment and referral if appropriate
- Understand and be able to implement an appropriate safety netting plan on discharge

ATTITUDES

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

- Recognise the importance of maintaining privacy and dignity in all interactions with patients in a gynaecology setting
- Communicate clearly and comprehensively with Gynaecological teams throughout the diagnostic and management process
- 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 with upmost safety for the patient
- Understand and recognise how workload, time management and organisation influences performance and patient care
- Understand and recognise strengths and learning challenges with personal clinical experiences

MSc Physician Associate Studies Mental Health Learning Objectives (90 hours)

KNOWLEDGE

By the end of their training a PA would need to know about?

- The prevalence, clinical presentation, course and prognosis of common psychiatric conditions
- How to diagnose and treat/refer common mental health disorders such as; depression, bipolar, generalised anxiety disorder, schizophrenia, phobias, panic disorder, post-traumatic stress disorder, eating disorders, substance abuse, behavioural/emotional disorders (acute reaction to stress, bereavement, deliberate self-harm, domestic violence, vulnerable abuse)
- To be aware of the epidemiology of common mental health disorders
- The multifactorial model of biological, psychological and social and cultural factors involved in the aetiology of common mental disorders
- The current common psychological, physical and social treatments for psychiatric conditions (medicines, ECT, counselling/psychotherapies and lifestyle measures)
- Know the mental health practitioner's duties and the patients' rights under mental health and mental capacity laws/acts
- Summarise the major categories of psychiatric disorders using ICD10
- Describe the basic range of services and professionals involved in care of people with mental illness
- To be aware of the mental health service across primary, secondary and tertiary care

SKILLS

By the end of their training a PA would need skills in?

- Taking a full psychiatric history, carry out a mental state examination (including suicidal risk assessment and cognitive assessment), write up a case (including aetiological factors, differential diagnoses and management plan) and be able to succinctly present this information to a senior
- To be able to provide immediate care in psychiatric emergencies which may occur in psychiatric units, general hospitals, primary care or other settings
- To screen empathetically for common mental illnesses in non-psychiatric settings and recognise where medically unexplained symptoms may have psychological origins
- Communicate effectively and empathetically with patients, families and colleagues
- To evaluate impact of mental illness on the individual, their family and those around them
- To assess patient's mental capacity to make a decision in line with the GMC's guidance

ATTITUDES

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

- Behave according to good ethical and legal principles including, but not limited to, those laid down by the Faculty of Physician Associates in the Royal College of Physicians and the GMC
- Act in a safe way towards patients and one's self, and recognise the limit of own and the PAs professions competencies and ask for help
- Accept that illness of the brain/mind are of equal importance as illness of other parts of the body. View psychiatric patients as deserving high standards of care and be aware of stigmatisation and be able to raise concerns where needed
- Recognise the importance of the MDT approach in all settings
- 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

MSc Physician Associate Studies Paediatrics Learning Objectives (90 hours)

KNOWLEDGE

By the end of their training a PA would need to know about?

- The normal developmental milestones for childhood – so you can identify what is abnormal
- The normal values for heart rate, respiratory rate and blood pressure for different ages in childhood
- What the appropriate next steps if there are any safeguarding concerns
- The normal fluid requirements in childhood and feeding problems (eg. intolerances and absorption difficulties)
- Recognise and understand the approach and initial management to children admitted with common acute and chronic illnesses (i.e. pyrexia and febrile convulsions, vomiting, gastroenteritis, urinary tract infection, rash, abdominal pain and constipation, common neonatal problems, asthma, DM, epilepsy, mental health problems)
- Appreciate other roles; health visitor, child and adolescent psychiatry, midwives (in neonatal period), child care services, community Paediatricians

SKILLS

By the end of their training a PA would need skills in?

- How to take a detailed history of a paediatric patient
- How to approach and interact with a child to obtain a useful examination
- The process of an examination of the new-born child and the six-week check
- Recognise acutely ill patients and know when to call for help
- Accurate documentation of results of a paediatric history, examination, investigation and ongoing management plans
- Determine the appropriate investigations of children with common acute illnesses

ATTITUDES

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

- Attention to detail and a systematic and comprehensive approach to the assessment and management of paediatric patients
- Recognise the ways of effective communication with patients, parents, and healthcare professionals in the context of a multidisciplinary team
- Appreciation of patient confidentiality and rights
- 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

Physician Associate Student~ Learning Agreement

plan assessments; identify opportunities; preparation for practice (as applicable)

Student name	
Clinician Supervisor	
Specialty	
Formative Assessments to be undertaken	
Case Based Discussion (CBD) (at intervals outlined in Clinical Placement Handbook)	
Week commencing for CBD	
Mini-CEX (at intervals outlined in Clinical Placement Handbook)	
Week commencing for Mini-CEX	
Practical Skills competencies	
Suggestions or aims for practical skills competencies to be undertaken. <i>Identify formative opportunities to practice competencies in preparation for practice</i>	
Professionalism Behaviour and Attitudes & End of Placement sign off	

Start of placement discussion: Student Personal Learning Objectives

--

Supervisor ~ Learning opportunity suggestions for rotation review of core competencies, learning outcomes & conditions matrix

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Start of Placement discussion date:.....

Student signature	Clinical Supervisor signature
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End of Placement Review: Professional Behaviour & Attitudes

When completing the categories below you must select YES or NO only	Satisfactory?		
Demonstration of attitudes <ul style="list-style-type: none"> Treats others with respect, politeness and consideration Does not allow personal views to prejudice their interactions Maintains confidentiality and appropriate professional relationships Makes it clear that he/she is a student and does not offer medical advice 	Yes	No	
Communication of attitudes <ul style="list-style-type: none"> Communicates appropriately Demonstrates awareness of others' needs, concerns and prior understanding Communicates with clarity, precision and sensitivity 	Yes	No	
Learning behaviour <ul style="list-style-type: none"> Attentive to and fully engaged with teaching, especially in the clinical area (incl. 'on take' if applicable) Takes responsibility for own learning: demonstrates preparatory and follow-up learning Takes opportunities to learn independently, especially in the clinical area by working with patients and other health care professions. 	Yes	No	
Attendance <ul style="list-style-type: none"> Regularly attends designated clinical learning experiences (e.g. tutorials, clinics, bedside teaching) (If applicable) Attends 'on-takes' as required, including time outside the normal academic day and week Is present throughout the normal academic day every day 	Yes	No	
Appearance <ul style="list-style-type: none"> Maintains standards of personal hygiene that will avoid offence to others Maintains standards of dress and personal appearance that confirm the trust of patients and others in his/her professional status (smart, tidy, conservative) Dresses in a manner that provides appropriate coverage of the body and leaves face and hands uncovered 	Yes	No	
Supervisor Feedback:			
Minimum Hours:	Unsatisfactory	Achieved	
Core Placement Competencies:	Unsatisfactory	Achieved	Excellent
Overall Professional Behaviour:	Unsatisfactory	Satisfactory	Excellent

End of Placement discussion date:.....

Student signature	End of Placement Supervisor Sign Off

Original kept by student as evidence for portfolio. Copy to be given to Lead Clinician if requested.
Copy may be taken by Faculty e.g. as evidence for Physician Associate External Examiner

Assessors must be familiar with assessment and feedback methodology and they must be able to competently perform this interaction themselves.

First Name			
Last Name			
ID Number		Date	
Assessor			
Position/ Grade			

Rotation Area and Placement Location

Patient Case

Overall Judgement of Integrated Performance	Enter one X
Unsatisfactory <input type="checkbox"/> Borderline <input type="checkbox"/> Satisfactory <input type="checkbox"/> Excellent <input type="checkbox"/>	

	Main focus(es) of this assessment	Enter one X for each element				
		Unsatisfactory	Borderline	Satisfactory	Excellent	Not assessed
History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Global Judgement: observed professional skills and behaviour demonstrated by student (see criteria overleaf for guidance)	Enter one X
Unsatisfactory <input type="checkbox"/> Borderline <input type="checkbox"/> Satisfactory <input type="checkbox"/> Excellent <input type="checkbox"/>	

Feedback
Please comment on what the student does well and what they could improve (see criteria overleaf).

Assessor signature:

	Unsatisfactory	Borderline	Satisfactory	Excellent
History & Examination Has the student gathered all the relevant information and identified the important features?	Unfocused or inaccurate presentation which may miss significant areas. Fails to make link between history and examination. Fails to identify gross physical signs.	Student has some deficiency or deficiencies that make you feel unsure whether they are good enough to pass or poor enough to fail.	Clear history with key points identified. Examination identifies relevant findings.	Concise, accurate presentation of the history. Understanding of the relevance of physical signs.
Clinical Reasoning Has the student related the clinical evidence to the underlying disease processes to develop a differential diagnosis?	Poor attempt at developing a reasonable differential diagnosis		Clear differential diagnosis with appropriate ranking. Appropriate investigations.	Comprehensive differential with clear explanation of the rationale for the ranking. Explicit links back to basic science.
Management Plan Has the student related the evidence to modern treatments and proposed a reasonable management plan?	Imprecise management plan. Inappropriate therapeutic interventions.		Reasonable management plan. Key therapeutic interventions identified. Strategy to review progress.	Clear, precise, negotiated management plan. Optimal therapeutic plan.
Identification of Uncertainty Has the student been able to discuss the limitations of the evidence and propose further relevant investigations?	Fails to appreciate uncertainties related to diagnosis investigations and management. Inappropriate investigations proposed.		Some appreciation of uncertainties, related to diagnosis, investigation and management.	Fully appreciates uncertainties related to diagnosis, investigation and management. Identifies own uncertainties and manages them.
Professionalism Are the professional skills and behaviour demonstrated by the student consistent with the PA "Competence and Curriculum Framework: Professional Behaviour & Probity".	Student does not demonstrate politeness and respect OR Concern for dignity OR Treat/consider the patient as an individual OR Sensitivity to needs and feelings OR respects ethical issues e.g. patient's right to privacy, confidentiality and consent		Student does not consistently demonstrate politeness and respect, maintain patient's dignity, treatment/consideration of patient as an individual, sensitivity to needs and feelings OR respects ethical issues e.g. patient's right to privacy, confidentiality and consent	Student is polite and respectful showing concern for dignity, treating/considering the patient as an individual, whilst addressing patient's needs and feelings and respects ethical issues e.g. patient's right to privacy, confidentiality and consent

Assessors must be familiar with assessment and feedback methodology and they must be able to competently perform this interaction themselves.

First Name			
Last Name			
ID Number		Date	
Assessor			
Position/ Grade			

Rotation Area and Placement Location

Patient Case and Focus of clinical encounter:

Global decision
Unsatisfactory <input type="checkbox"/> Borderline <input type="checkbox"/> Satisfactory <input type="checkbox"/> Excellent <input type="checkbox"/>

This assessment should be based on the student's performance. It should be negotiated with the student but the decision is ultimately yours as clinical teacher	Unsatisfactory	Borderline	Satisfactory	Excellent
History and examination: has the student gathered all the relevant information and identified the important features? NB This aspect should include some interaction with the patient which is observed by you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical reasoning: has the student related the clinical evidence to the underlying disease processes to develop a differential diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management plan: has the student related the evidence to modern treatments and proposed a reasonable management plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of uncertainty: has the student been able to discuss the limitations of the evidence and proposed further relevant investigations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism: has the students behaviour been consistent with the PA "Competence & Curriculum Framework: Professional Behaviour & Probity" NB This aspect should include some interaction with the patient which is observed by you. Please cross in 'N/A' box if not observed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give detailed feedback to the student, particularly where you feel they are unsatisfactory or borderline. Please provide suggestions for improvement
--

Assessor signature:

	Unsatisfactory	Borderline	Satisfactory	Excellent
<p>A</p> <p>History & Examination</p> <p>Has the student gathered all the relevant information and identified the important features?</p>	Unfocused or inaccurate presentation which may miss significant areas. Fails to make link between history and examination. Fails to identify gross physical signs.	Student has some deficiency or deficiencies that make you feel unsure whether they are good enough to pass or poor enough to fail.	Clear history with key points identified. Examination identifies relevant findings.	Concise, accurate presentation of the history. Understanding of the relevance of physical signs.
<p>B</p> <p>Clinical Reasoning</p> <p>Has the student related the clinical evidence to the underlying disease processes to develop a differential diagnosis?</p>	Poor attempt at developing a reasonable differential diagnosis		Clear differential diagnosis with appropriate ranking. Appropriate investigations.	Comprehensive differential with clear explanation of the rationale for the ranking. Explicit links back to basic science.
<p>C</p> <p>Management Plan</p> <p>Has the student related the evidence to modern treatments and proposed a reasonable management plan?</p>	Imprecise management plan. Inappropriate therapeutic interventions.		Reasonable management plan. Key therapeutic interventions identified. Strategy to review progress.	Clear, precise, negotiated management plan. Optimal therapeutic plan.
<p>D</p> <p>Identification of Uncertainty</p> <p>Has the student been able to discuss the limitations of the evidence and propose further relevant investigations?</p>	Fails to appreciate uncertainties related to diagnosis investigations and management. Inappropriate investigations proposed.		Some appreciation of uncertainties, related to diagnosis, investigation and management.	Fully appreciates uncertainties related to diagnosis, investigation and management. Identifies own uncertainties and manages them.
<p>E</p> <p>Professionalism</p> <p>Has the student demonstrated behaviour consistent with 'Professional Behaviour & Probity'?</p>	Significant deviation from principles of 'Professional Behaviour & Probity'.		Minor deviation only.	Fully adherent to principles of 'Professional Behaviour & Probity'.

MSc Physician Associate Studies

Colleague multi source feedback (MSF)

Name of Physician Associate Student:

Date:

	I have concerns	below expectations	Good	Outstanding	u/c*
1. Medical knowledge and clinical skills					
2. Performance of practical/technical procedures					
3. Management of complex clinical problems					
4. Appropriate use of evidence base					
5. Conscientiousness and reliability					
6. Time management					
7. Spoken English					
8. Team player skills					
9. Communication with colleagues					
10. Communication with patients, families and carers					
11. Is polite, considerate and respectful to patients					
12. Is polite, considerate and respectful to Colleagues of all levels					
13. Compassion and empathy towards patients and their relatives					
14. Values the skills and contributions of multi-disciplinary team members					
15. Takes responsibility for their own learning					
16. Do you have any concerns about the Probity or Health (physical or mental) of this physician associate student that may impact on patient care? <i>(if yes please specify in the text box below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					

Please use the text box to give examples of observable behaviour to illustrate your answer. If you have answered any of the statements above with a 'I have concerns' rating you **must** give specific examples. This is a very important and useful part of the appraisal process. **All your comments will be anonymous** but will be fed-back verbatim so there is a risk of your identification from the nature of your comments.

* u/c - unable to comment

Please send back to Alexander3.stevens@uwe.ac.uk

**NOTIFICATION OF CONCERN
PHYSICIAN ASSOCIATE STUDIES STUDENT
Yellow Concern Form**

Please complete this form in block capitals.

Student Name: BLOCK CAPITALS		
Student Number:	Date	Placement:
		Trust:
Please note nature of concern:		
1. Student unhappy or withdrawn or having problems		
2. Unauthorised absence or lateness (specify days)		
3. Poor academic performance		
4. Suspected mis-use of alcohol/drugs		
5. Other		
Report from:		Date:
Address:		
Telephone number:		Email
Context in which this student has come to your attention, e.g. SG teacher, personal tutor:		
Signature:		

Please return to Alexander Stevens, Programme Lead (Alexander3.stevens@uwe.ac.uk)

1G41, Department of Allied Health Professions, University of the West of England, Glenside Campus
Bristol BS16 1DD

CONCERN ABOUT A PHYSICIAN ASSOCIATE STUDIES STUDENT

Yellow Concern Form Guidance Notes

From time to time staff including clinical staff, academic staff, support staff and administrative staff may have concerns about individual students. Concerns may vary in nature - from students who become withdrawn and about whom a member of staff is worried, to students whose attitude or behaviour is inappropriate.

This process is intended to be supportive to students. Our aim is to help those who are in difficulty. We have access to a number of avenues of support for students.

The “yellow form” offers staff the opportunity to “flag” students to the welfare system. We do not expect major concerns to be highlighted in this way. We anticipate that if there is a potentially serious problem staff will contact us by telephone, email or letter.

Completed forms will not be accepted unless they are signed by the completer. We would also encourage completers to discuss the contents of the form with the student so that students understand the intention is to help rather than to punish them. We find that students respond positively to the reporter speaking to them.

Yellow forms should be submitted to Alexander Stevens. On receipt they will forward to the relevant Tutor who will meet with the student to discuss the nature of the concern. Tutors will then inform completers of the outcome of the discussion with the student and any actions that have been taken. Regardless of the outcome of any discussions – all forms will be retained on the student file and will be kept during their entire academic career, in order for any patterns to be recognised. There is no “tariff” of concern forms that leads to disciplinary action. If a student disagrees with any part of the concern form they may summarise their argument to be filed with the form. The student’s Clinical Mentor will be notified that a form has been raised but will not receive a copy without the written permission of the student. If a form is issued in a Trust or Practice the relevant Head of Academy will be informed.

As you will see the following areas are outlined on the form:

Student having problems:

There may be a general concern that a student appears unhappy or unduly anxious or unwell. You may know that they have problems which we are unaware of. Any concern that a member of staff has will be treated confidentially and with sensitivity to the student. We may not know each of them individually; we are very reliant on colleagues reporting concerns.

Unauthorised Absence/Lateness:

Students not attending should be reported via the usual attendance recording procedures. If a student’s attendance is consistently poor, the “yellow form” should be used. This should help us to identify students who lack diligence, or are having other problems. We are asking you to specify the actual days missed so that we can cross-check with sick notes. Attendance of less than 70% may lead to a student having to repeat a module/block of teaching. Persistent late attendance at teaching should also be flagged using the “yellow form.” Students are able to request absence which can be authorised. The relevant member of Trust Education Administration Staff will be notified of this, so if a student is absent without the Trust/Practice being notified please let us know.

Poor academic performance:

Students who are struggling with the course or whose knowledge seems to be lacking. These may be students whose attendance is poor, but equally may be those who are working hard but have academic difficulties. We will endeavour to help these students overcome their difficulties.

Suspected mis-use of alcohol/drugs:

Students who persistently do not attend until mid-morning or who appear hung-over, or who are frequently injured may have problems with alcohol or illegal drugs. We understand that staff may not wish to talk to students about this, so completion of a “yellow form” may be a route by which the University can help students when a problem is suspected. We have access to specialist support for students who are misusing alcohol/drugs.

Other:

Anything else that is cause for concern. For example, students whose clothing is inappropriate for a clinical setting despite advice or students who exhibit inappropriate behaviour or interpersonal skills should be flagged using a “yellow form”

**COMMENDATION OF
A PHYSICIAN ASSOCIATE STUDIES STUDENT
Blue Commendation Form**

From time to time, staff may come into contact with a student whose performance is beyond that expected of their academic level, or warrants praise. This process is intended to be supportive and rewarding for both students and staff.

The “Blue Form” offers staff the opportunity to ‘flag’ students who perform, academically, beyond expectations reasonable for their year. Completed forms will not be accepted unless they are signed by the reporter. Reasons for commendation may include exceptional behaviour demonstrated to patients or their relatives, outstanding clinical performance, exceptional attitude, towards education or the profession shows exceptional team working abilities and consideration to hospital staff. Other reasons may also warrant a ‘Blue Form’.

Please complete this form in block capitals. Please return to Alexander Stevens, PA Programme Lead,

Student Name: BLOCK CAPITALS		
Student Number:	Date	Placement:
		Trust:
Reason(s) for commending this student:		
Report from:		Date:
Address:		
Telephone number:		Email
Context in which this student has come to your attention, e.g. SG teacher, personal tutor:		
Signature:		

Please return to Alexander Stevens, PA Programme Lead (Alexander3.stevens@uwe.ac.uk)

