

**PG Dip Physician Associate Studies**

**Clinical Placement Handbook**

**2016**

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| **Contents** | **Page** |
| **Introduction and context** | **2** |
| **Assessment of Competence** | **2** |
| **Professional Practice and Interprofessional Capability** | **6** |
| **Attendance on Placement** | **6** |
| **Roles and responsibilities:**  **The Student**  **The Medical Supervisor**  **The Course Team** | **6** |
| **Course structure and relationship to practice** | **10** |

**Introduction and Context**

Physician Associates (PA) are a rapidly growing profession in the United Kingdom. The PA provides a supporting role to medical practitioners in performing a range of skills including: medical examinations, consultations, analysis of test results and diagnosis. The PA works under the supervision of a doctor. [UKIUBPAE curriculum](http://static1.squarespace.com/static/544f552de4b0645de79fbe01/t/557f1c1ae4b0edab35dd92cf/1434393626361/CCF-27-03-12-for-PAMVR.pdf)

Students undertake a 2 year full time course which leads to a Postgraduate Diploma. To qualify as a Physician Associate students must also pass the United Kingdom Physician Associate National Examination.

Clinical placements comprise around 50% of the course. A minimum of 1600 hours of clinical practice is required in order to be eligible to qualify as a Physician Associate. Core competencies and skill acquisition form a continual thread as training progresses. This will be recorded by the student and then verified by the medical supervisor in the Record of Practice. This in turn will form a major part of the e-portfolio. The e-portfolio is the student’s lifelong record of professional development and can include personal reflections, action planning and goal setting.

**Assessment of Competence**

There are three major components:

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 Competence and Curriculum Framework for the PA ([CCF](http://static1.squarespace.com/static/544f552de4b0645de79fbe01/t/557f1c1ae4b0edab35dd92cf/1434393626361/CCF-27-03-12-for-PAMVR.pdf); DH 2006, revised 2012).

The core competencies to be met in each placement are identified in the student's Record of Practice. For each competence there is a hyperlink to a separate document which lists the key elements required to demonstrate effective application, as stipulated by the CCF.

**1. Core Competencies**

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.

The assessment focuses on the conditions, which in their uncomplicated form, the PA can diagnose and manage.

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.

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 competencies are formally assessed and documented electronically within the Record of Practice. Formative assessment takes place mid placement, at the end of each placement the supervisor completes a summative assessment of the student's achievement. A scoring system is used to record the student's achievement:

**1. Unsatisfactory (action plan required)**

**2. Satisfactory Progress**

**3. Competence Achieved**

**4. Exceeds expectations**

If a student scores 1 at the mid-placement or end of placement assessment, an action plan will be formulated by the supervisor and student to address the key issues.

**At the end of year 1 a minimum score of 3 in all Competence and Curriculum Framework (CCF**), **core competencies listed below must be achieved:**

* 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

**At the end of year 2, all year 1 competencies (listed above) must be maintained at a score of 3 or above and a minimum score of 3 must be attained in the CCF competencies listed below:**

* 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

On qualification, the PA will 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:

**Cardiovascular system**

**Respiratory system**

**Gastrointestinal system**

**Musculoskeletal system**

**Eyes**

**Female reproductive system**

**Renal and genitourinary system**

**Skin**

**Diagnostics and therapeutics**

For each procedural skill there is a hyperlink to a separate document listing the core elements related to that skill. These provide a baseline for expected performance. The performance of skill is assessed in relation to the core competencies required for routine examination, communication and seeking informed consent.

The skills are recorded in the procedural section of the Record of Practice.

**3. Common Patient Presentations**

The Physician Associate should be familiar with the following patient presentations and should be able to manage and diagnose / refer appropriately as stipulated in the CCF.

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

**Assessing Procedural Skills and Patient Presentations**

In order to achieve the judgement of 'competent', under the **close direction/supervision** of a medical supervisor or a clinically appropriate supervisor, students will need to **consistently** perform the required skills **safely and effectively**, adhering to local policies. This also involves ensuring that **professional values** are maintained, so the student should gain consent, demonstrate sensitivity, respect and care for the person, maintain their dignity and privacy and document actions/omissions appropriately. Whilst meeting physical care needs, the student should also meet the individual's psychological needs, communicating effectively with the person. The medical supervisor should also always ask appropriate questions to check that the student has knowledge and understanding of the evidence-base that underpins the skill. The skills and competency are judged through:

* direct observation of the students procedural skill
* direct questioning to check understanding of core knowledge and patient centred care
* evidence provided by registered health care practitioners on the students’ performance

**All competencies must be signed off by the medical supervisor, the student providing evidence and verification from other practitioners if a skill has been performed with them.**

**Professional Practice and Interprofessional Capability**

Physician Associate students are expected to develop interprofessional capability.Capability concerns development as a professional and is viewed as ongoing rather than just the achievement of competence.

The Interprofessional Capability Framework describes what the student needs to learn in order to become interprofessionally capable and to work collaboratively. This framework was originally developed in Sheffield and is approved by [CAIPE](http://caipe.org.uk/silo/files/caipe-guide-for-commissioners-nd-regulators-of-eduction-.pdf) and the GMC.

Students will be using the framework to guide their development whilst on clinical placement.

The framework is divided into 4 domains:

Collaborative working

Cultural Awareness

Organisational Competence

Reflective Capability

**Attendance on Placement**

Students are required to attend all scheduled clinical placements. Attendance is recorded and verified by the medical supervisor. The student must inform the placement provider and the University of any sickness/absence before they are due on duty and this will be recorded in the Record of Practice. In order to meet the required clinical practice hours, 100% attendance is required. Any short fall will need to be addressed.

**Roles and Responsibilities**

Preparation for placement includes mandatory training, which is University based and includes basic life support, moving and handling, fire safety, 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 feedbackon performance

**Prior to the mid-placement review** the student should complete a self-review, log experiences to date, reflect on what has been achieved, recognise areas for development and discuss how skill and competence can be developed further.

**Prior to the final review,** the student should complete a self- assessment, log experiences, produce evidence of competencies 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 academic advisor and student support officer.

**The Medical Supervisor**

**Prior to placement**

* Check their availability to work with the student, particularly during the first week, when the initial interview will be required. Also, that they are available on a regular basis throughout the placement. Every student **must** be assigned a medical supervisor at the beginning of the placement experience, who will **need to be available to students.**
* 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
* Work alongside the student, demonstrating and teaching evidence-based practice
* Directly observe and supervise the student's practice
* Provide feedback, both verbal and written for the student on their progress
* Document and liaise with University Academic Advisor when students are a cause for concern
* Conduct and record a mid-placement and end of placement assessment

When the medical 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 medical supervisor.

**Ultimately the medical supervisor’s role is to assess the student.** This evidence from others adds 'rigour' to the assessment, helps to ensure the reliability of the assessment and reduces subjectivity in the assessment process as it is not based on a single person's viewpoint. 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 there is sufficient evidence that the student has achieved the required level of competence.

**The Academic Advisor and Course Team**

The students’ Academic Advisor and the course 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
* Specifically check medical supervisor availability during the first week, when the initial interview is required. If the supervisor is not available during the first week, a supervisor should be identified to support the student and complete this interview and induction.

**During the placement**

* Support the supervisor and student as required
* Support the assessment process when there are concerns about a student's progress in clinical practice
* Make contingency arrangements for student support if the medical supervisor becomes unavailable
* Provide guidance and feedback to ensure quality of learning, supervision and assessment.

**Concerns about student progress**

If at any time, there are any concerns about a student, the student's academic advisor and/or course leader should be notified as soon as possible. Concerns may relate to attendance, knowledge, progress, ability, behaviour, health issues. Any concerns should be documented in the appropriate section of the Record of Practice 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 Academic Advisor and course leader notified immediately.***

**Sick-line for students**

**If a student misses placement due to sickness or any other unplanned absence then they should contact the placement area and inform the medical supervisor. They will also contact the Academic Advisor or Course Leader. The University must be informed via the university absence line on 0114 225 5446.**

Course Structure and relationship to practice



