

Placement Handbook

PHYSICIAN ASSOCIATE STUDIES

SHEFFIELD HALLAM UNIVERSITY

Contents

Introduction	2
What is a Physician Associate?	2
What do Physician Associate students need to achieve on placement?	3
Principles of Placement.....	4
Placement Expectations - Roles and Responsibilities	4
Levels of Supervision.....	6
Out of hours working	7
Concerns about student progress.....	7
Quality Assurance	7
Placement Overview	8
1 st Year Placements.....	8
2 nd Year Placements	8
General Practice – First Year Placement.....	9
General Medicine.....	10
General Surgery & Front Door Medicine	10
Obstetrics & Gynaecology.....	11
Paediatrics.....	11
Mental Health	12
Elective.....	12
General Practice – Second Year Placement	13
Pebble Pad Documentation & Support.....	14
Clinical Skills	14
Log of Hours – requires designated supervisor sign off.....	14
Placement Competencies – requires designated supervisor sign off.....	15
Capabilities in Practice	15
Portfolio and Additional Evidence	15
Pebble Pad Technical Support	15
Useful Contacts.....	17
Appendix 1: Trajectory of Development.....	18
Appendix 2: Suggested Clinical Skills	20

Introduction

What is a Physician Associate?

Physician Associates (PA) are a rapidly growing profession in the United Kingdom. The PA provides a supporting role to medical practitioners and works under the supervision of a doctor.

Subject to the scope of their role, competence and regulation, a newly qualified PA can be expected to:

1. Formulate and document a differential diagnosis, having taken a history and completed a physical examination.
2. Recognise life-threatening and emergency situations and escalate care appropriately.
3. Request, perform and interpret diagnostic studies and therapeutic procedures, and recommend a management plan, including therapeutics.
4. Deliver and maintain patient-centred clinical management in partnership with the patient and multidisciplinary team, dealing with uncertainty when it arises.
5. Work in partnership with patients from diverse backgrounds to agree comprehensive and individualised management plans.
6. Undertake patient education, counselling, and health promotion.

At Sheffield Hallam University, students undertake a 2-year full time course which leads to a Postgraduate Master's degree in Physician Associate Studies. To qualify as a Physician Associate students must also pass the United Kingdom Physician Associate National Examination. They can then join the voluntary register held by the [Faculty of Physician Associates \(FPA\)](#). Physician Associates are due to become regulated by the General Medical Council in the near future and there are a number of changes to their current curriculum to reflect this.

Clinical placements comprise around 50% of the course. A minimum of 1600 hours of clinical practice is required 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.

What do Physician Associate students need to achieve on placement?

The Faculty of Physician Associates (draft) PA Curriculum (Aug 2022) outlines a number of capabilities in practice (CIPs) which students are expected to achieve by the time they qualify. These include generic and clinical CIPs.

Generic CIPs

1. Demonstrates professional behaviour and probity.
2. Is able to deal with ethical and legal issues responsibly.
3. Is able to communicate effectively and demonstrates interpersonal skills.
4. Is able to function within healthcare organisational and management systems.
5. Is focused on patient safety and understands the role of quality improvement in patient care.
6. Understands the application of research and is able to manage information and data safely.
7. Is able to safeguard vulnerable patients.
8. Develops as a learner and educator.

Clinical CIPs

1. Demonstrates knowledge, clinical reasoning and judgement in formulating differential diagnoses and clinical decision-making.
2. Understands safe prescribing of medications.
3. Participates in acute intervention for patients, recognising the acutely deteriorating patient, and the need for the delivery of resuscitation.
4. Assesses and manages patients in a range of healthcare settings, including management of long-term conditions.
5. Is able to deal with complexity and uncertainty.
6. Understands the role of health promotion and illness prevention.

Students will have the opportunity to develop and demonstrate these competencies over the two years of the course. They are encouraged to keep a reflective log in their Record of Practice, providing evidence of how they have achieved these.

The details of specific sign off requirements are included in the [Pebble Pad Documentation & Support](#) section.

Principles of Placement

Placement Expectations - 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 the student should:

- 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 the student should:

- Observe and participate in practice.
- Ask relevant questions.
- Reflect upon experiences and read related literature.
- Actively seek feedback on performance.
- Maintain an up-to-date clinical skills log.
- Ensure activities and hours are accurately recorded, including the name and contact details of the person responsible for supervising the activity.
- Ensure any absences are notified to the university and recorded in the electronic portfolio.
- Make every effort to attend and proactively engage in educational activities.
- Highlight any placement related issues or incidents to the link lecturer or course team.

After the placement the student should:

- Complete the feedback and evaluation form available via PEMS or PARE system.

The Designated Supervisor

It is expected that the main person responsible for supervising and signing off the student should have a minimum of 3 years experience in the area of practice, and have a good understanding of the role of a physician associate.

Prior to placement the supervisor should:

- Check their availability to work with the student, particularly during the first week. The designated supervisor should be available on a regular basis throughout the placement.
- Ensure every student is assigned to a designated supervisor at the beginning of the placement experience, who will need to be available to students.

- Provide the University with an email address to enable direct contact and the creation of a Pebble Pad account.

During the placement the supervisor should:

- Ensure that an appropriate induction and orientation is performed on the first day of placement.
- Discuss with the student their plan for development on placement.
- Ensure that the student is provided with a timetable of activity designed to provide a breadth and variety of experience in the clinical setting. A named supervisor should be attached to all activities.
- 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 Link Lecturer when students are a cause for concern.
- Ensure that **for placements longer than 3 weeks** a mid-placement review is conducted to enable any issues to be adequately fed-back to the student and allow a targeted action plan to be developed.
- Ensure that the student has access to a named supervisor at all times during the placement. When the designated supervisor is not available to work directly with the student, another qualified healthcare professional may be allocated. Supervisors can include Physician Associates, Advanced Clinical Practitioners, District or Practice nurses, Doctors (including junior doctors), and allied health professions with sufficient expertise to supervise the student for a specific activity (e.g. a health care assistance could supervise for clinical skills in which they are trained and competent). Details of all supervisors should be recorded (by the student) in the student's log of hours.
- Seek feedback from the wider team who have supervised the student. This can be used as supportive evidence during placement sign off.
- Maintain responsible and accountable for all the student's learning and assessment. The designated 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 course team will liaise with the clinical placement areas to ensure the supervisors and students receive appropriate information and support. Please note that placement allocations are organised by the placements team. Contact details for the course team, link lectures and the placement team can be found in the [Useful Contacts](#) section of this guide.

Prior to placement the course team should:

- Ensure there are sufficient appropriate supervisors available for the students allocated.
- Contact placement providers if any problems are anticipated.
- Provide an up-to-date copy of the placement handbook.

During the placement the course team should:

- Support the supervisor and student as required. The course team remain available to be contacted about any issues.
- Conduct an online meeting halfway through each placement block to assess progress and identify any issues. Supervisors are welcome to attend these meetings with the student. Any issues identified in student only meetings will be fed back to the placement providers.
- 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.

Levels of Supervision

When beginning a clinical placement for the first time, or when moving into a new placement area, students may spend some time observing before taking a more active role. However, it is expected that PA students will spend little time in a strictly observational role (level 1) and will move to a supervised active role throughout the remainder of the education programme. The level of supervision is expected to decrease from direct (level 2) to indirect (level 3) supervision as an individual student gains experience in a specified area of work. Despite the level of supervision required, all patient care must be reviewed by the supervising named doctor or healthcare professional.

Level 1 - Observation only

No provision of clinical care

Level 2 - Acting with direct supervision

The PA student may provide shared clinical care, but the supervising doctor or healthcare professional is physically within the same clinical area, observing the student's activity and available to provide immediate assistance if required. All patients must be presented to and reviewed by the doctor or healthcare professional.

Level 3 - Acting with indirect supervision

The PA student may provide clinical care when the supervising doctor or healthcare professional is not physically in the same immediate clinical area but is available, as required, to provide direct supervision. All patients of a PA student must be presented to and reviewed by the doctor or healthcare professional.

Out of hours working

Students may request to work out of hours in order to gain a wider experience, and in some specialities this may fit well with the nature of the clinical environment (e.g. hospital based specialties and emergency medicine). Students are permitted to work outside of normal hours as long as they have adequate supervision at all times. For example, a student may wish to complete an on-call shift with a junior doctor, and as long as both parties are in agreement, and the designated supervisor is aware, this would be acceptable.

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.

Quality Assurance

To ensure that placements and student experience are of sufficient standard, regular placement audit and evaluation will be conducted in line with university standards. This will take place using the PEMS and PARE systems (area dependent).

Concerns regarding placements should be recorded and actioned appropriately. The course leaders should be informed in the first instance.

Placement Overview

At Sheffield Hallam University we offer a block teaching/placement format. This means that students are out on placement from very early on in the first year. They undergo a block of teaching (usually between 7-10 weeks) and then have the opportunity to apply their knowledge in a linked placement. Students then return to university for a further block of placement.

Students should aim to spend 37.5 hours per week on placement to ensure they meet their hours requirements. This is usually completed across 5 days.

1st Year Placements

- General Practice (first year)
- General Medicine
- General Surgery & Front Door Medicine

2nd Year Placements

- Obstetrics & Gynaecology*
- Paediatrics*
- Mental Health*
- Elective
- General Practice (second year)

* Completed in a rotational block.

General Practice – First Year Placement

Duration: 4 weeks

Placement Focus

This is usually the very first placement that the Physician Associate students complete and takes place after their first module of teaching. As such it is an opportunity for them to start developing their history taking, examination, and clinical reasoning skills.

It is recommended students spend the first 1-2 weeks in an observational role, then are gently scaffolded through seeing under direct supervision, to potentially seeing some select patients under indirect supervision.

It may be helpful for the student to spend time shadowing different members of the primary care team who may be attached to the practice, for example:

- General Practitioners
- Physician Associates
- Advanced Clinical Practitioners
- Physiotherapists
- Pharmacists
- Practice nurse
- Health care assistant

General Medicine

Duration: 8 weeks

Placement Focus

This is usually the second placement that the Physician Associate students complete and takes place after their first module of teaching. As such it is an opportunity for them to start developing their history taking, examination, and clinical reasoning skills, and applying these to patient cases.

It is recommended that students are given the opportunity to rotate through a range of medical specialties, for example:

- Cardiology
- Respiratory
- Gastroenterology
- Diabetes and Endocrine
- Neurology
- Infectious diseases
- Geriatrics
- Rheumatology*

*Please note students have not had full MSK teaching at this point.

Students should aim to spend time with the ward team, in outpatient clinics, and on acute assessment units. They are also encouraged to attend educational events in the hospital (e.g. Grand round, journal club etc).

General Surgery & Front Door Medicine

Duration: 8 weeks

Placement Focus

This is the third placement area for the physician associate students. During this placement they should have the opportunity to spend time in the following areas:

- General surgery, including ward, clinic, and theatre areas.
- Orthopaedics, including ward, clinic, and theatre areas.
- Emergency department.
- Acute medical and acute surgical admissions units.

This is one of the few placements where students have the opportunity to practice surgical scrubbing and suturing skills, so this should be encouraged when opportunities present.

Obstetrics & Gynaecology

Duration: 3 weeks

Placement Focus

This placement takes place at the start of the second year as part of a 9-week rotational block of placements. Students should be offered the opportunity to spend time in a variety of clinical settings, for example:

- Antenatal clinics
- Labour ward
- Post-natal ward
- Theatres
- Gynaecology wards
- Gynaecology outpatient clinics

By this point students will be more experienced in regard to their history taking, clinical examination, diagnosis, management, and clinical reasoning skills. They should also be more confident in how they communicate with patients and professionals.

Paediatrics

Duration: 3 weeks

Placement Focus

This placement takes place at the start of the second year as part of a 9-week rotational block of placements. Students should be offered the opportunity to spend time in a variety of clinical settings, including wards, assessment units, outpatient clinics, and where applicable neonatal units. Whilst the students will have been taught various clinical skills by this point, they have not been specifically taught how to complete clinical skills on children. As such an attempted clinical skills should only be undertaken on carefully selected patients, under very close supervision, and in line with any trust policies.

By this point students will be more experienced in regard to their history taking, clinical examination, diagnosis, management, and clinical reasoning skills. They should also be more confident in how they communicate with patients and professionals.

Mental Health

Duration: 3 weeks

Placement Focus

This placement takes place at the start of the second year as part of a 9-week rotational block of placements. Students should aim to spend time in a variety of psychiatric settings, such as inpatient units and outpatient clinics. Placement areas can include adults, older adults, and CAMHS.

By this point students will be more experienced in regard to their history taking, clinical examination, diagnosis, management, and clinical reasoning skills. They should also be more confident in how they communicate with patients and professionals.

Elective

Duration: 3 weeks

Placement Focus

The elective placement gives students the opportunity for students to spend time in a clinical area of interest. It can also act an opportunity to catch up on clinical hours in a specific area if these have been missed for any reason.

Students should negotiate with their supervisors what they hope to get out of the placement and how this can be facilitated. Regardless of the overall focus, the elective placement should give the student opportunity to develop their knowledge, skills and professional behaviours, in line with the trajectory of development.

General Practice – Second Year Placement

Duration: 12 weeks

Placement Focus

The focus of this extended placement is to continue to develop competence in history taking, physical examination, making a differential diagnosis and suggesting a management plan. We try to ensure students return to the same practice they were placed in the first year to allow for consistency, and to help demonstrate clear development.

After sitting the National Exam (usually in January) the newly qualified PA working in GP should have a supported/ internship year in which there remains a strong level of support and debriefing as competency grows. However, by the end of the GP placement, the student should be deemed a SAFE practitioner. For example; they may not have the level of knowledge to specifically diagnose a non-specific rash, but should recognise from their history taking and examination that it is not sinister. They should, by this point be competent in their diagnosis and management of common and life-threatening conditions.

Suggested timeline:

Week 1-2: Induction period consisting mainly of observation and shadowing. As with the initial 4 week placement it may be beneficial for the student to spend some time with allied health professionals attached to the practice, specifically for things like chronic disease review etc.

Week 3: This should be a mix of the PA student seeing a list of their own patients, with a suggested appointment time of 30 minutes, and shadowing a GP or PA. Every patient seen by the PA student MUST be seen by the supervising GP or PA; a “debrief” after the patient has left is not sufficient. An initial list size could be 3 appointments per session. PA students should also be involved in taking histories and examining patients in the GP’s own clinic where possible rather than passively observing.

Week 4: It is recommended that the student and designated supervisor have a mid-point meeting to assess progress. Following this period, the list could then slowly increase in terms of number of patients for the PA student to see, with a decreasing amount of appointment time, on the proviso that at all times the supervisor sees the patient afterwards.

Placement sign-off

Please note the deadline for sign off for this placement is approximately 7 weeks into the placement. This is to give us sufficient time to prepare the documentation for the exams board in December. We ask that you please sign off the Placements Competencies page at this point, but that the Log of Hours should not be signed off until the end of placement. **If you have concerns about a student’s progress and do not feel comfortable to sign off their competencies at the 7-week point, please contact the course leaders to discuss further so an action plan can be put in place.**

Pebble Pad Documentation & Support

As part of their placement requirements, students will be expected to complete an electronic record of practice which is hosted on Pebble Pad. They will be expected to complete records for the following areas:

- Clinical skills
- Log of hours
- Placement Competencies
- Capabilities in Practice

Clinical Skills

Students will need to record that they have been taught each skill, with the option to have this signed off in simulated practice. This will be completed by the university team.

Whilst on placement students are expected to try and demonstrate a variety of clinical skills. These can be signed off by any appropriately qualified supervisor without requiring access to Pebble Pad.

Students can also record any unsuccessful or additional successful attempts in their procedure log.

Whilst there are not mandatory clinical skill sign off for each placement, a student who has not used opportunities to practice or demonstrate clinical skills should be flagged to the course team.

Log of Hours – requires designated supervisor sign off

For each placement students are expected to maintain an accurate and comprehensive log of their activities and hours spent on placement. They should also document which supervisor is associated with this activity.

All supervisors should be recorded in the log of hours, along with job role, contact email and professional registration number (if applicable). This replaces the paper sign off sheets from previous cohorts. The designated placement supervisor should have an awareness of the different supervisors the students may interact with on their placement as they need to be comfortable and confident to sign off the hours log as accurate.

Any concerns regarding the accuracy of log of hours should be cross checked with the applicable named supervisor (e.g. junior doctor on shift) and escalated to the course team if required.

Students are also required to document any absences from placement in this section. Again, if there are concerns about student attendance then this should be escalated to the course team.

Please note the Log of Hours page will be locked after being signed off to avoid any amendments being made by the student.

Placement Competencies – requires designated supervisor sign off

For each placement students are required to record their designated supervisor details, including name, role, registration number and contact details.

The student will require supervisor sign off across four different areas:

- Knowledge
- Clinical & Procedural Skills
- Professional Attitudes and Behaviour
- Overall Placement Sign Off

For each of these areas there are a number of competencies that the student need to be graded as either “achieved” or “not achieved” based on what you would expect for their stage of training. For example, the expectations for a first-year student on their first placement would be very different to those of a second year on their final placement.

A trajectory of expected development is included in the appendix at the end of this guide.

If there are concerns that the student is not achieving the expected level of competence, then this should be escalated to the course team as soon as possible.

As with the log of hours, this page will be locked once signed by the designated supervisor to avoid any amendment by the student afterwards.

Capabilities in Practice

This is a space for students to reflect and add additional evidence as to how they are demonstrating the capabilities in practice. Whilst this is not currently mandatory, it has been introduced in preparation for GMC regulation.

Portfolio and Additional Evidence

Students are strongly encouraged to maintain evidence of any extra activities (e.g. delivering presentations, attending conferences, etc) in their portfolio.

Pebble Pad Technical Support

To be able to sign off the student’s Log of Hours and Placement Competencies pages, you must have a Pebble Pad account and the student must share their portfolio with you. We ask that the designated supervisor details are provided to the university as soon as possible so that an account can be created for you.

We are aware that some supervisors will be unfamiliar with Pebble Pad so we will be offering additional support if required. You can find some helpful user-guides in link below.

Guide for Practice Supervisors:

<https://sites.google.com/my.shu.ac.uk/hwbtelhowtopebblepad/externals-employers-mentors-and-practice-supervisors>

If you are having specific technical difficulties, then please contact the Pebble Pad support team directly for support.

Pebble Pad support team: pebblehelp@shu.ac.uk

Useful Contacts

Placements Team

Email: ahppplacements@shu.ac.uk

Professional Placement Team: 0114 225 5013

Course Leaders

Laura Blakemore

Working days: Monday – Thursday

Email: L.Blakemore@shu.ac.uk

Anthony Walker

Working days: Thursday – Friday

Email: A.Walker1@shu.ac.uk

Link Lectures

Whilst the course leaders are available to support at any time, you can also raise any concerns regarding the placements with the placement specific Link Lecturer

General Hospital Medicine and General Practice (First year placement)

Helen Davison

Working Days: Monday – Friday

Email: helen.davision@shu.ac.uk

General Surgery & Front Door Medicine

Dan Clark

Working Days: Monday – Friday

Email: Dan.Clark@shu.ac.uk

For all other placements please contact the course team above.

Appendix 1: Trajectory of Development

	Year 1	Year 2 before final GP placement Final GP placement
History and consultation	Take thorough history to differentiate causes of common presenting complaints, the student will be able to produce a short differential list.	Thorough history checking appropriate co- morbidities, risk factors, and to be able to interpret the most likely differential and justify. A more complex history. Will be able to produce a fuller list of differentials and able to complete a more focused history based on conditions covered. More complex
Examination (general)	-General and focused examination. -Distinguish normal from abnormal findings. -Distinguish ill from very ill	Starting to be able to abbreviate their examination to become more focused. Student becoming confident in ability to distinguish normal from abnormal during clinical examination. Supervising physician has confidence in student's findings and in the student using their clinical findings to justify the differential diagnosis.
Interpreting evidence and investigation.	For common and important conditions are able to: - outline basic investigations - understand and provide tentative interpretation of these results.	Understand diagnostic tests to rule out key negatives. Become aware of the limitations of investigations. Confidently articulate findings and investigation results.
Clinical judgement and risk management.	List of important differential diagnosis. Awareness of basic risk in situations e.g. Using gloves for urinalysis.	Able to narrow list of important differential diagnosis. Consistently identify high-risk conditions requiring immediate attention. Identify main diagnosis and justify reasoning. Aware of best venue to nurse patient i.e. ITU versus medical ward.
Therapeutics and prescribing	Basic understanding of medication used for straightforward presentations of common and important conditions covered. Knowledge of guidelines for these conditions. E.g. hypertension. Awareness of indication and side effects of commonly used medications.	Broader understanding of medication choice for presentations of common and important conditions. Aware of contraindications, interactions and monitoring. Learn to develop and explain to patients their clinical management plan and be able to modify plan according to age and co morbidity. Start to justify choice of medication. Able to understand the impact of co-morbidities and other medications (poly pharmacy) on agent choice and prognosis.

<p>Clinical planning and procedure</p>	<p>Basic management plan including non-pharmacological interventions. Able to obtain informed consent for any procedure competent to undertake.</p>	<p>Aware of risks and benefits of common procedures and some experience of seeing this in action.</p> <p>Able to implement management plan. Beginning to be able to manage complications and review patient.</p>
--	---	--

Appendix 2: Suggested Clinical Skills

The following table outlines the suggest placements where students may be able to demonstrate specific clinical skills:

	GP 1	Gen Med	Surgery & front door	O&G	Paeds	MH	GP 2
Vital signs	Y	Y	Y	Y	Y	Y	Y
Surgical scrubbing			Y	Y	Y		
CPR		Y	Y	Y	Y*		
Venepuncture	Y	Y	Y	Y	Y*		
Cannulation		Y	Y	Y	Y*		
ABG		Y	Y	Y			
Blood culture		Y	Y	Y	Y*		
Blood glucose	Y	Y	Y	Y	Y*		
Explain peak flow	Y	Y			Y		Y
Urine dipstick	Y	Y	Y	Y	Y		Y
12 lead ECG	Y	Y	Y	Y	Y		Y
Swabs	Y	Y	Y	Y	Y		Y
Catheterisation			Y	Y			
NG tube			Y				
Oxygen		Y	Y	Y	Y		
Instruct use of inhalers	Y	Y			Y		Y
Drug dose calculations	Y	Y	Y	Y	Y	Y	Y
Set up infusion		Y	Y	Y	Y		
Administer medications (inc IM, IV, SC)	Y	Y	Y	Y	Y*		Y
Local anaesthetic			Y	Y	Y*		Y
Suturing & dressing			Y	Y	Y*		Y

*Please note that whilst these skills can be regularly observed in paediatric placements students have not had specific instruction on completing these tasks in children and therefore any attempts should take place in carefully selected patients and be very closely supervised.