

# Supervisor Roles

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## Post Graduate Diploma Physician Associate Studies 1<sup>st</sup> Year Placement Handbook

Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)  
Placement Handbook for students based at UCLan (Preston/Whitehaven)



All students are required to have an Education Supervisor (who must be a consultant or GP) who is responsible for their overall support and guidance whilst on placement. SPAs can work with, and be taught by, a range of clinical supervisors including members of the wider multi disciplinary team; although it is expected that the majority of the sPAs time will be spent working with doctors.

GMC guidance defines an **Education Supervisor** as being ... a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a trainee's (sPA) trajectory of learning and educational progress during a placement. Every trainee (sPA) must have a named educational supervisor. The educational supervisor helps the trainee (sPA) to plan their training and achieve agreed learning outcomes. He or she is then responsible for bringing together all relevant evidence to form a summative judgement at the end of the placement (HEE Educator Development Spring 2016).

# Educational Supervisor

- ▶ Responsible for the students' overall learning and holistic well-being in that particular trust/hospital/practice along their trajectory of learning and educational progress during a placement. May not be working directly with the student
- ▶ Is available for advice and troubleshooting
- ▶ Ensures students are getting appropriate opportunities for learning
- ▶ Liaise with academic advisors at UCLan in case of illness / other welfare needs
- ▶ Receives feedback from students which can then be passed to clinical supervisors, the trust/practice and/or UCLan
- ▶ May be the same person as clinical supervisor

# Clinical Supervisor



# Clinical Supervisor

▶ A named clinical supervisor is a trainer who is responsible for overseeing a specified trainee's (sPA) clinical work throughout a placement in a clinical or medical environment and is appropriately trained to do so. He or she will provide constructive feedback during that placement. He or she will provide feedback on the trainee's clinical or medical practice throughout the placement that will contribute to the Educational Supervisor's report (HEE Educator Development Spring 2016).

- ▶ Named medical professional
- ▶ Oversees student's clinical learning
- ▶ Meets with the student at the beginning, middle and end of the placement to discuss learning needs, and progress
- ▶ Provides feedback on clinical work, communication, knowledge & judgement, professionalism, work ethic, teamwork etc.
- ▶ Facilitates work place based assessments (DOPS)
- ▶ Liaises with educational supervisor (if different from CS)
- ▶ Available for advice

# Clinical Supervisor

Other responsibilities may include:

- ▶ Providing induction to ward and/or department.
- ▶ Ensuring that there is a suitably qualified person to provide supervision to the student at all times (this does not have to be themselves).
- ▶ Ensuring that a student does not work outside their competence, to ensure patient safety.
- ▶ Ensuring that appropriate teaching sessions are available to the student, both formal and ad-hoc/bedside.
- ▶ Assist in resolving problems encountered by the student.
- ▶ Championing the PA role in their clinical area

# Clinical Assessment Document

Physician Associates Programme  
School of Medicine

## Clinical Assessment Document, Year One



### PA Team:

- Pete Driscoll: Programme Director
- Jane Rutt-Howard: Senior Lecturer
- Helen Davis: Medical Demonstrator

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# Clinical Skills Passport

Physician Associates Programme  
School of Medicine

## Clinical Procedure Passport, Year One & Two



**PA Team:**

- Pete Driscoll: Programme Director
- Jane Rutt-Howard: Senior Lecturer
- Helen Davis: Medical Demonstrator

Version 1, October 2016

### Induction Procedural Skills

Please ensure each of these core skills is signed off (initial, with signature documented at the end of this document) during the induction programme for each placement.

**Year 1**

	Placement 1 June	Re-test 1	Re-test 2	Placement 2 September	Re-test 1	Re-test 2	Placement 3 November	Re-test 1	Re-test 2
Basic life support									
Venepuncture									
IV cannulation									
Male Catheterisation									
Hand hygiene									

**Year 2**

	Placement 6 August	Re-test 1	Re-test 2	Placement 7 October	Re-test 1	Re-test 2
Basic life support						
Venepuncture						
Peripheral IV cannulation						
Male Catheterisation						
Hand hygiene						

*Placement 4 & 5 are specialised clinical placements and will have separate documentation to support these.*

*The re-test boxes are for completion if you have not been passed as competent on your first, or second, assessment*

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### Definitive List of Clinical Procedural Skills

Level of staff eligible to sign off, if it is within their scope of practice and in accordance with local agreement:

Senior Staff Nurse & above, or Foundation Year 2 doctor & above

Skill	Year 1 skill Or Year 2 skill	DOPS checklist available	Min no. to sign off (then once per p'ment)
Arterial blood gas sampling	2	✓	8
Assess fluid status and administer fluids	1		8
Blood cultures	2		8
Basic life support	1		1 per induction
Complete a paediatric growth chart	2		4
Demonstrate a working knowledge of nutritional assessment	1		8
Promote patient skills with the use of an inhaler (in Asthma/COPD)	1		8
Measure & evaluate Glasgow Coma Scale (GCS)	1		8
Measure vital signs, including blood pressure (BP) & apply NEWS (National Early Warning Score)	1	✓	8
Measure vital signs, including BP & apply PEWS (Paediatric Early Warning Score)	2		8
Hand hygiene	1	✓	8 & 1 per induction
Injection – Intra Muscular	1	✓	8
Injection – Intra Venous	1	✓	8
Injections – Sub Cutaneous (e.g. insulin)	1	✓	8
Immediate life support (ILS)	1		Annual
Oxygen administration	1		8
Perform (BM) glucose testing	1		8
Perform and interpret peak flow	1		8

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# E-Portfolio

Date:  
Your response:  
29/11/16

Setting (clinical or simulated):  
Your response:  
Clinical

Skill being assessed:  
Your response:  
PNS Lower limb

**DOPS Checklist - PNS Examination - Lower Limb**  
Approach & Communication

	Rating
Carries out hand hygiene	Pass
Introduces self	Pass
Checks patient's identity	Pass
Explains procedure and gains verbal consent	Pass

Rating guide: Fail, Borderline - Fail, Borderline - Pass

Assessor's comments

Preparation

	Rating
Asks permission to expose lower limbs	Borderline - Pass

Rating guide: Fail, Borderline - Fail, Borderline - Pass

Assessor's comments

Procedure

## Procedure

	Rating
Asks about pain and altered sensation prior to commencing examination	Pass
Inspects for deformity, muscle wasting, scars, skin abnormalities	Pass
Comparing right and left lower limbs, tests light touch sensation in all dermatomes with patient's eyes closed (check first on sternum)	Pass
Comparing right and left lower limbs, tests pin-prick sensation	Pass
Comparing right and left lower limbs, tests vibration sense with tuning fork on great toe (test on sternum first)- move proximally if impaired	Pass
Comparing right and left lower limbs, tests proprioception holding sides of great toe and moving to up or down position with patient's eyes closed	Pass
Tests tone in both legs. Roll leg, pulls up knee, tests ankle - ensures legs are relaxed	Pass
Tests reflexes, comparing R and L - knee, ankle and plantar (Babinski) reflex	Pass
Comparing right and left sides, tests for ankle clonus	Pass
Tests power, comparing R and L - flexion and extension at hip; flexion and extension at knee; dorsiflexion and plantar flexion at ankle	Pass
Tests co-ordination, comparing L and R - heel-shin test	Pass
Assesses gait	Borderline - Pass
Assesses balance and proprioception using heel-toe walking and Romberg's test	Borderline - Pass

Rating guide: Fail, Borderline - Fail, Borderline - Pass

Assessor's comments

Completion & Organisation

Assessor's comments

Completion & Organisation

	Rating
Thanks patient and offers to cover them up	Borderline - Pass
Summarizes findings	Pass

Rating guide: Fail, Borderline - Fail, Borderline - Pass

Assessor's comments

DOPS Checklist - Overall Grade

	Rating
Overall Grade	Pass

Rating guide: Fail, Borderline fail, Borderline - Pass

Comments:

Your response:  
Good progression from upper limb exam

Signature of assessor:

Your response:

# Academic Advisor



# Academic advisor

- ▶ UCLan School of Medicine staff
  - ▶ Peter Driscoll
  - ▶ Jane Rutt-Howard
  - ▶ Helen Davis
- ▶ University lecturer assigned to student for 2 years to give advice and support for academic and welfare issues
- ▶ Have overall view of student's progress through the PGDip
- ▶ Extensive knowledge of the program and required assessments
- ▶ Knowledge of support services for all students at UCLan

# Student Feedback



# Student feedback

- ▶ “Perhaps a little more of an explanation as to why we do certain tests in examinations.”
- ▶ “More sessions on IV fluids as difficult to understand and used on a daily basis”
- ▶ “More practise on how to give a thorough SBAR after examining a patient. Especially how to report any abnormal findings”
- ▶ More time on interpreting blood results and images
- ▶ “More work on the diagnostic process e.g. forming differential diagnoses, how to work from symptoms upwards, rather than disease/condition downwards.”
- ▶ “More emphasis on red flags.”
- ▶ “More focus on treatment and management plans”
- ▶ “The opportunity to record ourselves doing consultations. This has been something my supervisor has been getting me to do and I have found it really useful.”
- ▶ “What was required of me as a prospective clinician”