

MSc Physician Associate Practice (MPAP) and  
Master's in Physician Associate Studies (Hons) (MPAS)  
School of Medicine

2021

Clinical Placement Handbook  
UM4600/4602: Professional Placement I



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University of  
Central Lancashire  
UCLan

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## INTRODUCTION TO CLINICAL PLACEMENTS

Whilst studying on the two-year Physician Associate programme you are required to undertake a minimum of 1,400 hours in clinical practice. During this first year, you will have three 8-week placements in a range of trusts and healthcare settings: two in secondary care; and one in general practice. The main aim of these clinical placements is to assist you in transferring your knowledge and skills gained over the last 17-week bootcamp into the reality of the clinical environment and patient care.

Your clinical placements will provide the opportunity to work within multidisciplinary teams, observing interactions and partaking in clinical activity. You will be able to practice talking to patients, conducting physical examinations and undertake some procedural skills, while under pre-determined levels of supervision. You will be expected to take part in clinical discussions around interpretation of results and management planning, as well as create a sense of what it is like to work as a Physician Associate. You will also be able to explore issues related to ethics, professionalism and evidence-based medicine. You should find this part of the programme an enjoyable and rewarding experience.

This handbook has been constructed to provide guidance around some of the practicalities of being on placement as well as outline your e-portfolio requirements. In addition to the learning outcomes, there is information designed to help you settle into your placements and feel comfortable within the clinical environment. It is appreciated that although clinical environments and learning needs may vary between students, standards for patient care should be maintained and these will be formally assessed in your e-portfolio. The e-portfolio is a requirement to pass this module and is explained further in the appropriate section below

I hope you all have a fantastic time out there!

Rachel Norris (PA-R)  
Module lead

## PLACEMENT HOURS AND DATES

As part of the 1,400 hours required to be completed in clinical placement as a student Physician Associate, there are a minimum number of hours in particular specialties. The ones highlighted will be part of this module, and the others will be completed as part of the equivalent module in final year.

Community medicine (incl. GP)	350 hours
General Hospital Medicine	350 hours
Front Door Medicine	180 hours
Mental Health	90 hours
General Surgery	90 hours
Obstetrics and Gynecology	90 hours
Acute Paediatrics	90 hours

*\*\* hours may be subject to change according to COVID-19 and we will be guided by the Faculty of Physician Associates, as these are a requirement to sit the national examinations.*

Your three 8-week placements will take place over the following dates:

CP1 = **Monday 25<sup>th</sup> January – Friday 19<sup>th</sup> March**

CP2 = **Tuesday 6<sup>th</sup> April – Friday 28<sup>th</sup> May**

CP3 = **Monday 28<sup>th</sup> June – Friday 24<sup>th</sup> September** (this timeframe includes 3 weeks out in mental health and 2 weeks holiday)

*\*\* CP = clinical placement*

You are expected to spend 40 hours each week on clinical placement. The times of the day that you are expected to be present may vary between trusts and organisations, so please check this with your point of contact before you commence the placement. For example, some wards may start at 7.30 am, some 8 am and others 9 am etc. You may also be required to or wish to negotiate experiencing shift patterns such as late shifts or weekends, but this will be trust dependent and must be agreed by your clinical supervisor, including appropriate supervision.

Of the 40 hours, you are allowed up to 5 hours of study per week. This is not guaranteed every week and must be deemed appropriate by your clinical supervisor. If granted, this time must be spent studying in the trust library or on university campus and be signed off on your attendance by the librarian. There may be times where you are asked to come back into university for a half or full day study. If so, these times will be included in the 5 hours per week study hours and not in addition to them.

## **MODULE AIMS AND LEARNING OUTCOMES**

The aims of this module are to:

- enable students to apply and build on the knowledge and skills studied during UM4001 in a variety of adult medicine-focused clinical settings.
- expose students to multi-professional working in a team environment.
- enable students to continue developing research skills and methods.

### The learning objectives

On successful completion of this module, students will be able to:

1. Conduct consultations with patients in order to develop differential diagnoses, critically analyse appropriate investigations to arrive at a working diagnosis and management plan in line with best medical practice.
2. Demonstrate professionalism and probity at all times, particularly when fulfilling their duty of care to patients.
3. Apply skills of problem-solving, teamwork and leadership in a multi-disciplinary environment to promote patient care and effective MDT working.
4. Seek appropriate support when a clinical situation is outside their personal competence or the scope of PA professional practice.
5. Critically evaluate relevant evidenced-based clinical/medical literature to review aspects of clinical practice.

## LEARNING OUTCOMES FOR PLACEMENT

It is expected that you will progress throughout the year and therefore these skills should be developed throughout all placements and not left to the last one. A combination of ward work, clinics, teaching and other activities will be required in order to fulfill all learning outcomes. You are also expected to consolidate your learning with further reading outside placement hours. The following learning outcomes are expected to be achieved by the end of the academic year, on completion of all three placements:

- Apply understanding of basic and behavioral sciences (anatomy, physiology, pathophysiology, aetiology, sociology, psychology) to clinical problems in general medicine across both primary and secondary care, as well as acute and chronic illness.
- Demonstrate competence in assessing patients, including history taking, physical examination and data interpretation to formulate a differential diagnosis and working diagnosis.
- Understand, take part in and formulate own management plans for patients with medical problems. As part of this, recognise risk/ benefits, contraindications and complications.
- Summarise patient assessment and thoughts to a colleague and be able to explain clinical reasoning.
- Communicate effectively, both verbally and written, with patients, relatives and other healthcare professionals to promote safe patient care and MDT working.
- Demonstrate professional standards of care at all times and recognise/ work within the limits of your own competence and seek appropriate support when required.

Areas and clinical presentations are directed by the Competence and Curriculum Framework for the Physician Assistant 2012 and the Matrix of Core Clinical Conditions, which can be found by the following link: <https://www.fparcp.co.uk/examinations/overview>

## PLACEMENT SITES

At the University of Central Lancashire, we are lucky to work with a number of different clinical placement sites, enabling students to have a rich and varied experience. The geographical area ranges from Cumbria and the Lake District to our newest placement sight site in Aintree, Merseyside. It includes the beautiful Flyde coast, East Lancashire and Manchester. A brief introduction to each of the trust sites and general practice can be found in the sections below.

For each site, there is an allocated academic member of staff assigned as a link between the trust and university. Staff may visit students at placement on one or more occasions throughout the clinical placements. However, due to current restrictions with COVID- 19, these may take part on-line. These meetings are an opportunity for you to discuss your learning and progress with the university staff and report any concerns to them. However, if you do have anything you wish to discuss with academic staff, do not wait for these meetings, please contact them early, so the issue can be resolved as soon as possible. The list of academic staff assigned to each location is listed in the table on the next page.

Clinical Placement Site	University Contact	Email
General Placement information	Medical School Placement Team	<a href="mailto:MedicinePlacements@uclan.ac.uk">MedicinePlacements@uclan.ac.uk</a>
Aintree University Hospital	Rachel Norris (PA-R)	<a href="mailto:rnorris2@uclan.ac.uk">rnorris2@uclan.ac.uk</a>
Blackpool Teaching Hospitals NHS Foundation Trust	Rachel Norris (PA-R)	<a href="mailto:rnorris2@uclan.ac.uk">rnorris2@uclan.ac.uk</a>
East Lancashire Hospitals NHS Trust	Jane Rutt-Howard	<a href="mailto:jrutt-howard@uclan.ac.uk">jrutt-howard@uclan.ac.uk</a>
Lancashire Teaching Hospitals NHS Foundation Trust	Dr Helen Davis	<a href="mailto:HDavis4@uclan.ac.uk">HDavis4@uclan.ac.uk</a>
North Cumbria Integrated Care NHS Foundation Trust	Dr Tim Smith	<a href="mailto:TSmith15@uclan.ac.uk">TSmith15@uclan.ac.uk</a>
University Hospitals Morcombe Bay NHS Foundation Trust	Michael Ticchio (PAC)	<a href="mailto:Mticchio@uclan.ac.uk">Mticchio@uclan.ac.uk</a>
General Practice	Dr Peter Dixon or Dr Hazel Owens	<a href="mailto:padixon@uclan.ac.uk">padixon@uclan.ac.uk</a> or <a href="mailto:hsowens@uclan.ac.uk">hsowens@uclan.ac.uk</a>

### Aintree University Hospital

Lower Lane, Liverpool, Merseyside, L9 7AL  
0151 525 5980  
<https://www.aintreehospital.nhs.uk/>

Placement Co-Ordinator: Joanna Baker  
[Joanne.Baker@liverpoolft.nhs.uk](mailto:Joanne.Baker@liverpoolft.nhs.uk)



Aintree Hospital, located in Fazakerley, is an acute adult trust which serves a large population across northern Liverpool and surrounding areas. It has over 700 beds across many specialties, including medicine, surgery and special services. It is also the site for several additional services such as the Walton Center for neurology and neurosurgery and Clatterbridge Cancer Center.

We are lucky to be able to continue to work with Aintree following a successful first year in 2021. There are currently several qualified Physician Associates working in the trust, some of which you will hopefully meet and work with. Dr Daniel Komrower is the lead for PAs within the trust, but your assigned supervisors will depend on the department you are allocated to. If your home trust is Aintree, you will be placed at Alder Hey Children's Hospital for your pediatrics placement and Noble's Hospital in the Isle of Man for obstetrics and gynecology in final year.

### Blackpool Teaching Hospitals NHS Foundation Trust

Blackpool Victoria Hospital  
Whinney Heys Road, Blackpool, FY3 8NR  
01253 300 000  
<https://www.bfwh.nhs.uk/>

Placement Co-Ordinator's: Julie Summers and Hayley Turner  
[julie.summers4@nhs.net](mailto:julie.summers4@nhs.net) or [hayley.turner3@nhs.net](mailto:hayley.turner3@nhs.net)





Blackpool Teaching Hospitals NHS Foundation Trust provides services from several sites including Blackpool Victoria Hospital, Clifton Hospital and Fleetwood Hospital. It also provides a wide range of community health services to a large population on the west coast of Lancashire.

PA students from the University of Central Lancashire have been on placement at Blackpool Victoria hospital since the start of the programme in 2016. You will be placed across several different specialties throughout the hospital. The hospital now employs several graduates in areas such as the emergency department, stroke care and paediatrics. Hopefully you will get a chance to meet and work with them. The lead for PAs in the trust is Mr Al-Idari, an emergency medicine consultant.

### East Lancashire Hospitals NHS Trust

Royal Blackburn Teaching Hospital  
Haslingden Road, Blackburn BB2 3HH  
01254 263555  
<https://elht.nhs.uk/>

Placement Co-Ordinator: Katie Parker  
[Katie.Parker@elht.nhs.uk](mailto:Katie.Parker@elht.nhs.uk)



ELHT provide acute secondary care for adults and children across East Lancashire, Blackburn and Darwin. There are 700 beds at the main site of Royal Blackburn Teaching Hospital, supported by further inpatient care at Burnley General, Clitheroe Community, Accrington Victoria and Pendle Community Hospital.

ELHT provides teaching for students across a vast number of disciplines, with PA students based at Blackburn and Burnley hospitals. To provide a range of opportunities students work shift patterns including day, twilight and weekends. The lead for PAs is Dr Chris Clarke. The trust also employs several University of Central Lancashire PA alumni, who you will get to work with during your time at the trust.

### Lancashire Teaching Hospitals NHS Foundation Trust

Royal Preston Hospital  
Sharoe Green Lane, Fulwood, Preston, PR2 9HT  
01772 716565  
<https://www.lancsteachinghospitals.nhs.uk/>

Chorley and South Ribble Hospital  
Preston Road, Chorley, PR7 1PP  
01257 261222

Placement Co-Ordinator: Emma Glynn  
[emma.glynn@LTHTR.nhs.uk](mailto:emma.glynn@LTHTR.nhs.uk)



The trust operates over several sites, including Royal Preston and Chorley and South Ribble Hospitals, providing a full range of adults and children's services across Lancashire. Preston has around 700 beds, an operating theater complex, outpatient suites and education facilities.



Located not far from campus, Royal Preston has provided placements for PA students since 2016. They too employ several graduates in specialties such as respiratory, acute medicine and gynecology, some of which you will get to work with during your placement. The clinical lead for PAs in the trust is Dr Himanshu Singh, a respiratory specialist.

### North Cumbria Integrated Care (NCIC) NHS Foundation Trust

West Cumberland Hospital  
Homewood Road, Whitehaven, Cumbria, CA28 8JG  
01946 693181

Cumberland Infirmary  
Newtown Road, Carlisle, Cumbria, CA2 7HY  
01228 523444

<https://www.ncic.nhs.uk/>

Placement Co-Ordinator: Katrina Gray  
[Katrina.Gray@ncic.nhs.uk](mailto:Katrina.Gray@ncic.nhs.uk)



Created in 2029 from the merger between two trusts NCIC provide secondary care, community care and mental health services to the North of England across multiple sites. Two of the largest, which we use for general medical placements are based in Whitehaven and Carlisle. There is currently a large re-development project underway at West Cumberland which is due to complete in 2024. The trust employs several Westlakes alumni.

### University Hospitals of Morecambe Bay NHS Foundation Trust

Royal Lancaster Infirmary  
Ashton Road, Lancaster, LA1 4RP  
01524 65944

Furness General Hospital  
Dalton Lane, Barrow-In-Furness, Cumbria, LA14 4LF  
01229 870870

<https://www.uhmb.nhs.uk/>

Placement Co-Ordinators: Lisa Betts and Leigh Pinches  
[Lisa.Betts@mbht.nhs.uk](mailto:Lisa.Betts@mbht.nhs.uk) or [Leigh.Pinches@mbht.nhs.uk](mailto:Leigh.Pinches@mbht.nhs.uk)



The trust provides services from several hospitals and community health centers across North Lancashire and Cumbria. The main hospitals provide a range of care across emergency medicine, diagnostics, therapeutics, surgery and outpatients for both adults and children.

Located in the north of the region, both Royal Lancaster (LRH) and Barrow-in-Furness (FGH) provide clinical placements for PA students. The lead for Physician Associates at LRI is Dr Sarah Floyd and at FGH is Dr Richard Lea.

## General Practice

Every student will undertake one placement in general practice in this year, as well as one next year. Practices are spread across the region and vary in size and services they provide. Some practices employ qualified PAs and if you are placed at one of these, you are likely to be able to shadow them to see what it really feels like to work as a PA in primary care. It's a good idea to make contact with your new practice as early as possible. Ask them where and when to meet on your first day as some practices have more than one site.

Because general practice is the first-place patients present, it's a good chance to see a wide variety of conditions and to practice your communication skills. When you are in placement make sure you are able to learn from a wide range of services, even if you haven't covered the theory in university yet. For example, drug and alcohol clinics, minor surgery and home visits. Don't be surprised if during the first week you spend some time in reception or with the various members of the team, it's a chance to see how general practice works and what the others members of the team do to help the practice to work smoothly.

## PRACTICAL ELEMENTS OF PLACEMENT

### Before you start and induction

Before you start placement, you must ensure that you have completed all pre-placement requirements, such as occupational health, DBS and e-learning for health. You were introduced to this in September, but if there are any issues please contact the module lead or the placements team as soon as possible.

You should be contacted by the placement coordinator at the trust/ GP practice to inform you of practicalities such as where to go on your first day, at what time you should arrive and where best to park. If this has not happened 2 weeks before your placement begins, please contact the placement team at university.

For each placement you will be expected to attend an induction (usually on your first day). This is likely to involve orientation, an introduction to your timetable and rules, regulations and policies within the trust or GP practice/clinical commissioning group (CCG). It is also likely to involve a check that you are up to date with mandatory training, i.e. Skills for Health and introduction to the IT systems etc. If you do not receive an induction within the first week, you should speak to your placement coordinator and the module lead.

### Attendance

Attendance monitoring will be in effect for all of your placements and you will be required to have your attendance form signed by the person supervising each half day. The monitoring of attendance is essential as the programme is required to document the number of clinical hours that each student completes. This is needed for completion of the module, the course and to sit the FPA national examination after graduation.

100% attendance is expected. It is your responsibility to contact your placement if you are unable to attend for any reason. **Please ensure you always telephone the ward area/ general practice and leave a message on the university medicine placement voicemail before your shift begins if you are going to be absent. You must also send an email to the placement contact, medicine placements and your academic support to confirm this for their records.**

As it is required that you contact your clinical placement to notify them of any absence, it is essential to ask on day one, at induction, what the specific process is for reporting your absence within the trust/practice you are working in. If you become ill on placement and need to leave, please ensure you notify placement staff (ideally your clinical supervisor) before you leave **and** write an email to confirm this. Failure to turn up to any of your allocated sessions (without prior, approved arrangement) will be considered unprofessional behavior.

It is accepted that some students may wish to negotiate working different shift patterns, including fewer days for longer hours (e.g. four 10-hour days). This must be in agreement with the clinical supervisor, and appropriate senior clinical supervision must be available at all times within all shifts. Whatever shift pattern is agreed, you must complete a 40-hour week and not work less than 4 days a week.

## Professional behaviors

Becoming a member of the medical profession is a great privilege and as a student Physician Associate it is your responsibility to uphold the same high standards as a qualified PA in all aspects. You are not just representing yourselves and the university, but also a new profession, which some colleagues will not have come across before, or have little experience with. You are pioneers and the impression you make will reflect upon future generations of PAs.

You are expected to be professional at all times, including the way you present yourselves and the way you treat others. As a professional member of the team you are expected to treat all members with the professional courtesy that they deserve. Remember that your healthcare colleagues are providing you with an environment in which you are able to learn and practice your skills, whilst their clinical duties continue. You must introduce yourself at all times and ask permission to join them in their activities. In return, they too should treat you with courtesy and respect and help you to achieve your learning objectives.

It is also your responsibility to look after your own health and ensure that you are fit to work alongside patients. This is something that will continue into your career as a PA and be part of your membership to either the MVR or future GMC register. If you have any concerns, you must speak to someone at university or your clinical supervisor.

## Dress code

All students should dress in a professional manner. In most placements, this is wearing your scrubs as a uniform, although it is recognised that some trusts or primary care practices prefer you to wear smart clothes. Please check this before starting your first day. You must also be compliant with infection control, such as bare below the elbows, long hair tied back and off the collar and covered, black shoes.

Please note, if your placement is in Blackpool, you will be provided with a grey tunic to be worn with black trousers/skirt.

Full guidelines for the dress code can be found in the MSc Physician Associate Practice Student Handbook:

[https://www5.uclan.ac.uk/ou/aqasu/coursedocumentation/layouts/15/WopiFrame.aspx?source=ou/aqasu/coursedocumentation/student\\_handbooks/sh\\_msc\\_physician\\_associate\\_practice\\_2018.pdf](https://www5.uclan.ac.uk/ou/aqasu/coursedocumentation/layouts/15/WopiFrame.aspx?source=ou/aqasu/coursedocumentation/student_handbooks/sh_msc_physician_associate_practice_2018.pdf)

**\*\* Due to the current pandemic related to COVID-19, you must not wear your clinical clothes to and from your placement sites. You must travel to the site in your own clothes and change once there. At the end of your shift you must place your clothes in a washable bag and wash your clothes on a 60-degree heat, separately from other clothes. This is to prevent the spread of the virus. For more information, please ask your placement coordinators.**

## Travelling to Placement

Due to the geographic spread of our placement providers, it is inevitable that some students will need to travel longer distances to reach their placement than others. All students are expected to attend the placement which they have been allocated and travel times may be as much as 1 hour 30 minutes in each direction, however, the staff will try their best to minimise this where possible. Please use the generous travel grant provided by Health Education England, North West, as it is more than sufficient to support all travel to and from clinical placements.

## What to take with you

You will need to take your student ID and “hello my name is ...” badge, trust/ site ID (to be given to you on your first day), notebook, pens, stethoscope, fob watch, water, food. You may also want to take a small textbook, such as the Oxford textbook of clinical medicine. You should not need anything else, especially with COVID-19, you will not want to be taking anything extra into the clinical environment. PPE appropriate for current clinical practice, including a mask, will be provided by all placement sites, however, you may wish to take your own mask to wear in corridors and to/ from placements.

Please remember, in clinical practice, lunch breaks are usually quite short and often coincide with a lunchtime meeting or learning opportunity. Please check with the staff you will be working with the details of suitable places where you can buy (if necessary) and eat your lunch and remember to remain socially distanced in the current climate.

## Contacts

If there are problems arising whilst you are on clinical placement, please contact your clinical supervisor or the education team in your placement area in the first instance (for placement site specific contacts please see appropriate section above). If the problem is of a personal nature; is otherwise inappropriate for the education team; or the education team was unable to resolve your problem, then please contact one of the university staff members:

UCLan Senior Placements Co-Ordinator: Aamena Dedat, [adedat1@uclan.ac.uk](mailto:adedat1@uclan.ac.uk)

UCLan Placement Administrator: Floyd Andrew, [FPAAndrew@uclan.ac.uk](mailto:FPAAndrew@uclan.ac.uk)

Your academic supervisor or module lead.

## Making the most of your time

The more patients you see, the more effective, efficient, and exciting this journey will be for you. Here are a few tips to making the most of your learning:

**Be prepared.** You should consider the knowledge and skills you might require in advance. This will help you to understand more about the relevant conditions, signs and symptoms and how they can be managed. Look back over the teaching materials that have been provided, especially the 17-week boot camp.

**Take responsibility.** Learning in a clinical setting is different from sitting in a classroom. You can never be quite sure what will come through the door. This can make your experience challenging and unpredictable but potentially fascinating. GP practices and hospitals may be extremely busy or conversely patients may not attend their appointment – either way you should use the opportunity to watch, listen and look for learning opportunities and, where appropriate, ask questions of the staff around you. As you will develop specific learning objectives per placement, you can also take increasing responsibility to negotiate more appropriate experiences/ opportunities in order to meet your objectives, under the watchful supervision of your clinical supervisor.

**Practice.** This is an opportunity for you to practice your clinical and communication skills with patients and colleagues. Try to think about how you might apply what you have learnt to the patient in front of you. Once you are back from placement, it should become easier to consider the taught components of the programme in the context of how it might apply to the patients you met.

**Be courteous.** Remember that the patients and staff that you meet are sharing their time and experience with you.

**Be professional.** You should be punctual, polite, and appreciative of all patients and staff that you encounter. Remember that you are a representative of the University of Central Lancashire School of Medicine and a future medical professional. Always wear your uniform (unless negotiated otherwise e.g. when in general practice).

**Keep on top of your learning.** It is important that you do not see this placement in isolation from your other teaching. During your placement, you will need knowledge from all your teaching sessions and to consider how it can be applied in a clinical situation. You oversee getting all of your workplace-based assessments done this year. Think in advance about which DOPS/mini-CEX you might reasonably be able to complete on this placement and plan to when you might achieve those that you will miss. Discuss your need to complete these assessments early with clinical staff so that they can make time to complete these with you.

**Use your e-Portfolio.** Make sure you share your e-Portfolio with your GP or clinical educators/supervisor at the beginning, middle and end of each placement for the completion of your interviews, and as needed throughout the placement for the signing-off of DOPS/mini-CEX. Please be aware that your Academic Advisor will periodically review your portfolio progress. Do not leave everything until the last minute as this will make things a lot more difficult to complete (and is not fair to your workplace colleagues).

**Reflect.** Part of being a good Physician Associate is to constantly think about your practice; how you feel about what you are doing, how well you are doing it, what you are learning from the experience, what you might need to do to improve your practice in the future and many other factors.

**Use your time effectively.** If you find that you have moments of the day where you are not busy or have free time whilst on placement then use the time to complete your assessment documents or seek out other clinical experiences.

Part of the process of doing this is to be honest with yourself about how you feel in any situation, how you can improve it, what skills you might need to work on, what you can learn from others or help others with. Good Physician Associates continually reflect on their progress and develop

their skills in a way which will improve what they do. Reflection is not about writing down what you think others want to hear, it is about learning about yourself and directing your own learning to improve your practice.

## Interacting with patients

Patients are at the heart of everything that we do. Learning how to interact with patients and pick up non-verbal clues are essential skills. Your first placement in particular, whether in clinical medicine or general practice, will help you to practice the skills that you have learnt in communication sessions. You can build on this throughout the subsequent placements. All placements will help you to apply your knowledge and understanding of the basic sciences to the problems that patients bring to our attention, in turn helping you to diagnose and manage the patient appropriately. Your time spent in the GP surgery or secondary care placement will also allow you to begin to understand who is involved in a health care team and how they interact—often in quite a complex way—to deliver care to the patient.

When speaking with patients, try to think about ‘consultation skills’. This term includes both communication and medical history taking skills—you cannot do one effectively without the other! The skills used are, for the most part, generic, and once mastered will provide a firm foundation to communicating well in any situation.

One barrier to hearing the story and picking up non-verbal clues is writing notes while the patient is talking to you. Out of respect to the patient, please try not to write notes whilst the patient is talking to you.

Get into the habit of **ACTIVE LISTENING**: listening and remembering and only writing notes once the patient, or you, have left the room/bedside. It doesn’t matter to start with if you forget part of what the patient has said, but, as you practice, you will develop a logical framework for your patient interviews and the information gleaned in that way will be much easier to remember.

In placements it is important that you learn to listen and hear what the patient is telling you. In developing your listening skills, you will become more aware of verbal and non-verbal cues and understand why the patient has chosen to tell their story in this way and at this time. As these skills develop you will begin to interpret what they are trying to tell you before deciding on what further information you might need to take the next step. Before you have this information, you are not in any position to help the patient, no matter how much knowledge that you may have about medical science, so take every opportunity to watch and listen to patients.

In placements, you must practice your examination skills on patients to sharpen your skills and to gain valuable information to help in your diagnosis and management. You will also need to complete the necessary DOPS/mini-CEX. Always remember that the patient is a living, breathing person with feelings, **DO NOT** just begin to examine them. **ALWAYS** begin by introducing yourself and explaining your role, explaining what you would like to do and why, and obtaining the patient’s consent, just as you have been doing in the clinical skills sessions in University. This applies to all examinations and procedures.

Always ensure that the patient is comfortable before beginning any examination and ask if they have any pain anywhere. Maintain as much of the patient’s dignity as possible by keeping as much of their body covered as is reasonable and ensuring that curtains are drawn, or you are in a private room. Always watch the patient as you are examining them to check that you are not causing them any discomfort. If you wish to move on to examine another system, once again explain what you would like to do and obtain the patient’s permission to proceed.



Before examining any patient, if you are on your own, consider whether it might be wise to have a chaperone present and if in doubt discuss it with your tutor **BEFORE** proceeding, or use the doubt as a prompt to ask for a chaperone; if there is any doubt, play it safe. You might wish to consider this even if the patient says that they are happy for you to proceed without a chaperone, this will help to protect your reputation from any misunderstandings which may occur as a result of your examination.

Before you begin any examination, you should have some idea of what you are looking for and what you expect to find from the information gained when taking their medical history. Only rarely should findings on examination come as a complete surprise.

After you have performed any examination on a patient, check to see that the patient is both comfortable (fully dressed and dignity restored) and safe. Thank the patient for allowing you to examine them.

## Confidentiality

As a member of the medical profession, patients and colleagues will entrust you with information which is expected to be treated as confidential. This may relate to patient histories or details, or perhaps information about other colleagues. **ALL** information that students hear or see in a clinical setting must be regarded as confidential (remember the UCLan PA Declaration). You will all have slightly different experiences of patients and members of staff. Feel free to discuss what you have been doing with each other, how you felt, how it went, what you are hoping to do next time. We can all learn from each other's triumphs and mistakes as well as our own. However, when swapping anecdotes, **remember you must maintain confidentiality at all times – do not refer to any patient or member of staff by name or any other identifying feature as failure to ensure absolute confidentiality at all times may initiate a Fitness to Practice procedure.**

**NO** information concerning any aspect of clinical placements (anonymised or not) must be included in any posting on social media sites such as *Facebook, Instagram, Twitter*, etc. For more information please see the GMC advice page for using social media (in the absence of PA specific guidance):

[http://www.gmc-uk.org/static/documents/content/Doctors\\_use\\_of\\_social\\_media.pdf](http://www.gmc-uk.org/static/documents/content/Doctors_use_of_social_media.pdf)

**NO** images or sound recordings may be captured in any clinical setting using any device. All clinical images or clinical sound recordings require informed consent by all parties and may not be obtained by a student in this context. Any breach of confidentiality will result in your fitness to practice being investigated by the School of Medicine, in accordance with its policy.

## Health and Safety

A clinical environment can be a dangerous place, not only for the patient, but also for you. The School of Medicine and its partnership organisations recognise their responsibility to provide effective health and safety management systems. It is expected that you will remain compliant with the general practice or acute trust's health and safety advice for the duration of your placement there.

You will comply with local Health and Safety / Risk Management Policy within the placement area by:

- Referring to the policies held within the placement area;

- Being aware of the varied Health and Safety and Risk Management issues that may be pertinent to that specific practice placement area.
- Reporting any Health and Safety and Risk management issues to a senior member of staff, for example a practice manager, clinical supervisor or educational supervisor.
- Being aware of the risk assessment system in place and control measures required to reduce or eliminate the risks identified.

Be aware of all times of the need for patient safety – if you are examining a patient consider if they will need assistance to move, if so, how may you help them safely and without causing them discomfort. If in any doubt, ask for help.

Before the start of the clinical placement make sure that you remind yourself of safe practice. This might include re-reading the information on Blackboard and watching the videos related to hand-washing, PPE and disposal of sharps. Be aware of your environment at all times, and if you feel that you may potentially be at risk from a patient, relative or environment, remove yourself from that environment and seek the advice of your clinical supervisor or whoever is supporting you at that time. All bodily fluids must be considered to present an infection hazard to you, therefore, before handling any samples wear gloves and give thought as to how they must be handled and disposed of to minimise the risk to yourself and others.

## E-PORTFOLIO

The e-portfolio comprises of a group of documents in an electronic format, using the system **MyProgress**. These documents will consist of your attendance records for placement, clinical supervisor meetings, procedural skills assessments (DOPS), clinical history taking and examination assessments (mini-CEX) and case-based discussions (CBDs). It forms 40 % of your assessment for this module (along with your two written components) and is therefore an essential part of your clinical placements.

You are expected to complete 90% of the DOPS/ mini-CEX and 100 % of all other documentation over the 3 placements to pass the module. In addition to forming part of your module assessment, it provides an opportunity to document evidence of your progress over the course of the PA programme, which you can use in job interviews and portfolios as a qualified PA.

All forms are found on My Progress. You are encouraged to use the electronic forms, however, in certain circumstances they can be downloaded as a Word document and filled out directly on the computer, saved and submitted. Alternatively, paper copies may be used, however must be scanned and uploaded to your e-Portfolio within 3 days.

MyProgress e-portfolio system can be accessed at the following web address:  
<https://uclan-med.mkmapps.com/myprogress/login.aspx>

This system will be introduced to you in your prep for placement session at university before you attend placements. If you have any further questions about this, please contact your academic supervisor or the module lead (Rachel Norris).

### Attendance Record

Please see section on attendance above regarding expectations around attendance.

As part of your e-portfolio you are required to complete an attendance log of your placement hours. This is to ensure that you meet the requirements of the Faculty of Physician Associates to be put forward and sit your national examinations.

Your hours must be completed on each half day and a copy be sent to the placement team the following week. If you have been unable to obtain a suitable signature, then you will need to arrange to meet your educational supervisor so that they can confirm your attendance. If you fail to submit your weekly attendance sheet to this email, or it is incomplete, you will be marked as absent for that session. You will be allowed up to four weeks to correct any missing sections.

Attendance logs should be sent to: [medicineplacements@uclan.ac.uk](mailto:medicineplacements@uclan.ac.uk)

## Clinical Supervisor Meetings

In order for you to navigate and achieve the learning outcomes related to your clinical placement(s) it will be essential for you to have regular meetings with your clinical supervisor. You are required to meet with them at the beginning, middle and end of your placement, however, meeting more frequently to review your progress and learning is recommended.

To pass your e-portfolio you are required to have completed 3 clinical supervisor meeting forms (beginning, middle and end) for each clinical placement i.e. 9 in total for the year. The forms for these placement meetings are located on your e-Portfolio. If you fail to complete a supervisor meeting form, you will be given up to four weeks to arrange a meeting with them, or you will not pass the module.

A suggestion of the content of these meetings is detailed below.

### **Start of placement meeting/ Induction**

This will take the form of a meeting between you and your named clinical supervisor to discuss learning opportunities and agree on your individual learning outcomes for the placement. You are expected to play a full part in determining your individual learning needs, so they are directly related to your personal level of competence.

### **Mid placement review**

This will enable both you and your clinical supervisor to assess your progress and review achievement of the work-based assessments. Although the clinical supervisor will work with you throughout each placement to varying degrees, this interim interview allows for a more structured forum to discuss and record your progress towards meeting the clinical assessments and learning outcomes. It also allows the clinical supervisor to note any problems and to contact the university if necessary.

### **End of placement meeting**

This meeting enables you to review your learning and achievements with your clinical supervisor over the course of each placement.

*\*\* Please note that due to the workload pressures within clinical practice, these meetings should be pre-planned.*

## DOPS and mini-CEX

On completion of all 3 clinical placements you must have been signed off in at least one successful attempt in a number of work-based assessments (WBA). These are divided into 2 distinct types:

- Direct observation of procedural skill (DOPS)
- Mini-clinical evaluation exercise (mini-CEX) i.e. history taking, physical examination, diagnosis, management planning and explanation to a patient.

A list of the WBA which you are expected to complete are further down in this section. Please note, you must have been taught these skills in university before undertaking them in clinical practice, therefore, a couple of these, not taught until later in the year should not be attempted until after this time. Please also check with your trust if you require any additional trust specific training before completing them in practice e.g. venipuncture.

In order to be signed off as competent in any of these work-based assessments, you must practice them while being observed by a healthcare professional who is themselves competent in that skill. This may be a healthcare worker, nurse, physiotherapist, junior doctor or consultant etc. Should you not reach the required standard to be signed off as competent you must receive individual feedback and reflect upon this before attempting the skill again. This is essential, as a work-based assessment that is submitted but has not been passed/ signed off as competent will not count towards the completion of the module.

You are expected to be signed off in 100 % of the WBA throughout the three clinical placements. However, due to variability in placement experiences and the current global pandemic, it is accepted that different opportunities will arise. Therefore, in order to pass the module, you must complete a minimum of 90 % of the WBA list. Although these quantities are required, we highly encourage you to document additional history taking, examination, and procedural experiences, as well as cover a range of different clinical problems to boost your portfolio.

There are 36 WBA listed for the year, 90 % of this is 32. It is highly advised to attempt these early on and not leave until the last minute, as clinicians may have limited time and you will find this very stressful. Please also note that there are some WBA which are considered core to the competency of a Physician Associate, and therefore the 90 % completion must include these to pass the module. In the WBA list below, the core elements are designated with \*\*. A single \* means that you must complete at least one of these in your 90 % e.g. one of the large joint exams.

#### **Mini-CEX Histories: (7 in total)**

Cardiovascular history \*\*

Endocrine history

Eye or ENT history

Gastrointestinal history \*\*

Musculoskeletal history \*\*

Neurological history \*\*

Respiratory history \*\*

#### **Mini-CEX Exams: (18 in total)**

Abdominal exam \*\*

Cardiovascular exam \*\*

Cerebellum exam

Cranial nerve exam \*\*

Diabetic foot exam

ENT exam

Eye exam including fundoscopy

Hernia orifice exam

Hip exam \*

Knee exam \*

Neck/thyroid exam

Peripheral nerve exam (LL and/or UL) \*\*  
Peripheral vascular exam \*\*  
Rectal exam  
Respiratory exam \*\*  
Shoulder exam \*  
Examination of the spine (cervical, thoracic or lumbar spine)  
Testicular exam

**DOPS: (11 procedures in total)**

Blood glucose monitoring  
Cannulation (CP2 onwards) \*\*  
Catheterisation of male (CP2 onwards)  
Demonstrating Inhalers  
ECG recording \*\*  
Injection - IM  
Injection - SC  
PEFR measurement  
Urinalysis \*\*  
Venipuncture \*\*  
Vital signs \*\*

## Case Based Discussions

Whilst a significant proportion of your clinical learning will be in relation to your clinical practice and assessments, it can also be facilitated through critical thinking and reflection using case-based discussions (CBDs). CBDs are assessments of your clinical knowledge, management and judgement in relation to a real patient case and are formally introduced in CP3 to build on the skills and experience gained in the previous 2 clinical placements. Therefore, you do not need to formally complete any of these in the first 2 placements.

CBDs are particularly important because they form the bulk of the word count for your e-portfolio and follow a particular format. You must submit 2 CBDs on different clinical conditions to pass your portfolio and the module. They must be undertaken with your clinical supervisor, another appropriate doctor of ST3 level or above, or a PA qualified for four or more years.

Before each case-based discussion, you must prepare 2 clinical cases based on patients that you have seen. It is very important that you have taken the patient history and performed a physical examination, as well as been involved in the development of the differential diagnosis and management plan. For your learning, it would also be helpful if you could also follow the patient journey after the initial consultation. These cases should focus on 1A/B conditions from the matrix as when you graduate you will be expected to diagnose and manage these patients independently. However, only one (chosen by the supervisor on the day) will be the focus of the discussion.

The discussion is likely to last around 15-30 minutes and do not require a pass/ fail grade, but a completion of a form within your e-portfolio. Discussions may include the following:

- Analysis of the history taken, including red flags and documentation. This may also include how the past medical history and drug/family/social history may impact on the patient's current condition.
- Discussion of the science behind the patient's condition and the symptoms presented.
- Initial thought process behind the differential diagnosis after the history and how this influenced the examination undertaken.

- Review of the differential and most likely diagnosis after the examination and how the student came to these conclusions.
- Exploration of the choice of investigations and/or management in this case and the rationale behind these decisions.
- Discussion of any relevant legal or ethical issues in this case.
- Plans for follow-up, safety netting and referral.
- Review of the patient's progress following the student's initial management plan.
- Feedback on the student's performance, including professional behavior and communication skills demonstrated.
- Feedforward for points to improve in the future.

The focus of feedback should be constructive, with learning points to take forward into future clinical practice. The supervisor may decide to set deadlines or targets for feedback to be acted upon, but this depends on the content of the assessment and student performance. It is expected that feedback from one CBD will be carried forward into the next.

You will receive further explanation of case-based discussions prior to CP3.

### **Reflections \*\*MPAS STUDENTS ONLY\*\***

As MPAS student's module is worth more credits, you are required to undertake some additional reflections in order to pass the module. You are required to write a 500-word reflection for each placement block: CP5, CP6 and CP7 (3 in total). This must then be uploaded to MyProgress for review by your academic adviser. Guidance and a template are found in the assignments section of blackboard.

Please note, if you are an MPAP student and wish to undertake this also, then please do, but it is not a requirement to pass the module.



## APPENDIX

### Assessment criteria for DOPS and mini-CEX

The following criteria can be used by the appropriate healthcare professional in conjunction with each work-based assessment.

Scale	Standard	Quality of performance	Assistance needed
<b>Above expectations</b>	Safe, accurate	Is proficient, coordinated, fully engaged; performs within an appropriate time scale	Without support cues
<b>Above expectations = summative assessment achieved</b>			
<b>Meets expectations</b>	Safe, accurate	Is efficient, coordinated, confident, very engaged; performs within a reasonable time period	Occasional supportive cues
<b>Meets expectations = summative assessment achieved</b>			
<b>Below expectations</b>	Safe, accurate	Is skillful in parts of the behavior; shows inefficiency and un-coordination; engaged; performs within a delayed time period	Frequent verbal and occasional physical directive cues in addition to supportive ones
	Safe, but not to perform alone/ performing at risk/ not always accurate	Is unskilled, inefficient, not very engaged; performs within a prolonged time period	Continuous verbal and frequent physical cues
<b>Below professional and clinical expectation = revert to formative assessment status and provide feedback to student</b>			

<b>History-taking</b>	<ul style="list-style-type: none"> <li>• Facilitates patient's telling of story</li> <li>• Effectively uses appropriate questions to obtain accurate, adequate information</li> <li>• Responds appropriately to verbal and non-verbal cues</li> <li>• Relevant psychological factors explored</li> <li>• Relevant social factors explored</li> <li>• Has an awareness of how relevant physical examination will assist in the formation of a differential diagnosis.</li> <li>• A mental state examination carried out (if relevant)</li> </ul>
<b>Physical examination</b>	<ul style="list-style-type: none"> <li>• Follows efficient, logical sequence</li> <li>• Examination appropriate to clinical problem</li> <li>• Appropriately consents patient for examination</li> <li>• Sensitive to patient's comfort, modesty</li> </ul>
<b>Professionalism</b>	<ul style="list-style-type: none"> <li>• Shows respect, compassion, empathy, establishes trust</li> <li>• Attends to patient's needs of comfort, respect, confidentiality</li> <li>• Behaves in an ethical manner</li> <li>• Awareness of relevant legal frameworks</li> <li>• Aware of limitations</li> <li>• Communication with the patient was appropriate and effective</li> <li>• Patient involvement in the management, planning and control of their own health /illness was facilitated</li> </ul>

	<ul style="list-style-type: none"> <li>• Opportunities for patient education were appropriately identified and used</li> </ul>
<b>Clinical judgement/management plan</b>	<ul style="list-style-type: none"> <li>• Makes appropriate diagnosis and formulates a suitable management plan</li> <li>• Selectively orders/performs appropriate diagnostic studies, considers risks, benefits</li> <li>• Communication skills; explores patient's perspective, jargon-free, open and honest, empathic</li> <li>• Agrees management plan/therapy with patient</li> <li>• Limitations are recognised and safe practice demonstrated within the limitations</li> <li>• Recognises that all or part of clinical situation is beyond their competence and appropriate help and support is sought</li> </ul>
<b>Organisation/efficiency</b>	<ul style="list-style-type: none"> <li>• Prioritises</li> <li>• Is timely</li> <li>• Succinct</li> <li>• Summarises</li> </ul>
<b>Overall clinical care</b>	<ul style="list-style-type: none"> <li>• Demonstrates satisfactory clinical judgement, evidence-based, caring, effectiveness</li> <li>• Efficiency, appropriate use of resources, balances risks and benefits</li> <li>• Awareness of own limitations</li> </ul>

## Checklist for Placements

All 4 of these elements are mandatory for passing the module:

1. **Attendance Log** – you must have completed logs for every week of placements.
2. **Supervisor meeting forms** – you are required to have a beginning, middle and end form completed by your clinical supervisor for each placement – therefore 9 in total at the end of the year.
3. **Mini-CEX and DOPS** – a list of these is below, you must complete 90 % of these, including the **mandatory** indicated by \*\* (plus at least one of the examinations indicated by\*), as they are core components and the module, it cannot be passed without their completion.

### Direct Observation of Procedural

#### Skill (DOPS)

Blood glucose monitoring  
Cannulation (CP2 onwards) \*\*  
Catheterisation of male (CP2 onwards)  
Demonstrating Inhalers  
ECG recording \*\*  
Injection - IM  
Injection - SC  
PEFR measurement  
Urinalysis \*\*  
Venepuncture \*\*  
Vital signs \*\*

#### History-taking (mini-CEX)

Cardiovascular history \*\*  
Endocrine history  
Eye or ENT history  
Gastrointestinal history \*\*  
Musculoskeletal history \*\*  
Neurological history \*\*  
Respiratory history \*\*

#### Clinical Exams (mini-CEX)

Abdominal exam \*\*  
Cardiovascular exam \*\*  
Cerebellum exam  
Cranial nerve exam \*\*  
Diabetic foot exam  
ENT exam  
Eye exam including fundoscopy  
Hernia orifice exam  
Hip exam \*  
Knee exam \*  
Neck/thyroid exam  
Peripheral nerve exam (LL and/or UL) \*\*  
Peripheral vascular exam \*\*  
Rectal exam  
Respiratory exam \*\*  
Shoulder exam \*  
Examination of the spine (cervical, thoracic or lumbar spine)  
Testicular exam

*NB Please remember to put the title of what specialty and body system it relates to, as it helps when reviewing portfolios.*

#### 4. **Case Based Discussions (CBDs)**

*NB You only need to do two of these for your third and final placement. These are particularly important because they form the bulk of your assessment. For guidelines see individual document which also includes CBD form for completion.*