

MSc Physician Associate Studies 2024-25

Primary Care Practice Placement Handbook for Placement Providers



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Primary care Placement – General Information:

Aims of this document:

The document outlines the expectations for a PA student within each of their primary care placement blocks and is intended as a suggested guide for PA placement supervisors. The information in this document aligns with the <u>Faculty of Physician Associate curriculum and GMC standards</u>.

Key Contacts:

- Programme leaders: Madeleine Baines & Brad Sewell PAStudies@uwe.ac.uk
- **Primary care placement lead:** Natacha Barrett <u>natacha.barrett@uwe.ac.uk</u>
- UWE professional practice office: ppoallocations@uwe.ac.uk

Placement Dates for the 2024/25 Academic Cycle

Year 1 Cohort Block 1: (3 weeks) 4th November 2024 – 24th November 2024 <u>Year 2 Cohort</u> Block 1: (3 weeks) 7th July 2025 – 25th July 2025

Please note, for the academic year 2024 – 2025, the programme will be running a hybrid curriculum; Year 1 will be commencing the new curriculum whilst Year 2 will continue the old curriculum. If you would like more information around this, please contact the PA Studies team on: PAStudies@uwe.ac.uk.

PA students will no longer be required to meet minimum placement hours; GMC standards have moved to an outcome focused approach. However, students are still expected to submit timesheets via ARCPoW. You can access the system here: <u>https://arcpractice.uwe.ac.uk/sso</u>

The UWE PA curriculum has retained 1600 hours of practice & simulation experience for which learners are expected to attend as per our *UWE PA academic engagement and attendance policy*. However, this more flexible approach focuses on capabilities in practice- not hours obtained.

Student may arrange to retrieve missed hours flexibly with the agreement of the supervisor but must not arrange to return to a placement once a block is completed- this should be flagged to UWE for support.



Placement Supervisor Expectations

Summary of the suggested expectations from primary care placement supervisors:

- Ensure that an appropriate induction is given and documented
- Coordinate suitable individuals to supervise the student, demonstrating and teaching evidence-based practice
- Provide opportunity for students to complete all portfolio tasks and demonstrate outcomes set out for each placement block (see below)
- Document and liaise with the Primary Care Placement Lead when students are a cause for concern
- Utilise and support students to practice within <u>UWE policy and processes</u> (Practice Support Net)
- Conduct and record a start of placement and end of placement review

Levels of Supervision:

Supervision is expected to decrease from level 1 to level 3 as an individual student gains experience in their placement learning environment. All patient care must be reviewed by the supervising named doctor or healthcare professional. Suggested levels of supervision are outlined in each block guide below, but these may vary throughout the placement subject to the learner, specific task and judgement of the clinician.

	Level descriptors for clinical CiPs						
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 immediately 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 must be presented to and reviewed by the doctor or healthcare professional						
When newly qualified, many PAs will function at Level 3 most of the time, unless they are learning additional skills. Only when qualified and experienced would a PA be expected to reach a level of autonomous practice, within their chosen specialty (Level 4).							
Level 4	Autonomous clinical care The PA may provide clinical care when the supervising doctor or healthcare professional is not physically present within the same clinical area, but is available to provide advice by means of telephone and/or electronic media						



Placement Experience – Summary

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

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

Placement Visits

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

Clinical Portfolio

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

Students have been advised to select cases for their portfolio that represent critical learning opportunities. This may mean cases involving patient presentations or pathological processes with which students are unfamiliar, but it may also mean cases with familiar pathology / presentation that require students to reconsider or refine what they thought they have already understood. This is similar to the of the reflection and continuing professional development required of qualified PA's and the portfolio acts as both an academic assessment and preparation for utilising the NHS ePorfolio on qualification. Students have been advised to remember that the key learning may not relate to the biological process of illness but to the psychosocial aspects of the patient's condition, or ethico-legal issues raised by their management.

Further details regarding the portfolio will be provided to students directly. The portfolio contains mandatory learning tasks that students can apply flexibly to their learning needs but must demonstrate meeting the outcomes outlined that reflect FPA and GMC curriculum. Some of these *may not* reflect current practice of a PA within your practice setting but learners are required to have all learning opportunities outlined in their portfolio in order to meet national curriculum standards.

If you have any concerns how to meet these, please use the contact details above to seek advice from UWE.

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Placement Assessments

The following section is intended to highlight a summary of the expectations regarding placement-based assessments. This is provided to students in their portfolio.

At least ONE of the CBD, Mini-CEX or CBD tasks per placement <u>must</u> be completed with a Medical Doctor of registrar grade or above.

Assessment	Assessment to be completed by	Time required
Start of placement meeting	GP supervisor	20 minutes
Solo consultation	Medical/PA: FY1 or above or a qualified & FPA registered PA (minimum 3 years experience) Nursing/AHP: ACP or specialty trained nurse	15 minutes
Case-Based Discussion (CbD)	Medical/PA: GP Trainee and above or a qualified & FPA registered PA (minimum 3 years experience) Nursing/AHP: ACP or specialty trained nurse	15 minutes
Direct Observation of Procedural Skill (DOPS)	Any clinician who has been trained and is competent in the observed task/skill – i.e. HCAs are appropriate for observations/handwashing; nurse or junior doctor for cannulation etc.	Dependent on the skill
Multi-Source Feedback (MSF)	Any member of the team	10 minutes
End of Placement Review	GP supervisor	20 minutes

Please note: All assessors must be experienced and familiar with assessment and feedback methodology. This experience may be in completing any of the above assessments with any other professional group.

The minimum required number of each assessment will differ across year 1 and year 2 students. It is the student's responsibility to plan accordingly and ensure all requirements are met. The required amount will also clearly be indicated in a student's portfolio and can be reviewed within placement reviews at the beginning and end of a placement with the placement supervisor.

In the eventuality that a student is unable to complete one of the above assessments with the appropriate grade member of staff (as outlined in the table above), the program team will accept the assessment if it is signed by the assessor, and then counter-signed by the appropriate grade staff member. **Examples of the assessment types and sign off are found on the next few pages.**



Case Based Discussion (CBD)							
Student Name:							
Speciality:	Case Location/Setting:						
Date of Assessment:	Case Complexity (please circle):	_ow / Mc	oderate / High				
Summary of case details:							

Please assess and comment on what was done well in the following categories									
	Needs improvement	Satisfactory	Good	Very good	N/A	Comments			
Documentation									
History Taking	story Taking								
Clinical Assessment									
Management Plan									
Follow up Plan									
Professionalism									
Communication									
Shared decision making									

Please comment on the overall assessment and what was done well:

Please comment on the areas needed for improvement:

Do you have any signifcant safety or professionalism concerns? (please circle)

Yes / No

	cant concerns please contact the UWE team and complete a Notification for ac.uk/about/colleges-and-schools/practice-support-net/programme-	
guida	nce/physician-associate-studies#section-5	
Assessor Name:	Role:	
Registration Number (GMC/NMC/MVR/HC	CPC):	
ssessor Name: Role: gistration Number (GMC/NMC/MVR/HCPC): gned:		
Countersignature (if required) including n	ame and role:	
Student reflection:		

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Student Name:				
Speciality:		Case Locati	on/Setting:	
Date of Assessment:	Case Comp	lexity (pleas	se circle): Low / Mo	derate / Hig
Summary of case details:				
Please rate the following categori	es:			T
	Needs improvement	Good	Very Good	N/A
ntroduces self & ensures correct patient				
Jses interpersonal skills to develop rapport				
inds out why the patient has come				
Clarifies details of the problem(s)				
ncludes or excludes significant condition				
Explores how the problem(s) affect the patient, their job, their amily, etc				
Discovers the patient's ideas, concerns, expectations and nealth beliefs				
Summarises & clarifies ensuring all information is included & checks if patient agrees				
Use of appropriate physical examination				
Makes an appropriate working diagnosis				
Explains the problem in appropriate language				
Proposes management plan for evel of training				
Jse of verbal / non-verbal communication skills				
Please comment on the overall pe	erformance and what we	ent well:		
What are the suggested areas for	improvement?			
Do you have any signifcant safety	or professionalism con	cerns? (plea	se circle)	Yes / No
If this assessment has raised ar				
Notification for concern form. h				
	ne-guidance/physician-a	associate-st		
Assessor Name:			Role:	
Registration Number (GMC/NMC/	MVR/HCPC):			
Signed: Countersignature (if required) inc				



Student Name: Speciality: Date assessed:	•					
Date assessed:						
	Case Location/Setting:					
reliability etc, across	d of assessing generic skills such as the domains of the GMC PA and ollection and feedback regarding t on the areas that you have si	AA shared learning out he PA student. Please o	comes. This provides			
History taking and Exa	•					
Not Observed by Me	Development Required	Satisfactory	Outstanding			
		Satisfactory	Outstanding			
Relevant Knowledge a						
		C 11 C 1				
Not Observed by Me	Development Required	Satisfactory	Outstanding			
	ppropriate Management Plans:	-				
Not Observed by Me	Development Required	Satisfactory	Outstanding			
Procedural Skills:		1				
Not Observed by Me	Development Required	Satisfactory	Outstanding			
Documentation (timely	y, accurate, legible)					
Not Observed by Me	Development Required	Satisfactory	Outstanding			
Time management skil	ls:					
Not Observed by Me	Development Required	Satisfactory	Outstanding			
Awerness of own limit	ations (willingness to ask for help)):				
Not Observed by Me	Development Required	Satisfactory	Outstanding			
Initiative and leadersh						
Not Observed by Me	Development Required	Satisfactory	Outstanding			
	feedback and learn from it:	Catiafaatawa	Quitata a dia a			
Not Observed by Me	Development Required	Satisfactory	Outstanding			
	ely with patients and their familie					
Not Observed by Me	Development Required	Satisfactory	Outstanding			
Communicates effectiv	ely with other healthcare professi					
	Development Required	Satisfactory	Outstanding			
Not Observed by Me						
Not Observed by Me						
,						
		Satisfactory	Outstanding			
Reliable and punctual:	—	1				
Reliable and punctual: Not Observed by Me	Development Required	Satisfactory	Outstanding			
Reliable and punctual: Not Observed by Me	Development Required	Satisfactory	Outstanding			
Reliable and punctual: Not Observed by Me	Development Required	Satisfactory	Outstanding			
Reliable and punctual: Not Observed by Me Respects the rights, be Not Observed by Me	Development Required	Satisfactory	Outstanding Outstanding Outstanding			
Reliable and punctual: Not Observed by Me Respects the rights, be Not Observed by Me	Development Required	Satisfactory	Outstanding Outstanding Outstanding			
Reliable and punctual: Not Observed by Me Respects the rights, be Not Observed by Me Overall professional co	Development Required	Satisfactory	Outstanding Outstanding Outstanding			



Patient Feedback Form							
Student Na	ame:						
Speciality:					Case Locat	ion/Setting:	
Date assessed:							
Associate stuc perforn interactic	e (PA) stude lent. Your co nance of ou on with the	ents, we k omments r future h PA stude	indly ask you to are invaluable lealthcare prov nt and be hone	o provide for in helping iders.Please st and spect ort of the st	eedback on us assess a e complete dific in your udent's pra	your recent nd improve this form ba responses.	ent of our Physician interaction with our the training and ased on your recent Your feedback will be nent portfolio and it
			Please tick the				
	I am the na	atient and	d I am completi				
	-			-		lative to co	mplete the survey
			Please complete				
Was the st	udent polit						
	Yes		Sometimes		No		Does not apply
Did vou fee	el listened t	o by the s					
	Yes		Sometimes		No		Does not apply
Did the stu	ident give v	ou enoug	h opportunity	to ask ques	tions?		
	Yes		Sometimes		No		Does not apply
Did the stu	Ident answe	er all of y	our questions?	ļ		ļ	· · · · ·
	Yes		Sometimes		No		Does not apply
Did the stu	Ident explai	n things i	in a way you co	uld unders	tand?		
	Yes		Sometimes		No		Does not apply
Did you fee	el involved i	n the deo	cisions about yo	our care an	d treatmen [.]	t?	
	Yes		Sometimes		No		Does not apply
Did you ha	ve confiden	ce in the	student?				
	Yes		Sometimes		No		Does not apply
Did the stu	ident respe	ct your vi	ews?			·	
	Yes		Sometimes		No		Does not apply
f the stud	ent examine	ed you, di	d they ask you	r permissio	n?		
	Yes		Sometimes		No		Does not apply
Again if th	e student ex	kamined ^v	you, did they re	espect your	privacy and	d dignity?	
	Yes		Sometimes		No		Does not apply
By the end	d of the con	sultation	did you feel be	etter able t	o understar	nd and/or m	anage your conditior
	Yes		Sometimes		No		Does not apply
Overall ho	w satisfied v	were you	with the consu	Itation and	the studer	ts performa	ance?
	Very		Slightly		Fairly		Not at all
Please mal	ke any addit	ional cor	nments on thin	gs done we	ell or needir	ng improven	nent below:
Thank w	ou for takin	g the time	e to provide vo	ur feedbac	k Your inpu	It is essentia	al in helping us train

exceptional physician associates.



	End of	Placem	ent - Supervisors Sign Off		
Student Name:					
Speciality:			Case Location/Setting:		
Date of Assessment:			Placement/rotation dates:		
During this placement	, what has l	been the n	ature and frequency of your interac	tion with th	ne student?
Please review if	the studen	t has met t	the expected number of the followi	ng assessme	ents:
	Yes	No		Yes	No
CBD			Solo Consultation Observation		
Mini-CEX			Evidence of Solo Consultations		
MSF			Patient Feedback		
		G	eneral Feedback		
note anything especial	ly good as v	well as any	ock of placement. In completing this areas for concern. This can include ing. It should also include the infor	informatio	n about
			ements that the student can reflect to comment on improvement at the		
			ionalism concerns? (please circle)		Yes / No
Notification for conce	rn form. ht	tps://www	t concerns please contact the UWE f .uwe.ac.uk/about/colleges-and-schc e/physician-associate-studies#sectio Role:	ols/practic	-
Registration Number (GMC/NMC/	MVR/HCPC	:):		
Signed:					



Expected Student Trajectory/Development Through the Placement

History & Consultation (YEAR 1)

Block one: Able to take a history and form a differential list based on common, simple presentations as identified in the PARA (<u>Physician associate registration assessment</u> (<u>PARA</u>) content map (gmc-uk.org)).

Block two: Able to take a more detailed history, checking appropriate co-morbidities and risk factors, and will be able to present the most likely differential (with justification).

Examination (YEAR 1)

Block one: General examination, able to identify normal findings and differentiate patients who are unwell/abnormal findings.

Block two: Focused examination, increased confidence in identifying abnormal findings to justify differentials and able to suggest further investigations when needed.

Investigations (YEAR 1)

Block one: outline basic investigations for common and critical conditions and understand and attempt interpretation.

Block two: suggests diagnostic tests to rule out key negatives, is becoming aware of the limitations of investigations.

History & Consultation (YEAR 2)

Throughout the placement blocks will progressively be able to take both a more thorough history from a more complex presentations and a more focussed history when appropriate. Will be able to suggest a comprehensive list of differentials based on conditions covered and be able to suggest appropriate management.

Examination (YEAR 2)

Throughout the placement blocks the supervising clinician will have improved confidence in student's findings and in the student using their clinical findings to justify the differential diagnosis in minor and more complex presentations.

Investigations (YEAR 2)

Throughout the year should develop to be able to confidently articulate findings and investigation results to a comprehensive standard and meeting the expected level of autonomy and competence of a newly qualified PA.



Therapeutics & Prescribing (YEAR 1)

Block one: Basic understanding of medications used for common presentations, including common side effects.

Block two: Broader understanding of medication choice for presentation of common and important conditions. Aware of contraindications, interactions, and monitoring. Able to communicate decision with patients and come to shared decision.

Therapeutics & Prescribing (YEAR 2)

Increasingly able to justify choice of medication to clinical supervisor and patient. Able to understand the impact of comorbidities and other medications (polypharmacy) on agent choice and prognosis and able to modify management plan to age and co-morbidities as well as

Raising Concerns About a Student

From time-to-time staff including clinical staff, academic staff, support staff and administrative staff may have concerns about individual students. Concerns may vary in nature - from students who become withdrawn and about whom a member of staff is worried, to students whose attitude or behaviour is inappropriate. Placement providers should contact the programme team as soon as is possible to inform them of concerns and complete a yellow "Notification of Concern" form.

This process is intended to be supportive to students. Our aim is to help those who are in difficulty. We have access to a number of avenues of support for students. Notifying the programme team of concerns via the <u>Notification of Concern form (PDF)</u>. This offers staff the opportunity to "flag" students to the welfare system. We do not expect major concerns to be highlighted in this way. We anticipate that if there is a potentially serious problem staff will contact us by telephone, email or letter **as soon as is possible**.

Completed forms will not be accepted unless they are signed by the completer. We would also encourage completers to discuss the contents of the form with the student so that students understand the intention is to help rather than to punish them. We find that students respond positively to the reporter speaking to them. Completed forms should be submitted to <u>PAStudies@uwe.ac.uk</u> On receipt they will forward to the relevant academic personal tutor who will meet with the student to discuss the nature of the concern. Tutors will then inform completers of the outcome of the discussion with the student and any actions that have been taken.

Regardless of the outcome of any discussions – all forms will be retained on the student file and will be kept during their entire academic career, for any patterns to be recognised. For more information please review the <u>Process for Placement Providers (PDF)</u> document.



Placement Block Focuses and Student Prior Learning

Quick guides for each placement block including the outcomes, expectations and prior student learning

Please note, a copy of each placement block pre-visit summary will be included in both the student's clinical portfolio and each relevant summary will be shared with you in communications prior to each placement block.



Year 1 Primary Care Placement - Block ONE:

4nd November to 24th November 2024 (3 weeks total)

Prior to this placement, the PA student will have covered at university:

1 week of **induction** to UWE, and the MSc Physician Associate Studies programme.

3 weeks (each) of **respiratory**, **cardiovascular**, and **gastrointestinal** *system-focussed* learning covering the diagnosis, investigation, and management of acute and chronic conditions within these specialties. With **scaffolded learning** of clinical examination and procedural skills relevant to their systems-based learning.

Taught Skills:

The following is a list of the examination and procedural skills that students will have covered prior to starting this placement. It is also expected they are able to obtain a clear clinical history for cardiac, respiratory and gastric conditions whilst also knowing the principles of triadic consultations,

SBAR and medication initiation.

- Recording and taking observations
- Mandatory BLS and Manual Handling
- Hand washing and ANTT
- Respiratory, Cardiovascular and Abdominal Examination
- Peripheral Vascular Examination
- IM/IV/SC injections
- ABGs/Venepuncture/Cannulation, Obtaining Blood Cultures/CBGs
- ECGs
- Urinalysis
- Obtaining skin and nasopharyngeal swabs
- Spirometry and Peak Flow
- O2 and nebuliser administration
- A-E assessment
- NGT insertion
- Digital Rectal Exam (DRE)

Placement Block Focus:

This is the very first primary care placement that the Physician Associate students complete and takes place after their first block of teaching and 3-week primary care placement block.

It is **recommended** students spend the first week in a purely observational role (level 1 supervision), and then gently scaffolded through seeing patients under direct observed supervision (level 2 supervision).

It is helpful for the student to spend time shadowing many different members of the primary care team who may be attached to the department (not exclusively doctors or PAs).

It would <u>not</u> be appropriate for the student to lead a consultation/perform a practical procedure where they have not had the prior training at university (see skills box right).

Students can however engage in **observational** learning activities around topics/skills which **they have not yet had the prior training at university.**

Placement Assessments:

During this placement the PA student will be expected to undertake a variety of placementbased assessments for their professional practice portfolio including:

- Start (and end) of placement block meetings with supervisor.
- 1 x Case based discussions (CBDs).
- 1 x Multisource feedback forms (MSFs) and patient feedback.

Through the year they will also have specific skills to be reviewed/signed off.



Year 1 Primary Care Placement - Block TWO:

26th May to 6th July 2025 (6 weeks total)

<u>The PA student will now have covered at</u> <u>university (in addition to Block 1):</u>

1 week (each) of renal, dermatology, ENT, haematology/oncology and End of Life care; 2 weeks of endocrinology and mental health; and 3 weeks (each) of neurology and musculoskeletal system-focussed learning covering the diagnosis, investigation, and management of acute and chronic conditions within these specialties.

Scaffolded learning of clinical examination and procedural skills relevant to the aforementioned systems-based learning.

Taught Skills:

As well as those included on the block 1 document (page 10 of the handbook), the following is a list of

the examination and procedural skills that students will have covered prior to starting this placement. It is also expected they are able to obtain a clear clinical history for mental health, ENT, Endocrine, Renal, MSK and dermatological conditions as well as those listed for block 1.

- Thyroid Exam
- Diabetic Foot Exam
- Catheterisation
- Testicular exam
- CN exam, Upper and Lower Limb Neurological Exam, GALS/Spinal assessment, Cerebellar exam
- Fundoscopy
- ENT exam
- Hip/Knee/Ankle exam
- Shoulder/Elbow/Wrist exam
- Mental State Exam

Placement Assessments:

During this placement the PA student will be expected to undertake a variety of placementbased assessments for their professional practice portfolio including:

- Start (and end) of placement block meetings with supervisor.
- 2 x Case based discussions (CBDs).
- 2x Consultation observation
- 1 x Multisource feedback forms (MSFs) and patient feedback.
- Evidence of solo consultations (16 minimum)

Through the year they will also have specific skills and clerking's to be reviewed/signed off.

Placement Block Focus:

This is the second placement that the Physician Associate students complete and takes place after their second block of teaching.

It is **recommended** that in this block, students may provide patient care under direct observed supervision (level 2 supervision) with the aim being to work towards providing patient care under indirect supervision (level 3 supervision).

It remains helpful for the student to spend time working alongside different members of the MDT (not exclusively doctors or PAs).

It would <u>not</u> be appropriate for the student to lead a consultation/perform a practical procedure where they have not had the prior training at university (see skills box left).

Students can however engage in **observational** learning activities around topics/skills which **they have not yet had the prior training at university.**

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Year 2 Primary care Placement

7th July 2025 – 25th July 2025 (3 weeks total)

Prior to this placement, the PA student will have completed at university:

The entirety of the first and second years of their studies, comprising the learning outlined in previous block summaries. In addition to those listed for previous blocks they will have covered Emergency Medicine, Surgical Specialities Obstetrics and Gynaecology, Palliative care and Paediatrics.

Taught Skills:

As well as those included in 1st year (available lists on pages 12-14 of the handbook), the following is a list of the examination and procedural skills that students will have covered prior to starting this placement. It is also expected they can obtain a clear clinical history in all of the speciality subjects they have been taught this year.

. . .

- ReSPECT discussions
- Suturing and splint
- Burns assessment
- Minor injury assessment
- Trauma management and scribing
- Gloving, gowning and scrubbing
- Pregnant abdomen examination
- PV exam including bimanual and speculum
 - Breast examination
 - Assessment of rashes
 - Paediatric examination skills
 - NIPE
- HEADSSS assessment and Developmental
 Milestones

They will have also completed the Spotting the Sick Child online e-learning modules.

Placement Assessments:

During this placement the PA student will be expected to undertake a variety of placementbased assessments for their professional practice portfolio including:

- Start (and end) of placement block meetings with supervisor.
- 1x Observed consultation.
- 1 x Case based discussions (CBDs).
- 1 x Multisource feedback forms (MSFs)
 1 x Multisource feedback forms (MSFs)
 and patient feedback.
- Evidence of solo consultations (8 minimum)

Placement Block Focus:

This is the final primary care placement that the Physician Associate students complete and takes place after the students have completed the majority of their studies.

Supervision expectations remain the same as the end of block 3 with an expectation that students would be able to manage more complex patient presentations. **Please refer to the previous page if you need to review this guidance.**

Please note, this placement marks the end of their studies. Their portfolios are expected to be handed in the week commencing 21/07/2025 and therefore it would be advisable to ensure all placement sign offs/end of unit meetings are completed before then.