

MSc Physician Associate Studies

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Secondary Care Practice Placement Handbook for
Placement Providers

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Secondary Care Placement – General Information:

Aims of this document:

The document provides an overview of the expectations of a PA student within each of their secondary care placement blocks and is intended as a suggested guide for PA placement supervisors. The information in this document aligns with the PA competency framework.

Key Contacts:

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Placement Dates for the 2024/25 Academic Cycle

Year 1 Cohort

Block 1: (3 weeks)

2nd December 2024 – 22nd December 2024

Block 2: (3 weeks)

7th July 2025 - 27th July 2025

Year 2 Cohort

Block 1: (10 weeks)

26th August 2024 – 3rd November 2024

Block 2: (6 weeks)

6th January - 16th February 2025

Block 3: (9 weeks)

5th May 2025 – 6th 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.

Year 1 will no longer be required to meet minimum placement hours, including specialty hours as per new GMC regulation guidance. However, students are still expected to submit timesheets via ARCPoW. You can access the system here: <https://arcpractice.uwe.ac.uk/sso>

Year 2, whilst continuing the old curriculum, will be required to evidence at least 1600 hours across primary and secondary care placements to register for the PANE. They are not, however, required to meet any specialty hours.

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Placement Supervisor Expectations

The following section is intended to summarise the suggested expectations from secondary care placement supervisors. It is expected that supervisors will:

- Ensure that an appropriate induction is given and documented
- Conduct the initial interview and plan for student development
- Coordinate suitable individuals to work alongside the student, demonstrating and teaching evidence-based practice
- Coordinate the observation and supervision of the student's practice as per the levels of supervision guidance below
- Provide feedback, both verbal and written for the student on their progress
- Document and liaise with the Secondary Care Placement Lead when students are a cause for concern

Levels of Supervision:

Supervision is expected to decrease from direct (level 2) to indirect (level 3) as an individual student gains experience in their placement learning environment. Despite the level of supervision required, all patient care must be reviewed by the supervising named doctor or healthcare professional.

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

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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 these rotations is not only 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 and to identify the learning needs that the student highlights or enables the student to meet.

Students have been advised to select cases 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. 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.

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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.

Assessment	Assessment to be completed by	Time required
Start of placement meeting	Consultant supervisor or clinical education fellow	20 minutes
Mini-Clinical Evaluation Exercise (Mini- CEX)	Medical: FY1 or above, qualified & FPA registered PA Nursing: ANP or specialty trained nurse	15 minutes
Case-Based Discussion (CbD)	Medical: Doctor of registrar grade/equivalent, clinical education fellow or above, PA > 3 years post qualification experience Nursing: ANP or specialty trained nurse	15 minutes
Student clerking & presentation	Medical: FY1 or above, qualified & FPA registered PA Nursing: ANP or specialty trained nurse	Variable
Direct Observation of Procedural Skill (DOPS)	Any clinician who has been trained and is competent in the observed task/skill – i.e. <i>HcAs are appropriate for observations/handwashing; nurse or junior doctor for cannulation etc.</i>	Dependent on the skill
Multi-Source Feedback (MSF)	Any member of the team	10 minutes
End of Placement Review	Supervisor, Education fellow, Lead PA	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.**

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Case-based Discussion (CBD)					
Assessor		Position		Date	
Student:					
Presenting Problem:					
	Significant improvement needed	Satisfactory	Good	Very Good	N/A
Case Specific					
History					
Examination					
Investigations					
Diagnosis					
Management					
General					
Communication					
Professionalism					
Overall					
Things done well					
Areas for improvement					
Signed					
Learning and Reflective Points (to be completed by the student)					

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Mini-Clinical Evaluation Exercise (Mini-CEX)					
Assessor		Position		Date	
Student:					
Presenting Problem:					
	Significant improvement needed	Satisfactory	Good	Very Good	N/A
Case Specific					
History					
Examination					
Clinical Reasoning					
Management					
General					
Communication					
Professionalism					
Overall					
Things done well					
Areas for improvement					
Signed					
Learning and Reflective Points (to be completed by the student)					

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Multi-Source Feedback

The point of multi-source feedback is to help you become used to asking other professionals for feedback about your clinical competency. It will be a useful source of information and reflection throughout your career.

1	Assessor Name and Role:	
	Student:	
Things the student should continue to do		
Areas for the student to improve		

End of Attachment Clinical Supervisor Sign Off			
Student Name:			
Clinical Supervisor:	Position:	Date:	
Attachment:	GMC/MVR:		
	Complete	Incomplete	Comments
Appropriate number of clerking completed			
Engagement with other clinical activities			
Case-based discussions			
Mini-CEXs			
Multisource feedback and other staff comments			
Do you have concerns about professionalism (yes/no – details)			
Supervisor comments			
Supervisor signature			

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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 ([Physician associate registration assessment \(PARA\) 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).

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 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.

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 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.

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.

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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 co-morbidities and other medications (poly-pharmacy) on agent choice and prognosis and able to modify management plan to age and co-morbidities as well as patient wishes.

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 [Notification of Concern form \(PDF\)](#). 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 PAStudies@uwe.ac.uk 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, in order for any patterns to be recognised. For more information please review the [Process for Placement Providers \(PDF\)](#) document.

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Placement Block Focuses and Student Prior Learning

Quick go to 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.

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Year 1 Secondary Care Placement - Block ONE:

2nd December to 22nd December 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 secondary 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 1-2 weeks 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 secondary care team who may be attached to the department (not exclusively doctors or PAs).

It would **not** 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 placement-based assessments for their professional practice portfolio including:

- Start (and end) of placement block meetings with supervisor.
- 1 x Mini consultation evaluation exercise (mini-Cex).
- 1 x Case based discussions (CBDs).
- 1 x Multisource feedback forms (MSFs).

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

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Year 1 Secondary Care Placement - Block TWO:

7th July to 27th July 2025 (3 weeks total)

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

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-focused** 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 placement-based assessments for their professional practice portfolio including:

- Start (and end) of placement block meetings with supervisor.
- 1 x Mini consultation evaluation exercise (mini-Cex).
- 1 x Case based discussions (CBDs).
- 1 x Multisource feedback forms (MSFs).

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 and primary care placement.

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 not 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 Secondary Care Placement - Block ONE:

26th August 2024 – 3rd November 2024 (10 weeks total)

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

The **entirety of the first year** of their studies, comprising the systems-based helical learning model covering, infection, cardiovascular, respiratory, gastrointestinal, endocrine, dermatological, MSK, neurological and mental health conditions. This placement is placed at the start of their second year and so they will have had no second-year teaching.

Placement Assessments:

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

- Start (and end) of placement block meetings with supervisor.
- 3 x Mini consultation evaluation exercise (mini-Cex).
- 3 x Case based discussions (CBDs).
- 3 x Multisource feedback forms (MSFs).

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

Taught Skills:

As there has been no teaching within year two yet, the expected examination, procedural and consultation skills are the same as in year one. Please refer to the Block 1 and 2 guidance for year one for a full

Placement Block Focus:

This is the first secondary care placement that the Physician Associate students complete in year 2 and should allow for clinical rotation around departments as well as development of skills and competencies within specialist areas.

It is recommended that in this block, students should be working at **level 3 supervision** (providing care under indirect observation) in areas they have previously been placed or under direct observed supervision (**level 2 supervision**) with the aim being to work towards providing patient care under indirect supervision (**level 3 supervision**). In areas that are new.

Though this is, however, at the discretion of the placement provider based on their assessment of the student's clinical acumen and progress to-date.

It is **NOT** recommended that students work at **level 4 supervision** as this level is typically representative of an experienced qualified PA.

This block should aim to provide the students with ample opportunity to consult patients and present to their clinical supervisor.

It would not be appropriate for the student to lead a consultation/perform a practical procedure where they have not had the prior training at university.

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Year 2 Secondary Care Placement - Block TWO:

6th January 2025 – 16th February 2025 (6 weeks total)

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

The **entirety of the first year** of their studies, as well as specialist teaching in Obstetrics and Gynaecology, Palliative care and Paediatrics.

Placement Block Focus:

This is the penultimate care placement that the Physician Associate students complete and takes place after the students have completed a significant portion of their studies with only a few specialist areas left to cover.

It is **recommended** that in this block, students should be working at **level 3 supervision** (providing care under indirect observation) in areas they have previously been placed or under direct observed supervision (**level 2 supervision**) with the aim being to work towards providing patient care under indirect supervision (**level 3 supervision**). In areas that are new.

Though this is, however, at the discretion of the placement provider based on their assessment of the student's clinical acumen and progress to-date.

It is **NOT** recommended that students work at **level 4 supervision** as this level is typically representative of an experienced qualified PA.

This block should aim to provide the students with ample opportunity to consult patients and present to their clinical supervisor.

It would **not** be appropriate for the student to lead a consultation/perform a practical procedure where they have not had the prior training at university.

Placement Assessments:

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

- Start (and end) of placement block meetings with supervisor.
- 2 x Mini consultation evaluation exercise (mini-Cex).
- 2 x Case based discussions (CBDs).
- 2 x Multisource feedback forms (MSFs).

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

Taught Skills:

As well as those included in 1st year (available lists on page 13 and 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 for Obstetric and Gynaecological and Paediatric presentations. The students should also have an understanding around difficult conversations and ReSPECT documentation, as well as those listed for year 1.

- 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.

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Year 2 Secondary Care Placement - Block THREE:

5th May 2025 – 6th July 2025 (9 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 and additional Mental Health blocks.

Placement Block Focus:

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

It is recommended that in this block, students should be working at **level 3 supervision** (providing care under indirect observation) in areas they have previously been placed or under direct observed supervision (**level 2 supervision**) with the aim being to work towards providing patient care under indirect supervision (**level 3 supervision**). In areas that are new.

Though this is, however, at the discretion of the placement provider based on their assessment of the student's clinical acumen and progress to-date.

It is **NOT** recommended that students work at **level 4 supervision** as this level is typically representative of an experienced qualified PA.

This block should aim to provide the students with ample opportunity to consult patients and present to their clinical supervisor.

It would not be appropriate for the student to lead a consultation/perform a practical procedure where they have not had the prior training at university.

Placement Assessments:

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

- Start (and end) of placement block meetings with supervisor.
- 2 x Mini consultation evaluation exercise (mini-Cex).
- 2 x Case based discussions (CBDs).
- 2 x Multisource feedback forms (MSFs).

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

Taught Skills:

As well as those included in 1st year (available lists on page 13 and 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 for emergency and surgical presentations as well as those listed for the previous year 1 and 2 blocks.

- Suturing and splinting
 - Burns assessment
- Minor injury assessment
- Trauma management and scribing
- Gloving, gowning and scrubbing

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.