POCKET GUIDES







PHYSICIAN ASSOCIATE PLACEMENTS

Kate Straughton and Jeannie Watkins



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POCKET I V









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PHYSICIAN ASSOCIATE PLACEMENTS

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University:
Programme leader:
Personal tutor:
PLACEMENT DETAILS
Placement area:
Practice Education Facilitator:
Link lecturer:
CONTACT IN CASE OF EMERGENCY
Name:
Contact number (mobile):
Contact number (home/work):

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Preface

We believe that PA students are strong, visible ambassadors who can help the NHS understand what a PA can do, and how PAs fit into the team. Hopefully, for PA students just starting your journey, this book will get you thinking about the importance of clinical placements, how vital it is to be prepared for placement, to participate when you are there, to optimise your time and learning opportunities (knowing what you can contribute and what you can get from the placement). This book should also enable you to reflect and learn from your experiences. We also hope that his handbook will make the clinical placement experience a little less scary and enable you to prepare for working life as a newly qualified PA.

Kate Straughton

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Having worked as Physician Associates in roles (clinical and academic) supporting PA students on their clinical placements for many years, we would like to extend a huge thank you to all the students we have worked with. Without you, your questions, concerns, ideas, challenges, and oodles of examples of brilliant practice, we would not have anything to say!

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Abbreviations

Below you will find abbreviations used in this book. There is also space for you to create a list of further (approved) abbreviations that you encounter during placement.

Familiarise yourself with locally approved abbreviations in your first few days of placement.

A&E Accident and Emergency
ABC Airway, breathing, circulation

ABG Arterial blood gas

ACE Angiotensin-converting enzyme

ACVPU Alert, new Confusion, responds to Voice,

responds to Pain, Unresponsive

ADLs Activities of daily living
AHP Allied Health Professional

ALs Activities of living

ARDS Acute respiratory distress syndrome

BLS Basic life support
BP Blood pressure
C. diff Clostridium difficile

CA Cancer

CD Controlled drug
CHF Chronic heart failure

COPD Chronic obstructive pulmonary disease
CPD Continuing professional development
CPR Cardiopulmonary resuscitation

CSU Catheter specimen urine

CVA Cerebrovascular accident (stroke)
DNAR Do not attempt resuscitation

DOB Date of birth

DOPS Direct Observation of Procedural Skills

DVT Deep vein thrombosis
ECG Electrocardiogram
ED Emergency department
ENT Ear, nose and throat
ET Endotracheal tube
GCS Glasgow Coma Scale
GMC General Medical Council

H₂0 Water

HIV Human immunodeficiency virus

HR Heart rate
HTN Hypertension

I&D Incision and drainage I&O Intake and output

IBS Irritable bowel syndrome ICP Intracranial pressure

ICU/ITU Intensive care unit / intensive treatment

unit

IM Intramuscular INH Inhaled IV Intravenous

LOC Level/loss of consciousness
MDT Multidisciplinary team

MRSA Methicillin-resistant Staphylococcus aureus

MSU Midstream urine specimen

NBM Nil by mouth NG Nasogastric

NSAID Non-steroidal anti-inflammatory drug

 $\begin{array}{cc} \text{O} & \text{Oral} \\ \text{O}_{\text{2}} & \text{Oxygen} \end{array}$

PE Pulmonary embolism
PGD Patient Group Direction

PPE Personal protective equipment

PR Per rectum
PRN As needed
PV Per vagina
RBC Red blood cell

SBARD Situation, background, assessment,

recommendation, decision

S/C Subcutaneous
S/L Sublingual

SOB Shortness of breath
SPA Suprapubic aspirate
TIA Transient ischaemic attack

TOP Topical *or* Termination of pregnancy

TPN Total parenteral nutrition

TPR Temperature, pulse, respiration

UA Urinalysis

UTI Urinary tract infection

VRE Vancomycin-resistant Enterococcus

WBC White blood cell

•	Note your own (approved) abbreviations

Introduction

Physician Associate programmes are designed to deliver medical knowledge and skills over a minimum of 90 weeks, preparing students for entry into professional practice. At least half of the programme is based in the clinical environment, rotating through a range of core and elective medical and surgical specialties across primary and secondary care. PA student clinical placements are a fundamental part of the educative process, incorporating theory with practice and building confidence and competence. However, it is recognised that placements can also be challenging mentally, physically and financially, and a source of anxiety and stress.

This handbook is a practical guide to help PA students prepare for clinical placements, giving factual and useful information to enable students to function safely, maximise the opportunities available and get the most out of their attachments. It provides general guidance and principles (not specific to any one placement area) applicable to most areas of practice. With good preparation, communication and commitment students stand the best chance of being successful in achieving their objectives and find that placements can be incredibly enriching and rewarding experiences.

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Professionalism

As a PA student on placement, you will be expected to exhibit the professional behaviours and attitudes of a medical healthcare professional. These are defined by the General Medical Council and detailed in Good Medical Practice: interim standards for physician associates and anaesthesia associates (2021). In addition to this the GMC has also published guidance for medical students, Achieving Good Medical Practice (2016) which explains the standards of professional behaviour as a student. Whilst the latter publication is specifically for medical students, this guidance is relevant to PA students pending regulation with the GMC. We have outlined the main points below, but you should familiarise yourself with both documents. In addition to this your university may also have professionalism expectations that you are required to uphold and demonstrate whilst on placement; again you should be aware of these. The Faculty of Physician Associates has a published Code of Conduct and Scope of Professional Practice for qualified PAs which is based on GMC quidance.

Standards expected for doctors and medical students; also applicable to PAs

Domain 1: Knowledge, skills and performance

Develop and maintain your professional performance

 As a registered PA, you will be expected to keep your skills and knowledge up to date so you can give your patients the best standard of care

Apply knowledge and experience to practice

PAs must recognise and work within the limits of their competence

Record your work clearly, accurately, and legibly

Domain 2: Safety and quality

- Contribute to and comply with systems to protect patients
- Respond to risks to safety
- Protect patients and colleagues from any risk posed by your health

Domain 3: Communication, partnership and teamwork

- Communicate effectively
- Work collaboratively with colleagues to maintain or improve patient care
- Ensure continuity and coordination of care
- Establish and maintain partnerships with patients
- Maintain patient confidentiality

Domain 4: Maintaining trust

- Show respect for patients
- Treat patients and colleagues fairly and without discrimination
- Act with honesty and integrity

Source: Good Medical Practice (GMC, 2021) and Achieving Good Medical Practice (GMC, 2016).



Challenge yourself - Professionalism quidance

Familiarise yourself with the supporting documentation for clinical placements. This includes:

- GMC Good Medical Practice: interim standards for physician associates and anaesthesia associates
- GMC Achieving Good Medical Practice
- University documentation including handbooks, assessment guidance and professionalism expectations
- Faculty of Physician Associates Code of Conduct and Scope of Professional Practice.

17.1 Being professional on placements – practical steps

The following steps are taken from the GMC publication *Achieving Good Medical Practice* (2016):

- Always introduce yourself to patients, letting them know your name and that you are a Physician Associate student.
- When you meet a patient for the first time, check if they have any objections to having a student present.
- If your university or placement provider has given you an ID badge or similar, make sure it is always visible.
- Dress smartly and in line with dress codes set out by your university or placement provider.
- Arrive on time for your placement and do not leave your placement early unless you have agreed this with a relevant supervisor.
- · Attend induction sessions if they are offered.
- Attend all mandatory training arranged for you while on a placement.
- Make sure you know about and follow the rules and guidance specific to your placement, including how you should raise any concerns. If in doubt, make sure you ask if there is anything in particular you should know at the start of your placement.
- Be honest with patients if you do not know the answer to their questions. Patients appreciate that you are there to learn.
- Make sure you know who is responsible for directly supervising you on your placement and who has the overall responsibility for PA students where you are working. This will help you understand where to go if you need help and if you have any concerns you need to raise.
- Be aware that while on any elective, in the UK or abroad, as a student you should still apply the advice in this guidance wherever possible.

In addition to the above, if you get the opportunity to type in the notes always sign them clearly, stating your name and PHYSICIAN ASSOCIATE STUDENT and then whichever doctor, PA or healthcare professional has reviewed the patient. If you have not finished writing the notes and are called away to do something else, it is always good to write *notes unfinished* or similar.

Top tips

- Be honest if someone asks you a question that you do not know the answer to, that's OK. You are a student, and they are expecting to teach you. If a patient asks you a question that you are not sure about, be honest and say that you will ask a senior.
- Don't pretend to be a medical student. You are a PA student and that is something to be proud of!

Potential areas for concern around professionalism

- Persistent inappropriate attitude or behaviour
- Failing to demonstrate good medical practice
- Drug or alcohol misuse
- Cheating or plagiarising
- Dishonesty or fraud, including dishonesty outside the professional role
- Aggressive, violent or threatening behaviour
- Any caution or conviction

Source: Achieving Good Medical Practice (GMC, 2016).

Breaking confidentiality is also a cause for concern.