

## ACADEMIC SERVICES

## MODULE SPECIFICATION

		Part 1: Bas	ic Data				
Module Title	Foundations in	Foundations in Clinical Medicine 2					
Module Code	UZYRSL-30-M		Level	М	Ver	sion	2
UWE Credit Rating	30 ECTS Credit Rating		15	WBL module? No			
Owning Faculty	Health and Applied Sciences		Field	Allied Health Professions			ns
Department	Allied Health Professions		Module Type	Professional Practice			
Contributes towards	MSc Physician Associate Studies						
Pre-requisites	None		Co- requisites	None			
Excluded Combinations	None		Module Entry requirements	None			
First CAP Approval Date	24/03/2016 20/07/2017 (v2)		Valid from	September 2017 (v2)			

	Part 2: Learning and Teaching			
Learning Outcomes	<ul> <li>On successful completion of this module students will be able to:</li> <li>Demonstrate appropriate attitudes and interpersonal and inter-professional communication skills throughout clinical placement. (Component A).</li> <li>Critically evaluate the diagnosis, and management options available to clinicians for an agreed range of conditions met within the particular clinical environment (Component A &amp; B)</li> <li>Critically discuss the basic and clinical sciences when interviewing patients and their families and undertaking a physical examination (Component B)</li> <li>Critically evaluate the effect on healthcare of ethical and legal considerations, and the political, NHS and individual trust context (Component A &amp; B)</li> <li>Demonstrate safe, ethical and competent clinical practice in line with the clinical placement guidelines. (Component A).</li> <li>Demonstrate competence in an agreed range of clinical procedures. (Component A)</li> <li>Demonstrate a comprehensive understanding of patient-centred care, including the impact of various patient contexts and demographic issues (Component B)</li> </ul>			
Syllabus Outline	Foundations in Clinical Medicine 2 incorporates both university learning and then initial secondary care clinical rotations of year 2 in the programme.			
	This module will build on the clinical sciences, foundations in clinical medicine			

	<ul> <li>1, clinical skills and clinical experiences gained so far in the year and will form the scaffolding for students to pin their multi-layered learning.</li> <li>Foundations in Clinical Medicine 2 will cover the theoretical aspects of core medical specialities relevant to Physician Associate practice and is mapped to the national Physician Associate matrix specification of core clinical conditions as listed below: <ul> <li>Woman's Health</li> <li>Obstetrics</li> <li>Children and Young People</li> <li>Mental Health</li> </ul> </li> </ul>		
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	- Obstetrics - Children and Young People - Mental Health		
	- Children and Young People - Mental Health		
	- Mental Health		
	- Older People		
	- Ear, nose and throat		
	- Dermatology		
	And		
	People with learning disabilities		
ser wo thr hot	<b>cheduled learning</b> constitutes a maximum of 72 hours. It will include lectures, minars, tutorials, demonstrations, practical classes and workshops; external visits; ork based learning; supervised practice time in simulation rooms. This will include 3, ree hour "Keeping In Touch" on-line sessions delivered once within each rotation (9 jurs total)		
rea	<b>Independent learning</b> this set at 124 hours. It will include activities such as essential reading, case study preparation, assignment preparation and completion, computer assisted learning; simulator scanning, reflection on learning. <b>Placement learning</b> : clinical practice placements for this module includes three		
	rotations of four weeks (157 hours per rotation).		
Teaching and Ac Learning	cademic Component		
Methods	<ul> <li>Problem based learning (PBL) will form the basis for students to explore these system based disorders and will be introduced each week by different PBL cases in which patient presentations (mapped to the list of patient presentations in the national Physician Associate competence and curriculum framework) act as a platform to facilitate system- specific and patient-related human science learning opportunities.</li> <li>Weekly PBL patient cases will be front loaded by a lecture linked to the weekly theme and then students will work in small groups to identify learning outcomes based on the case.</li> <li>The case will be finalised at the end of each fortnight by a student lead</li> </ul>		
	<ul> <li>facilitated consolidation session on the case in which all students will report to the group on their learning from the case.</li> <li>Students will be encouraged to approach cases in a holistic patient-centred mind-set using the bio-psycho-social framework.</li> </ul>		
	<ul> <li>PBL cases will be supported by expert lectures, workshops, medical sciences teaching, clinical skills teaching and guided independent learning.</li> <li>The module enables students to develop a systematic understanding of the pathophysiology, basic medical and human sciences underpinning clinical</li> </ul>		
	<ul> <li>pathophysiology, basic medical and numan sciences underpinning clinical practice, applying this knowledge to clinical practice and the clinical reasoning appropriate to their roles in clinical practice.</li> <li>The module will provide students exposure to a wide range of theoretical knowledge and clinical experiences contextualised to 'real life clinical</li> </ul>		

<ul> <li>situations' through the Problem-Based learning approach.</li> <li>The module will develop the students' clinical reasoning skills for managing undifferentiated presentations of common and important medical conditions – mapped to the core patient presentations in the national Physician Associate competence and curriculum framework, including appropriate investigation, diagnosis and management.</li> <li>The knowledge for this module is assimilated throughout all teaching and learning sessions provided in year 1.</li> </ul>
Practice component
<ul> <li>Although clinical experience in the form of community medicine starts early in year 1, this is the first time students have been placed in the acute setting and also the first occasion on which clinical learning will form the major part of their experience rather than theoretical learning.</li> <li>It is important that students have learning support in the clinical setting, especially at this early stage. But it is equally important that they should become acclimatised to learning independently in the clinical area through interaction with patients and with the members of the multi-professional team. This sets up learning habits which will stand them in good stead through the remainder of their training and their professional careers.</li> <li>Learning support is provided by a named clinical supervisor and others as appropriate. It is aimed at:</li> <li>The direct and focused provision of knowledge and skills, through bed-side teaching, tutorials etc.</li> <li>The provision of knowledge and skills through observation of expert practice and the opportunity to ask questions/explore issues.</li> <li>The sharing, discussion and revision/confirmation of learning through seminars, clinical practice etc.</li> <li>The shaping of agendas for independent learning.</li> <li>Students will be expected to develop their knowledge of a range of conditions, available treatment modalities and the process by which clinical decisions (both diagnostic and management) are made.</li> <li>The range of conditions students are expected to learn about are set out in the matrix of conditions from the national Physician Associate competence and curriculum framework and will be determined largely by the patients to whom the student is exposed.</li> <li>During the placement, students will develop a portfolio of clinical cases, which will inform case based discussions at the university and will shape current and future leaning for that student.</li> </ul>
<b>Scheduled Learning.</b> This constitutes 72 hours and includes lectures, seminars, tutorials, problem-based learning session supervision, practical classes and simulations
<b>Independent Learning.</b> Within this module the student will be expected to undertake 124 hours independent learning. This will include hours engaged with essential reading, assessment presentation, involvement in problem based learning groups.
<b>Placement Learning.</b> There are 590 associated placement hours. Prior to placement there is the delivery of clinical documentation (including Professional code of conduct) and clinical skills sessions (e.g. Intermediate Life Support and Manual Handling). Whilst on placement there are support visits by a link liaison lecturer. Students will engage in a 12 week clinical practice placement. This will include a single "Keeping in Touch afternoon" every four weeks whereby material will be delivered in the on-line environment.
A learning contract will be negotiated between the student, a member of academic staff and the work based mentor for each rotation.

Key Information Sets Information	Key Information Sets (KIS) are produced at programme level for all programmes that this module contributes to, which is a requirement set by HESA/HEFCE. KIS are comparable sets of standardised information about undergraduate courses allowing prospective students to compare and contrast between programmes they are interested in applying for.				. KIS are ses allowing	
	Key Infor	mation Set - Mo	dule data			
	Number	of credits for this	: module		30	
	Hours to be allocated	Scheduled learning and teaching study hours	Independent study hours	Placement study hours	Allocated Hours	
	300	72	124	471	667	$\otimes$
	Coursework: Practical Exampractical exam Please note th necessarily ref of this module	at this is the tot lect the compor	nent or essay, ment and/or pr al of various ty nent and modu ent of the mod	report, disser resentation, p /pes of asses ule weightings ule:	tation, portfoli ractical skills a sment and wil	o, project assessment, I not
		Coursework as	sessment per	centage	Pass/Fail	]
		Practical Exam assessment percer		percentage	100%	_
					100%	
Reading Strategy	students may referred to text will also reflect Further reading	be required to that are avail the range of rea	purchase a se lable electroni ading to be ca	et text, be giv cally or in the rried out.	ven a print st e Library. Moo	ccessing it, e.g. udy pack or be dule handbooks printed reading.
	Students are entry themselves. The	expected to ide	ntify all other ired to read w	reading relev videly using th	ant to their c	hosen topic for rch, a variety of sources can be

	accessed remotely. The purpose of this further reading is to ensure students are familiar with current research, classic works and material specific to their interests from the academic literature.
	Access and skills
	The development of literature searching skills is supported by a Library seminar provided within the first semester. Students will be presented with further opportunities within the curriculum to develop their information retrieval and evaluation skills in order to identify such resources effectively. Additional support is available through the library web pages, including interactive tutorials on finding books and journals, evaluating information and referencing. Sign up workshops are also offered by the Library.
Indicative Reading List	The following list is offered to provide validation panels/accrediting bodies with an indication of the type and level of information students may be expected to consult. As such, its currency may wane during the life span of the module specification. However, as indicated above, current advice on readings will be available via the module handbook.
	Barness, L.A., Gilbert-Barness, E. and Fauber, D. (2009) Handbook of Paediatric Physical and clinical Diagnosis. 8 <sup>th</sup> ed. London: Oxford University Press
	Brown, E., Collis, W., Leung, T. and Salmon, A. (2008) <i>Heart Sounds Made Easy.</i> 2 <sup>nd</sup> ed. London: Churchill Livingstone.
	Davey, P. (2014) <i>Medicine at a Glance.</i> [online] 4 <sup>th</sup> ed. Chichester: Wiley. [Accessed 18 January 2016].
	Eekhof, J.A.H., Knuistingh Neven, A., Verheij, T.J.M., and Hopcroft, K. eds. (2005) <i>Minor Ailments in Primary Care: An Evidence-Based Approach.</i> Oxford: Butterworth Heinemann.
	Epstein, O., Perkin, G., Cookson, J. and de Bono, D. (2008) <i>Clinical Examination.</i> 4 <sup>th</sup> ed. Edinburgh: Mosby
	Fuller, G. (2013) <i>Neurological Examinations Made Easy.</i> 5 <sup>th</sup> ed. London: Churchill Livingstone.
	Hopcroft, K. and Forte, V. (2014) <i>Symptom Sorter</i> 5 <sup>th</sup> ed. Milton Keynes: Radcliffe Publishing
	Johnson, G., Hill-Smith, I., Ellis, C., Kelly, A. and Rollings, R. (2012) <i>The Minor Illness Manual.</i> <sup>4th</sup> ed. Milton Keynes: Radcliffe Publishing.
	Longmore, M., Wilkinson, I., Baldwin, A. and Wallin, E. (2014) Oxford Handbook of <i>Clinical Medicine</i> . [online] 9 <sup>th</sup> ed. Oxford: Oxford University Press. [Accessed 18 January 2016]
	Peters, M. (2013) <i>The British Medical Association Illustrated Medical Dictionary.</i> 3 <sup>rd</sup> ed. London: Dorling Kindersley Ltd.
	Raine, T. and Dawson, J. (2014) Oxford Handbook for the Foundation Programme. 4 <sup>th</sup> ed. Oxford: Oxford University Press.
	Seidel, H., Ball, J., Dains, J. and Benedict, W. (2011). <i>Mosby's guide to physical examination.</i> 7th ed. St. Louis: Elsevier

Part 3: Assessment			
Assessment	Component A:		

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Strategy	<b>Portfolio</b> to demonstrate competency in the clinical setting. Rationale: An opportunity for the student to demonstrate clinical competence. The portfolio is assessed in practice and marked as pass / fail as students need to meet a minimum requirement to practice safely at this level. There is opportunity for students			
	to receive formative feedback throughout the placement.			
	Element 1- Objective Structured Clinical Examination (OSCE) - Maximum 2 hours			
	This is in keeping with the format of the external national examination for Physician Associates and enables the assessment of practice skills, application of knowledge and understanding to practice scenarios, and the critical consideration and evaluation of associated consultation processes and principles.			
	<b>Element 2 -</b> Unseen Exam – 1 hour. Comprises Multiple Choice Questions. This is in keeping with the format of the external national examination for Physician Associates.			
	A mark of 50% or more must be achieved in each element of Component B.			
	Formative Assessment:			
	Formative assessment opportunities will be available through skills supervision and feedback and also tutorial support. In addition, students will be provided with the opportunity to engage in formative OSCE activities, quizzes, and multiple-choice questions.			

Identify final assessment component and element	ent B			
% weighting between components A and B (Standard modules only)			<b>B</b> : -	
First Sit				
Component A (controlled conditions) Description of each element		Element v (as % of co		
1. Portfolio			PASS/ FAIL	
Component B Description of each element		Element v (as % of co		
1. Objective Structured Clinical Examination - Maximum 2 hours			50%	
A mark of 50% or more must be achieved				
<ol> <li>Unseen Exam – 1 hour</li> <li>A mark of 50% or more must be achieved</li> </ol>			50%	

Resit (further attendance at taught classes is not required)		
Component A (controlled conditions) Description of each element	Element weighting (as % of component)	
· · ·		
1. Portfolio	Pass/ Fail	
Component B Description of each element	Element weighting (as % of component)	

1. <b>A ma</b> r	Objective Structured Clinical Examination - Maximum 2 hours k of 50% or more must be achieved	50%	
2.			
A mark of 50% or more must be achieved			
If a student is permitted a retake of the module under the University Regulations and Procedures, the assessment will be that indicated by the Module Description at the time that retake commences.			

## FOR OFFICE USE ONLY

First CAP Approv	val Date	24 Marc	ch 2016		
Revision CAP Approval Date	20 July 2	2017	Version	2	Link to RIA 12402