Physician Associate Brief Job Descriptions

**Acute Medicine (AMIA)**

The department of Acute Medicine is a busy unit that manages unscheduled, front door hospital medicine. There are three main parts to the service, namely the Acute Medicine Initial Assessment ward (AMIA, Ward 101), the Short Stay Medical Unit (SSMU, Ward 103), and Ambulatory Emergency Care (AEC, based in ward 101)

AMIA: Referrals to AMIA generally come from GPs. In AMIA, patients are seen by nursing staff, junior doctors or Advanced Nurse Practitioners, and Senior Health Care Support Workers, as soon as possible after arrival. They are assessed for NEWS, clerked, blood samples are taken, radiological investigations requested and treatment initiated. The patients are then reviewed by senior medical staff before a final step-down destination is planned. Finally, the patients are then handed over to the medical team on the step down ward.

In AMIA, the PA would work alongside the junior medical staff. They would clerk patients, take blood samples, perform ECGs, liaise with senior medical staff, nurses, radiology, step down medical staff, and other members of the wider multidisciplinary team in Acute Medicine. This would offer the PA a wealth of experience both in the practicalities of venesection, cannulation and other core procedures, but also in the management of a wide variety of presentations.

SSMU: This is a 30-bed ward. Referrals to SSMU come almost entirely from AMIA, Emergency Department or AEC. When patients arrive on the ward, they are clerked if from ED or AEC, or a transfer clerking is done if the patient has come from AMIA. The patients are reviewed daily on the morning ward round, and, where needed, at other times later in the day. The turnover in SSMU is very high with an average of nearly 20 patients being discharged, and replaced by new patients, every day. This involves a large amount of clinical work as well as the administration needed for planning investigations and discharge preparation (IDLs, in particular).

The role of the PA in SSMU would be to support the daily ward round with whatever jobs arise during and after. Venesection, cannulation, writing IDLs, requesting investigations, downloading results, delivering investigation requests and communicating with other professionals, within our outwith the hospital, would all be part of the PA’s job. As with AMIA, the experience gained in SSMU would be a combination of developing practical skills but also learning about the management of a good variety of medical presentations. The patients that are referred to SSMU should have clinical conditions that are expected to be resolved within 72 hours of admission.

AEC: Referrals to AEC come from GPs, AMIA, SSMU or ED. Some patients also have return appointments. The patients that attend AEC are selected as being people whose clinical needs do not require them to stay in hospital, but they would benefit from a very prompt assessment and diagnosis. For example, low risk chest pain, cellulitis, lower respiratory tract infections, suspected DVT, suspected but haemodynamically stable PE, stable chemoline referrals, headache, anaemia requiring transfusion, stable and low-risk cardiac arrhythmias, etc.

All patients attending AEC are assessed by a member of the junior team – middle grade doctor, ANP – and discussed with the Consultant or Registrar. It is envisaged that the PA would work at middle grade doctor/ANP level, assessing patient, initiating appropriate investigations and downloading results. They would also be required to write discharge letters for the patients that they have been looking after. There is a SHCSW based in AEC, but there may still be times when the PA is needed to do cannulation, venesection, ECGs. We have point of care equipment for D-dimer and Troponin, and the PA would be trained in their use.

The multidisciplinary teams in AMIA, SSMU and AEC work closely together, with the aim of providing patients with our best quality service. We see that a PA would fit in well with these teams, and that they would benefit from the broad variety of experiences to be gained through working in front door medicine. Initially, the PA would work at the equivalent of FY1 level. However, with the passage of time, we anticipate that they would gather increasing skills that would enable them to work at a higher level.

There is always senior support available, in all parts of the department, and junior members of the team are encouraged to use that support where needed.

The continuity provided by a PA would, in a similar way to the continuity that the ANPs provide, be important in the training and development of the junior doctors that pass through the department on 4-6 monthly rotations.

**Breast Surgery, ARI Aberdeen**

The Breast Unit at ARI is a busy regional tertiary referral centre, dealing with around 500 breast cancers a year to include both symptomatic and breast screening cases. The breast surgery department works in close proximity with the breast radiology, pathology, oncology and plastic surgery to deliver state-of-the-art diagnostic and treatment services. The post holder will be working for the surgical team and will be covering the ward, breast clinics and theatres.

With appropriate supervision, the post holder will be involved in the initial assessment including taking medical histories; assessing and examining patients; initiating and interpreting investigative laboratory, imaging and diagnostic tests; recommending appropriate patient management and presenting patient data and plans to the wider multidisciplinary team.

- On the ward the post holder will be part of the team doing the ward round and will assist in admitting the patients to the ward where they get clerked, investigations checked and consented prior to surgery. A high percentage of patients are discharged same day of surgery or the day after, while more complex oncoplastic cases may stay longer. The joint cases with plastic surgery especially free flap reconstruction are admitted and care for postoperatively by the plastic surgery team.

- There are 3-4 theatre sessions a week and the post holder will be expected to assist in one of these lists attending the preoperative and the post-operative rounds. They will have the opportunity to learn skin closure and will have the exposure to postoperative assessment including assessment of drains and seromas.

- There are symptomatic outpatient breast clinics every day where the patients are assessed by the surgical team, have imaging in clinic (Mammogram +/- USS) and biopsies if indicated and the post holder will be expected to cover 3 clinics a week. There is one breast screening clinic a week and though the post holder is not expected to cover these, if they are interested, they can join the consultants covering these clinics if they want more exposure to breast screening patients.

The unit has close links with primary care and each year one of the surgeons talks to local GP groups, often taking along a member of the team. Working in the breast unit is an ideal placement for a PA as there is a broad range of opportunity to progress skill mix from GP type clinic consultation, ward management (including the odd emergency patient with abscess or infection) and theatre skill set. Also, there is interaction with other specialities to include radiology, pathology, oncology and plastic surgery which adds more variety for the work.

For further information or to arrange visits to the unit or if you want to join a clinic to learn more about this exciting opportunity please contact either Mairi Fuller, Consultant Breast Surgeon on 01224 55190 mairi.fuller@nhs.scot or Yazan Masannat, Consultant Breast Surgeon 01224 552739 Yazan.Masannat2@nhs.scot

**Emergency Department, ARI, Aberdeen**

The postholder’s will carry out assessment, management and referral of undifferentiated patients presenting to acute and unscheduled care services. They will received direct and indirect supervision from Consultant and Middle Grade Medical staff.

By the end of the 6 months placement the PA will be expected to gain competencies in the following:

***Structured ABCD assessment of the acutely ill and injured patient***

* AIRWAY
  + Assessment/ Basic manoeuvres /use of adjuncts and BVM ventilation
* BREATHING
  + Assessment/ Oxygen administration/ respiratory monitoring (SpO2, ETCO2)
* CIRCULATION
  + Assessment/ NIBP and HR monitoring/ Urinary output and Fluid Balance
  + Blood transfusion and use of IV fluids
* DISABILITY
  + AVPU/ GCS/ Pupils
  + Indications and use analgesia in the ED

***Initial assessment, differentiation, investigation, management and disposition of the patient with:***

* Chest Pain
  + ECG interpretation and Rhythm recognition
  + Risk stratification of the patient with Cardiac Chest Pain
  + Practical understanding of the Defibrillator and External Pacer
* Breathlessness
  + Oxygen therapy
  + ABG analysis and interpretation
  + Introduction to Chest X-ray interpretation
  + Practical understanding of NIV
* Collapse/ Seizure
* Neurological abnormality (including Stroke)
* Acute Headache
* Acute Abdominal Pain
* Systemic infection /SEPSIS
* Head Injury
* Limb injuries
  + Neurovascular assessment
* #NoF
  + Fascia Iliac Block
* Epistaxis
  + Nasal packing and cautery

***Introduction to the principles and management of minor injuries***

* Common fractures
  + Slings/ splints/ back slab application
* Wounds
  + Local anaesthetic infiltration and digital blocks
  + Wound closure
* Burns

***Introduction to Paediatric Emergency Medicine***

* Principles of assessment and management of the acutely ill or injured child
* History taking in Children
* NAI
* Analgesia in Children
* Common Paediatric injuries

**Emergency Department and General Surgery, Dr Grays, Elgin**

There are two posts with one Intern working 6 months in ED followed by 6 months in general surgery and vice-versa at Dr Gray’s Hospital in Elgin. The postholders will gain experience in generic skills such as documentation of patient history and assessments, medical reconciliation, phlebotomy, catheter care, central line care, midline insertion and care and removal, assessment of patients contacting the cancer treatment helpline and patients referred by the Moray GP team. Within general surgery there could be the potential to include theatre skills and supporting the General Surgeons in outpatient clinics, to improve patient flow.

Main duties include:

* Completing the medical documentation for patients arriving at the hospital.
* Assistance with routine junior doctor tasks whilst in the department
* Training in use of mid lines
* Training to carry out appropriate clinical interventions and provide clinical assistance with these procedures
* Training to remove PICC lines
* Assistance with telephone communications from Moray GP’s.

PA intern will work in close conjunction with junior doctors and the rest of the ED and general surgery team.

**ENT, ARI, Aberdeen**

The PA Intern role will involve the assessment, examination, diagnostic process and the interpretation of investigations and the recommendation of initial treatment of ENT patients within an acute setting. Often such care will be urgent care of acute ENT problems under the direction and guidance of the ENT team.

The role will initially and predominantly be inpatient acute ward work, pre-operative investigations and post-operative care.

The post-holder will be supervised by a named ENT Surgeon with an identified educational supervisor for career development.

**Geriatrics, ARI Aberdeen**

Working in Acute Geriatric Medicine in ARI will provide the PA Intern with excellent opportunities to be involved in the holistic care of frail older people with a wide variety of presentations. By the end of the 6 month placement on Acute Geriatric Medicine the aim is that the PA Intern will have enhanced their basic clinical skills in line with the intern year aims and curriculum, as well as gained experience with a broad range of conditions both in terms of diagnosis and management.

The PA Intern will work as part of the Multidisciplinary Team (MDT) both the Geriatric Assessment Unit (GAU) and the step down wards (303+304). Patients needing admission come to GAU after having their initial assessment in either the Emergency Department or Acute Medical Initial Assessment. After a process of Comprehensive Geriatric Assessment on GAU, patients who are felt to need a longer period of assessment/treatment in hospital can be transferred to our step down wards.

The PA Intern’s duties will consist of typical ward work: participating in ward rounds; requesting, interpreting and documenting investigations; venepuncture; cannulation; ECGs; calling for advice or referring patients to other medical specialties; clerking patients who arrive from A+E or AMIA; writing discharge letters. The PA Intern will also take part in the daily MDT huddles which are attended by medical staff, physiotherapy, occupational therapy and nursing staff to discuss the ongoing care and discharge plans for each patient.

Another key aspect of the role is effective communication – both within the MDT and also with patients and their relatives. You will regularly speak with relatives to provide updates, obtain collateral history, discuss discharge planning and decisions regarding care. Although many of the more complex and difficult discussions are done by a senior member of the team, the post will give the PA Intern excellent opportunities for improving their communication skills.

There are regular educational opportunities, with a weekly departmental X-Ray meeting and educational meeting on Tuesdays, and also a weekly Quality Improvement meeting on Fridays. The PA Intern will be encouraged to actively participate in these. The PA Intern will have a designated Educational Supervisor, but will also receive support and guidance from all senior members of the team.

Suggested topics to review before starting in the department:

* Delirium and delirium drivers
* Frailty syndromes
* Drugs that can increase risk of falls or contribute to confusion
* Analgesia and laxatives

**Haematology, ARI Aberdeen**

The role will involve the haematology assessment, diagnosis and treatment of patients within an acute ward setting and outpatient clinics. Often this care will be inpatient haematology care under the direction and guidance of the haematology consultants. As well as supporting junior medical staff on Ward 112, the post holder will also play an important part in the consultant led outpatient clinics and day unit.

The physician associate in haematology will be a member of the haematology team. There is a requirement to recognise and understand the importance of the multi-disciplinary team in delivering complex care. The post-holder will be accountable for ensuring that patient care is of a high standard at all times and that standards of care and treatment meet the department’s requirements.

The post-holder will be supervised by haematology consultants with an identified educational supervisor for career development. At present the role is designed around normal working hours, but if required the physician associate will provide clinical care as directed including weekends and out of hours.

The physician associate will be expected to maintain a generalist medical knowledge while also developing expert clinical knowledge of haematology. This provision will initially be predominately inpatient acute work with the potential to expand into outpatient clinics.

**Maxillofacial Surgery, ARI Aberdeen**

The Oral and Maxillofacial Surgery (OMFS) department in ARI treats a range of patients with conditions affecting the Head and Neck. These range from cysts and lesions affecting the mouth and jaws, impacted teeth and facial trauma through to management of complex facial deformity and resection / reconstruction for head and neck cancers. Our department also manages many cases of salivary gland disease, facial pain. Jaw joint problems and oral medicine conditions.

Each of our OMFS consultants is qualified in both medicine and dentistry and we have both medical and dental junior staff working together in our department.

The PA Intern in OMFS will sork alongside our team of junior medical and dental staff. They will have a chance to work on the ward, in the outpatient department and in theatre where they will gaina wide breadth of experience in the sort of work undertaken by our department. On the ward they will provide support during and following ward rounds with tasks arising from these rounds. These tasks may include venesection, cannulation, writing IDLs, requesting investigations and collating results. There will be an opportunity to learn about peri-operative management of patients including facial trauma and those that have undergone significant head and neck reconstruction.

On the and in outpatients they will have opportunities to take histories abd assess new patients, both emergency and elective under direct and indirect supervision. They will attend departmental teaching and clinical governance meetings and training days. They will have an identified educational supervisor within the department.

**Neonatal**

An exciting new opportunity has arisen to join the Neonatal team in Aberdeen Maternity Hospital (AMH), working in an acute and dynamic setting within the Neonatal Unit (NNU) and caring for neonates in postnatal areas within AMH.

In the High Dependency Unit and Special Care Bay Unit you will join the team and learn how to manage non acute problems of unwell babies.

You will attend high risk deliveries with experienced colleagues and learn skills of neonatal resuscitation, stabilisation and transfer to NNU.

You will become an integral member of the Postnatal Ward team involving Midwives, Neonatologists and baby’s family. You will learn and perform Neonatal Examination including how to differentiate between well and unwell babies and recognise babies requiring further investigation. You will use learn to use BADGER (a maternal and neonatal electronic Patient Record) to document all clinical encounters.

You will learn how to site IV cannula and collect blood samples from newborns and how to order, prepare, send and interpret test results. You will become familiar with the principles of neonatal nursing and monitoring and learn about and become part of ‘Family Integrated Care’ in the NNU.

You will have chance to attend ongoing teaching, X-ray and multi-disciplinary team meetings and take part in QI projects.

You will also get the opportunity to attend Developmental clinics led by Developmental Therapists (Physio/Occupational therapist with an expertise in NN care) or Consultant in the Royal Aberdeen Children’s Hospital (RACH) outpatient department.

The supervisory / mentoring role will be undertaken by one of the Consultants in the unit according to your PA Intern Year Program. In the longer term there may be opportunities to remain within the unit and to further develop your skills with a view to contributing to the medical cover for the unit.

For more details please contact Dr Saulius Satas, Consultant Neonatologist, Service Clinical Director on saulius.satas@nhs.scot

**Neurology, ARI, Aberdeen**

The neurology department comprises 8 consultants, 3 neurology registrars, 2 specialty doctors, 1 rotating CMT, 1 rotating CDF and 1 rotating FY1. We run a consultant of the week system where 1 Consultant is in charge of the ward and supports the ward junior staff. We work closely with the ward nurses, specialist nurses and allied health professionals. As a PA intern you will work closely with one of our specialty doctors and the rest of the ward team, learning about management of elective and emergency patients. You will become an integral member of the ward team, learning about basic processes such as IDLs, patient assessment, procedures, attending X ray and multi-disiplinary team meetings, management of patients in our patient investigation unit etc. You will also get the opportunity to attend clinics in the outpatient department, the MS relapse clinic on the ward and procedural clinics and you will be able to shadow the junior doctors when they are on other ward seeing ward referrals. The supervisory / mentoring role will be undertaken by one of the Consultants and the specialty doctor

**Obstetrics and Gynaecology, ARI Aberdeen**

The department of Obstetrics and Gynaecology is delivered between Aberdeen Maternity Hospital and Ward 308/309 in ARI.

The PA intern will be part of a large clinical team including 23 consultants and 25 (WTE) Specialty trainees in Obstetrics and Gynaecology, GPSTs, FY1s and 2s as well as Nursing, Midwifery and Allied health professional staff.

The clinical duties of the PA intern will be varied and are likely to include looking after inpatients and emergency admissions to both gynaecology and maternity, assisting in clinics and theatres, looking after pre and post operative patients, attending ward rounds, working on labour ward, assisting at elective caesarean section lists and looking after patients in the early pregnancy area of AMH.

The well supported multidisciplinary environment of the department, will enable the PA intern to develop generic, and specialty specific, clinical knowledge and skills beyond that which they currently possess, that will prepare them well for future posts.

The PA intern will be able to engage in the educational and governance activities of the department and will have a named clinical and educational supervisor to support their development during their internship.

For further information please contact Dr Subhayu Bandyopadhyay Unit Clinical Director Women’s Services 01224 553579 subhayu.bandyopadhyay@nhs.scot

**Oncology, ARI Aberdeen**

The role will involve the oncology assessment, diagnosis and treatment of patients within an acute ward setting and outpatient clinics. Often this care will be inpatient oncology care under the direction and guidance of the oncology medicine consultants. As well as supporting junior medical staff on Ward X, the post holder will also play an important part in the consultant led outpatient clinics.

The physician associate in oncology will be a member of the oncology team. There is a requirement to recognise and understand the importance of the multi-disciplinary team in delivering complex care. The post-holder will be accountable for ensuring that patient care is of a high standard at all times and that standards of care and treatment meet the department’s requirements.

The post-holder will be supervised by oncology consultants with an identified educational supervisor for career development. At present the role is designed around normal working hours, but if required the physician associate will provide clinical care as directed including weekends and out of hours.

The physician associate will be expected to maintain a generalist medical knowledge while also developing expert clinical knowledge of oncology. This provision will initially be predominately inpatient acute work with the potential to expand into outpatient clinics.

**Orthopaedics and Anaesthetics, Woodend Hospital Aberdeen**

This is a new innovative post designed to give the PA experience in both s the surgical aspects of Orthopaedics and also an introduction into preparation of patients for orthopaedic anaesthesia.

In Woodend, the PA would work alongside junior medical staff and be involved in the care of post operative patients and check that patients arriving on the day of surgery are fit to go ahead with surgery. Tasks would include taking blood samples including blood gases, cannulation and performing ECGs. The PA would be expected to go on ward rounds with Consultant Orthopaedic Surgeons and liaise with other medical staff including Anaesthetists, nursing staff, Physiotherapists, Occupational Therapists and Acute Pain Nurses.

The PA would help the FY2 doctors to prepare IDLs.

It would be expected that the PA would assist surgeons in theatre and also learn to use the Cell Salvage Machine, to provide salvaged blood for major blood loss cases at Woodend. The PA would also be expected to be helping with data collection for ERAS patients.

There will be opportunities for learning about post operative care with Recovery nurses and Anaesthetists and experience of airway management will be provided in Theatre Recovery. The PA role in anaesthesia is intended to provide opportunities to learn about pain management, fluid therapy and care of the unconscious patient in recovery.

The PA would be expected to attend Orthopaedic teaching and the Anaesthetic CPD meetings. A named supervisor will be provided and regular meetings will be arranged to monitor progress and an annual appraisal will be provided.

**Paediatric Medicine, Aberdeen**

The PA intern will get a chance to work in a sub-specialty of their choice within medical Paediatrics including gastroenterology, oncology and diabetes. The specialist teams consist of physicians, specialist nurses, pharmacists, dieticians, OTs, physiotherapists and other members of the multidisciplinary team. The rotation will provide a great opportunity of team working and at the same time learning the art of managing complex patients. Working in a sub- specialty involves a lot of communication between different members of the team, which sometimes involve working with regional and national speciality specific networks and the successful applicant will be very much expected to contribute towards this.

For more information please contact Consultant Naveed Ahmad at naveed.ahmad@nhs.scot

**Psychiatry, Cornhill Aberdeen**

The post is based in Royal Cornhill hospital: In-patient wards (General Adult), Out-patient settings including Specialism’s such as eating disorders and rehabilitation Psychiatry. Possibly attend clinics in primary care. Gain experience of ECT clinics possibly. Gain knowledge of Psychological therapies approaches in treatments.

Main duties include:

* Clerking patients including physical examination.
* Examination and discussion of common physical illnesses.
* Assessment of patient mental state.
* Identification of complications of psychiatric illnesses and their treatment side effects and complications.
* Liaison with other clinicians and GPs.
* Helping assess complex physical – psychological co-morbidities.

The PA intern will join in with the trainee and service wide educational programme and events and will receive department specific training and involvement in educational events.

**Stroke**

The PA Intern will be based in Ward 402/403 and will be responsible for clerking of elective and emergency patients, undertaking venepuncture and cannulation, ordering of tests, liasing with junior and senior medical staff and to helping to complete IDLs. The PA Inter will also support consultant staff with the following activities:

* Seeing TIA/Stroke patients with supervision in clinic
* Providing initial assessment of patients with potential stroke in ED and supporting consultants with thrombolysis of patients.
* Review of patients outwith the stroke unit.
* Assisting with 24 hour Holter ECG monitor service.

Day to day supervision will be provided by junior and senior medical and nursing staff. A stroke consultant will provide formal educational supervision and will support the PA to obtain the necessary education and training experiences to help them carry out the role.

**Urology, ARI Aberdeen**

Job title: PA intern post in Urology

Brief job description: The post-holder will have a comprehensive portfolio of tasks and responsibilities designed to complement previous training and equip interns with a broad range of practical skills, clinical acumen, time management, ability to prioritise, and develop interpersonal and communication skills to work in a multidisciplinary team environment. Specifically, these include the following:

1) Clerking elective and emergency admissions;

2) Completion of drug charts;

3) Preparation of immediate discharge letters (IDLs);

4) Assisting the FY2 doctors in preparing for morning and evening ward rounds;

5) Updating daily clinical handover sheet (results of investigations, bloods, etc.);

6) Practical clinical skills including obtaining intravenous access, venesection, arterial blood gas sampling, ECG, urinary flow rate study, post-void residual bladder scanning;

In terms of Continuing Professional Development, interns will have the opportunity to be involved in the Urology department's teaching activities (medical students and surgical trainees), clinical governance (clinical audits, weekly Urology Cancer MDT Meeting, monthly Stone Meeting, monthly Morbidity and Mortality Meeting) and training events, including introductory sessions to robotic surgery (incorporating a hands-on session on the robotic surgery simulator).

The intern will be supervised and line managed by the Clinical and Educational Supervisor, Mr Thomas Lam, Consultant Urological Surgeon and Honorary Senior Clinical Lecturer. Performance and progress will be monitored by regular quarterly face-to-face meetings and an annual appraisal.