Queen Mary
University of London

IHS7112/7115:
Community Medicine
Placement Handbook

MSc Physician Associate Studies

2025-2026

Module Lead: Dr Nadina Hussain

Table of Contents

Placement Overview

The aim of this placement is to establish a core understanding of the structure and functions of the primary health care team. The PA student, through this two-year longitudinal placement, will incorporate themselves in their Primary Care team and develop a sense of their potential for future roles in the General Practice setting. Specific focus in the first year will be placed on common chronic disease management, progressing over the two years to the assessment of acutely unwell patients including children and importantly developing strategies to safely manage cases in which there exists some clinical uncertainty.

Students should focus on the skills of a generalist, rather than focussing on the speciality they are studying in the secondary care modules. Students will frequently encounter similar clinical problems and diseases in their secondary care placements. This module aims to build on how this existing knowledge applies in the primary care context, and to deepen their understanding to gain confidence in managing the various clinical conditions.

The tutor at the host practice should try to ensure that PA students have a variety of clinical exposure and get as much opportunity to see and learn about the primary care team and the clinical problems seen in general practice as possible. It is likely that some informal preparation for reception staff is required, so that students are allocated patients of increasing complexity and to reflect the diversity of the practice population.

Students should discuss cases they have observed or seen personally with the supervising clinician so that they learn to identify gaps in their knowledge and self- direct their own learning. Teaching will occur through case discussions and observing consultations delivered by their supervisors and primary care team in which they are based. This will occur in a structured manner where tutors will offer specific and descriptive feedback to the student as a formative assessment.

Course Contacts

Programme Administrator:	Janice Rolle j.rolle@qmul.ac.uk
GP placement administrator for PAs	Miss Chloe Millan c.millan@qmul.ac.uk
Community Module Lead	Dr Nadina Hussain nadina.hussain@qmul.ac.uk

Teaching structure

Supervision within Primary Care

Students will need direct clinical supervision. All patients that are seen should be discussed and seen by the GP tutor. Your Lead GP tutors will need to be responsible for ensuring that you see patients initially within the bounds of your competence, but you should remain proactive in increasing the challenge of the cases that are booked into your surgery such that you feel a growing confidence in seeing patients in increasing complexity across the breadth of general practice.

Student Surgeries

Student Surgeries Year 1

By the time the students start their GP placements they will have had training in how to take a history and how to do the respiratory, cardiovascular, abdominal and neurological examinations. Additionally, they will have been trained to do urinalysis and assess vital signs.

The beginning of their GP placement will largely consist of active sitting in with professionals, observing consultations and taking part in performing basic measurements such as blood pressure and weight. Students should also spend time observing other members of the practice team such as the reception staff and practice manager to understand how GP surgery's function.

As the placement progresses students should be developing an understanding of chronic disease management and common primary care problems; they can start to see patients in parallel to their supervisor, taking an initial history and examination and starting to formulate a differential diagnosis.

By the end of year 1, the students will be able to see and assess appropriately selected patients independently and then discuss the diagnosis and management needs with the supervising GP tutor.

Student surgeries Year 2

Students should be deepening their understanding of chronic disease management and common primary care problems; they should ideally see patients in parallel to their supervisor, taking an initial history and examination and starting to formulate a differential diagnosis, management plan including appropriate medications. Though the student should be formulating a plan for patient care, the supervisor must remain aware that the student is still in training and the supervising GP maintains responsibility for the patient, hence all patients require review. Students should practice considering appropriate medications and principles of prescribing, but all prescriptions must be issued by the supervising GP.

Student's surgeries form an integral part of their learning in this Community Care Module and should ideally occur on most of the days that they are in the practice.

A suggested model could be students seeing patients for 20-minute appointments and then presenting and seeing the patient with the supervising clinician. Tutors will need to consider "blocked slots" in the supervising clinician's own surgery to allow time for supervision, this should be aligned with the student surgery timings.

Reception staff should be guided by the GP tutor on booking suitable patients into student surgeries depending on the competence of the student PA thus far, selecting patients across the demographic range of the practice. Reception staff should advise patients that they will be seen by a student PA but will still have a consultation with a GP.

Clinical skills

As PAs are a newer member of the clinical workforce GP tutors may not be aware of the structure of their training and which knowledge, skills and behaviours they will be able to put into practice during their placements in primary care. For this reason, we have listed below a guide to when the students will be specifically taught certain skills at the University and what we would expect them to be proficient in at the end of each term.
Students will be expected to gain competencies in these clinical skills throughout all their placements including hospital placements and GP.
NB Some procedures/clinical skills will only be performed in hospital placements, but GP tutors need to be aware of what is expected of PA students.

Year 1

Term 1

- Introduction to Communication in healthcare
- History taking skills: Introducing yourself, gaining consent, exploring ICE, exploring HPC, drughistory, family & social history
- Cardiovascular examination
- Respiratory examination
- Abdominal examination including PR
- Neurological examination
    - Cranial nerve examination
    - Peripheral nerve Examination
- Basic Life support
- Measure body temperature
- Measure pulse rate
- Measure respiratory rate
- Measure and record blood pressure
- To take a venous blood sample, using appropriate tubes for required tests
- Perform and interpret a 12 lead ECG
- Perform a urine dipstick test
- Undertake respiratory function test including Peak flows (when to request, explain to the patient the how to perform the test at home or in the clinic and explain the results) *(within covid restrictions)*
- Spirometry – demonstrate a working knowledge of spirometry including interpreting and explaining the procedure and results to a patient) *(within covid restrictions)*

Term 2

- Ophthalmic examination including assessment of visual acuity, visual fields and

fundoscopyOropharyngeal examination
- Otoscopy
- How to perform a mental state examination and take a psychiatric history
- Dermatological examination: students should be able to describe lesions/rashes with correctterminology
- Draw up and give intramuscular and subcutaneous injections
- They will also revise examination of the musculoskeletal system:
  - Examination of the spine
  - Lower limb joints: Ankle, knee and hip examination Upper limb joints: Hand, wrist and shoulder examination
- Demonstrate how to perform a diabetic foot check

Term 3

- the students should be able to give smoking cessation advice and give appropriate dietary and exercise advice to patients with chronic diseases.

Year 2

In year 2 students should become more fluent in all examinations and practical procedures and integrate them with their history taking, investigations and management of patients.

Term 1

- Obstetric history taking and examination of the pregnant woman Sexual health history taking, examination and swabs
- Gynaecological history taking and examination including bimanual and speculum examination and obtaining a cervical smear
- Paediatric history and examination
- Falls history and assessment
- Arterial Blood Gas (ABG)- perform and explain the results
- Female and male catheterisation Blood cultures
- Commence and manage a blood transfusion

Term 2

- Inserting a naso-gastric tube
- Undertaking simple skin suturing
- Breast examination
- Rectal examination

Assessment in Primary Care

Students will be spending most of their time in primary care seeing patients in student surgeries and their modes of assessment reflect this. **Case based discussion (CbD**), **Clinical evaluation exercise (mini-CEX), Direct observation of procedural** skills (DOPS), **patient feedback** and **student reflective piece** arethe formative assessment tools used. An additional break in student surgery and more blocked appointments in GP tutor's surgery are likely to be required when planning to perform a case discussion or observed consultation on some of the student surgeries.

The students will have a logbook with the activities and skills that they need to get signed off by their tutor during their placement. At the end of each term tutors will be required to complete an end of term evaluation of the student's overall competence.

The students' overall assessment will be based on the following:

1. **Attendance and level of participation and engagement during the placement**
2. **Assessment of professional attitude and conduct**
3. **Completion of required number of CbD, mini-cex and DOPS (See logbook for further information).**
4. **Patient feedback (see logbook for further information).**
5. **Student reflective piece (see logbook for further information).**

As of December 2023, Physician Associate (PA) students in the UK are regulated by the General Medical Council (GMC), following the enactment of the Anaesthesia Associates and Physician Associates Order 2024. This change aims to standardise education, enhance professional accountability, and improve patient safety by aligning PA training and practice with the rigorous standards applied to doctors (GMC, 2023). The GMC now oversees PA registration, fitness to practise, and sets educational outcomes to ensure consistency across training programmes (Department of Health and Social Care, 2023).

References:

- General Medical Council (2023). *Regulation of Physician Associates and Anaesthesia Associates*. Available at: https://www.gmc-uk.org
- Department of Health and Social Care (2023). *Anaesthesia Associates and Physician Associates Order 2024*. Available at: https://www.gov.uk

Assessment of attendance and participation

At the end of each term tutors should assess students on their progress and achievement according to the grading criteria set down by the University.

Forms for each student should be completed on the last day of the placement, with the student present. The forms are in the student's personal logbook.

The benefit of the logbook is that both the GP and hospital tutors can monitor students' progress so that gaps in their experience can be addressed.

Assessment of professional attitude and conduct

We want to ensure that our students develop appropriate professional attitudes and behaviour from the very beginning of their training; we recognise that some students may need more help and guidance in their professional development than others and we want to be able to identify them as early as possible so this support can be provided.

GP tutors will be asked to assess students Professionalism, Attendance and Competence at the **end of each year**

Completing the assessment

If as a GP tutor you feel the student is satisfactory you simply need to tick as many of the domains as you feel happy to assess. If you cannot assess a domain, simply tick the 'cannot assess' box.

We also want GP tutors to make a global assessment on each student; again, if you feel thestudent is satisfactory, simply circle satisfactory and sign and date the form).

We do not require you to make any comments about a student unless there are problems. If you feel a student is unsatisfactory in a given domain, please give them some feedback and monitor to see if the situation improves.

What to do if a tutor or student has concerns about progression

Any GP tutor or PA student who has concerns should usually try to discuss these concerns within the placement in the first instance. Local resolution is an important skill to learn and should be role modelled for students if possible.

If the concerns continue or are not resolved, GP tutors or the PA studentshould contact module lead Dr Nadina Hussain nadina.hussain@qmul.ac.uk

LEARNING OBJECTIVES

Set out in the following pages are the learning objectives and learning outcomes.

i) the learning **objectives** of the module: this is what the **student should be able to achieve** at the end of the learning period. For example, at the conclusion of the Community Medicine module, you should be able to "*Describe the diagnosis and management of pre-diabetes"*

ii) the learning **outcomes** of the module describes how you, the student, should be able to **demonstrate what you have learnt in a way that can be measured by you or the teaching staff.** For example, at the conclusion of this module, you should be able to:

a. Define prediabetes and how it is diagnosed.

b. Describe the management of prediabetes

Primary care

Topic	Learning objectives	Learning outcomes
Introduction to primary care	*Describe primary care and how it functions*	Describe the concepts of • primary care, • general practice • family medicine. Describe the roles of non-clinical staff in the delivery of efficient, safe primary care. Recognise the interface between the hostpractice and other primary care organisations and secondary care. Become conversant with the clinical systemused at the practice Be able to document appropriately on theelectronic medical record with an understanding of the use of READ coding. Learn how to construct and run a search onthe clinical system. Understand how disease registers are constructed and maintained. Explain how the practice maintains a recallsystem for chronic disease patients.

Health promotion	*Discuss health promotion in primary care*	Describe the schedules for immunization inadults and children Take a smoking history. List the options in smoking cessationtherapy. Discuss cultural barriers to smokingcessation. Describe the dietary and exercise advice that can be offered to patients who are overweight or obese (in line with British Dietetics Association and NICE) Describe the community and third sector services that are available to patients referred from primary care for diet and exercise support Practice motivational interviewing. Explain social prescribing. Theorise how social determinants of healthaffect wellbeing Reflect on the impact of social issues on wellbeing and ill health in General Practice

Health Inequality	*Discuss health inequality in primary care*	Recognise barriers to accessing healthcare and how these can be overcome. Understand the difference in health outcomes between people from different groups in society. Describe the role of general practice in tackling inequalities and what represents good practice in tackling inequalities.

Chronic disease management

Cardiovascular

Essential Hypertension	*Describe how hypertension can be prevented* *Describe the management of hypertension*	List risk factors for essential hypertensionand how these can be managed Outline the long-term consequences of untreated benign essential hypertension Demonstrate an awareness of the importance of blood pressure control as apreventive approach to cardiovascular disease.
		Outline the national guidelines (i.e. NICEguideline) for diagnosing, treating and staging hypertension Describe the effects of hypertension on end-organs and how to assess a patient forthese Explain what Hypertensive retinopathy isand be able to identify findings on ophthalmoscopy Provide patient education taking into consideration each patient's psychosocialstatus. Understand the difficulty, for the patient,of lifestyle modifications that play a key role in the management of hypertension. Be sensitive to barriers that may prevent successful long-term compliance with drugtherapy in an asymptomatic condition.

Ischaemic Heart Disease	*Describe the prevention and treatment of ischaemic heart disease*	Describe and define the initiation of atherosclerosis. Describe the underlying pathophysiology for angina and the difference between stable and unstable clinical patterns. Define and describe the terms prevalence, detection and risk in regard to atherosclerosis. Assign a coronary risk percentage (10 year risk level for event %) using the QRISK3 tool and describe the basic principles underlying risk stratification. Take an accurate and complete history in order to identify a patient's risk profile for atherosclerosis. Be able to detect findings on clinical examination that may represent risk for the presence of atherosclerosis Recognize the ECG changes indicative of coronary ischemia both on the resting 12 lead ECG and stress test. Be able to treat active chest pain with sublingual nitroglycerin and aspirin. Describe the principles of primary and secondary prevention in ischaemic heart disease. Demonstrate the ability to discuss lifestyle modification to reduce the risk of ischaemic heart disease Demonstrate understanding of the monitoring requirements of cardiovascular risk factors in patients with Severe Mental Illness (SMI).

Chronic respiratory disease	*Describe the general management of chronic respiratory diseases in primary care*	Obtain, document, and present an age-appropriate medical history, including • duration and severity of shortness of breath • sputum production • cough • wheezing • haemoptysis • fever, • abnormal nocturnal/diurnal sleep patterns • patient's occupational history, including current and past exposures, environmental, • smoking (active and passive). Perform a physical examination to establish the diagnosis and severity of disease, including • accurate assessment of the use of accessory muscles for breathing, • accurate determination of pulsus paradox • accurate recognition of abnormal breath sounds Generate a differential diagnosis recognizing specific history and physical exam findings that confirm or refute a diagnosis of asthma, chronic bronchitis or COPD. Understand when to arrange and how to interpret a chest x-ray, spirometry, sputum culture, and pulse oximetry in the evaluation of patients suffering from obstructive airways disease. Describe the basic principles of bronchodilator, corticosteroid, oxygen and antibiotic therapy.

Renal

		Describe the role of influenza and pneumococcal vaccine in the care of patients with obstructive airways disease. Discuss how poor working, living, and environmental conditions can contribute torespiratory tract disease.
Asthma	*Describe the clinical presentation of asthma* *Describe the management of asthma*	Define Asthma Describe the symptoms and clinical features of Asthma. Describe the diagnosis, treatment and management of asthma Describe the management of an acute exacerbation of asthma Outline national guidance (i.e. NICE andBTS Guidance) on Asthma Describe the risk factors for asthma andhow they can be addressed.
COPD	*Describe the clinical presentation of COPD* *Describe the management of COPD*	Define COPD Describe the symptoms and clinical features of COPD. Describe the diagnosis, treatment and management of COPD Describe the management of an acute exacerbation of COPD Outline national guidance (i.e. NICE andBTS Guidance) on COPD Describe the risk factors for COPD and howthey can be addressed.
Chronic kidney disease	*Describe chronic renal disease and how it is managed in primary care*	Describe laboratory and clinical findings in early renal impairment. Discuss primary care management of renal impairment and chronic kidney disease. List indications for referral to a renal

		consultant. Describe strategies for co-managing patients with CKD with renal consultants.

Acute kidney injury (AKI)	Describe Acute kidney injury and how it is managed in primary care	Describe the primary care management of AKI 1,2 & 3 Describe the risk factors for AKI in patients with chronic health conditions Describe medications that may need to be stopped (if found to have AKI)

Endocrinology

Type 2 Diabetes	*Describe the diagnosis and management of pre-diabetes* *Describe the diagnosis and management of type 2 diabetes in primary care*	Define prediabetes and how it is diagnosed. Describe the management of prediabetes Discuss criteria for a new diagnosis of type 2 diabetes. Discuss guidelines for stepwise treatment of type 2 diabetes. Cite target HBA1c goals in type 2 diabetes. List complications of poorly controlled type 2 diabetes and how these are screened for Describe patient and family self-management of type 2 diabetes and prevention of complications. Describe the clinical presentation of diabetic peripheral neuropathy and how it is screened for and managed Be able to perform a diabetic foot examination

		Explain what diabetic retinopathy is and be able to identify findings on ophthalmoscopy
Thyroid disease	*Describe the pathophysiology of the thyroid*	Describe the function of the thyroid gland Understand thyroid function tests and interpret abnormalities

Hypothyroidism	*Describe the diagnosis and management of hypothyroidism*	Define hypothyroidism Describe the clinical features of hypothyroidism Describe the management of hypothyroidism
Hyperthyroidism	*Describe the diagnosis and management of hyperthyroidism*	Define hyperthyroidism and list its clinical features Describe the presentation and treatment of Grave's disease, Hashimoto's thyroiditis and Thyroid storm Describe the clinical features of Thyroid eye disease
Thyroid neoplastic disease	*Identify the presentation of possible thyroid neoplastic disease*	List the signs and symptoms of thyroid neoplastic disease List the criteria for referral to secondary care for possible thyroid cancer

Neurology

Chronic neurological disease and disability in the community	*Describe how chronic neurological disease is managed in the community*	Define rehabilitation and its purpose in managing chronic neurological condition Outline the principals involved in rehabilitation in the community as it relates to chronic neurological disability Understand each role of the multi-disciplinary team in regard to rehabilitative care in the community. List services for rehabilitative care in thecommunity. Explain the role of physiotherapy in

	Identify the presentation of multiple sclerosis	themanagement of chronic neurological conditions. Describe assessment of the home environment in the setting of chronic neurological conditions and disability. Define multiple sclerosis (MS) and recognize its clinical presentations.

Cancer in primary care

Red flags	*Identify when to refer patients to the 2 -week wait cancer clinic*	Understand the symptoms and signs that warrant investigation and referral for suspected cancer Outline the national guidance (i.e NICE guidance) for referral for the following suspected cancers: **Lung and pleural cancers** **Upper GI cancers** **Lower GI cancers** **Breast cancer** **Gynaecological cancers** **Urological cancers** **Skin cancers** **Head and neck cancers** **Brain and central nervous system cancers** **Haematological cancers** **Sarcomas** **Childhood cancers**

End of life care in the community	*Describe palliative and end of life care in the community*	Describe capacity and consent in end-of-lifedecision making. Explain the principles of palliative care. Discuss advance directives and engaging patients and families in planning for end of life. Describe the role of the multidisciplinary team in palliative care.

Ear, Nose and Throat

ENT clinical skills	*Be able to consult a patient presenting with ENT problems*	Take a thorough history of a patient presenting with an ENT complaint Perform a competent examination of the ears, nose and throat.
Ear	*Describe the presentation and management of common conditions of the ear.*	Describe the causes, clinical features and management of the following ear conditions: **Acute otitis media** **Cerumen impaction** **Labyrinthitis** **Otitis externa** **Vertigo** **Chronic otitis media** **Mastoiditis** **Meniere's disease** **Barotrauma** **Hearing impairment** **Tympanic membrane perforation**

Nose	*Describe the presentation and management of common conditions of the nose and sinus*	Describe the causes, clinical features and management of the following nose/sinus conditions: **Acute sinusitis** **Allergic rhinitis** **Epistaxis** **Chronic sinusitis** **Nasal polyps**

Throat	*Describe the presentation and management of common conditions of the throat.*	Describe the causes, clinical features and management of the following mouth/throat conditions: **Acute pharyngitis** **Acute tonsillitis** **Aphthous ulcer** **Laryngitis** **Oral candidiasis** **Oral herpes simplex** **Parotitis** **Quinsy** **Epiglottitis** **Oral leukoplakia** **Sialadenitis** **Peritonsillar abscess** **Dental abscess**
ENT cancer	*Identify the presentation of possible ENT cancers*	Recognise the clinical features of the following ENT cancers and their management: **Acoustic neuromas** **Nasopharyngeal and oral cancers**

Dermatology

Common skin conditions	*Describe the presentation and management of common Skin and Nail conditions*	Describe the causes, clinical features and management of the following skin conditions: **Atopic dermatitis** **Contact dermatitis** **Nappy rash** **Peri-oral dermatitis** **Seborrhoeic dermatitis** **Venous stasis dermatitis** **Actinic keratosis** **Tinea versicolor** **Tinea corporis/pedis** **Drug eruptions** **Pityriasis rosea** **Psoriasis** **Dermatophyte infections**

		Lichen planus **Acne vulgaris** **Rosacea** **Folliculitis** **Androgenic alopecia** **Onycomycosis** **Paronychia** **Exanthems** **Herpes simplex** **Molluscum contagiosum** **Verrucae** **Varicella-zoster virus infections** **Condyloma acuminatum** **Cellulitis/vasculitis** **Impetigo** **Erysiplelas** **Lice** **Scabies** **Insects bites** **Animals bites** **Human bites** **Simple and complex lacerations** **Burns** **Urticaria** **Vitiligo** **Hydradenitis suppurativa** **Melasma** **Lipomas/epidermal inclusion cysts** **Decubitus ulcers/leg ulcers** **Acanthosis nigricans** **Bullous conditions** **Stevens-Johnson** **syndrome Erythema** **multiforme Toxic** **epidermal necrolysis**

	Describe the psychosocial impact of skin disease on patients, their families and friends	
Skin cancer	*Identify the presentation of possible skin cancers*	Recognise the clinical features of the following skin cancers and identify when to refer a patient to secondary care: **Basal cell carcinoma** **Melanoma** **Squamous cell carcinoma**

Ophthalmology

Ophthalmology clinical skills	*Be able to consult a patient presenting with eye symptoms*	Take a thorough history of a patient presenting with an eye complaint Perform a competent examination of the eye including ophthalmoscopy
Common eye conditions	*Describe the presentation and management of common eye conditions*	Describe the causes, clinical features and management of the following eye conditions: **Blepharitis** **Conjunctivitis** **Corneal abrasion** **Keratitis** **Foreign body** **Pterygium** **Chalazion** **Orbital cellulitis** **Dacryoadenitis** **Strabismus** **Cataracts** **Congenital cataracts** **Macular degeneration** **Ectropion** **Entropion** **Glaucoma** **Retinal detachment** **Retinal vascular occlusion** **Optic neuritis** **Optic atrophy** **Blow out fracture** **Horner's** **Third nerve palsy** **Holme-Adie syndrome**

		List causes of red eye that should trigger referral to an ophthalmologist.
Cancers of the eye	*Identify the presentation of possible cancers of the eye*	List red flags for eyelid lesions suggestive of malignancy. Describe the causes, clinical features and management of **Retinoblastoma**

Musculoskeletal disease

MSK clinical skills	*Be able to consult a patient presenting with an MSK complaint*	Take a thorough history of a patientpresenting with joint pain. Perform a competent examination of thefollowing: Shoulder Hands Spine Hip Knee Ankle
Orthopaedics	*Describe the presentation and management of common orthopaedic conditions*	Describe the causes, clinical features and management of the following orthopaedicconditions **Rotator cuff disordersSubluxation** **Epicondylitis** **Carpal tunnel syndrome** **De quervain's tenosynovitisKyphosis/scoliosis** **Herniated disc pulposis Spinal stenosis** **Cauda equina Ankylosing spondylitis** **Slipped upper femoral epiphysisOsgood-schlatter disease Bursitis of the knee** **Meniscal tears Chondromalacia**
Rheumatology	*Describe the presentation and management of common rheumatological conditions*	Describe the causes, clinical features andmanagement of the following rheumatological conditions **Fibromyalgia** **Gout Pseudogout** **Rheumatoid arthritis** **Reiters syndrome** **Polyarteritis nodosa** **Scleroderma** **Sjogren's syndrome** **Juvenile rheumatoid arthritis** **Systemic lupus erythematosus**

Osteoarthritis	*Describe the underlying pathophysiology of Osteoarthritis* *Describe the management of OA*	Define Osteoarthritis Describe the causes of OA. Describe the symptoms and clinicalfeatures of OA. Describe the diagnosis, treatment and management of OA. List indications for surgical intervention inosteoarthritis of the hip and knee
Back pain	*Describe the management of back pain*	Create a differential diagnosis for acuteonset back pain. List red and yellow flags in acute onsetback pain. Discuss appropriate investigations in backpain and when MRI is indicated. Describe management options in acuteonset back pain. Discuss issues that may arise regarding illness and taking time away from work.
Septic arthritis	*Describe the underlying pathophysiology of Septic arthritis* *Describe the management of Septic arthritis*	Define Septic arthritis Describe the causes of Septic arthritis Describe the symptoms and clinicalfeatures of Septic arthritis Describe the diagnosis, treatment and management of Septic arthritis Differentiate among septic arthritis, rheumatoid arthritis flare and gout. Create a differential diagnosis for acute erythematous, painful joint
Osteomyelitis	*Describe the underlying pathophysiology of acute and chronic Osteomyelitis* *Describe the management of*	Define Osteomyelitis Describe the causes of acute and chronic Osteomyelitis Describe the symptoms and clinical features of acute and chronic Osteomyelitis Describe the diagnosis, treatment and

	Osteomyelitis	management of acute and chronic Osteomyelitis
Musculoskeletal Neoplastic disease	*Identify the presentation of possible musculoskeletal cancer.*	Recognise the clinical features of the following orthopaedic cancers and identifywhen to refer a patient to secondary care: **Bone cysts/tumour** **Osteosarcoma**
Pain Management in primary care		Outline the basic principles of pain physiology, including the transmission and modulation of pain signals. Recognise and differentiate between acute and chronic pain Develop a systematic approach to pain assessment, including the use of appropriate pain assessment tools and scales. Describe with non-pharmacological interventions for pain management, such as physical therapy, occupational therapy, psychological interventions, and complementary therapies - Describe the biopsychosocial model of pain, considering the physical, psychological, and social factors that influence pain perception and management. Outline the principles of opioid prescribing, including appropriate dosing, monitoring, and recognizing the potential risks and complications associated with opioid therapy Demonstrate knowledge of the pharmacological agents commonly used in pain management, including their mechanisms of action, indications, contraindications, side effects, and potential drug interactions Develop skills in providing effective patient education and counselling regarding pain management, including setting realistic expectations, addressing fears and concerns, and promoting adherence to treatment plans Recognize the importance of a multidisciplinary approach to pain management and understand the roles of different healthcare professionals, such as pain specialists, physical therapists, psychologists, and social workers, in comprehensive pain care Develop an understanding of the impact of cultural, social, and socioeconomic factors on pain perception, expression, and access to pain management resources.

Thank you for your dedication and support of our PA students