Trajectory of development table for Year 1 Physician Associate.

	Term 1	Term 2	Term 3
History	Full History	Focused history	Present a focused history, in a coherent concise manner and start to use communication skills for explanation and planning.
Examination	CVS/RESP/ABDO examinations	Perform an examination in GALS, neurology, ENT and thyroid	Perform examinations in breast, knee, hip, back, prostate and male genitals.
Diagnosis	Understand diagnosis in CVS/RESP and ABDO	Start to formulate differential diagnosis in areas covered by clinical theme	Propose relevant diagnosis in more that one system and appropriate to the condition
Investigations/ Management	Demonstrate/underst and principles of investigation.	Begin to suggest appropriate investigations for themes covered.	Suggest appropriate primary care and understand secondary care investigations for common and important conditions
Therapeutics	Be able to discuss therapeutics of common conditions for themes for this term. Start to develop clinical management plans for common and important conditions.	Be able to discuss therapeutics of common conditions for themes for this term. Further develop clinical management plans for common and important conditions.	Be able to suggest how to apply principles of prescribing for common and important conditions. Consolidate development of clinical management plans for common and important conditions.
Clinical procedures	BP, urine analysis, vital signs, pregnancy test, IM injection Able to obtain informed consent for any procedure competent to undertake.	Peak flow	ECG

average towards the right

	Term 1	Term 2	Term 3/Internship Year
History and consultation	Take history to differentiate causes of common presenting complaints, will be able to produce a short differential list.	Thorough history, appropriate co- morbidities, predisposing/risk factors to be able to interpret the most likely differential and reasons.	Will be able to produce a fuller list of differentials and able to complete a more focused history.
Examination (general)	-General and focused examinationDistinguish normal from abnormalDistinguish ill and very ill	Starting to be able to abbreviate their examination to become more focused. Student becoming confident in ability to distinguish normal from abnormal during clinical examination.	Supervising physician has confidence in student's findings and in the student using their clinical findings to justify the differential diagnosis.
Interpreting evidence and investigation.	For common and important conditions are able to: - outline basic investigations - understand and provide tentative interpretation of these results.	Understand diagnostic tests to rule out key negatives. Become aware of the limitations of investigations.	Confidently articulate findings and investigation results
Clinical judgement and risk management.	List of important differential diagnosis	Able to narrow list of important differential diagnosis. Consistently identify high-risk conditions requiring immediate attention.	Identify main diagnosis and justify reasoning. Aware of best venue to nurse patient i.e. ITU versus medical ward.
Therapeutics and prescribing	Basic understanding of medication used for straightforward presentations of common and important conditions. Knowledge of guidelines for common and important conditions.	Broader understanding of medication choice for presentations of common and important conditions. Aware of contraindications, interactions and monitoring. Learn to develop and explain to patients their clinical management plan and be able to modify plan according to age and co morbidity.	Able to understand the impact of co-morbidities and other medications (poly pharmacy) on agent choice and prognosis.

	Aware of indication and side effects of commonly used medications.	Start to justify choice of medication.	
Clinical planning and procedure	Basic management plan including non-pharmacological interventions. Able to obtain informed consent for any procedure competent to undertake.	Aware of risks and benefits of common procedures and some experience of seeing this in action.	Able to implement management plan. Beginning to be able to manage complications and review patient.