



UNIVERSITY *of*  
TASMANIA

# **MBBS Undergraduate Rural Clinical Program**

**2015**

***Year 4 & 5***

***GP Supervisor Guidelines***

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## **Introduction**

Thank you for being involved with the Rural Clinical School (RCS) Primary Care program (PCP) in 2015, which is part of the **Year 5 MBBS Undergraduate Rural Clinical Program at the University of Tasmania School of Medicine**. The MBBS is now a 5 year course and the Year 5 is the final year.

### **Outline of General Practice experience at University of Tasmania School of Medicine.**

The first three years are spent in Hobart and the clinical years are spent in Burnie, Launceston or Hobart.

#### **Year 1-3 visits to General Practice- based in Hobart**

Students in years 1 and 2 attend practices for a few hours or a day. These visits are an introduction to General Practice and to meet members of the Primary Health Care Team. The students are undertaking a variety of other community based activities to introduce them to the North West Coast and the Burnie campus. In year 2 they stay in the community and this is to enhance their understanding of living in a rural community.

#### **Year 3**

Third year students spend two weeks in General Practice. This allows students their first clinical experience in General Practice and many students use this opportunity to see if they would like to transfer to the RCS campus for their clinical years. These students have a work book that needs to be completed and concentrates on basic skills and diabetes management.

#### **Year 4**

Fourth year students spend 1 day a week for a whole year in practice. These students are based at the Burnie Campus and undertake clinical rotations at Mersey and Burnie for the rest of the week.

#### **Year 5**

Final year students spend five weeks in rural and remote practices

## **Course Content**

The Learning Objectives are set out in "Learning Objectives for the Year 4 & 5 Clinical Attachments 2015" which are in the student handbook. These Objectives outline to students and teachers what students need to know and form a basis for student assessment.

The PCP takes advantage of the wealth of clinical experience available in the rural and remote practices. Students will learn about longitudinal care and the care of chronic and acute diseases and preventative health in the community. Students learn best when they are actively involved in patient care and feel part of the team.

## **Course Delivery**

Students will spend 5 weeks in rural practices.

Student breaks, ie when the students won't be in practice are outlined in Appendix 2 – RCS Calendar. Holidays are highlighted yellow.

Students should be punctual and appropriately dressed.

If they are unable to attend they must contact the practice manager and Maggie Lea at the RCS on 03 6430 5903.

If you have any queries or issues with the students please contact Maggie Lea via email:

[Maggie.lea@utas.edu.au](mailto:Maggie.lea@utas.edu.au) or 03 6430 5903 or Dr Lizzi Shires, or Dr Satish Kumar via Maggie Lea.

Junior Medical Officers tutorials will be available via video link at remote and rural sites on Tuesday lunchtimes.

Most practices will have one student at a time. How practices manage the students will vary according to their teaching resources and style. We encourage active involvement in the consultation and prefer practices to use the wave model.

We have given a suggested schedule in Appendix 3 which may help with initial placements. We have also developed a Practice Managers and Nurses Guide and a Guide for Community Hospital Staff to assist with student placements.

The aim of the 5th year General Practice rotation is to focus on relevant knowledge and skills to be able to practice medicine in preparation for the intern year. Final year students are expected to develop their skills with differential diagnosis and management and play a role in the

community hospital. This should include will include management of chronic disease and multi morbidity.

Interns and junior doctors are now placed in General Practice through the Postgraduate prevocation placement program (PGPPP).

Details on consulting skills activities are included in the Teaching and Learning resources booklet.

Students may work with one, or *across a team* of, GPs but the nominated GP supervisor will act as a mentor, responsible for all activities to do with Primary Care teaching and learning, including reviewing student clinical logbooks and written primary care tasks, completing the Clinical Attachment assessment (half-yearly), and marking the complex long case presentation.

## **Team Work**

Team work is an essential part of all medical practice. Students should be encouraged to work other members of the practice and community team.

Time spent with receptionists to develop an understanding of how practice works and how patients present to non clinical staff.

Working with the practice nurse and other members of the team: Activities could include blood taking, immunisation clinics, dressings, developing GP management plans, practical skills INR testing, BSL, spirometry, health checks etc.

## **Skills**

There should be a particular focus on skill development so students often spend this time with the nurse undertaking practical procedures.

## **Interprofessional Education**

Allied Health - Interprofessional learning is vital for our medical student's education. Each practice and area offers a wide variety of learning opportunities.

Visiting specialist and allied health will offer important educational opportunities for medical students.

Sessions should be undertaken with the community nurses, child health and pharmacy.

Other sessions can be negotiated with yourself according to local opportunities and the students learning needs. If you have problems arranging these please contact Maggie Lea on 03 6430 5903.

## **Community Liaison**

General Practitioners play an important role in their communities. We would like the students to experience some aspects of this wider role. Activities such as working with school groups and voluntary organisations are important learning experiences. We would like medical students to participate in teaching or patient education in the community. If the practice has links that would facilitate this could be undertaken on a Tuesday. If there are difficulties arranging this then we can arrange this.

## **Other Learning Tasks**

Visit nursing homes or undertake home visits with other GP's,  
Attend home medication reviews,  
Follow up their complex rural long cases,  
Research on the conditions or medications they see in consultations.  
Attend placements where student has identified a need.

Audit

## **Local Health Care Attachments**

Students have a list of attachments they could attend.

It is for the student to negotiate with the practice the best time for these attachments and the type of attachments that are available in the area. Other sessions can be negotiated with the practice according to local opportunities and your learning needs. If there are any problems arranging these, please contact Maggie Lea on 03 6430 5903.

## **Electronic Log Book**

This year we are continuing with our electronic log book. The list of skills and activities that can be undertaken in Rural Remote Primary Care are included in the log book and are summarised for this hand book below, Students can print out their log book pages to share with their supervisor.

## **Course Assessment**

### **Clinical Attachment Report**

At the beginning of each General Practice placement, students should discuss their learning objectives with their GP Supervisor. These should reflect the MBBS objectives, students' interests, strengths and weaknesses. **Supervisor feedback should be given to the student before completion of the attachment. At the end of each GP placement, students must submit an attachment report from the GP supervisor which assesses the student on a variety of professional and personal attributes these in the student hand book.**

### **Complex Rural Longitudinal Case**

These Cases could be selected from those patients seen in General Practice or in the community hospital. Early in their attachment, students should discuss with their supervisor a suitable patient and ask if they can be followed up on the day that the student is in the practice. The patient should have a chronic illness, whether physical or psychological. In final year it is expected that these patients will have many co morbidities and some therapeutic challenges.

Students will do their Complex therapeutics essay based on this patient ( see SoM guidance and MyLo resources on 'how to').

The case will also be presented to the class in GLW looking at a particular aspect of multi-morbidity management or professionalism topic

### **Clinical Log Book**

Students are required to maintain a clinical logbook in each discipline to which they are attached. An example can be seen in the student handbook. Students are not expected to record every case they have seen, rather only those cases in which they have had *substantial* involvement. As a general guide, students would be expected to record at least three cases from each day in general practice and these cases should cover a broad range of primary care issues, and the degree of detail recorded should enable the student to make a brief case presentation using those notes.

Progress of student log books should be reviewed by GP supervisors on a regular basis

## **Procedural Skills**

Students are required to be assessed across a wide range of practical and procedural skills, many of which will be encountered in General Practice. These should be recorded in the clinical log book (see Appendix 3 for list of skills).

Many of these skills can be taught and developed under the supervision of the practice nurse. We have developed a guide for practice nurses that lists these skills.

We have found that some students have had difficulty getting sufficient exposure to some procedural skills e.g. male students performing vaginal examination and taking a cervical smear test. The opportunity for students to work with other GPs in the practice and the practice nurses will usually ensure exposure to the full range of general practice procedures.

## **Summative Assessment**

Students undergo a formal assessment through Objective Structured Clinical Examination (OSCE) stations. This is organised and delivered by the UTAS School of Medicine. Local GPs and specialists who participate in student teaching are encouraged to participate as examiners for the OSCEs and are also invited to submit OSCE stations and written questions for the MCQ/EMQ exams. Please contact the Associate Professors Dr Lizzi Shires or Dr Deb Wilson if you would like to know more about this process.

## Appendix 1 – Assessment Forms



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### Clinical Attachment Assessment Form

*Clinical Attachment Form: Supervisor's Report adapted from the Intern AMC assessment form*

*To be completed by supervising specialist (or Registrar if more appropriate)*

This Clinical Attachment Assessment form should be completed in consultation with the student who has been assigned to you. This forms a significant part of the student's portfolio and is an essential assessment requirement for passing the year. The student should be assessed at their year level.

<b>Student Name</b>						
<b>Student ID Number</b>						
<b>Year of Study</b>						
<b>Title of Attachment</b>						
<b>Dates of Attachment</b>						
<b>Doctor to whom student is assigned</b>						
<b>Attachment Supervisor</b>						
<b>Supervisor's address/phone number</b>						

	Unsatisfactory	Borderline	Satisfactory	Above average	Excellent	Could not be assessed
<b>Domain 1 - Science and Scholarship: the medical graduate as scientist and scholar</b>						
Knowledge						
Evidence based approach						
<b>Domain 2 - Clinical Practice: the medical graduate as practitioner</b>						
History taking						
Clinical examination						
Evidence based Clinical management decisions						
Can determine problem or differential list including patient management goals						
Use and interpretation of investigations						
Communication with patients and relatives						
Medical record keeping						
Safe and effective Therapeutics and fluids.						
Procedural skills						
<b>Domain 3 - Health and Society: the medical graduate as a health advocate</b>						
Understands social aspects of disease						
Disease prevention and health promotion						
<b>Domain 4 - Professionalism and Leadership: the medical graduate as a professional and leader</b>						
Professional approach						
Patient confidentiality						
Motivation and reliability, punctuality and attendance.						
Participates in the teaching of others						
Appreciation of ethical issues of clinical practice						
Teamwork Communication with staff including clinical handover						
Patient Centredness including safety, infection control and adverse reporting						
Reflective student and demonstrates strategies for lifelong learning.						

## **Supervisor Feedback**

**Areas of Strength:**

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**Areas for improvement**

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**Overall assessment of student's performance during the placement:**

**SATISFACTORY TO PROGRESS**  
(please circle)

**REQUIRES REMEDIATION**  
(please circle)

Have you sighted student Logbook & Log of Skills?                    YES / NO

Have you provided this feedback to your student?                    YES / NO

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**Student's signature**

*Please print name*

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**Supervisor's signature**

*Please print name*

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**Supervisor's position**

(Specialist, registrar or attachment co-ordinator) please circle your role(s)

## Complex Rural Longitudinal Case Presentation (GP) Oral Presentation Assessment - Year 4

*This case should be of a patient with a chronic disease that the student has followed up over the months in practice*

Case Identification					
Student name					
Assessor/s Name					
Date / GP Semester I or II					

	<i>Performed Competently</i>	<i>Performed but not yet fully competent</i>	<i>Not performed competently</i>	<i>Not performed</i>	<i>N/A</i>
<b>Domain 1 Science and Scholarship: The medical graduate as scientist and scholar</b>					
<b>Domain 2 Clinical Practice: The medical graduate as practitioner</b>					
<b>A. DEMONSTRATES AN UNDERSTANDING OF THE UNDERLYING CLINICAL CONDITION/S AND Evidence based practice management for Chronic Diseases</b>					
Demonstrates ability to present patients history succinctly					
1. History including initials, sex, age, chronic disease, history of chronic disease, other co-morbidities, past / ongoing medical history, family history, drug history, social history					
2. Demonstrates appropriate knowledge of evidence based care for management of one of the chronic disease					
3. Adequately describes and discusses the management plan for the main issue for this patient					
4. Discusses differences in care from recommendations and why this has occurred Demonstrates an understanding of decision analyses e.g. medications, investigations for this patient; NNT and NNH for medications; Multi morbidity					
<b>Domain 3 Health &amp; Society: The medical graduate as a health advocate</b>					
<b>B. DEMONSTRATES AN UNDERSTANDING OF ISSUES RELATING TO THE RURAL CONTEXT: These can be positive or negative but should comment on at least one of the following aspects:</b>					
5. Impact on patient of living in a Rural Area					
6. Describes the follow-up process in which the student has engaged e.g., home visits, attendance at community based specialists, hospital admission / visits and GP Appointments and what they learnt					
7. Describes patients issues with their health and their self-management strategies and what impacts on these					
8. Demonstrates how patients psychosocial situation impacts on the management of their disease					
9. Includes a summary GP management plan of all the patients conditions in table form as a hand out for patient					
<b>Domain 4 Professionalism and Leadership: The medical graduate as a professional and leader.</b>					
<b>C. DEMONSTRATES WELL DEVELOPED written and oral COMMUNICATIONS SKILLS:</b>					
10. Provides useful summary of current research and its impact on ideas about best practice re rural context and clinical management					
11. Demonstrated professional values through presentation					
12. Uses communication tools effectively					
13. Engaged audience in effective and relevant discussion issues raised by the case					
14. Kept to time, the presentation should be no longer than 15 minutes, with 10 minutes for discussion					
<b>Assessment Feedback:</b>					
<b>OVERALL ASSESSMENT RESULT:</b>	<i>Excellent</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Borderline / Unsatisfactory</i>	

## Chronic Disease GP Longitudinal Written Case Assessment (1,500 words)

<b>Student Name:</b>	
<b>Date:</b>	
<b>Assessor Name:</b>	

Criterion	Comments
<b>Domain 1 Science and Scholarship: The medical graduate as scientist and scholar</b>	
Relevant literature appropriately integrated, acknowledged and referenced with VANCOUVER style	
Report is legible with correct use of written English (except in the parts of the history and examination where conventional note form is appropriate) and is largely free of spelling errors.	
<b>Domain 2 Clinical Practice: The medical graduate as practitioner</b>	
History including initials, sex, age, chronic disease, history of chronic disease, other co-morbidities, past / ongoing medical history, family history, drug history, social history	
<b>Chronic Disease Management</b> For the Chronic Disease that has the most impact. Relevant history, examination, investigations and patient goals. Relevant interventions / treatments are outlined with evidence to support them and compared to patient's actual treatment.	
For medications include NNT and NN to harm if available. Best practice vs actual practice for this patient and reasons for differences. Prescribing modifications required due to comorbidities and other factors	
<b>Domain 3 Health &amp; Society: The medical graduate as a health advocate</b>	
Patient self-management Patients understanding of condition and self-management. Has explained patients ability to self manage: supportive factors and barriers to this How other co-morbidities / personal / socio-economic / rural factors influenced management. Involvement of other team members: Options available and options taken up.	
Appendix include: Summary GP Management plan, included use of template provided, or practice which addresses all chronic disease, co-morbidity, includes medications, follow-up and Patients Goals of care for each condition. This should be in table form and patient centred. See example	
<b>Domain 4 Professionalism and Leadership: The medical graduate as a professional and leader</b>	
Written work demonstrates professional approach and interdisciplinary learning.	

**Overall assessment: Satisfactory      Requires Remediation/Resubmit      Unsatisfactory**

Comments:

## Year 5 Assessment Forms



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### Chronic Illness Longitudinal Case including Complex Therapeutics Long Case History - Year 5 (3,000 words)

Student Name: [Click here to enter Student Name.](#)

Attachment: [Click here to enter Attachment.](#)

Criterion	Demonstrated Competence	Demonstrated but not yet fully competent	Not demonstrated competently	Not Demonstrated
<b>Domain 1: Science and Scholarship: The medical graduate as scientist and scholar</b>				
Relevant literature appropriately integrated, acknowledged and referenced with VANCOUVER style				
<b>Domain 2: Clinical Practice: The medical graduate as practitioner</b>				
<b>Case Summary:</b> Succinct summary which could be used in patient hand over or referral letter 250 word limit				
<b>History</b> including initials, sex, age, chronic disease, history of chronic disease, other co-morbidities, past / ongoing medical history, family history, drug history, social history. Written in a format to reflect clinical note taking.				
<b>Chronic Disease Management for diseases having significant impact on patient</b> Relevant history, examination, investigations <b>and patient goals.</b> Relevant interventions / treatments are outlined with evidence to support them and compared to patient's actual treatment.				
<b>Therapeutic Issues</b> For medications include NNT and NN to harm if available. Best practice vs actual practice for this patient and reasons for differences. Prescribing modifications required due to comorbidities and other factors such as patient disease, compliance, costs, drug interactions				
<b>Domain 3: Health &amp; Society: The medical graduate as a health advocate</b>				
<b>Patient Self Management</b> Patients understanding of condition and self management. Has explained patients ability to self manage: supportive factors and barriers to this How other co-morbidities / personal / socio-economic / rural factors influenced management Involvement of other team members: Options available and options taken up. Students role in supporting patient self management.				
<b>Appendix: 1/2 page Summary Management plan</b> which addresses all chronic disease, co-morbidity, includes medications, follow-up and Patients Goals of care for each condition. This should be in table form and patient centred ie no medical terminology. See example				
<b>Domain 4: Professionalism and Leadership: The medical graduate as a professional and leader</b>				
Written work demonstrates professional approach. Report is legible with correct use of written English (except in the parts of the history and examination where conventional note form is appropriate) and is largely free of spelling errors.				

**Overall assessment:**  Satisfactory  Requires Remediation/Resubmit  Unsatisfactory

[Click here to enter Comments.](#)

Assessor Name [Click here to enter Assessor Name.](#)

Date [Click here to enter date.](#)

## Chronic Rural Longitudinal Case Oral Presentation Assessment Form

*This case should be of a complex patient usually with multi morbidity*

### Oral presentation

- Concise summary of the patient and their health issues 5 minutes
- Presentation of one area of complex management or therapeutics raised by this patients care: 5 minutes
- Class Activity: Questions or activity for the group to answer on how to approach this issue: 10 minutes

Case Identification:				
Student Name:				
Oral Presentation Date:				

Criterion	Demonstrated Competence	Demonstrated but not yet fully competent	Not demonstrated competently	Not Demonstrated
<b>Domain 2: Clinical Practice: the medical graduate as practitioner DEMONSTRATES AN UNDERSTANDING OF THE UNDERLYING CLINICAL CONDITION/S AND MANAGEMENT ISSUES for Chronic Diseases</b>				
Demonstrates ability to present patients history succinctly				
1. History including initials, sex, age, chronic disease, history of chronic disease, other co-morbidities, past / ongoing medical history, family history, drug history, social history				
2. Demonstrates appropriate knowledge of Evidence based care for management of multi morbidity				
3. Describes Patients self management strategies and what impacts on these.				
4. Includes a summary GP management plan of all the patients' conditions in table form as a hand out for patient				
<b>Domain 3 : Health and Society: the medical graduate as a health advocate ABLE TO IDENTIFY AND DISCUSS significant teaching and learning aspects of the patients case (related to CBL topics , themes)</b>				
5. Demonstrates how patients' psychosocial situation impacts on the management of their disease. Impact on patient of living in a Rural Area				
6. Adequately describes and discusses the main issue or challenge for this patient				
7. Demonstrates an understanding of decision analyses eg. medications, investigations for this patient. NNT and NNH for medications. Differences in care from recommendations and why this has occurred Multi morbidity issues				
<b>Demonstrates an understanding of issues relating to the Rural Context:</b>				
8. These can be positive or negative but should comment on during presentation				
<b>Domain 3: Health and Society: the medical graduate as a health advocate Teaching, assessing and appraisal. DEMONSTRATES WELL DEVELOPED COMMUNICATION SKILLS:</b>				
9. Concise presentations within time limits. Kept to time. The presentations should be no longer than 10 minutes, with 10 minutes for Group activity and discussion				
10. Provides useful teaching topic derived from case summary Identified current research and its impact on ideas about best practice re multi morbidity rural context and clinical management.				
11. Uses communication tools effectively during group activity Engaged audience in effective and relevant discussion issues raised by the case.				

**Overall assessment:** Satisfactory

Requires Remediation/Resubmit

Unsatisfactory

[Click here to enter Comments:](#)

**Assessor Name**

[Click here to enter Assessor Name:](#)

**Date**

[Click here to enter date:](#)

**Mini-CEX Assessment Form** *(to be completed by Clinical Supervisor)*

<b>Student Name:</b>	<b>Date of Assessment:</b>		
<b>Year of Study:</b> <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5	<b>Student No:</b>		
<b>Assessor:</b>	<b>Assessor's Position:</b> <input type="checkbox"/> JMO <input type="checkbox"/> Registrar <input type="checkbox"/> Consultant		
<b>Patient Problem:</b>	<b>Speciality:</b>		
<b>Case Complexity:</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<b>Gender:</b> <input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Patient Age:</b>
<b>Focus of Assessment:</b> <input type="checkbox"/> History Taking <input type="checkbox"/> Examination <input type="checkbox"/> Diagnostic Reasoning <input type="checkbox"/> Management <input type="checkbox"/> Explanation			
<b>Setting:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency <input type="checkbox"/> General practice <input type="checkbox"/> Other (please specify)			

<b>ASSESSMENT</b>	<i>To ensure safe, efficient and effective care on this aspect</i>			
	<i>Requires Significant Input from Supervisor</i>	<i>Requires some Input from Supervisor</i>	<i>Performs Task Independently</i>	<i>Unable to Assess</i>
Medical interviewing skills	<i>Interacts well with patient; Directs questions at key problems; Uses second order of questioning to refine focus; Integrates information from questions; Observes and responds appropriately to non-verbal cues; Considers a range of diagnostic options; Takes a history appropriate to the clinical situation</i>			
	1	2	3	4      5      6      7      8      9   UTA
Physical examination skills	<i>Conducts a systematic and structured physical examination; Shows sensitivity to patients comfort and modesty; Detects abnormal signs when present and assesses the significance of these findings; Gets informed consent; Focuses the examination on the most important components; Integrates findings on examination with other information to clarify diagnosis</i>			
	1	2	3	4      5      6      7      8      9   UTA
Professional qualities/communication	<i>Shows respect for patient; Explains as well as asks; Listens as well as tells; Aware of potentially embarrassing or painful components of interaction; Respects patient confidentiality; Able to adapt questioning and examination to patient's responses; Presents clinical information in a clear and coherent manner</i>			
	1	2	3	4      5      6      7      8      9   UTA
Patient education	<i>Explains rationale test/treatment; Provides information in a way that is clear and tailored to the patient's needs; Responds to patient and modifies or repeats information when appropriate; Listens to patient's wishes; Avoids personal opinion and bias</i>			
	1	2	3	4      5      6      7      8      9   UTA
Clinical judgement	<i>Weighs importance of potentially conflicting clinical data; Determines appropriate choice of investigations and management; Relates management options to the patient's own wishes or context; Considers the risks and benefits of the chosen management / treatment options; Comes to a firm decision based on available evidence</i>			
	1	2	3	4      5      6      7      8      9   UTA
Organisation/efficiency	<i>Synthesises a collection of data quickly and efficiently; Uses appropriate judgement and synthesis; Demonstrates optimal use of time in collection of clinical and investigational data</i>			
	1	2	3	4      5      6      7      8      9   UTA
<b>OVERALL PERFORMANCE FOR THIS PROCEDURE</b>				
<b>What level of supervision did the student require for THIS procedure (please tick):</b>	<i>Requires Significant Input from Supervisor</i>	<i>Requires some Input from Supervisor</i>	<i>Performs Task Independently</i>	

**GLOBAL PERFORMANCE FOR THIS PROCEDURE (please tick)** **Requires Remediation**

Gaps in knowledge or skills that you would not expect at this stage of the course. Concern about professional and patient safety.

 **Satisfactory**

Standard you would expect for a student at this level at this stage of the course. Generally clinical competent with satisfactory communication skills and professionalism.

 **Excellent**

Performing well above the student's expected level. No concerns about their clinical method, professionalism, organization, communication etc.

**TIME TAKEN FOR OBSERVATION:****TIME TAKEN FOR FEEDBACK:****Assessor's Comments on the Student's Strengths:****Assessor's Suggestions for Student's Area of Improvement:****Student's Signature****Assessor's Signature****Date**

## YOUR GP MANAGEMENT PLAN

NAME: Mr John Zipper Test Patient DOB: 01/01/2011  
 DATE OF PLAN: 13/07/2012 Review plan 6 months following original completion

CHRONIC NEED	PROVIDER DETAILS	AGREED MANAGEMENT GOALS	REVIEW MONTH
	Dr Elizabeth Shires 6 Patrick Street Ulverstone 7315 0364251611	<b>Goals to keep healthy</b> <b>Stop smoking</b> Quit line support <a href="http://www.quitnow.gov.au">www.quitnow.gov.au</a> Phone 131848/ 137848 <b>Weight</b> Aim for normal weight <b>Your Weight</b> <b>Your Goal</b> <b>Review</b> <b>Diet: Less:</b> foods high in cholesterol or animal fat, drinks cordials, fruit juice alcohol <b>More:</b> Fruit, Vegetables, Fibre, Fish, <b>Your Goal</b> -Reduce portion size, stop snacks, Drink water, Five portions a day of fresh fruit& veg <b>Alcohol</b> - no more than 2 drinks per day preferably less. <b>Salt</b> Lower salt intake: cut use of salt in cooking avoid high salt prepackaged foods. <b>Exercise</b> - Take regular exercise <b>Goal</b> Brisk walking for 30 minutes per day. <b>More advice</b> available from your GP or <a href="http://www.betterhealth.vic.gov.au">www.betterhealth.vic.gov.au</a>	Pap due Mammogram phone 132050 Immunisations annual flu vax Bowel Cancer screening due from 50 Diabetes Screening due from 45 <b>Family history</b> of disease ask GP about screening
Asthma		<b>Asthma Goal : Self manage</b> to become Symptom Free through Asthma Action Plan <b>Asthma information</b> from <a href="http://www.asthmaaustralia.org.au/intro/index.php">Asthma Australia www.asthmaaustralia.org.au/intro/index.php</a> <ul style="list-style-type: none"> <li>•Take inhalers as prescribed, use spacer</li> <li>•PF or symptom monitoring for adjusting dose</li> <li>•Avoid triggers eg smoke, animals, dust, consider pillow and bed protectors</li> <li>•Avoid meds that make it worse eg NSAID's and aspirin</li> </ul> <b>Keep physically active</b> <b>Attend GP</b> if symptoms not controlled: Annual review with spirometry before due	
Vitamin b12		<b>Low Vitamin B12 :Goal: maintain normal Levels</b> <b>Iron and folate status Underlying cause</b> 1 mg hydroxocobalamin IM, on alternate days for 2 weeks then 1 mg IM, once every 3 months. Consider oral B12 if underlying absorption issues gets better <b>annual review due</b>	
Breast Cancer		<b>Breast Cancer follow up Goals: Prevention of complications and early detection.</b> Well being and activity goals maintained <b>Annual review due:</b> Mammogram and U/S scan & Bloods and CA125 or tumour marker before review appointment Maintain Bones: Vitamin D and Ca supplements consider dexa screening	
COPD		<b>COPD Goal:</b> Reduce symptoms recognise and treat infections early <ul style="list-style-type: none"> <li>•Take inhalers and medication as prescribed</li> <li>•Keep active, consider physio</li> <li>•Attend GP if increasing symptoms</li> <li>•Annual Spirometry next due</li> <li>•Self help materials available through the lung foundation  <a href="http://www.lungfoundation.com.au/images/stories/docs/education/save_your_breath/save_your_breath.pdf">http://www.lungfoundation.com.au/images/stories/docs/education/save_your_breath/save_your_breath.pdf</a> </li> </ul>	

### YOUR GP MANAGEMENT PLAN Template

NAME: DOB:

DATE OF PLAN: Review plan 6 months following original completion

CHRONIC NEED	PROVIDER DETAILS	AGREED MANAGEMENT GOALS	REVIEW MONTH

## Appendix 2 Clinical Skills for General Practice from School of Medicine handbook

<b>GENERAL DOCTOR &amp; PATIENT</b>	
Peak flow meter function testing Spirometry	Foreign body removal - ear & nose
ECG	Eye foreign body removal including padding as appropriate
Blood pressure measurement Height ,weight/BMI adults and children	Ophthalmoscopy Fluroscin - staining of cornea Slit lamp use Eyelid eversion
Subcutaneous and IM Injections	External auditory canal irrigation External auditory canal ear wick insertion
IV cannulation ( including set up and IV fluid administration)	Dressings
Venepuncture for venous blood sample	Administering local anaesthesia
Measures blood glucose levels using finger prick testing	Surgical knots & simple suturing
Samples, analyses and reads urinary dipsticks	Simple skin lesion excision
Simple swab using standard microbial collection	Suture removal
Preparation for sterile procedures including hand washing.	Mini-mental state examination
Motivational interviewing for lifestyle issues	Mental state examination
Write up prescription	Suicide risk assessment
Write a referral letter	Observation of breaking bad news
GP Management Plans	Admission and inpatient management of patients in community hospitals
GP Mental Health plan	Discharge planning from community hospitals
Health Check	Over 75 health check
Home medication review	

## Appendix 3 RCS Calendar

### RCS Complete Calendar - 2015

#### SEMESTER 1

		Week Beginning	Year 4	Year 5	Week ending	Public Holidays	MBBS Program	UTAS & Community Engagement Events	
Attachment 1		5-Jan			9-Jan	Devonport Cup - Wednesday 7th January			
		12-Jan			16-Jan				
		19-Jan			23-Jan				
		26-Jan			30-Jan	Australia Day - Monday 26th January			0
		02-Feb	Orientation Week Mon 2nd - Fri 6th Feb		6-Feb			03/02 - In-house THO-NW Welcome BBQ 05/02 - RCS Community Welcome BBQ	1
Attachment 1	1	09-Feb	1	GLW 1	13-Feb	Royal Hobart Regatta (South Only) - Monday 9th February			2
	2	16-Feb	2	2	20-Feb				3
	3	23-Feb	GLP 1	3	27-Feb	Launceston Cup - Wednesday 26th February			4
	4	02-Mar	4	4	6-Mar	King Island Show - Tuesday 3rd March	TBC Year 3 Primary Care Program 2 to 15 Mar 2015		5
	5	09-Mar	5	5	13-Mar	Eight Hours Day - Monday 9th March	TBC Year 3 Primary Care Program 2 to 15 Mar 2015	Year 11 & 12 Health Career Evenings Wednesday 11th March - Burnie Thursday 12th March - Latrobe	6
	6	16-Mar	GLP 2	6	20-Mar			THO-NW Harmony Day 21st March	7
Attachment 2	1	23-Mar	1	GLW 2	27-Mar		Emergency Skills Weekend - 26th to 28th March		8
	2	30-Mar	2	2	3-Apr	Good Friday - Friday 3rd April			9
RCS STUDENT EASTER BREAK - 3rd April to 10th April 2015									10
Attachment 2	3	13-Apr	GLP 3	3	17-Apr				11
	4	20-Apr	4	4	24-Apr	ANZAC Day - Saturday 25th April	TBC Year 2 Rural Week 20 - 24 April 2015		12
	5	27-Apr	5	5	1-May				13
	6	04-May	GLP 4	6	8-May	Agfest (Circular Head Only) - Friday 8th May	TBC Year 3 Primary Care Program 4 to 15 May 2015		14
Attachment 3	1	11-May	1	GLW 3	15-May		Year 5 Formative OSCE - 13th May TBC	TBC Year 3 Primary Care Program 4 to 15 May 2015	15
	2	18-May	2	2	22-May			Year 10 Health Career Workshops - 19th May (Latrobe), 20th May (Burnie) Futures (Year 11 & 12) 18th - 20th May (TBC)	16
	3	25-May	GLP 5	3	29-May				17
	4	01-Jun	4	4	5-Jun				18
	5	08-Jun	5	5	12-Jun	Queen's Birthday - Monday 8th June			19
	6	15-Jun	GLP 6	6	19-Jun		Year 4 Formative OSCE - 17th June TBC		20
RCS MID SEMESTER STUDENT BREAK - 22nd June to 26th June									21

Tasmanian Primary and Secondary School Terms 2015



TERM 1  
4/2/15 to 2/4/15

School Holidays

TERM 2  
20/4/15 to 3/7/15

## SEMESTER 2

		Week Beginning	Year 4	Year 5	Week ending	Public Holidays	MBBS Program	UTAS & Community Engagement Events	Tasmanian Primary and Secondary School Terms 2015
Attachment 4	1	29-Jun	1	GLW 4	3-Jul				22 TERM 2 Continues...
	2	06-Jul	2	2	10-Jul				23
	3	13-Jul	3	3	17-Jul				24 School Holidays
	4	20-Jul	4	4	24-Jul		TBC Year 3 Primary Care Program 20 to 31 Jul 2015		25
	5	27-Jul	5	5	31-Jul		TBC Year 3 Primary Care Program 20 to 31 Jul 2015	Year 9 Health Careers Program Friday 31st July - Latrobe	26
	6	03-Aug	GLP 7	6	7-Aug				27
RCS STUDENT BREAK - 10th August to 14th August 2015									28
Attachment 5	1	17-Aug	1	GLW 5	21-Aug		Year 5 OSCE Tues 18th & Wed 19th August TBC		29 TERM 3 20/7/15 to 25/9/15
	2	24-Aug	2	2	28-Aug			Year 9 Health Careers Program Wednesday 26th August - Burnie	30
	3	31-Aug	3	3	4-Sep				31
	4	07-Sep	4	4	11-Sep		Rural Week Year 1 - Mon 7th to Fri 11th Sep - Camp Clayton		32
	5	14-Sep	5	5	18-Sep			50th Anniversary of MBBS Saturday 19th September - TBC	33
	6	21-Sep	GLP 8	6	25-Sep		TBC Year 3 Primary Care Program 21 Sep to 2 Oct 2015		34
Attachment 6	1	28-Sep	1	GLW 6	2-Oct	Burnie Show Day - Friday 2nd October	Final Year Prize Exams 27th Sept to 3rd Oct TBC Year 5 Portfolio Interviews 28th Sept to 8th Nov TBC		35 School Holidays
	2	05-Oct	2	2	9-Oct	Royal Launceston Show - Thursday 8th October	Year 5 Portfolio Interviews 28th Sept to 8th Nov TBC		36
	3	12-Oct	3	3	16-Oct		MBBS Final Year SUPP Exams 14th October TBC		37
	4	19-Oct	4	4	23-Oct	Royal Hobart Show Day - Thursday 22nd October			38
	5	26-Oct	STUDY WEEK	5	30-Oct				39
	6	02-Nov	EXAM PERIOD	GLW 7 Intern Week	6-Nov	Recreation Day - Monday 2nd November	Year 4 OSCE Tues 3rd & Wed 4th Nov TBC Year 4 MCQ 5th Nov TBC Year 4 EMQ 6th Nov TBC	RCS End of Year Dinner Saturday 7th Nov	40 TERM 4 12/10/15 to 17/12/15
	1	09-Nov	Break	Break	13-Nov		MBBS Final Year SUPP Portfolios 11th Nov TBC		41
	2	16-Nov	Break	Break	20-Nov				42
	3	23-Nov	Break	Break	27-Nov	Devonport Show Day - Friday 27th November			43
	4	30-Nov	Elective	Break	4-Dec				44
	5	07-Dec	Elective	Break	11-Dec		MBBS 4th Year SUPP Exams 9th Dec TBC		45
	6	14-Dec	Elective	Break	18-Dec				46
	7	21-Dec	Break	Break	25-Dec				47 School Holidays to start of Term 1 2016

M:\Undergrad Program\2015\RCS Calendar\Draft 2015 RCS Complete Calendar v8\12\01\2015

## Appendix 4 - Getting Ready for Students

- ✓ Induction - students should have the same induction as any new staff.
- ✓ Students will need familiarisation with the computer they have a 'virtual' surgery in their handbooks
- ✓ Timetabling - Practices will have either 2 or 4 students. Each student will usually have one consulting session and one non consulting session.
- ✓ Give student a timetable. Sample in practice managers booklet.
- ✓ Most practices use Wave Consulting. This requires students to see patients independently and then present to their supervisor GP. To do this effectively patients need to be scheduled for the student and the student has their own password access to the computer. Receptionist need to be trained to offer and to explain to patients about the medical student appointments.

Ideally at least one patient could be booked in with the condition of the CBL topic –

### Appointment Schedule for Wave Consulting

	<b>Teacher schedule</b>	<b>Student schedule</b>
9.00	See patient X	Review notes of patient A
9.15	See patient Y	See patient A
9.30	See patient A	Present patient A
9.45	See patient Z	Write up notes on patient A
	Repeat cycle	Repeat cycle for patient B

# **SAMPLE ROSTER FOR MEDICAL STUDENT**

(RURAL CLINICAL SCHOOL GP 4<sup>th</sup> YEAR ATTACHMENTS 2014)

24<sup>th</sup> June – 1<sup>st</sup> November 2014

## **Student ZIPPER**

(student mobile number 0000 111 222)

**Dr S (mentor) Dr E, Dr P,**

24/06/14	9.00am 11.30am 2.00pm	<i>Induction</i> <i>Patients with S for am session</i> <i>Non-consulting activities- nurses</i>
02/07/14	9.00am 1.30pm	<i>Non-consulting activities - nurses</i> <i>Patients with E for pm session</i>
09/07/14	9.00am 2.00pm	<i>Patients with S for am session</i> <i>Non-consulting activities- nurses</i>
16/07/14	9.00am 1.30pm	<i>Non-consulting activities- nurses</i> <i>Patients with S for pm session</i>
19/07/14	9.00am 2.00pm	<i>Patients with P for am session</i> <i>Non-consulting activities- nurses</i>
23/07/14	9.00am 1.30pm	<i>Non-consulting activities- nurses</i> <i>Patients with E for pm session</i>
06/08/14	9.00am 2.00pm	<i>Patients with S for am session</i> <i>Non-consulting activities- visit Community nurse</i>
13/08/14	9.00am 1.30pm	<i>Non-consulting activities- visit Pharmacist</i> <i>Patients with E for pm session</i>
20/08/14	9.00am 2.00pm	<i>Patients with P for am session</i> <i>Non-consulting activities- Child health Nurse</i>

**STUDENT LONG CASE PRESENTATIONS BOOKED FOR**  
**Tuesday 22<sup>nd</sup> October 2014 AT 8:00AM**

## Procedural and Professional Skills List

### Clinical Skills for General Practice

History	Eye drop administration
Management	Eyelid eversion
CVS Exam	Eye foreign body removal
RS Exam	Eye irrigation
Abdominal Exam	Visual field assessment
Motivational interviewing for lifestyle issues	Visual acuity assessment
Write up prescription	Wound swab collection
Write a referral letter	Dressings
Investigations	Joint injections
GP Management Plans	Removal FB ears
GP Mental Health plan	Ear wick insertion
Health Check	Administering local anaesthesia
Over 75 health check	Surgical knots & simple suturing
Subcutaneous Injections	Simple skin lesion excision
Intramuscular Injections	Suture removal
Peak flow measurement	Cervical pap smear
Inhaler Instructions	Digital rectal examination - male
Spirometry	Breast Examination
Otoscopy	Mini-mental state examination
Throat Swab	Mental state examination
Faecal occult blood order	Suicide risk assessment
Direct ophthalmoscopy	Focal neurological
Fluoroscein stain of cornea	Observation of breaking bad news
Eye bandage application	

## Year 4 - CBL Allocations - 2015

Week Beginning	GLP	CBL's			
		DEM (Monday - DEM Team)	Primary Care (Wednesday - Dr Liza Shires, Dr Satish Kumar, Dr Rosemary Ramsay)	Therapeutics (Friday - Julie Beechey)	Medicine (Friday - Dr Suresh Chandran)
23-Feb	GLP 1	Topic: Dyspnoea / Respiratory	Topic: (A) Ear, (B) Eye, (C) Pap Smear, (D) Breast & (E) Rectal Examination	Topic: Introduction to Therapeutics	Topic: Diabetes Type 1 - Acute Care Issues
		Hannah Cunningham  Sam Salani	(A) Julian Chang  (B) Charlotte McKenzie  (C) Laura Turner  (D) Lachlan Crowder  (E) Ronnie Mathew	No students	Richard Arnott  Bronwyn Tidey
16-Mar	GLP 2	Topic: Chest Pain & Palpitations (Atrial Fibrillation)	Topic: (A) Eczema, (B) Acne, (C) Shingles, (D) Sore Throat	Topic: Respiratory	N/A
		Wei Shyan Soon  Sam Law	(A) Frank Luo  (B) Katherine Maher  (C) Charles Blount  (D) Jack Strugnell	Arthur Lee  Tom Dobie  Leah Spencer  Alex Tucker	
13-Apr	GLP 3	Topic: (A) Dyspnoea / Cardiac (B) Overdose Poisoning	Topic: (A) Focused History Taking and Examination, (B) COPD Review, (C) Asthma Review, (D) Diabetes Review, (E) IMD Review	Topic: Hypertension & Stroke Prophylaxis (Monday)	Topic: Needle Stick Injuries, Other Occupational Health Hazards for Doctors & Infection Control
		(A) Sam Brandsema  (A) Frank Luo  (B) Charles Rose  (B) Julian Chang	(A) Arthur Lee  (B) Tom Dobie  (C) Leah Spencer  (D) Alex Tucker  (E) Warrick Manning	Sam Salani  Hannah Cunningham  Isabel Di Tommaso  Charles Blount  Warrick Manning	Arthur Lee  Leah Spencer
4-May	GLP 4	Topic: Chest Pain - Pulmonary Embolus	Topic: (A) Immunisation, (B) Screening	Topic: Cardiovascular	Topic: Diabetes Type 2
		Alex Britcliffe  Isabel Di Tommaso	(A) Bronwyn Tidey  (B) Sam Law  (C) Richard Arnott	Charles Rose  Isaac Woo  Frank Luo  Katherine Maher	Charlotte McKenzie  Lachlan Crowder
25-May	GLP 5	Topic: Abdominal Pain - Adult	Topic: (A&B) Tired all the Time, (C&D) Men's Health Presentation	Topic: Drugs used in Mental Health & Anti-Psychotics & Anti-Depressants	Topic: Abnormal Biochemistry - Abnormal Blood Results
		Charles Blount  Sam Law	(A) Sam Penman  (B) Shiva Selvarajan  (C) Max Milaney  (D) Magella Tate	Jack Strugnell  Wei Shyan Soon  Sam Brandsema  Alex Britcliffe	Alex Tucker  Ronnie Mathew
15-Jun	GLP 6	Topic: (A) Loss of Consciousness (B) Musculoskeletal Presentations to DEM (inc back pain)	N/A	Topic: Endocrinology	Topic: Thyroid Disease
		Jack Strugnell  Sam Penman		Magella Tate  Max Milaney  Bronwyn Tidey  Ronnie Mathew	Isaac Woo  Warrick Manning
3-Aug	GLP 7	Topic: Febrile Illness	N/A	Topic: Rheumatology and Inflammatory Bowel Disease	Topic: Rheumatology and Auto-Immune Disease
		Katherine Maher  Laura Turner		Sam Law  Sam Penman  Richard Arnott  Shiva Selvarajan	Shiva Selvarajan  Tom Dobie
21-Sep	GLP 8	Topic: Stroke - TIA/Prevention/Cerebral Haemorrhage, Cerebral Thrombosis	Topic: (A&B) Dizziness & (C&D) Disability	Topic: Analgesics	
		(A) Max Milaney  (B) Magella Tate	(A) Sam Salani  (B) Isabel Di Tommaso  (C) Charles Rose  (D) Isaac Woo	Julian Chang  Charlotte McKenzie  Laura Turner  Lachlan Crowder	

**Year 5 - CBL Allocations - 2015**

Week Beginning	GLW	CBL's				
		DEM (Monday - DEM Team)	Anaesthetics (Monday - Dr Deb Wilson, Dr Margo Pearl)	Rural & Remote Presentations and Professional Practice (Tuesday - Dr Lizzi Shires)	GP (Wednesday - Dr Lizzi Shires, Dr Satish Kumar, Dr Rosemary Ramsey)	Medicine (Tuesday & Friday - Dr Sukesh Chandran)
9-Feb	GLW 1	Topic: Dyspnoea - A Complex Respiratory Case	Topic: Pre-Operative Considerations - Surgical	Topic: Case Notes; Handovers and Short Presentations	Angry, Refusal of Rx; Capacity and Discharge against advice; Difficult Colleagues	Topic: 10/02 Diabetes Type 2 - Renal Failure Topic: 13/02 Renal Disorders - Dialysis, Bone Disease, Acute Renal Failure
		Jon Osborne	Maryse Daniel	Jeni English Hayyani Jasmin Shab Kamalanathan Jay Shoemaker	Orientation - Kaitlin Duell Orientation - Conrad Jackson 10/2 - Bradley Williams	10/02 - Sam Johnson 13/02 - Zeeka Mushairry
23-Mar	GLW 2	Topic: DVT/PE - New Advances in Anti-Coagulation & Thrombolytic Therapy	Topic: Pre-Operative Considerations - Anesthetics	Discharge Letters; Discharge Planning	Long Term Disability; Complexity Multimorbidity; Poly Pharmacy	Topic: 24/03 Diabetes Type 1 - Visual Loss, Renal Failure
		Jeni English	Eliodie Moreau	Kaitlin Duell Conrad Jackson Bradley Williams	Lili Davies Jess Beechey Maryse Daniel	Brodie Carion
11-May	GLW 3	Topic: Sudden Death - Rhythm Disturbances	Topic: Peri-Operative Fluid Management	Managing Uncertainty and MUS; Managing Mistakes and Open Disclosure; Reducing Mistakes	Aging Well; Dying Advanced Care Directives; Someone's Died - What do you do?	Topic: 12/06 Complex Endocrinopathies Topic: 15/06 Neurogenerative Disorders
		Jay Shoemaker	Conrad Jackson	Lili Davies Jess Beechey Maryse Daniel	Shalisha Menon Sam Johnson Zeeka Mushairry	Katelyn Brooks
29-Jun	GLW 4	Topic: ENT Emergencies - Epistaxis, Foreign Body (Nose & Throat), Quinsy	Topic: (A) Post-Operative Complications - Pain/PONV (B) Post-Operative Complications - DVT/Delirium	Confidentiality; Chronic Pain; Injuries and Workers Comp; Other Medico Legal Forms	Falls; Talking to Relatives and Carers; Dementia	Topics: 30/06 - HIV 03/07 - Auto-Immune Disease - the Generic/Iconic Case (ITP)
		Kaitlin Duell	(A) Lili Davies (A) Hayyani Jasmin (B) Shab Kamalanathan (B) Shahab Pathan	Shalisha Menon Sam Johnson Zeeka Mushairry	30/6 - Eliodie Moreau 30/6 - Brodie Carion 30/6 - Victoria Jordan	30/06 - Alice McGushin 03/07 - Bradley Williams
17-Aug	GLW 5	Study Day	Study Day	Portfolio Prep Questions; Boundaries; Domestic Violence; Difficult Professionalism Case; No Free Lunch Drug Companies	Portfolio Prep Questions; Elder Abuse; Difficult Ethical Case over Investigation; Difficult Ethical Case over Treatment; Difficult Ethical Case Teamwork	Topic: 21/08 - Adult Epilepsy
				21/8 - Eliodie Moreau 21/8 - Brodie Carion 21/8 - Victoria Jordan	21/8 - Jon Osborne 21/8 - Alice McGushin 21/8 - Katelyn Brooks 21/8 - Shahab Pathan	Shalisha Menon
28-Sep	GLW 6	Topic: DEM Cases - Portfolio Practice	Topic: A Complex Post-Operative Case	Portfolio Practice; Questions on Domain 2 Acute and Domain 4 with Model Answers and References	Portfolio Practice; Questions on Domain 2 Chronic and Domain 3 with Model Answers and References	
		Jessica Beechey	Victoria Jordan	29/9 - Jon Osborne 29/9 - Alice McGushin 29/9 - Katelyn Brooks 29/9 - Shahab Pathan	29/9 - Jeni English 29/9 - Hayyani Jasmin 29/9 - Shab Kamalanathan 29/9 - Jay Shoemaker	
2-Nov	GLW 7	Public Holiday	Public Holiday	TBA	TBA	TBA

# Learning Outcomes – Primary Care SoM Handbook

## General Practice

General Practice is '*the provision of primary continuing comprehensive whole-patient medical care to individuals, families and their communities.*' (RACGP, 2007)

Students should be able to demonstrate that they have, and can safely and appropriately apply, the following skills and knowledge:

### 1. Consulting Skills

- In all settings consider the patient's perspective (ideas, beliefs, concerns, expectations, effects on life and feelings) and have an understanding of the dynamic relationship between the disease, the illness (the patient's experience of the disease) and the person

### Clinical skills

- Be able to take an appropriate history and perform a physical examination (including of children and pregnant patients) relevant to the presenting issue(s)
- Be aware that you are treating the patient with a disease and not the disease in a patient i.e. that you are delivering whole-patient care
- Be aware that general practices and practitioners vary in the care provided dependant on the context of the patient, their family and community, and the capabilities of the GP and their team

### Diagnostic skills

- Be aware of common presenting symptoms in General Practice and the potential causes.
- Be aware of the need to deal with uncertainty and early presentations that may not lead to a clear diagnosis at a particular consultation
- Be aware of the need to provide a safety net to diagnostic formulations and how the use of time may reveal a clearer diagnosis
- Be able to formulate a differential diagnosis for the presenting issue(s)
- Demonstrate appropriate use of investigations and screening tools
- Be familiar with the network of diagnostic services that can be used both in the private and public systems of health care
- Be aware of the need to guide the patient through the process of accessing health care, aiming to minimise harm

### Communications skills

- Demonstrate effective communication skills within the context of a consultation. These include:
  - Appropriate opening and closing of a consultation
  - Obtaining informed consent
  - Building rapport
  - Using open ended questions with specific questions only to clarify detail
  - Speaking clearly
  - Demonstrating active listening and reflective skills
  - Speaking clearly
  - Demonstrating active listening and reflective skills
  - Using appropriate language, avoiding medical jargon
  - Picking up patient cues
  - Being aware of body language
  - Making eye contact
  - Developing an open, relaxed, respectful manner, recognising the patient's expertise in patient centred holistic care

### Management skills

- Be able to manage common emergencies occurring in General Practice (e.g. acute anaphylaxis, acute asthma, acute pulmonary oedema, snake bite, hypoglycaemia, status epilepticus, AMI, unstable angina)
- Have a working knowledge of Australian resuscitation guidelines
- Understand the role of Care Plans in General Practice. Be able to develop a chronic disease management plan for common chronic diseases and develop an approach to the issues of complex multimorbidity
- Develop an approach to a management consultation. This includes establishing the patient's existing knowledge and perspective of the diagnosis and management, patient education, considering preventative and health enhancement opportunities, evaluating the consultation, providing take home information and arranging follow up

### Educative Skills

- Develop skills to educate patients in regard to their health issues and ways to enhance their health
- Involve the patient as an active participant in their health
- Be able to assess the stages in the cycle of behaviour change and implement effective lifestyle change using basic motivational interviewing techniques
- Have an awareness of Health Promotion
- Understand that patient self management is an ideal aspect of chronic disease management and how this might be delivered

### Counselling skills

- Have an initial understanding of some commonly used techniques
- Use a patient centred solution orientated/problem solving approach
- Have an understanding of the factors influencing mental health
- Have an understanding of stress and stress management and be able to teach some simple relaxation techniques

Be familiar with evidence based psychological therapies and their use

### Prescribing Skills

- Be aware of the guidelines for use, dosing, limitations, side effects and interactions of common medications and the resources available to assist in prescribing less commonly used medications
- Have an understanding of the evidence base for, use and drug interactions of commonly used Complementary Therapies
- Be aware of resources available to assist in rational prescribing such as the National Prescribing Service (NPS)
- Be aware of the recommended contents of the General Practitioner's 'doctor's bag' and their uses
- Understand the role of the Home Medicines Review
- Have an understanding of the legal aspects of prescribing such as prescribing to minors and scheduled drugs
- Understand the practical prescribing issues in the Australian health care setting such as writing a script and obtaining an authority

#### **Co-ordination of care skills**

- Be able to write a referral letter to another health professional
- Be aware of the range of resources and referral options available to assist patients

#### **Complex Consultations**

- Develop an approach to more complex consultations such as:
  - Dealing with strong emotions – grief, angry patient etc
  - Crisis intervention
  - Delivering unexpected or ‘bad’ news
  - Non English speaking patients and use of interpreters
  - Issues of violence
  - Sexual health issues
  - Travel medicine
  - Drug seeking patients
  - Refugee health
  - Adolescent medicine
  - Behaviour change and motivation in the unaware / unmotivated patient
  - Multiple problems multimorbidity – define priorities and develop plan

#### **2. Procedural Skills**

##### **Expected skills**

- Administration of parenteral therapy by subcutaneous, intramuscular and intravenous routes
- Administration and instruction for use of inhaled medications
- Administration and instruction for use of pessaries and suppositories
- Assessment of hydration status
- Cervical smear and vaginal examination
- Clinical breast examination
- Contraception advice
- Finger prick BSL
- Ophthalmic examination of the eye including fluorescein staining of cornea and assessment of colour vision (Ishihara)
- Rectal examination
- Recognition and management of the seriously ill child
- Recognition and management of arrhythmias
- Spirometry and peak flow measurements – recording and interpretation

##### **Expected skills (to be observed or performed under supervision or undertaken through simulation)**

- Removal of foreign bodies from eyes and ears or nose
- Suture simple laceration/skin repair including infiltrating wound with local anaesthetic

#### **Recommended Skills**

- Correct application of; dressings (e.g. wound dressings and burns), bandages (e.g. strapping a sprained ankle) and slings (e.g. broad arm sling, collar and cuff)
- Correct use of crutches
- Collection and preparation of pathological specimens
- Eyelid eversion
- Use of nasal speculum to examine the nasal passages
- Intradermal injection technique
- Removal of foreign bodies (e.g. splinters, ticks)
- Use of splints (e.g. finger)
- Vaccination of infants and children

#### **3. Personal and Professional Development**

##### **Australian Health Care System**

- Have an understanding of Medicare Australia health funding and practical issues for General Practice such as item numbers

##### **Self Care**

- Understand the concept of stress and apply strategies for self care and stress management.
- Be familiar with appropriate resources to assist doctors in self care
- Be aware how to maintain a healthy and balanced lifestyle and how to apply behaviour change strategies to you

##### **Ethical, legal and professional aspects of medical care**

- Understand the guidelines for professional conduct – boundaries, confidentiality, duty of care
- Be able to deal with uncertainty in medical practice
- Understand the need for continued professional development in a medical career
- Understand medical information is constantly changing and being updated and you will be engaged in a career long process of learning
- Be confident in medical information technology
- Be able to work effectively as a member of a team in health care
- Understand the role of Medical Council of Tasmania
- Have an understanding of particular prescribing issues – prescribing to minors, self prescribing
- Have an understanding of certification issues – WorkCover, Death Certification, Motor Accident Insurance Board (MAIB)

**Evidence based practice**

- Understand the use of an evidence based approach to medical care
- Understand the resources available to assist in practising evidence based medicine

**Role of research**

- Understand the opportunities for and role of research in General Practice
- Be competent in performing a literature search and critically appraising medical research

**4. Community Health**

- Be aware of the personnel, resources and agencies available in the community to assist patients in both urban and rural areas, their roles and how to access them
- Understand of the role of various allied health care professionals
- Have an understanding of the provision of services to disadvantaged groups

The current National Health Priority Areas (2009) are cancer control, injury prevention and control, cardiovascular health, diabetes mellitus, mental health, asthma, arthritis and musculoskeletal conditions, and obesity.

**Required or recommended texts****Required texts**

Bor, R & Lloyd, M 2009, *Communication skills for medicine*, 3rd edn, Churchill Livingstone, Edinburgh; New York.

Murtagh J. (2011) *General Practice*, McGraw Hill

Silverman J, Kurtz S, Draper J. (2005) *Skills for communicating with patients*, Radcliffe Publishing

**Recommended reading**

Britt H, et al (2011) *General Practice Activity in Australia 2010-2011*. General Practice Series No 29. Sydney University Press. Accessed 28<sup>th</sup> Nov 2011 at [http://ses.library.usyd.edu.au/bitstream/2123/7772/4/978192089868\\_CDROM.pdf](http://ses.library.usyd.edu.au/bitstream/2123/7772/4/978192089868_CDROM.pdf)

Murtagh J. (2008) *Patient Education*, McGraw Hill

Murtagh J. (2008) *Practice Tips*, McGraw Hill

Murtagh J. (2011) *General Practice Companion Handbook*, McGraw Hill

RACGP. (2009) *Guidelines for Preventive Activities in General Practice (The Red Book)*. Available online at <http://www.racgp.org.au/guidelines/redbook>

RACGP (2004) *SNAP: Smoking, Nutrition, Alcohol and Physical Activity. A population health guide to behavioural risk factors in general practice*. Available online – <http://www.racgp.org.au/guidelines/snap>

RACGP (2006) *Putting Prevention Into Practice (The Green Book)*. Available online at – <http://www.racgp.org.au/guidelines/greenbook>

RACGP (2006) *Keeping the Doctor Alive. A self care guidebook for medical practitioners*.

**General Practice Resources**

Australian Family Practitioner, AFP  
<http://www.racgp.org.au/afp/>

Electronic resources and free dynamed via free student subscription to RACGP  
<http://www.racgp.org.au/download/Documents/Membership/2012-2014studentmemberguide.pdf>

Free Access to online learning modules and MCQ's  
<http://www.gplearning.com.au/Home/Home.aspx?ReturnUrl=%2f>

**Rural and Remote Placements**

Rural and Remote practitioners require extended generalist skills in immediate and chronic disease management as well as additional skills in community medicine and managing patients in hospitals.

<http://www.arhen.org.au/links/publications.html>

A bright future for rural health

[http://www.arhen.org.au/images/publications/bright\\_future\\_13\\_apr\\_10.pdf](http://www.arhen.org.au/images/publications/bright_future_13_apr_10.pdf)

**ACRRM resources for medical students**

<https://www.acrrm.org.au/junior-doctors-and-students>

**Download guidelines**

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## 18 common GP problems

Adapted from Bristol Medical School hand book using BEACH data

Problem	Presentation	Learning objectives
Hypertension	The nurse said my blood pressure was high	Demonstrate how to diagnose and manage hypertension.
Asthma, angina	My chest feels tight	Describe how to diagnose asthma & angina, when to refer & how to manage these conditions.
Gastro-oesophageal reflux & alcohol dependence	I've got heartburn	Describe investigation & management of heartburn. Demonstrate ability to recognize alcohol dependence & offer help with stopping drinking.
Chronic obstructive pulmonary disease (COPD), anaemia, heart failure & smoking	I get out of breath easily	Describe how to diagnose & manage COPD and heart failure. Describe how to investigate anaemia. Demonstrate ability to help someone to stop smoking.
Diabetes, anaemia, hypothyroidism, insomnia, depression, early pregnancy, chronic fatigue syndrome	I feel tired all the time	List differential diagnosis of tiredness. Describe presentation, investigation & management of each of these conditions.
Depression	I feel useless	Be alert to possibility of depression and use skilful questioning to confirm diagnosis. Be familiar with at least one antidepressant drug.
Migraine, tension headache	I've had a headache for the last 2 days	Demonstrate how to assess a patient with a headache. Discuss treatment & prophylaxis for migraine.
Contraception	I'd like to go on the pill	Be familiar with at least one combined oral contraceptive pill. Demonstrate how to assess a patient before starting her on the pill and how to follow her up. Discuss methods of post-coital contraception.
Urinary tract infection, chlamydia & common STDs	It stings when I go to the toilet	Demonstrate how to manage simple UTIs and be alert to possibility of prostatic hypertrophy/cancer in men. Be alert to possibility of STDs causing dysuria. Feel confident in taking a sexual history.
Mechanical low back pain	My back hurts	Demonstrate management of back pain & discuss when investigation is warranted.
Common cancers: lung, bowel, prostate & breast	I'm losing weight; I'm still coughing; I've got a pain, I have to go to the toilet all the time; I've found a lump in my breast	Describe how these 4 common cancers might present and know how to reach a definite diagnosis. Describe how to manage a patient who is terminally ill as the result of any of these cancers.
Eczema	I've got this itchy rash	Recognise & demonstrate how to manage eczema.
Viral sore throat, glandular fever, tonsillitis	I've got a sore throat	Discuss management options for each of these conditions. Communicate the potential benefits & disadvantages to the patient.
Otitis media & externa	My ear hurts	List differential diagnosis of earache & management options for otitis media & externa.
Gastroenteritis	I've got diarrhoea	Describe management of food poisoning & oral rehydration.
Screening and health checks	Can I have a check up	Evidence base for health checks in different age groups and populations – 1 year old, 45-49, over 75 and item numbers Screening programmes for breast, cervix, bowel, cancer and diabetes Shared negotiation around non screening tests eg PSA testing
Skin damage, cancer	Can you check my skin	Common skin conditions and their management

