



UNIVERSITY *of*  
TASMANIA

**MBBS Undergraduate  
Rural Clinical Program  
2016**

***Year 4 & 5***

***GP Supervisor Guidelines***

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## Introduction

Thank you for being involved with the Rural Clinical School (RCS) Primary Care Programme (PCP) in 2016.

The Primary Care Programme is part of the **Year 5 MBBS Undergraduate Rural Clinical Programme 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 2016" 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

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.

Students should be punctual and appropriately dressed.

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

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, Dr Satish Kumar, Dr Jane Cooper or Dr Rosemary Ramsay via Maggie Lea.

### **Fourth Year GP rotation**

Fourth Year is the first full Clinical Year. The aim of the 4th year General Practice rotation is to develop core clinical skills and apply their lecture based knowledge in the clinical context.

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 the management of patients with chronic disease and multi morbidity.

Junior Medical Officers tutorials are available via video link at remote and rural sites.

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.

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 with 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 can develop their consultation and procedural skills with the GP and practice nurse.

## **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 Primary Care are included in the log book and are summarised for this hand book below, Students can print our 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.**

### 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 essay based on this patient (see SoM guidance and MyLo resources on 'how to').

#### Case Presentation

In fourth year this case is presented in the practice to the practice members and local GP tutor.

In final year the case is presented to their peers as part of the formal teaching programme.

### 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

## **Consultation and Procedural Skills**

Students are required to be assessed across a wide range of consultation 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.

Students are required to undertake formative Mini Cex assessments and DOPS assessments as part of their work based assessment. Details of these forms are in the appendix.

## **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:**

**Areas for improvement:**

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

**SATISFACTORY TO PROGRESS**  
*(please circle)*

**HAS NOT MET REQUIREMENTS TO PROGRESS**  
*(please circle & specify reasons below)*

**Reasons why student has not met requirement:**

Have you sighted student Logbook & Log of Skills?

YES / NO

Have you provided this feedback to your student?

YES / NO

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
*Please print name*

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
*Please print name*

\_\_\_\_\_  
Supervisor's position

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

**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>	
<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	
<b>Chronic Disease Management</b> For the Chronic Disease that has the most impact. 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.	
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>	
<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.	
<b>Appendix include: Summary GP Management plan, included use of template provided, or practice</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. 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:
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## 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	

	Performed Competently	Performed but not yet fully competent	Not performed competently	Not performed	N/A
<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 Illness Longitudinal Case including Complex Therapeutics  
 Long Case History - Year 5 (3,000 words)

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

Rotation: [Click here to enter Rotation](#)

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 and patient goals. 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> <b>Demonstrates an assessment and engagement with the patient's health literacy level</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 or ethical 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>				
<b>Demonstrates ability to present patients history succinctly</b>				
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>Displays skills to enhance patient health literacy as 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. Demonstrates teach back.</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>							

**Assessor must complete Global Performance on Page 2 – please turn over**

**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**

**Direct Observation of Procedural Skills (DOPS)  
BASIC LIFE SUPPORT (BLS)**

<b>Student Name:</b>			<b>Date of Assessment:</b>		
<b>Year of Study:</b>	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5	<input type="checkbox"/> Other	<b>Student No:</b>	
<b>Assessor:</b>			<b>Assessor's Position:</b>		
<b>Setting:</b>	<input type="checkbox"/> Real Patient	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Emergency	<input type="checkbox"/> General practice
	<input type="checkbox"/> Simulation	<input type="checkbox"/> Role Player	<input type="checkbox"/> Manikin/Part Task Trainer		

ASSESSMENT	<i>To ensure safe, efficient and effective care on this aspect</i>									
	Requires Significant Input from Supervisor			Requires some Input from Supervisor			Performs Procedure Independently			Unable to Assess
Knows the BLS Algorithm	<i>D=Danger, R=Responsive, S=Send for Help, A=Airway, B=Breathing, C=Start CPR, D=Attach Defibrillator (AED)</i>									
	1	2	3	4	5	6	7	8	9	UTA
Checks for Danger	<i>Performs hand hygiene, don gloves</i>									
	1	2	3	4	5	6	7	8	9	UTA
Checks for Response - act appropriately if response present or not present	<i>Squeeze shoulders, ask loudly "Are you all right", if response present places patient in recovery position</i>									
	1	2	3	4	5	6	7	8	9	UTA
Sends for Help	<i>Knows number to call for local hospital</i>									
	1	2	3	4	5	6	7	8	9	UTA
Check Airway Clear	<i>Open airway with basic airway manoeuvres, cervical spine injury considered</i>									
	1	2	3	4	5	6	7	8	9	UTA
Check for Breathing	<i>With airway open; look, listen and feel for breathing</i>									
	1	2	3	4	5	6	7	8	9	UTA
Recognises no sign of life	<i>Recognises absent or agonal breathing, Check pulse if trained to do so, less than 10 seconds</i>									
	1	2	3	4	5	6	7	8	9	UTA
Commences CPR	<i>Position= centre of chest, Rate= 100 / min, Depth = 5 cm, Ratio= 30:2</i>									
	1	2	3	4	5	6	7	8	9	UTA
Attaches AED (as soon as available)	<i>Minimal interruption to CPR, pad position correct</i>									
	1	2	3	4	5	6	7	8	9	UTA
Correct use of AED	<i>Minimal delay to AED use, follows prompts, safe defibrillation (all clear)</i>									
	1	2	3	4	5	6	7	8	9	UTA
Continues CPR until help arrives	<i>Rhythm check every 2 min, follow prompts on AED, minimal interruption to CPR</i>									
	1	2	3	4	5	6	7	8	9	UTA
Adequate hand over to resuscitation team (ISBAR)	<i>I=Identify, S=Situation, B=Background, A=Assessment, R=Recommendation</i>									
	1	2	3	4	5	6	7	8	9	UTA

OVERALL PERFORMANCE FOR THIS PROCEDURE				
<b>What level of supervision did the student require for THIS procedure (please tick):</b>	Not yet competent in Simulation	Competent in Simulation environment	Competent in the clinical environment under structured supervision	Competent in the clinical environment with minimal supervision
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessor's Comments on the Student's Performance:

Student's Comments on their Performance:

Student's Signature

Assessor's Signature

Date

References: Australian Resuscitation Council of Australia, THS hand hygiene infection control.

**Direct Observation of Procedural Skills (DOPS)  
INTRAVENOUS CANNULATION**

<b>Student Name:</b>			<b>Date of Assessment:</b>			
<b>Year of Study:</b>	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5	<input type="checkbox"/> Other	<b>Student No:</b>		
<b>Assessor:</b>			<b>Assessor's Position:</b>			
<b>Setting:</b>	<input type="checkbox"/> Real Patient	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Emergency	<input type="checkbox"/> General practice	<input type="checkbox"/> Other
	<input type="checkbox"/> Simulation	<input type="checkbox"/> Role Player	<input type="checkbox"/> Manikin/Part Task Trainer			

ASSESSMENT	To ensure safe, efficient and effective care on this aspect								
	Requires Significant Input from Supervisor	Requires some Input from Supervisor	Performs Procedure Independently	Unable to Assess					
Appropriate introduction	<i>Name, role, correct patient, correct indication</i> 1 2 3 4 5 6 7 8 9 UTA								
Explains procedure and obtains consent	<i>Minimum: Explain benefit and risks, warns patient of some discomfort, bruising, possible infection, possibility of more than one attempt. Understands indications and contraindications. Opportunity to observe veins, clip hair if required.</i> 1 2 3 4 5 6 7 8 9 UTA								
Understands basic venous anatomy and vein selection	<i>Avoids veins over joints if possible: cubital fossa for large cannula.</i> 1 2 3 4 5 6 7 8 9 UTA								
Collects and opens appropriate equipment while maintaining sterile field for procedure	<i>Perform hand wash and set up: Dressing pack, Sterile gloves, Chlorhexidine in 70% Alcohol preparation/ pre packed chlorhexidine swabs, underpad, tourniquet, bung/extension-loop, 10ml N. Saline, 10ml syringe, IV cannula of appropriate size for indication (20G cannula most common). Transparent occlusive dressing, goggles.</i> 1 2 3 4 5 6 7 8 9 UTA								
Demonstrates technical proficiency	<i>Dons protective eye wear, tourniquet placement, vein selection. Perform hand hygiene, don sterile gloves if palpating vein after disinfected area. Prime extension loop, warn patient of sharp prickle, insert cannula, correct angle of insertion 30°, recognition of flash-back, decrease angle and advance cannula plastic into vein until hub at skin, release tourniquet withdrawal/retract needle (sharps disposal), digital pressure, attach bung/primed extension-loop, N Saline flush to check patency, secure with occlusive dressing.</i> 1 2 3 4 5 6 7 8 9 UTA								
Demonstrates aseptic or sterile technique as appropriate to the clinical situation. Demonstrates hand hygiene throughout procedure	<i>Does not touch area of insertion once prepared unless wearing sterile gloves. Maintains sterile/aseptic field.</i> 1 2 3 4 5 6 7 8 9 UTA								
Demonstrates safe disposal of sharps	<i>Use of yellow sharps bin</i> 1 2 3 4 5 6 7 8 9 UTA								
Demonstrates correct placement of the dressing	<i>Cannula secure and insertion site covered, date recorded on dressing. Dispose of equipment, perform hand hygiene</i> 1 2 3 4 5 6 7 8 9 UTA								
Documents insertion	<i>In patient notes records name, date and time, site, cannula size, plan/indication</i> 1 2 3 4 5 6 7 8 9 UTA								
Communication Skills	<i>Provides reassurance, checks for discomfort, addresses patient concerns, gives advice to keep site dry. Ensure adequately secured for patients need.</i> 1 2 3 4 5 6 7 8 9 UTA								
Seeks help when appropriate	<i>One attempt before asking for help</i> 1 2 3 4 5 6 7 8 9 UTA								

OVERALL PERFORMANCE FOR THIS PROCEDURE				
What level of supervision did the student require for THIS procedure (please tick):	Not yet competent in Simulation	Competent in Simulation environment	Competent in the clinical environment under structured supervision	Competent in the clinical environment with minimal supervision

Assessor's Comments on the Student's Performance:

Student's Comments on their Performance:

Student's Signature

Assessor's Signature

Date

References: THS policy including infection control Hand Hygiene.

**Direct Observation of Procedural Skills (DOPS)  
VENEPUNCTURE**

<b>Student Name:</b>			<b>Date of Assessment:</b>		
<b>Year of Study:</b>	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5	<input type="checkbox"/> Other	<b>Student No:</b>	
<b>Assessor:</b>	<b>Assessor's Position:</b>				
<b>Setting:</b>	<input type="checkbox"/> Real Patient	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Emergency	<input type="checkbox"/> General practice
	<input type="checkbox"/> Simulation	<input type="checkbox"/> Role Player	<input type="checkbox"/> Manikin/Part Task Trainer	<input type="checkbox"/> Other	

ASSESSMENT	<i>To ensure safe, efficient and effective care on this aspect</i>									
	Requires Significant Input from Supervisor			Requires some Input from Supervisor			Performs Procedure Independently			Unable to Assess
Appropriate introduction	<i>Name, role, correct patient, correct indication</i>									
	1	2	3	4	5	6	7	8	9	UTA
Explains procedure and obtains consent	<i>Warns patient of bruising and some discomfort on insertion</i>									
	1	2	3	4	5	6	7	8	9	UTA
Determines what investigations need to be obtained	<i>Fills out the blood request form appropriately with correct patient details</i>									
	1	2	3	4	5	6	7	8	9	UTA
Collects appropriate equipment for procedure	<i>Alcohol wipes, tape, cotton wool, tourniquet, appropriate needle, vacutainer and appropriate blood bottles for tests required</i>									
	1	2	3	4	5	6	7	8	9	UTA
Demonstrates technical proficiency	<i><b>Perform hand hygiene</b>, puts on non sterile gloves, rests patient arm on pillow, tourniquet placement, vein selection, cleans area with alcohol wipes and allows to dry, puts traction on skin to stabilise vein, warns patient of sharp prickle, correct angle of insertion, fills the appropriate blood bottles to the level in order of draw without losing vein, release tourniquet, withdrawal of needle, apply pressure with a swab. Gently mix blood in tube</i>									
	1	2	3	4	5	6	7	8	9	UTA
Demonstrates aseptic sterile technique	<i>Does not touch area of insertion once prepped</i>									
	1	2	3	4	5	6	7	8	9	UTA
Demonstrates safe disposal of sharps	<i>Use of yellow sharps bin</i>									
	1	2	3	4	5	6	7	8	9	UTA
Demonstrates correct placement of the dressing	<i>Place cotton bud on wound site and tapes in place. Dispose of used items. <b>Performs hand hygiene</b></i>									
	1	2	3	4	5	6	7	8	9	UTA
Documents insertion	<i>Labels blood bottles clearly and legibly with correct patient details (at the bedside, asking direct confirmation of details from patient), places the blood bottles with the blood form in a clear plastic bag</i>									
	1	2	3	4	5	6	7	8	9	UTA
Communication Skills	<i>Provides reassurance, checks for discomfort, check site for bleeding, addresses patient concerns, advises sample will be sent to the biochemistry/haematology laboratory</i>									
	1	2	3	4	5	6	7	8	9	UTA
Seeks help when appropriate	<i>One attempt before asking for help</i>									
	1	2	3	4	5	6	7	8	9	UTA

OVERALL PERFORMANCE FOR THIS PROCEDURE				
<b>What level of supervision did the student require for THIS procedure (please tick):</b>	Not yet competent in Simulation	Competent in Simulation environment	Competent in the clinical environment under structured supervision	Competent in the clinical environment with minimal supervision

Assessor's Comments on the Student's Performance:

Student's Comments on their Performance:

Student's Signature

Assessor's Signature

Date

References: THS policy including infection control Hand Hygiene.

### 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 Uliverstone 7315 0364251611	<p><b>Goals to keep healthy</b></p> <p><b>Stop smoking Quit line support</b> www.quitnow.gov.au <b>Phone</b> 131848/ 137848</p> <p><b>Weight</b> Aim for normal weight <b>Your Weight Your Goal Review</b></p> <p><b>Diet: Less:</b> foods high in cholesterol or animal fat, drinks cordials, fruit juice alcohol</p> <p><b>More:</b> Fruit, Vegetables, Fibre, Fish,</p> <p><b>Your Goal</b> -Reduce portion size, stop snacks, Drink water, Five portions a day of fresh fruit&amp; veg</p> <p><b>Alcohol-</b> no more than 2 drinks per day preferably less.</p> <p><b>Salt</b> Lower salt intake: cut use of salt in cooking avoid high salt prepackaged foods,</p> <p><b>Exercise</b> - Take regular exercise <b>Goal</b> Brisk walking for 30 minutes per day.</p> <p><b>More advice</b> available from your GP or <a href="http://www.betterhealth.vic.gov.au">www.betterhealth.vic.gov.au</a></p>	<p>Pap due</p> <p>Mammogram phone 132050</p> <p>Immunisations annual flu vax</p> <p>Bowel Cancer screening due from 50</p> <p>Diabetes Screening due from 45</p> <p>Family history of disease ask GP about screening</p>
Asthma		<p><b>Asthma Goal : Self manage</b> to become Symptom Free through Asthma Action Plan</p> <p><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></p> <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 <u>meds</u> that make it worse eg NSAID's and aspirin</li> </ul> <p><b>Keep physically active</b></p> <p><b>Attend GP</b> if symptoms not controlled: Annual review with spirometry before due</p>	
Vitamin b12		<p><b>Low Vitamin B12 :Goal: maintain normal Levels</b></p> <p><b>Iron and folate status Underlying cause</b></p> <p>1 mg hydroxocobalamin IM, on alternate days for 2 weeks then 1 mg IM, once every 3 months.</p> <p>Consider oral B12 if underlying absorption issues gets better <b>annual review due</b></p>	
Breast Cancer		<p><b>Breast Cancer follow up Goals: Prevention of complications and early detection.</b> Well being and activity goals maintained</p> <p><b>Annual reveiw due:</b></p> <p>Mammogram and U/S scan &amp; Bloods and CA125 or tumour marker before review appointment</p> <p>Maintain Bones: Vitamin D and Ca supplements consider dexa screening</p>	
COPD		<p><b>COPD Goal:</b> Reduce symptoms recognise and treat infections early</p> <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</li> </ul> <p><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></p>	

### 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

GENERAL DOCTOR & PATIENT	
History, Examination and Management of common conditions	Subcutaneous and IM Injections
Oral Communication skills: case presentation	IV cannulation ( including set up and IV fluid administration)
Written Communication: Note writing, referrals, GPMP, Mental Health care Plans	Venepuncture for venous blood sample
Consultation skills: History taking, explaining, shared negotiation, Motivational interviewing	Measures blood glucose levels using finger prick testing
Investigations skills: Advice investigation , organize paperwork	Administering local anaesthesia
Management skills: Advice and organize paperwork for appropriate management	Ophthalmoscopy Fluroscein - staining of cornea Slit lamp use Eyelid eversion
Mini-mental state examination, Mental state examination, Suicide risk assessment	Eye foreign body removal including padding as appropriate
Medication management: IN clinic, Home medication review, Over 75 check	Foreign body removal - ear & nose
Admission and inpatient management of patients in community hospitals or nursing homes	External auditory canal irrigation External auditory canal ear wick insertion
Observation of breaking bad news	Preparation for sterile procedures including hand washing.
Intimate examination skills: Breast Examination, Vaginal examination and swabs/ pap smear, DRE	Dressings
Samples, analyses and reads urinary dipsticks	Simple skin lesion excision
Blood pressure measurement Height ,weight/BMI adults and children	Surgical knots & simple suturing
ECG	Suture removal
Peak flow meter function testing Spirometry, inhaler technique	Simple swab using standard microbial collection

# RCS Complete Calendar - 2016

## SEMESTER 1

Week Beginning	Year 4	Year 5	Week ending	Public Holidays	MBBS Program	UTAS & Community Engagement Events	
4-Jan			8-Jan	Devonport Cup - Wednesday 6th January			Tasmanian Primary and Secondary School Terms 2016 ↓
11-Jan			15-Jan			13 Jan - Welcome BBQ for potential Year 1 students (2015 Year 12 students with offers to study med @ UTAS)	
18-Jan			22-Jan				
0 25-Jan			29-Jan	Australia Day - Tuesday 26th January			0
1 1-Feb	Orientation Week / GLP 1 Mon 1st - Fri 5th Feb		5-Feb		Rotary Club of Burnie Scholarship Interviews Wed 3 Feb - TBC	2 Feb - In-house THS Welcome BBQ (RCS) 4 Feb - RCS Community Welcome BBQ (CCC)	1
2 08-Feb	1	GLW 1	12-Feb	Royal Hobart Regatta (South Only) - Monday 8th February	Emergency Skills Weekend 10th - 12th Feb		2
3 15-Feb	2	2	19-Feb				3
4 22-Feb	3	3	26-Feb	Launceston Cup - Wednesday 24th February			4
5 29-Feb	4	4	4-Mar	King Island Show - Tuesday 1st March	Year 3 Primary Care Program 29th Feb to 11th Mar		5
6 07-Mar	5	5	11-Mar		Year 3 Primary Care Program 29th Feb to 11th Mar	Year 11 & 12 Health Career Evenings Wed 9 March - Burnie Thurs 10 March - Mersey	6
7 14-Mar	GLP 2	6	18-Mar	Eight Hours Day - Monday 14th March			7
8 21-Mar	1	GLW 2	25-Mar	Good Friday - Friday 25th March			8
9	RCS STUDENT EASTER BREAK - 25th March to 3rd April 2016						9 Easter Break 25/3/16 - 29/3/16
10 04-Apr	2	2	8-Apr		Year 2 Rural Week 4th to 8th April 2016		10 TERM 1 Cont....
11 11-Apr	3	3	15-Apr				11 School Holidays 11/04/16 - 22/04/16
12 18-Apr	4	4	22-Apr				12
13 25-Apr	5	5	29-Apr	ANZAC Day - Monday 25th April			13
14 02-May	GLP 3	6	6-May	Agfest (Circular Head Only) - Friday 6th May	Year 3 Primary Care Program 2nd to 13th May		14
15 09-May	1	GLW 3	13-May		Year 3 Primary Care Program 2nd to 13th May		15
16 16-May	2	2	20-May			Year 10 Health Careers 17 May - Mersey 18 May - Burnie	16 TERM 2 26/4/2016 to 1/7/2016
17 23-May	3	3	27-May				17
18 30-May	4	4	3-Jun				18
19 06-Jun	5	5	10-Jun				19
20 13-Jun	Student Break 13th to 17th June	6	17-Jun	Queen's Birthday - Monday 13th June			20

## 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
21	20-Jun	Att 3 GLP 4	Student Break 20th to 24th June	24-Jun				TERM 2 Continues...
22	27-Jun	2	GLW 4	1-Jul				
23	04-Jul	3	2	8-Jul				School Holidays 4/07/16 - 15/07/16
24	11-Jul	4	3	15-Jul				
25	18-Jul	5	4	22-Jul		Year 3 Primary Care Program 18th to 29th July		TERM 3 18/7/2016 to 23/9/2016
26	25-Jul	6	5	29-Jul		Year 3 Primary Care Program 18th to 29th July	Year 9 Health Careers Fri 29 July - Mersey	
27	01-Aug	GLP 5	6	5-Aug				
28	08-Aug	Student Break 8th to 12th August	GLW 5	12-Aug				
29	15-Aug	1	Exams & TBC	19-Aug		Year 5 Summative OSCE 16th August 2016		
30	22-Aug	2	2	26-Aug			Year 9 Health Careers Wed 24 August - Burnie Open Day - CCC	
31	29-Aug	3	3	2-Sep				
32	05-Sep	4	4	9-Sep		Rural Week Year 1 Camp Clayton 5th to 9th September 2016		
33	12-Sep	5	5	16-Sep				
34	19-Sep	GLP 6	6	23-Sep		Year 3 Primary Care Program 19th to 30th Sept		
35	26-Sep	1	GLW 6	30-Sep	Burnie Show Day - Friday 30th September	Final Year Prize Exams 26th to 30th Sept Year 5 Portfolio Interviews 28th Sept	Year 3 Primary Care Program 19th to 30th Sept	School Holidays 26/09/16 - 07/10/16
36	03-Oct	2	2	7-Oct	Royal Launceston Show - Thursday 8th October			
37	10-Oct	3	3	14-Oct				TERM 4 10/10/2016 to 21/12/2016
38	17-Oct	4	4	21-Oct	Royal Hobart Show Day - Thursday 20th October	MBBS Final Year SUPP OSCE 18th October MBBS Final Year SUPP Portfolios 19th October		
39	24-Oct	5	5	28-Oct				
40	31-Oct	Exam Period	7 & Intern Week	4-Nov		Year 4 OSCE 1st November Year 4 MCQ Thurs 3rd Nov	Year 4 EMQ Fri 4th Nov RCS End of Year Dinner Saturday 5 November	
41	07-Nov	Break	Break	11-Nov	Recreation Day - Monday 7th November			
42	14-Nov			18-Nov				
43	21-Nov			25-Nov	Devonport Show Day - Friday 25th November			
44	28-Nov	Elective	Break	2-Dec				
45	05-Dec			9-Dec		MBBS 4th Year SUPP Exams 6th December		
46	12-Dec			16-Dec	Year 5 Graduation (Hobart) Wed 14th December			
46	19-Dec			23-Dec				
								School Holidays to start of Term 1 2016

## 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 2015)

24<sup>th</sup> June – 30<sup>th</sup> October 2015

## **Student ZIPPER**

(student mobile number 0000 111 222)

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

24/06/15	9.00am	Induction
	11.30am	Patients with S for am session
	2.00pm	Non-consulting activities- nurses
02/07/15	9.00am	Non-consulting activities - nurses
	1.30pm	Patients with E for pm session
09/07/15	9.00am	Patients with S for am session
	2.00pm	Non-consulting activities- nurses
16/07/15	9.00am	Non-consulting activities- nurses
	1.30pm	Patients with S for pm session
19/07/15	9.00am	Patients with P for am session
	2.00pm	Non-consulting activities- nurses
23/07/15	9.00am	Non-consulting activities- nurses
	1.30pm	Patients with E for pm session
06/08/15	9.00am	Patients with S for am session
	2.00pm	Non-consulting activities- visit Community nurse
13/08/15	9.00am	Non-consulting activities- visit Pharmacist
	1.30pm	Patients with E for pm session
20/08/15	9.00am	Patients with P for am session
	2.00pm	Non-consulting activities- Child health Nurse

**STUDENT LONG CASE PRESENTATIONS BOOKED FOR  
Tuesday XX 2016 AT 8:00AM**



Year 4 2016 Primary Care CBL's  
2016 Year 4 RCS Task allocation in Primary Care

Wednesday, 3 February 2016			Orientation Week CBL tasks preparation with Year 5's
<b>PC Program 1</b> Tuesday, 9 February	8.30	9.00	Orientation to Primary Care and skills Rotation through work shops
	9:00:00	10.30	Adolescent history taking
	10.45	12.15	History Taking Skills inc. SOB, Chest Pain; Organising Investigations
	12.45	14:15	Explaining Tasks - Common Problems
	15:00:00	17:00:00	Tasmanian Aboriginal Centre Visit
Tuesday, 16 February 2016	8.30		Intimate Examinations overview.
	9:00:00	12:00:00	Examinations - Pap, Breast and Rectal; Preventative health Immunisation and Screening
	13:00:00	16:00:00	Examinations - Pap, Breast and Rectal; Preventative health Immunisation and Screening
Tuesday, 23 February 2016	8.30		Over view Minor Illness Lizzi Shires
	9:00:00	12:00:00	Common Presentations - Minor Illness / Common Skin Conditions (Eczema, Acne, Shingles) & Eyes and Ears Scenarios Students produce DOCES Sam Hamilton Skins and Eczema Rachel Stafford: Sore throat shared negotiation Ann Ly: Eyes Nishant Chintapalli: Ears Hannah Cunningham – Acne and Shingles
	13:00:00	16:00:00	Common Presentations - Minor Illness / Common Skin Conditions (Eczema, Acne, Shingles) & Eyes and Ears Scenarios
Wednesday, 16 March 2016	9:30:00	12.30	Formative DOCES - Attachment 1
Wednesday, 16 March 2016	14:00:00	17:00:00	GP CBL - Breaking Bad News and Talking to Relatives- Dr Ramsey  GP CBL - Men's Health Emily Doole: Presentation Hand out Jacqueline Lim: Mens health Doces 1 Callan Oakeshott: Hand out Prostate symptoms Nathan Vos Prostate DOCES
Wednesday, 4 May 2016	9:30:00	12:30	GP Skills - Formative DOCES - Attachment 2
Wednesday, 4 May 2016	14:00:00	17:00	GP CBL - Managing Chronic Disease what to cover at review. - Christopher Etherington- COPD Nicholas Cretan- Asthma Ellen Bateman- Diabetes Emma Byard- IHD William Hughes-Depression
	9.30	12.30	GP Skills - Formative DOCES - Attachment 3
Wednesday, 22 June 2016	14:00:00	17.00	Katherine Davis Imms summary and update about catch up programme hand out

**Year 4 2016 Primary Care CBL's**

			Aishwarya Sudhakaran Imms DOCES Manoj Subramanian Screening hand out Alexander Zucchi Screening DOCES Daniel Willet PSA testing evidence and DOCES
Wednesday, 3 August 2016	9:30	12:30	GP Skills - Formative DOCES - Attachment 4
Wednesday, 3 August 2016	14:00	15:30	GP CBL - Tired all the Time Caitlin Cannan Presentation Gabrielle Reardon DOCES
Wednesday, 3 August 2016	15:30	17:00	CBL - STI's Dong Cheah Presentation Shivanthi Bartlett DOCES 1 Malcolm Braddock DOCES 2
Wednesday, 21 September 2016	9:30	12:30	GP Skills - Formative DOCES - Attachment 5
Wednesday, 21 September 2016	14:00	15:30	GP CBL – Dizziness Laura Hollingsworth Summary sheet / presentation Vincent Gan DOCES 1 Michael Assenheimer DOCES 2
Wednesday, 21 September 2016	15:30	17:00	GP CBL – Disability Benjamin Dodds Presentation Samantha Rose DOCES

**2016 Year 5 RCS Task Allocation in Primary Care**

GLW	Date	Start Time	End Time	Session
2	Tuesday, 22 March 2016	9:00:00	12:00:00	<b>GP Rural &amp; Remote Presentations &amp; Professional Practice</b> Discharge Planning Task shared powerpoint DOCES - Charlotte McKenzie Discharge Letters Task letter audit - Frank Luo Discharge against Advice - Richard Arnot Angry Patients - Tom Dobie
	Wednesday, 23 March 2016	13:00:00	17:00:00	<b>GP CBL</b> Elder Abuse - Arthur Lee Advanced Care Directives - Sam Law Talking to Relatives - Kate Tasker Someone's Died - What do you do? - Sam Brandsema
3	Tuesday, 10 May 2016	9:00:00	12:00:00	<b>GP Rural &amp; Remote Presentations &amp; Professional Practice</b> Managing Uncertainty - Bronwyn Tidey MUS - Alex Britcliffe Managing Mistakes, Complaints and Open Disclosure - Isabel Di Tommaso Reducing Mistakes - Isaac Woo
	Wednesday, 11 May 2016	13:00:00	17:00:00	<b>GP CBL</b> Long Term Disability - Julian Chang Communication Strategies with Disabled People - Ronnie Mathew Complex Multi-Morbidity - Leah Spencer Polypharmacy - Sam Penman
4	Tuesday, 28 June 2016	9:00:00	12:00:00	<b>GP Rural &amp; Remote Presentations &amp; Professional Practice</b> Work Related Illness and Injuries - Laura Turner Workers Comp - Shiva Selvarajan Driving and the Law - Alex Tucker Sick Notes - Sam Salani
	Wednesday, 29 June 2016	13:00:00	17:00:00	<b>GP CBL</b> Chronic Pain (presentation and DOCES) - Tom Dobie and Richard Arnot Falls (Summary handout and DOCES) - Frank Luo Dementia (Summary handout and DOCES) - Charlotte McKenzie

5	Tuesday, 9 August 2016	<b>Presentations and OSCE Tasks</b>  <b>Nursing Home Students</b> Bronwyn Tidey Alex Britcliffe Isabel Di Tommaso Isaac Woo  <b>Rural and Remote Students</b> Charles Rose Wei Soon Jack Strugnell Warrick Manning  <b>All prepare OSCE tasks based on CBL's across the years for Wednesday</b>		
6	Tuesday, 27 September 2016	9:00:00	12:00:00	<b>GP Rural &amp; Remote Presentations and Professional Practice</b> Drug Companies - Arthur Lee IPV - Sam Brandsema EBM - Sam Law Professional Boundaries - Kate Tasker  Questions on Domain 2 Acute and Domain 4 with Model Answers and References
	Tuesday, 27 September 2016	13:00:00	17:00:00	<b>GP Rural &amp; Remote Presentations and Professional Practice</b> Over Investigation - Laura Turner Over Treatment - Shiva Selvarajan Teamwork - Alex Tucker & Sam Salani  Questions on Domain 2 Chronic and Domain 3 with Model Answers and References

# Learning Outcomes – Primary Care 2016 SoM Handbook

## General Practice

*“General Practice provides person centred, continuing, comprehensive and coordinated whole-person health care to individuals and families in their communities” (RACGP, 2015)*

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 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**

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/2123/7772/4/9781920899868\\_CDROM.pdf](http://ses.library.usyd.edu.au/bitstream/2123/7772/4/9781920899868_CDROM.pdf)

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

Murtagh J. (2013) *Practice Tips*, McGraw Hill

RACGP. (2012) *Guidelines for Preventive Activities in General Practice (The Red Book)*. Available online at <http://www.racgp.org.au/guidelines/redbook>

RACGP (2015) *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>

<http://www.racgp.org.au/guidelines/greenbook>

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

#### **General Practice including Rural and Remote Resources**

##### **RACGP**

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

Free Access to the RACGP's GP learning, online learning modules and MCQ's

<http://gplearning.racgp.org.au/Account/Login?ReturnUrl=%2f>

##### **ACRRM**

Membership for medical students:

<http://www.acrrm.org.au/preparing-for-your-career/student-membership>

##### **Download guidelines for mobile devices**

[https://www.rmeo.com/misc\\_files/acrrm/pda\\_guidelines/jul2013\\_instructions.html](https://www.rmeo.com/misc_files/acrrm/pda_guidelines/jul2013_instructions.html)

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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, how to manage these chronic 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), heart failure & smoking	I get out of breath easily	Describe how to diagnose & manage COPD and heart failure. 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 how to investigate anaemia. 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 – 4 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

