School of Medicine, Medical Programme
Faculty of Health

CAM531/532 (LAUNCESTON CLINICAL SCHOOL)
CAM533/534 (RURAL CLINICAL SCHOOL)
CAM535/536 (HOBART CLINICAL SCHOOL)

MEDICINE YEAR 5

2017
Unit Outline & Handbook

CAM531/532 – Assoc Prof Kim Rooney & Dr Brooke Sheldon
CAM533/534 – Assoc Prof Lizzi Shires
CAM535/536 – Prof Richard Turner
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# UNIT OUTLINE

## Unit description

**Unit code**  
CAM531, 532; CAM533, 534; CAM535, 536

**Unit title**  
Medicine Year 5

**Unit description**  
This unit is an integrated Clinical Placement year. Students are placed in a range of clinical attachments. Student learning outcomes are organised to deliver the Australian Medical Council, AMC, medical graduate outcomes.

This unit is integrated with the programme in the previous year of the course.

Case based learning sessions will cover core clinical issues, will be delivered by a mixture of learning activities and will require a self-directed learning approach.

The MBBS curriculum uses the AMC domains as an organising principle under which the outcomes are assessed. The 4 domains are: Science and Scholarship (the medical graduate as scientist and scholar), Clinical Practice (the medical graduate as practitioner), Health and Society (the medical graduate as a health advocate) and Professionalism and Leadership (the medical graduate as a professional and leader).

## Special notes

### Teaching staff

Coordinators: Prof Richard Turner (HCS), Assoc Prof Kim Rooney (LCS), Dr Brooke Sheldon (LCS) and Assoc Prof Lizzi Shires (RCS).

Teaching by academic members of the clinical disciplines of the School of Medicine, consultants of the HCS, LCS and RCS and affiliated hospitals, General Practitioners, and other health professionals.

### Campus & mode

Hobart, Launceston and Cradle Coast  Internal

### Unit weight

CAM 531, 533, 535 = 50%;  
CAM 532, 534, 536 = 50%

### Teaching pattern

Clinical attachments in hospitals, general practices and community settings.

Case-based class teaching; Presentations of clinical, ward and school based small group tutorials for development of clinical skills; Support for self-directed case based learning.

### Pre and Co-requisites

Successful completion of 4th Year Medicine of the MBBS at University of Tasmania.

### Mutual exclusions

N/A
Intended Learning Outcomes

This unit is an integrated Clinical Placement year.

Students are placed in a range of clinical attachments. Learning outcomes are organised by the Australian Medical Council domains. This unit is integrated with the programme in the following year of the course.

Case based learning sessions will cover key clinical issues and will be delivered by a mixture of learning opportunities and will require self-directed learning.

On completion of this unit, you will be able to:

1. Meet the learning objectives of each discipline as listed in the Year 5 Handbook.
2. Meet the learning objectives for Case-Based Learning as listed in the Year 5 Handbook.
3. Achieve satisfactory progression at Year 5 standard towards the AMC Medical Graduate Outcomes.
4. Achieve satisfactory progression at Year 5 standard towards the learning outcomes described in the University’s Graduate Quality Statement.

Orientation program

Attendance at the orientation program is compulsory in all schools. Check your clinical school’s requirements. Students must also complete all Tasmanian Health Service (THS) compliance requirements prior to clinical placement.

Clinical attachments

Clinical placements will comprise the following disciplines:

Medicine, Surgery, Residential Aged Care Facilities, Emergency Medicine, Anaesthesia/Intensive Care, Palliative Care, Geriatric and Rehabilitation Medicine, Remote Medical Practice, Selective.

Clinical placements will be outlined in detail in the guidelines and workbooks for each Clinical School. The context of some placements will vary between schools.

Graduate Quality Statement

Successful completion of this unit supports your development of course learning outcomes, which describe what a graduate of a course knows, understands and is able to do. Course learning outcomes are available from the Course Coordinator. Course learning outcomes are developed with reference to national discipline standards, Australian Qualifications Framework (AQF), any professional accreditation requirements and the University of Tasmania's Graduate Quality Statement.

The Australian Medical Council Graduate Learning Outcome Standards are available at AMC Graduate Outcome Statements.

The University of Tasmania experience unlocks the potential of individuals. Our graduates are equipped and inspired to shape and respond to the opportunities and challenges of the future as accomplished communicators, highly regarded professionals and culturally competent citizens in local, national, and global society. University of Tasmania graduates acquire subject and multidisciplinary knowledge and skills, and develop critical and creative literacies and numeracies and skills of inquiry. They demonstrate the ability to apply this knowledge in changing circumstances. Our graduates recognise and critically evaluate issues of social responsibility, ethical conduct and sustainability, are entrepreneurial and creative, and are mindful of their own wellbeing and that of the community. Through respect for diversity and by working in collaborative ways, our graduates reflect the values of the University of Tasmania.
Alterations to the unit as a result of student feedback

Evaluations are to be undertaken on behalf of academic staff members by the Student Evaluation, Review and Reporting Unit (SERRU) as part of the eVALUate process.

The Clinical schools may seek feedback from students via focus groups or their own evaluation surveys in addition to this. Student feedback is important to the continuous quality improvement of this Unit.

Prior knowledge &/or skills

Successful completion of 4th Year Medicine of the MBBS at the University of Tasmania.

HOW WILL I BE ASSESSED?

Assessment schedule

Students are expected to achieve the Australian Medical Council, AMC, Graduate Outcomes and these provide the basis for assessment. Full details are enclosed in the Handbook.

The Clinical Years of the Medical Programme have a programmatic approach to assessment. Students will participate in a wide range of assessment processes to ensure that they achieve the Graduate outcomes.

<table>
<thead>
<tr>
<th>Assessment task</th>
<th>Date due</th>
<th>Type</th>
<th>Links to Intended Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed Structured Clinical Examinations (OSCEs)</td>
<td>8th August 2017</td>
<td>Summative</td>
<td></td>
</tr>
</tbody>
</table>

Assessment details

Assessment task 1

Portfolio Assessment – overview

The portfolio demonstrates the programmatic assessment of students’ learning across the clinical years. The portfolio contains both individual summative and “Other Unit Requirements” aspects of assessment. “Other Unit Requirements” assessment activities must be attempted and assessed as satisfactory in order to pass the overall Portfolio component of assessment for the year.

All components of the portfolio as listed below are common to all Clinical Schools.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Measures Intended Learning Outcome:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>AMC Learning Outcomes Domains 2, 3 and 4</td>
</tr>
</tbody>
</table>

An introduction, to the reader of the portfolio, about yourself especially your professional attributes, capabilities, aspirations, community engagement and achievements. This is an opportunity to describe your professional journey to date so the reader of your portfolio can contextualise the contents of the portfolio and make a judgment about your overarching ability to be a reflective practitioner and future competent medical practitioner. Sections of the portfolio may be used as evidence against your claims or other evidence may be introduced into this section. (See Appendix 1)
<table>
<thead>
<tr>
<th>Portfolio Assessment - in Clinical Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criterion</strong></td>
</tr>
<tr>
<td><strong>Clinical Attachment Assessment - SUMMATIVE</strong></td>
</tr>
<tr>
<td>Students have an assessment for each clinical attachment. This is completed by the discipline coordinator or delegate. This assessment is based on performance during the attachment, including performance in any assessment tasks set by the discipline concerned during the attachment.</td>
</tr>
<tr>
<td>It is each student’s responsibility to ensure the clinical attachment form is completed by the clinical attachment assessor. (See Appendix 1)</td>
</tr>
<tr>
<td>For attachments 2 weeks or less, students must submit a Short Clinical Attachment Assessment form. (See Appendix 1)</td>
</tr>
<tr>
<td><strong>Log Books - SUMMATIVE</strong></td>
</tr>
<tr>
<td>Attachment logbooks must provide evidence of logged patients, medical conditions and background learning. Average at least 2 cases per day with 2 cases per week in greater detail. There is a system of random audit to ensure authenticity of entries. (See Appendix 1)</td>
</tr>
<tr>
<td><strong>Log of Skills - SUMMATIVE</strong></td>
</tr>
<tr>
<td>Records information about procedures seen and/or performed during simulation and clinical placements.</td>
</tr>
<tr>
<td>Each procedure must also note age and sex of patient to allow audit of claims made. Students are to be supervised in performing skills in the patient care setting and are expected to seek feedback on how to improve their performance from their supervising clinicians. Students will be expected to cover the skills included in the Medical Deans list (See Appendix 1).</td>
</tr>
<tr>
<td><strong>Direct Observation of Procedural Skills (DOPS) Core Competencies - SUMMATIVE</strong></td>
</tr>
<tr>
<td>Six key competencies must be assessed by a registered clinician as being performed competently by the student. This must be assessed using the Direct Observation of Procedural Skills (DOPS) forms.</td>
</tr>
<tr>
<td>The 6 Key competencies are:</td>
</tr>
<tr>
<td>• Basic Life Support</td>
</tr>
<tr>
<td>• Maintenance of airway</td>
</tr>
<tr>
<td>• Venepuncture</td>
</tr>
<tr>
<td>• Male urinary catheterisation</td>
</tr>
<tr>
<td>• Female urinary catheterisation</td>
</tr>
<tr>
<td>• IV Cannulation</td>
</tr>
<tr>
<td>By the end of Year 5 these 6 competencies must have been signed off as competently performed in the clinical setting, with the exception of BLS which must be achieved in simulation. If DOPS have been achieved in the clinical setting in Year 4, students are not required to repeat in Year 5, however students are required to upload forms to MyLO as evidence (See Appendix 1)</td>
</tr>
<tr>
<td>Criterion</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Mini Clinical Examination (Mini-CEX) - SUMMATIVE</strong></td>
</tr>
<tr>
<td>Students must provide at least ten (10) mini-CEX in total per year. A minimum of two (2)</td>
</tr>
<tr>
<td>mini-CEX per clinical term is required. The mini-CEX submitted must have been assessed as</td>
</tr>
<tr>
<td>satisfactory or superior in the overall clinical competence criteria. A mix of complexity and</td>
</tr>
<tr>
<td>domain focus for the compiled mini-CEX is also expected. Students may practice their mini-</td>
</tr>
<tr>
<td>CEX for formative purposes but the summative mini-CEX which is satisfactory must be included in</td>
</tr>
<tr>
<td>the portfolio to demonstrate competence at year level. A senior clinician or clinician</td>
</tr>
<tr>
<td>approved by the Clinical School must sign these off. (See Appendix 1)</td>
</tr>
<tr>
<td><strong>CBL Learning Tasks - OTHER UNIT REQUIREMENTS</strong></td>
</tr>
<tr>
<td>Completion of at least one (1) CBL task. All students must participate in CBL sessions.</td>
</tr>
<tr>
<td>(See Appendix 1)</td>
</tr>
<tr>
<td><strong>Oral Presentations - OTHER UNIT REQUIREMENTS</strong></td>
</tr>
<tr>
<td>At least three (3) oral presentations during rotations or group learning program (not CBL).</td>
</tr>
<tr>
<td>*At RCS this includes the Complex Rural Longitudinal Oral Case Presentation.</td>
</tr>
<tr>
<td><strong>Elective Presentation or Poster - OTHER UNIT REQUIREMENTS</strong></td>
</tr>
<tr>
<td>Elective presentation or poster given during Orientation Week.</td>
</tr>
<tr>
<td><strong>National Prescribing Modules (NPC) - OTHER UNIT REQUIREMENTS</strong></td>
</tr>
<tr>
<td>Completion of National Prescribing modules for Year 5, as listed in the Handbook (See Appendix</td>
</tr>
<tr>
<td>1). NPS will provide online certificates of completion which students will need to upload to</td>
</tr>
<tr>
<td>MyLO and retain hardcopy in their portfolios.</td>
</tr>
<tr>
<td><strong>Community Engagement - OTHER UNIT REQUIREMENTS</strong></td>
</tr>
<tr>
<td>Students are expected to participate in Community Engagement activities and provide evidence of</td>
</tr>
<tr>
<td>these activities in their portfolio. Students are able to undertake independent activities</td>
</tr>
<tr>
<td>according to their interests and skill set (e.g. voluntary community activities, activities in</td>
</tr>
<tr>
<td>schools, sports activities). (See Appendix 1)</td>
</tr>
<tr>
<td><strong>Research and Teaching Activity</strong></td>
</tr>
<tr>
<td>Students are expected to participate in teaching and research throughout training and provide</td>
</tr>
<tr>
<td>evidence of these activities in their portfolio. (e.g. logged activities, or scanned documents</td>
</tr>
<tr>
<td>audit, quality improvement, research activities, teaching other year groups or allied health</td>
</tr>
<tr>
<td>students, conference attendance, journal club). (See Appendix 1)</td>
</tr>
<tr>
<td><strong>Task length</strong></td>
</tr>
<tr>
<td>Varied – see individual assessment items and related Forms in Appendix 1.</td>
</tr>
<tr>
<td><strong>Due by date</strong></td>
</tr>
<tr>
<td>See Submission of Assignments Section. All assessment documents must be uploaded to MyLO</td>
</tr>
<tr>
<td>Assignments and ALSO included in the hardcopy portfolio.</td>
</tr>
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</table>
### Assessment task 2

#### Portfolio Assessment – Written Assessment

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Measures Intended Learning Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reflective Essays (x1) - SUMMATIVE</strong></td>
<td>Domain 4 Professionalism and Leadership</td>
</tr>
<tr>
<td>One reflective piece, written in a prescribed format. (See Appendix 1)</td>
<td></td>
</tr>
<tr>
<td>3,000 words (word count included)</td>
<td></td>
</tr>
</tbody>
</table>

| **Written Case Histories (x2) – SUMMATIVE** | Domain 2 Clinical Practice |
| Two (2) Written Case History reports (1 x Acute and 1 x Chronic Illness with a focus on complex therapeutics), in a prescribed format. (See Appendix 1) | |
| 3,000 words (word count included) | |

**Task length**

See individual activities

**Due by date**

See Submission of Assignments Section

All assessment documents must be upload to MyLO Assignments and ALSO included in the portfolio.

### Final Exam

**Observed structured clinical examinations (OSCEs)**

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Measures Intended Learning Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criterion 1</strong></td>
<td>AMC Learning Outcomes Domains 1, 2, 3 and 4</td>
</tr>
<tr>
<td>Students are required to pass a minimum of 9 out of 12 OSCE stations. The pass mark for each station is determined by the borderline regression method.</td>
<td></td>
</tr>
<tr>
<td>Oxford Textbook of Medical Education, Edited by Kieran Walsh: Assessment 31 October 2013</td>
<td></td>
</tr>
</tbody>
</table>

**Duration**

Each student’s OSCE exam experience will last up to 4 hours.

**Date**

Tuesday August 8th, 2017. The final exam is conducted internally by the School of Medicine and you will be contacted by the School of Medicine with the specific time and location closer to the examination period.
How your final result is determined

To pass this unit, you need to demonstrate your attainment of each of the Intended Learning Outcomes.

Your grade will be determined in the following way:

The result awarded for this unit is an ungraded pass (UP), failure with sup granted (NS) or outright fail (NN).

To achieve an ungraded pass, UP, students must pass the following three components:

- At least 9 out of 12 OSCE’s
- Satisfactory completion of all components of portfolio

Portfolio Summative Assessment

The summative portfolio is an integral component of the final assessment.

Students will be required to satisfactorily achieve all the components of the portfolio. Satisfactory completion of these elements constitutes the summative assessment component of the portfolio.

If any components of a student’s portfolio are missing from the portfolio a student’s results may be given as Failure with sup granted (NS) or withheld (WT) until all components of the portfolio are completed. These results may affect a student’s final grades and their eligibility to sit supplementary examinations.

Students who have a significant reason for not completing all aspects of their portfolio by the due date must submit a Request for Extension or a Special Considerations application form which can be found on MyLO, PRIOR TO THE DUE DATE.

Non submission of portfolio pieces will lead to failure (NN) for the year.

Portfolio Interview Examination

A portfolio interview examination will be held towards the end of the year. The oral exam will involve a 20-30 minute structured portfolio interview using four professional and/or patient scenarios from the student’s portfolio. Questions will demonstrate the Australian Medical Council Graduate Outcomes focusing on assessing a student’s clinical reasoning and professional skills against a background of understanding the health care system.

Students cannot attend the portfolio interview examination if their portfolios are deemed unsatisfactory. Portfolios must demonstrate that they have completed all the requirements for the clinical course.

If the interviews are conducted prior to completion of all the rotations, the other aspects of the portfolio must be completed prior the end of semester 2 to achieve an ungraded pass (UP). Description of the portfolio interview examination format can be found in Appendix 3.

Supplementary Examinations

A supplementary examination will be offered for the OSCE exam if:

- 6, 7 or 8 OSCE stations have been passed

A student who fails to meet these criteria will fail outright and will not be offered a supplementary examination and will fail the unit.

Results are released during the University Semester 2 results period.

Supplementary exams and Deferred Ordinary Exams will be offered mid to end of October.

OSCE Supplementary examinations will be offered at only one of the Clinical Schools.
Portfolio Interview Supplementary Examinations

Students may be called back for an extended interview examination within 36 hours of the initial portfolio interview examination. Students who are not successful at the extended interview examination may be invited to sit a supplementary portfolio interview examination at the end of semester 2. This supplementary examination is dependent on the successful completion of all aspects of portfolio requirements and OSCE examinations.

Remediation

Remediation in clinical attachments

During clinical attachments, supervisors may advise students of areas that require remediation and students are expected to address these to meet the requirements of that attachment.

Students who do not meet the requirements to progress in a clinical attachment

Students who do not meet the requirements to progress, in a clinical attachment, are required to meet with the Unit Coordinator and the Assessor (usually the Clinical supervisor or relevant discipline lead). This meeting is to draw up a specific remediation plan.

To allow students to demonstrate that they can meet the requirements to progress in a clinical attachment, students will undertake a minimum of four (4) consecutive weeks in that attachment. This will be undertaken at the end of semester 2, or as part of a student’s chosen selective rotation.

A formal reassessment of the student will be conducted by the nominated Clinical supervisor and the Unit Coordinator, after completion of remediation activities.

All remediation activities must be completed by early December for completion of this unit in order to graduate with their cohort.

If after remediation, the student is still not satisfactory to progress, the student will fail the attachment and will be deemed to have failed (NN) the unit.

Students who do not meet the requirements of two clinical attachments in the year will not be able to remediate both attachments and will be deemed to have failed (NN) the unit.

Remediation in written assessment items

Students who submit unsatisfactory written assessment items will be provided with detailed feedback on their original submission and given one further opportunity to resubmit for assessment.

Students have the opportunity to resubmit an unsatisfactory essay once (either re-write the same case or choose a different case).

If the resubmitted essay is marked unsatisfactory, the essay will be double marked by a marker from a different clinical school.

If the essay is deemed unsatisfactory by two markers, the student will be required to submit a new supplementary essay.

An unsatisfactory supplementary essay will result in a failure of a summative portfolio item. Failure to complete the portfolio will result in a failure (NN) for the unit.
Remediation in portfolio assessment items (oral or skills-based)

Students who submit unsatisfactory portfolio assessment items (oral or skills-based) will be provided with detailed feedback on their original submission and given further opportunities to resubmit for assessment.

Students who subsequently resubmit unsatisfactory work, or fail to comply, will be deemed to have failed. If the re-submitted item is unsatisfactory, a supplementary assessment item may be assigned at the discretion of the Unit Coordinator in consultation with the Year Committee.

If the supplementary assessment is deemed unsatisfactory, then this will be considered a failed assessment item.

Failure in an element of the portfolio results in a fail (NN) for the unit.

### Submission of assignments

<table>
<thead>
<tr>
<th>Assessment task</th>
<th>Date due</th>
<th>Type</th>
<th>Links to Intended Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation Log Book</td>
<td>End of each attachment</td>
<td>Summative</td>
<td>AMC Learning Outcomes Domains 2 and 3</td>
</tr>
<tr>
<td>Skills Log</td>
<td>End of each attachment</td>
<td>Summative</td>
<td>AMC Learning Outcomes Domains 2</td>
</tr>
<tr>
<td>Clinical Attachment Reports</td>
<td>End of each attachment</td>
<td>Summative</td>
<td>AMC Learning Outcomes Domains 1, 2, 3, 4</td>
</tr>
<tr>
<td>Mini-CEX (minimum 10 in total)</td>
<td>End of each attachment</td>
<td>Summative</td>
<td>AMC Learning Outcomes Domains 2</td>
</tr>
<tr>
<td>Written Case Histories (1 x Acute; 1 x Chronic Illness with a focus on complex therapeutics) 3,000 words each</td>
<td>Case 1 – Check due date with local Clinical School Case 2 – Check due date with local Clinical School</td>
<td>Summative</td>
<td>AMC Learning Outcomes Domains 2</td>
</tr>
<tr>
<td>Reflective Essay (1 x Reflective essay) 3,000 words</td>
<td>Reflective essay must be completed by end of Semester 1. Check due date with local Clinical School</td>
<td>Summative</td>
<td>AMC Learning Outcomes Domains 3 and 4</td>
</tr>
<tr>
<td>Direct Observation of Procedural Skills (DOPS) Core Competencies 6 Core competencies: Venepuncture, IV Cannulation, Basic Life Support, Maintenance of Airway, Male and Female Urinary Catheterisation</td>
<td>3rd November 2017</td>
<td>Summative</td>
<td>AMC Learning Outcomes Domains 2</td>
</tr>
<tr>
<td>Assessment task</td>
<td>Date due</td>
<td>Type</td>
<td>Links to Intended Learning Outcomes</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-------------------</td>
<td>-------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Case Based Learning (CBL) Participation</td>
<td>3rd November 2017</td>
<td>Other unit requirements (Satisfactory completion)</td>
<td>AMC Learning Outcomes Domains 1, 2, 3 and 4</td>
</tr>
<tr>
<td>(Completion of at least one CBL task)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Presentations</td>
<td>3rd November 2017</td>
<td>Other unit requirements (Satisfactory completion)</td>
<td>AMC Learning Outcomes Domains 2 and 4</td>
</tr>
<tr>
<td>(At least 3 Oral presentations during rotations or group learning (not CBL).)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective Presentation or Poster</td>
<td>3rd November 2017</td>
<td>Other unit requirements (Satisfactory completion)</td>
<td>AMC Learning Outcomes Domains 2</td>
</tr>
<tr>
<td>National Prescribing Curriculum (NPC) Modules</td>
<td>3rd November 2017</td>
<td>Other unit requirements (Satisfactory completion)</td>
<td>AMC Learning Outcomes Domains 2 and 3</td>
</tr>
<tr>
<td>Completion of Year 5 modules as listed on MyLO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of Community Engagement</td>
<td>3rd November 2017</td>
<td>Other unit requirements (Satisfactory completion)</td>
<td>AMC Learning Outcomes Domains 3 and 4</td>
</tr>
<tr>
<td>Students are expected to participate in community engagement throughout their training. e.g. voluntary community activities, activities in schools, sports activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of Research and Teaching Activity</td>
<td>3rd November 2017</td>
<td>Other unit requirements (Satisfactory completion)</td>
<td>AMC Learning Outcomes Domains 3 and 4</td>
</tr>
<tr>
<td>Students are expected to participate in teaching and research throughout their training. e.g. audit, quality improvement, research activities, teaching other year groups or allied health students, conference attendance, journal club</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Requests for extensions**

Requests for extensions for written and portfolio assessments will be considered where there are genuine reasons for inability to meet the due date. The Application for Assessment Extension form (Appendix 1) can be found on MyLO Content. Requests are to be made on the prescribed form and submitted to your clinical school office and Unit Coordinator before the due date. Assessment Extension Forms cannot be accepted on or after the due date. If an emergency occurs on the day of submission, then supporting medical or other suitable certification will be required.
Penalties

In the absence of an extension being applied for and granted, a penalty will be applied for the late submission of written work, which may result in the student failing that piece of work. Given that all components of the portfolio must be submitted and satisfactory; this may then impact on the student’s final result in the unit.

Review of results and appeals

Information on procedures to request a review of assessment or to lodge an appeal against a decision can be found on the Examinations and Results website.

Please note the final paragraph of page 1 of the Review of Assessment document – explaining that review of assessments which involve a practical or performance component (i.e. an OSCE) may not be possible, apart from checking that the marks are correct and have been totalled correctly.

Academic referencing

In your written work you will need to support your ideas by referring to scholarly literature, works of art and/or inventions. It is important that you understand how to correctly refer to the work of others, and how to maintain academic integrity.

Failure to appropriately acknowledge the ideas of others constitutes academic dishonesty (plagiarism), a matter considered by the University of Tasmania as a serious offence.

The appropriate referencing style for this unit is Vancouver.

The University library provides information on presentation of assignments, including referencing styles and should be referred to when completing tasks in this unit.

Please read the following statement on plagiarism. Should you require clarification please see your unit coordinator or lecturer.

Plagiarism

Plagiarism is a form of cheating. It is taking and using someone else’s thoughts, writings or inventions and representing them as your own; for example, using an author’s words without putting them in quotation marks and citing the source, using an author’s ideas without proper acknowledgment and citation, copying another student’s work.

If you have any doubts about how to refer to the work of others in your assignments, please consult your lecturer or tutor for relevant referencing guidelines. You may also find the Academic Honesty site on MyLO of assistance.

The intentional copying of someone else’s work as one’s own is a serious offence punishable by penalties that may range from a fine or deduction/cancellation of marks and, in the most serious of cases, to exclusion from a unit, a course or the University.

The University and any persons authorised by the University may submit your assessable works to a plagiarism checking service, to obtain a report on possible instances of plagiarism. Assessable works may also be included in a reference database. It is a condition of this arrangement that the original author’s permission is required before a work within the database can be viewed.

For further information on this statement and general referencing guidelines, see the Plagiarism and Academic Integrity page on the University web site or the Academic Honesty site on MyLO.

Self-copying/Re-submission of assessment. It is inappropriate to copy your own work, in part or in whole, and submit it for assessment in more than one Unit of study at this, or another, university. This also applies
to students repeating a Unit. Unless otherwise approved, all assessment tasks undertaken in a unit must be done within the enrolment period.

Group work. It is important that all group members make appropriate contributions to the required task. Copying from others, or contributing less, little or nothing to a group assignment and then claiming an equal share of the marks are not appropriate. When working as a member of a group or team, it is important to keep records of your own work. Even though you may have group discussions and work together – always write your own notes, and keep records what you have personally contributed to any group assessment product/s.

Collusion. Protect your academic work. The intentional sharing of your work potentially allows others to copy your work and cheat and gain an academic advantage. In these circumstances, both you and the person that copied your work may be subject to allegations of academic misconduct.

Falsification and fabrication of data

Academic writing. Increasingly the use of patient data and reflection on experience are embedded in assessment tasks. The falsification and fabrication of student experiences that form the basis of assessment tasks (such as reflective essays) are inconsistent with academic integrity. This may include the fabrication or misrepresentation of patient encounters, interactions with peers, staff or members of the community. The creation of records of experiences for which there is no basis in fact, that misleads or deceives the reader/assessor, is a break of academic integrity and the standards expected of health professionals and University of Tasmania graduates.

Experimental Sciences. In addition to plagiarism, responsible and ethical conduct of research requires that all researchers have confidence in research undertaken and reported to peers. The falsification and fabrication of data are inconsistent with academic integrity. Falsification of data refers to the selective modification of data collected in the conduct of experimental research, or the misrepresentation of processes or uncertainty during statistical analysis of the data. Falsification may also involve the selective omission, deletion, or suppression of data inconsistent with the research objectives. Fabrication of data refers to the creation of records of research for which there is no basis in fact, that misleads or deceives the reader/assessor, is a breach of academic integrity and the standards expected of health professionals and University of Tasmania graduates.

Academic misconduct

Academic misconduct includes cheating, plagiarism, allowing another student to copy work for an assignment or an examination, and any other conduct by which a student:

a. seeks to gain, for themselves or for any other person, any academic advantage or advancement to which they or that other person are not entitled; or

b. improperly disadvantages any other student.

Students engaging in any form of academic misconduct may be dealt with under the Ordinance of Student Discipline, and this can include imposition of penalties that range from a deduction/cancellation of marks to exclusion from a unit or the University. Details of penalties that can be imposed are available in Ordinance 9: Student Discipline – Part 3 Academic Misconduct.

Academic integrity is about mastering the art of scholarship. Scholarship involves researching, understanding and building upon the work of others and requires that you give credit where it is due and acknowledge the contributions of others to your own intellectual efforts. At its core, academic integrity requires honesty. This involves being responsible for ethical scholarship and for knowing what academic dishonesty is and how to avoid it.
WHAT LEARNING OPPORTUNITIES ARE THERE?

MyLO

My Learning Online (MyLO) is the online learning environment at the University of Tasmania. This is the system that will host the online learning materials and activities for this unit.

Getting help with MyLO

It is important that you are able to access and use MyLO as part of your study in this unit. To find out more about the features and functions of MyLO, and to practice using them, visit the Getting Started in MyLO unit.

For access to information about MyLO and a range of step-by-step guides in pdf, word and video format, visit the MyLO Student Support page on the University website.

If something is not working as it should, contact the Service Desk (Service.Desk@utas.edu.au, phone 6226 1818), or Request IT Help Online.

Online activities

Students must complete mandatory Tasmanian Health Service (THS) modules prior to clinical placement via the Tasmania Health Education Online Tasmania Health Education Online website.

The list of modules to be completed will be found on MyLO.

Therapeutics teaching will include the web-based resources of the National Prescribing Service (students can register online) and click on Health Professionals; and NPS Radar.

Other online learning opportunities may be recommended by clinical teaching staff during clinical attachments and are suggested in the CBL Booklet.

Resources

Required readings

Required texts and readings are listed in the Year 5 Handbook and any additions will be provided at the beginning of each clinical attachment.

Recommended readings

Recommended texts and readings are listed in the Year 5 Handbook and any additions will be provided at the beginning of each clinical attachment.

Equipment, materials, software, accounts

Computer facilities and Wi-Fi are provided for students in each of the three Clinical Schools.

Student supports for learning

Students who experience difficulties with placements, study or assignments must discuss this with the Unit Coordinator.

There are a range of University-wide support services available including Teaching & Learning, Student Services and International Services. Please refer to the University’s Current Students homepage.

Each School provides learning assistance and remediation services for students who require this support in addition can seek further support through the University’s Student Learning program.
Learning expectations

The University is committed to high standards of professional conduct in all activities, and holds its commitment and responsibilities to its students as being of paramount importance. Likewise, it holds expectations about the responsibilities students have as they pursue their studies within the special environment the University offers.

Students are expected to participate actively and positively in the teaching/learning environment. They must attend classes when and as required, strive to maintain steady progress within the subject or unit framework, comply with workload expectations, and submit required work on time.

Integrated case-based learning (CBL)

Case-based teaching sessions will occur in each Clinical School covering an agreed set of core topics. A complete set of case based learning topics are included in the handbook.

Teaching sessions will be organised by each Clinical School, and details will be found in the Guidelines for each Clinical School and on MyLO. While the timing and means of delivery may vary to some extent between Schools, the core topics will be addressed either in CBL sessions or in Group Learning Program sessions. Students will be expected to use self-directed learning time to address other CBL topics as listed in the Year 4-5 CBL Resource Book, available on MyLO.

Specific attendance/performance requirements

Students are expected to attend 100% of clinical placements and scheduled teaching. A minimum of 80% of attendance at clinical placements and 80% attendance of the scheduled teaching sessions must be completed to pass the unit. Students who are unable to attend must notify the Clinical School and Clinical Supervisor prior to their absence and complete the required Student Leave form (see Appendix 1). Failure to properly notify absence is a breach of Faculty of Health’s Code of Professional and Ethical Conduct policy.

To ensure that minimum requirements are met, students will also be monitored and are required to sign the attendance register (when provided) for tutorials and other group sessions.

In this unit, your active engagement will be monitored in the following way:

1. Attendance will be taken at certain teaching events, including Group Learning Program sessions, CBL sessions and some tutorials and other teaching activities associated with Clinical Attachments.

2. Attendance and participation in Clinical Attachments will be assessed using the Clinical Attachment Assessment forms.

If you do not demonstrate evidence of having engaged actively with this unit you may be assessed as having failed (NN) the unit.

Teaching and learning strategies

This unit is designed to provide students with a variety of opportunities for learning, including experiential learning activities in simulation and clinical placement, participatory activities in group learning sessions and a limited number of lecture-style learning sessions. Students are encouraged to take advantage of as many opportunities as possible, including extra-curricular activities related to the course (e.g. Grand Rounds, visiting speakers, research presentations, conferences).
Work Health and Safety (WHS)

The University is committed to providing a safe and secure teaching and learning environment. In addition to specific requirements of this unit you should refer to the University’s Work Health and Safety website and policy.

Students are required to demonstrate compliance with policies relevant to learning in the workplace. The Faculty of Health Safety in Practice Kit is the relevant policy and is found on the Faculty of Health website. Health care agencies have obligations to students under the Work Health and Safety Act 2012. Students on Professional Experience placement, PEP, must act in accordance with the individual agency’s workplace policy and procedure in the event of an accident or injury occurring.

In the event that a student experiences accident or injury while on PEP the student must follow the incident/injury reporting procedures within the particular workplace and ensure the incident/injury has been reported as soon as practicable to the Placement Coordinator and Unit Coordinator. The student must also complete a University of Tasmania Online Incident Notification.

The Faculty of Health Code of Professional and Ethical Conduct contains rules which must be adhered to by all students, particularly those undertaking professional placements – clinical placements, community visits, laboratory work or field work placements. It is consistent with other university codes (Teaching & Learning Code of Practice) and policies (e.g. misconduct). These rules are as clear, precise and unambiguous as possible and constitute basic, non-negotiable requirements for completion of a degree at the University of Tasmania. The Code provides a framework for you to apply to different circumstances during training but also later on in professional practice. Students will sign this Code at the beginning of each year to confirm they will adhere to the Code. The Code can be found on the Faculty of Health website.

Medical Students are expected to adhere to the professional and ethical standards of the Medical Profession as laid out in Australian Medical Councils ‘Good Medical Practice’ document.

Communication

News and announcements will be posted to MyLO News, and students will be expected to be aware of the content of such posts within 48 hours of them being posted.

In addition, some information about teaching activities, in particular changes to timetables, will be communicated by email. Students are expected to access their University email regularly and to respond promptly when requested. Any difficulties with a student’s University email account are the responsibility of the student to address promptly with IT services. The administration team at each Clinical School are willing to assist students with these difficulties if requested.

All questions about assessment that have not been answered in the descriptions here in the Unit Outline, or in the instructions on MyLO, can be asked via email or by appointment with your local Clinical School staff.

Further information and assistance

If you are experiencing difficulties with your studies or assignments, have personal or life-planning issues, disability or illness which may affect your course of study, you are advised to raise these with the unit coordinator in the first instance.

There is a range of University-wide support services available to you including Student Learning Support, Student Advisers, Disability Services, and more which can be found on the Student Support and Development page of the University website.

Should you require assistance in accessing the Library, visit their website for more information.

A summary of support services is available on MyLO Content.
InPlace – Professional Experience Placement (PEP) Management System

From the start of 2017 all Faculty of Health PEP will be managed by the new ‘InPlace’ placement management system. Students can access InPlace website using student University login details.

Unit schedule

Hobart Clinical School

<table>
<thead>
<tr>
<th>WEEK</th>
<th>DATE BEGINNING</th>
<th>TOPIC/ MODULE/ FOCUS AREA</th>
<th>ACTIVITIES</th>
<th>RESOURCES/ READINGS/ FURTHER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30th January 17</td>
<td>Orientation Week</td>
<td>Check local Clinical School Orientation timetable for further details</td>
<td>See appropriate timetable</td>
</tr>
<tr>
<td>2-11</td>
<td>6th February 17</td>
<td>Clinical Placement</td>
<td>Check InPlace and MyLO for further details</td>
<td>Please see Clinical Placements LO in Handbook</td>
</tr>
</tbody>
</table>

Easter Student Break – 14th to 21st April 2017

| 13-18| 24th April 17    | Clinical Placement              | Check InPlace and MyLO for further details                                 | Please see Clinical Placements LO in Handbook |
| 19   | 5th June 17      | Group Learning Period (GLP1)    | Check MyLO for further details                                             | See appropriate timetable                |

Mid-Semester Break – 12th June to 16th June 2017

| 21-24| 19th June 17     | Clinical Placement              | Check InPlace and MyLO for further details                                 | Please see Clinical Placements LO in Handbook |
| 25   | 17th July 17     | Group Learning Period (GLP2)    | Check MyLO for further details                                             | See appropriate timetable                |
| 26   | 24th July 17     | Clinical Placement              | Check InPlace and MyLO for further details                                 | Please see Clinical Placements LO in Handbook |

SWOT Vac – 31st July to 4th August 2017

Exam Period and Student Break – 7th August to 11th August 2017

<p>| 29-35| 14th August 17   | Clinical Placement              | Check InPlace and MyLO for further details                                 | Please see Clinical Placements LO in Handbook |
| 36   | 2nd October 17   | Group Learning Period (Intern Ready Week) | Check MyLO for further details                                             | See appropriate timetable                |
| 37-40| 9th October 17   | Clinical Placement              | Check InPlace and MyLO for further details                                 | Please see Clinical Placements LO in Handbook |</p>
<table>
<thead>
<tr>
<th>WEEK</th>
<th>DATE BEGINNING</th>
<th>TOPIC/ MODULE/ FOCUS AREA</th>
<th>ACTIVITIES</th>
<th>RESOURCES/ READINGS/ FURTHER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30th January 17</td>
<td>Orientation Week</td>
<td>Check local Clinical School Orientation timetable for further details</td>
<td>See appropriate timetable</td>
</tr>
<tr>
<td>2-10</td>
<td>6th February 17</td>
<td>Clinical Placement</td>
<td>Check InPlace and MyLO for further details</td>
<td>Please see Clinical Placements LO in Handbook</td>
</tr>
<tr>
<td>11</td>
<td>10th April 17</td>
<td>Group Learning Period (GLP1)</td>
<td>Check MyLO for further details</td>
<td>See appropriate timetable</td>
</tr>
</tbody>
</table>

**Easter Student Break – 14th to 21st April 2017**

| 13-18 | 23rd April 17   | Clinical Placement        | Check InPlace and MyLO for further details                               | Please see Clinical Placements LO in Handbook |
| 19    | 5th June 17     | Group Learning Period (GLP2) | Check MyLO for further details                                           | See appropriate timetable                |

**Mid-Semester Break – 12th June to 16th June 2017**

| 21-26 | 18th June 17    | Clinical Placement        | Check InPlace and MyLO for further details                               | Please see Clinical Placements LO in Handbook |

**SWOT Vac – 31st July to 4th August 2017**

**Exam Period and Student Break – 7th August to 11th August 2017**

| 29-31 | 13th August 17  | Clinical Placement        | Check InPlace and MyLO for further details                               | Please see Clinical Placements LO in Handbook |
| 32    | 4th October 17  | Group Learning Period (Pre-Intern Skills) | Check MyLO for further details                                           | See appropriate timetable                |
| 33-38 | 10th September 17 | Clinical Placement       | Check InPlace and MyLO for further details                               | Please see Clinical Placements LO in Handbook |
| 39-40 | 10th September 17 | Clinical Placement & Pre Intern Week | Check InPlace and MyLO for further details                               | Please see Clinical Placements LO in Handbook |
## Rural Clinical School

<table>
<thead>
<tr>
<th>Week</th>
<th>Date Beginning</th>
<th>Topic/ Module/ Focus Area</th>
<th>Activities</th>
<th>Resources/ Readings/ Further Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30&lt;sup&gt;th&lt;/sup&gt; January 17</td>
<td>Orientation Week</td>
<td>Check local Clinical School Orientation timetable for further details</td>
<td>See appropriate timetable</td>
</tr>
<tr>
<td>2-6</td>
<td>6&lt;sup&gt;th&lt;/sup&gt; February 17</td>
<td>Clinical Placement</td>
<td>Check InPlace and MyLO for further details</td>
<td>Please see Clinical Placements LO in Handbook</td>
</tr>
<tr>
<td>7</td>
<td>13&lt;sup&gt;th&lt;/sup&gt; March 17</td>
<td>Group Learning Period (GLP1)</td>
<td>Check MyLO for further details</td>
<td>See appropriate timetable</td>
</tr>
<tr>
<td>8-11</td>
<td>20&lt;sup&gt;th&lt;/sup&gt; March 17</td>
<td>Clinical Placement</td>
<td>Check InPlace and MyLO for further details</td>
<td>Please see Clinical Placements LO in Handbook</td>
</tr>
</tbody>
</table>

### Easter Student Break – 14<sup>th</sup> to 21<sup>st</sup> April 2017

<table>
<thead>
<tr>
<th>Week</th>
<th>Date Beginning</th>
<th>Topic/ Module/ Focus Area</th>
<th>Activities</th>
<th>Resources/ Readings/ Further Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>24&lt;sup&gt;th&lt;/sup&gt; April 17</td>
<td>Clinical Placement</td>
<td>Check InPlace and MyLO for further details</td>
<td>Please see Clinical Placements LO in Handbook</td>
</tr>
<tr>
<td>14</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; May 17</td>
<td>Group Learning Period (GLP2)</td>
<td>Check MyLO for further details</td>
<td>See appropriate timetable</td>
</tr>
<tr>
<td>15-19</td>
<td>8&lt;sup&gt;th&lt;/sup&gt; May 17</td>
<td>Clinical Placement</td>
<td>Check InPlace and MyLO for further details</td>
<td>Please see Clinical Placements LO in Handbook</td>
</tr>
</tbody>
</table>

### Mid-Semester Break – 12<sup>th</sup> June to 16<sup>th</sup> June 2017

<table>
<thead>
<tr>
<th>Week</th>
<th>Date Beginning</th>
<th>Topic/ Module/ Focus Area</th>
<th>Activities</th>
<th>Resources/ Readings/ Further Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>19&lt;sup&gt;th&lt;/sup&gt; June 17</td>
<td>Group Learning Period (GLP3)</td>
<td>Check MyLO for further details</td>
<td>See appropriate timetable</td>
</tr>
<tr>
<td>22-26</td>
<td>26&lt;sup&gt;th&lt;/sup&gt; June 17</td>
<td>Clinical Placement</td>
<td>Check InPlace and MyLO for further details</td>
<td>Please see Clinical Placements LO in Handbook</td>
</tr>
</tbody>
</table>

### SWOT Vac – 31<sup>st</sup> July to 4<sup>th</sup> August 2017

### Exam Period and Student Break – 7<sup>th</sup> August to 11<sup>th</sup> August 2017

<table>
<thead>
<tr>
<th>Week</th>
<th>Date Beginning</th>
<th>Topic/ Module/ Focus Area</th>
<th>Activities</th>
<th>Resources/ Readings/ Further Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>29-33</td>
<td>14&lt;sup&gt;th&lt;/sup&gt; August 17</td>
<td>Clinical Placement</td>
<td>Check InPlace and MyLO for further details</td>
<td>Please see Clinical Placements LO in Handbook</td>
</tr>
<tr>
<td>34</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; October 17</td>
<td>Group Learning Period (GLP4)</td>
<td>Check MyLO for further details</td>
<td>See appropriate timetable</td>
</tr>
<tr>
<td>35-39</td>
<td>25&lt;sup&gt;th&lt;/sup&gt; September 17</td>
<td>Clinical Placement</td>
<td>Check InPlace and MyLO for further details</td>
<td>Please see Clinical Placements LO in Handbook</td>
</tr>
<tr>
<td>40</td>
<td>30&lt;sup&gt;th&lt;/sup&gt; October 17</td>
<td>Intern Prep Week</td>
<td>Check MyLO for further details</td>
<td>See appropriate timetable</td>
</tr>
</tbody>
</table>
SELECTIVES

One to six weeks are set aside for students to pursue an area of selected study consult your individual Clinical School timetable for details.

Students must use the Selective Notification form in (Appendix 1) to have their Selective approved at least eight weeks prior to clinical placement.

The selective allows students the following opportunities:
- To pursue an area of interest that has not been covered in depth
- To pursue an area that the clinical school attended does not offer
- To further develop an area of particular interest relevant to the undergraduate curriculum with a view to research, or perhaps a preferred potential career pathway
- To allow additional experience in an area of study where remediation may be indicated.

The selective attachment carries with it certain requirements:

- Students who wish to undertake a selective placement in Tasmania should contact their local Clinical School Academic Administration team for relevant contact details and advice. Students who wish to undertake a selective placement should contact the relevant University Electives Office for advice for application. Your local Clinical School may have additional selective contacts.
- Selectives outside the Tasmanian Health Service (THS) will require a Workplace Integrated Learning (WiL) agreement, this requires a minimum of 8 weeks notification.
- It is recommended selectives be conducted locally or within Australia, however, in exceptional circumstances it may be possible to undertake selectives overseas. International selectives require significant planning and must be discussed with the Unit Coordinator prior to any placement commitments.
- Students must notify the Unit Coordinator in writing of their proposed study, the venue and contact details, their supervisor and any additional assessment tasks or requirements.
- Students must submit the Clinical Attachment Assessment Form (for placements more than 2 weeks in duration or a Short Clinical Attachment Assessment form for placements less than 2 weeks in duration. (See Appendix 1)

If students have changed clinical schools between Years 4 and 5, the Selective should be used to compensate for differences in clinical attachments between schools.
School of Medicine, Medical Programme
Faculty of Health

CAM531/532 (LAUNCESTON CLINICAL SCHOOL)
CAM533/534 (RURAL CLINICAL SCHOOL)
CAM535/536 (HOBART CLINICAL SCHOOL)

MEDICINE YEAR 5

2017
Unit Handbook

CAM531/532 – Assoc Prof Kim Rooney & Dr Brooke Sheldon
CAM533/534 – Assoc Prof Lizzi Shires
CAM535/536 – Prof Richard Turner
Introduction

Year 5 provides students with clinical immersion and experience in a range of clinical settings. Students develop their practical clinical skills and integrate their theoretical knowledge with clinical practice.

This handbook provides comprehensive information on the Year 5 of the MBBS course.

- Australian Medical Council Graduate Outcome Statements, Learning outcomes for Year 5
- Information on clinical attachments, case based-learning (CBL) and learning resources
- Assessment procedures
- Administrative requirements
- Placement requirements

The Australian Medical Council Graduate Outcome Statements

Medical students graduating from the MBBS course will achieve The Australian Medical Council’s Graduate Outcome Statements. These statements are published in four domains. These domains collectively provide the requirements that students must demonstrate at graduation. The outcomes contained in each domain are necessarily interlinked when students enter clinical practice, the clinical years provide the setting for this integrated learning.

The Australian Medical Council published their thematic framework in 2013.

The four domains are:

1. **Science and Scholarship: the medical graduate as scientist and scholar**
2. **Clinical Practice: the medical graduate as practitioner**
3. **Health and Society: the medical graduate as a health advocate**
4. **Professionalism and Leadership: the medical graduate as a professional and leader**

It is important that the Graduate Outcome Statements are interpreted according to the level of training and experience that will have been gained by an entry-level practitioner. Graduates will not possess the clinical experience, leadership skills or advocacy skills of an experienced practitioner; but they will need the foundation upon which to be thoroughly prepared for internship and for building and developing their expertise in all fields of the profession.

Medical education is a continuum, and many of the outcomes specified will be reflected further in outcomes expected from early postgraduate training and throughout a medical career, as new graduates continue to develop their clinical abilities.

**Domain 1**

Science and Scholarship: the medical graduate as scientist and scholar

*On entry to professional practice, Australian and New Zealand graduates are able to:*

1.1 Demonstrate an understanding of established and evolving biological, clinical, epidemiological, social, and behavioural sciences.

1.2 Apply core medical and scientific knowledge to individual patients, populations and health systems.

1.3 Describe the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life.

1.4 Access, critically appraise, interpret and apply evidence from the medical and scientific literature.

1.5 Apply knowledge of common scientific methods to formulate relevant research questions and select applicable study designs.

1.6 Demonstrate a commitment to excellence, evidence based practice and the generation of new scientific knowledge.
Domain 2
Clinical Practice: the medical graduate as practitioner

On entry to professional practice, Australian and New Zealand graduates are able to:

2.1 Demonstrate by listening, sharing and responding, the ability to communicate clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals.

2.2 Elicit an accurate, organised and problem-focussed medical history, including family and social occupational and lifestyle features, from the patient, and other sources.

2.3 Perform a full and accurate physical examination, including a mental state examination, or a problem-focused examination as indicated.

2.4 Integrate and interpret findings from the history and examination, to arrive at an initial assessment including a relevant differential diagnosis. Discriminate between possible differential diagnoses, justify the decisions taken and describe the processes for evaluating these.

2.5 Select and justify common investigations, with regard to the pathological basis of disease, utility, safety and cost effectiveness, and interpret their results.

2.6 Select and perform safely a range of common procedural skills.

2.7 Make clinical judgements and decisions based on the available evidence. Identify and justify relevant management options alone or in conjunction with colleagues, according to level of training and experience.

2.8 Elicit patients’ questions and their views, concerns and preferences, promote rapport, and ensure patients’ full understanding of their problem(s). Involve patients in decision-making and planning their treatment, including communicating risk and benefits of management options.

2.9 Provide information to patients, and family/carers where relevant, to enable them to make a fully informed choice among various diagnostic, therapeutic and management options.

2.10 Integrate prevention, early detection, health maintenance and chronic condition management where relevant into clinical practice.

2.11 Prescribe medications safely, effectively and economically using objective evidence. Safely administer other therapeutic agents including fluid, electrolytes, blood products and selected inhalational agents.

2.12 Recognise and assess deteriorating and critically unwell patients who require immediate care. Perform common emergency and life support procedures, including caring for the unconscious patient and performing CPR.

2.13 Describe the principles of care for patients at the end of their lives, avoiding unnecessary investigations or treatment, and ensuring physical comfort including pain relief, psychosocial support and other components of palliative care.

2.14 Place the needs and safety of patients at the centre of the care process. demonstrate safety skills including infection control, graded assertiveness, adverse event reporting and effective clinical handover.

2.15 Retrieve, interpret and record information effectively in clinical data systems (both paper and electronic).

Domain 3
Health and Society: the medical graduate as a health advocate

On entry to professional practice, Australian and New Zealand graduates are able to:

3.1 Accept responsibility to protect and advance the health and wellbeing of individuals, communities and populations.

3.2 Explain factors that contribute to the health, illness, disease and success of treatment of populations, including issues relating to health inequities and inequalities, diversity of cultural, spiritual and community values, and socio-economic and physical environment factors.

3.3 Communicate effectively in wider roles including health advocacy, teaching, assessing and appraising.

3.4 Understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and/or Māori, including history, spirituality and relationship to land, diversity of cultures and communities, epidemiology, social and political determinants of health and health experiences. Demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples and/or Māori.
3.5 Explain and evaluate common population health screening and prevention approaches, including the use of technology for surveillance and monitoring of the health status of populations. Explain environmental and lifestyle health risks and advocate for healthy lifestyle choices.

3.6 Describe a systems approach to improving the quality and safety of health care.

3.7 Understand and describe the roles and relationships between health agencies and services, and explain the principles of efficient and equitable allocation of finite resources, to meet individual, community and national health needs.

3.8 Describe the attributes of the national systems of health care including those that pertain to the health care of Aboriginal and Torres Strait Islander peoples and/or Maori.

3.9 Demonstrate an understanding of global health issues and determinants of health and disease including their relevance to health care delivery in Australia and New Zealand and the broader Western Pacific region.

Domain 4
Professionalism and Leadership: the medical graduate as a professional and leader

On entry to professional practice, Australian and New Zealand graduates are able to:

4.1 Provide care to all patients according to “Good Medical Practice: A Code of Conduct for Doctors in Australia” and “Good Medical Practice: A Guide for Doctors” in New Zealand.

4.2 Demonstrate professional values including commitment to high quality clinical standards, compassion, empathy and respect for all patients. Demonstrate the qualities of integrity, honesty, leadership and partnership to patients, the profession and society.

4.3 Describe the principles and practice of professionalism and leadership in health care.

4.4 Explain the main principles of ethical practice and apply these to learning scenarios in clinical practice. Communicate effectively about ethical issues with patients, family and other health care professionals.

4.5 Demonstrate awareness of factors that affect doctors’ health and wellbeing, including fatigue, stress management and infection control, to mitigate health risks of professional practice. Recognise their own health needs, when to consult and follow advice of a health professional and identify risks posed to patients by their own health.

4.6 Identify the boundaries that define professional and therapeutic relationships and demonstrate respect for these in clinical practice.

4.7 Demonstrate awareness of and explain the options available when personal values or beliefs may influence patient care, including the obligation to refer to another practitioner.

4.8 Describe and respect the roles and expertise of other health care professionals, and demonstrate ability to learn and work effectively as a member of an inter-professional team or other professional group.

4.9 Self-evaluate their own professional practice; demonstrate lifelong learning behaviours and fundamental skills in educating colleagues. Recognise the limits of their own expertise and involve other professionals as needed to contribute to patient care.

4.10 Describe and apply the fundamental legal responsibilities of health professionals especially those relating to ability to complete relevant certificates and documents, informed consent, duty of care to patients and colleagues, privacy, confidentiality, mandatory reporting and notification. Demonstrate awareness of financial and other conflicts of interest.


Program Delivery and Structure

The Year 5 program is delivered at three campuses: the Hobart Clinical School (HCS), Launceston Clinical School (LCS) and the Rural Clinical School (RCS) in Burnie. All students are expected to attend Orientation at their individual clinical schools. The Orientation schedule will be emailed to all students in January.

Students are divided into small groups and attached to different clinical specialties. Students will find placement details on the new online placement system, InPlace and accessing their specific Clinical School Handbook or MyLO website for local details and rosters.
All students will participate in integrated case-based learning sessions. These sessions will cover the same core set of topics at each Clinical School. While the timing and means of delivery may vary to some extent between Schools, the core topics will be addressed either in CBL sessions or in Group Learning Program sessions. Students will be expected to use self-directed learning time to address other CBL topics as listed in the Year 4-5 CBL Resource Book, available on MyLO.

The Year 5 course has five main components: clinical attachments, development of a portfolio containing evidence of attainment of learning outcomes, case-based learning sessions, a range of tutorials, simulation and lecture sessions, and a 4-6 week selective.

Students will have a wide range of clinical experiences across clinical settings. The focus of Years 4 and 5 is to maximise learning from clinical encounters with patients. Clinical experience, teaching and assessments are designed to develop the full range of skills to achieve the Australian Medical Council graduate outcomes, AMCGO.

There is an emphasis on common and significant medical conditions and issues. Learning based on patient encounters develops practical clinical understanding and competencies. Students are expected to follow up patients over a period of time to understand the impact of the illness on the patient, the roles of other health professionals in extended care, referral and discharge pathways, the role of community health care and the progress of illness over time.

### Clinical Attachments

The attachments for Year 5 will include clinical exposure to:

- Medicine
- Surgery
- Emergency Medicine
- Residential Aged Care Facilities
- Anaesthetics/Intensive Care
- Palliative Care
- Geriatric and Rehabilitation Medicine
- Remote Medical Practice
- Selective

In medicine and surgery, not all students will have access to all sub-specialties. Students not exposed to those specialties may still see those presentations in other specialties but will need to undertake self-directed study in the core topics related to those specialties for Year 5.

Rostered after hours shifts or “on call” may be included, depending on the clinical discipline and the resources available in each region.

### Roles and responsibilities in Clinical Settings

Medical students are in a privileged position and must at all times behave professionally and abide by the placement policies. Students are expected to be punctual and attend clinical placements as allocated. If a student is absent or late for clinical placement, they must contact their placement supervisor and Clinical School as soon as possible to advise of this and their plans to rectify the absence.

Medical Students are expected to adhere to the professional and ethical standards of the Medical Profession as laid out in Australian Medical Councils ‘Good Medical Practice’ document.

Students must identify themselves to patients and staff as a medical student who is working as part of the medical team. Students must at all times wear their Hospital and University identity card (not on a lanyard).

Students work under supervision at all times, they will be expected to clerk patients and may have the opportunity to perform some procedures, with patient consent. Suitable patients and tasks will be allocated and supervised by the clinical team.

Medical notes or forms completed by students must be signed by the student, defining medical student status, and countersigned by a doctor.
Students must not complete discharge summaries, drug charts, prescriptions or death certificates due to the medico-legal implications as a qualified doctor needs to sign these off.

Students are encouraged to fill out mock forms for actual patients to get experience. These must be de-identified, clearly marked “practice forms”, and after being assessed as adequate by your supervisor, placed in your portfolio.

Students are often involved in patient communication. Students may observe sensitive communication provided the patient gives consent for the student to be there. Sensitive communication such as breaking bad news, dealing with distressed patients and relatives or communicating about adverse events must not be undertaken by students, but, where possible, observed as these communication skills are vital to all students’ future careers.

SCHOOL OF MEDICINE CLINICAL PLACEMENTS POLICIES

Faculty of Health – Code of Conduct

The Faculty of Health Code of Professional and Ethical Conduct contains rules which must be adhered to by all students, particularly those undertaking professional placements – clinical placements, community visits, laboratory work or field work placements. It is consistent with other university codes (Teaching & Learning Code of Practice) and policies (e.g. misconduct). These rules are as clear, precise and unambiguous as possible and constitute basic, non-negotiable requirements for completion of a degree at the University of Tasmania. The Code provides a framework for you to apply to different circumstances during training but also later on in professional practice.

Safety in Practice (SiP)

The University is committed to providing a safe and secure environment for all students, staff, patients and other community members. In accordance with the University of Tasmania Safe to Practice Policy and Occupational Health & Safety Policy, all students intending to undertake professional experience placement, laboratory or fieldwork (either on- or off-campus) are required to establish and maintain their medical, physical and psychological capacity to practice safely.

Students are obliged to declare any condition that may impact upon their ability to safely engage in professional placements through the completion of the Safety in Practice kit, so that peers, staff and community members are not at significant risk of harm.

The University is committed to anti-discrimination practices and will provide reasonable adjustments to enable students to participate in placement, laboratory and field activities as long as safety requirements are not compromised.

Working with Children Registration Check

Students are required to obtain a Working with Children Registration as part of Safety in Practice compliance. This must be completed prior to clinical placement.

How to apply for a Working with Children Registration can be found on the Faculty of Health website.

National Police Record Check

Students must provide the School, and if requested the placement agency, with an original copy of their National Police Certificate in order to be eligible to undertake placements. Students on community placements may be required to produce their police checks and immunisation status so these must be kept with you at all times on placement.

Certain convictions will require the University to make a decision as to whether you may take up or continue a placement. Where this occurs you will be notified by the relevant University staff member.
Students will be required to undertake a National Police Record Check in years 1 and 4 (if applicable) of their course and sign a Compulsory Declaration in each of the other years of the course that states there has been no change to their criminal history record.

Students whose criminal history changes at any time during the course of their studies are required to immediately notify the School and may be required to undertake a new National Police Record Check.

Students who do not supply a Police Certificate or a signed Compulsory Declaration to the School cannot complete placements and therefore risk not being able to complete the course.

Information on how to obtain a valid Police Record Check please refer to the National Police Record Check Procedures and Guidelines.

Host Clinical Placement Provider & Work Integrated Learning (WiL) Agreements

Clinical placement providers have their own policies and regulations. Students on clinical placement must adhere to the host Clinical Placement Provider policies in addition to the University policy.

Students who organise their own clinical placements outside of the organised programme, such as electives and selectives, need to ensure that the appropriate Work Integrated Learning (WiL) Agreements are in place. Students must contact their local Clinical School at least 8 weeks prior to placement commencement date to organise this.

National Registration of students in the Health Professions (AHPRA)

All medical students are included in the national registration.

Students will be registered automatically. Please read the Student Registration Fact Sheet for Students on the AHPRA website.

Tasmania Health Education Online (THEO)

Students must complete mandatory Tasmanian Health Service (THS) modules prior to clinical placement via the Tasmania Health Education Online website. The list of modules to be completed is as follows:

<table>
<thead>
<tr>
<th>THEO Modules (Mandatory)</th>
<th>Frequency</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire and Emergency Awareness</td>
<td>Annually</td>
<td>Orientation Week 2017</td>
</tr>
<tr>
<td>Manual Handling</td>
<td>On commencement, then 3 yearly</td>
<td>Orientation Week 2017</td>
</tr>
<tr>
<td>Patient Centred Care</td>
<td>On commencement, then 3 yearly</td>
<td>Orientation Week 2017</td>
</tr>
<tr>
<td>Aseptic Technique</td>
<td>On commencement, then 3 yearly</td>
<td>Orientation Week 2017</td>
</tr>
<tr>
<td>Work Health &amp; Safety</td>
<td>On commencement, then when changes occur</td>
<td>To be advised in 2017</td>
</tr>
<tr>
<td>Hand Hygiene: Req Modules: 1 and 2 (the THEO courses link to the HHA website)</td>
<td>Annually</td>
<td>Orientation Week 2017</td>
</tr>
<tr>
<td>Blood Safe E-Learning: Req Modules: Clinical Transfusion Practice, Collecting Blood Specimens &amp; Transporting Blood (the THEO courses link to the HHA website)</td>
<td>On commencement, then 3 yearly</td>
<td>Orientation Week 2017</td>
</tr>
<tr>
<td>ABC Smoking Cessation</td>
<td>On commencement, then 3 yearly</td>
<td>Portfolio Submission Date</td>
</tr>
<tr>
<td>Medication Management</td>
<td>Annually</td>
<td>Portfolio Submission Date</td>
</tr>
</tbody>
</table>
Social Media Guidelines

The University has strict Social Media Guidelines for students engaging in online communication. Please refer to the University's Social Media Guidelines document.

Students should also refer to the Introduction to Social Media and the Medical Profession: A guide to online professionalism for medical practitioners and medical students on the Australian Medical Association (AMA) website.

Clinical Images and the use of Personal Mobile Devices

In the interests of upholding the principles of medical professionalism, the Australian Medical Association (AMA) and the Medical Indemnity Industry Association of Australia (MIIAA) have produced a guide for the proper use of personal mobile devices when taking clinical images.

The guide outlines the key ethical and legal issues to be aware of before using a personal mobile device to take or transmit clinical images for the purpose of providing clinical care. Please refer to the Clinical Images and Use Personal Mobile Devices Guide Medical Students and Doctors document on the AMA website.

Individual workplaces and hospitals have particular guidelines on the use of clinical images and personal devices. Students must familiarise themselves with, and adhere to, the clinical placement guidelines within each institution.

Infectious Diseases and Exposure to body fluids

The Faculty of Health actively promotes measures to prevent or minimise the risk of transmission of infectious and/or blood-borne diseases including infection control practices; immunisations; serological and other testing of immunity and student access to OH&S management programs within placement agencies. Students are subject to and covered by the individual health care establishment/agency’s Occupational Exposure to Blood and Body Fluids Policy. Students must become familiar with such policies and act in accordance with the procedures if exposure occurs. Students must subsequently notify the University in accordance with the UTAS OH&S Policy if exposure occurs. More details are provided in the Infectious Diseases Toolbox which can be found on the Faculty of Health website.

ASSESSMENT IN THE CLINICAL SETTING

Clinical Attachment Assessments

Students must ensure the completion of a clinical attachment assessment by the discipline coordinator, or their delegate, based on performance during the attachment. This includes performance in written and clinical assessment tasks set by the discipline concerned (further details of these requirements may be found in the discipline specific work books provided for the attachments).

Students on a placement of 2 weeks or less will be required to use the short clinical attachment assessment forms. The clinical attachment assessment forms can be found in Appendix 1.

Mini clinical examination exercise (mini-CEX)

Students must provide at least ten (10) mini-CEX in total per year. A minimum of two (2) mini-CEX per clinical term is required. The mini-CEX submitted must have been assessed as satisfactory or superior in the overall clinical competence criteria. A mix of complexity and domain focus for the compiled mini-CEX is also expected. Students may practice their mini-CEX for formative purposes but the summative mini-CEX which is satisfactory must be included in the portfolio to demonstrate competence at year level. A senior clinician or clinician approved by the Clinical School must sign these off. (See Appendix 1)

The mini-CEX offers opportunities to assess clinical encounters on a regular basis. The mini-CEX focuses on the core skills that senior medical students need to be able to demonstrate in patient encounters. It is an evaluation that can be readily incorporated into any interaction between medical student and patient.
The mini-CEX is a 15–20 minute observation or snapshot of the interaction. Particular assessments may focus on a limited range of competencies from a list that includes history taking, physical examination, and clinical judgement in relation to choosing investigations, interpersonal qualities/professionalism, counselling skills, organisation and overall clinical competence.

Based on multiple encounters over time in different settings assessed by different clinicians this method provides a valid, reliable measure of performance. It is an assessment tool that will be used in your junior doctor years as well. The mini-CEX descriptors and form can be found in Appendix 1.

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

Direct Observation of Procedural Skills (DOPS) forms are designed to assess and provide a structured feedback format for both knowledge and technical proficiency regarding a discrete procedural skill. Students will be required to undertake DOPS for core procedural skills in simulation and then in the clinical setting. By the end of Year 5, all core competency DOPS must be completed in simulation and in addition, intravenous cannulation and venepuncture must be undertaken in the clinical setting. By the end of final year, all core competency DOPS (with the exception of BLS) must be signed off in the clinical setting.

**OTHER ASSESSMENT TASKS**

**Guidelines for Writing Case Histories**

**Chronic Illness Longitudinal Case with a focus on Complex Therapeutics**

A 3,000 word (maximum) assignment on a chronic medical condition with a focus on complex therapeutics. This word count does not include the references use or the appendix in the GPMP.

For this case choose a patient with a chronic medical condition and who has multiple problems. It could be a hospital patient, or perhaps one that you encounter in your General Practice placement. Managing the patient must require decisions on complex therapeutic issues such as poly-pharmacy, evidence-based use of drugs, drug interactions, use of complementary therapies, drug side-effects, whole patient care, patient self management, etc.

Choose a patient you have been involved in the care of from very early stages of their current presentation and follow them over time.

In your longitudinal case discussion, you must provide:

The initial 250-word **Case Summary** must be a succinct summary of the case including the key features of the assessment, diagnosis(es), patient problems which need to be addressed, and a management plan which covers key aspects of patient care, including allied health and patient self care.

This requires considerable skill in selecting the pertinent information, including relevant negatives. Think of what information you would include if you were the treating doctor referring the patient to another doctor.

It will help the examiner to understand the case and will demonstrate your understanding of the important aspects of the case.

**Case Discussion**

**History** 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.

**Give more details on Chronic Disease Management for diseases having significant impact on patient.**

Relevant history, examination, investigations **and patient goals.**

Discuss relevant interventions and treatments outlined with evidence to support them and compared to patient’s actual treatment.
Discuss Therapeutic Issues

Identify a clinical scenario where therapeutic decision-making is critical to outcomes. Explore the best option for your patient. Your case must describe medication options 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.

References

The clinical decision making must be supported by appropriate references. Relevant literature appropriately integrated, acknowledged and referenced with VANCOUVER style.

Exemplars are available on MyLO along with a PowerPoint presentation on how to write a Chronic Illness Longitudinal Case Including Complex Therapeutics.

Appendix: Must include a 1-2 page Summary Management plan which addresses all chronic disease, co-morbidity, includes medications, follow-up and Patients Goals of care for each condition. This must be in table form and patient centred ie no medical terminology. (See Appendix 1)

The Chronic Complex long case histories must be submitted to your clinical schools as advised in your local guidelines. Some schools require a hard copy in addition to an electronic copy is to be submitted to Turnitin via MyLO.

Students must also keep a copy of any of their written work. Please ensure that all patients are de-identified.

The Chronic Case History Essay Guidelines can be found on MyLO with exemplars. The Chronic Case History Assessment form can be found in Appendix 1.

Acute Case History

The Acute case and its discussion must not exceed 3,000 words. This word count does not include the references used.

Documenting cases is an important vocational skill that allows you to communicate with other health professionals. These cases will prepare you to write inpatient notes, discharge summaries and consult letters when you graduate. Writing is also a way to organise your thinking, and demonstrate your clinical reasoning. The Discussion is a scholarly exploration of the key issues of the case, with reference to contemporary literature. Writing these cases is a form of exam preparation and study. This is a summative assessment.

Learning Objectives

1. Construct written, to communicate with other health professionals using professional language and format.
2. Synthesise clinical information about a patient to formulate a differential diagnosis.
3. Justify Investigation and Management plans.
4. Evaluate the clinical issues with a patient focus.
5. Create a relevant patient-centred Discussion in which you interpret and apply evidence-based contemporary literature to the patient context.

Selecting a patient & Confidentiality

- Choose a patient who presented with an acute illness, where you witnessed the initial presentation and have been deeply involved in their care.
- First hand history and examination are far more valuable.
- Any “second hand” history and examination must be documented to indicate this.
- Document the initials and age of the patient only (to preserve confidentiality) plus the date and place they were seen.
- Patients generally will present a diagnostic dilemma or a management dilemma. In 4th year, it is too challenging to choose a patient who presents with both dilemmas. Choose carefully
- Choose a patient you have been involved in the care of from very early stages of their presentation and followed them over their care.
Summary
200 word summary (or abstract) articulating the patient’s age and context, presenting symptoms, relevant medical history, differential diagnosis and key investigations used to focus the diagnosis. A brief summary of the initial management and response to treatment should be also given here.

There is a great skill in succinctly telling a complex story, and determining which aspects of the Past Medical History are relevant to the acute presentation.

History of Presenting Complaint (HPC)
- The history should be told prospectively.
- Document duration, severity, character, radiation, exacerbating/alleviating symptoms etc
- Consider your Differential Diagnosis early (ie now!) so that you can ask the relevant questions to focus your Differential Diagnosis.

If you realise, when writing up your case, that you forgot to ask some essential questions, go back and ask the patient. Most of the diagnosis rests with your history, so make sure you fully justify your diagnostic reasoning here.

Past Medical History (PMHx)
- List the PMHx in order of relevance
- Indicate whether the condition is active and current, and if so, the degree of control.
- Put a date of diagnosis or event

Baseline values are helpful here. For example, if your patient has Chronic Renal Failure, a baseline Cr is helpful.

Medications
- List the medications using generic drug names and doses
- Remember that your medications list should align with your PMHx. Put what the medication is prescribed for in this list.
- Allergies
- List any drug allergies and the reactions.

If there are no drug allergies, document this (NKA, “No Drug Allergies”, is generally acceptable)

Social History (SHx)
- Briefly outline the patient’s occupation +/- daily activities if relevant.
- Smoking, alcohol, drug taking
- Social supports: often, documenting “good social supports” or “poor social supports” is sufficient. However, in some cases, in psychiatric illness for example, a more detailed Social History is needed.
- Identify any obstacles to care including geographic isolation etc.

Family History (FHx):
- List any significant Family History
- Examination (Ex)
- Document when the examination was performed eg at admission, day 1 post-admission, day 2 post-op, etc.
- Lead with the Observations
- Document the relevant examination findings (both the positive and relevant negative findings)

Look for signs that prove or disprove your diagnostic theories
Look for the cause of the disease process and the effects of the disease process. Eg if the patient presents with vomiting, look for signs of dehydration; if the patient presents with bleeding, look for signs of anaemia.
For pre-op and post-op patients, a “fluid assessment” is essential.
Differential Diagnosis (DDx)
- Write a list
- Consider the common diagnoses as well as the “priority” diagnoses (that is, those acute, life-threatening conditions that you cannot afford to miss)
- Prioritise your DDx list
- Evaluate your DDx by briefly discussing the supportive evidence from your Hx and Ex

Investigations (Ix)
- The Ix will be informed by your DDx.
- Ensure each Investigation is justified by your DDx and helps to confirm the diagnosis or meaningfully contributes to the management of your patient.
- Interpret the test results.
- Be aware of real life limitations such as access to afterhours radiology, rural or remote access, time frames to treatment, etc.

Management (Mx)
- List the initial management
- Remember to manage the presenting symptoms
- Document further management plans with as many specifics as possible
- Outline the discharge plan (if relevant)
- Suggest the follow-up (who, when, why?) and “safety netting” plans.

Discussion
- Discuss the issue(s) specific to your patient.
- Maintain the patient-focus
- Demonstrate your understanding of the literature by applying your reading to your patient’s circumstances.
- Use contemporary references: if it’s not from the 21st century, it’s too old! In some cases, if it’s more than five years old, it’s outdated.
- Avoid "cut and paste" discussions.
- Use quotation marks when quoting texts, otherwise it’s plagiarism.
- Use Vancouver style referencing

Example:
This patient was in danger of renal failure as she was on the triple whammy of diuretics, ACE and NSAIDs (1).
Children who take inhaled steroids do not have stunted growth (2)

If there are more than six authors, the first six authors are listed followed by "et al."

The Acute Case History Essay Guidelines can be found on MyLO with exemplars. The Acute Case History Assessment form can be found in Appendix 1.

Reflective Written Essay

Assessing Reflective Writing in Year 4 and 5
The purpose of reflective writing in the MBBS degree program is to increase self-awareness and to develop necessary skills for safe medical practice and life-long learning. Reflective practice is associated with learning from experience.

In medicine, reflection is a strategy for developing and refining practice in circumstances characterised by variation and uncertainty. It underpins the transformation of knowledge into practice, responding appropriately to new and
changing circumstances in patients’ lives and the development of expertise. Reflection is a complex skill, an outcome of deep learning and critical learning.

Year 5 students are required to complete one Reflective Writing Assignment on any topic/event of choice that meets the criteria outlined in the Reflective Writing Assessment form. The details of word count and due dates are provided in the Unit Outline.

The 4/5 SoM Reflective Writing Guide can be found on MyLO. The Reflective Writing Assessment form can be found in Appendix 1.

**Academic Misconduct, Dishonesty and Plagiarism**

Academic misconduct includes cheating, plagiarism, allowing another student to copy work for an assignment or an examination, and any other conduct by which a student:

- c. seeks to gain, for themselves or for any other person, any academic advantage or advancement to which they or that other person are not entitled; or

- d. improperly disadvantages any other student.

Students engaging in any form of academic misconduct may be dealt with under the Ordinance of Student Discipline, and this can include imposition of penalties that range from a deduction/cancellation of marks to exclusion from a unit or the University. Details of penalties that can be imposed are available in [Ordinance 9: Student Discipline – Part 3 Academic Misconduct](#).

Academic integrity is about mastering the art of scholarship. Scholarship involves researching, understanding and building upon the work of others and requires that you give credit where it is due and acknowledge the contributions of others to your own intellectual efforts. At its core, academic integrity requires honesty. This involves being responsible for ethical scholarship and for knowing what academic dishonesty is and how to avoid it.

### Plagiarism

In your written work you will need to support your ideas by referring to scholarly literature, works of art and/or inventions. It is important that you understand how to correctly refer to the work of others, and how to maintain academic integrity.

Failure to appropriately acknowledge the ideas of others constitutes academic dishonesty (plagiarism), a matter considered by the University of Tasmania as a serious offence.

Please read the following statement on plagiarism. Should you require clarification please see your unit coordinator or lecturer.

**Plagiarism**

Plagiarism is a form of cheating. It is taking and using someone else's thoughts, writings or inventions and representing them as your own; for example, using an author's words without putting them in quotation marks and citing the source, using an author's ideas without proper acknowledgment and citation, copying another student's work.

If you have any doubts about how to refer to the work of others in your assignments, please consult your lecturer or tutor for relevant referencing guidelines. You may also find the [Academic Honesty site on MyLO](#) of assistance.

The intentional copying of someone else's work as one's own is a serious offence punishable by penalties that may range from a fine or deduction/cancellation of marks and, in the most serious of cases, to exclusion from a unit, a course or the University.

The University and any persons authorised by the University may submit your assessable works to a plagiarism checking service, to obtain a report on possible instances of plagiarism. Assessable works may also be included in a reference database. It is a condition of this arrangement that the original author's permission is required before a work within the database can be viewed.
For further information on this statement and general referencing guidelines, see the Plagiarism and Academic Integrity page on the University web site or the Academic Honesty site on MyLO.

**Self-copying/Re-submission of assessment.** It is inappropriate to copy your own work, in part or in whole, and submit it for assessment in more than one Unit of study at this, or another, university. This also applies to students repeating a Unit. Unless otherwise approved, all assessment tasks undertaken in a unit must be done within the enrolment period.

**Group work.** It is important that all group members make appropriate contributions to the required task. Copying from others, or contributing less, little or nothing to a group assignment and then claiming an equal share of the marks are not appropriate. When working as a member of a group or team, it is important to keep records of your own work. Even though you may have group discussions and work together – always write your own notes, and keep records what you have personally contributed to any group assessment product/s.

**Collusion.** Protect your academic work. The intentional sharing of your work potentially allows others to copy your work and cheat and gain an academic advantage. In these circumstances, both you and the person that copied your work may be subject to allegations of academic misconduct.

**Falsification and fabrication of data**

**Academic writing.** Increasingly the use of patient data and reflection on experience are embedded in assessment tasks. The falsification and fabrication of student experiences that form the basis of assessment tasks (such as reflective essays) are inconsistent with academic integrity. This may include the fabrication or misrepresentation of patient encounters, interactions with peers, staff or members of the community. The creation of records of experiences for which there is no basis in fact, that misleads or deceives the reader/assessor, is a break of academic integrity and the standards expected of health professionals and University of Tasmania graduates.

**Experimental Sciences.** In addition to plagiarism, responsible and ethical conduct of research requires that all researchers have confidence in research undertaken and reported to peers. The falsification and fabrication of data are inconsistent with academic integrity. Falsification of data refers to the selective modification of data collected in the conduct of experimental research, or the misrepresentation of processes or uncertainty during statistical analysis of the data. Falsification may also involve the selective omission, deletion, or suppression of data inconsistent with the research objectives. Fabrication of data refers to the creation of records of research for which there is no basis in fact, that misleads or deceives the reader/assessor, is a breach of academic integrity and the standards expected of health professionals and University of Tasmania graduates.

**Penalties**

Breaches of academic integrity are serious offences punishable by penalties that may range from a fine or deduction/cancellation of marks and, in the most serious of cases, to exclusion from a unit, a course or the University. In some cases, students of the health professions may be notified to the Australian Health Professional Regulatory Authority (AHPRA).

Details of penalties that can be imposed are available in the Ordinance of Student Discipline on the University’s Academic Integrity and Misconduct website.

For further information on this statement and general referencing guidelines, students should refer to the University’s Academic Integrity for Students website.

**Academic referencing**

In written work students will need to support their ideas by referring to scholarly literature, works of art and/or inventions. It is important to understand how to correctly refer to the work of others and maintain academic integrity.

The appropriate referencing style for this unit is Vancouver.

The University library provides information on presentation of assignments, including referencing styles and must be referred to when completing tasks in this unit.
INTEGRATED CASE-BASED LEARNING (CBL)

The case-based learning program is the thread that links all the activities in Year 5. Case-based learning (CBL) is an approach that ensures learning is placed in the clinical context in which it will later be used. CBL demonstrates how effective care of the patient requires a multidisciplinary approach and shared decision making with the patient to ensure the best outcome.

CBL sessions will be conducted during term time. The format of CBL will be slightly different at each Clinical School and students are advised to consult the Guidelines for the Clinical School they are attending. The requirement regarding participation in CBL tasks throughout the year is listed in the Unit Outline. A sample assessment form can be found in Appendix 1 and, if used, these forms must be included in the portfolio together with the task performed.

Suggestions for students to show evidence of participation and competency in CBL sessions include:

- providing the learning group with references that are current, representative of key research work in the area and appropriately documented according to TSoM referencing guide.
- using electronic tools such as PowerPoint software to present key information in a logical and clear manner.
- developing MCQ's or EMQ's to check student understanding of the topic.
- using question and answer teaching approaches to elicit participation from the group and assist in the process of student self-directed learning.
- sharing research and presentation tasks amongst the team for team based delivery.
- providing a useful summary in written and/or oral form at the end of the presentation which reflects a clear understanding of the topic.
- developing Direct Observed Consultation & Examination Skills (DOCES) or portfolio question on the topic with self / peer assessment forms.

All Clinical Schools will cover the same core case topics. The handbook has a list of these topics, together with areas that will be covered within the presentation of the case, or which students will be expected to learn about.

(Note: These cases will not necessarily be delivered in this order in your Clinical School. Not all principle diagnoses listed will necessarily be covered in CBLs but students must use the Major Subsets and Principle Diagnoses as a guide to learning. Some topics, or aspects of topics, may be covered as part of lecture or tutorial series as well. Check your School’s program.)

Developing Clinical Competency in Year 5 through Case Based Learning

For each Case or Symptom Complex students must be able to integrate the key areas across the domains that will affect patient care and outcomes:

Learning outcomes for Case Based learning will be addressed in AMC domains.

- Differentials common, occasional and rare but important (Domain 2)
- Red flag presentations (Domain 2)
- Appropriate investigations (Domain 1 & 2)
- Acute and long term management of common clinical conditions (Domain 1 & 2)
- Preventative Care and Population issues for this condition (Domain 3)
- Ethical and Professional Issues (Domain 4)

Example: Learning objectives for Case Based learning: Shortness of breath

1. Science and Scholarship: the medical graduate as scientist and scholar
- Prior knowledge of Preclinical sciences.
- Evidence based medicine approach to clinical situation
2. Clinical Practice: the medical graduate as practitioner

- Undertake focused, patient-centred history and use examination skills for a patient with acute or chronic SOB.
- Able to provide differentials common, occasional and rare but important, and define a problem list
- Recognise Red flag presentations
- Describe appropriate investigations, depending on context
- Acute and long term management of common clinical conditions e.g. Asthma, COPD, Heart failure and definition of patient's goals of care.
- Communication skills with patient and their carers and the team that enhances the health literacy of all groups.

3. Health and Society: the medical graduate as a health advocate

- Smoking prevention, occupational issues, immunisation, patient support groups eg National Asthma Group and COPD group.

4. Professionalism and Leadership: the medical graduate as a professional and leader

- Role in health promotion in schools, community in reducing smoking and improving air quality.

Example Case: Shortness of Breath

Mrs Smith is a 70 year old lady with shortness of breath.

- Take a focused history from this patient
- Examine this patient and present your findings succinctly.
- Describe the most likely differentials and why from your findings.
- Advise what investigations you would like to undertake to determine the diagnosis.
- Explain (the condition/ the investigations/ the management) to the patient - the common diagnoses management and check her understanding.
- What would be your immediate management?
- What are the patient’s management goals?
- What would be the long term management of this patient?
- Including self-management and preventative approach.
- Communication and liaison with colleagues, use of community and support groups.
- What is the evidence base for your treatment choices and how does this change with various patients’ context?
- What impact do these choices have on the patient, the service, the practitioner. Shared negotiation of treatment options where appropriate.
- Demonstrate the student and doctor’s role in the case both as professional and advocate.
- Mrs Smith is unable to access further investigations as she can’t travel, has a partner who is sick. What would your approach to Mrs Smith?
- There is no local service for X, what is the role of a GP in the management of Mrs Smith?
- Mrs Smith is found to have asbestosis what is the doctor’s role in a possible occupational induced disease.
### Year 5 Case Based Learning Topics

<table>
<thead>
<tr>
<th>Major Symptom Complex or topic</th>
<th>Major Subsets</th>
<th>Principal Diagnoses</th>
<th>Commonly Seen presentation Rotation</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Life Support</td>
<td>DRSABCD</td>
<td>Falls, Delirium, Depression, Dementia, Legal and ethical issues, Advanced Care planning</td>
<td>All</td>
<td>• Ward calls to deteriorating patients</td>
</tr>
<tr>
<td>Medicine in the Elderly</td>
<td>Normal aging including physiological adaptability, Memory Loss, Functional assessment, Rehabilitation, Multimorbidity, Multitherapy and aetogenic illness, Discharge and Care planning, Multidisciplinary and community support</td>
<td>Falls, Delirium, Depression, Dementia, Legal and ethical issues, Advanced Care planning</td>
<td>All</td>
<td>• My partner cant remember things?</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• My Mums not coping any more</td>
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<td>• This old chap was found walking round the park at 3am and is confused</td>
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<td>• This patient can go home now but will they cope?</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• Take a focused history</td>
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<td></td>
<td>• Assess the patient</td>
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<td></td>
<td>• Describe the management options.</td>
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<td></td>
<td>• Do I need to take all these tablets?</td>
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<td></td>
<td>• This patient keeps falling over</td>
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<td>• If I give them this for their pain then it will upset their kidneys</td>
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<td></td>
<td>– what should I do?</td>
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<td></td>
<td>• Assess this lady with X,Y,Z- draw up a management plan</td>
</tr>
<tr>
<td>Renal Disorders</td>
<td>Dialysis</td>
<td>Myelodysplastic syndromes, Haemochromatosis, ITP</td>
<td>All</td>
<td>• Interpret these results and take a focused history from the patient</td>
</tr>
<tr>
<td></td>
<td>Bone disease</td>
<td></td>
<td>DEM</td>
<td>find out the underlying cause</td>
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<tr>
<td></td>
<td>Acute renal failure</td>
<td></td>
<td>GP</td>
<td>• Explain these results to a patient</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• Advise re management</td>
</tr>
<tr>
<td>Haematology</td>
<td>Primary marrow failure</td>
<td>Myelodysplastic syndromes, Haemochromatosis, ITP</td>
<td>Med</td>
<td>• Interpret these results and explain the condition to the patient</td>
</tr>
<tr>
<td></td>
<td>Blood loss</td>
<td></td>
<td>DEM</td>
<td></td>
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<td>Haem</td>
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<td>Anaes</td>
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<td></td>
<td>GP</td>
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</tr>
<tr>
<td>Jaundice</td>
<td>Hepatitis</td>
<td>Obstructive/haemolytic and hepatocellular</td>
<td>Med</td>
<td>• Interpret these results</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Haem</td>
<td>• Take a focused history</td>
</tr>
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<td></td>
<td></td>
<td>Anaes</td>
<td>• Advise what further investigations are required and why</td>
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<td>GP</td>
<td>• For the causes Hep B &amp; C breaking bad news and explaining the condition</td>
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<td>to the patient and management options</td>
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<tr>
<td>Major Symptom Complex or topic</td>
<td>Major Subsets</td>
<td>Principal Diagnoses</td>
<td>Commonly Seen presentation</td>
<td>Assessment</td>
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</tbody>
</table>
| Sudden death                  | Rhythm disturbance | Genetics Screening Ethics Advanced technologies for prevention Coroners and Death certification |  | • You are on ward call and are called to Certify a patient who was expected to die/not expected to die  
• You are a JMO in GP. A patient comes to see you whose brother has died unexpectedly in his 20s and he wonders if he should get his heart checked |
| Preoperative assessment and management | Principals of surgical consent Management of multi morbidity and surgery | Cross Matching | Surgery Anaesthetics | • Assess this patient who is due for surgery  
• Advise of any likely issues and how these can be reduced  
• Write up this fluid chart |
| Postoperative assessment and management | Perioperative fluid management Postoperative complications | Infection Delirium Bleeding | Surgery Anaesthetics | • Assess this patient who has had surgery  
• Who has – low BP, delirium, pyrexia, cough, leg pain, pain, constipation, problems sleeping  
• Advise differentials investigations and management |
| Diabetes type II | | Management of chronic illness | Med DEM GP | • Interpret these results and explain to the patient  
• Advise the patient what modifications you would like them to make, what precautions they should take and what medication changes you would like to make |
| Diabetes type I | Visual loss Renal failure | Renal failure Dialysis Renal transplant Pancreatic transplant | Med DEM GP Ophth Surgery | • Examine this patients eyes  
• Explain the diagnosis and treatment required  
• Write a referral letter to the ophthalmologist |
<p>| Inflammatory bowel disease | The management of a complicated case | | Med DEM GP | • Patient presents with passing blood and mucus in stool |
| Autoimmune disease | Complex auto immune disease | | Med DEM GP | • Patient presents with bruising |</p>
<table>
<thead>
<tr>
<th>Major Symptom Complex or topic</th>
<th>Major Subsets</th>
<th>Principal Diagnoses</th>
<th>Commonly Seen presentation Rotation</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Palliative care</td>
<td>Pain management</td>
<td>A case study in prostate cancer</td>
<td>Med Surgery GP Pall Care</td>
<td>• Patient presents with back pain and metastatic prostate cancer</td>
</tr>
<tr>
<td></td>
<td>Palliative approach</td>
<td>Opiate conversion Advanced Care planning</td>
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<td></td>
<td>Download</td>
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<tr>
<td>The adult disabled</td>
<td>Transfer across care boundaries</td>
<td>Med Surgery GP</td>
<td></td>
<td>• Patient presents with carer</td>
</tr>
<tr>
<td></td>
<td>Community support</td>
<td>• Lives in a group care home</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Preventative health Carers</td>
<td>• Discuss with patient and carer management options</td>
<td></td>
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<tr>
<td>Dyspnoea</td>
<td>A complex respiratory case</td>
<td>Med DEM GP</td>
<td></td>
<td>• As year 4 NB co morbidities</td>
</tr>
<tr>
<td>Dyspnoea</td>
<td>A complex cardiac case</td>
<td>Med DEM GP</td>
<td></td>
<td>• As year 4 NB co morbidities</td>
</tr>
<tr>
<td>Mental health</td>
<td>A complex psychiatric case</td>
<td>Co morbid substance abuse Problem gambling Med DEM GP Psych</td>
<td></td>
<td>• As year 4 NB co morbidities</td>
</tr>
<tr>
<td>Chest pain</td>
<td>A complex cardiovascular case</td>
<td>Med DEM GP</td>
<td></td>
<td>• As year 4 NB co morbidities</td>
</tr>
<tr>
<td>Sleep disorders</td>
<td>Sleep apnoea Narcolepsy Insomnia Benzodiazepine use</td>
<td>Med GP</td>
<td></td>
<td>• Patient presents tired all the time/poorly controlled diabetes/unable to get to sleep/requesting sleeping tablets/nurse or nursing home requests sleeping tablets for patient.</td>
</tr>
<tr>
<td>Major Symptom Complex or topic</td>
<td>Major Subsets</td>
<td>Principal Diagnoses</td>
<td>Commonly Seen presentation Rotation</td>
<td>Assessment</td>
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</tbody>
</table>
| **Infectious diseases**       |               | HIV, Hep B and C    |                                     | • Breaking bad news  
|                               |               |                     |                                     | • Needle stick injury protocol  
|                               |               |                     |                                     | • Contact tracing  
|                               |               |                     |                                     | • Management options  |
| **Common musculoskeletal problems** | Joint pain | Osteoporosis, Injuries managed non-operatively, Over-use injuries | DEM GP Ortho | • My wrist/shoulder/back/elbow aches  
|                               |               |                     |                                     | • Mrs X is on long term steroids for polymyalgia advise her on activities and treatments to prevent osteoporosis.  |
| **Aboriginal health**         |               | Cultural Safety, Managing complex disease presentations | All | •  |
| **Extended communication skills** | Advanced health care directives, End of life communication, Domestic abuse, Family consultations working with relatives, Open disclosure, Dealing with complaints, Legal reports/ Law court appearances, Explaining risk | | All | • Discuss with the patient if they would like to have an advanced care directive  
|                               |               |                     |                                     | • Discuss with the relatives the prognosis and options for a patient in the end stages of life  
|                               |               |                     |                                     | • Advise a patient that their operation is cancelled  
|                               |               |                     |                                     | • Discuss with patient/relatives about whether they want resuscitation.  
|                               |               |                     |                                     | • You have made a mistake and the patient has been given the wrong medication – discuss this with the patient, what else would you do?  
|                               |               |                     |                                     | • A relative complains about one of your colleagues. What would you do?  
<p>|                               |               |                     |                                     | • Should I have this operation/ take this medication- whats the benefits or issues?  |
| <strong>Medical Ethics</strong>            |               | Ethics in the clinical setting, Capacity to consent, Underage consent, Confidentiality, Refusal of medical treatment, Competency, Difficult colleagues | All | |</p>
<table>
<thead>
<tr>
<th>Major Symptom Complex or topic</th>
<th>Major Subsets</th>
<th>Principal Diagnoses</th>
<th>Commonly Seen presentation Rotation</th>
<th>Assessment</th>
</tr>
</thead>
</table>
| Quality and Safety | Quality and Audit  
Reducing Errors  
Improving Quality of Care | Clinical audits  
Critical event audit  
Systems review | GP/Nursing Home  
Neuro  
DEM  
Ortho | Written case, Mini-CEX, Reflective writing, Attachment reports, Log books, MCQs and OSCE  
Common OSCE tasks or scenarios listed below for each CBL |
| Neurodegenerative disorders | Sensory disorders-Numbness and parasthesia  
Motor disorders- weakness  
Abnormal Movement  
Abnormal Gait  
Tremors | Parkinson’s,  
MS  
Peripheral neuropathy | Mr X presents with symptoms of Parkinsons/MS advise him of the diagnosis, investigations, prognosis and management options |
| Epilepsy | Adult  
Child | All | Adult or child presenting with first fit/ recurrent fits  
Take a focus history, examination and discuss differentials and treatment options  
Explain the diagnosis |
| Acquired brain injury | Traumatic  
Iatrogenic  
Substance induced | All | Patient involved in MVA/ Head injury at work |
| Dementia | Diagnosis, management palliative care | Ischaemic  
Alzheimers  
Lewy body  
Fronto-temporal  
Pick’s disease | All | See nursing home cases in hand book |
| Pain | Acute  
Chronic  
Therapeutic Guidelines  
Legal aspects of pain management | | This patient has chronic pain syndrome (back)  
Discuss the treatment options with him  
Complete this drug chart for the patient with Post op Pain  
Chronic pain  
Palliative care |
| Major Trauma | Trauma Course  
This may be done in year 4 or 5 depending on school | Core parts to trauma course | Assess this patient who has had a RTA  
Assess this patient with a suspected neck, back,chest, abod limb injury.  
Immediate management of the unstable patient  
Pre-hospital care management of trauma and emergencies. |
<table>
<thead>
<tr>
<th>Major Symptom Complex or topic</th>
<th>Major Subsets</th>
<th>Principal Diagnoses</th>
<th>Commonly Seen presentation Rotation</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics</td>
<td>Rational use of antibiotics in hospital and community Why patients don't need an antibiotics- negotiating skills.</td>
<td>Adrenal Pituitary Thyroid Iatrogenic</td>
<td>Med GP</td>
<td>• This patient has pneumonia • Complete this drug chart for the patient • This patient wants an antibiotic for his sore throat • Discuss the options with the patient</td>
</tr>
<tr>
<td>Complex Endocrinopathies</td>
<td></td>
<td>Epistaxis Foreign body – nose, throat Quinsy</td>
<td>ENT DEM GP</td>
<td>• I've got a nose bleed/ toothache/can't swallow/something stuck in my ear/nose</td>
</tr>
<tr>
<td>Oral Disease</td>
<td>Toothache Oral Infections Tooth trauma</td>
<td>Oral trauma Oral hygiene Oral cancers</td>
<td>Med GP</td>
<td>• My child's tooth has been knocked out playing footy- what should we do? • I've got pain in my face.</td>
</tr>
<tr>
<td>Skin</td>
<td>Neoplasias</td>
<td>Melanoma – melanotic and amelanotic SCC BCC</td>
<td>GP Derm Surgery</td>
<td>• A patient requests skin cancer screening • Examine this patient • Read the pathology report advise the patient of the diagnosis and what further management will be required</td>
</tr>
<tr>
<td>Occupational health</td>
<td>Documentation for medico-legal purposes</td>
<td>Lung disease Mental health issues Sick certificates Workers compensation</td>
<td>DEM GP All</td>
<td>• Patient presents with cough/ wheeze. Take a focused history including occupational history • Patient presents with stress at work and wants time off</td>
</tr>
</tbody>
</table>
### Year 4 Case Based Learning Topics

<table>
<thead>
<tr>
<th>Major Symptom Complex or condition or topic</th>
<th>Major Subsets</th>
<th>Principle Diagnoses and associated conditions</th>
<th>Commonly Seen presentation</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortness of breath</td>
<td>Acute</td>
<td>Asthma</td>
<td>Med</td>
<td>Common symptom complexes e.g. shortness of breath</td>
</tr>
<tr>
<td></td>
<td>Chronic</td>
<td>Pneumothorax</td>
<td>DEM</td>
<td></td>
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<tr>
<td></td>
<td>Respiratory (child and adult)</td>
<td>Acute Pulmonary Oedema</td>
<td>GP</td>
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<td></td>
<td>Cardiac</td>
<td>COPD</td>
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<td></td>
<td>Cough</td>
<td>Occupational lung disease</td>
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<td></td>
<td>Haemoptysis</td>
<td>Neoplasia</td>
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<td></td>
<td></td>
<td>Chest Infection</td>
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<td></td>
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<td>Heart Failure</td>
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</table>

**OSCE assessment tasks**

- Take a focused history from this patient who presents with.....common symptom complex- acute SOB/ increasing SOB/ chest pain etc.
- Engage the patient in a health literacy-enhancing conversation about the most likely differentials and advise what investigations are needed to determine diagnosis.
- What would influence you in your choice of investigations?
- Explain XX to the patient - the common diagnoses
- Explain YY - the common treatments
- What would be your immediate management
- What are the patient’s management goals?
- What would be the long term management
- Demonstrate shared health literacy informed negotiation with the patient over treatment options
- What support is available for the patient and their family
- What are the primary, secondary and tertiary preventative options for this condition
- What impact does this condition, treatment options have on the individual, health service, society.
<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Chest Pain</td>
<td>Cardiac Palpitations</td>
<td>Ischaemic heart disease –  • acute coronary syndrome  • chronic, stable angina and others e.g. pericarditis Atrial Fibrillation</td>
<td>Med Dem GP</td>
<td>• Common symptom complexes e.g. chest pain</td>
</tr>
</tbody>
</table>
|                                          | Pulmonary Embolus Non cardiac causes | DVT/PE  Hypercoagulability states Anti-coagulant therapy | Med Dem GP | • Explain how to take warfarin  
• Explain how to start or stop warfarin before or after surgery. |
| Diabetes Type 1                          | Acute management issues | Coma  Abdominal pain  Weight loss  Polyuria | Med Dem GP | • Explain diagnosis/ how to start insulin/ manage hypos/ sick day rules/ |
| Diabetes Type 2 + Obesity               | Vascular pathology | Peripheral vascular disease  Retinal disease  Renal disease  Cardiac disease  Metabolic syndrome  Preventative strategies  Morbidity | Med Dem GP Opth | • Demonstrate motivational interviewing with a patient who is overweight.  
• Discuss risk factors with a patient  
• Explain new diagnosis/ management/ screening/multidisciplinary team  
• Take a history from X with Pain in the leg |
| Loss of consciousness                   | Fits Faints Funny turns Syncope Falls especially elderly |  |  | • This patient has had a funny turn.  
• Take a focused history.  
• This patient has had a fit.  
• Focused history and management  
• This elderly patient has been brought in to ED following a fall. History management and prevention.  
• Please come and see and assess this patient who has become disturbed/ aggressive/ disorientated post op. |
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</thead>
<tbody>
<tr>
<td><strong>Dizziness and vertigo</strong></td>
<td>Dizziness</td>
<td>History and examination to differentiate and to exclude red flags. Viral illness Hypotension Medication Vertebrobasilar insufficiency Viral BPV Vertebrobasilar ischaemia Menieres</td>
<td>Med DEM GP ENT</td>
<td></td>
<td>• This patient presents with dizziness- take a focused history and describe investigation and management.</td>
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<td></td>
<td>Vertigo</td>
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<tr>
<td><strong>Gastrointestinal bleeding</strong></td>
<td>Upper tract bleeding</td>
<td>Peptic ulcer Angiodysplasia Varices Colitis Bowel cancer Diverticular disease Local anal conditions</td>
<td>Med DEM GP Surgery</td>
<td></td>
<td>• Take a focused history from this patient who presents with..... Anemia, weight loss, vomiting blood, rectal bleeding, black stools Present the patient and the most likely differentials and advise what investigations are needed to determine diagnosis Explain the diagnosis What would be your immediate management What would be the long term management</td>
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<td></td>
<td>Lower Tract Bleeding</td>
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<tr>
<td><strong>Fatigue</strong></td>
<td>Chronic fatiguing illnesses</td>
<td>Dealing with uncertainty in diagnosis Multifaceted Psychological causes Physiological causes Neoplastic</td>
<td>Med DEM GP</td>
<td></td>
<td>• Take a focused history from this patient who presents with..... tired all the time Present the patient and the most likely differentials and advise what investigations are needed to determine diagnosis Explain the diagnosis What would be your immediate management What would be the long term management</td>
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<tr>
<td>Stroke</td>
<td>Cerebral Haemorrhage</td>
<td>SAH, SDH, TIA, Stroke prevention</td>
<td>Med, DEM, GP, Nursing home, Pall Care</td>
<td>Patient presents whose mother has just had a stroke and would like a health check</td>
<td>Patient presents with history of weakness in one arm that has now resolved</td>
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<td></td>
<td>Cerebral Thrombosis</td>
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<td>Discuss with a relative what has happened after relative has been admitted with stroke</td>
<td>Scenario on discharge planning</td>
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<td>Paediatrics</td>
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<tr>
<td>Headache</td>
<td>Vascular</td>
<td>Tension, Migraine, Analgesic, Neoplasia, Infection, Head injury</td>
<td>Med, DEM, GP, Psych</td>
<td>Take a focused history from this patient who presents with..... headache</td>
<td>Present the patient and the most likely differentials and advise what investigations are needed to determine diagnosis</td>
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<td></td>
<td>Red flags for headaches</td>
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<td>Explain the diagnosis</td>
<td>What would be your immediate management</td>
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<tr>
<td>Back Pain</td>
<td>Acute</td>
<td>Mechanical, Disc, Neurogenic, Red and yellow flag, Issues of chronic pain management</td>
<td>Med, DEM, GP, Ortho, Neuro, Psych</td>
<td>Take a focused history from this patient who presents with..... back pain</td>
<td>Present the patient and the most likely differentials and advise what investigations are needed to determine diagnosis</td>
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<td>Chronic</td>
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<td>Explain the diagnosis</td>
<td>What would be your immediate management</td>
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<tr>
<td>Major Trauma</td>
<td>Trauma Course</td>
<td>This may be done in year 4 or 5 depending on school</td>
<td>Core parts to trauma course</td>
<td>Assess this patient who has had a RTA</td>
<td>Assess this patient with a suspected neck, back, chest, abod limb injury.</td>
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<td>Immediate management of the unstable patient</td>
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<td>Pre-hospital care management of trauma and emergencies.</td>
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</table>
| Visual disturbance                       | Sudden loss of or deterioration in vision | Cataract, Glaucoma, Retinal detachment, Eye trauma, Infection, Vascular accidents, Secondary to systemic disease eg. Diabetes | Med, DEM, GP, Opth | • Patient presents with sudden loss of vision  
• Examine this patients eyes  
• Patient presents for drivers medical and has too poor vision  
• Patient presents with red eye |

| Abdominal pain | Acute, Chronic, Recurrent, Epigastric | Child  
 Intussusception, Volvulus, Congenital abnormalities, Migraine, appendicitis, UTI  
Obstetrics  
Pregnancy complications  
Gynaec  
Ruptured ovarian cysts, Acute and Chronic PID, Endometriosis  
Adult  
Obstructed viscus, Ischaemic, Sepsis/inflammatory, Gall stones and Renal stones, Neurogenic, Abdominal wall pain, Constipation, Diarrhoea | Paeds, GP, DEM | • Take a focused history from this patient who presents with..... abdominal pain  
• Present the patient and the most likely differentials and advise what investigations are needed to determine diagnosis  
• Explain the diagnosis  
• What would be your immediate management  
• What would be the long term management |
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| Rheumatological and Autoimmune disease    |               | Rheumatoid arthritis Osteoarthritis Gout    | Med DEM GP                           | • Assess this Joint and advise about management  
• Take a focused history from this patient with joint pain.  
• Explain the diagnosis and management options for..... |
| Thyroid disease                           | Hyper Hypo Mass(es) | Autoimmune Neoplastic Iatrogenic | Med DEM GP | • Worried about a lump in the neck  
• Feels Tired all the time  
• Feels anxious  
• Lost weight/ gained weight  
• Explain the diagnosis and management options for..... |
| Neoplasia                                 | Breast Prostate Bowel Lung | Screening Genetic Broad overview of treatment strategies | Med DEM GP Surgery | • Worried about a lump in the breast  
• Asks for advice about screening as mother has breast cancer  
• Breaking bad news Breast cancer  
• Wants to know what a screening mammogram involves  
• Take a focused history from this patient who presents with..... Problems passing water- stream not as good.  
• Present the patient and the most likely differentials and advise what investigations are needed to determine diagnosis  
• Explain the diagnosis  
• What would be your immediate management  
• What would be the long term management  
• Asks for advice about PSA screening |
• Discharge planning for Patient with new disability  
• History taking following a MVA  
• Head injury advice |
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<tr>
<td><strong>Mood disorders</strong></td>
<td>Anxiety</td>
<td>Mild, moderate and severe co-morbidities</td>
<td>GP Psych DEM</td>
<td>• Presents with wrists / overdose undertake a suicide risk assessment • Presents with SOB / palpitations • Presents with tired all the time / not sleeping / drinking too much</td>
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<td></td>
<td>Depression</td>
<td>Suicide risk assessment</td>
<td>GP</td>
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<td></td>
<td>Attempted Suicide</td>
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<td>DEM</td>
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<td>Med</td>
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<td></td>
<td>Paeds GP DEM Med O&amp;G Urology/surgery Nursing Home</td>
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<tr>
<td><strong>Confusion</strong></td>
<td>Psychosis</td>
<td>Schizophrenia</td>
<td>GP Psych DEM Med</td>
<td>• Explain to a relative psychosis • You are called to the ward to see a lady who is 3 days post op and is very agitated and wants to go home despite still having drains and drips in.</td>
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<td></td>
<td>Drugs (illicit and prescribed) Delirium</td>
<td>Specific issues in the elderly Mental health act</td>
<td>Paeds GP DEM Med Surgery O&amp;G</td>
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<tr>
<td><strong>Renal issues and urinary symptoms</strong></td>
<td>Women</td>
<td>Renal failure Haematuria UTIs Urgency Frequency Dypsuria Incontinence Retention</td>
<td>Paeds GP DEM Med O&amp;G Urology/surgery Nursing Home</td>
<td>• Take a focused history from this patient who presents with..... • 'It hurts when I wee' • 'I keep wetting myself' • 'I keep getting up at night to go to the loo' • Present the patient and the most likely differentials and advise what investigations are needed to determine diagnosis • Explain the diagnosis • What would be your immediate management • What would be the long term management</td>
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<td></td>
<td>Men</td>
<td></td>
<td>GP O&amp;G Urology/surgery</td>
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<tr>
<td><strong>Mid life</strong></td>
<td>Men's health</td>
<td>General mid-life issues Screening for disease Whole patient care</td>
<td>GP O&amp;G Urology/surgery</td>
<td>• Can I have a check-up? • Am I going through my menopause? • What can I do to help?</td>
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<tr>
<td></td>
<td>Women’s health</td>
<td></td>
<td>GP O&amp;G Urology/surgery</td>
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<tr>
<td><strong>Vaginal bleeding</strong></td>
<td>Amenorrhoea</td>
<td>Dysfunctional Neoplastic Fibroid related</td>
<td>GP O&amp;G Urology/surgery</td>
<td>• I haven’t had a period • I have periods all the time. • I have heavy periods</td>
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<tr>
<td></td>
<td>Polymenorrhoea</td>
<td></td>
<td>GP O&amp;G Urology/surgery</td>
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<tr>
<td>Pregnancy</td>
<td>Abnormal</td>
<td>Preventative care Screenings/ethical issues</td>
<td>GP</td>
<td>• I think I’m pregnant</td>
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<tr>
<td></td>
<td>Normal</td>
<td>Antenatal and postnatal care</td>
<td></td>
<td>• What tests do I need?</td>
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<td></td>
<td>Unwanted</td>
<td>Termination/contraception</td>
<td></td>
<td>• I’m pregnant and I am bleeding</td>
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<td>• I need some contraception</td>
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<tr>
<td>Sexual Health</td>
<td>STI's</td>
<td>STI’s warts, chlamydia, Genital herpes, Syphilis, Pubic lice, trichomonas. PID HIV, Hep b &amp;C Prevention/Screening/ Diagnosis/ treatment and contact tracing</td>
<td>GP</td>
<td>• I have got a discharge</td>
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<tr>
<td></td>
<td>Sexual dysfunction</td>
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<td>• I have got an ulcer</td>
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<td>• I have got this embarrassing problem</td>
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<tr>
<td>Preventative health care</td>
<td>Child</td>
<td>Evidence based screening Immunisation Primary, secondary and tertiary prevention</td>
<td>GP</td>
<td>• Should I get my child immunised?</td>
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<td></td>
<td>Adult</td>
<td></td>
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<td>• I’m going on elective what injections do I need</td>
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<td>• What is a pap smear?</td>
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<td>• Should I do that Poo test?</td>
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<td>• Should I have a PSA/ Ovarian cancer test</td>
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<td>• My mums had breast/ bowel cancer when she was 35, what should I do?</td>
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<tr>
<td>Fever</td>
<td>Acute</td>
<td>PUO Sepsis in an adult Septic shock Ward care versus ICU care Immunosuppressed</td>
<td>GP</td>
<td>• A medical student comes back from elective with a fever take a focused history and describe your management.</td>
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<td>Chronic</td>
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<td>DEM</td>
<td>• Ward Call to Patient with low BP</td>
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<td>Med Surgery</td>
<td>• Interpret these findings and tell me what your immediate management would be</td>
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<tr>
<td>Aboriginal health</td>
<td></td>
<td>Preventative health issues Rheumatic heart disease Stolen generation issues</td>
<td>All</td>
<td>• A younger medical student is thinking about going on an elective to a remote aboriginal community. He knows has has to have some cultural safety training but is not sure what that means.</td>
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<td>• Explain to him what the issues are and what steps he could take to improve his competency</td>
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</tbody>
</table>
| Refugee and Immigrant Health | Communication and cross cultural health issues | Screening issues on settlement into Australia Long term health issues | All | • A refugee from Somalia presents with.....  
• Take a focused history  
• What other issues should you take into account with your investigations and management. |
| Haematology | Anaemia  
Thrombocytopenia  
Neutropenia | Common causes and approach to investigations and management | Med GP haematology | • Patients presents with fatigue, bruising or infections  
• Patient on medication which causes blood dyscrasias. |
| Self care in the work place | | Needle stick injuries  
Lifting  
Occupational Health and Safety  
Work life balance | All | • You have just stabbed yourself with a needle while taking blood. Take a focused history from the patient and describe your next steps. |
| Interpreting Blood gases | | | Med Surgery DEM | • Interpret this blood results  
• Take a focused history and examination to determine cause  
• Advise management to rectify imbalance |
| Injury | Non-accidental | Intimate partner violence  
Child abuse  
Elder abuse  
Overdose/poisoning  
Injuries and workers' compensation | All | • Presents with injury not consistent with story  
• Presents with cut sustained at work  
• Presents with acute back pain following lifting at work |
| | Accidental | | | |
| Breast Disease | Breast Lumps  
Breast Pain  
Nipple discharge | Breast cancer  
Benign breast disease | | I have a breast lump.  
• Take a focused history  
• Examine this patient  
• What would be your immediate management  
• Explain to the patient the histology results and management options. |
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<tr>
<td>Electrolyte disturbance</td>
<td></td>
<td>Iatrogenic</td>
<td>Med Surgery DEM GP</td>
<td>• Interpret this blood results&lt;br&gt;• Take a focused history and examination to determine cause&lt;br&gt;• Advise management to rectify imbalance</td>
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<td>Endocrinopathies</td>
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<td>Calcium metabolism</td>
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<td>Non-accidental</td>
<td>Intimate partner violence</td>
<td>All</td>
<td>• Presents with injury not consistent with story&lt;br&gt;• Presents with cut sustained at work&lt;br&gt;• Presents with acute back pain following lifting at work</td>
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<td>Elder abuse</td>
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<td>Overdose/poisoning</td>
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<tr>
<td></td>
<td>Accidental</td>
<td>Injuries and workers' compensation</td>
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CORE CLINICAL SKILLS

Communication Skills in Year 5

Students develop their communication skills throughout their clinical placements with additional formal skills teaching during group learning program sessions.

The School of Medicine uses the John Murtagh and the Cambridge Calvary framework.

Communication skills are assessed continually during placements, through Mini-CEX, DOCES and summatively in OSCE format.

Consulting skills are assessed and developed formatively through DOCES.

Communication skills must demonstrate an ability to develop the health literacy skills of patients, carers and their communities.

Students must be able to achieve the following communication goals (adapted from Australian Curriculum Framework for Junior Doctors).

Patient Interaction

Context

- Arranges an appropriate environment for communication, e.g. private, no interruptions
- Uses principles of good communication to ensure effective healthcare relationships
- Uses effective strategies to deal with the difficult or vulnerable patient

Respect

- Treats patients courteously and respectfully, showing awareness and sensitivity to different backgrounds.
- Understands the principles of capacity.
- Maintains privacy and confidentiality
- Provides clear and honest information to patients and respects their treatment choices and ensures the communication is at the patient’s level of health literacy.

Providing information

- Applies the principles of good communication (e.g. verbal and non-verbal) and communicates with patients and carers in ways they understand
- Uses interpreters for non-English speaking backgrounds when appropriate
- Involves patients in discussions and decisions about their care

Meetings with families or carers

- Identifies the impact of family dynamics on effective communication
- Ensures relevant family/carers are included appropriately in meetings and decision-making
- Respects the role of families in patient health care

Breaking bad news

- Identifies symptoms and signs of loss and bereavement
- Participates in breaking bad news to patients and carers
- Shows empathy and compassion

Professional Communication - Handover

- Describe the importance and features of handover that ensure patient safety and continuity of care
- Performs effective handover e.g. team member to team member, hospital to GP, to ensure patient safety and continuity of care
- Use of ISoBAR to facilitate handover

Open disclosure
• Explains and participates in implementing the principles of open disclosure
• Ensures patients and carers are supported and cared for after an adverse event

**Complaints**

• Acts to minimise or prevent the factors that would otherwise lead to complaints
• Uses local protocols to respond to complaints
• Adopts behaviours such as good communication designed to prevent complaints

**Written Communication**

• Complies with organisational policies regarding timely and accurate documentation
• Demonstrates high quality written skills.
• Writes legible, concise and informative case notes
• Writes legible concise and informative discharge summaries
• Uses appropriate structure and content for specific correspondence e.g. referrals, investigation requests, GP letters
• Accurately documents drug prescription and administration

**Electronic**

• Uses electronic patient information and decision-support systems recognising his/her strengths and limitations
• Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia
• Complies with policies regarding information technology e.g. passwords, e-mail and internet

**Health Records**

• Complies with legal/institutional requirements for health records
• Students are able to use the health record to ensure continuity of care

**Examples of Year 5 Communications Skills workshops topics**

• Capacity to consent
• Refusal of medical treatment and Capacity
• Communicating with patients with disabilities or sensory impairment
• Advanced health care directives
• End of life communication
• Family consultations working with relatives
• Open disclosure
• Dealing with complaints
• Explaining risk Informed decision making
Diagnostic skills

Learning objectives for diagnostic procedures

The student has the ability to interpret or understand the listed diagnostic procedures:

- The student must be able to explain to the patient the investigation and why it is being ordered
- The student must be able to describe how they would gain informed consent from the patient and explain the risks and benefits
- The students must understand the indications, risks, effectiveness and limitations of the investigations that are ordered and how they contribute to the diagnostic reasoning

Core Diagnostic procedures

- Electrocardiograms
- Chest X-rays
- Spiral CT
- MRI
- Ultrasound
- Full Blood Counts, liver function tests, electrolytes, urea, creatine and cardiac enzymes Endocrine function tests including thyroid functioning, plasma glucose, urine albumin and excretion rate in diabetics, serum cortisol, and serum parathyroid levels.
- Observes endoscopic procedures including Upper GI, lower GI, colonoscopy and ERCP procedures.
- Interpretation of plain films, CT, Ultrasound and MRI with common medical surgical, obstetric, gynaecological and paediatric conditions
- Interpretation of doppler and duplex scans
- Interprets common haematology, biochemistry and microbiology abnormalities
- CT scanning, bronchoscopy, fine needle aspiration biopsy, pleural tap and thoracoscopic biopsy
- Angiography
- Blood gas measurements

Procedural Skills

Learning Objectives

Students must be able to observe and/or perform the following Procedural skills. These must be documented in the log of skills.

Skills highlighted in bold are the 6 core skills that have to be assessed for competence using the DOPS form.

No students can progress without these skills being observed.

The procedural skills are adapted from the Dean’s List and Junior Doctor Curriculum Appendix F of:

EMERGENCY
- Performs Basic Life Support
- Performs Advanced Life Support
- Airway Management including management of the comatose patient
- Manage airway obstruction
- Administer Oxygen
- Provides Basic First Aid

DEATH
- Death confirmation and certification

GENERAL DOCTOR AND PATIENT
- Interpret and perform Peak flow meter
- Interpret and perform Spirometry
- Perform and interpret a resting ECG
- Performs blood pressure taking

EAR, NOSE AND THROAT
- Simple Ear, Nose and Throat examination
- Use an ophthalmoscope and a slit lamp
- Ophthalmoscope to examine for diabetic retinal changes
- Test for visual acuity
- Eyelid eversion
- Fluorescein - staining of cornea
- Pad eyes
- Removal of foreign body from eye
- Use of tuning forks
- Hearing loss tests
- Syringe an ear
- Insert an ear wick
- Use of a nasal speculum

GENERAL PROCEDURAL
- Performs Nasogastric tube insertion
- Performs IV cannulation
- Performs Venepuncture
- Collection and interpretation of Venous blood sample
- Collection and interpretation of Arterial blood sample
- Measures blood glucose
- Collects blood culture specimen using aseptic techniques
- Performs urinary catheterisation male and female
- Analyse a sample and read urinary dipsticks
- Performs a rectal examination
- Chest tube insertion
- Performs a lumbar puncture (in simulation)
- Simple swab using standard microbial collection
- Administer vaccinations
- Pulse oximetry
- Intravenous infusion set up
- Intravenous drug administration
- Intravenous fluid and electrolyte therapy
- Injections intravenous, Intramuscular and subcutaneous

WOMEN’S HEALTH
- Performs a vaginal exam
- Performs a pap smear
- Collects urethral, vaginal and cervical swabs
- Performs a female breast examination
- Palpation of pregnant abdomen
- Foetal heart sound detection

CHILD HEALTH
- venepuncture
- capillary blood sample
- IV cannulation
- ECG
- administration of inhaled medications via a spacer and nebuliser
- spirometry
- Administration of analgesia via topical, oral and nasal routes.
- Neonatal and Paediatric Resuscitation (simulation or observe)

SURGICAL
- Scrub, gown and glove
- Assisting in the operating theatre
- Surgical knots and simple wound suturing
- Local anaesthesia
- Simple skin lesion excision
- Suture removal

MUSCULOSKELETAL INJURY AND ANAESTHESIA
- Performs suturing
- Plaster of the upper limb and lower limb
- Basic first aid techniques: splinting, slings, bandages and strapping
- Application of a local anaesthetic
- Administer injections via Subcutaneous, Intramuscular or Intravenous methods
- Wound cleaning including debridement and wound dressing

NEUROLOGICAL
- Glasgow Coma Scale (GCS) scoring
- Assessment of Neck stiffness
- Focal neurological sign identification
- Papilloedema identification

TRAUMA
- Primary trauma survey In-line
- Immobilisation of cervical spine
- Cervical collar application
- Pressure haemostasis
- Volume resuscitation
- Peripheral neurovascular assessment
- Plaster cast/splint limb immobilisation
- Joint relocation
- Secondary trauma survey (obs only)
- Intercostal catheter insertion (obs only)

PSYCHIATRY SKILLS
- Mini-mental state examination
- Psychiatric Mental State Examination
- Depression screening
- Suicide risk assessment
- Alcohol withdrawal scale use
- Application of Mental Health Schedule
Clinical placements provide a variety of settings that allow students to develop their clinical skills. Students’ skills and ability will develop over the two years. Final year students will be expected to shadow interns and by the end of the year be competent to graduate and become interns.

Students have a wide variety of clinical placements, and in all placements they will be expected to demonstrate generic skills in:

- History taking
- Examination
- Diagnostic reasoning
- Appropriate investigation
- Evidence based management
- Communication Skills
- Interdisciplinary Team work
- Infections control
- Quality and Safety processes including clinical audits

**Discipline specific learning objectives are included for each term**

- Patient Presentations of Importance
- Common symptom complexes in this discipline
- Knowledge of common and important conditions for the discipline
- Core clinical skills for your discipline
- Core procedural skills

**Learning Outcomes for Clinical Placements**

By the end of Year 5, students will have acquired knowledge, skills and attitudes in the following discipline-specific areas:
1. Assessment and management

For each of the presentations students should be able to:

- obtain a relevant history, including prescription and non prescription drug history
- perform a competent examination
- construct a differential diagnosis
- plan and order appropriate investigations
- formulate a management plan
- communicate with patient and relatives concerning condition, tests, treatment and preventative health care

In addition students should be able to demonstrate:

- a rational and safe approach to medication prescribing including
  - antibiotics
  - principles of safe oxygen use
  - knowledge of the hazards of drug treatment in the elderly
  - pain management
  - palliative care
- principles of preventive geriatrics and geriatric rehabilitation
- principles of use of blood transfusion and blood products
- demonstrate understanding of how multi-morbidity affects the presentation and what needs to happen to ensure that there is ongoing care in the community for these issues

2. Procedural skills

By the end of the clinical years students should be competent with minimal supervision to perform:

- venepuncture
- IV cannulation
- radial arterial puncture for blood gases
- spirometry/peak flow measurement
- ECG recording
- insertion of a urinary catheter

Students may also have the opportunity to perform under supervision or observe:

- lumbar puncture
- chest drain
- pleural aspiration/biopsy
- bone marrow biopsy
- insertion of central venous line
- joint aspiration/injection

3. Interpretation of investigations

Students should be able to interpret the following:

- ABG results
- creatinine and electrolytes
- liver function tests
- cardiac enzymes
- coagulation
- iron studies
- thyroid function tests
- CSF results
- X-rays
- Main features of ECG
- spirometry
- CXR

General Medical Presentations with which students should be familiar

For the following presentations knowledge of the common and important less common differential diagnoses including their management is expected.

- chest discomfort
- palpitations
- abdominal pain
- headache
- back and neck pain
- fever and rash
- the acutely ill infected febrile patient
- faintness, syncope, dizziness, vertigo
- weakness, myalgias, disorders of movement and imbalance
- numbness, tingling and sensory loss
- acute confusional states and coma
- aphasias and other focal cerebral disorders
- memory loss and dementia
- sleep disorders
- infections of the respiratory tract
- dyspnoea and pulmonary oedema
- cough and haemoptysis
- heart murmur
- hypertension
- hypoxia and cyanosis
- shock
- cardiovascular collapse, cardiac arrest, and sudden cardiac death
- dysphagia
- nausea, vomiting and indigestion
- diarrhoea and constipation
- weight loss
- gastrointestinal bleeding
- jaundice
- abdominal swelling and ascites
- azotaemia and urinary abnormalities
- incontinence and lower urinary tract symptoms
- anaemia and polycythaemia
- bleeding and thrombosis
- enlargement of the lymph nodes and spleen
- electrolyte abnormalities
- acidosis and alkalosis
- hyper and hypoglycaemia
- fitting
- joint pain
- leg and ankle swelling

Required or recommended texts

Medical Research Council, UK. (2010) Aids to the Examination of the Peripheral Nervous System.
Braunwald’s heart disease (2015) 10th ed Elsevier
Medical Specialties

Cardiology

Emergencies

- cardiovascular collapse, cardiac arrest, and sudden cardiac death
- acute myocardial infarction
- acute left ventricular failure
- cardiogenic shock
- acute pulmonary embolism

Symptoms/Diseases

- chest discomfort
- acute coronary syndrome
- palpitations and arrhythmias
- leg and ankle swelling
- faintness, syncope,
- congestive heart failure
- valvular heart disease
- hypertension
- infective endocarditis
- aortic aneurysm and dissection
- pulmonary embolism
- cor pulmonale

Investigations

Interpretation:

- ECG
- CXR

Understand indications for and utility of:

- exercise stress testing
- Sestamibi stress testing
- 24 hr Holter monitor
- transthoracic and transoesophageal echocardiography
- cardiac catheterisation and angiography

Practical skills

- record an ECG

Neurology and Stroke

Emergencies

- coma
- raised intracranial pressure
- acute confusional states
- seizures and status epilepticus
- visual loss
- progressive weakness (eg spinal cord compression, acute neuropathy, myasthenia)
- neuromuscular respiratory failure
- Wernicke Korsakoff encephalopathy
- giant cell arteritis
- infections of the CNS

Symptoms

- dizziness, including vertigo and disequilibrium
- blackouts, including syncope vs seizures
- limb weakness
- falls and unsteadiness
- numbness and paraesthesia
- confusion
- speech disturbance
- memory loss and dementia
- headache

Diseases

- migraine
- ischaemic and haemorrhagic stroke, TIA
- subarachnoid haemorrhage
- epilepsy
- multiple sclerosis
- Parkinson’s disease
- peripheral neuropathy
- myelopathy
- intracranial and spinal tumours
- Bell’s palsy
- common mononeuropathies (median, ulnar, radial, common peroneal)
- common radiculopathies (C6, C7, S1, L5)

Investigations

Understanding of indications for and utility of:

- CT and MRI of brain and spinal cord
- carotid duplex ultrasonography
- EEG
- EMG and nerve conduction studies

Practical Skills

- observation of lumbar puncture

Required or recommended texts


Respiratory Medicine

Emergencies
- severe pneumonia
- pneumothorax
- acute severe asthma
- acute respiratory failure
- pulmonary embolism
- upper airway obstruction/foreign body

Symptoms/Diseases
- upper respiratory tract infections
- dyspnoea
- cough
- haemoptysis
- wheeze
- stridor
- chest pain
- pleural effusion
- chronic asthma
- chronic obstructive pulmonary disease
- pneumonia
- bronchial carcinoma
- tuberculosis
- obstructive sleep apnoea

Investigations
*Students should be able to interpret:
- CXR
- PEF and spirometry
- arterial blood gases
- pulse oximetry

Practical skills
*Students should understand the indications for and utility of:
- bronchoscopy
- needle biopsy
- arterial blood gases
- spirometry, PEF

Students may have the opportunity to observe
- aspiration of pleural fluid
- insertion of an intercostal drain

Students should understand the principles of safe oxygen therapy.

Students should be able to demonstrate use of metered dose inhaler to a patient

Medical Oncology

Emergencies
- Febrile neutropaenia
- hypercalcaemia

Symptoms
*Students should know how to assess and manage the following:
- pain
- dyspnoea
- nausea and vomiting
- diarrhoea
- constipation
- bowel obstruction

Have an understanding of:
- Principles of cancer staging
- Concept of curative, adjuvant, and palliative therapies for malignancy
- Principles of anti-cancer therapies including toxicities
- Principles of palliative therapies
- Pharmacological and non-pharmacological pain control mechanisms

Practical Skills

Observation of:
- pleural tap
- ascitic tap
- lumbar puncture
- breaking bad news and discussions with patients and relatives about diagnosis of malignancy its prognosis and treatment

Haematology

- FBE interpretation and significance/basic work up of abnormalities
- Basic Investigation and management of Febrile Neutropenia
- Basic Investigation and Management of Malignant Hypercalcaemia
- Knowledge of different Blood products available and their uses
- Concepts of critical bleeding and massive transfusion
- Framework for haematological malignancies
- Concepts of thrombosis management
Radiation Oncology

Emergencies
- Bleeding
- Spinal cord compression
- Superior vena cava obstruction

Symptoms
- Pain
- Dyspnoea and cough
- Haemoptysis
- Nausea and vomiting
- Alterations in bowel habit
- Gastrointestinal bleeding
- Headache
- Neurological symptoms i.e. change in personality, dizziness
- Fatigue

Have an understanding of:
- Role of radiation oncology in common clinical settings (malignant, and non-malignant)
- Goals of radiation therapy (definitive, adjuvant, palliative)
- Principles of cancer staging
- Basic understanding of radiation therapy processes
- Importance of multidisciplinary approach in management of oncology patients

Practical skills
Observation of
- CT Simulation including electron mark-ups
- Radiation treatment
- Radiation treatment review and observation of common toxicities

Endocrinology

Emergencies
- diabetic ketoacidosis
- non ketotic hyperosmolar coma
- severe hyperglycaemia
- severe hypoglycaemia
- Addisonian crisis

Diseases/Disorders
- Diabetes
  - Initial management of the newly presenting diabetic
  - Diabetes management during surgery and acute illness
  - Assessment of diabetic control
  - Assessment of diabetic complications – eyes, renal, neurological, vascular
  - Management of insulin and oral hypoglycaemic therapy
- Adreno-cortical insufficiency and excess
- Hyper and hypothyroidism
- Hyponatraemia
- Hypercalcaemia

Investigations
Interpretation of the following tests:
- thyroid function tests
- HbA1c
- cortisol
- androgen assays
- oestrogenic hormone assays
- bone densitometry assessments
- abnormal calcium metabolism (PTH, hyper and hypocalcaemia)
- pituitary function assessment
- serum urine osmolality
- prolactin

Practical skills
- Finger prick blood glucose monitoring
- Ophthalmoscopy for retinal disease
- Measurement of visual acuity
Gastroenterology

Emergencies
- acute GI bleeding

Symptoms/disorders
- heartburn
- chest pain
- dysphagia
- persistent vomiting
- dyspepsia
- chronic GI bleeding
- abdominal pain
- jaundice
- ascites
- diarrhoea
- constipation
- weight loss

Diseases
- peptic ulcer disease
- GI malignancy
- gall stones and cholecystitis
- acute and chronic liver disease
- inflammatory bowel disease
- irritable bowel disease
- GI infection
- haemochromatosis

Investigations

Interpretation of:
- LFT
- iron studies
- relevant genetic testing (e.g. familial bowel cancer, haemochromatosis), markers of inflammatory bowel disease and liver disease
- screening investigations for coeliac disease
- tumour markers for GIT and hepatic malignancy
- faecal fat estimation
- helicobacter pylori assessment
- antibody assays in GIT disease, e.g. antiparietal cell

Understanding of indications for and utility of:
- abdominal X-ray, US and CT scanning
- contrast radiology of GI tract
- upper GI endoscopy
- colonoscopy

Practical skills
- IV fluid administration
- principles of nutrition
- insertion of nasogastric tube
- ascitic tap
- digital rectal examination

Nephrology

Emergencies
- acute kidney injury (differentiation of pre-renal, renal and post-renal causes)
- electrolyte disorders (sodium, potassium, acid-base)
- acute urinary retention.

Symptoms/disorders
- dysuria, frequency, urgency
- proteinuria, haematuria
- oliguria, polyuria
- over and under hydration
- acute kidney injury
- chronic kidney disease.

Diseases
- glomerulonephritis
- nephrotic syndrome
- nephritic syndrome
- diabetic nephropathy
- analgesic nephropathy
- hypertensive renal and reno-vascular disease
- inherited renal disease e.g. polycystic disease
- reflux nephropathy
- tubulo-interstitial diseases of kidney
- urinary tract infections
- renal stone disease
- obstructive nephropathy
- end-stage kidney disease (ESKD)

Investigations

Interpretation of:
- serum creatinine and urea
- electrolytes
- acid-base balance
- creatinine clearance
- eGFR

Understanding of indications for and utility of:
- renal imaging techniques
- renal biopsy

Appropriate use of treatments

Have an understanding of:
- Haemodialysis
- Peritoneal dialysis
- Kidney transplantation
- Pancreas transplantation
- Supportive care for ESKD
- Immunosuppressive drugs
Rheumatology

Emergencies
- acutely inflamed joint
- acute low back pain
- temporal arteritis/vasculitis
- cervical myelopathy in rheumatoid arthritis

Symptoms/disorders
- low back pain
- soft tissue rheumatism
- mono or poly-arthritis

Diseases
- rheumatoid arthritis
- infectious arthritis
- osteoarthritis
- seronegative arthritides
- crystal arthritis
- SLE
- Sjogren’s syndrome
- vasculitis including temporal arteritis and polymyalgia rheumatica
- osteoporosis

Appropriate use of treatments (including adverse effects and safety monitoring)

Pharmacological agents
- analgesics
- disease modifying drugs
- immunosuppressive drugs

Physical therapies

Investigations

Interpretation of:
- joint x-rays
- serological tests
- urate concentrations
- synovial fluid results

Practical skills
- observe joint aspiration and injection
1. Assessment and management

The syllabus in general surgery is defined by the common and/or important patient presentations that students should be able to deal with by the end of their final attachment. This means that students should be able to take a relevant history from a patient, examine appropriately, detect significant signs, investigate efficiently, and outline management. This also includes appropriate communication skills and knowledge of ethical issues.

Students will also be expected to understand the basic science relevant to the cases, and should be prepared to be assessed upon basic science elements, as well as the clinical presentation itself.

In addition students should be able to demonstrate:

- a rational and safe approach to medication prescribing, especially:
  - antibiotics
  - anti-coagulation
  - acute pain management
- understanding of use of blood transfusion and blood products.
- sound knowledge of generic pre-operative assessment and post-operative care.

2. Procedural skills

At the end of the attachment students should be competent with minimal supervision to perform:

- Venepuncture
- IV cannulation
- ECG recording and interpretation
- Insertion of a urinary catheter
- Simple suturing and removing sutures.

Students may also have the opportunity to perform under supervision or observe:

- Chest drain (insertion and removal)
- FNA/core biopsy
- Insertion of a central line
- Wound dressing
- Radial artery puncture for blood gases
- Insertion of nasogastric tube

3. Interpretation of investigations

Students should be able to interpret the following:

- ABG results
- X-rays:
  - Plain CXR
  - Plain AXR
  - CT chest/abdo/pelvis

General Surgical Presentations with which students should be familiar

Students need to understand the rational use of diagnostic tests, measures of their performance, and the statistical interpretation of their results.

- Abdominal aortic aneurysm
- Abdominal distension
- Abdominal mass
- Abdominal pain
- Acute pain management
- Altered bowel habit
- Arterial embolism
- Breast lump
- Breast pain
- Carotid artery stenosis
- Cardio-respiratory arrest
- Circulatory collapse
- Diabetic foot
- Dysphagia
- GI bleeding
- Groin and/or scrotal mass
- Haematuria
- Heartburn
- Hypercalcaemia
- Inability to pass urine
- Ingrown toenail
- Jaundice
- Multiple trauma
- Neck lump
- Nipple discharge
- Perianal pain or itch
- Peripheral arterial thrombosis
- Poor urine output
- Post-operative fever
- Pre-operative assessment
- Scrotal pain
- Skin ulceration incl chronic leg ulcers
- Skin and subcutaneous lumps
- Surgical infections
- Swollen leg
- Varicose veins
- Vomiting

Required or recommended texts


Smith JA et al Hunt and Marshall's Clinical Problems in Surgery, Churchill Livingstone


Browse Norman (2005) Symptoms and Signs of Surgical Disease, Edward Arnold

Plastic Surgery

(This section will include hand surgery and burns)

- Cleft lip and palate
- Skin grafts - types of flaps
- Keloid hypertrophic scar
- Synthetic implants.

Skin tumours

- Methods of removal, including from face, nose, upper and lower lid, upper and lower lips and ear
- Types - SCC, BCC, melanoma.

Hand

- Trauma, tendon and nerve injuries
- Sepsis
- Amputations, especially fingers, including partial amputations
- Dupuytren’s contracture, carpal tunnel syndrome
- Tumours

Burns

- Determination of depth and extent of burn
- Care of small burns
- Severe burns - respiratory care, fluid therapy, wound management, pain management, nutrition, sepsis, rehabilitation
- Special burns: electrical, respiratory, chemical
- Write up preliminary fluid orders for a burned patient
- Assess percentage of body surface area burned (adult or child).

Skills

- Suturing of a simple wound and knot tying using hand and instrument technique
- Excision of a small skin tumour
- Examination of the hand, including nerve lesions, palsies, common swellings and deformities.

Radiology

Knowledge

Knowledge of findings on plain film, US, CT, MR and contrast studies of common conditions, both medical and surgical
- Imaging pathways for common clinical problems
- Knowledge of different investigations and patient preparation for these.
- Contrast media and management of complications.
- Radiation risk to patient from common examinations

Skills

It is recommended that students gain this experience throughout their course (where available at the respective clinical schools).

Observe:-

- barium enemas
- cranial CT scans
- abdominal CT scans
- chest scans
- CT guided biopsy
- abdominal US
- peripheral doppler US
- obstetric US
- IVUs
- MCU
- peripheral angiogram
- cranial angiogram
- cranial MR
- spine MR

Required or recommended texts


Sacharias, Nina Radiology for Students, CD resource available on dedicated computer at the Hobart Clinical School Library

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Required or recommended texts

Ophthalmology

History to differentiate common eye conditions

- The painful red eye - its causes and management
- Sudden loss of vision
- Systemic diseases in the eye e.g Diabetes

Common and important Conditions

- Retinal vascular disease
- Glaucoma
- Eye injuries
- Optic disc oedema and atrophy
- Squint

Skills

- Eye examination at level of general practitioner
- Use of opthalmoscope and interpretation of common normal and abnormal findings e.g. whether disc is normal, oedematous, glaucomatous or atrophic
- Basic assessment of visual acuity, including pin hole test, and visual fields, and colour vision
- Basic testing of pupillary function
- Testing of binocular function, e.g. squint, nystagmus, diplopia
- Undertake first aid for eye injuries

Required or recommended texts


Otorhinolaryngology, Head and Neck Surgery

History to differentiate Common ORL disorders

- Vertigo
- Deafness
- Ear discharge
- Neck lumps
- Earache
- Tinnitus
- Difficulty in swallowing
- Blocked nose
- Nose bleeds
- Mouth ulcers

Common and Important ENT conditions

Ear

- General - hearing loss and hearing tests, otalgia
- External ear - wax, foreign bodies, trauma, tumours, otitis externa
- Middle ear and Tympanic membrane - trauma, effusions, otosclerosis, otitis media and mastoiditis, cholesteatoma
- Inner ear - vertigo, facial nerve lesions, tumours, congenital lesions

Nose

- Epistaxis, foreign bodies
- Rhinitis, nasal septal disorders
- Nasal polyps, sinusitis
- Tumours of nose and paranasal sinuses

Throat and Neck

- Congenital neck masses
- Oral malignancies - tongue, floor of mouth; leukoplakia
- Tonsillitis, adenoids, pharyngitis, laryngitis
- Neck space infections
- Pharyngeal pouch, dysphagia, foreign bodies
- Pharyngeal, laryngeal and neck malignancy
- Tracheostomy

Skills

- Examination of ear using auroscope
- Aural toilet and insertion of wick for otitis externa
- Syringing of ear for wax removal
- Perform clinical tests of hearing
- Discussion of audiogram in common forms of hearing loss
- Examination of the nose using a nasal speculum
- Nasal packing for epistaxis
- Examination of the larynx and nasopharynx using head mirror and light
- Examination of the neck

Required or recommended texts

Lucente F. et al. (2005) Essentials of Otolaryngology, Lippincott, Williams & Wilkins

Useful website

http://www.martindalecenter.com/MedicalAudio_2_C.ht ml#ENT-COUR
Special history to elicit symptoms of orthopaedic disorders.

Orthopaedic trauma

General principles of fractures

- Classification
- Diagnosis
- Healing
- Treatment
- Complications

Management of individual fracture

- Spine
- Upper limb
- Lower limb

Orthopaedic diseases

- Arthritis
- Metabolic bone disease
- Infection of bone and joint
- Bone tumours
- Ligament and soft tissue injuries, sports injuries

Skills

Orthopaedic examination

- Using system: Look, Feel, Move, Stress, X-ray
- Measurement of limb length and joint movement range
- Assessing muscle power
- Spine, shoulder, elbow, wrist, hands and fingers
- Common nerve injuries of upper and lower limbs
- Pelvis, knee, ankle, foot

Orthopaedic knowledge and skills that should be acquired by students at the end of their course:

Knowledge

To include relevant physical signs and surgical pathology and principles of treatment of:

a) The healing of connective tissues; the repair processes in bone, cartilage, ligament, tendon, peripheral nerves, soft tissues, blood vessels and skin
b) The neural and vascular complications of injuries to the musculoskeletal system
c) The management of closed and open fractures and dislocations, and their complications
d) The management principles of soft tissue injuries, as pertaining to the musculoskeletal system
e) The methods of immobilisation available for injuries to the musculoskeletal system
f) The growth, development and function of bone, with particular reference to the growth plate.
g) Normal variations in growth and development
h) Infections of bones and joints
i) Degenerative conditions and ageing phenomena in connective tissues:
   i) osteoarthritis
   ii) tendon degeneration
   iii) inter-vertebral disc degeneration
j) Metabolic bone diseases
   i) osteomalacia
   ii) osteoporosis
k) Skeletal neoplasia, including primary and secondary neoplasms
l) Inflammatory diseases affecting connective tissue
m) Metabolic diseases affecting connective tissues and joints
n) The effects and treatment of limb loss

Practical Skills

1. Principles of Interview and Examination

A. History taking

Take an accurate history of conditions affecting the musculoskeletal system, with particular reference to:

- pain
- disability - assessment of the interference with activities of daily living, and vocation
- the behavioural aspects of disorders in the musculoskeletal system, with specific reference to pain and disability

B. Assessment of deformity

- in relation to cause, whether bony, soft tissue etc
- whether fixed or correctable
- in relation to impairment and disability of function (e.g. adduction contracture of hip).

C. Evaluation of function

- of an anatomical region
- of the patient as a whole
- the use of the goniometer and tape measure
- perform tests for muscle weakness (joint movements and individual muscles) and record findings systematically
- measure ranges of motion in major joints
- describe musculoskeletal deformities in precise terms
- Demonstrate the physical signs of:
  - joint effusion
  - synovial thickening
  - joint instability or laxity
  - limb length inequality
- recognise impairment of basic hand functions and describe the functional anatomy
- recognise the common disorders of gait and posture, and describe the functional abnormalities which produce them

2. Assessment of injury

Students should be able to demonstrate competence in:

Examination of the musculoskeletal system for injury and demonstrate the relevant physical signs of damage to:

- bone
- ligament and joint capsules
- muscles and tendons
- peripheral nerves
- blood vessels
- brain and spinal cord
- Recognition and description of common fractures and joint injuries on radiographs
- Assessment of blood loss and planning of resuscitation of the patient with single and multiple injuries, including assignment of priorities
- Application of emergency splinting for first aid in injuries to the appendicular and axial skeleton

Required or recommended texts

Paediatrics

1. Assessment and management

A) For each of the presentations listed below students should have the relevant skills to:

- communicate effectively with children and adolescents
- interact sensitively with infants, children, adolescents and their care giver
- obtain a relevant history from a child and/or family member, including use of non-prescription & prescription medications
- observe and interpret child behaviour and developmental status
- perform a competent examination in a manner that is cognisant the child’s age and developmental stage as well as possible distress
- construct a differential diagnosis
- plan and order appropriate investigations
- formulate a management plan
- communicate with patient and family/relatives concerning condition, tests, treatment and prognosis.
- Identify the opportunities for preventative strategies such as opportunistic immunisations

B) In addition students should be able to demonstrate:

A rational and safe approach to medication prescribing particularly understanding

- safe prescribing in children
- principles of safe oxygen use
- appropriate pain management
- fluid management in children both enteral and intravenous

1. Procedural Skills

A) At the end of the attachment students should have observed and/or performed (accompanied by experience in DEM and GP):

- venepuncture
- capillary blood sample
- IV cannulation
- ECG
- administration of inhaled medications via a spacer and nebuliser
- spirometry
- Administration of analgesia via topical, oral and nasal routes.

2. Students should be familiar with:

- preventative and public health initiatives to enhance child health and wellbeing
- normal child/adolescent development
- normal child/adolescent behaviour
- normal growth patterns of children/adolescents
- normal sexual maturation
- abnormalities of development, behaviour, growth and sexual maturation
- child and adolescent psychological problems
- child abuse and neglect
- infant examinations and detection of abnormalities
- transitional changes in infants at the time of birth
- neonatal and paediatric resuscitation
- atopic and allergic presentations
- Infant respiratory distress assessment
- Infant/child dehydration assessment
- Apgar score estimation
- Newborn examination

3. Interpretation of investigations

Students should be able to interpret the following, with particular reference to the different normal ranges across the childhood years.

- Arterial blood gas (ABG) results
- creatinine and electrolytes
- liver function tests
- full blood count
- blood glucose and ketones
- thyroid function tests
- Cerebrospinal fluid (CSF) results
- X-rays
- main features of ECG
- spirometry
- Urinalysis and microscopy

4. Presentations with which students should be familiar

For the following presentations knowledge of the common and important less common differential diagnoses including their management is expected.

- acute abdominal pain
- chronic recurrent abdominal pain
- hyperbilirubinaemia (jaundice)
- acutely unwell child
- seizures
- decrease conscious state
- inflicted injuries
- persistent crying and fussing
- problematic sleep behaviour
- cyanosis
- respiratory distress
- chronic cough
- fever
- gait disturbance/ limp
- headache
- blood sugar abnormalities
- lymphadenopathy
- heart murmur
- pain
- pallor and bruising
- rashes – acute and chronic
- strabismus and/or amblyopia
- continence difficulties
- vomiting/nausea
- diarrhoea - acute and chronic
- poor growth or weight gain
- sensory disorders of hearing and vision
- weight loss
5. Paediatric Surgery

Core topics

Paediatric

- Abdominal pain including both surgical and medical causes (appendicitis, mesenteric adenitis, constipation, UTI, etc)
- Intussusception
- Inguinoscrotal conditions
  - Acute scrotum (torsion and differential diagnoses)
  - Hernia (to include umbilical and epigastric as well)
  - Hydrocele
  - Undescended and retractile testis
- Penile conditions
  - Phimosis – physiological and pathological (Balanitis Xerotica Obliterans (BXO)); preputial pearls ie collections of smegma under foreskin
  - Hypospadias

Neonatal

- Significance of bile-stained vomiting (with special mention of volvulus complicating malrotation)
- Pyloric stenosis
- Early management of major neonatal surgical conditions
  - Oesophageal atresia +/- tracheo-oesophageal fistula (OA/TOF)
  - Congenital Diaphragmatic Hernia (CDH)
  - Abdominal wall defects (Gastrochisis and Exomphalos)
  - Duodenal atresia and bowel obstruction including Hirschsprung disease
  - Imperforate anus
  - Intersex (Disorders of Sexual Differentiation (DSD))
  - Posterior Urethral Valves (PUV)

Head and neck

- Midline neck swellings (thyroglossal cyst, dermoid, submental node, goitre and ectopic thyroid)
- Lateral neck swellings (brachial remnants, MAIS (mycobacterium avium intracellulare scrofulaceum) infection, acute cervical abscess)
- Cystic hygroma
- Torticollis, sternocleidomastoid tumour
- External angular dermoid cyst
- Tongue tie, ranula and mucous cyst of lip

Supplementary

- Trauma (chest, abdomen and genitourinary) and foreign bodies
- Paediatric urology conditions (antenatal hydronephrosis, vesico-ureteric reflux (VUR))
- Paediatric GI conditions – gastro-oesophageal reflux disease (GORD), percutaneous endoscopic gastrostomy (PEG) insertion, inflammatory bowel disease (IBD) ie Crohn’s and Ulcerative Colitis, Meckel’s diverticulum
- Paediatric burns
- Paediatric surgical oncology
- Laparoscopic and thoracoscopic surgery (cholecystectomy, splenectomy, fundoplication, appendicectomy, impalpable undescended testicle, video-assisted thoracoscopic surgery (VATS) for empyema, lobectomy, blebectomy for spontaneous pneumothorax)

Recommended texts

**Paediatric Medicine**

**Paediatric Surgery**

**Paediatric Clinical Skills**

**Other Useful Resources**
Australian Immunisation Handbook
NETS VIC Neonatal Handbook:
Resus4Kids:
NeoResus:
www.neoress.org.au contains modules you may be required to work through. Check your paediatric workbook.
Paediatric examination videos:
http://www.learnpeadiatric.com/videos/
1. Assessment and management

For each of the presentations listed below students should have the relevant skills to:

- communicate effectively with the patient and family
- interact sensitively with the patient and family
- obtain a relevant history from patient and/or family member, including use of prescription and non-prescription medication
- perform a competent examination in a manner that is cognisant of possible distress
- construct a differential diagnosis
- plan and order appropriate investigations
- formulate a management plan
- communicate with patient and relatives concerning condition, tests, treatment management, prognosis, and principles of preventative health care

In addition students should be able to demonstrate:

- A rational and safe approach to medication prescribing particularly during pregnancy and breast feeding, including principles of foetal nutrition and oxygenation
- knowledge of the hazards of drug treatment
- appropriate pain management
- Principles of preventative care and ability to introduce preventative care opportunistically (e.g. discussion of periconceptual folate, listeriosis etc. when advised of a family's desire to have a baby)

2. Procedural Skills

At the end of the attachment students should have observed and/or performed:

- venepuncture
- IV cannulation
- normal antenatal management
- a normal delivery
- a vaginal examination
- new born examination
- foetal monitoring during labour
- ultrasonographic examination of the unborn child
- CTG

Students may also have the opportunity to perform under supervision or observe:

- gynaecological surgery
- neonatal resuscitation
- insertion of arterial lines

3. Investigations

Students should be able to interpret the following, with particular reference to the different normal ranges across pregnancy.

- Antenatal Screening Tests
- ABG results
- creatinine and electrolytes
- liver function tests
- full blood count
- thyroid function tests

4. Presentations with which students should be familiar:

- Preventative and public health approaches in Obstetrics and Gynaecology
- The normal sexual development and change through a female's life
- The process and management of a normal pregnancy
- Investigations (routine and otherwise) undertaken during pregnancy
- The normal birth process
- Abnormalities of sexual maturation, particularly during the reproductive years
- Abnormalities during pregnancy including interpretation of abnormal investigations
- Abnormalities in the birth process and management of same

Obstetrics

- Normal and Abnormal pregnancy
- Routine Antenatal Care and recognition of high risk pregnancies.
- Antenatal screening and counselling
- Abdominal pain in pregnancy
- Antepartum and Postpartum haemorrhage
- High Blood pressure in pregnancy
- High sugar level in pregnancy
- Anaemia ante and post partum
- Normal and abnormal intrapartum care
- Foetal and Neonatal distress
- Medication in pregnancy
- Teenage pregnancy
- Post partum Care
- Post natal depression
- Gynae
- Abnormal Periods-Absent periods, Heavy periods, Irregular bleeding, Painful periods.
- Acute Pelvic Pain Acute, Recurrent and Chronic
- Pelvic masses
- STI's, screening and contact tracing
- Vaginal discharge
- Vulval swelling and Vulval ulcers
- Request for contraception
- Rape Victims
- Miscarriages
- Terminations
- Infertility
- Menopause and HRT
- Postmenopausal bleeding
- Vaginal Prolapse and Urinary Incontinence
- Problems with sexual intercourse
- Colposcopy Cervical abnormalities and cancer
- Cervical Screening

Breast Conditions

- Breast lumps, discharge, pain
- Primary prevention of breast cancer

Required or recommended texts

1. **Core Skills**

Gathering a history from various sources; understanding of DSM IV model of psychiatric illness, performing a mental state examination; psychosocial assessment; assessing physical causes of psychiatric presentations; assessing psychiatric contributions to physical presentations; understanding of biopsychosocial model of psychiatric illness, ability to formulate a management plan for each patient; synthesis of information from various sources and constructing a differential diagnosis; a capacity to summarise findings with attention to the most relevant information; management of agitated/aggressive patients; management of suicidal/homicidal risk; communication skills (rapport/active listening/ empathy); basic counselling skills; negotiating competing ethical principles; appropriate peer interactions; critical evaluation of information/literature; self-monitoring and self-care.

2. **Core Attitudes**

A respectful, compassionate and empathic approach to patients and their families; tolerance of uncertainty and ambiguity; interest in self-care; interest in self-directed learning; an interest in sharing knowledge.

3. **Core Knowledge**

Students will need to learn about the elements and organisation of the psychiatric history and mental state examination, the clinical presentations of common disorders, the psychopharmacology of common disorders, the principles of non-pharmacological treatments, the management of psychiatric emergencies and serious medication side-effects, the elements of the Mental Health Act relevant to DEM and general practice, role boundaries in the doctor-patient relationship, doctor morbidity/mortality issues and stress management, ethics applied to psychiatry, and community and web-based resources.

**Placement Guidelines**

There are additional guidelines for Students on Placement with the Correctional Health Service and/or Forensic Mental Health Service. Please contact your supervisor for the latest guidelines.

**Psychiatry Skills**

- Mini-mental state examination
- Psychiatric Mental State Examination
- Depression screening
- Suicide risk assessment
- Alcohol withdrawal scale use
- Application of Mental Health Schedule

**Students should recognise common psychiatric presentations**

- Feeling Anxious
- Feeling low/ suicidal
- Hearing voices
- Antisocial behaviour
- Substance misuse, especially alcohol and cannabis (acute and chronic effects)
- Delirium
- Dementia
- Somatoform disorders
- Acute reactions to stress and PTSD
- Eating disorders
- Disorders of personality
  - Effects of organic brain disease
  
- Patients who self harm
- Child and Adolescent mental health
- Differences in presentation in older people
- Issues for patients with Learning Disability

**Students must know about the assessment and management of psychiatric emergencies**

- suicidal/homicidal behaviour
- psychotic disorganisation
- aggression
- delirium
- alcohol withdrawal delirium and amphetamine withdrawal
- medication side-effects (neuroleptic malignant syndrome, laryngeal dystonia, lithium toxicity, agranulocytosis, MAOI hypertensive crisis

**Schizophrenia and related disorders**

**Students must know**

- symptoms and mental state examination
- differential diagnosis
- positive vs negative symptoms
- prognostic features
- factors leading to social and occupational morbidity
- basic pharmacotherapy, family interventions, rehabilitation

**Mood disorders**

**Students must know about**

- symptoms and mental state examination
- differential diagnosis
- basic pharmacotherapy
- the basics of psychotherapies

**Anxiety disorders**

**Students must know about**

- symptoms and mental state examination
- how to distinguish panic disorder, generalised anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder, phobic disorders
- differential diagnosis and relevant organic investigations
- the basics of psychological treatments: psycho-education, stress management techniques, phobic desensitisation, breathing control techniques, response prevention, relevant aspects of cognitive therapy
- basic pharmacotherapy, problems with benzodiazepines

**Personality disorders**

**Students must know about**

- the basics of normal personality development
- definitions and diagnostic criteria
- common comorbidities with other psychiatric disorders
- management of crises
- basics of case management vs supportive psychotherapy vs intensive psychotherapy
- relevant pharmacotherapy
Eating disorders

Students must know about

- prevalence of subclinical symptoms in the community
- symptoms of eating disorder syndromes
- differentiations of anorexia from bulimia
- medical complications and indications for admission
- basic pharmacotherapy, behavioural, and psychotherapeutic treatments

Substance use disorders

Students must know about

- symptoms and signs of alcohol, marijuana, caffeine, nicotine, benzodiazepine, opiate, stimulant, hallucinogen use and abuse
- common withdrawal syndromes
- relationship between substance use and psychiatric illness

Psychiatric disorders related to medical illness:

Students must know about

- cognitive examination (mini mental state examination)
- psychosocial impact of medical illness: normal vs abnormal illness behaviour
- medical disorders likely to manifest mood symptoms
- medical disorders likely to manifest psychotic symptoms
- delirium: diagnosis and management
- basics of somatisation/somatoform disorders, conversion disorder/factitious disorder/malingering

Psychogeriatrics

Students must know about

- biopsychosocial impact of normal and pathological ageing
- effects of ageing on medication metabolism
- the Dementias: symptoms, signs, differential diagnosis
- diagnosis and management of mood disorders in the elderly
- delirium.

Medication side effects

Students must know about

- what to tell patients before starting antipsychotics, lithium, tricyclics, SSRIs, MAOIs, anticonvulsants, benzodiazepines
- baseline and ongoing blood testing
- diagnosis and management of dystonia, pseudoparkinsonism, akathisia, dyskinesia, lithium toxicity, lithium tremor, diabetes insipidus, inappropriate ADH secretion

Child psychiatry

Students must know about

- normal development
- family pathology as a cause for childhood distress/behaviour disturbance
- the basics of specific disorders: ADHD, depression, autism, phobias, obsessions, enuresis, encopresis, school refusal, conduct disorder
- assessment and management of adolescent suicide
- the basic principles of systems theory/family therapy vs individual work

Methods

Students will get most from this term by formally interviewing as many patients as they can and then reading about and discussing with medical staff the disorders presented.

Required or recommended texts

Singh B, Kirkby KC. The Psychiatric Interview, the mental state and the formulation. Chapter in above text Bloch S & Singh BS Foundations of Clinical Psychiatry

http://eprints.utas.edu.au/287/
General Practice

The following learning outcomes and discipline-related topics apply mainly to year 5 clinical rotations. They are included here for information as some areas will be encountered by students during their year 4 clinical rotations. This particularly applies to students at RCS undertaking the Longitudinal Integrated Placement in Rural General Practice and attachments to the Department of Emergency Medicine.

“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

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

Coordination 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
Murtagh J. (2015) *John Murtagh’s General Practice* (6th edition), McGraw Hill. This is available as an e-book via free student membership with the RACGP.

Recommended reading

Murtagh J. *Murtagh’s Patient Education*, 2017, 7th edition McGraw Hill. This is available as an e-book via free student membership with the RACGP.

Murtagh J. *Murtagh’s Practice Tips*, 2017, 7th edition McGraw Hill. This is available as an e-book via free student membership with the RACGP.


### 18 common GP problems

Adapted from Bristol Medical School hand book using BEACH data

<table>
<thead>
<tr>
<th>Problem</th>
<th>Presentation</th>
<th>Learning objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>The nurse said my blood pressure was high</td>
<td>Demonstrate how to diagnose and manage hypertension.</td>
</tr>
<tr>
<td>Asthma, angina</td>
<td>My chest feels tight</td>
<td>Describe how to diagnose asthma &amp; angina, how to manage these chronic conditions.</td>
</tr>
<tr>
<td>Gastro-oesophageal reflux &amp; alcohol dependence</td>
<td>I’ve got heartburn</td>
<td>Describe investigation &amp; management of heartburn. Demonstrate ability to recognize alcohol dependence &amp; offer help with stopping drinking.</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease (COPD), heart failure &amp; smoking</td>
<td>I get out of breath easily</td>
<td>Describe how to diagnose &amp; manage COPD and heart failure. Demonstrate ability to help someone to stop smoking.</td>
</tr>
<tr>
<td>Diabetes, anaemia, hypothyroidism, insomnia, depression, early pregnancy, chronic fatigue syndrome</td>
<td>I feel tired all the time</td>
<td>List differential diagnosis of tiredness. Be alert to possibility of depression and use skilful questioning to confirm diagnosis. Be familiar with at least one antidepressant drug.</td>
</tr>
<tr>
<td>Depression</td>
<td>I feel useless</td>
<td>Be alert to possibility of depression and use skilful questioning to confirm diagnosis. Be familiar with at least one antidepressant drug.</td>
</tr>
<tr>
<td>Migraine, tension headache</td>
<td>I’ve had a headache for the last 2 days</td>
<td>Demonstrate how to assess a patient with a headache. Discuss treatment &amp; prophylaxis for migraine.</td>
</tr>
<tr>
<td>Contraception</td>
<td>I’d like to go on the pill</td>
<td>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.</td>
</tr>
<tr>
<td>Urinary tract infection, chlamydia &amp; common STDS</td>
<td>It stings when I go to the toilet</td>
<td>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.</td>
</tr>
<tr>
<td>Mechanical low back pain</td>
<td>My back hurts</td>
<td>Demonstrate management of back pain &amp; discuss when investigation is warranted.</td>
</tr>
<tr>
<td>Common cancers: lung, bowel, prostate &amp; breast</td>
<td>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</td>
<td>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.</td>
</tr>
<tr>
<td>Eczema</td>
<td>I’ve got this itchy rash</td>
<td>Recognise &amp; demonstrate how to manage eczema.</td>
</tr>
<tr>
<td>Viral sore throat, glandular fever, tonsillitis</td>
<td>I’ve got a sore throat</td>
<td>Discuss management options for each of these conditions. Communicate the potential benefits &amp; disadvantages to the patient.</td>
</tr>
<tr>
<td>Otitis media &amp; externa</td>
<td>My ear hurts</td>
<td>List differential diagnosis of earache &amp; management options for otitis media &amp; externa.</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>I’ve got diarrhoea</td>
<td>Describe management of food poisoning &amp; oral rehydration.</td>
</tr>
<tr>
<td>Screening and health checks</td>
<td>Can I have a check up</td>
<td>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.</td>
</tr>
<tr>
<td>Skin damage, cancer</td>
<td>Can you check my skin</td>
<td>Common skin conditions and their management</td>
</tr>
</tbody>
</table>
Palliative Care

Medical graduates need to be equipped to play their part in the provision of palliative care.

The key attitudinal and competency elements of palliative care are:

- Consideration of the patient as a whole person, and not just a patient with medical problems(s) (holism)
- Recognition of a life-limiting disease, and the imminence of death
- Familiarity with effective participation in multidisciplinary team-based care
- An ability to talk, where appropriate, with clarity and sensitivity, about death, dying, grief and loss
- Capacity to listen, and give priority to, patient (and family) needs and wishes
- Facilitation of, and participation in, clear communication and decision-making
- Recognition and acknowledgement of the dying process
- Sound basic pain and symptom management skills

They need to be comfortable with appropriate revision of goals of care from curative to palliative and eventually terminal modes, and some familiarity with the ethical and legal arguments involved.

As with all subjects and professional sub-specialties, it is not expected that a new graduate should be an expert in palliative care.

However, an openness to reflect on and learn about the care of the dying, together with some basic core attitudes, knowledge and skills are required.

By the time of graduation every student should have an awareness of the basic principles which underpin palliative care, under the topic headings set out below. It will not be possible to cover all of these in the dedicated palliative care teaching sessions, but students should use this list to guide their reading, and know what to look out for in their clinical attachments. Many rotations, such as medicine, surgery, paediatrics and general practice, offer an opportunity to use the learning outcomes of palliative care.

General Clinical

- Pain
- Nausea and Vomiting
- Respiratory Symptoms
- Bowel Care
- Mouth and Skin Care
- Lethargy, Poor Appetite, Weight Loss
- Cognitive, Mood and Sleep Disorders (especially delirium and depression)
- Terminal Care
- Home Care
- Medical and Nursing Duties After Death

Communication Skills with:

- Patients
- Families
- Other team members
- Referring colleagues, units or teams.
- Ethics and medical decision making at the end of life
- Interdisciplinary Team Work and Volunteers

Disease Specific

- Oncological Emergencies
- Non-Malignant Conditions
- AIDS
- Paediatrics

Psychological, Social, Spiritual

- Psychological Care
- Social Care
- Spiritual and Pastoral Support
- Family support: basic approaches to family dynamics and case work
- Grief and Bereavement
- Multicultural and Ethnic issues
- Emotional Self Care for Health Professionals

1 Australasian Undergraduate Medical Palliative Care Curriculum (1997) written for the Australia and New Zealand Society of Palliative Medicine (ANZSPM).
Emergency Medicine

The skills listed here allow for basic, safe management of a wide range of acute situations. Assessing patients with undifferentiated conditions in a time-effective manner is a key element of this term.

Similarly, being able to document in the notes and to present the diagnosis and proposed management plan in a concise and effective manner to a senior colleague is an essential skill all students must possess. During this attachment, students should learn how to safely provide essential care for an unconscious patient, recognise respiratory insufficiency and intervene effectively until more experienced help arrives. More details are available in the emergency handbook.

Initial Management

Airway management
- Recognition and assessment of airway patency
- Basic airway manoeuvres and Use of oral and nasal airways
- Recognition and management of difficult airway

Protection of the cervical spine
- Recognition of cervical spine trauma
- Cervical collar and manual in-line stabilisation

Breathing and ventilation
- Assessment of breathing
- Oxygenation
- Bag and mask ventilation
- Intercostal drainage

Invasive access
- IV cannulation
- Intra-arterial access

Patient monitoring
- ECG
- Vital signs including pulse, blood pressure and respiratory rate
- Pulse oximetry
- Capnography
- Temperature
- Blood glucose

Recognition of and managing priorities in potentially life-threatening conditions

Triage
- Principles of Triage

Resuscitation
- Cardiopulmonary Resuscitation
- Major Trauma
- Shock

Burns

Fluid management

Sepsis
- Principles of management of sepsis in DEM
- Investigations, initial antibiotics, pathogens
- Management of
  - Community acquired pneumonia
  - Meningitis
  - Neutropaenic sepsis
  - Pyelonephritis
  - Sepsis of unknown source

Acid base disorders
- Respiratory and metabolic acidosis and alkalosis

Endocrine and metabolic derangements
- Diabetic ketoacidosis
- Hyperglycaemic hyperosmolar coma
- Hypothermia
- Addisonian crisis

Wound management
- Local infiltration of anaesthetic
- Digital nerve block
- Cleaning of wound
- Suturing a wound
- Applying a dressing to a wound
- Giving advice on wound care and analgesia
- Removal of sutures
- Application of tissue glue to close a wound
- Tetanus prophylaxis

Assessment and management of the patient with chest pain of uncertain aetiology
- Acute coronary syndrome & acute myocardial infarction (AMI)
- Pulmonary embolism (PE)
- Aortic dissection
- Other causes of chest pain
  - Cardiorespiratory
  - Gastro intestinal
  - Musculoskeletal/chest wall

Other Conditions

Palpitations

Acute dyspnoea
- Pneumonia
- Asthma
- Pulmonary embolus
- Heart failure

Abdominal pain
- Life-threatening causes
- Haematemesis
- Melaena

Neurological emergencies
- Headache
- Seizures
- TIA & stroke

Coma/altered level of consciousness

Psychiatric emergencies
- Violence or aggression
- Suicide/parasuicide

Musculo-skeletal injury and illness
- Patterns of injury
- Common sprains, fractures and dislocations

Poisoning and intoxications
- Snake envenomation
- Specific Poisonings
  - Paracetamol
  - Sedatives and analgesics
  - Alcohol and other recreational drugs
The child in the emergency department

The undifferentiated illness
• Surgical emergencies
• Gastrointestinal emergencies
• Vomiting and diarrhoea
• Dehydration
• Fever
• Sepsis

ENT
• Sore throat
• Sore ears

Poisoning

Rashes

Major trauma
• Approach
• Primary survey
• Secondary survey
• Head injury
• Cervical spine injury
• Thoracic trauma
• Abdominal trauma

Procedures
• Circulatory access
• Analgesia
• Sedation
• Fluid replacement
• Wound management

Other issues
• Communication with parents
• Non-accidental injury (NAI) and neglect
• Immunisation schedule

Pain management

Professional Issues
• Critical decision-making theory
• Safety and quality management
• Shift work and after-hours work
• Maintenance of medical knowledge
• Information technology in the emergency department

Medico-legal issues
• Referral to a coroner
• Discharge against medical advice
• Duty of care and use of the Mental Health Act.

Miscellaneous
• The vital role of the General Practitioner as the central medical care provider who should ideally be communicated with before and after patient contact with the emergency department.
• Social aspects of emergency medicine presentations
• Emergency medical systems and pre-hospital care
• Health funding and care pathways (private vs public)
• Principles of patient handover
• Disaster management
• Safe prescribing in the emergency department
• Effective ordering and interpretation of diagnostic tests

Required or recommended texts
Life in the fast lane Blog www.lifeinthefastlane.com
Australasian College for Emergency Medicine www.acem.org.au
Geriatric Medicine

With an ageing demographic, all medical graduates will need to be familiar with geriatric issues. Medical graduates will need to be competent in:

- the medical diagnosis and management of older people across the continuum of care (acute geriatric medicine, rehabilitation of older people, and residential and community care)
- the management of the complexity of the multiple medical co-morbidities that are frequently present in the older patient
- the diagnosis and management of common geriatric syndromes including falls, confusion, incontinence, neurodegenerative diseases and stroke
- the assessment of rehabilitation requirements including barriers to successful rehabilitation or return to the community and the ability to set patient-specific goals.

In addition, medical graduates will need to have an understanding of:

- the vital role of the General Practitioner as the central medical care provider of this population of patients
- the role of the allied health team, and be able to work effectively in a multi-disciplinary model of care
- the resources available for the support of the older patient in the community including ACAT services, community care packages, and residential aged care

On completion of their attachment, students should have an understanding of the core geriatric syndromes:

- Frailty
- Delirium
- Dementia
- Falls and syncope
- Gait disorders
- Neurodegenerative illnesses including Parkinson’s disease
- Incontinence and constipation.

During the attachment, students should complete each of the following:

- Occupational Therapy home assessment
- Neuropsychological assessment with a Clinical neuropsychologist
- Community or nursing home assessment with a Geriatrician
- ACAT assessment with an ACAT officer
- The 10 ANZSGM Geriatric education modules (www.anzsgm.org/vgmtp/)

During the attachment, students should attend all of the following clinics on at least one occasion:

- Parkinson’s disease clinic
- Falls clinic – Medical and Allied Health assessment clinics
- Memory clinic
- General Geriatric clinic

Students should understand the principles of:

- Cognitive assessment
- Decision-making capacity assessment
- Management of behavioural and psychological symptoms of Dementia (BPSD)
- Diagnosis and management of delirium
- Assessment and planning for rehabilitation

Required or recommended texts

Delirium

Young J, Inouye SK Delirium in older people BMJ 2007 Apr 21; 334 (7598):842-6

Inouye SK Delirium in older persons NEJM 354(11):1157-65

Cognitive Assessment


Holsinger T, Deveau J, Boustani M, Williams JW. Does this patient have dementia? JAMA 2007 297 (21):2391-404

Strub RL, Black FW (2000) The Mental Status Examination in Neurology. FA Davis Company


Capacity Assessment


Residential Aged Care Facility

Learning outcomes for the care of elderly frail people – these will be attained on placement in the Residential Aged Care Facility Program but may be attained elsewhere. By the end of your RACF rotation or by the end of your MBBS training the minimum requirement is that you be able to achieve the following learning outcomes with intense, proactive, ongoing, full supervision.

1. Undertake comprehensive assessments of elderly frail people producing a management plan sensitive to that person’s goals of care and contextualised to their care setting and the services available.
2. Detail, initiate and monitor a management plan for a frail elderly person.
3. Communicate with a frail elderly person’s family or other relevant carers with regard to the person’s health issues and management goals.
4. Work with multidisciplinary teams to optimise the care of frail elderly people.
5. Working as a team member design and undertake activities to quality assure, improve quality care and minimise risk to improve health outcomes for the population cared for by the service.

Assessment
- Log book and Student presentations:
- Short duration attachment form completed by one of the GP tutors after consulting with RACF staff.
- Assessment sheet comprehensive medical assessment.
- OSCE’s

Resources
Palliative Care Core Learning module for Nursing homes:

Formative self assessment MCQ’s. Log onto GP learning. Palliative Care in Aged Care Homes MCQ


Dermatology

Assessment and management of Common Skin Conditions
- Common Presentations
- Rash
- Itch
- Lumps
- Lesions
- Systemic manifestations of disease

Common skin disorders
- Acne
- Eczema
- Psoriasis
- Fungal infections
- Bacterial and viral infections
- Skin cancers
- Ulcers
- Drug reactions
- Connective tissue disorders

Skills
- History taking
- Examination and correct terminology for dermatological conditions
- Procedural skills or observation of management of common conditions

Recommended Text
Lecture notes in Dermatology
Web site
http://www.dermnetnz.org/
1. **Airway, Anaesthesia, Assessment and Allergies**
   - Anaesthetic history taking
   - Airway assessment
   - Maintenance and protection of the airway
   - Artificial airways (oral and nasal); cricothyrotomy
   - Endotracheal intubation
   - Failed intubation drill – ASA airway algorithm
   - Anaesthetic techniques
   - Allergy and anaphylaxis including treatment
   - Perioperative medicine

2. **Breathing and Ventilation**
   - Preoperative respiratory assessment including chest x-ray, respiratory function tests
   - Assessment of breathing and ventilation
   - Breathing support (expired air resuscitation, bag and mask ventilator, intermittent positive pressure ventilation)
   - Oxygenation and ventilatory monitoring (pulse oximetry and capnography)
   - Respiratory failure
   - Effects of anaesthesia on the respiratory system

3. **Circulation and Cardiopulmonary Resuscitation**
   - Cardiovascular assessment – blood pressure, pulse, ECG, arrhythmia recognition
   - Cardiopulmonary resuscitation, drugs, defibrillation
   - Basic and advanced life support algorithms and skills
   - Assessment of hydration and blood loss
   - Effects of anaesthesia on cardiovascular system (CVS)
   - Non-invasive and invasive cardiovascular monitoring; ECG and BP

4. **Drugs, Disability and Distress**
   - Neurological assessment – Glasgow Coma Scale
   - Pharmacology of drugs related to anaesthesia
   - Choice of anaesthetic drugs/agents including intravenous sedatives and local anaesthetics
   - Effects of anaesthetics on the central nervous system and intracranial pressure
   - Principles of acute pain management
   - Common doses and side-effects of opioids
   - Dose of paracetamol
   - Indications for and side-effects of NSAIDs
   - Epidural anatomy and management

5. **Emergency, Exposure, Equipment, Ethics and Evacuation**
   - Assessment and care of unconscious patients: positioning, care of pressure points, eye care, nasogastric tube
   - Temperature control, hypothermia, warming techniques
   - Appreciation of common monitoring equipment in theatre
   - Ethical issues including informed consent, risk management, communication with patients and relatives, end of life decisions
   - Standard precautions against cross-infection; cleanliness, sharps disposal

6. **Fluids and Electrolytes**
   - Intravenous cannulation
   - Recognition and management of shock (hypovolaemic and septic shock)
   - Assessment of hydration and blood loss
   - Fluid and electrolyte therapy, including choice of appropriate fluid replacement
   - Interpretation of pathology results
   - Transfusion of blood and blood products
   - Fluid balance

**Core Assessment and Management Skills**
- Airway assessment
- Pre-operative assessment
- Fluid and electrolyte physiology
- Assessment and hydration
- Assessment of blood loss
- Assessment of fluid balance
- Assessment of response to fluid/blood administration
- Principles of monitoring
- Pharmacology of commonly used anaesthetic and resuscitation drugs
- Interpretation of investigation results
- Routine blood tests, arterial blood gases, respiratory function tests
- Risks and complications of anaesthetics
- Principles of acute pain management
- Functions of anaesthetic equipment
- Communication skills and ethics
- Use of standard precautions against cross infection, cleanliness, sharps disposal

**Core Procedural Skills**
- Administration of oxygen and airway maintenance
- Bag and mask ventilation of unconscious, apnoeic patient
- External cardiac massage
- Emergency airway management including use of cricoid pressure
- Insertion of oral and nasal airways
- Use of laryngoscope and intubation
- Intravenous therapy, insertion of IV cannula
- Arterial blood sampling
- Artificial ventilation
- Local anaesthetic techniques including Infiltration
Core Assessment and Management Skills

- Airway assessment
- Pre-operative assessment
- Fluid and electrolyte physiology
- Assessment and hydration
- Assessment of blood loss
- Assessment of fluid balance
- Assessment of response to fluid/blood administration
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Core Procedural Skills

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- Intravenous therapy, insertion of IV cannula
- Arterial blood sampling
- Artificial ventilation
- Local anaesthetic techniques including Infiltration

At the end of the year, students should be able to answer the following questions:

Pre-Operative Assessment

- What is the minimum information needed before a patient is anaesthetized?
- What fasting guidelines are recommended for an adult versus a baby?
- What are some of the hazards of surgery?
- How do you minimise the chance of gastric aspiration?
- How do you minimise the stress response associated with surgery?
- What investigations would you order for a 70 year-old male having an inguinal hernia repair?
- When would you order an ECG?

Acute Pain Management

- How do you assess adequate analgesia?
- What is the dose of morphine versus pethidine?
- What doses for a 20 kg boy?
- What routes of administration are available for opioids?
- What is the difference between an opioid, opiate and a narcotic?
- What is the concentration of morphine in our PCAs pumps?
- Name a common setting for morphine on our PCAs pumps.

- What are the principles behind PCAs use?
- What are the complications of morphine use?
- What is the dose of paracetamol?
- Which NSAIDs are commonly used for post-Caesarian section pain?
- What are the differences between an epidural and a spinal blockade?
- Where does the spinal cord terminate?
- What are the hazards of central neural blockade?
- What are the contraindications for an epidural blockade?

Fluid Therapy

What fluid and maintenance rate would you prescribe for an adult, post-appendicectomy?

- How do you assess adequate volume replacement post-hemicolectomy?
- What is the minimum satisfactory urine output?
- What cardiovascular parameters should be maintained post-operatively?
- What is in 0.9% saline, 4% dextrose and 1/5 saline, Hartmann’s solution, haemaccel?
- At what haemoglobin would you administer a blood transfusion?
- What is the blood volume of an adult?
- What is the blood volume of a 25 kg. child?
- How much fluid would you give someone who is hypotensive (80/50) after a haematemesis?

BLS

- What is the code blue number in this hospital?
- Performs DRSABCD
- What are the compression and ventilation rates/ratios for an adult versus a child?
- What is the treatment of VF and pulseless VT?
- What is the treatment of asystole?
- What is the treatment of bradycardia 35/minute?
- What are the causes for pulseless electrical activity?
- What causes of pulseless electrical activity are easily treated?
- What are the risks/benefits of intubating the victim during BLS?

Required or recommended texts


Required

Recommended:
Hassed C. The Essence of Health: The Seven Pillars of Wellbeing, Ebury Press.
Haynes R.B et al Clinical Epidemiology: How to Do Clinical Practice Research. Lippincott Williams & Wilkins
McGee S R Evidence-based physical diagnosis. Saunders
Malanga, GA, Nadler SF. Musculoskeletal Physical Examination: an evidence-based approach. Elsevier

RECOMMENDED RESOURCES
Look to your CBL topics and MyLO sites as these resources may change throughout the year

Online resources and guidelines
The following list provides a summary of guidelines on a range of Australian population health topics. These are freely available online from the Heart Foundation and the Royal Australian College of General Practitioners’ website.


Abuse and violence: Working with our patients in general practice (white book)

Cancer Council’s national cancer control policy.


Diagnostic Imaging Pathway. Government of Western Australia, Department of Health.
http://www.imagingpathways.health.wa.gov.au

Inside Radiology. The Royal Australian and New Zealand College of Radiologists.
http://www.insideradiology.com.au

Online resources and guidelines
The following list provides a summary of freely available guidelines on a range of Australian ethical and legal topics.

Advance Care Plans
www.racgp.org.au/guidelines/advancecareplans

Practice Standards


Miscellaneous

Therapeutic Guidelines from Therapeutic Guidelines Limited, North Melbourne, Vic. www.tg.org.au
Therapeutic Guidelines: Analgesic
Therapeutic Guidelines: Antibiotic
Therapeutic Guidelines: Cardiovascular
Therapeutic Guidelines: Dermatology
Therapeutic Guidelines: Endocrinology
Therapeutic Guidelines: Gastrointestinal
Therapeutic Guidelines: Neurology
Therapeutic Guidelines: Oral and Dental
Therapeutic Guidelines: Palliative Care
Therapeutic Guidelines: Psychotropic
Therapeutic Guidelines: Respiratory
Therapeutic Guidelines: Rheumatology
Therapeutic Guidelines: Toxicology and Wilderness
Therapeutic Guidelines: Ulcer and Wound Management
Manual of Use and Interpretation of Pathology Tests., The Royal College of Pathologists of Australasia. ISSN 1449-8219. This edition available on CD-ROM or online only. www.rcpa.edu.au
In addition to the major texts, journals should be read selectively, using editorials, annotations and review articles. The following journals are suggested as source material:

- Australian Family Physician (www.racgp.org.au/publications)
- Australian Prescriber (www.australianprescriber.com)
- British Medical Journal (www.bmj.com)
- British Journal of Hospital Medicine (www.hospitalmedicine.co.uk)
- Current Therapeutics, Lancet (www.thelancet.com)
- New England Journal of Medicine (www.nejm.org/)
APPENDICES

APPENDIX 1: FORMS

APPENDIX 2: OSCE FORMAT AND MARKING SHEET

APPENDIX 3: AUSTRALIAN DEAN’S ATTRIBUTES OF A MEDICAL STUDENT SPECTRUM

APPENDIX 4: AUSTRALIAN CURRICULUM FRAMEWORK FOR JUNIOR DOCTORS
APPENDIX 1: FORMS

Application for Assignment Extension Form

Application for Extension of Assessment Form:

*Form must be approved by your Clinical School Director before assessment due date (please refer to SoM Handbook, 'Penalties')

Student Name: Click here to enter Student Name.
Student ID: Click here to enter Student ID.
Unit Code: Click here to enter Unit Code.
Title of Assessment: Click here to enter Title of Assessment.
Due Date: Click here to enter Assignment Due Date.

Request for Extension

Requested Due Date: Click here to enter Date of Requested Due Date.

Reason for Request (certification must be provided for medical reasons):
Click here to enter Reason for Request.

Date of Request: Click here to enter Date of Request.

Requests for Extensions must be uploaded to MyLO Dropbox before the due date. Students will be advised through MyLO if the application has been approved. Applications received after the due date will not be considered. Submission of hard copies of this form are not accepted.
2017 Portfolio Introduction

Students are to complete the following Portfolio Introduction questions, print and file at the front of portfolio folder.

1. Introduction:
   Name: [Click here to enter Name.]
   Age: [Click here to enter Age.]
   Country of birth: [Click here to enter Country of Birth.]
   Languages spoken other than English: [Click here to enter Language.]
   Next of kin’s place of residence: [Click here to enter Next of Kin’s Place of Residence.]

2. Educational attainments (as relevant - name of institution, country, award granted, date of graduation):
   Primary school: [Click here to enter Primary School.]
   Secondary School: [Click here to enter Secondary School.]
   Tertiary: [Click here to enter Tertiary School.]

3. Professional Associations and Community Engagement:
   Representative roles:
   Past: [Click here to enter Past Representative Roles.]
   Current: [Click here to enter Current Representative Roles.]
   Interests:
   Cultural: [Click here to enter Cultural Interests.]
   Sporting: [Click here to enter Sporting Interests.]
   Volunteering: [Click here to enter Volunteering Interests.]
2017 Portfolio Introduction (cont’d)

Your strengths:
Click here to enter your strengths.

Your evidence for your claimed strengths:
Click here to enter your strengths.

Your areas for personal development:
Click here to enter your strengths.

Your plans to address these:
Click here to enter text on your plans to address these

4. Personal aspirations:

Professional career   Click here to enter text.

Personal career      Click here to enter text.

5. Future challenges:

What do you see as the major professional challenges in medicine?
Click here to enter text on what you see as the major professional challenges in medicine

What do you see as the major ethical dilemmas in medicine?
Click here to enter text on what you see as the major professional challenges in medicine

What will be your personal major challenges as medical practitioner?
Click here to enter text on what you see as the major professional challenges in medicine
Clinical Attachment Assessment Form

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.

<table>
<thead>
<tr>
<th>Student Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID Number</td>
<td></td>
</tr>
<tr>
<td>Year of Study</td>
<td></td>
</tr>
<tr>
<td>Title of Attachment</td>
<td></td>
</tr>
<tr>
<td>Dates of Attachment</td>
<td></td>
</tr>
<tr>
<td>Doctor to whom student is assigned</td>
<td></td>
</tr>
<tr>
<td>Attachment Supervisor</td>
<td></td>
</tr>
<tr>
<td>Supervisor’s address/phone number</td>
<td></td>
</tr>
</tbody>
</table>

| Domain 1 - Science and Scholarship: the medical graduate as scientist and scholar |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Knowledge                       | Unsatisfactory | Borderline      | Satisfactory    | Above average   | Excellent       | Could not be assessed |
| Evidence based approach         |                 |                 |                 |                 |                 |                 |

| Domain 2 - Clinical Practice: the medical graduate as practitioner |
|--------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| History taking                                               | Unsatisfactory | Borderline      | Satisfactory    | Above average   | Excellent       | Could not be assessed |
| Clinical examination                                         |                 |                 |                 |                 |                 |                 |
| Evidence based Clinical management                           |                 |                 |                 |                 |                 |                 |
| 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                                            |                 |                 |                 |                 |                 |                 |

| Domain 3 - Health and Society: the medical graduate as a health advocate |
|--------------------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Understands social aspects of disease                                  | Unsatisfactory | Borderline      | Satisfactory    | Above average   | Excellent       | Could not be assessed |
| Disease prevention and health promotion                                |                 |                 |                 |                 |                 |                 |

| Domain 4 - Professionalism and Leadership: the medical graduate as a professional and leader |
|---------------------------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Professional approach                                                         | Unsatisfactory | Borderline      | Satisfactory    | Above average   | Excellent       | Could not be assessed |
| 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  
(has circle)  

Has not met requirements to progress  
(has circle & specify reasons below)

Reasons why student has not met requirement:

Is sighted student Logbook & Log of Skills satisfactory?  
(YES / UNCLEAR / NO)  
(Requirement: 2 x short cases logged per day AND 2 x in-depth cases per week eg. background research, supervisor discussion)

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)
Short Clinical Attachment Assessment Form

(For Selective placements or clinical placements of 2 weeks or less in duration)

Clinical Attachment Form: Supervisor’s Report adapted from the Intern AMC assessment form
To be completed by supervising specialist (or Registrar if more appropriate). The student should be assessed at their year level.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Year of Study</th>
<th>Title of Attachment</th>
<th>Dates of Attachment</th>
<th>Attachment Supervisor</th>
<th>Supervisor’s address/phone number</th>
</tr>
</thead>
</table>

| Domain 1 - Science and Scholarship: the medical graduate as scientist and scholar |
| Knowledge and evidence based approach |

| Domain 2 - Clinical Practice: the medical graduate as practitioner |
| Clinical Skills |
| Communication skills |

| Domain 3 - Health and Society: the medical graduate as a health advocate |
| Advocacy skills |

| Domain 4 - Professionalism and Leadership: the medical graduate as a professional and leader |
| Motivation and reliability; punctuality and attendance; Communication in the team. |

Supervisor Feedback:
Areas of Strength


Areas for improvement


Overall assessment of student’s performance during the placement (Please circle below):

- Satisfactory to progress (Please circle)
- Has not met requirements to progress (please circle & specify reasons below)

Reasons why student has not met requirements:


Is sighted student Logbook & Log of Skills satisfactory? YES / UNCLEAR / NO
(Requirement: 2 x short cases logged per day AND 2 x indepth cases per week eg. background research, supervisor discussion)

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

Student’s signature

Supervisor’s signature

Page 95 CAM531/532, 533/534, 535/536
### Mini-CEX Assessment Form

**Faculty of Health**

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

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date of Assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Study:</td>
<td>□ Year 4 □ Year 5</td>
</tr>
<tr>
<td>Assessor:</td>
<td>Student No:</td>
</tr>
<tr>
<td>Patient Problem:</td>
<td>Assessor’s Position: □ JMO □ Registrar □ Consultant</td>
</tr>
<tr>
<td>Case Complexity:</td>
<td>□ Low □ Medium □ High</td>
</tr>
<tr>
<td>Gender:</td>
<td>□ Male □ Female</td>
</tr>
<tr>
<td>Patient Age:</td>
<td></td>
</tr>
<tr>
<td>Focus of Assessment:</td>
<td>□ History Taking □ Examination □ Diagnostic Reasoning □ Management □ Explanation</td>
</tr>
<tr>
<td>Setting:</td>
<td>□ Inpatient □ Outpatient □ Emergency □ General practice □ Other (please specify)</td>
</tr>
</tbody>
</table>

### ASSESSMENT

<table>
<thead>
<tr>
<th>Medical interviewing skills</th>
<th>Requires Significant Input from Supervisor</th>
<th>Requires some input from Supervisor</th>
<th>Performs Task Independently</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interacts well with patient; Directs questions to key points; 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 2 3 4 5 6 7 8 9</td>
<td>UTA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Physical examination skills | Shows 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 |
|-----------------------------|------------------------------------------|-----------------------------------|----------------------------|-----------------|
| 1 2 3 4 5 6 7 8 9 | UTA |

| Professional qualities/communication | Shows respect for patient; Explains as well as asks; Listens as well as talks; 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 |
|-----------------------------|------------------------------------------|-----------------------------------|----------------------------|-----------------|
| 1 2 3 4 5 6 7 8 9 | UTA |

| Patient education | Displays skills to enhance patient health literacy; as explains rationale for 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 |
|-----------------------------|------------------------------------------|-----------------------------------|----------------------------|-----------------|
| 1 2 3 4 5 6 7 8 9 | UTA |

| Clinical judgement | 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 |
|-----------------------------|------------------------------------------|-----------------------------------|----------------------------|-----------------|
| 1 2 3 4 5 6 7 8 9 | UTA |

| Organisation/efficiency | 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 |
|-----------------------------|------------------------------------------|-----------------------------------|----------------------------|-----------------|
| 1 2 3 4 5 6 7 8 9 | UTA |

### OVERALL PERFORMANCE FOR THIS PROCEDURE

<table>
<thead>
<tr>
<th>What level of supervision did the student require for this procedure (please tick):</th>
<th>Requires Significant Input from Supervisor</th>
<th>Requires some Input from Supervisor</th>
<th>Performs Task Independently</th>
</tr>
</thead>
</table>

*Assessor must complete Global Performance on Page 2 – please turn over*
<table>
<thead>
<tr>
<th>GLOBAL PERFORMANCE FOR THIS PROCEDURE (please tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Requires Remediation</td>
</tr>
<tr>
<td>Gaps in knowledge or skills that you would not expect at this stage of the course. Concern about professional and patient safety.</td>
</tr>
<tr>
<td>□ Satisfactory</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>□ Excellent</td>
</tr>
<tr>
<td>Performing well above the student’s expected level. No concerns about their clinical method, professionalism, organization, communication etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIME TAKEN FOR OBSERVATION:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TIME TAKEN FOR FEEDBACK:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Assessor’s Comments on the Student’s Strengths:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Assessor’s Suggestions for Student’s Area of Improvement:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Assessor’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
Assessment of Competency DOPS Forms

Airway Management DOPS Form

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

**AIRWAY MANAGEMENT**

**Summative Requirement:** To be assessed in Simulation only for MBBS Year 4 and Simulation or Clinical Setting for MBBS Year 5

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date of Assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Study:</td>
<td>Year 4</td>
</tr>
<tr>
<td>Assessor:</td>
<td>Assessor's Position:</td>
</tr>
<tr>
<td>Setting:</td>
<td>Real Patient</td>
</tr>
<tr>
<td></td>
<td>Simulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ASSESSMENT</strong></th>
<th><strong>To ensure safe, efficient and effective care on this aspect</strong></th>
<th><strong>Requires Significant Input from Supervisor</strong></th>
<th><strong>Requires some Input from Supervisor</strong></th>
<th><strong>Performs Procedure Independently</strong></th>
<th><strong>Unable to Assess</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Understands common causes of upper airway obstruction</td>
<td>1 2 3 4 5 6 7 8 9 UTAA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognises upper airway obstruction</td>
<td>Added sounds – snoring, stridor; see-sawing respiration, diminished chest rise &amp; fall</td>
<td>1 2 3 4 5 6 7 8 9 UTAA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checks equipment</td>
<td>Checks equipment to be used in Airway Management, range of airways, suction working, self inflating BVM device, oxygen available, gloves</td>
<td>1 2 3 4 5 6 7 8 9 UTAA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates simple airway manoeuvres</td>
<td>Perform hand hygiene: don gloves, head lift, chin lift, jaw thrust – assess effectiveness</td>
<td>1 2 3 4 5 6 7 8 9 UTAA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates use of simple airway adjuncts – oropharyngeal airway</td>
<td>Indication, contraindications and complications - correct sizing and insertion</td>
<td>1 2 3 4 5 6 7 8 9 UTAA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates use of simple airway adjuncts – nasopharyngeal airway</td>
<td>Indication, contraindications and complications - correct sizing and insertion</td>
<td>1 2 3 4 5 6 7 8 9 UTAA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates suctioning of the airway</td>
<td></td>
<td>1 2 3 4 5 6 7 8 9 UTAA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates BVM ventilation – single or double handed technique</td>
<td>Mask selection and placement, adequate seal, tidal volume and chest expansion and respiratory rate, connect to oxygen, sets: oxygen flow rate</td>
<td>1 2 3 4 5 6 7 8 9 UTAA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates use of appropriate oxygen therapy</td>
<td>Nasal prongs, Hudson mask, non-rebreathing mask, BVM; FiO2 differences</td>
<td>1 2 3 4 5 6 7 8 9 UTAA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OVERALL PERFORMANCE FOR THIS PROCEDURE**

<table>
<thead>
<tr>
<th>What level of supervision did the student require for this procedure (pls tick):</th>
<th>Not yet competent in Simulation</th>
<th>Competent in Simulation environment</th>
<th>Competent in the clinical environment under structured supervision</th>
<th>Competent in the clinical environment with minimal supervision</th>
</tr>
</thead>
</table>
Assessor’s Comments on the Student’s Performance:

Student’s Comments on their Performance:

Student’s Signature            Assessor’s Signature            Date

References: The Australian Reuscitation Council, Hand Hygiene Infection control.
Basic Life Support (BLS) DOPS Form

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

**OVERALL PERFORMANCE FOR THIS PROCEDURE**

<table>
<thead>
<tr>
<th>What level of supervision did the student require for this procedure (please tick):</th>
<th>Not yet competent in Simulation environment</th>
<th>Competent in Simulation environment</th>
<th>Competent in the clinical environment under structured supervision</th>
<th>Competent in the clinical environment with minimal supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
Female Catheterisation Double Glove (Adult) DOPS Form

Direct Observation of Procedural Skills (DOPS)
FEMALE CATHETERISATION DOUBLE GLOVE (ADULT)

Summative Requirement: All DOPS must be completed in Simulation in MBBS Year 4 prior to student performing procedures on patients. MBBS Year 4 may also achieve this DOPS in Clinical Setting.

MBBS Year 5 to achieve in Clinical Setting (If achieved in clinical setting in Year 4, DOPS does not need to be repeated in Year 5).

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date of Assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Study:</td>
<td>☐ Year 4 ☐ Year 5 ☐ Other</td>
</tr>
<tr>
<td>Assessor:</td>
<td>Assessor's Position:</td>
</tr>
<tr>
<td>Setting:</td>
<td>☐ Real Patient ☐ Inpatient ☐ Outpatient ☐ Emergency ☐ General practice ☐ Other</td>
</tr>
<tr>
<td>☐ Simulation ☐ Role Player: ☐ Manikin/Part Task Trainer</td>
<td></td>
</tr>
</tbody>
</table>

---

**ASSESSMENT**

<table>
<thead>
<tr>
<th>Requires Significant Input from Supervisor</th>
<th>Requires some input from Supervisor</th>
<th>Performs Procedure Independently</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appropriate introduction</strong></td>
<td>Name, role, correct patient, correct indication</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td>UTA</td>
</tr>
<tr>
<td><strong>Explains procedure, obtains consent</strong></td>
<td>Wears patient some discomfort on insertion, adequate Shapiro</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td>UTA</td>
</tr>
<tr>
<td><strong>Ensures patient in comfortable position</strong></td>
<td>Perform hand hygiene, lie patient supine, in frog-legged position, lighting adequate, patient dignity maintained. Place water-proof sheet under patients buttocks</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td>UTA</td>
</tr>
<tr>
<td><strong>Assembles appropriate equipment for procedure</strong></td>
<td>Perform hand wash (soap and water), gather equipment: Alcohol based hand rub, Urinary catheter 14 or 15 gauge, catheter pack: Sterile Normal saline, 10ml sterile water, 10ml syringe and sterile lubricating jelly, 1 pair of sterile gloves, urinary drainage bag, securement device, gloves, apron, undergar, gather assistant if required</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td>UTA</td>
</tr>
<tr>
<td><strong>Appropriate protective gear</strong></td>
<td>Don gown / apron, protective eyewear</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td>UTA</td>
</tr>
<tr>
<td><strong>Prepares tray while maintaining sterility</strong></td>
<td>Perform hand hygiene, open pack, separate trays carefully using sterile wrap, add sterile items using aseptic technique, pour out sterile water (to fill balloon) and sterile normal saline (for wash) onto tray, open sterile gloves, urinary catheter, 10ml syringe and squeeze gel onto sterile area</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td>UTA</td>
</tr>
<tr>
<td><strong>Technical proficiency using Aseptic Non Touch Technique (ANTT)</strong></td>
<td>Perform hand hygiene, double glove, dress up sterile water. Drapes public area, identifies urethra by spreading the labia majora and minora, cleans the peri-urethral area anterior to posterior one wipe per swab. Discard gloves. Tear end off inner protective catheter plastic bag, lubricate tip of catheter well with sterile gel. Insert catheter with a non-touch technique while holding protective plastic bag until free flow of urine, may use sterile forceps as well. Fill catheter balloon according to manufacturer’s instructions, gently pull catheter back until resistance is felt to set on bladder wall, connect to catheter bag</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td>UTA</td>
</tr>
<tr>
<td><strong>Catheter fixation</strong></td>
<td>Tapes catheter to patients thigh, leaves patient clean and dry, remove sterile gloves, dispose of waste materials appropriately, perform hand hygiene</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td>UTA</td>
</tr>
<tr>
<td><strong>Sterile technique</strong></td>
<td>Maintains sterility during procedure</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td>UTA</td>
</tr>
<tr>
<td><strong>Communication skills and Documentation</strong></td>
<td>Provides reassurance, checks for discomfort, addresses patient concerns. In patient notes record: name, date and time, size of catheter, reason for insertion and plan</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td>UTA</td>
</tr>
<tr>
<td><strong>Seeks help when appropriate</strong></td>
<td>Recognises difficult anatomy: Does not blow up balloon if sudden pain is experienced or there is absence of free flowing urine, however, also considers reasons for empty bladder</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td>UTA</td>
</tr>
</tbody>
</table>

---

**OVERALL PERFORMANCE FOR THIS PROCEDURE**

<table>
<thead>
<tr>
<th>What level of supervision did the student require for this procedure (please tick):</th>
<th>Not yet competent in Simulation</th>
<th>Competent in Simulation environment</th>
<th>Competent in the clinical environment under structured supervision</th>
<th>Competent in the clinical environment with minimal supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Male Catheterisation Double Glove (Adult) DOPS Form

**FACULTY OF HEALTH**

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

**MALE CATHETERISATION DOUBLE GLOVE (ADULT)**

**Summative Requirement:** All DOPS must be completed in simulation in MBBS Year 4 prior to student performing procedures on patients. MBBS Year 4 may also achieve this DOPS in Clinical Setting. MBBS Year 5 to achieve in Clinical Setting (if achieved in clinical setting in Year 4, DOPS does not need to be repeated in Year 5).

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date of Assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Study:</td>
<td>☐ Year 4 ☐ Year 5 ☐ Other</td>
</tr>
<tr>
<td>Assessor:</td>
<td>Assessor’s Position:</td>
</tr>
<tr>
<td>Setting:</td>
<td>☐ Real Patient ☐ Inpatient ☐ Outpatient ☐ Emergency ☐ General practice ☐ Other</td>
</tr>
<tr>
<td>☐ Simulation</td>
<td>☐ Role Player ☐ Manikin/Part Task Trainer</td>
</tr>
</tbody>
</table>

### ASSESSMENT

**Requires Significant Input from Supervisor**

- Appropriate introduction
- Explains procedure, obtains consent
- Ensures patient in comfortable position
- Assembles appropriate equipment for procedure
- Appropriate protective gear
- Prepares tray while maintaining sterility
- Technical proficiency using Aseptic Non Touch Technique (ANT)

**Performs procedure independently**

- Catheter fixation
- Sterile technique
- Communication skills and Documentation
- Seeks help when appropriate

<table>
<thead>
<tr>
<th>Requires some input from Supervisor</th>
<th>Performs Procedure Independently</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, role, correct patient, correct indication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warns patient of some discomfort on insertion; adequate preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform hand hygiene; pressure point suction, penis exposed, lighting adequate; patient dignity maintained. Place waterproof sheet under patients buttocks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform hand wash (soap and water); gather equipment: Alcohol based hand rub, Urinary catheter 14 or 18 gauge, catheter pack, sterile Normal saline, 10ml sterile water, 10ml syringe, pre-filled sterile local anaesthetic syringe, 1 pair of sterile gloves, urinary drainage bag, securing device. Apron, underpad, gather assistant if required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don gown / apron, protective eyewear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs hand hygiene; open pack, separate trays carefully using sterile wrap; add sterile items using aseptic technique; pour out sterile water (to fill balloon) and sterile normal saline (for wash) onto tray, open sterile gloves, urinary catheter, lVECaine gel syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform hand hygiene; double glove, draw up sterile water, change nozzle on lVECaine syringe. Drape the patient using a crocheted sheet, transfer bowl with swabs to sterile area (drape). Hold up shaft of penis with non-dominant hand; clean glans from urethra outwards, foreskin retracted, discard cleansing bowl. Hold penis at 90 degrees to body, infiltrates urethra with prepacked syringe local anaesthetic gel; allow anaesthetic time to work. Remove outer gloves. Tear off inner protective plastic bag, holds penis at 90 degrees to body, and insert Catheter with a non-touch technique. As catheter is being inserted gradually reduce angle of penis towards the knees, until free flow of urine, then insert to bifurcation, inflate balloon with 10ml sterile water as per manufacturer’s instructions, gently pull catheter back until resistance is felt, connect to catheter bag</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Unable to Assess**

1 2 3 4 5 6 7 8 9

**OVERALL PERFORMANCE FOR THIS PROCEDURE**

<table>
<thead>
<tr>
<th>What level of supervision did the student require for THIS procedure (please tick):</th>
<th>Not yet competent in Simulation</th>
<th>Competent in Simulation environment</th>
<th>Competent in the clinical environment under structured supervision</th>
<th>Competent in the clinical environment with minimal supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[UNIVERSITY of TASMANIA]

Page 104 CAM531/532, 533/534, 535/536
Assessor’s Comments on the Student’s Performance:

Student’s Comments on their Performance:

Student’s Signature          Assessor’s Signature          Date

References: TMS policies, Aseptic: Non Touch Technique for infection control.
# IV Cannulation DOPS Form

**Universi of Tasma**

**FACULTY OF HEALTH**

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

**INTRAVENOUS CANNULATION**

**Summary Requirement:** All DOPS must be completed in simulation in MBBS Year 4 prior to student performing procedures on patients. MBBS Year 5 to achieve this DOPS in Clinical Setting. If achieved in clinical setting in Year 4, DOPS does not need to be repeated in Year 5.

### Student Information
- **Student Name:**
- **Year of Study:**
  - [ ] Year 4
  - [ ] Year 5
  - [ ] Other
  - **Student No.:**
- **Assessor:**
- **Assessor’s Position:**
- **Setting:**
  - [ ] Real Patient
  - [ ] Inpatient
  - [ ] Outpatient
  - [ ] Emergency
  - [ ] General Practice
  - [ ] Other
  - **Simulation:**
  - [ ] Role Play
  - [ ] Manikin/Part Task Trainer

### Assessment

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Requires Significant Input from Supervisor</th>
<th>Requires Some Input from Supervisor</th>
<th>Performs Procedure Independently</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appropriate Introduction</strong></td>
<td>Name, role, correct patient, correct indication</td>
<td>1 2 3 4 5 6 7 8 9 UTA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Explain procedure and obtains consent</strong></td>
<td>Minimum: Explain benefits and risks, warn 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.</td>
<td>1 2 3 4 5 6 7 8 9 UTA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Understands basic venous anatomy and vein selection</strong></td>
<td>Avoids veins over joints if possible; cubital fossa for large cannula.</td>
<td>1 2 3 4 5 6 7 8 9 UTA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Collects and opens appropriate equipment while maintaining sterile field for procedure</strong></td>
<td>Perform hand wash (soap and water) and set up: Dressing: Sterile gloves, Chlorhexidine in 70% alcohol preparation pre packed, chlorhexidine swabs, iodine, tourniquet, syringe, needle extension-loop, 10ml. S. Saline. 2ml syringe, blunt drawing up needle. N cannulae of appropriate size for indication (20G cannula most common). Transparent occlusive dressing, gauzes.</td>
<td>1 2 3 4 5 6 7 8 9 UTA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Demonstrates technical proficiency using Aseptic Non Touch Technique (ANTT)</strong></td>
<td>Don protective eye wear, tourniquet placement, vein selection. Perform hand hygiene (alcohol gel), don sterile gloves if preparing veins after disinfecting area. Draw up saline with blunt drawing up needle, discard needle and prime extension loop. Warn patient of sharp prickles, insert cannula, correct angle of insertion 30°, recognition of flash-back, decrease angle and advance cannula plastic into vein until hub of skin, release tourniquet withdrawal/retract needle (sharps disposal), digital pressure, attach 10ml extension-loop, N saline flush to check patency, secure with occlusive dressing, record date and time of dressing tape supplied.</td>
<td>1 2 3 4 5 6 7 8 9 UTA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Demonstrates aseptic or sterile technique as appropriate to the clinical situation. Demonstrates hand hygiene throughout procedure</strong></td>
<td>Does not touch area of insertion once prepared unless wearing sterile gloves. Maintains sterile/aseptic field.</td>
<td>1 2 3 4 5 6 7 8 9 UTA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Demonstrates safe disposal of sharps</strong></td>
<td>Use of yellow sharps bin</td>
<td>1 2 3 4 5 6 7 8 9 UTA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Demonstrates correct placement of the dressing</strong></td>
<td>Cannula secure and insertion site covered, date recorded on dressing. Dispose of equipment, perform hand hygiene</td>
<td>1 2 3 4 5 6 7 8 9 UTA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Documents insertion</strong></td>
<td>In patient notes record name, date and time, site, cannula size, plan/indication</td>
<td>1 2 3 4 5 6 7 8 9 UTA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communication Skills</strong></td>
<td>Provides reassurance, checks for discomfort, addresses patient concerns, gives advice to keep site dry. Ensure adequately secured for patient need.</td>
<td>1 2 3 4 5 6 7 8 9 UTA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Seeks help when appropriate</strong></td>
<td>One attempt before asking for help</td>
<td>1 2 3 4 5 6 7 8 9 UTA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Overall Performance for This Procedure

<table>
<thead>
<tr>
<th>What level of supervision did the student require for this procedure?</th>
<th>Not yet competent in simulation and environment</th>
<th>Competent in simulation environment</th>
<th>Competent in the clinical environment under structured supervision</th>
<th>Competent in the clinical environment with minimal supervision</th>
</tr>
</thead>
</table>

**Page 106**

CAM531/532, 533/534, 535/536
Assessor’s Comments on the Student’s Performance:

<table>
<thead>
<tr>
<th>Student’s Comments on their Performance:</th>
</tr>
</thead>
</table>

Student’s Signature  Assessor’s Signature  Date

References: THS policy including infection control Hand Hygiene.
Venepuncture DOPS Form

<table>
<thead>
<tr>
<th>ASSESSMENT</th>
<th>To ensure safe, efficient and effective care on this aspect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate introduction</td>
<td>Requires Significant Input from Supervisor</td>
</tr>
<tr>
<td>Expects procedure and obtains consent</td>
<td>Name, role, correct patient, correct indication</td>
</tr>
<tr>
<td>Determines what investigations need to be obtained</td>
<td>Warnings patient of bruising and some discomfort on insertion</td>
</tr>
<tr>
<td>Collects appropriate equipment for procedure</td>
<td>Alcoholic wipes, tape, cotton wool, tourniquets, appropriate needle, vasculature and appropriate blood bottles for tests required</td>
</tr>
<tr>
<td>Demonstrates technical proficiency</td>
<td>Perform hand hygiene, puts on non-sterile gloves, rests patient arm on pillow, tourniquet placement, vein selection, clears area with alcohol wipes and allowed 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 ven, release tourniquet, withdrawal of needle, apply pressure with a swab. Gently mix blood in tube</td>
</tr>
<tr>
<td>Demonstrates aseptic sterile technique</td>
<td>Does not touch area of insertion once prepared</td>
</tr>
<tr>
<td>Demonstrates safe disposal of sharps</td>
<td>Use of yellow sharps bin</td>
</tr>
<tr>
<td>Demonstrates correct placement of the dressing</td>
<td>Place cotton bud on wound site and tapes in place. Dispose of used items. Performs hand hygiene</td>
</tr>
<tr>
<td>Documents insertion</td>
<td>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</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>Provides reassurance, checks for discomfort, check site for bleeding, addresses patient concerns, avoids sample will be sent to the biochemistry/hematology laboratory</td>
</tr>
<tr>
<td>Seeks help when appropriate</td>
<td>One attempt before asking for help</td>
</tr>
</tbody>
</table>

**OVERALL PERFORMANCE FOR THIS PROCEDURE**

<table>
<thead>
<tr>
<th>What level of supervision did the student require for this procedure (please tick):</th>
<th>Not yet competent in simulation</th>
<th>Competent in the Simulation environment</th>
<th>Competent in the clinical environment under structured supervision</th>
<th>Competent in the clinical environment with minimal supervision</th>
</tr>
</thead>
</table>

Page 108
CAMS31/332, 533/534, 535/536
Assessor’s Comments on the Student’s Performance:


Student’s Comments on their Performance:


Student’s Signature   Assessor’s Signature   Date

References: TWS policy including infection control. Hand Hygiene.
## Domain 4

Professionalism and Leadership: the medical graduate as a professional leader

<table>
<thead>
<tr>
<th>Assessment Criteria</th>
<th>Satisfactory</th>
<th>Borderline</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident or experience</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1. Appropriate choice of concrete experience (event or topic) on which to reflect where the context and background for reflective writing is established</td>
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</tr>
<tr>
<td>Reflection</td>
<td></td>
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<tr>
<td>2. Reflective observation including the identification of the main issues relating to the experience, a detailed discussion of the issues with a demonstration of insightfulness about the experience and also potential learning outcomes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Research analyse and connect</td>
<td></td>
<td></td>
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<tr>
<td>3. The process of abstract conceptualisation includes a discussion of relevant references or multiple perspectives with comparison/contrasts exploring how those ideas link and assist in understanding the experience. Implications for own and others’ actions are considered</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Decide act and Evaluate</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Indicates plans for future behaviour which includes revision of understandings or beliefs, experimentation with new approaches and self-awareness.</td>
<td></td>
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</tr>
<tr>
<td>Professional Values</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. The writing overall reflects appropriate professional values including commitment to high quality clinical standards, compassion, empathy and respect for all patients.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ethical values</td>
<td></td>
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</tr>
<tr>
<td>6. The writing overall reflects an understanding of the principles of ethical practice and how they are applied in the workplace including an understanding of professional and therapeutic boundaries and fundamental legal responsibilities of health professionals.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Health and well being</td>
<td></td>
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<tr>
<td>7. The writing demonstrates an awareness of factors that affect doctors' health and well-being.</td>
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</tr>
<tr>
<td>Presentation, academic conventions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The writing aligns with academic standards and is grammatically correct and references are appropriately cited.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Assessment Feedback:

<table>
<thead>
<tr>
<th>OVERALL ASSESSMENT RESULT:</th>
<th>Satisfactory</th>
<th>Requires Remediation/Resubmit</th>
<th>Unsatisfactory</th>
</tr>
</thead>
</table>

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Reflective Piece Assessment Form
# Complex Chronic Case with a focus on complex Therapeutics Assessment Form

## Year 5 - Chronic Illness Longitudinal Case including Complex Therapeutics

**Long Case History Assessment Form (3,000 words)**

<table>
<thead>
<tr>
<th>Student name:</th>
<th>Rotation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessor name:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 1: Science and Scholarship: The medical graduate as scientist and scholar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant literature appropriately integrated, acknowledged and referenced with VANDCOUVER style</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 2: Clinical Practice: The medical graduate as practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case Summary</strong>: Succinct summary which could be used in patient hand over or referral letter. 250 word limit</td>
</tr>
<tr>
<td><strong>History</strong>: 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.</td>
</tr>
<tr>
<td><strong>Chronic Disease Management for diseases having significant impact on patient</strong></td>
</tr>
<tr>
<td>Relevant history, examination, investigations and patient goals. Relevant interventions / treatments are outlined with evidence to support them and compared to patient's actual treatment.</td>
</tr>
<tr>
<td><strong>Therapeutic issues</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 3: Health &amp; Society: The medical graduate as a health advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Self Management</strong></td>
</tr>
<tr>
<td>Demonstrates an assessment and engagement with the patient's health literacy level. Patient's 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. Student role in supporting patient self management.</td>
</tr>
<tr>
<td><strong>Appendix: 1/2 page Summary Management plan</strong> 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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 4: Professionalism and Leadership: The medical graduate as a professional and leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

### Assessment Feedback:

<table>
<thead>
<tr>
<th>Overall Assessment Result:</th>
<th>Satisfactory</th>
<th>Requires Remediaiton/Resubmit</th>
<th>Unsatisfactory</th>
</tr>
</thead>
</table>
Acute Case History Assessment Form

<table>
<thead>
<tr>
<th>Domain 1 - Science and Scholarship: The medical graduate as scientist and scholar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply core medical and scientific knowledge to individual patients</td>
</tr>
<tr>
<td>1. Case presentation: the clinical information is presented as it would be written in the chart and information can be readily obtained by an independent reader, the discussion part is written in a scholarly style with Vancouver referencing. Reference appropriately using current, local or Australian guidelines.</td>
</tr>
<tr>
<td>2. Report is typed and written appropriately</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 2 - Clinical Practice: The medical graduate as practitioner and</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. The abstract should be a succinct summary that could be used as a patient discharge letter or handover.</td>
</tr>
<tr>
<td>4. Description of presenting complaint: Includes a succinct summary of information about onset, duration, exacerbating relieving factors and associated symptoms. Demonstrates clinical reasoning by documenting the relevant positive and negative findings on history, showing how the differential diagnosis was focussed.</td>
</tr>
<tr>
<td>5. Summary of relevant patient history: Presented as it would be in case notes</td>
</tr>
<tr>
<td>Ordered summary of patient medical, family medical, surgical history</td>
</tr>
<tr>
<td>Detailed current drug therapies and allergies</td>
</tr>
<tr>
<td>Social history and considered its impact upon the current condition</td>
</tr>
<tr>
<td>Role of alcohol, tobacco and other drug use in the patient’s presentation</td>
</tr>
<tr>
<td>6. Targeted examinations performed - presented as it would be in case notes</td>
</tr>
<tr>
<td>Briefly describe relevant physical and mental examinations and their outcomes.</td>
</tr>
<tr>
<td>Note the relevant positive and negative findings to support your diagnostic theories</td>
</tr>
<tr>
<td>7. Discussion of differential diagnosis: Evaluate the merits of each differential and their relevance to patient, this presentation and local epidemiology</td>
</tr>
<tr>
<td>Demonstrate clinical reasoning and understanding of clinical pathways (if appropriate) Use EBM to support your arguments</td>
</tr>
<tr>
<td>8. Justify and interpret investigations: Detail the investigations that were undertaken and explain their justification (this can be tabulated). Include the test results and explain their significance.</td>
</tr>
<tr>
<td>9. Initial management and care and patient progress (as would be written in the notes)</td>
</tr>
<tr>
<td>10. Review and discussion of the management plan: Discussion with references. Review of the EBM of patients management and how this might have differed from actual management</td>
</tr>
<tr>
<td>Include management specifics including therapeutic targets, drug regimes and duration, monitoring specifics (who, when, why), follow-up plans and “safety netting”</td>
</tr>
<tr>
<td>Alternative management that is worthy of consideration with justifications for your reasoning</td>
</tr>
<tr>
<td>Demonstrate how the patient’s level of health literacy was defined and how they were involved in the development of the management plan</td>
</tr>
<tr>
<td>Discuss any relevant resource implications, effect of geography on access and equity, patient engagement, any system issues (on entry, during admission and on leaving the acute care context)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 4 - Professionalism and Leadership: The medical graduate as a professional and leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Student used professional and scientific language and phrasing, and writing was respectful to the patient and the treating team</td>
</tr>
</tbody>
</table>

Assessment Feedback:

<table>
<thead>
<tr>
<th>Overall Assessment Result:</th>
<th>Satisfactory</th>
<th>Requires Remediation/Resubmit</th>
<th>Unsatisfactory</th>
</tr>
</thead>
</table>

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Page 112  CAM531/532, 533/534, 535/536
# CBL Tasks Assessment Form

**UNIVERSITY of TASMANIA**

**FACULTY OF HEALTH**

**Year 4 & 5 - CBL Tasks Assessment Form**

<table>
<thead>
<tr>
<th>Task Outcome</th>
<th>Performed Competently</th>
<th>Performed but not yet fully competent</th>
<th>Not performed Competently</th>
<th>Not performed</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1 Science and Scholarship: the medical graduate as scientist and scholar</td>
<td></td>
<td></td>
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<tr>
<td>Demonstrates understanding of the topic.</td>
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</tr>
<tr>
<td>Domain 2 Clinical Practice: the medical graduate as practitioner</td>
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</tr>
<tr>
<td>Demonstrates skills required to be a medical practitioner e.g. through cases or OSCE scenarios</td>
<td></td>
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</tr>
<tr>
<td>Domain 3 Health and Society: Communicates effectively: teaching assessing and appraising</td>
<td></td>
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</tr>
<tr>
<td>Presents relevant information in a clear manner.</td>
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</tr>
<tr>
<td>Actively engages other students in discussion</td>
<td></td>
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</tr>
<tr>
<td>Effective feedback to peers.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Uses communication tools effectively (white board, power point, presentation, handouts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses innovative strategies (quizzes, group/pair work, creative illustrations, OSCE scenarios or portfolio questions)</td>
<td></td>
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</tr>
<tr>
<td>Domain 4 Professionalism &amp; Leadership: the medical graduate as a professional and leader</td>
<td></td>
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</tr>
<tr>
<td>Describes scenarios which demonstrate professionalism, leadership or legal issues e.g. through cases or OSCEs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assessment Feedback:**

**OVERALL ASSESSMENT RESULT:**  
Satisfactory  Borderline  Unsatisfactory

**Clinical Teacher’s Signature:**
## Oral Presentation Assessment Form

**Year 4 & 5 - Oral Presentation Assessment Form**

<table>
<thead>
<tr>
<th>Student name:</th>
<th>Case identification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessor name:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 1: Science and scholarship</th>
<th>Performed Competently</th>
<th>Performed but not yet fully competent</th>
<th>Not performed competency</th>
<th>Not performed</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates science and evidence based medicine for this case</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 2: Clinical Practice: the medical graduate as practitioner</th>
<th>Performed Competently</th>
<th>Performed but not yet fully competent</th>
<th>Not performed competency</th>
<th>Not performed</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides succinct presentation of relevant history</td>
<td></td>
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</tr>
<tr>
<td>Demonstrates appropriate knowledge of the conditions, including consideration of differential diagnoses</td>
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<tr>
<td>Demonstrates appropriate knowledge of investigations/examinations pertinent to the case</td>
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<tr>
<td>Adequately describes and discusses the management plan taking into account current evidence around best practice and Department guidelines</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 3: Health and Society: the medical graduate as a health advocate: Patient advocacy, team work, equity</th>
<th>Performed Competently</th>
<th>Performed but not yet fully competent</th>
<th>Not performed competency</th>
<th>Not performed</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates an understanding of the patient's relevant social, cultural and demographic profile</td>
<td></td>
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<tr>
<td>Describes the use of referral to other health professionals in the care of the patient</td>
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<tr>
<td>Demonstrates an understanding of decision analyses and cost-effectiveness analysis eg: medications, investigations</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 3: Health and Society: the medical graduate as a health advocate: Teaching assessing and appraisal</th>
<th>Performed Competently</th>
<th>Performed but not yet fully competent</th>
<th>Not performed competency</th>
<th>Not performed</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses communication tools effectively.</td>
<td></td>
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<tr>
<td>Engages audience in effective and relevant discussion of the issues raised by the case and</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Adequately addresses questions raised by the audience/supervisor (keeping in mind expectations appropriate for the year level of the student)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 4: Professionalism and Leadership</th>
<th>Performed Competently</th>
<th>Performed but not yet fully competent</th>
<th>Not performed competency</th>
<th>Not performed</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies the professional issues associated with this case.</td>
<td></td>
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</tbody>
</table>

**Assessment Feedback:**

**OVERALL ASSESSMENT RESULT:**

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Borderline / Unsatisfactory</th>
</tr>
</thead>
</table>

**Clinical Teacher's Signature:**

*Updated 2/10/18*
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 patient’s care: 5 minutes
- Class Activity: Questions or activity for the group to answer on how to approach this issue: 10 minutes

<table>
<thead>
<tr>
<th>Case Identification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
</tr>
<tr>
<td>Oral Presentation Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Demonstrated Competence</th>
<th>Demonstrated but not yet fully competent</th>
<th>Not demonstrated</th>
<th>Not Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2: Clinical Practice: the medical graduate as practitioner</strong> DEMONSTRATES AN UNDERSTANDING OF THE UNDERLYING CLINICAL CONDITIONS AND MANAGEMENT ISSUES for Chronic Diseases</td>
<td></td>
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<tr>
<td>Demonstrates ability to present patients history succinctly</td>
<td></td>
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</tr>
<tr>
<td>1. History including inital, sex, age, chronic disease, history of chronic disease, other co-morbidities, past ongoing medical history, family history, drug history, social history</td>
<td></td>
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<tr>
<td>2. Demonstrates appropriate knowledge of Evidence based care for management of multi morbidity</td>
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<tr>
<td>3. Describes patients self-management strategies and what impacts on these</td>
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<tr>
<td>4. Includes a summary GP management plan of all the patients' conditions in table form as a hand out for patient</td>
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</tr>
<tr>
<td><strong>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)</strong></td>
<td></td>
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<tr>
<td>5. Demonstrates how patients' psychosocial situation impacts on the management of their disease. Impact on patient of living in a rural area</td>
<td></td>
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<tr>
<td>6. Adequately describes and discusses the main issue or challenge for this patient</td>
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<tr>
<td>7. Demonstrates an understanding of decision analyses eg. medications, investigations for the patient, NNT and NNH for medications. Differences in case from recommendations and why this has occurred Multi morbidity issues</td>
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<tr>
<td><strong>Demonstrates an understanding of issues relating to the Rural Context:</strong></td>
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<tr>
<td>8. These can be positive or negative but should comment on during Presentation</td>
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</tr>
<tr>
<td><strong>Domain 4: Health and Society: the medical graduate as a health advocate Teaching, assessing and appraisal</strong> DEMONSTRATES WELL DEVELOPED COMMUNICATION SKILLS:</td>
<td></td>
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<tr>
<td>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</td>
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<tr>
<td>10. Provides useful teaching topic derived from case summary. Identified current research and its impact on ideas about best practice in multi morbidity rural context and clinical management.</td>
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<tr>
<td>11. Uses communication tools effectively during group activity. Engaged audience in effective and relevant discussion. Issues raised by the case.</td>
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</tbody>
</table>

**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:]
Year 5 NPC Required Modules

All 2017 Year 5 students are to complete the following NPC Modules:

- NPS case-based module topics
  - Analgesia in persistent pain
  - Dental – Bone complications (following a dental extraction)
  - Confusion associated with alcohol withdrawal
  - Dental – Facial pain
  - Glycaemic control in long-established diabetes – new version March-17*
  - Insomnia
  - Opioid dependence
  - Opioid analgesics in chronic non-cancer pain
  - Polypharmacy
  - Post-operative pain and vomiting
  - Dental – Sore mouth

- NPS On-line course
  - Bacteraemia
  - Catheter-associated urinary tract infections
  - Community acquired pneumonia (CAP)
  - Surgical antibiotic prophylaxis
  - Demystifying bioequivalence
  - Medication safety
  - National inpatient medication chart-training
  - Reporting adverse events with medicines and vaccines
  - Reporting adverse events with medical devices
  - Urinary tract infections in residential aged-care facilities

Students are required to print the completed Module Certificates and upload to MyLO Assignments as evidence, with the hardcopy being filed in the portfolio folder.

Please refer to the Getting Started with NPC Modules Login Instructions located in MyLO to set up a Student Login, if required.

*Students should not complete the modules until new version is released.
Year 4 & 5 - Form to Record Educational Activities

Examples of educational activities:
- Audit and Quality improvement programmes
- Clinical research activities
- Teaching (excluding CBLs, mini-CEXs)
- Self-directed study
- Attendance at Hospital/QP Postgraduate Meetings or Tutorials medical conferences etc.

| Domain 1: Science and Scholarship: the medical graduate as scientist and scholar |
| Domain 2: Clinical Practice: the medical graduate as practitioner |

<table>
<thead>
<tr>
<th>Educational Activity</th>
<th>Learning outcome</th>
<th>Impact on clinical practice</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Year 4 & 5 - Form to Record Community Engagement

Examples of Community Engagement
- Voluntary Community activities
- Teaching and Career advice to school aged children
- Teaching other Medical or allied health students
- Community sport activities and events

<p>| Domain 3: Health and Society: the medical graduate as a health advocate |
| Domain 4: Professionalism and Leadership: the medical graduate as a professional and leader |</p>
<table>
<thead>
<tr>
<th>Community Engagement activity</th>
<th>Skills Developed</th>
<th>Professional development outcome</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Log of clinical skills summary sheet

Please use the following summary sheets as you compile your evidence. Ticks denote the required level of competence you must demonstrate as a minimum requirement.

<table>
<thead>
<tr>
<th>Procedural Skill</th>
<th>1. Number of times observed</th>
<th>2. Number of times performed in a simulated environment (Novice)</th>
<th>3. Number of times performed in the clinical environment under structured supervision (Competent)</th>
<th>4. Number of times performed routinely in the clinical environment under minimal supervision (Proficient)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENCY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic First Aid (assumed entry requirement)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Life Support (see ARC guideline)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>D.R.S.A.B.C.D.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>external cardiac massage</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Airway Management (see ARC guideline) including:</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>chin lift/head tilt</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>manage partial airway obstruction</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or complete airway obstruction</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>effective cough</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ineffective cough</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>geordel &amp; nasopharyngeal insertion</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bag &amp; mask ventilation</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td><strong>CPR</strong></td>
<td></td>
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<tr>
<td><strong>Advanced Life Support (see ARC guidelines) including:</strong></td>
<td></td>
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<tr>
<td>Good quality CPR</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Rhythm assessment</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(shockable or non-shockable)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
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<tr>
<td>Defibrillation</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate CPR</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedural Skill</td>
<td>1. Number of times observed</td>
<td>2. Number of times performed in a simulated environment (Novice)</td>
<td>3. Number of times performed in the clinical environment under structured supervision (Competent)</td>
<td>4. Number of times performed routinely in the clinical environment under minimal supervision (Proficient)</td>
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<tr>
<td>------------------------------------------------------</td>
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</tr>
<tr>
<td>Post resuscitation care</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Volume resuscitation</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<tr>
<td>Appropriate oxygen administration</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Nasal prongs and face mask</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cervical spine stabilisation</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td><strong>GENERAL DOCTOR &amp; PATIENT</strong></td>
<td></td>
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<tr>
<td>Peak flow meter function testing</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Spirometry</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>ECG</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Blood pressure measurement</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Height, weight, BMI adults and children</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>EYE, EAR, NOSE &amp; THROAT</strong></td>
<td></td>
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</tr>
<tr>
<td>Foreign body removal - ear &amp; nose</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Eye foreign body removal including padding as appropriate</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Ophthalmoscopy</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Slit lamp use</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Eyelid eversion</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Fluorescein - staining of cornea</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>External auditory canal irrigation</td>
<td>✓</td>
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<tr>
<td>External auditory canal ear wick insertion</td>
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<tr>
<td>Procedural Skill</td>
<td>1. Number of times observed</td>
<td>2. Number of times performed in a simulated environment (Novice)</td>
<td>3. Number of times performed in the clinical environment under structured supervision (Competent)</td>
<td>4. Number of times performed routinely in the clinical environment under minimal supervision (Proficient)</td>
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<tr>
<td>GENERAL PROCEDURAL</td>
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<tr>
<td>Nasogastric tube insertion</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>IV cannulation (including set up and IV fluid administration)</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Venepuncture for venous blood sample</td>
<td>✓</td>
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<tr>
<td>Collection of arterial blood sample from the radial artery</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Measures blood glucose levels using finger prick testing</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Collects blood culture specimens using aseptic techniques</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Samples, analyses and reads urinary dipsticks</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Lumbar puncture</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Simple swab using standard microbial collection</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Preparation for sterile procedures including hand washing</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Sterile preparation techniques for operating theatres including scrub, glove and gown</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Use of personal protective equipment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>WOMEN'S HEALTH</td>
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<tr>
<td>Urine pregnancy testing</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Pap smear</td>
<td>✓</td>
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<tr>
<td>Collects vaginal and endocervical swabs</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Female catheterisation</td>
<td>✓</td>
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<tr>
<td>MEN'S HEALTH</td>
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<tr>
<td>Male catheterisation</td>
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<tr>
<td>Procedural skill</td>
<td>1. Number of times observed</td>
<td>2. Number of times performed in a simulated environment (Novice)</td>
<td>3. Number of times performed in the clinical environment under structured supervision (Competent)</td>
<td>4. Number of times performed routinely in the clinical environment under minimal supervision (Proficient)</td>
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<tr>
<td>MUSCULOSKELETAL INJURY &amp; ANAESTHESIA</td>
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<tr>
<td>Simple wound repair including skin</td>
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<tr>
<td>Plastering of the upper limb and lower limb</td>
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<tr>
<td>Injection of a local anaesthetic</td>
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<tr>
<td>Subcutaneous injections</td>
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<tr>
<td>Intramuscular injections</td>
<td></td>
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<tr>
<td>Intravenous injections</td>
<td></td>
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</tr>
<tr>
<td>Skin lesion excision</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Communication via Documentation Skill</td>
<td>1. Number of times observed</td>
<td>2. Performed in simulation</td>
<td>3. Performed in a clinical environment simulated</td>
<td></td>
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<tr>
<td>Write up drug chart</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Write a discharge summary or letter</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Fill out order forms for investigations</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Writing out a death certificate</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Write a referral to other health professional</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>
# Selective Notification Form

**UNIVERSITY of TASMANIA**

**FACULTY OF HEALTH**

## Year 5 - Selective Notification Form

This form must be submitted to the Unit Coordinator at least **eight weeks** prior to starting the selective. Selective Notification Form to be uploaded to MyLO Assignments for approval.

<table>
<thead>
<tr>
<th>Student Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Student ID Number</td>
<td></td>
</tr>
<tr>
<td>Title of Attachment</td>
<td></td>
</tr>
<tr>
<td>Dates of Selective</td>
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</tbody>
</table>

**Important:** Selective placements outside of the Tasmanian Health Service (THS) will require UTAS Workplace Integrated Learning (WIL) agreements drawn up and signed prior to first day of clinical placement. Students are to make contact with their local Administration team as early as possible for assistance.

## 1. Place of selective – institution, address and contact details

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Placement Dates (from and to)</th>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>3</td>
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<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

## 2. Supervisor’s name and contact details

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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<td>4</td>
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</tbody>
</table>

## 3. Purpose/subject of selective i.e. what you will be doing/learning about:

<p>| | |</p>
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<thead>
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<tbody>
<tr>
<td>1</td>
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<td>3</td>
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<tr>
<td>4</td>
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</tbody>
</table>

*If you have more than 4 placements during your selective, please complete a second form.*
**Elective Presentation Assessment Form**

**UNIVERSITY of TASMANIA**

**FACULTY OF HEALTH**

**Year 5 - Elective Presentations Assessment Form**

<table>
<thead>
<tr>
<th>Student Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Student ID Number</td>
<td></td>
</tr>
<tr>
<td>Location / Nature of Elective</td>
<td></td>
</tr>
<tr>
<td>Assessor(s)</td>
<td></td>
</tr>
<tr>
<td>Date of Presentation</td>
<td></td>
</tr>
</tbody>
</table>

*Students have been asked to address the following topics:*

**Why did you go to this particular destination?**

**What did you learn that helps you in your medical education?**

**What did you contribute to the place/institution where you were working?**

**What recommendations would you have for others who might do a similar attachment in the future?**

<table>
<thead>
<tr>
<th>Task Outcome</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Borderline</th>
<th>Un satisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 3: Health and Society: the medical graduate as a health advocate</strong></td>
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<tr>
<td>Demonstrated contribution to health advocacy</td>
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<tr>
<td>Communication skills:</td>
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<tr>
<td>Oral Presentation</td>
<td></td>
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<tr>
<td>Response to questions/discussion</td>
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<tr>
<td>Poster presentation <em>(if applicable)</em></td>
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<tr>
<td><strong>Domain 4: Professionalism and Leadership: the medical graduate as a professional and leader</strong></td>
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<tr>
<td>Demonstrates ethical and professional practice</td>
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</tr>
</tbody>
</table>

**Overall assessment:** Satisfactory | Borderline | Unsatisfactory

**Comments:**

__________________________________________________________

Clinical Teacher’s Signature

__________________________________________________________

Please print name

Position

__________________________________________________________

Date
DISCIPLINE

DOCES X

Station Requirements
Directly Observed Consultation and Examination Skills (DOCES)

Student Information:

Scenario:

Task:
Directly Observed Consultation and Examination Skills (DOCES)

Role Player Information:
Directly Observed Consultation and Examination Skills (DOCES)

Examiner Information

This station tests the candidate's ability to...

Examiner Marking Instructions

There are three scoring systems for each exam:

1) Criteria for Checklist Tasks: the criteria for the checklists are recorded on the marking sheet and are specific for each OSCE. They mark the students against a list of expected responses or actions.

2) Global Score is the synthesis of the student's performance. It allows the examiners to give points for the quality of the skills observed in the DOCES, a score out of 7. For example, a student may get many of the checklist's points but may be unable to synthesise or respond to the information, or asks in a disorganised manner or with poor communication skills and would then be marked down in the global score (details included on the Global score marking sheet).

3) Overall standard setting assessment: This standard setting mark is used to determine the overall pass mark of the exam. The pass mark is determined by the borderline regression method. Each examiner contributes to the standard setting by deciding the level of the DOCES performance. This assessment is based on the synthesis of the criterion and global score, it is behaviourally anchored and should be assessed at the appropriate year level (details of assessment determination is included in standard setting criteria).

- Please make sure that you fill in all of the boxes.
- Please fill in the comments box for all students who are borderline or fail or who require specific feedback on a station so these comments can be used in feedback to students.
- Please ensure that your marking is internally consistent for example don't use a pass in the standard setting if you have marked them short of expected standard and low in the checklist score. Likewise don't fail students that you feel are at expected standard and have a reasonable check list score.
# History Taking DOCES Marking Template

## Directly Observed Consultation and Examination Skills (DOCES)

### History Taking Marking Template:

<table>
<thead>
<tr>
<th>Marking Criteria</th>
<th>Fat</th>
<th>Terrible</th>
<th>Pass</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initiating session</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Establishing Initial Report</td>
<td>CS</td>
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<tr>
<td>Expected</td>
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<tr>
<td>• Greets patient and obtains patient’s name.</td>
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<tr>
<td>• Introduces self, role and nature of interview, obtains consent if necessary.</td>
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<tr>
<td>• Demonstrates respect, interest and attends to patient comfort.</td>
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<tr>
<td>• Explores patient’s concerns and patient’s expectations (this may come later too).</td>
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<tr>
<td><strong>Identifying reason for the consultation</strong></td>
<td>HTS</td>
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<tr>
<td>Expected</td>
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<tr>
<td>• Establishes and clarifies what is meant by presenting complaint</td>
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<tr>
<td>• Good/Excellent</td>
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<tr>
<td>• Ensures that this is thoroughly explored</td>
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<tr>
<td><strong>Gathering information</strong></td>
<td>HTS</td>
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<tr>
<td>Expected</td>
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<tr>
<td>• Focused history of presenting complaint (onset, triggers, relieving factors).</td>
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<tr>
<td>• Good/Excellent</td>
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<tr>
<td>• Responds to patient responses to exclude alternative diagnoses.</td>
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<tr>
<td><strong>Expected</strong></td>
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<tr>
<td>• Rules out red flags, appropriate system review.</td>
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<tr>
<td>• Good/Excellent</td>
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<tr>
<td>• Associated factors, focused systems review.</td>
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<tr>
<td><strong>Expected</strong></td>
<td>HTS</td>
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<tr>
<td>• PMH: excludes related conditions or predisposing conditions.</td>
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<tr>
<td>• DH: excludes any medication contributing to the presentation.</td>
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<tr>
<td>• Allergies</td>
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<tr>
<td>• PMH as it applies to HPC and in general.</td>
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<tr>
<td><strong>SH</strong></td>
<td>HTS</td>
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<tr>
<td>Expected</td>
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<tr>
<td>• Specifically asks about alcohol, caffeine, smoking and other drugs.</td>
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<tr>
<td>• Good</td>
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<tr>
<td>• As above plus explores psychosocial aspects as dictated by conditions (e.g. home/work/stress in life?)</td>
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<tr>
<td>• Excellent</td>
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<tr>
<td>• As above plus explores the impact on patient and ability to carry out activities with symptoms. Specifically asks about help and support at home.</td>
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<tr>
<td><strong>Explanation and Planning</strong></td>
<td>DS</td>
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<tr>
<td>Expected</td>
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<tr>
<td>• Explain to the patient/examiner the most likely differential diagnosis and why.</td>
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<tr>
<td>• Good/Excellent</td>
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<tr>
<td>• Students can say why more or less likely from history. Language appropriate depending on who explanation for</td>
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</tbody>
</table>

DISCIPLINE: DOCES X, Updated 6 March 2018
# Directly Observed Consultation and Examination Skills (DOCES)

<table>
<thead>
<tr>
<th>Marking Criteria</th>
<th>Fail</th>
<th>Borderline</th>
<th>Pass</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain to the patient/examiner – Investigations</td>
<td>IS</td>
<td></td>
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<tr>
<td>Mark up for inclusion of essentials, mark down if over investigate or miss out crucial examination or investigations.</td>
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<tr>
<td>Language appropriate depending on who explanation for.</td>
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<tr>
<td>If explanation to patient: patient-centred description of what this involves.</td>
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<tr>
<td>Explain to the patient/examiner – Management Plan</td>
<td>MP</td>
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<tr>
<td>Immediate/short term/long term/emergency follow-up.</td>
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<tr>
<td>Expected:</td>
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<tr>
<td>• Good</td>
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<tr>
<td>• Excellent</td>
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</tbody>
</table>

DISCIPLINE: DOCES K, Updated 6 March 2018
Directly Observed Consultation and Examination Skills (DOCES)

**Examination Marking Template**

<table>
<thead>
<tr>
<th>Marking Criteria</th>
<th>Fail</th>
<th>Satisfactory</th>
<th>Pass</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initiating session</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishing Initial rapport</td>
<td><strong>ES</strong></td>
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<tr>
<td>Expected</td>
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<tr>
<td>- Greets patient and obtains patient's name.</td>
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<tr>
<td>- Introduces self, role and nature of examination, obtains consent if necessary.</td>
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<tr>
<td>Good</td>
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<tr>
<td>- Able to explain in a logical and succinct manner what the examination involves.</td>
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<tr>
<td>- Demonstrates respect, interest and attends to patient comfort.</td>
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<tr>
<td>Excellent</td>
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<tr>
<td>- Check understanding of explanation of examination.</td>
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<tr>
<td>- Explores patient's concerns and patient's expectations (this may come later too)</td>
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</tr>
</tbody>
</table>

| **General inspection and Vitals:** | | | | | |
| Expected | | | | | |
| - Student should be able to describe what they are looking for and get most of these | | | | | |
| Good | | | | | |
| - Student gets all of these | | | | | |
| Excellent | | | | | |

| **Specific System Examination:** | | | | | |
| Expected | | | | | |
| - Student should be able to describe what they are looking for and get most of these | | | | | |
| Good | | | | | |
| - Student gets all of these | | | | | |
| Excellent | | | | | |
| - Looks for other signs of | | | | | |

| **Specific Focused Examination** | | | | | |
| Student should describe what they are looking for. | | | | | |
| Expected | | | | | |
| - Inspect (e.g. asymmetry, scars) | | | | | |
| Palpate | | | | | |
| Auscultate | | | | | |
| Good | | | | | |
| - Tactile fremitus | | | | | |
| Excellent | | | | | |

| **Presentation to Examiner (ISOBAR)** | | | | | |
| Discussion with patient about findings, differentials further investigation and/or management. | | | | | |
| Expected | | | | | |
| | | | | | |
| Good | | | | | |
| | | | | | |
| Excellent | | | | | |
| | | | | | |
| - If explanation to patient should be patient centred as per explanation station marking system—cut and paste relevant sections from explanation section. | | | | | |
# Explaining DOCES Marking Sheet

## Directly Observed Consultation and Examination Skills (DOCES)

### Explaining Marking Template

<table>
<thead>
<tr>
<th>Marking Criteria</th>
<th>Fail</th>
<th>Borderline</th>
<th>Pass</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>
| **Initiating session**  
Establishing Initial Rapport  
Expected  
- Greets patient and obtains patient’s name.  
- Introduces self, role and nature of Interview, obtains consent if necessary.  
Good  
- Demonstrates respect interest and attends to patient comfort.  
Excellent  
- Explores patient’s concerns and patient’s expectations (this may come later too). | | | | | CS |
| **Explanation and Planning** | | | | | | CS |
| Expected  
- Establishes how much patient already knows.  
Good  
- Also establishes patient’s concerns and expectations.  
Excellent  
- Also encourages and addresses questions. | | | | | |
| **Provides the correct information and type of information** | CS |
| Expected  
- Explains XX with minimal jargon  
Good  
- Chunks and checks: gives information in manageable chunks, checks for understanding, uses patient’s response as a guide to how to proceed.  
Excellent  
- Organises explanation, signposts and summarises, uses visual methods or written reinforcement. | | | | | |
| **Why do I have this?** | | | | | | CS |
| Expected  
- Explains XX with minimal jargon  
Good  
- Chunks and checks: gives information in manageable chunks, checks for understanding, uses patient’s response as a guide to how to proceed.  
Excellent  
- Organises explanation, signposts and summarises, uses visual methods or written reinforcement. | | | | | |
| **Explains symptoms of...** | MP |
| Expected  
- At least three symptoms.  
Good  
- Exceeds this.  
Excellent  
- Can describe chronology. | | | | | |
| **Explains management plan/emergency treatment of...** | MP |
| Expected  
- Medication in condition?  
- Explains use of XY and Z.  
- Uses simple terms, ensures understanding.  
Good/Excellent | | | | | |

DISCIPLINE: DOCES X. Updated 6 March 2016
## Directly Observed Consultation and Examination Skills (DOCES)

<table>
<thead>
<tr>
<th>Health promotion prevention or management of disease</th>
<th>MP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Closing the session</th>
<th>MP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected: Describes follow-up. Good. Also outlines purpose of follow-up. Excellent: Also includes goals of follow-up and clear safety net instructions.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Summarising</th>
<th>MP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summarises key information. Checks understanding, offers hand out. Ensure clarity on follow-up (if not already done).</td>
<td></td>
</tr>
</tbody>
</table>

### Options and Explaining in detail (From Cambridge Calgary framework)

**If discussing investigations and procedures or treatment**
- Provides clear information on procedures (e.g., what patient might experience)
- How patient will be informed of results
- Relates procedures to treatment plan: value, purpose
- Encourages questions about and discussion of potential anxieties or negative outcomes

**Shared negotiation if negotiating mutual plan of action (if management focused)**
- Discusses options (e.g., no action, investigation, medication or surgery, non-drug treatments (physiotherapy, walking aids, fluids, counselling, preventive measures))
- Provides information on action or treatment offered name, steps involved, how it works, benefits and advantages possible side effects
- Obtains patient's view of need for action, perceived benefits, barriers, motivation
- Accepts patient's views, advocates alternative viewpoint as necessary
- Elicits patient's reactions and concerns about plans and treatments including acceptability
- Takes patient's lifestyle, beliefs, cultural background and abilities into consideration
- Encourages patient to be involved in implementing plans, to take responsibility and be self-reliant
- Asks about patient support systems, discusses other support available

DISCIPLINE DOCES x. Updated 6 March 2016
## Breaking Bad News Marking Template

<table>
<thead>
<tr>
<th>Marking Criteria</th>
<th>Fat</th>
<th>Sacrifice</th>
<th>Pass</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

### Initiating session
- Establishing Initial Rapport
- **Expected**
  - Greet patient and obtain patient's name.
  - Introduces self, role and nature of consultation, obtains consent if necessary.
- **Good**
- **Determines what patient already knows about why they had the test and whether they were expecting any adverse results.**
- See if they have anyone that they want with them.
- Elicit how the patient is thinking/feeling.
- **Excellent**
- **Explores patients concerns and patients expectations (this may come later too)**

### Breaking bad news
- **Determines what the patient knows about**
  - Establishes outlook on the situation, what they want to know
  - Warns that bad news is coming
  - Breaks the bad news basic information simply repeating important points
  - Give information in small chunks
  - Gives time to respond
  - Encourages them to express emotions
  - Empathise with emotions
  - Identifies main concerns
  - Seeks to address those concerns
- **Expected**
  - 5/9 aspects
  - **Good**
  - 6-7/9 aspects
  - **Excellent**
  - More than 7/9 aspects

### Provides the correct information and type of information
- **What is X?**
- Explains that...
- **Expected**
  - Explains X with minimal jargon
- **Good**
  - Chunks and checks: gives information in manageable chunks: checks for understanding, uses patient's response as a guide to how to proceed.
- **Excellent**
  - Organises explanation, signposts and summarises, uses visual methods or written reinforcement.

### Discussion of management plan options
- Discusses options (e.g. no action, investigation, medication or surgery, non-drug treatments (physiotherapy, walking aids, fluids, counselling, preventative measures))
- **Provides information on action or treatment offered name, steps involved, how it works, benefits and advantages possible side effects**

**DISCIPLINE DOCES X, Updated 6 March 2016**
# Directly Observed Consultation and Examination Skills (DOCES)

<table>
<thead>
<tr>
<th>Marking Criteria</th>
<th>Fail</th>
<th>Borderline</th>
<th>Pass</th>
<th>Good</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
<td>Obtains patient’s view of need for action, perceived benefits, barriers,</td>
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<tr>
<td>motivation</td>
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<td>Accepts patient’s views, advocates alternative viewpoint as necessary</td>
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<td>Elicits patient’s reactions and concerns about plans and treatments including</td>
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<tr>
<td>acceptability</td>
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<tr>
<td>Takes patient’s lifestyle, beliefs, cultural background and abilities into</td>
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<tr>
<td>consideration</td>
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<tr>
<td>Encourages patient to be involved in implementing plans, to take responsibility</td>
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<tr>
<td>and be self-reliant</td>
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<tr>
<td>Asks about patient support systems, discusses other support available</td>
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<td>Expected</td>
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<tr>
<td>Has a basic understanding about current treatment and seeks further advice.</td>
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<tr>
<td>Good/Excellent</td>
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<tr>
<td>Has a greater clarity in treatment options and advice about who else will be</td>
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<tr>
<td>involved/consulted for further treatment.</td>
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</tbody>
</table>

**Follow-up and closing**

- Summarise and check with patient safety net.
- Advises patient when to return.
- Set up further appointment/offer phone call, etc.
- Identify support systems (friends, family, patient help groups), ensures
  psychosocial support available.
- Offer to see/tell spouse/family.
- Hand-out information/refer to websites.

<table>
<thead>
<tr>
<th>MP</th>
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</table>

**DISCIPLINE: DOCES K. Updated 6 March 2016**
Chronic Condition and Motivational Interviewing Marking Sheet

<table>
<thead>
<tr>
<th>Marking Criteria</th>
<th>Fail</th>
<th>Deposit</th>
<th>Pass</th>
<th>Good</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
<td><strong>Initiating session</strong></td>
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<td>CS</td>
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<tr>
<td>Establishing Initial rapport</td>
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<td>Expected</td>
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<tr>
<td>- Greet patient and obtain patient's name.</td>
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<td>- Introduce self, role and nature of consultation, obtains consent if necessary.</td>
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<tr>
<td>Good</td>
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<tr>
<td>- Determines what patient already knows about why they had the test and whether</td>
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<td>they were expecting any adverse results.</td>
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<td>- See if they have anyone that they want with them.</td>
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<td>- Elicit how the patient is thinking/feeling.</td>
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<td>Excellent</td>
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<tr>
<td>- Explores patients concerns and patient’s expectations (this may come later too)</td>
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<tr>
<td>Establishes patients understanding of their condition</td>
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<tr>
<td>Good/Excellent</td>
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<td>- Actively determines and appropriately explores some or all:</td>
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<td>- Patient’s ideas (i.e. beliefs re: cause)</td>
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<tr>
<td>- Patient’s concerns (i.e. worries) regarding each problem</td>
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<td>- Patient’s expectations (i.e. goals, what help the patient had expected for</td>
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<tr>
<td>each problem)</td>
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<td>- Effects: how each problem affects the patient’s life</td>
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<tr>
<td>Asks about features of condition/ symptons comorbidities/risk factors HTS</td>
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<tr>
<td>Expected</td>
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<tr>
<td>- Asks some of those questions or his similar systems.</td>
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<td>Good/Excellent</td>
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<tr>
<td>- Asks most to all of the questions with a system, open questions and non-</td>
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<tr>
<td>judgemental approach.</td>
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<tr>
<td>Past Medical History, Medication, FH</td>
<td>HTS</td>
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<tr>
<td>Asks about: (related to condition)</td>
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<td>Expected</td>
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<td>- At least 3 of these</td>
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<td>Good</td>
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<td>- At least 4 of these</td>
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<td>Excellent</td>
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<td>More than 4 of these</td>
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<tr>
<td>Social History</td>
<td>HTS</td>
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<td>Expected</td>
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<tr>
<td>- Asks about social supports (spousal relationship and other friends) smoking,</td>
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<td>alcohol, drugs.</td>
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<td>Good</td>
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<td>- Explores these in more detail and links to lifestyle issue (barriers or</td>
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<td>incentives)</td>
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<td>Excellent</td>
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<tr>
<td>- Establishes impact on patient</td>
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</table>

DISCIPLINE DOCES X. Updated 6 March 2016
### Directly Observed Consultation and Examination Skills (DOCES)

<table>
<thead>
<tr>
<th>Marking Criteria</th>
<th>Fall</th>
<th>Borderline</th>
<th>Pass</th>
<th>Good</th>
<th>Excellent</th>
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<tbody>
<tr>
<td><strong>Motivational Interviewing</strong> MI</td>
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<tr>
<td>Assesses the stage of change of the patient (pre-contemplation, contemplation,</td>
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<tr>
<td>planning, action or maintenance)</td>
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<td><strong>Expected</strong></td>
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<tr>
<td>• Identifies the stage of change from what the patient says (planning stage) and</td>
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<td>moves forward from that point correctly.</td>
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<td><strong>Good/Excellent</strong></td>
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<tr>
<td>• Feeds back what the patient says about their willingness to change/stage of</td>
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<tr>
<td>change</td>
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<tr>
<td><strong>Motivational interviewing approach with patient setting goals:</strong></td>
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<tr>
<td>MI/CS</td>
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<tr>
<td>Asks open questions about what the patient thinks they could do? What they want</td>
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<td>to happen? Or provides suggestions only if required. Checks it is realistic and</td>
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<tr>
<td>achievable and likely to result in benefit. Details the plan with patient.</td>
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<tr>
<td>Assesses barriers and how they can be overcome. Identifies rewards. Asks about</td>
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<tr>
<td>confidence regarding change, provides reassurance and encouragement.</td>
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<td><strong>Expected</strong></td>
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<tr>
<td>• Asks some open questions and attempts patient driven goals: Goals are SMART</td>
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<td>Good</td>
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<tr>
<td>• Demonstrates MI techniques and achieves goals: Negotiation with patient</td>
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<td>Excellent</td>
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<td>• Patient led process with specific and detailed plan, asks about patient</td>
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<tr>
<td>confidence</td>
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<td><strong>Follow-Up and Support:</strong></td>
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<td>MP</td>
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<tr>
<td>Offers to see again, offers to refer to self-help group, phone line, counsellor,</td>
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<td>provides information leaflet</td>
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<td><strong>Expected</strong></td>
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<tr>
<td>• Invites a follow-up consultation</td>
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<td><strong>Good/Excellent</strong></td>
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<td>• Follow up visit stating regardless of whether goal is achieved or not and at</td>
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<tr>
<td>least one other option</td>
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</table>
# A-E Assessment DOCES Marking Sheet

**UNIVERSITY of TASMANIA**

**FACULTY OF HEALTH**

**School of Medicine**

## Directly Observed Consultation and Examination Skills (DOCES)

### A-E Assessment Marking Template

<table>
<thead>
<tr>
<th>Marking Criteria</th>
<th>Fat</th>
<th>Borderline</th>
<th>Pass</th>
<th>Good</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
<td><strong>Communication Skills</strong></td>
<td>CS</td>
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<tr>
<td><strong>Immediate Assessment</strong></td>
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<tr>
<td>DRS: checks for Danger, checks for Response, Sends for help (MET call)</td>
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<td>Pass</td>
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<td>Excellent</td>
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<tr>
<td><strong>History Taking Skills:</strong></td>
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<tr>
<td><strong>Secondary History taking skills</strong></td>
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<tr>
<td>A, M, P, L, E. Allergies, Medication, PMH, Last meal, Environment or similar</td>
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<td>Pass</td>
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<tr>
<td><strong>Examination - Airway:</strong></td>
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<tr>
<td>Talks to patient and assesses verbal response able to talk, stridor, saturation</td>
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<td>Pass</td>
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<tr>
<td><strong>Examination - Breathing:</strong></td>
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<tr>
<td>Notes respiratory rate, midline trachea, listens to chest. Recognises increased RR. Notes Oxygen saturation low.</td>
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<td>Pass</td>
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<tr>
<td><strong>Examination - Circulation:</strong></td>
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<tr>
<td>Asks for blood pressure and pulse in a timely manner. Checks capillary return. Asks for IV access, listens for HS. Suggests starting fluids.</td>
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</tbody>
</table>

DISCIPLINE DOCES X. Updated 6 March 2016
## Directly Observed Consultation and Examination Skills (DOCES)

<table>
<thead>
<tr>
<th>Marking Criteria</th>
<th>Fail</th>
<th>Below Average</th>
<th>Pass</th>
<th>Good</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
<td><strong>Examination – Disability:</strong></td>
<td>ES</td>
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<tr>
<td>Does a quick “disability” check (AVPU), checks temperature and BSL.</td>
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<tr>
<td><strong>Pass:</strong></td>
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<tr>
<td>• Gets most of these listed.</td>
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<tr>
<td>• As above and institutes management in response to abnormal findings.</td>
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<tr>
<td><strong>Examination – Exposure:</strong></td>
<td>ES</td>
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<tr>
<td>Exposes patient looking for other causes.</td>
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<tr>
<td><strong>Pass:</strong></td>
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<tr>
<td>• Says will expose the patient.</td>
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<tr>
<td>• Exposes the patient.</td>
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<tr>
<td><strong>Management Skills:</strong></td>
<td>MP</td>
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<tr>
<td><strong>Pass:</strong></td>
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<tr>
<td>• Gets most of these listed.</td>
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<tr>
<td>• As above plus is organised in their approach.</td>
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<tr>
<td><strong>Post-Event Management</strong></td>
<td>MP</td>
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<tr>
<td><strong>Pass:</strong></td>
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<tr>
<td>• Gets most of these listed.</td>
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<tr>
<td>• As above plus is organised in their approach.</td>
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</tbody>
</table>
**Directly Observed Consultation and Examination Skills (DOCES)**

**Global Score**: synthesis of the student’s performance. It allows the examiners to give points for the observed quality of the skills observed in the OSCE.

This table demonstrates the skills the students are required to demonstrate to gain higher marks in global score.

<table>
<thead>
<tr>
<th>Skills</th>
<th>0 – Clear fail</th>
<th>1 – Borderline</th>
<th>2 – Clear pass</th>
<th>3 – High pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>History Taking</td>
<td>Closed questions only. No response to patient’s comments. Poorly structured interview.</td>
<td>Listens initially but then unable to respond to patient’s comments. Omitted some important questions.</td>
<td>Elicits appropriate symptoms. Listens to patient. Asked all important questions.</td>
<td>Elicits patient agenda and responds to their perspective. Efficient interview, asking all relevant questions.</td>
</tr>
<tr>
<td>Examinations</td>
<td>No structure to examine or incorrect methods.</td>
<td>Aware of some examination technique. Poorly structured or poorly performed.</td>
<td>Familiarity and competency with routine examination.</td>
<td>Response to patient’s discomfort. Excellent technique.</td>
</tr>
<tr>
<td>Investigations</td>
<td>No awareness of investigations required.</td>
<td>Some investigations but no familiarity or misses important ones out or orders inappropriate tests.</td>
<td>Able to formulate reasonable investigations to confirm or refute diagnosis.</td>
<td>Excellent organisation of investigations to confirm or refute diagnosis. Awareness of unnecessary investigations or specialist investigations required later.</td>
</tr>
<tr>
<td>Synthesis of information</td>
<td>No awareness of the implication of findings. Some attempt to synthesise information.</td>
<td>Able to formulate reasonable differential not just a list of every cause and can stratify in terms of likelihood.</td>
<td>Excellent summarising, differential diagnosis and plan to differentiate.</td>
<td></td>
</tr>
<tr>
<td>Development of a Management Plan</td>
<td>No ideas for management. Plan, but no familiarity with implications or appropriate management options.</td>
<td>Appropriate management plan. Safety netting, referral/follow-up, written information, health promotion opportunity.</td>
<td>Involvement of patient in decision making. Awareness of further management options.</td>
<td></td>
</tr>
</tbody>
</table>

**Global Score shown in table**
Directly Observed Consultation and Examination Skills (DOCES)

Strengths of Consultation:

Areas for Improvement:

Detailed review required: YES/NO
**Student Leave Request Form**

*Students to upload completed form to MyLO Dropbox for approval*

If students request leave, they are required to include in their leave submission, plans to make up for loss of time (clinical and/or group learning) and must discuss this with their supervisor(s) and/or GP contact prior to submission.

### Applicant Details

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student ID:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Year:</th>
<th>Attachment Details:</th>
</tr>
</thead>
</table>

### Period of Leave

- From **AM**/**PM** [DD/MM/YYYY]
- To **AM**/**PM** [DD/MM/YYYY]
- Total Number of Days: [ ]

Have you notified?

- [ ] GP
- [ ] Mentor
- [ ] Relevant Hospital Personnel
- [ ] RCS Academic Admin Team

### Leave Details

- [ ] Holiday Leave
- [ ] Personal Leave (Carer’s Leave, Bereavement Leave)
- [ ] Other (please specify)
- [ ] Sick Leave
  - Medical Certificate attached
  - Sick leave of 5 days or more, will need to be supported by a Medical Certificate
- [ ] Conference Leave
- [ ] School Approved Leave

### Conference Details:

<table>
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<tr>
<th>Conference Details:</th>
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<table>
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<tr>
<th>Professional Development (please specify)</th>
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</table>

Please provide details regarding how you plan to make up for loss of time (clinical and/or group learning).

<table>
<thead>
<tr>
<th>Conference Details:</th>
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</thead>
</table>
APPENDIX 2: OBSERVED STRUCTURED CLINICAL EXAMS (OSCE) GUIDANCE

Students will undertake Observed Structured Clinical Exams, OSCE’s and written papers as summative exams.

OSCE examinations

The format of these exams and training for examiners and role players in standardised across the state.

The examinations are offered at the three clinical schools simultaneously. Students may have to travel to another clinical school for these practical exams.

Each examination station will have:

- **Student Information**: A scenario and a task.
- **Examiner Information**: Describes the key skills which the station is testing.

There are three scoring systems for each exam:

1) **Criteria for Checklist Tasks**: the criteria for the check lists are recorded on the marking sheet and are specific for each OSCE. They mark the students against a list of expected responses or actions.

2) **Global Score** is the synthesis of the student’s performance. It allows the examiners to give points for the quality of the skills observed in the OSCE. Score out of 7. For example a student may get many of the check lists points but may be unable to synthesise or respond to the information, or asks in a disorganised manner or with poor communication skills and would then be marked down in the global score (details included on the Global score marking sheet).

3) **Overall standard setting assessment**. This standard setting mark is used to determine the overall pass mark of the exam. The pass mark is determined by the borderline regression method. Each examiner contributes to the standard setting by deciding the level of the OSCE performance. This assessment is based on the synthesis of the criterion and global score, it is behaviourally anchored and should be assessed at the appropriate year level (details of assessment determination is included in standard setting criteria).
Criteria checklist marking

The check lists summarises the criteria that the examiner should observe in each aspect of the OSCE station. This varies on the skills testing and the OSCE topic. The grid demonstrates how the template would be set up for a History and differential diagnosis station.

<table>
<thead>
<tr>
<th>Marking criteria</th>
<th>Fail</th>
<th>Borderline</th>
<th>Pass</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>History taking- History of presenting complaint</strong></td>
<td></td>
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<tr>
<td>• Pass student: Gets most of these listed</td>
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<tr>
<td>• Good student: Gets most of these listed plus or including</td>
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<tr>
<td>• Excellent student: Gets most of these listed plus or including</td>
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<tr>
<td><strong>History taking- red flags</strong></td>
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<tr>
<td>• Pass student: Gets most of these listed</td>
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<tr>
<td>• Good student: Gets most of these listed plus or including</td>
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<tr>
<td>• Excellent student: Gets most of these listed plus or including</td>
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<tr>
<td><strong>History taking- Other</strong></td>
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<tr>
<td>• Pass student: Gets most of these listed</td>
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<tr>
<td>• Good student: Gets most of these listed plus or including</td>
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<tr>
<td><strong>Differential Diagnosis</strong></td>
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</tr>
<tr>
<td>• Pass student: Gets most of these listed</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• Good student: Gets most of these listed plus or including</td>
<td></td>
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</tbody>
</table>
Global Score

Global Score is the synthesis of the students’ performance. The matrix below identifies how a global mark is determined for defined skills.

<table>
<thead>
<tr>
<th>Skills</th>
<th>Clear fail</th>
<th>Borderline</th>
<th>Pass</th>
<th>Good/ Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>History taking</td>
<td>Closed questions only. No response to patient’s comments. Poorly structured interview</td>
<td>Listens initially but then unable to respond to patient’s comments. Omitted some important questions</td>
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</tr>
<tr>
<td>Examination</td>
<td>No structure to examination. Incorrect methods</td>
<td>Aware of some examination technique. Poorly structured or poorly performed</td>
<td>Familiarity and competency with routine examination.</td>
<td>Response to patient’s discomfort. Excellent technique</td>
</tr>
<tr>
<td>Investigations</td>
<td>No awareness of investigations required</td>
<td>Some investigations, but no familiarity with important ones or misses important investigation out or orders inappropriate tests.</td>
<td>Able to organise reasonable investigations to confirm or repute diagnosis</td>
<td>Excellent. Organisation of investigations to confirm or repute diagnosis Awareness of unnecessary investigations or specialist investigations required later.</td>
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<tr>
<td>Synthesis of information</td>
<td>No awareness of implication of findings</td>
<td>Some attempt to synthesise information</td>
<td>Able to formulate reasonable differential not just list of every cause, can stratify in terms of likelihood</td>
<td>Excellent summarising and differential and plan to differentiate</td>
</tr>
<tr>
<td>Development of management plan</td>
<td>No ideas for management</td>
<td>Plan, but no familiarity with implications or appropriate management options</td>
<td>Appropriate management plan. Safety netting, referral /follow up, written information Health promotion op</td>
<td>Involvement of patient in decision making. Awareness of further management options</td>
</tr>
<tr>
<td>Information giving</td>
<td>No attempt to establish prior knowledge. Incomprehensible information.</td>
<td>Giving large chunks of information without checking patient understanding</td>
<td>Reasonably comprehensible. Adequate checking of patient understanding Safety netting, referral follow up, written information</td>
<td>Gradual release of info, checking understanding and modification according to response</td>
</tr>
<tr>
<td>Communication skills</td>
<td>Poor eye contact. No rapport. Inappropriate language. Poor nonverbal responses</td>
<td>Some awareness of non verbal communication. Insufficient attempt to build rapport.</td>
<td>Reasonable use of appropriate, non technical language. Reasonable non verbal responses. Reasonable rapport.</td>
<td>Excellent use of non verbal communication – body posture, body contact, facilitatory comments. Excellent awareness of patient’s needs.</td>
</tr>
<tr>
<td>Written papers</td>
<td>Illegible Not signed or dated Dangerous advice or treatment plans written</td>
<td>Poor legibility Erratic use of signing or dated or dosages ambiguous advice or treatment becomes fail if can be interpreted in a dangerous way.</td>
<td>Legible Appropriate spelling Correct advice and treatment written Courteous</td>
<td>Legible Appropriate spelling Correct advice and treatment written. Variations, warnings and patient information also documented</td>
</tr>
</tbody>
</table>
# APPENDIX 3: MEDICAL DEANS AUSTRALIA & NEW ZEALAND

## ATTRIBUTES OF A MEDICAL STUDENT SPECTRUM

| Predominately acquired in settings other than clinical settings | (1) Scientific method relevant to biological, behavioural and social sciences at a level adequate to provide a rational basis for present medical practice, and to acquire and incorporate the advances in knowledge that will occur over their working life. |
| Requires some degree of clinical setting | (2) The normal structure, function and development of the human body and mind at all stages of life, the factors that may disturb these, and the interactions between body and mind. |
| | (27). Recognition that the doctor should have the necessary professional support, including a primary care physician, to ensure his or her own well-being. |
| | (36). An appreciation of the systems approach to health care safety, and the need to adopt and practise health care that maximises patient safety including cultural safety. |
| | (30). A commitment to ease pain and suffering. |
| | (7). The principles of health education, disease prevention and screening. |
| | (38). A desire to achieve the optimal patient care for the least cost, with an awareness of the need for cost-effectiveness to allow maximum benefit from the available resources. |
| | (31). A realisation that it is not always in the interests of patients or their families to do everything that is technically possible to make a precise diagnosis or to attempt to modify the course of an illness. |
| | (10). Systems of provision of health care in a culturally diverse society including their advantages and limitations, the principles of efficient and equitable allocation and use of finite resources, and recognition of local and national needs in health care and service delivery. |
| | (3). The aetiology, pathology, symptoms and signs, natural history, and prognosis of common mental and physical ailments in children, adolescents, adults and the aged. |
| | (35). An appreciation of the responsibility to contribute towards the generation of knowledge and the professional education of junior colleagues. |
| | (34). An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career. |
| Predominately acquired in clinical settings | (24) The ability to interpret medical evidence in a critical and scientific manner and an understanding of the epidemiology of disease in differing populations and geographic locations. |
|                                           | (29) Respect for community values, including an appreciation of the diversity of human background and cultural values. |
|                                           | (26) Recognition that the doctor’s primary professional responsibilities are the health interests of the patient and the community. |
|                                           | (33) A realisation that doctors encounter clinical problems that exceed their knowledge and skills, and that, in these situations, they need to consult and/or refer the patient for help, in clinical, cultural social and language related matters as appropriate. |
|                                           | (12) The principles of ethics related to health care and the legal responsibilities of the medical profession. |
|                                           | (28) Respect for every human being, including respect of sexual boundaries. |
|                                           | (25) The ability to use information technology appropriately as an essential resource for modern medical practice. |
|                                           | (9) Factors affecting human relationships, the psychological, cultural and spiritual well-being of patients and their families, and the interactions between humans and their social and physical environment. |
|                                           | (40) A realisation that one's personal, spiritual, cultural or religious beliefs should not prevent the provision of adequate and appropriate information to the patient and/or the patient's family, or the provision of appropriate management including referral to another practitioner. |
|                                           | (8) The principles of amelioration of suffering and disability, rehabilitation and the care of the dying. |
|                                           | (6) Normal pregnancy and childbirth, the more common obstetrical emergencies, the principles of antenatal and postnatal care, and medical aspects of family planning. |
|                                           | (20) Communication skills, including being able to listen and respond, as well as being able to convey information clearly, considerately and sensitively to patients and their families, doctors, nurses other health professionals and the general public. |
|                                           | (21) The skills needed to work safely as an intern, as outlined in the National Patient Safety Education Framework developed by the Australian Council for Quality and Safety in Health Care. |
|                                           | (22) The ability to counsel patients sensitively and effectively and to provide information in a manner that ensures patients |
and families can be fully informed when consenting to any procedure.

(37). A commitment to communicating with patients and their families, and to involving them fully in planning management.

(39). A preparedness to work effectively in a team with other health care professionals.

(11). Indigenous health, including the history, cultural development and health of the Indigenous peoples of Australia or New Zealand.

(13) The ability to construct, in consultation with a patient, an accurate, organised and problem-focused medical history.

(14) The ability to perform an accurate physical and mental state examination.

(32) An appreciation of the complexity of ethical issues related to human life and death, including the allocation of scarce resources.

(23) The ability to recognise serious illness and to perform common emergency and life-saving procedures, including caring for the unconscious patient and cardiopulmonary resuscitation.

(15) The ability to choose, from the repertoire of clinical skills, those that are appropriate and practical to apply in a given situation.

(16) The ability to interpret and integrate the history and physical examination findings to arrive at an appropriate diagnosis or differential diagnosis.

(4) Common diagnostic procedures, their uses and limitations.

(17) The ability to select the most appropriate and cost effective diagnostic procedures.

(18) The ability to interpret common diagnostic procedures.

(5) Management of common conditions including pharmacological, physical, nutritional and psychological therapies. A more detailed knowledge of management is required for those conditions that require urgent assessment and treatment.

(19) The ability to formulate a management plan, and to plan management in concert with the patient.

For Attributes 1-12 “Graduates completing basic medical education should have knowledge and understanding of”

For Attributes 13 – 25 “Graduates completing basic medical education should have developed the following skills and abilities”

For Attributes 26 – 40 “At the end of basic medical education students should demonstrate the following professional attitudes that are fundamental to medical practice”.

**Clinical Management**

**Symptoms**
- Fever
- Cough
- Fatigue
- Shortness of breath
- Muscle pain
- Headache
- Diarrhea

**Clinical Evaluation**
- Temperature
- Pulse
- Respiration
- Blood pressure

**Treatment Options**
- Antibiotics
- Pain relief
- Oxygen therapy
- Antiviral medications

**Prevention Measures**
- Good hygiene practices
- Avoid close contact
- Quarantine

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**Communication**

**Patient Interaction**
- Encourage open and honest communication
- Provide clear and accurate information
- Address concerns and fears

**Communication Skills**
- Active listening
- Clear and concise speech
- Empathy

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**Professionalism**

**Doctor-Patient Relationship**
- Establish trust and confidence
- Respect patient autonomy
- Maintain confidentiality

**Continuing Education**
- Stay updated with latest research
- Participate in professional development opportunities

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**Ethical Practice**
- Use evidence for decision-making
- Avoid conflicts of interest
- Respect patient confidentiality