SCHOOL OF MEDICINE

YEAR 5

CAM531/532 (Launceston Clinical School)
CAM533/534 (Rural Clinical School)
CAM535/536 (Hobart Clinical School)

2012 HANDBOOK
# YEAR 5 HANDBOOK 2012

## TABLE OF CONTENTS

1. **INTRODUCTION** ................................................................. 5
   1.1 AIMS OF YEAR 5 ........................................................................... 6
   1.2 PROGRAM DELIVERY AND STRUCTURE ............................................ 6

2. **KEY COURSE COMPONENTS** .................................................. 7
   2.1 CLINICAL ATTACHMENTS ............................................................. 7
       2.1.1 General Medicine Attachment .................................................. 9
       2.1.2 General Surgery Attachment ..................................................... 9
       2.1.3 Paediatrics Attachment ............................................................ 10
       2.1.4 Obstetrics and Gynaecology Attachment ..................................... 10
       2.1.5 Psychiatry Attachment ............................................................. 11
       2.1.6 General Practice Attachment ................................................... 11
       2.1.7 Emergency Medicine Attachment ............................................. 11
       2.1.8 Anaesthetics Attachment ........................................................... 12
   2.2 PORTFOLIO .................................................................................. 12
       2.2.1 Log of skills and experiences ..................................................... 15
       2.2.2 Reflective piece ..................................................................... 15
       2.2.3 Attachment Goals .................................................................. 19
       2.2.4 Mini clinical examination exercise (mini-CEX) ............................. 19
       2.2.5 Objective structured long examination record (OSLER) ............... 20
       2.2.6 Long case histories ................................................................. 21
       2.2.7 Guidelines for Clinical Case Presentations .................................. 21
       2.2.8 Educational and related activities: continuing professional development log .................................................. 21
   2.3 INTEGRATED CASE-BASED LEARNING (CBL) ................................. 22
       2.3.1 CBL core topics .................................................................... 23
   2.4 THE YEAR 5 SELECTIVE ............................................................... 25

3. **RECOMMENDED RESOURCES** ............................................... 26
   3.1 ELECTRONIC RESOURCES ............................................................. 26
   3.2 REQUIRED OR RECOMMENDED TEXTS ........................................... 27

4. **ASSESSMENT REQUIREMENTS AND CRITERIA (SEE ALSO ASSESSMENT SECTION IN UNIT OUTLINE)** .................. 33
   4.1 COMPONENTS OF ASSESSMENT ..................................................... 34
   4.2 HOW YOUR FINAL RESULT WILL BE DETERMINED ......................... 34
   4.3 REMEDIATION ............................................................................. 34

5. **ADMINISTRATIVE REQUIREMENTS AND SUPPORT** .................. 34
   5.1 MEDICAL EDUCATION ADVISERS (MEA) ........................................ 34
   5.2 GUIDELINES FOR STUDENTS ON CLINICAL PLACEMENTS WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) – THIS POLICY ALSO APPLIES IN CLINICAL PLACEMENTS OUTSIDE THE DHHS ........................................ 34
   5.3 OCCUPATIONAL HEALTH AND SAFETY (OH&S) ............................ 39
# 5.4 Course Evaluation

COURSE EVALUATION .............................................................................................................. 39

# APPENDIX 1: UNIT OUTLINE

APPENDIX 1: UNIT OUTLINE ................................................................................................ 42

# CONTACT DETAILS

CONTACT DETAILS .................................................................................................................. 42

# 1. UNIT SUMMARY

1. UNIT SUMMARY .................................................................................................................. 43

# 2. ASSESSMENT

2. ASSESSMENT ....................................................................................................................... 44

## 2.1 Formative Assessments

2.1 Formative Assessments ................................................................................................. 44

## 2.2 Summative Assessments

2.2 Summative Assessments ............................................................................................... 44

## 2.3 Required Texts, Recommended Reading

2.3 Required Texts, Recommended Reading ....................................................................... 47

## 2.4 Further Learning Resources

2.4 Further Learning Resources ......................................................................................... 47

## 2.5 Access to Information Technology

2.5 Access to Information Technology ............................................................................. 47

# 3. LEARNING OUTCOMES/MEDICAL GRADUATE PROFILE

3. LEARNING OUTCOMES/MEDICAL GRADUATE PROFILE ............................................. 48

# 4. DETAILS OF TEACHING ARRANGEMENTS

4. DETAILS OF TEACHING ARRANGEMENTS ....................................................................... 53

## 4.1 Clinical Attachments

4.1 Clinical Attachments ....................................................................................................... 53

## 4.2 Selectives

4.2 Selectives .......................................................................................................................... 53

## 4.3 Case-based Learning Sessions

4.3 Case-based Learning Sessions ....................................................................................... 53

## 4.4 Lectures/Intensive Sessions/Tutorials

4.4 Lectures/Intensive Sessions/Tutorials ........................................................................... 53

## 4.5 Online Activities

4.5 Online Activities .............................................................................................................. 53

## 4.6 Videoconference Activities

4.6 Videoconference Activities ............................................................................................ 53

## 4.7 MyLO (My Learning Online)

4.7 MyLO (My Learning Online) ........................................................................................ 53

## 4.8 Practical/Laboratory/Simulation Sessions

4.8 Practical/Laboratory/Simulation Sessions ..................................................................... 53

## 4.9 National Registration of Students in the Health Professions (AHPRA)

4.9 National Registration of Students in the Health Professions (AHPRA) ......................... 53

## 4.10 Occupational Health and Safety (OH&S)

4.10 Occupational Health and Safety (OH&S) .................................................................... 54

## 4.11 Faculty of Health Science – Code of Conduct

4.11 Faculty of Health Science – Code of Conduct ................................................................ 54

## 4.12 National Police Record Check

4.12 National Police Record Check ...................................................................................... 54

## 4.13 Safety in Practice

4.13 Safety in Practice ............................................................................................................ 55

## 4.14 Infectious Diseases and Exposure to Body Fluids

4.14 Infectious Diseases and Exposure to Body Fluids ......................................................... 55

# 5. LEARNING EXPECTATIONS AND STRATEGIES

5. LEARNING EXPECTATIONS AND STRATEGIES ................................................................ 56

# 6. FURTHER INFORMATION AND ASSISTANCE

6. FURTHER INFORMATION AND ASSISTANCE .................................................................. 56

# 7. SPECIFIC ATTENDANCE/PERFORMANCE REQUIREMENTS

7. SPECIFIC ATTENDANCE/PERFORMANCE REQUIREMENTS ........................................... 56

# 8. HOW YOUR FINAL RESULT IS DETERMINED

8. HOW YOUR FINAL RESULT IS DETERMINED .................................................................. 57

## 8.1 Objective Structured Clinical Examination (OSCE)

8.1 Objective Structured Clinical Examination (OSCE) ...................................................... 57

### 8.2 Portfolio

8.2 Portfolio.................................................................................................................................. 57

#### 8.2.1 Portfolio content

8.2.1 Portfolio content ............................................................................................................ 57

#### 8.2.2 Portfolio Assessment

8.2.2 Portfolio Assessment .................................................................................................... 57

## 8.3 Overall Result

8.3 Overall Result ..................................................................................................................... 58

## 8.4 Remediation

8.4 Remediation ....................................................................................................................... 59

#### 8.4.1 Remediation in submitted (written) assessments

8.4.1 Remediation in submitted (written) assessments ....................................................... 59

#### 8.4.2 Remediation in clinical attachments

8.4.2 Remediation in clinical attachments .......................................................................... 59

#### 8.4.3 Remediation in skills or related activities

8.4.3 Remediation in skills or related activities ..................................................................... 59

#### 8.4.4 Remediation in OSCE and portfolio oral exam

8.4.4 Remediation in OSCE and portfolio oral exam ............................................................ 59

## 8.5 Requests for Extensions

8.5 Requests for Extensions ..................................................................................................... 60

## 8.6 Penalties

8.6 Penalties .............................................................................................................................. 60

## 8.7 Review of Results and Appeals

8.7 Review of Results and Appeals ....................................................................................... 60

## 8.8 Academic Referencing

8.8 Academic Referencing ...................................................................................................... 60
8.9 ACADEMIC MISCONDUCT, DISHONESTY AND PLAGIARISM .........................60

9 EXAMINATIONS AND HOLIDAY PLANNING .............................................62

10. ORIENTATION PROGRAM ....................................................................62

APPENDIX 2: FORMS ....................................................................................63

2.1 CLINICAL ATTACHMENT ASSESSMENT FORM .....................................63
2.2 SHORT DURATION ATTACHMENT FORM ...................................................66
2.3 LOG OF CLINICAL SKILLS SUMMARY SHEET ..........................................67
  2.3.1 CPR- simulated .................................................................71
  2.3.2 Venepuncture .................................................................72
  2.3.3 IV cannulation ...............................................................73
  2.3.4 Maintenance of the airway – simulated ...............................74
  2.3.5 Urinary catheter insertion - female - simulated .......................75
  2.3.6 Urinary catheter insertion – male - simulated .......................76
2.4 REFLECTIVE PIECE ASSESSMENT FORM ................................................77
2.5 GUIDELINES FOR WRITING CASE HISTORIES AND SAMPLE MARKING SHEETS ....78
2.6 FORMS TO RECORD EDUCATIONAL ACTIVITIES ....................................82
  2.6.1 Self directed study .............................................................82
  2.6.2 Passive learning activities ....................................................83
  2.6.3 Attendance at medical conferences, scientific sessions ..........84
  2.6.4 Log of presentations/quality improvement exercises/clinical research activities/teaching (excluding CBLs, mini-CEXs) ........85
  2.6.5 Other activities .................................................................86
  2.6.6 Research or clinical audit activities .......................................87
2.7 MINI-CLINICAL EVALUATION EXERCISE FORM ...............................88
2.8 SAMPLE ASSESSMENT FORM FOR CBL TASKS ....................................90
2.9 SELECTIVE NOTIFICATION FORM ..........................................................91
2.10 SAMPLE OBJECTIVE STRUCTURED CLINICAL EXAMINATION STATION AND MARKING SHEET .................................................................93
2.11 PORTFOLIO ORAL EXAM .................................................................95
  Instruction to examiners: .................................................................95
  Clinical aspects of scenarios .........................................................95
  Professional aspects of scenarios ................................................95
1. **INTRODUCTION**

The purpose of this handbook is to provide comprehensive information about aspects of Year 5, the final year of the MBBS course. It contains details students will need to know, including:

- the Unit Outline for Year 5 of the MBBS course which outlines the essential components of the Unit;
- information on clinical attachments, case based-learning (CBL) and learning resources;
- assessment procedures; and
- administrative requirements.

The Unit Outline can be found in Appendix 1 and should be read by all students. As there are some individual differences between the three Clinical Schools where Years 4 and 5 are taught, students need to seek information specific to their own Clinical School in the respective Guidelines.

The goal of medical education is to develop junior doctors who possess attributes that will ensure that they are initially competent to practise safely and effectively as interns in Australia, and that they have an appropriate foundation for lifelong learning and for further training in any branch of medicine.

The TSoM has defined the attributes that medical students should exhibit on graduation, equipping them for subsequent training and future roles in the Australian health system. These attributes are referred to as the Medical Graduate Profile (MGP) and appear in the Unit Outline in this Handbook (see Appendix 1).

The MGP defines the educational outcomes, which will be used to align teaching, learning and assessment. This profile is divided into five ‘themes’ which provide a framework for undergraduate learning, curriculum organisation and assessment at the TSoM.

The themes and their outcomes are:

1. **Human Health and Disease**: outcomes relating to understanding normal and abnormal human structure and function and the clinical application of this
2. **Communication and Collaboration**: outcomes relating to communication skills, team working and leadership skills
3. **Community Health and Disease**: outcomes related to the Australian health care system, public health, community based practice; preventative health care, environmental health and health delivery to populations of highest need e.g. Aboriginal, rural, refugee and economically impoverished populations.
4. **Personal and Professional Development**: outcomes related to ethics, lifelong learning, and high quality, safe health care delivery
5. **Integration**: outcomes that ensure students are able to synthesize material, think critically and creatively, solve problems, can appraise the evidence they base their future clinical practice on, and are knowledgeable about research methodologies.
1.1 Aims of Year 5

The overall aim of the TSoM is to produce broadly trained graduates equipped to be competent interns, with knowledge, skills and attitudes they can take through vocational training into life-long continuing professional development.

The specific aim of Year 5 is to prepare students for their intern year and beyond with experience in attachments which may include the hospital based units of general medicine, general surgery, obstetrics and gynaecology, paediatrics, anaesthetics and emergency medicine. These will be complemented by a community attachment in general practice.

1.2 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 on the Cradle Coast. All students are expected to attend an Orientation Day at their individual clinical schools. The Orientation schedule will be emailed to all students in January.

Similar to Year 4, Year 5 will include clinical attachments, which are listed at Section 2.1. These attachments will vary between Clinical Schools, and students must consult their specific Clinical School Guidelines for details and schedules of attachments.

The program will emphasise preparation for the intern year so there will be limited formal teaching during attachments to allow students to become fully involved in their clinical placement. A log of skills will provide a guide to the learning of specific skills and form part of the student’s portfolio. Students will usually be attached one on one to an intern or resident for the hospital-based terms. They will be expected to work alongside them and the registrar of the unit. **This means staying back when the unit is on-call after hours, attending ward meetings and rounds, relevant postgraduate meetings etc, and doing under supervision the tasks that interns/residents do including admissions, procedures, and chasing up results, etc.**

During Year 5 clinical attachments may include clinical case-based teaching and additional tutorials, the nature of which will vary between the three Clinical Schools.

All students will participate in integrated case-based learning (CBL) sessions. These sessions will cover the same core set of topics at each Clinical School, but may also include discretionary topics.
2. KEY COURSE COMPONENTS

The Year 5 course has four main components: clinical attachments, continued development of a portfolio containing evidence of attainment of learning outcomes case-based learning sessions, tutorials/lecture sessions. Some schools also offer a selective period. Consult your individual Clinical School handbook for details. The major focus of Years 4 and 5 is to maximise effective clinical encounters with patients, clerking as many patients as possible and utilizing the theme structure to develop the full range of skills relating to the MGP. While emphasis is on common conditions, exposure to unusual conditions can assist in recognition of similar presentations many years later. Reading based on patient exposure reinforces understanding and memory. Patients should also be followed over a period of time to understand the roles of other health professionals in extended care, the role of community health care, and the progress of illness over time.

2.1 Clinical Attachments

Patients will be seen in discipline-based attachments. The schedule for these attachments is in the Guidelines for the individual Clinical Schools.

The Student Placement Management System (SPMS) will detail clinical and community placements but check with your school.

The attachments for Year 5 may include exposure to:

- Medicine
- General Surgery
- Paediatrics
- Obstetrics and Gynaecology
- Psychiatry
- General Practice – urban, rural and remote, and in Residential Aged Care Facilities
- Emergency Medicine
- Anaesthetics/Intensive care
- Palliative Care
- Geriatric and rehabilitation medicine
- Remote Medical Practice.

The Learning Outcomes for the clinical attachment disciplines for Years 4 and 5 can be found in the document “Learning Outcomes for the Year 4/5 Clinical Attachments 2012”. All students should be familiar with these learning objectives and use them as a focus for their attachments. They will also be used to assist clinical teachers to know the knowledge and experience students are expected to obtain during their attachments.
It is recognised that students will be unlikely to observe all of the presentations listed in the learning objectives document. However, when complemented by case based learning, tutorial programs, experience in the DEM, and the General Practice attachment, most of these presentations will be covered in some way. What is not covered should become the basis for self-directed learning. It is also recognised that the level of formal paediatric, obstetric and gynaecological, and psychiatric teaching varies across Clinical Schools in Year 5. However all students will be exposed to these patients and clinical situations during the course of their hospital, General Practice and emergency department terms.

At the beginning of the attachment students should decide with their ward supervisor/community preceptor (Registrar or specialist) on their personal learning objectives for the attachment. These should reflect the objectives listed in the learning objectives document but will take account of previous experience, interests, reflection on the student’s strengths and weaknesses and, what the attachment can deliver. It is recommended that students contact a representative of the unit or General Practice to which they are to be attached late a week prior to commencement. This contact will ensure students are aware of the unit programs or General Practice routines, and therefore make full use of the learning opportunities, so that a planned and efficient deployment of students to various activities offered by the unit or General Practice is ensured. The representative is usually the Discipline Head, but students should check with the Year Coordinator to confirm.

Students are required to obtain a clinical attachment assessment signed by the discipline coordinator, supervising General Practitioner 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 workbooks provided for most attachments). The assessment form can be found in Appendix 2.1. You may also be required to get attachment assessments by your ward supervisor or registrar. The assessment form for short attachments can be found in Appendix 2.2. It is each student’s responsibility to ensure that the assessment form is completed and lodged with the Year Coordinator within one week of completion of the clinical attachment.

Roles and responsibilities

All UTAS students undertaking Professional experience placements are required to comply with the policy and procedures in the Safety in Practice kit. A link to this kit can be found on the Faculty of Health Science homepage under Professional Experience Placements –

On attachments, students must identify themselves to patients and staff as a final year medical student who is working as part of the medical team. Students should at all times wear their Hospital University identity card (not a lanyard) and carry student identity documentation. Identification should also be worn when on General Practice and community placements. Under the direction and supervision of the intern, resident, registrar or specialist, students will be expected to admit patients, attend ward rounds and outpatient clinics if appropriate, take part in at least some of the unit’s after hours on call, fill in investigation forms and referrals to other health professionals, write discharge summaries, etc, and contribute to other unit activities such as educational meetings and audits. **It is the student’s responsibility to find out when these occur from their resident or registrar.**

Anything written in the medical record or on a form is to be signed by the student, defining medical student status, and countersigned by a doctor. **Students should not fill out drug charts or death certificates because of the medico-legal implications** but are encouraged to fill out mock forms for actual patients to get experience. These practice forms must be destroyed. Under supervision students can also be involved in patient communication. Sensitive communication such as breaking bad news, dealing with distressed patients and relatives or communicating about adverse events is left to qualified doctors, but where possible observed, as these communication skills are vital to your future career. Students may observe sensitive communication provided the patient gives consent for the student to be there. Guidelines for students on clinical placement with the Department of Health and Human Services can be found on [http://fcms.its.utas.edu.au/files/policies/dhhsclinplace_06(1).pdf](http://fcms.its.utas.edu.au/files/policies/dhhsclinplace_06(1).pdf) and are set out below in Section 3.3.

### 2.1.1 General Medicine Attachment

The Year 5 attachment in general medicine is designed to help prepare students for their intern year. It will also provide an opportunity to consolidate basic and clinical knowledge and refine verbal and written communication skills as applicable to the care of general medical patients as part of the medical team. Within this context, under supervision, students will start to take some responsibility for patient care and acquire competency in essential practical skills. It will also give students experience of what it is like to work as a junior doctor in a hospital.

This program builds on teaching and learning earlier in the course where students will have already encountered many of the listed presentations. Further exposure will also occur in other attachments and teaching sessions including Emergency Medicine, General Practice and case-based learning.

### 2.1.2 General Surgery Attachment

The theme of Year 5 teaching in general surgery is to prepare students for efficient and safe functioning as an intern in the following year, and to bring together past teaching and experience to allow development of a capacity for analysis and judgment of the clinical situation.

Since students should now have a good working knowledge of the hospital, they are expected to take personal responsibility for maximizing their own learning opportunities. Hospital arrangements can change at short notice and students are therefore responsible for checking dates and times of clinics, etc.
The basis of this term is attachment to a General Surgical Unit. Students are expected to become identified with the Unit, helping the Registrar and the Intern whenever possible. Attendance at ward rounds where patient management is discussed is most important. Whenever possible, individual patients should be followed throughout their hospital contact so that a broad view of patient experience can be part of the student's background knowledge.

2.1.3 Paediatrics Attachment
The Year 5 attachment aims to provide students with more experience in the basics of paediatric medicine. The attachment will prepare students, through clinical practice, case-based learning, tutorials and practice to attain the skills and attributes required to allow them to benefit from the consolidation and enhancement available during the course of Year 5. By the end of Year 5 students will be ready, as interns, to safely and capably manage child patients under supervision.

The attachment will also provide a sound knowledge of common and important paediatric presentations. Opportunities to interact with infants, children and adolescents will also occur in many clinical settings, most particularly in the DEM and in General Practice. There may also be opportunities to meet children in other community settings (e.g. Child and Adolescent Mental Health, Child Development Unit, community child health nursing) and students should ensure they get to interact with infants during their O&G placement.

2.1.4 Obstetrics and Gynaecology Attachment
The Year 5 attachment aims to provide students with more experience in the basics of Obstetric and Gynaecological medicine. The attachment will prepare students, through clinical practice, case based learning, tutorials and practice to attain the skills and attributes required for them to be able to benefit from the consolidation and enhancement of skills and knowledge during the course of Year 5. By the end of Year 5 students will be ready to safely and capably manage, as interns, obstetric and gynaecological patients under supervision. The attachment aims to expand the student's knowledge of common and important obstetric and gynaecological presentations.

At the beginning of the attachment students must familiarise themselves with the attachment guidelines and/or the unit’s protocols. With their clinical supervisor, students should decide on a set of achievable learning outcomes.
2.1.5 Psychiatry Attachment

The Year 5 Psychiatry attachment aims to provide students with experience in the community, in outpatients and on the ward, seeing patients who suffer from a mental illness, whether mild, moderate or severe. Given the interaction between physical and mental illness, this discipline will overlap with all the other attachments and so learning should take place throughout the year, not just during the psychiatry attachment. By the end of the year the student will have learnt about awareness of, and diagnosis in mental illness, management with both pharmacological agents and psychotherapeutic techniques, the vital part played by all team members and the necessity of a multidisciplinary approach in caring for these patients and their families. Experience seeing patients will be supplemented by case-based learning sessions and tutorials throughout the year.

2.1.6 General Practice Attachment

The General Practice learning objectives provide general skills that students should achieve by the end of their final year. Generally students are expected to achieve learning outcomes associated with more complex presentations by the end of Year 5 compared to the end of Year 4. A major difference between General Practice and other specialities is the emphasis on patient centred as opposed to disease centred medicine across all patient age groups thus students will note that disease based learning objectives may not be unique to General Practice and that students may encounter presentations that overlap with all other disciplines. The General Practice curriculum will be relevant to other teaching opportunities as well such as case-based learning sessions, seminars and tutorials.

The learning outcomes should be the focus of a General Practice/community attachment. They are considered to be those required to practise safely as an intern. Students should discuss the learning opportunities a placement with a General Practice is likely to provide with their General Practice supervisor at the beginning of each placement and note these in their clinical attachment form.

2.1.7 Emergency Medicine Attachment

Core Competencies

By the end of this attachment students should have the following core competencies and be able to

- recognise and institute emergency management of life-threatening conditions;
- assess patients with undifferentiated illness and institute timely management;
- be comfortable with performing most of the key essential practical skills;
- have an appreciation of the principles of pain management in an acute situation;
- understand how and why patients present to emergency departments;
- understand the importance of triage in the management of an emergency department;
- be familiar with most common emergency presentations;
- have an appreciation of the role an emergency department has in the community and in the hospital;
- function as part of a multi-disciplinary team;
- be aware of their limitations and know when to seek assistance;
- develop effective time management skills;
- be aware of their own personal and professional needs when working in a busy environment at all hours;
communicate effectively with their colleagues, both medical and non-medical;
access quality information and resources;
utilise pathological and radiological services in an appropriate, timely and cost-effective manner.

2.1.8 Anaesthetics Attachment
Students will acquire knowledge and skills to safely care for anaesthetised patients during surgery. This will be obtained through experience in theatre and/or tutorials and will be complemented by DEM experience in resuscitation and care of the unconscious patient.

2.2 Portfolio
Portfolio-based learning underpins assessment for the Year 4, and 5 programs. It allows students to track, and staff to assess, learning. The portfolio is a means of documenting skills, experiences and achievements during the last two years of the medical course. It also acts as a guide to student learning.

Portfolio summative assessment at the end of Year 5 will has 2 parts. One is the satisfactory completion of all components of the portfolio and the other is a portfolio oral exam. Assessment forms required for inclusion in the portfolio can be found in Appendix 2 and are on each school’s MyLO website. Students will obtain feedback on progress of their portfolio from a formative assessment early in semester 2.

Students will have commenced collecting their portfolio in Year 4 although it is expected that some elements of the portfolio such as written case histories and a reflective piece will be written in Year 5. It should be compiled in an A4 ring binder. However, note that the Launceston Clinical School will be using an electronic portfolio in 2012 for aspects of the General Practice rotation. Launceston based students will be instructed on this. In order to facilitate assessment of the portfolios, students will be provided with the appropriate binder and dividers to separate the sections.

It is the student’s responsibility to compile their portfolio and to comply with their clinical school’s administrative requirements in relation to compilation.

The portfolio must contain all of the following components:

1) **Introduction describing you and your achievements.** Your claims are to be evidenced by the contents of your portfolio or other evidence you introduce. You will need to link your evidence to your claims using text. The ability to accurately reflect on your professional attributes is a core skill you will need as a clinician over the life-time of your professional practice. The ability will be used as you apply for employment in the future. This component of your portfolio offers an opportunity to learn and improve upon this skill.

2) **Clinical Attachment Assessment:** an assessment for each clinical attachment 2 weeks or longer signed off by the discipline coordinator or delegate based on performance during the attachment including performance in any assessment tasks set by the discipline concerned during the attachment. For short duration attachments (ie less than 2
weeks) please see guidelines from individual clinical schools regarding
assessment.

Attachment workbooks should provide evidence of more than 15 logged
patients per week, using short, disease-orientated descriptors. At least 4
of these patient encounters are to be used to write detailed reports. It is
assumed you will have either clerked or had a deeper learning
involvement with these 4 patients. Detailed reports should convey a
clinically organised appreciation of relevant positive and negative features
of the patient presentation and learning points supported by high quality
references. If your rotation offers fewer than 15 patient contacts per week
speak to your rotation co-ordinator about this.

It is each student’s responsibility to ensure that this form is submitted to
the clinical attachment assessor and returned to the Year supervisor’s
office within 1 week of completion of the clinical attachment.

Where there is an unsatisfactory clinical attachment report, a meeting will
be held between the student, the discipline coordinator and the Unit
Coordinator at which a decision as to remediation requirements and
processes will be made. Where a student has two unsatisfactory clinical
attachment reports remaining after appropriate remediation, this will be
considered as a fail and the student will not be eligible to pass the unit.

3) A Log of Skills in which student’s record information about procedures
seen and/or performed during the hospital and community placements.
Each procedure must also note an identifying code for the patient involved
such as a hospital UR number, or initials and date of birth, to aid possible
random 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. However
a signature from the supervising clinician to evidence assessment of
student competence in performing a skill will only be required for the
following six (6) key competencies.
Six key competencies must be assessed by a registered clinician as being
performed competently by the student. By the end of Year 4 these 6
competencies should at least have been signed off as performed in
simulation teaching. By the end of Year 5 venepuncture and intravenous
cannulation should be assessed in patient care scenarios as being
performed competently. The 6 are:
- CPR
- Airway management
- Venepuncture
- Male urinary catheterisation
- Female urinary catheterisation
- Cannulation

The clinician should have observed the skill and is signing to denote the student is at least minimally competent in the skill.

Other skills will be recorded by the student.

Observed skills should be denoted by (O) and simulated skills by (S).

4) **One (1) 2,000 (minimum) - 3,000 (maximum) word reflective piece** that reflect the learning objectives of the themes of Personal and Professional Development and Communication and Collaboration; in by end of June.

5) **Mini clinical examination exercise (mini-CEX)**

A minimum of 10 mini-CEX, in at least 4 disciplines, is to be submitted in your portfolio. A mix of complexity and domain focus for the compiled mini-CEX is also expected.

6) **Three (3) Objective Structured Long Examination Records (OSLERs)** marked as satisfactory over Year 4.

7) **Two (2) long case histories** of 3,000 words (maximum) each on the following topics: All students must do a case on **Chronic illness with a focus on complex therapeutics** (note: the end of year Therapeutics Guidelines Prize for each clinical school will be based on performance on this long case) and **Acute Care Medicine**, (see Appendix 2.5 for assessment sheets). The first long case is to be submitted by the end of July and the second by mid-September.

8) Evidence of active involvement in **Educational and Related Activities** adding up to at least 100 points (see Appendix 2.6 for forms to record these activities).

9) Evidence of participation in **case-based learning tasks**. An example of an assessment form can be found in Appendix 2.8. Tasks and their assessment may vary between Schools. Students should consult their particular Clinical School Guidelines.

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
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.

10) Elective and selective assessment forms and reports.

2.2.1 Log of skills and experiences

Airway management, male and female catheterisation, venepuncture, IV cannulation, and CPR will need to be signed off as having demonstrated competency.

A record of all completed skills should be maintained. Some clinical schools will provide Log of Skills booklets for students; some discipline workbooks may contain an abridged log of skills most relevant to that discipline. All log of skills evidence should be included in your portfolio with a summary sheet placed at the beginning of the collection.

Students are expected to complete four of each of the skills by the end of Year 5. If some skills are difficult to complete please discuss this with your Associate Head of School.

See the unit outline for the detailed list of skills requiring evidence of competency by the end of you Year 5.

When there is a death on the unit to which a student is attached, a copy of the blank death certificate form containing no patient identifying information should be filled out independently from the medical staff and then compared and discussed. This should be clearly marked “PRACTICE” and placed in your portfolio. Similarly for the drug chart.

Compile all forms containing your evidence and complete a summarising cover sheet for inclusion into your portfolio by the end of the year.

2.2.2 Reflective piece

For Year 5, students are required to prepare one 2,000 (minimum) - 3,000 (maximum) word reflective piece that reflect the learning objectives of the themes of Personal and Professional Development and Communication and Collaboration. See Appendix 2.4 for the assessment form for reflective pieces.
The reflective journal provides an opportunity to record your personal assessment of the activities undertaken, more related to the thinking about process, behaviour and attitudes rather than medical content, how you value and learn from encounters with patients and professionals, and how this affects your professional growth. Reflection is a tool to assist in gaining insight into educational or other values of what you are doing. Through it you can assess:

- the quality of the activity
- the degree of learning that took place
- whether it led you to change your thinking, to change emphasis, or led to further study in that area
- what influence it had on how you approach your medicine.

Reflective learning aims to go beyond the superficial learning of memorising facts; it aims to foster deep learning, where what you learn is put into context and can be applied in practice.

The **deep learning cycle** has four stages: doing, reflecting, connecting and deciding.

- **Doing** is action.
- **Reflecting** is about observing your own thinking and actions. A sort of mental post-mortem about something you did, or said or heard or saw.
- **Connecting** is about creating new ideas or possibilities for how it might be done or said next time. Books or other people might help here.
- **Deciding** is where you choose which idea or possibility you will adopt and why. Next time, supported by the above stages, you will hopefully do things differently. This is a new, effective, appropriate behaviour informed by the stages of reflection.

All of these stages are fundamental to learning. If you just 'decide and do' then how do you know that what you did was effective? Conversely if you just sit and reflect but never connect and do then how do you get better? How do you know the results of your reflecting?

**Handy hints for keeping a reflective journal or diary**

- Carry a note book with you and make a few brief notes as things crop up. Use the 'doing-reflecting-connecting-deciding' cycle to guide you.
- Reflection is about being honest – with yourself and what is around you. Keeping confidentiality in mind, make sure your notes cannot identify other professionals or patients.
- Use the doing-reflecting-connecting-deciding framework to structure your writing. In the following example it was natural to start with “doing” as it was reflecting on an experience.
- Do not try to write what you think may be ‘expected’ by anyone else.

It may help to ask yourself questions such as:

- What educational outcomes/objectives did this experience/activity meet?
- Did the experience/activity specifically relate to the learning outcomes? If so, in what way?
- Did this meet my learning objectives? If so, how significantly?
- How can I implement things I learned?
- What learning strategies did I use during this activity? What other strategies may have been more beneficial?
- Do I need to approach patients/colleagues differently because of something I learned during this activity?
- What are the ethical or professional issues that concern me or have not been satisfactorily addressed?

Learning objectives to be assessed by the reflective pieces

The learning objectives from the MGP in the themes of Communication and Collaboration, Personal and Professional Development and Integration will be assessed using the reflective pieces. Examples are provided here of how you can use the objectives of the MGP (in italics) to structure the reflective pieces.

Communication and Collaboration
- Demonstrates appropriate communication skills in consultations/interviews with patients, families and their carers.
  Think of a situation you have witnessed when there was a breakdown in communication between a doctor and a patient or other health professional. Think from the perspective of the person that you choose. Describe each situation, what went wrong and why. Then consider how you would do it differently in the future if you were in the position of that doctor.

- Demonstrates the ability to work collaboratively in the healthcare team setting.
  Select an experience in which you were part of a health care team. Choose either a team that functioned very well, or one in which there were problems. Describe the situation. What made this team function well/poorly? How could you improve the team functioning? If you were a doctor on the team, what (if anything) would you do differently?

Personal and Professional Development

Students will demonstrate a commitment to compassionate, professional and ethical behaviour and they will understand the legal responsibilities of a medical practitioner.

- Demonstrates a commitment to compassionate, professional and ethical behaviour
  Think of a case that you have seen involving an ethical dilemma (e.g. abortion, “not for resuscitation” orders, enrolling a patient in a clinical trial). Describe the situation and present both sides of the issue. Reflect on the situation. How well was it handled? Would you do anything differently if you were the doctor?

  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.

  Describe a patient you encountered for whom this was true. Why was this the case for this patient? What communication issues arose in terms of deciding how to manage the patient? Who was involved in the decision? Reflect on the appropriateness both of the process and the outcome.
- **Demonstrates a commitment to compassionate, professional and ethical behaviour.**
  Look for a situation in which a doctor’s own interests were potentially in conflict with that of the community, the patient, or indeed his or her profession. Or find an example where a doctor has made a positive impact on the community, for example through charity or similar work. Discuss these with the doctor. Describe the situation and reflect on the doctor’s attitudes and behaviours. What impact does this positive role modelling have on you? How would you translate this into your own set of attitudes and behaviours? What will you do differently in the future?

- **Understands the need for respect for the inherent dignity of every human being**
  Describe an encounter with a patient that you found particularly challenging in terms of your attitude to the patient. The important thing is to be open and honest. Perhaps the patient has a disability and you find this difficult to deal with, or the patient may have a drug or alcohol problem and become abusive; the patient may be malingering; or may be unkempt. Describe the encounter and why you found it challenging. What attitudes did you have towards this patient? If you had been the doctor would this have impacted negatively on the patient’s care?

- **Understands the principles of quality improvement, risk management and patient safety.**
  Think of a situation in which there was an adverse outcome or error made. Think about contributing factors from a systems perspective rather than just levelling blame at a single doctor. Reflect on the incidents and look for future solutions to prevent them happening again.

**Example of a reflective piece**

This short piece is included as an example to guide you. It is quite brief as it is for illustrative purposes. In this piece it would have been appropriate to “research” and discuss further any impacts that a doctor consulting with another doctor may have on the consultation. Student submissions are expected to contain more depth and total a minimum of 2,000 and a maximum of 3,000 words.

<table>
<thead>
<tr>
<th>This piece addresses the following objective:</th>
<th>Demonstrates appropriate communication skills in consultations/interviews with patients, their families and their carers.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doing:</strong></td>
<td><strong>Reflecting:</strong></td>
</tr>
<tr>
<td>This experience for me came from the perspective of my being a patient/parent, rather than a clinician. My son was due to go to Melbourne for surgery. We had some concerns and questions about what was proposed and had communicated these to an extremely helpful paediatric registrar at a clinic appointment in the RHH. He promised to follow this up with the paediatrician in Melbourne (which he did).</td>
<td>It was long frustrating conversation in which I hadn’t felt heard at all. He had no idea what my concerns were and didn’t try and find out. Instead he seemed to just assume and started talking. I did get my questions answered (simply because he talked for so long and covered everything and a lot more besides!) and we did have an appropriate decision made at the end of it, but it struck me as rather paradoxical that this clinician was terribly busy, yet we could have had the same outcome in probably a third of the time. Not to mention it being a waste of my time as well! Most of what he was telling me I knew already and wasn’t what I was concerned about!</td>
</tr>
<tr>
<td>I was telephoned two days later on my mobile early one evening by the paediatrician from Melbourne who sounded pretty hassled. He proceeded to talk at me for nearly half an hour during which time I barely got out a couple of questions and a few monosyllables.</td>
<td></td>
</tr>
</tbody>
</table>

Year 5 Handbook 2012
I wondered if the fact that I was a doctor too (albeit one with almost no experience in this specialised area of paediatrics) influenced his behaviour. I wondered if my questions had been mistakenly interpreted as threatening or challenging his expertise, and that his approach had been a defensive one.

There had to be a better way of handling such a conversation.

Connecting:
In order to review a theoretical framework and guide for communicating with patients in this sort of situation, I visited the skills cascade website (www.skillscascade.com) which deals with communication and consultation skills for doctors. It provided me with a few key messages that reinforced my own consulting behaviour.

The first, and most important, message was to identify at the beginning of the consultation the patient’s agenda. Find out what their ideas, concerns and expectations are. Let the patient do most of the talking for the first few minutes. Listen attentively. Then summarise for the patient your understanding of their issues.

Second, periodically check understanding and make sure the consultation is “on track”. At the end summarise the main points and check with the patient that they have the same understanding as you. Third, if you begin to feel out of your depth, uncomfortable, challenged etc, then stop talking and start asking more questions. If you feel uncomfortable it is because the patient is uncomfortable. You need to find out why.

Deciding:
All these points seemed relevant to the case. When handling a similar situation in the future I would acknowledge that the patient had some questions and concerns

- Use open ended questions to ascertain the patient’s agenda
- Summarise my understanding of the patient’s agenda and check that it matches their perspective.
- Discuss the issues and answer the questions as best I could
- Check that the patient understands what I am saying and is happy with the answers and suggestions I am making.
- Summarise the outcomes of the consultation for the patient.

Each Clinical School will provide a timetable for submission of all assessments.

2.2.3 Attachment Goals
At the beginning of each clinical attachment students will need to decide on personal goals for learning in that attachment and fill those out on the student section of the clinical attachment assessment form (see Appendix 2.1 for assessment forms). Students may wish to seek the guidance of the discipline coordinator or clinical supervisor. At the end of the attachment, students should reflect on their progress in meeting their goals. Students should ask their supervisor to fill in their section of the form and arrange to meet their supervisor in the last week for feedback about their performance during the attachment.

2.2.4 Mini clinical examination exercise (mini-CEX)
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, clinical judgement in relation to choosing investigations, interpersonal qualities/professionalism, counselling skills, organization 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. They can be conducted in any setting e.g. general practice, outpatient clinics, DEM, hospital wards, ICU.
Following are guidelines for the mini-CEX examination process and the form to record the CEX can be found in Appendix 2.7:

**Descriptors of competencies demonstrated during the mini-CEX**

- **Medical Interviewing Skills:** Facilitates patient’s telling of story; effectively uses questions/directions to obtain accurate, adequate information needed; responds appropriately to affect, non-verbal cues.

- **Physical Examination Skills:** Follows efficient, logical sequence, balances screening/diagnostic steps for problems, informs patient; sensitive to patient’s comfort, modesty.

- **Interpersonal Qualities/Professionalism:** Shows respect, compassion, empathy, establishes trust, attends to patient’s needs for comfort, modesty, confidentiality, information.

- **Clinical Judgment:** Selectively orders/perform appropriate diagnostic studies, considers risks, benefits.

- **Counselling Skills:** Explains rationale for test/treatment, obtains patient’s consent, educates/counsels regarding management.

- **Organisation/Efficiency:** Prioritises; is timely; succinct; correct documentation related to transitions in care.

- **Overall Clinical Competence:** Demonstrates judgment, synthesis, caring, effectiveness and efficiency.

**2.2.5 Objective structured long examination record (OSLER)**

OSLERs are a standardised means of assessing students’ ability to comprehensively and accurately take an appropriate history, perform clinical examinations and synthesize this information into a differential diagnosis and management plan. Students will be taken by the assessor to see an unknown patient on whom they will be expected to take a history and examination as directed by the assessor. The assessor will observe the student taking the history and performing the examination. The student will then be expected to discuss the diagnosis and management. The OSLER should show an identifier for the patient concerned e.g. UR number if a hospital patient. The OSLERs in your portfolio will have been obtained from your 4thyear efforts.

Guidelines to assist in developing these clinical skills can be found in “Clinical Examination a Systematic Guide to Physical Diagnosis” by Talley & O’Connor.

This guide will never replace the most valuable resource for student learning - the patient - who will provide the best opportunity for students to develop their clinical skills and should be treated with great respect. The ultimate aim of any medical consultation is to provide an acceptable solution to the problem brought to the doctor by a patient but any guidelines should be tailored to suit the individual and situation.
2.2.6 Long case histories
The two long case histories as outlined above should be submitted as a hard copy with the standard UTAS Cover Sheet (download a blank pro-forma version of the cover sheet from www.admin.utas.edu.au/academic/cover_sheet.doc) to the Clinical School by the due date. As well, an electronic copy is to be submitted to Turnitin via MyLO. Students should also keep a copy of any of their written work. Please ensure that all patients are de-identified.

2.2.7 Guidelines for Clinical Case Presentations
Verbal and written case presentations form part of students’ learning and assessment as they allow students to demonstrate their ability to elicit the significant components of the history and examination and synthesize this with the patient’s unique circumstances to produce a comprehensive and balanced management plan.

In Year 3 students were expected to have learned effective history taking and examination and were expected to demonstrate some understanding of how personal and socio-economic factors and rural issues influence management, and to have demonstrated that they could link pathophysiological processes to clinical presentations. In Year 4 and 5 students will be expected in addition to be able to synthesize this information into a more complex management plan, and have an understanding of approaches to the treatment of common conditions.

Guidelines for writing the specific case histories can be found in Appendix 2.5, together with sample assessment forms. The assessment forms for the Individual Long Case Histories show what information should be provided in the assignments.

2.2.8 Educational and related activities: continuing professional development log
The purpose of the log is to encourage students to demonstrate their self-directed and other learning activities during Year 5. Students will be expected to accumulate at least 100 points across the year. The documentation required for the different types of learning activities is outlined below. The forms for submitting the Continuing Professional Development Log can be found in Appendix 2.6.

It is recommended that students have a summary cover sheet/s for this section of their portfolio that lists each of the activities under the headings below and the points claimed. Detailed documentation where required can be slotted into subsequent pages. Students requiring guidance about points allocation should contact their Unit Coordinator.

(1) Passive Learning Activities - 1 pt per hour
   a) Attendance at hospital or GP postgraduate meetings/tutorials
   b) Attendance at medical conference educational/scientific sessions
      Documentation: title, place, date and duration of meeting.

(2) Teaching, Presentations, Quality Improvement and Clinical Research Activities - 3 pts per hour
   a) Presentations at hospital meetings or teaching sessions (excluding CBL, mini- CEX sessions)
   b) Teaching junior students, other health professionals
Documentation: Title, date, time, duration and place of meeting/session; number and nature of audience (e.g. four medical staff of medical unit E, six final year medical students etc). Include copy of Powerpoint presentation if used.

c) Quality Improvement, Clinical Audit or Clinical Research Activities
Documentation: Full report of activity, outline of student’s role, hours spent on activity.

(3) Self directed study - 1pt per hour
a) Investigating clinical questions arising from clinical attachments. Students may generate these questions or they may be issues that the supervisor or some other member of the clinical team raises.
Documentation: Context/background, question asked, information sources consulted, findings, time spent on activity.

b) Preparation for teaching and presentations
Documentation: Cross reference to specific presentation or teaching activity in 2, indicate nature of preparation and time spent on preparation. Preparation for CBL does not count.

(4) Other learning Activities - 1 pt per hour
a) Formal program of study. Check suitability with Clinical School Head.
Documentation: Title of program, certification if available, time spent on activity.

b) Diary of clinical cases (other than those that have formed the basis of the three cases that are a compulsory part of the 6th year assessment or reflective pieces).
Documentation: History, examination, diagnosis, management plan and discussion, time spent with patient and on write up.

c) Mentoring Year 4 student
Documentation: Name of student mentored. Date, time and duration of formal mentoring sessions.

(5) Research Activities – 2 points per hour

2.3 Integrated case-based learning (CBL)
The case-based learning program is the thread that links all the activities in Year 4 and 5. Case-based learning is a useful approach as it ensures that learning is placed in the clinical context in which it will be later used. It is also useful as it often demonstrates how effective care of the patient requires input from more than one discipline, and indeed often from more than one profession.

CBL sessions will be conducted during term time. The format of CBL will be different at each Clinical School and students are advised to consult the Guidelines for the Clinical School they are attending.
All clinical schools will cover the same core case topics during 2012, and all schools will deliver the same topics as a preliminary to OSCE examination. Following the OSCE examination, the sequence and additional discretionary topics will be determined by the individual schools. The table below shows the core topics for the year, together with areas that will be covered within the presentation of the case, or which students will be expected to learn about. Assessment of CBL participation may vary between Clinical Schools. A sample assessment form can be found in Appendix 2.8.

2.3.1 CBL core topics

<table>
<thead>
<tr>
<th>Major Complex</th>
<th>Symptom Complex</th>
<th>Major Subsets</th>
<th>Principal Diagnoses</th>
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<tbody>
<tr>
<td>Renal disorders</td>
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<td>Dialysis</td>
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<td></td>
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<td>Bone disease</td>
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<td></td>
<td>Acute renal failure</td>
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<tr>
<td>DVT/PE</td>
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<td>New advances in anti-coagulation and thrombolytic therapy</td>
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<tr>
<td>Anaemia</td>
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<td>Primary marrow failure (with emphasis on myelodysplastic syndromes) Blood loss</td>
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<tr>
<td>Jaundice</td>
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<td>Obstructive/haemolytic and hepatocellular</td>
<td>Hepatitis</td>
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<td>Sudden death</td>
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<td>Rhythm disturbance</td>
<td>Genetics</td>
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<td>Screening</td>
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<td>Ethics</td>
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<td>Advanced technologies for prevention</td>
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<td>Pre operative</td>
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<td>Perioperative fluid management</td>
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<td>assessment and</td>
<td>Post operative</td>
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<td>Perioperative fluid management</td>
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<td>assessment and</td>
<td></td>
<td>Perioperative fluid management</td>
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<td></td>
<td>management</td>
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<td>Perioperative fluid management</td>
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<tr>
<td>Diabetes II</td>
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<td>Renal failure</td>
<td>Dialysis</td>
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<td>Renal transplant</td>
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<td>Pancreatic transplant</td>
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<td>Management of chronic illness</td>
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<td>Inflammatory bowel</td>
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<td>The management of a complicated case</td>
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<tr>
<td>disease</td>
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<tr>
<td>Autoimmune disease</td>
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<td>The generic/icon case [ITP]</td>
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<tr>
<td>Palliative care</td>
<td></td>
<td>Pain management</td>
<td>A case study in prostate cancer</td>
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<tr>
<td>The adult disabled</td>
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<td>Developed from cases done in Year 5</td>
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<tr>
<td>Major Complex</td>
<td>Symptom</td>
<td>Major Subsets</td>
<td>Principal Diagnoses</td>
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<td>Comorbid substance abuse</td>
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<td></td>
<td>Problem gambling</td>
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<tr>
<td>Dyspnoea</td>
<td>A complex respiratory case</td>
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<td>Sleep apnoea</td>
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<tr>
<td>Dyspnoea</td>
<td>A complex cardiac case</td>
<td></td>
<td>Narcolepsy</td>
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<tr>
<td>Mental health</td>
<td>A complex psychiatric case</td>
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<td>Insomnia</td>
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<tr>
<td>Chest pain</td>
<td>A complex cardiovascular case</td>
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<td>Sleep disorders</td>
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<tr>
<td>HIV</td>
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<td>Osteoporosis</td>
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<td>Injuries managed non-operatively</td>
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<td>Over-use injuries</td>
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<td>Common musculoskeletal problems</td>
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<tr>
<td>Aboriginal health</td>
<td>Managing complex disease presentations</td>
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<tr>
<td>Extended communication skills</td>
<td>Advanced health care directives</td>
<td>End of life communication</td>
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<td>The angry, aggressive or dangerous patient</td>
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<td>Legal reports</td>
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<td>Law court appearances</td>
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<td>Neurodegenerative disorders</td>
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<td>Parkinson’s,</td>
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<td>MS</td>
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<td>Peripheral neuropathy</td>
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<td>Epilepsy</td>
<td>Adult child</td>
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<tr>
<td>Acquired brain injury</td>
<td>Traumatic</td>
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<td></td>
<td>Iatrogenic</td>
<td>Substance induced</td>
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<tr>
<td>Dementia</td>
<td>Diagnosis, management palliative care</td>
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<td></td>
<td>Ischaemic Alzheimers</td>
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<td>Lewy body Fronto-temporal</td>
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<td></td>
<td>Pick’s disease</td>
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<td>Complex other Endocrinopathies</td>
<td>Adrenal</td>
<td>Pituitary Thyroid</td>
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<tr>
<td></td>
<td>Iatrogenic</td>
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<tr>
<td>Major Complex</td>
<td>Symptom Complex</td>
<td>Major Subsets</td>
<td>Principal Diagnoses</td>
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<td>ENT emergencies</td>
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<td>Epistaxis, foreign body – nose, throat, quinsy</td>
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<td>Skin</td>
<td>neoplasias</td>
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<td>melanoma – melanotic, and amelanotic, SCC, BCC</td>
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<td>Occupational health</td>
<td>Documentation for medico-legal purposes</td>
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<td>Lung disease, mental health issues</td>
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<td>Poisoning &amp; anaphylaxis</td>
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<td>Accidental poisoning, non-accidental poisoning, drug and non-drug related anaphylaxis</td>
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<tr>
<td>Electrolyte disturbance</td>
<td></td>
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<td>Iatrogenic, endocrinopathies, calcium metabolism</td>
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<tr>
<td>Aged care issues</td>
<td>Normal aging including physiological adaptability</td>
<td></td>
<td>Delirium, depression, drug interactions, functional assessments</td>
</tr>
</tbody>
</table>

### 2.4 The Year 5 Selective

In final year, one to six weeks may be set aside for students to pursue an area of selected study or Rural General Practice (consult your individual Clinical School for details). The timing/length/location of the selective may vary between clinical schools and students are advised to consult the relevant School Guidelines and timetables for local constraints. Students should use the forms in Appendix 2.9 to have their Selective approved at least one month beforehand and to document attendance, performance and outcomes.

For selective/out-of-area rural/remote attachments that may be organised in advance, students should confirm orientation, exam and other important dates before making firm travel plans. Selectives must be approved by the Associate Head of the Clinical School before they are finalised.
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 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.
- It is recommended Selectives be conducted locally/within the state for preference, rather than overseas (electives at the end of fourth/fifth year are the preferred time for overseas placement). Students are also reminded to take account of the timing of the final year formative and summative assessment tasks to ensure that they are able to complete these. OSCE exams and portfolio interviews must be attended in person.
- Students should submit the Selective Certificate of Performance no later than one week after completion of the attachment.
- 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.

3. **RECOMMENDED RESOURCES** — look to your MyLO sites as these resources may change throughout the year

3.1 **Electronic resources**
- PubMed (Medline) via UTAS network
- Cochrane Library via UTAS network
- BMJ Clinical Evidence via UTAS Library database
- Australian Medicines Handbook via UTAS network
- Up-to-Date via the UTAS network [www.uptodate.com](http://www.uptodate.com)
- Meta search engines that will find clinically relevant, evidence based material: "Trip Database" [http://www.tripdatabase.com](http://www.tripdatabase.com) and via UTAS network

Therapeutics teaching will include the web-based resources of the National Prescribing Curriculum: [http://nps.unisa.edu.au/NPSStart/index.htm](http://nps.unisa.edu.au/NPSStart/index.htm) (students will need to obtain an access code for this site from administrative staff at their clinical school); [www.nps.org.au](http://www.nps.org.au) and click on Health Professionals

NHMRC Clinical Practice Guidelines:

Radiology specific: www.chestx-ray.com,
Skills Cascade the Calgary-Cambridge approach to teaching consultation and communication skills http://www.skillscascade.com

Anaesthetics specific:
Google and Google Scholar


Rural Adult Emergency Guidelines (NSW):

Guidelines for Management of Acute Coronary Syndromes:

Asthma Management Handbook:

Clinical Guidelines for Stroke Management:


Emergency Management of Cardiac Arrhythmias:

### 3.2 Required or recommended texts

Students should have one textbook readily available for each discipline and access the most recent editions of the discipline-specific texts below. Unless specified, texts are recommended but not required.

**Note:** Copies of all titles are usually held in the library of the Clinical School/hospital and usually in the Reserve Section. As well as latest editions of books many are also available as earlier editions. Some titles are also held as e-textbooks or on CD-ROM. Other discipline specific titles are also provided through the Reserve Section.

#### ANAESTHETICS


#### SURGERY

Refer to the free print-out on the basic level of anatomical knowledge required for successful completion of the course, available from Discipline of Surgery
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### Ear, Nose and Throat

| --- | |

Useful website [http://www.martindalecenter.com/MedicalAudio_2_C.html#ENT-COUR](http://www.martindalecenter.com/MedicalAudio_2_C.html#ENT-COUR)

### Ophthalmology


### Orthopaedics


### Plastic Surgery

Surgery and Surgical Specialties

Browse Norman (2005) *Symptoms and Signs of Surgical Disease*, 4 ed. Edward Arnold

Urology


EMERGENCY MEDICINE


GENERAL PRACTICE

Required texts

Recommended reading
INTEGRATION across DISCIPLINES

Required
The “Therapeutic Guidelines” series
- Analgesic (2007)
- Antibiotic (2010)
- Cardiovascular (2008)
- Endocrinology (2009)
- Gastrointestinal (2011)
- Neurology (211)
- Respiratory (2009)
- Rheumatological (2010)
- Psychotropic (2008)
- Dermatological (2009)
- Palliative Care (2010)
- Oral and Dental (2007)
Australian Medicines Handbook (2011)


Recommended:


**GERIATRIC MEDICINE**

**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**
Woodford HJ, George J. *Cognitive assessment in the elderly: a review of clinical methods* JQM. 2007 Aug;100 (8):469-84
Holsinger T, Deveau J, Boustani M, Williams JW. *Does this patient have dementia?* JAMA 2007 297 (21):2391-404

**Capacity Assessment**

**MEDICINE**

OBSTETRICS AND GYNAECOLOGY


PAEDIATRICS

Required
PEMSoft online
UTAS medical students access for 2012
   1)type www.pemsoft.net into your web browser
   2)Click on TOP button “sign into your PEMSoftOnline account”
   3)Username = pemsoft
   4)Password = edu-utas2012

Recommended
Paediatric Medicine

Paediatric Surgery

Paediatric Clinical Skills

Other Useful Resources

9th Australian Immunisation Handbook 2008

NETS VIC Neonatal Handbook:
CD Child Growth and Development in the first 12 months. Version 2.4
www.neoresus.org.au contains modules you may be required to work through. Check your paediatric workbook.

PSYCHIATRY
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*
Kaplan HI and Sadock BJ. (2007) *Synopsis of Psychiatry – Behavioural Sciences Clinical Psychiatry* 10 ed. Lippincott, Williams & Wilkins
Pridmore, S. (2006) *Download of Psychiatry.* University of Tasmania
http://eprints.utas.edu.au/287/

**RADIOLOGY**

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

**4. ASSESSMENT REQUIREMENTS AND CRITERIA**

*(see also Assessment Section in Unit Outline)*

The desired learning objectives and outcomes in regard to knowledge, skills and professional attitudes are the basis for assessment and are outlined in the learning objectives (see “Learning Objectives for the Year 4/5 Clinical Attachments”) and the Medical Graduate Profile (MGP), which can be found in the Unit Outline (Appendix 1).

Assessing the range of desired outcomes requires a breadth of assessment formats. All assessments must be completed in order to be eligible for the end of the year summative portfolio assessment and exit interview, which determines whether the student graduates. Feedback is an important feature of formative assessments and feedback after exams will be provided to students in line with UTAS policy. Students will not be permitted to see summative OSCEs after assessment but can receive feedback based on their performance from their Associate Head of School, Unit Coordinator or delegate.

In addition, students must attend a minimum of 80% of scheduled teaching and learning sessions (including rostered clinical sessions). To ensure that minimum standards are met for successful completion of the year, students are required to sign the attendance register (when provided) for tutorials and other group sessions.

Students must apply on the appropriate form available from your Clinical School for absences due to illness/other reasons, either before, or as soon after the event as possible. If students are unable to attend scheduled classes, they should email their clinical tutor with a copy of the email to the Admin Office indicating the reasons for the absence.
4.1 Components of Assessment
Please find these details in the Unit outline found in appendix 1

4.2 How your final result will be determined
Please find these details in the Unit outline found in appendix 1

4.3 Remediation
Check the unit outline in appendix 1 for details of the unit’s remediation policy

5. ADMINISTRATIVE REQUIREMENTS AND SUPPORT

5.1 Medical Education Advisers (MEA)
Each Clinical School is supported by a Medical Education Adviser (MEA). The role of the MEA varies from School to School and may include:
- assisting the unit coordinators and clinical teaching staff to deliver their programs using sound educational principles;
- assisting and guiding the learning methods used by students in their coursework; (students are reminded that the MEA role is not a clinical role);
- assistance in the logistics of CBL delivery, but not the clinical content;
- advise on assessment issues and evaluation, e.g. Student Evaluation of Teaching and Learning (SETL); and
- assisting students who identify specific learning difficulties and be active in remediation programs.

5.2 Guidelines for Students on Clinical Placements with the Department of Health and Human Services (DHHS) – this policy also applies in clinical placements outside the DHHS

Introduction
Prior to undertaking a professional practicum placement, it is expected that students will attend a briefing session or be able to demonstrate knowledge of the issues covered in the briefing sessions.

Whilst undertaking clinical placements with DHHS, students are expected to comply with the specific “Standards of Behaviour and Conduct” (2005) that have been developed for DHHS employees to provide direction and guidance on responsibility and standards of conduct and performance.
Students are also expected to familiarise themselves with the health care agency protocols and policies relating to the area in which they are undertaking placement (e.g. Occupational Health and Safety procedures, emergency procedures, dress code and conduct). It is acknowledged that certain areas within DHHS (e.g. Correctional Health, Forensic Mental Health)\(^1\) will have additional policies which students must be aware of and adhere to and individual Schools/Hospitals may have additional requirements (e.g. Infectious Diseases Policy) as outlined in their manuals.

Before being granted access to patient care areas in the DHHS, students are required to sign an undertaking that they have read the following guidelines. Disciplinary action may be taken in the case of breaches under the General Misconduct provisions of the University’s Ordinance of Student Discipline (Ordinance 9). **In extreme cases penalties could include suspension or exclusion from the course.**

1. **Dress**
   1.1 If not in uniform\(^2\), students visiting patient contact areas must be appropriately dressed and conform to the standards of the hospital or practice setting. Your supervisor may require you to wear a white coat.
   1.2 Appropriate dress cannot easily be prescribed or itemised, but some examples can be given.
      - Generally, neat casual wear is acceptable but very casual wear is not appropriate in most clinical settings\(^3\). Your supervisor has the capacity to advise on this matter.
      - Revealing attire generally is considered inappropriate to the work environment (e.g. necklines, midriff and hemlines).
      - More stringent or more relaxed requirements may be necessary for particular areas or activities (e.g. theatre, hyperbaric medicine.)
      - Enclosed footwear should be worn in clinical areas to protect from potential sharps and crush injuries.
      - Hair that is longer than collar length should be neatly tied back
      - Jewellery may be inappropriate in some placements (e.g. radiography) – advice should be sought from the clinical supervisor.

1.3 **Identification badges**
   Security in practice sites is essential. Students must wear official identification badges at all times while in patient care areas of the DHHS. These are to be displayed in an immediately visible position such as the lapel of the white coat, rather than the belt or trouser pocket.

1.4 **Mobile telephones** are only to be used in accordance with the policy of the relevant hospital or service.

2. **Medical Records**
   2.1 Medical and prescription records are highly privileged documents and are to be treated with absolute confidentiality. Any significant breach of this instruction will attract serious disciplinary action.

2.2 Students have authorisation to access the medical and prescription records of patients on the ward or treatment area to which they are appointed. Students are not authorised to view the records of patients unless they have a particular and appropriate purpose for doing so.

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\(^1\) Students on placement with Correctional Health and Forensic Mental Health refer Appendix 1

\(^2\) Nursing students refer to Appendix 2 in relation to uniform

\(^3\) e.g. jeans, T-shirts, trainers are not appropriate wear in clinical settings such as hospital wards
2.3 Students are not authorised to consult case notes from Medical Records Department unless they are given specific permission from the clinician in charge of the case.

2.4 Students must not remove medical and prescription records from the immediate vicinity in which they are accessed (i.e. the ward or Medical Records Department).

3 Examination of Patients

3.1 The consent of the ward Clinical Nurse Manager (or deputy) must be obtained before examining or speaking to a patient.

3.2 Hygiene is important when examining patients and hands should be washed between each patient contact.

3.3 Unless otherwise instructed by an appropriate Senior Clinician, students are required to work in pairs when they examine patients so that there is always a chaperone present.

3.4 For paediatric patients, if a parent is not available as a chaperone during an examination, the clinical supervisor should be asked to advise on an appropriate chaperone.

3.5 Additional guidelines for examination of patients by medical students are attached as Appendix 3.

4 General Behaviour

4.1 Hygiene is particularly important on the wards prior to examining patients and in practice sites generally and is required on entry to some wards such as ICU and the Cardiac Surgery Unit. Particular attention should be paid to the cleanliness of hands and fingernails.

4.2 Medical ethics forbid any personal relationship, currently or subsequently, between staff (including students) and patients. The DHHS “Standards of Behaviour and Conduct” 2005 provides guidance on maintaining professional boundaries with patients. If further guidance is required, the student should seek assistance from the Senior Clinician.

4.3 Students are not to hold themselves out to be a fully qualified practitioner or to allow a patient to make this assumption.

4.4 Students are expected to display courtesy to all patients and their relatives, fellow workers and staff members during the clinical session.

4.5 It is the student’s responsibility to notify the health care supervisor if they do not attend placement. If there are any issues or problems that are impacting on their ability to attend practice, they should seek assistance and contact the Clinical Teacher or Unit Coordinator.

4.6 If a student has a health condition that may impact on their ability to participate on a placement, they should raise this with their Clinical Teacher or Unit Coordinator.

4.7 Any student who is concerned about an activity or procedure that they are requested to undertake by an on-site supervisor is required to speak in confidence, to the Head of the appropriate School.
5 Confidentiality

5.1 The student must hold in strictest confidence any information gained from any source concerning the patient.

5.2 It is a breach of confidentiality to discuss patient details outside the confines of the DHHS/FHS School or for any reason other than professional purposes. Highly specialised services such as Correctional Health Services and Forensic Mental Health Services may have further specific requirements concerning confidentiality and safety.

5.3 It is absolutely forbidden for any student to pass on any information whatever concerning an individual patient to any person not directly involved in the patient’s medical or pharmacy care.

6 Communications with the Media and Members of the Public

6.1 Students are NOT authorised to speak to the media, either about individual patients or about more general issues of high media interest unless provided with authorisation from the relevant Manager/CEO/Director and University supervisor.

6.2 Any individual student who is concerned about any issue they believe to be of public interest is required to speak, in confidence, to the Head of the appropriate School or the Associate Head, Student Affairs (School of Medicine) before committing to any course of action.

6.3 Further information concerning communicating with the media is contained in the:

- Partners in Health Media Protocol;
- DHHS Media Protocols;
- relevant Divisional and hospital policies; and
- University of Tasmania Media Policy.

DHHS Divisional policies may be accessed on the DHHS Intranet http://intra.dhhs.tas.gov.au


University of Tasmania Media Policy can be located on: http://www.utas.edu.au/universitycouncil/legislation/policies.html

5.2 APPENDIX 1

Additional Guidelines for Students on Placement with the Correctional Health Service and/or Forensic Mental Health Service

Safety Requirements

- Students shall display their first name only on their Identification Badges.
- Students are forbidden to bring mobile telephones into the workplace.
- Students must provide a current police check and obtain security clearance prior to commencement of the placement. The Correctional Health Service requires the police check to be received at least 7 days prior to placement to ensure the relevant security clearances can be obtained.
- Students will obtain a Duress Alarm each day and wear the alarm at all times whilst in the workplace. Students will ensure they understand how and when to operate the alarm.
Students will ensure they do not divulge any personal information whilst in the workplace. If unsure of what can be discussed students are to check with their supervisor.

Students will have to comply with all security practices and procedures including biometric identification at the Wilfred Lopes Centre (Secure Mental Health Unit).

**Trafficking and Associated Behaviours**

- Students shall not have any pecuniary dealings with prisoners/detainees (i.e. at no time shall a student involve a prisoner/detainee in the buying, selling or trading of items, unless such buying, selling or trading occurs as part of authorised Prison Service operations, such as the canteen system).
- Students shall not provide or arrange to provide any substance, goods, messages or services to any prisoner/detainee, member of staff or other person within the prison, unless properly authorised to do so.
- Students shall not convey or arrange to convey any item or message from a prisoner/detainee, or from elsewhere in a prison, to any other party, unless properly authorised to do so.

**Conflicts of Interest**

- Where a conflict or potential conflicts of interest with official duties (whether from financial interest, outside activities or personal relationships) arise, they should be immediately reported to your immediate supervisor. Any Manager/Supervisor receiving such information must act on the information immediately by making a verbal report to the State Manager, Correctional Health Service.
- If a person with whom a student has, or has had, a close relationship comes into custody, the student shall immediately notify their immediate Supervisor. Any relationship formed with a prisoner/detainee, beyond a proper and professional relationship, is considered to be a direct conflict of interest.

**Use of Alcohol and Other Drugs**

- Students shall not smoke cigarettes or tobacco products in any of the Correctional Health Service or Prison Service buildings or vehicles and shall comply with any relevant legislation or policy regarding the use of tobacco products.
- When within the prison environment students shall not take any drug or other substance that is not prescribed for their use. Students shall be immediately sent from the workplace if it is believed he/she is intoxicated by alcohol or another substance and a full examination of the situation will occur.

Dated the 29th day of November 2005

**5.2 APPENDIX 2**

**Additional Guidelines for Nursing Students Regarding Dress**

Students from the Tasmanian School of Nursing and Midwifery are required to wear the TSNM uniform as described in the student manual except in particular settings where a uniform may not be required (e.g. mental health and some community nursing areas) as advised by your supervisor.
5.2 APPENDIX 3

Additional Guidelines: For Medical Students Regarding Examination of Patients

3.6 Students may only conduct intimate, invasive physical examinations under the direct supervision of an appropriate clinician and with the prior, informed consent of the patient according to the procedures of the clinical setting. This verbal consent should be noted in the patient’s records as part of the examination notes.

3.7 Students must not conduct internal examinations of sedated or anaesthetised patients without the patient’s prior written informed consent.

3.8 Students in the clinic years (years 3 and beyond) may conduct chest examinations of patients as part of the normal cardiovascular examination with the prior verbal consent of the patient.

5.3 Occupational Health and Safety (OH&S)

The University is committed to providing a safe and secure teaching and learning environment. Students are required to demonstrate compliance with policies relevant to learning in the workplace. The health sciences “Safety in Practice Kit” is the relevant policy and is found at: http://fcms.its.utas.edu.au/healthsci/healthsci/files/Safety%20in%20Practice%20Kit.pdf

As well, students working in different Clinical Schools should consult the OH&S website for the hospital or other worksites to which they are attached.

5.4 Course Evaluation

Evaluations can be undertaken of academic staff members as part of the Student Evaluation of Teaching and Learning (SETL) program.

In addition to the official SETL evaluations, individual teachers may seek feedback from students via focus groups or their own evaluation forms.
CAM531/532 (Launceston Clinical School)
CAM533/534 (Rural Clinical School)
CAM535/536 (Hobart Clinical School)

Associate Professor Kim Rooney
Associate Professor Deborah Wilson
Associate Professor Janet Vial

Medicine Year 5

Appendix 1: Unit Outline
Appendix 2: Forms
APPENDIX 1: UNIT OUTLINE

Contact Details

HOBART CLINICAL SCHOOL
Unit coordinator/lecturer: Associate Professor Janet Vial
Unit web site URL: http://www.medicine.utas.edu.au/schools/hcs/index.html
Campus: Hobart
E-mail: Janet.Vial@utas.edu.au
Phone: 03 - 6226 4842
Fax: 03 - 6226 4788
Consultation hours: Friday mornings by appointment
Medical Education Adviser
Wendy Page (phone: 6226 4844)

LAUNCESTON CLINICAL SCHOOL
Unit coordinator/lecturer Associate Professor Kim Rooney
Unit web site URL: http://www.medicine.utas.edu.au/schools/lcs/index.html
Campus: Launceston
E-mail: kim.rooney@utas.edu.au
Phone: 03 - 6348 8795
Fax: 03 - 6348 8798
Consultation hours: Tuesdays by appointment
Medical Education Adviser
Robin Ikin (Phone: 6348 7428)

RURAL CLINICAL SCHOOL
Unit coordinator/lecturer: Associate Professor Deborah Wilson
Unit web site URL: http://www.rcs.utas.edu.au/
Campus: Burnie
E-mail: Debbie.Wilson@utas.edu.au
Phone: 03 - 6430 4550
Fax: 03 - 6431 5670
Consultation hours: Thursday, Friday and alternate Wednesdays
Medical Education Adviser
Rose Moore or Dr Nick Towle (Phone: 6430 4556)

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1. Unit Summary

Unit codes
CAM531, 532; CAM533, 534; CAM535, 536;

Unit title
Medicine Year 5

Unit description
This unit will be integrated with the programme in the fourth year of the course. Students will be placed in clinical attachments to help prepare students for the intern year after graduation. Overall objectives are organised by the themes of Human Health & Disease (HHD), Communication & Collaboration (C&C), Community Health & Disease (CHD), Personal & Professional Development (PPD) and Integration (INT).

Integrated teaching sessions will cover key common problems expected to be managed by interns. These sessions will be case-based and require self-directed learning approaches.

Special notes

Teaching staff
Coordinators: Assoc Prof Janet H Vial (HCS), Assoc Prof Kim Rooney (LCS) and Assoc Prof Deborah Wilson, (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
Case-based class teaching; presentation of topics relating to key common problems; ward and school based small group tutorials for development of clinical skills, clinical attachments to hospital staff and general practitioners.

Pre and Co-requisites
Successful completion of 4th Year Medicine

Mutual exclusions
N/A

Year 5 Unit Outline 2012
2. **Assessment**

2.1 **Formative Assessments**

Internal assessment of clinical and communication skills will occur through

a) clinical attachment assessments report by supervising teams

b) assessment of competence in practical procedures

c) review of the portfolio including logbook, reflective piece, OSLERs, Mini-CEXs and case histories

d) individual Clinical Schools may have other forms of formative assessment and students should consult the Handbooks for their Clinical School for details.

A formative portfolio assessment will occur early in Semester 2. A pre-requisite will be demonstrated satisfactory completion of the contents of their portfolio to that time. The formative portfolio oral examination will last about 15 minutes.

2.2 **Summative Assessments**

**Objective Structured Clinical Examinations (OSCE)**

A multi-station OSCE will be held in semester 2. A pass of 7 out of 10 stations is required.

Students who pass 5 or 6 stations at this examination will be offered a supplementary OSCE examination. Students who pass 4 or less OSCEs will be deemed to have failed the assessment.

**Portfolio of Learning**

Students are expected to maintain a portfolio over the entire year. This includes

1. **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. A guiding framework and method of assessment for this component of your portfolio will be developed with input from students by August 2012.

2. **Clinical Attachment Assessment:** an assessment for each clinical attachment of 2 weeks or longer signed off by the discipline coordinator or delegate based on performance during the attachment including performance in any assessment tasks set by the discipline concerned during the attachment.
Attachment workbooks should provide evidence of more than 15 logged patients per week, using short, disease-orientated descriptors. At least 4 of these patient encounters are to be used to write detailed reports. It is assumed you will have either clerked or had a deeper learning involvement with these 4 patients. Detailed reports should convey a clinically organised appreciation of relevant positive and negative features of the patient presentation and learning points supported by high quality references. If your rotation offers fewer than 15 patient contacts per week speak to your rotation co-ordinator about this.

It is each student’s responsibility to ensure that this form is submitted to the clinical attachment assessor and returned to the Year supervisor’s office within 1 week of completion of the clinical attachment. Where there is an unsatisfactory clinical attachment report, a meeting will be held between the student, the discipline coordinator and the Unit Coordinator at which a decision as to remediation requirements and processes will be made.

Where a student has two unsatisfactory clinical attachment reports remaining after appropriate remediation, this will be considered as a fail and the student will not be eligible to pass the unit.

3 A Log of Skills in which student’s record information about procedures seen and/or performed during the hospital and community placements. Each procedure must also note an identifying code for the patient involved such as a hospital UR number, or initials and date of birth, to aid possible random 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. However a signature from the supervising clinician to evidence assessment of student competence in performing a skill will only be required for the following six (6) key competencies.

Six key competencies must be assessed by a registered clinician as being performed competently by the student. By the end of Year 4 these 6 competencies should at least have been signed off as competently performed in simulation teaching. By the end of Year 5 venepuncture and intravenous cannulation should be assessed in patient care scenarios as being performed competently. The 6 are:

- CPR
- Airway management
- Venepuncture
- Male urinary catheterisation
- Female urinary catheterisation
- Cannulation

The log of skills compiled in Year 4 can be carried over to Year 5;

4 One (1) reflective piece totalling a minimum of 2,000 and maximum of 3,000 words (or two shorter pieces of 1,500 words each) that reflect the learning objectives of the themes of Personal and Professional Development and Communication and Collaboration, written in Year 5. Clinical Schools will inform their students of local submission dates at the start of the year;
5 three (3) Objective Structured Long Examination Records (OSLERs) marked as satisfactory over Year 4

6 **Mini clinical examination exercise (mini-CEX)**
   In each of years 4 & 5, a maximum of 10 mini-CEX, in at least 4 disciplines, is to be submitted in your portfolio. A mix of complexity and domain focus for the compiled mini-CEX is also expected.

7 Two (2) long case histories of 3,000 words (maximum) each on the following topics: all students must do a case on **Chronic illness with a focus on complex therapeutics** (note: the end of year Therapeutics Guidelines Prize for each clinical school will be based on performance on this long case) and **Acute Care Medicine**. Start your case finding early in the year as it may prove difficult for you to locate a case in some schools. Consult with your unit co-ordinator if you seem unable to locate a case for their assistance in solving this problem.

8 evidence of active involvement in Educational and Related Activities adding up to at least 100 points; students requiring guidance about points allocation should contact their Unit Coordinator;

9 evidence of participation in case-based learning tasks; an example of an assessment form can be found in Appendix 2.9; the tasks and their assessment may vary between Schools so students should consult their particular Clinical School Guidelines for details; and

10 Elective and selective assessment forms and reports. The elective report is to be delivered publically to peers and teachers in any of a range of formats – written, class presentation, poster or by electronic means. Each school will advise on the schedule and/or preferred means for public deliver of reports.

Specific portfolio requirements may vary between Clinical Schools and students are advised to consult their particular Clinical School Guidelines for details and for the deadlines for submission of portfolio components.

**The portfolio assessment will consist of:**

a) A review of contents to ensure all necessary components are present and have reached a satisfactory standard as defined above.
b) A portfolio oral exam to be held in about October. The oral exam will involve a 30 minute structured portfolio interview using four professional and/or patient scenarios from the student’s portfolio which will focus on assessing a student’s clinical reasoning and professional skills against a background of understanding the health care system. The oral exam will concentrate especially on scenarios that will reflect a student’s future junior doctor responsibilities. Responses suggestive of consistently poor, especially dangerous, reasoning skills will lead to re-examination within 36 hours. Re-examination will last up to an hour, be delivered by alternative assessors and use scenarios based on the student’s final year curriculum with an emphasis on the student’s likely future ability to make safe professional and patient care decisions. If a student’s responses are still deemed to be below the standard required for safe performance as a junior doctor the student may be given a failing grade or may be offered reinterview during the university’s semester 2 examination period.

A pass for the unit requires submission of a satisfactory portfolio and a satisfactory performance in the portfolio oral exam and OSCE exam.

The result awarded for this Unit is an ungraded pass (UP), supplementary pass (SP) or fail (NN). The results of the OSCE and portfolio assessment will be delivered in the usual university exam result period for Semester 2.

2.3 Required texts, recommended reading
These are listed in the Year 5 Handbook and any additions will be provided at the beginning of each attachment.

Websites: There are a number of websites that medical students will find useful such as Up-to-Date and MD Consult. These can be found on the UTAS Library website, under ‘data bases’.

2.4 Further learning resources
Faculty website http://www.healthsci.utas.edu.au/
School web site http://www.medicine.utas.edu.au/

2.5 Access to information technology
Computer facilities are provided for students in each of the three Clinical Schools. Access to a personal computer would also be advantageous.
3. Learning Outcomes/Medical Graduate Profile

The outcomes of this unit are reflected in the overall objectives and competencies of the MBBS. The Tasmanian School of Medicine has defined the attributes that medical students should exhibit on graduation in the Medical Graduate Profile (MGP) which is organised by the themes of

1) human health and disease,
2) communication and collaboration,
3) community health and disease,
4) personal and professional development, and
5) integration.

Theme 1: Human Health & Disease (HHD)

1. Understands the scientific basis of health and disease
   1.1 understands the molecular, cellular, tissue, organ and system organisation of the human body
   1.2 understands the relationship between structure and function of cells, tissues, organs and systems
   1.3 demonstrates the ability to observe and interpret aberrant structure and dysfunction of cells, tissues, organs and systems using correct terminology
   1.4 describes the pathogenesis and clinical manifestations of a range of specific common diseases
   1.5 understands the use of common therapeutic interventions in health care.

2. Understands the relevance of basic science to the clinical setting
   2.1 demonstrates knowledge of the applicable basic science in common clinical presentations
   2.2 demonstrates the ability to develop a differential diagnosis based on interpretation of clinical manifestations, laboratory tests and other investigational technology
   2.3 demonstrates the ability to select and interpret appropriate diagnostic investigations
   2.4 demonstrates an understanding of the evolution of the scientific and evidence-based approach to clinical practise.

3. Understands the role of technology in medicine
   3.1 demonstrates understanding of role of technology utilised in laboratory and other investigational methods
   3.2 demonstrates understanding of technology used in patient monitoring and eliciting clinical signs
   3.3 understands the role of information technology as a resource for diagnosis, prescribing and monitoring within clinical practise.

4. Demonstrates the ability to systematically elicit and interpret clinical symptoms and signs
   4.1 demonstrates the ability to take a systematic history in all clinical settings
   4.2 demonstrates the ability to examine a patient on both a regional and a systems basis.

5. Demonstrates the ability to perform clinical procedures, especially those required in life saving situations
   5.1 demonstrates the ability to perform all clinical procedures outlined in the "clinical procedures" section of the learning portfolio document.

6. Understands the limitations to scientific knowledge
   6.1 understands that medical science knowledge is rapidly evolving and requires frequent critical review
   6.2 understands the current limitations in the scientific understanding of disease processes and therapeutic approaches
   6.3 understands the role and contribution of medical science to the overall concepts of health and disease in individuals and populations
   6.4 understands the effect that social, mental and spiritual factors have on health and disease.
Theme 2: Communication & Collaboration (C&C) (N.B. the ability to communicate effectively in English is considered a pre-requisite for meeting outcomes in this theme)

7. Demonstrates an understanding of the therapeutic relationship between patient and doctor
   7.1 understands and manages issues of boundaries between patient and doctor
   7.2 demonstrates respect for patients’ differing cultures and values, and understands how these effect the therapeutic relationship
   7.3 understands and applies concepts of patient confidentiality
   7.4 understands the potential therapeutic effect of the medical consultation process
   7.5 understands the importance of the role of doctor as patients' advocate (acting in the patient's best interest).

8. Demonstrates appropriate and effective communication skills in a variety of settings
   8.1 demonstrates appropriate communication skills in consultations/interviews with patients, their families and their carers
      8.1.1 demonstrates the ability to open (including establishing rapport), control and close a consultation
      8.1.2 demonstrates the ability to identify the ideas, concerns and expectations of patients, their families and carers
      8.1.3 demonstrates the ability to consult appropriately with children, adolescents, persons with an intellectual disability and with more than one patient at a time
      8.1.4 demonstrates the use of the following communication skills: open and closed questioning, active listening, reflecting, silence, empathy, summarising, clarifying
      8.1.5 demonstrates appropriate non-verbal communication
      8.1.6 demonstrates the ability to break bad news appropriately
      8.1.7 demonstrates the following skills in patient education: providing information, aiding understanding, achieving shared understanding
      8.1.8 demonstrates counselling skills relevant to a medical consultation.
   8.2 Demonstrates the ability to access, record, organise and present information particularly through technology based activity
      8.2.1 demonstrates the ability to produce a written case history for acute and chronic, and physical and mental health problems
      8.2.2 demonstrates the ability to write a referral letter
      8.2.3 demonstrates the ability to write a discharge letter
      8.2.4 demonstrates the ability to present a case in a clinical setting (e.g. ward round, case conference, verbal referral)
      8.2.5 demonstrates the ability to record and input health information electronically
      8.2.6 demonstrates the ability to present information and concepts in written format, particularly using standard formats for reports and papers
      8.2.7 demonstrates the ability to present information and concepts verbally (includes the use of PowerPoint)
      8.2.8 understands the role of telemedicine and its application in health care.

9. Demonstrates the ability to work collaboratively with colleagues in the healthcare team setting
   9.1 understands theoretical concepts of teamworking
   9.2 demonstrates the ability to work in teams with other medical students/doctors
   9.3 demonstrates the ability to work in a multi-disciplinary team.

10. Understands the principles of providing a leadership role, where appropriate, to health care teams
    10.1 understands theoretical concepts of leadership
    10.2 identifies the application of leadership skills in a health care team environment.
Theme 3: Community Health & Disease (CHD)

11. Understands the Australian Health Care System including its funding, planning and major national priorities and contrasts this with the global context of healthcare provision
   11.1 understands the major principles of a universal health care system
   11.2 understands the roles and operation of Medicare Australia
   11.3 understands how Australian health services are funded
   11.4 understands the roles and operation of the Pharmaceutical Benefits Schedule, the Medicare Benefits Schedule
   11.5 understands the roles of, and differences between, public and private health care systems in Australia
   11.6 understands the national health priorities, how they are defined, and how they are interpreted at State/Territory level
   11.7 understands the major Australian Government health care programs and policies
   11.8 compares and contrasts the Australian health care system with those in SE Asia, Europe, and North America
   11.9 understands the role and consumers and consumer groups in the design, development and delivery of health care.

12. Understands the social, political, economic, cultural and spiritual factors that impact upon the health of individuals and communities
   12.1 understands the WHO definition of health and its relevance to 21st century Australia
   12.2 understands the principles of primary health care
   12.3 critically appraises health-related political policies
   12.4 understands the role of health professional and consumer bodies in relation to improving the health of individuals and communities
   12.5 applies an understanding of an individual's social, economic, environmental, cultural and spiritual context in the construction of a management plan
   12.6 understands the relationships between the environment (natural and man-made) and the health of individuals and communities.

13. Understands the principles involved in the effective utilisation of hospital and community based resources and networks
   13.1 understands the burden of disease upon populations
   13.2 describes the factors which affect public hospital usage
   13.3 describes the methods used by hospital services to cost and ration their services
   13.4 understands the divisions of labour in hospital and community health service delivery in terms of medical, nursing and allied health workforce
   13.5 understands the roles of community based/charitable organisations in the provision of healthcare
   13.6 understands the scope of community based health care in Australia and its connection to mainstream tertiary care services
   13.7 understands how integration between health services and networks in hospital and the community can effect outcomes of care.

14. Understands the various roles of the doctor in health promotion, health maintenance, disease prevention and treatment at both population health and individual patient levels
   14.1 understands the evidence base for changing behaviour in both patients and clinicians
   14.2 understands the concepts of health promotion, health maintenance and disease prevention
   14.3 understands the roles of doctors in treating individual patients and understands the difference in approach between curative, health maintenance and palliative treatment
   14.4 understands the role of doctors in health promotion and disease prevention at the individual patient level
   14.5 understands public and population health approaches to health care
   14.6 understands the role of the doctor as the patient’s advocate.

15. Demonstrates an understanding of knowledge generation and application through community based research and education programmes
   15.1 identifies and accesses the major sources of knowledge and information available to medical practitioners working in community health care
   15.2 understands the means by which medical practitioners can engage with their community in research and education programs including the identification of barriers and strategies to overcome these
15.3 understands methods that allow interaction with other health professionals in the community around research and education collaboration.

16. **Understands the special needs of certain communities including access and equity issues**
   16.1 understands the socio-cultural perspectives of health and health care needs of Aboriginal and Torres Strait Islanders
   16.2 understands the difference in the health status of rural and remote living Australians compared with those in urban and outer metropolitan areas
   16.3 understands the cultural practices of non-Western people around traditional healing methods and practices
   16.4 understands how the context of the health care setting influences clinical practice.

**Theme 4: Personal & Professional Development (PPD)**

17. **Demonstrates a commitment to compassionate, professional and ethical behaviour**
   17.1 understands and applies bioethical principles in discussions of clinical cases
   17.2 demonstrates the ability to gain informed consent for medical procedures
   17.3 demonstrates an understanding of the role of ethics committees in bio-medical and social research.

18. **Demonstrates the ability to recognise ones own strengths and weaknesses and to be open to assistance from others when needed**
   18.1 demonstrates the ability to critique their own performance
   18.2 demonstrates the ability to recognise the limitations of their own expertise in caring for a patient
   18.3 demonstrates the ability to refer a patient when appropriate.

19. **Understands the legal responsibilities of a medical practitioner**
   19.1 demonstrates the ability to analyse a clinical case drawing upon both legal and ethical responsibilities
   19.2 understands and applies the concept of duty of care
   19.3 demonstrates the ability to create and defend a reasoned position upon ethical issues throughout the life cycle (fertility and assisted reproduction, termination of pregnancy, caring for two patients in the antenatal setting, adolescence, onset of impairment, death and dying)
   19.4 understands substituted decision making
   19.5 understands the provision of medical indemnity
   19.6 understands the Mental Health Act and legal responsibilities associated with the delivery of public health.

20. **Understands the need for respect of the inherent dignity of every human being**
    20.1 demonstrates the ability to explore their own reactions to patients with physical and mental disability, social disadvantage, ageing and death in terms of the normative aspects of health, and their own personal value system.

21. **Understands the principles of quality improvement, risk management and patient safety**
    21.1 understands the concepts of open disclosure and safety and quality principles in terms of trust, ethics, and systems
    21.2 demonstrates the ability to undertake quality improvement activities.

22. **Demonstrates personal, organisational and time management skills**
    22.1 understands concepts of stress, and applies strategies for self care
    22.2 understands and applies time management skills.

23. **Demonstrates a commitment to lifelong learning, self-appraisal and reflection**
    23.1 understands and applies concepts of reflective practice
    23.2 demonstrates ability to define their own learning needs in a given situation.
Theme 5: Integration (INT)

24. **Demonstrates an ability to apply critical and creative thinking to a range of problems**
   24.1 creates and defends reasonable, individualised differential diagnoses for a variety of patient presentations
   24.2 creates and defends reasonable, situational, cost-effective investigation plans for a variety of patient presentations
   24.3 enunciates and defends appropriate ethical positions in relationship to proposed actions in a variety of clinical situations.

25. **Demonstrates an ability to integrate and synthesise disparate material to arrive at the most appropriate solution to a problem**
   25.1 understands the principles of evidence-based healthcare, health economics, and decision analysis
   25.2 demonstrates the ability to identify their own information needs, and devises appropriate search strategies to address them
   25.3 demonstrates an ability to critically review scientific and clinical literature and apply it to patient care
   25.4 demonstrates the ability to appropriately prioritise patients' problems.

26. **Demonstrates the ability to develop, in consultation, an appropriate patient-centred management plan**
   26.1 enunciates the extent and limitation of contributions by other health professionals to the management of a given patient
   26.2 outlines appropriate medical interventions for a variety of patient presentations, in various clinical settings.
   26.3 integrates hospital discharge, referral, investigations, rehabilitation planning, and patient review into patient management plans as appropriate.

27. **Demonstrates an understanding of the principles of medical research and its application**
   27.1 understands methodologies underlying major research approaches from experimental basic to population-based investigations (quantitative and qualitative)
   27.2 understands and applies statistical approaches to the level required to extract and apply data to clinical settings.

28. **Demonstrates information literacy skills**
   28.1 recognises the need for information in given situations
   28.2 demonstrates the ability to find information, particularly through electronic sources
   28.3 demonstrates the ability to critically evaluate information
   28.4 demonstrates the ability to manage information
   28.5 demonstrates the ability to synthesise new information with existing information to create new understanding.
4. Details of teaching arrangements

4.1 Clinical Attachments
Clinical attachments and community placements will be outlined in detail in the Guidelines for each Clinical School.

4.2 Selectives
Students may have the opportunity to undertake 1-6 weeks of selected study in an area of interest or need. The time allocation for the selectives will vary across Clinical Schools and students are referred to the Handbook of individual Schools for further details.

4.3 Case-based learning sessions
Regular case-based teaching sessions will occur in each clinical school covering the same set of core topics.

4.4 Lectures/Intensive sessions/tutorials
Teaching sessions will be organised by each clinical school, and details will be found in the Guidelines for each clinical school.

4.5 Online activities
Each clinical school will provide information about on-line activities.

Therapeutics teaching will include the web-based resources of the National Prescribing Service: http://npsprescribe.lamsinternational.com/lams (students can register online);  www.nps.org.au and click on Health Professionals; and http://nps.org.au/health_professionals/publications/nps_radar

4.6 Videoconference activities
For information about videoconferencing at UTAS and how to participate effectively, see the Students’ guide to Videoconferencing available at: http://fcms.its.utas.edu.au/files/policies/videoconfiguidelines(3).pdf

4.7 MyLO (My Learning Online)
Use of MyLO to support learning will be used by all Clinical Schools in 2012. http://www.utas.edu.au/coursesonline/

4.8 Practical/laboratory/simulation sessions
Practical sessions may be organised from time to time, depending on student needs. These will be announced by the individual Clinical Schools.

4.9 National Registration of students in the Health Professions (AHPRA)
Australia’s new national registration and accreditation scheme began on 1 July 2010 under a new National Law (the Health Practitioner Regulation National Law Act 2009) and 10 health professions (including nursing and midwifery, medicine and pharmacy) will be regulated by a
consistent piece of legislation. From March 2011, all students enrolled in an accredited course will be included in the national scheme.

Individual students from relevant courses do NOT need to do anything now to register with their National Board. Students will be registered automatically from March 2011. Please read the *AHPRA Student Registration Fact Sheet* or visit the [AHPRA website](http://www.ahpra.com) for further information.

### 4.10 Occupational health and safety (OH&S)

The University is committed to providing a safe and secure teaching and learning environment. Students are required to demonstrate compliance with policies relevant to learning in the workplace. The health sciences “Safety in Practice Kit” is the relevant policy and is found at: [http://fcms.its.utas.edu.au/healthsci/healthsci/cpage.asp?lCpageID=469](http://fcms.its.utas.edu.au/healthsci/healthsci/cpage.asp?lCpageID=469)

As well, students working in different Clinical Schools should consult the OH&S website for the hospital or other worksites to which they are attached.

### 4.11 Faculty of Health Science – Code of Conduct

The Faculty of Health Science *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. It is not possible to create a rule for every situation or contingency, hence the Code also provides a framework for you to apply to different circumstances during training but also later on in professional practice. The Code can be found on the Faculty of Health Science website [http://fcms.its.utas.edu.au/healthsci/healthsci/files/Safety%20in%20Practice%20Kit.pdf](http://fcms.its.utas.edu.au/healthsci/healthsci/files/Safety%20in%20Practice%20Kit.pdf)

### 4.12 National Police Record Check

Students enrolled or enrolling in courses offered by Health Sciences that have compulsory professional placements, laboratory and/or field activity 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. 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. If you are a prospective student the National Police Certificate should be supplied upon enrolment.

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.
For further information on how to obtain a valid Police Check Record please refer to the Health Science National Police Record Check Procedures and Guidelines. Details can be found on the Faculty of Health Science website

4.13 Safety in practice

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. In signing Student Placement Agreements, students are obliged to declare any condition that may impact upon their ability to safely engage in professional placements, so that peers, staff and community members are not at significant risk of harm. Details can be found on the Faculty of Health Science website http://fcms.its.utas.edu.au/healthsci/healthsci/files/Safety%20in%20Practice%20Kit.pdf

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.

4.14 Infectious Diseases and Exposure to body fluids

The Faculty of Health Science 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 who undertake healthcare placements/rotations 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. Details can be found on the Faculty of Health Science website http://fcms.its.utas.edu.au/healthsci/healthsci/files/Safety%20in%20Practice%20Kit.pdf

Students who are required to undertake Workplace Learning Placements (including professional placements, clinical placements, community visits, laboratory and/or field activity) must read and document their understanding of the Health Sciences Infectious Disease Guidelines and Procedures by providing a completed Health Care Provider Form and, if applicable, a completed Tuberculosis Screening Form to the School in which they are enrolled upon enrolment or, if already enrolled, prior to commencing a placement.

In order to commence workplace learning outside of the University of Tasmania students are required to demonstrate compliance with the University Workplace Learning Placements Policy and familiarise themselves with Health Sciences Safe to Practice guidelines and procedures relevant to workplace based learning. Students who do not comply with University policy or adhere to relevant guidelines and procedures may not be placed or will be removed from placements and therefore risk not be able to complete this course. Students who have not complied or are unsure of the policies, guidelines and procedures should seek guidance from the School.
5. Learning Expectations and Strategies

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.

The University’s Code of Conduct for Teaching and Learning states:

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.

6. 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 your lecturer in the first instance.

There is a range of University-wide support services available to you including Teaching & Learning, Student Services, International Services. Please refer to the Current Students homepage at: http://www.utas.edu.au/students/.

Should you require assistance in accessing the Library visit their website for more information at http://www.utas.edu.au/library/.

Medical Education Adviser
Each Clinical School has a Medical Education Adviser (MEA) whose role is to work together with the clinical teaching staff and support the sound educational delivery of the clinical program offered by the school. The MEA may advise on assessment strategies and evaluation of course work; may be involved in remediation programs; and may refer students appropriately in the event of dispute or appeal.

For additional information refer to the Learning Support website: http://www.learningsupport.utas.edu.au/.

7. Specific Attendance/Performance Requirements

A student enrolled in this unit must -

a) attend a minimum of 80% of lectures, tutorials and clinical attachments. Students are strongly encouraged to attend all scheduled classes. Students are reminded that satisfactory clinical reports are summative components of the portfolio. Such assessments will obviously be significantly influenced by attendance patterns. Students must apply on the appropriate form available from your clinical school for absences due to illness/other reasons, either before, or as soon after the event as possible.

b) carry out all formative and summative assessment tasks as specified.
8. How your final result is determined

8.1 Objective Structured Clinical Examination (OSCE)

The discipline-integrated OSCE consists of summative stations with rest and/or reading stations in between. Each station will be assessed in two ways:

1) Thirteen marks out of 20 are awarded using a scoring grid against a set of predetermined criteria. Seven marks out of 20 are awarded for global performance. The sum of these marks becomes the score out of 20.

2) An overall assessment of the student’s performance against the criteria will be graded as fail, borderline, or pass. The mean scores of the borderline students are used to establish the pass mark for that station. This method of standard setting is the “borderline group” method.

Dangerous responses

Potentially lethal responses (actions that might result in serious harm to a patient in this or a related scenario) may result in zero marks being awarded for the global performance for that station; remediation may be required.

Reference:

Students are required to pass at least 7 out of 10 OSCE stations to pass this assessment.

8.2 Portfolio

8.2.1 Portfolio content

It is the student’s responsibility to ensure all components of the portfolio are satisfactorily completed. The student’s clinical school will have a process of notification of portfolio component completion to the school - it is up to the student to comply with their clinical school’s requirements regarding notification.

Students will require a satisfactory assessment in all summative elements of the portfolio to pass. If a student does not achieve a satisfactory result in any of the written portfolio elements he/she will be given one opportunity to resubmit the task for reassessment. If a student receives an unsatisfactory clinical attachment report, the student is required to meet with the Head of the Discipline and Unit Coordinator, as soon as possible, to discuss possibilities of remediation.

If a student obtains two enduring unsatisfactory reports from clinical attachments, this will constitute a fail and the student will not be eligible to graduate.

8.2.2 Portfolio Assessment

The portfolio assessment will consist of:

8.2.2.1) A review of contents to ensure all necessary components are present and have reached a satisfactory standard as defined above.
8.2.2.2) An oral exam which will involve a 30 minute structured portfolio interview based on four professional and/or patient encounters from the student’s portfolio which will focus on assessing a student’s professional and clinical reasoning skills against a background of understanding the health care system. The oral exam will concentrate especially on scenarios that will reflect a student’s future junior doctor responsibilities.

The oral exam will be a vocationally authentic professional conversation focused on the professional and clinical reasoning capability of the student grounded in the realisation that, for the majority of graduates, within months they will be undertaking the responsibilities of an intern.

Responses suggestive of consistently poor, especially dangerous, reasoning skills will lead to re-examination within 36 hours. Re-examination will last up to an hour, be delivered by alternative assessors and use scenarios based on the student’s final year curriculum with an emphasis on the student’s likely future ability to make safe professional and patient care decisions.

If a student’s responses are still deemed to be below the standard required for safe performance as a junior doctor the student may be given a failing grade or may be offered a supplementary assessment. See appendix 2.11 as a guide to assessment in the portfolio oral exam.

References:

8.3 Overall result
The final year result will be determined by
- achieving the desired competency in 7 out of 10 or greater of the OSCE stations,
- obtaining a satisfactory achievement in all elements of the portfolio submission
- satisfactory performance in the portfolio oral exam

To be eligible for any supplementary assessment the student must have passed 2 out of these 3 assessments.

The result awarded for this Unit is an ungraded pass (UP), supplementary pass (SP) or fail (NN). The results portfolio assessment will be delivered in the usual university exam result period for Semester 2.
8.4 Remediation

8.4.1 Remediation in submitted (written) assessments
Students failing to submit, or submitting unsatisfactory written work, may be given one further opportunity to resubmit for assessment. Students will be notified of the agreed process by the Unit Coordinator. The maximum mark obtainable for resubmitted, graded work is 50%. Students who then resubmit unsatisfactory written work, or fail to comply, will be deemed to have failed. Failure in an element of the portfolio results in a fail and the student will not be eligible to graduate.

8.4.2 Remediation in clinical attachments
Students who receive an unsatisfactory clinical attachment report are required to meet with the Assessor (usually the Head of the relevant discipline) and the Unit Coordinator. As a result of these discussions, a remediation program may be instituted. Remediation may require the students to repeat the clinical attachment in their own time, or use the selective period for further time in a clinical attachment and specific learning activities to be undertaken during that time. If remediation is agreed upon, a formal reassessment of the student will be conducted by the Discipline Head and the Unit Coordinator, or their representative, after completion of remediation activities.

If after remediation, the assessment remains unsatisfactory, this will be recorded. If a student receives two adverse or failed clinical attachment reports, they are deemed to have failed and will not be eligible to graduate.

8.4.3 Remediation in skills or related activities
If the portfolio of skills is not complete or not satisfactory, the student may be given additional help or guidance in achieving a satisfactory result.

8.4.4 Remediation in OSCE and portfolio oral exam
A multi-station OSCE will be held in semester 2. A pass of 7 out of 10 stations is required. Students who pass only 5 or 6 stations at this examination will be offered a 10-station OSCE in the university supplementary period of semester 2. Students who pass 4 or less stations will be deemed to have failed the assessment.

Students are expected to satisfactorily pass their portfolio oral exam held in Semester 2. If a student has an unsatisfactory result, he or she may be offered remediation. A supplementary portfolio oral exam will then be offered late in the Semester 2.

Students are reminded that supplementary examinations will be offered at only one of the Clinical Schools.
8.5 Requests for extensions
Where there are genuine reasons, requests for extensions can be made. They have to be made on the prescribed form and submitted to the student’s clinical school office before the due date. They cannot be accepted on the due date. If an emergency occurs on the day of submission then supporting medical certification will be required.

8.6 Penalties
In the absence of an extension being applied for and granted, a penalty may 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.

8.7 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 at:

8.8 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 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 Vancouver style of referencing should be used for this unit.

For information on presentation of assignments, including referencing styles:
http://utas.libguides.com/content.php?pid=27520&sid=199792

8.9 Academic Misconduct, Dishonesty and Plagiarism

Academic misconduct includes cheating, plagiarism and any other conduct by which a student 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 to improperly disadvantages any other student.

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
Plagiarism is a form of cheating. It is taking and using someone else's thoughts, writings or inventions and representing them as your own; e.g., 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, and the academic integrity resources on the web at http://www.academicintegrity.utas.edu.au

_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 – Part 3 Academic Misconduct, see http://www.utas.edu.au/__data/assets/pdf_file/0006/23991/ord91.pdf

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.

i) For further information on this statement and general referencing guidelines, see http://www.utas.edu.au/plagiarism/.

ii) Software designed to detect plagiarism may be used to screen student’s written submitted work.

9 Examinations and holiday planning

Students are expected to remain on campus at least until the end of the formal University examination period, in mid-November. Deferred Ordinary and Supplementary examinations are held in early- to mid-December. You will be expected to attend the supplementary examination on campus if required.

10. Orientation Program

Attendance at orientation programs is compulsory in all schools. Check your clinical school’s requirements
APPENDIX 2: FORMS

2.1 Clinical Attachment Assessment Form

Clinical Attachment Assessment Form
This Clinical Attachment Assessment form should be completed in consultation with the student who has been assigned to you. This appraisal forms a significant part of the student’s portfolio and will form the basis of final year assessment. Please adhere to the following steps:
1. Student completes section 1 and 2A at the beginning of the attachment
2. Student completes section 2B and submits to supervisor at least prior to end of attachment.
3. Supervisor completes section 3.
4. Student initiates a meeting with supervisor to discuss feedback in the final week of the attachment.

Section 1

<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>

Section 2
(Student to complete)

A. Personal learning goals for the attachment (establish in first week):

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

B. End of attachment review of attainment of learning outcomes (in conjunction with ongoing reflective journal and attachment requirements e.g. case histories, log of patients, workbooks):

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Section 3
Clinical Attachment Form: Supervisor’s Report
To be completed by supervising specialist (or Registrar if more appropriate).

Student Name: _______________________________  Attachment: _______________________________

<table>
<thead>
<tr>
<th></th>
<th>Unsatisfactory</th>
<th>Borderline</th>
<th>Satisfactory</th>
<th>Above average</th>
<th>Excellent</th>
<th>Could not be assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human Health &amp; Disease</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence based approach</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communication &amp; Collaboration</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History taking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical examination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use and interpretation of investigations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with patients and relatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedural skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community Health and Disease</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands social aspects of disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease prevention and health promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal and Professional Development</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional approach</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient confidentiality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation and reliability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participates in the teaching of others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teamwork</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical record keeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appreciation of ethical issues of clinical practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Comments:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Areas for improvement
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Overall assessment of student’s performance during the placement:

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Borderline</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAVE YOU PROVIDED THIS FEEDBACK TO YOUR STUDENT?</td>
<td>YES / NO</td>
<td></td>
</tr>
</tbody>
</table>

_____________________________  ________________________________
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)
2.2 Short Duration Attachment Form

School of Medicine Short Duration Attachments

Note to Students: Please present this form to your supervisor for each attachment at the beginning of each Attachment.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID Number:</td>
<td></td>
</tr>
<tr>
<td>Attachment:</td>
<td></td>
</tr>
</tbody>
</table>

Did the student attend all the sessions?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If no, how much did they attend?

Did the student’s attendance were their dress, manner, deportment etc appropriate?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Did the student ask appropriate questions regarding the placement and the patients?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Did the student’s clinical skills seem appropriate to their level of training?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Did the student adhere to appropriate ethical guidelines?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Could you please comment on the following:

1. Were there any factors regarding the student’s placement which were a concern?

   ..................................................................................................................................................................
   .................................................................................................................................................................
   ..................................................................................................................................................................
   .................................................................................................................................................................

2. Were there any aspects of the attachment which the student could have improved?

   ..................................................................................................................................................................
   .................................................................................................................................................................
   ..................................................................................................................................................................
   .................................................................................................................................................................

3. Other comments

   ..................................................................................................................................................................
   .................................................................................................................................................................
   ..................................................................................................................................................................
   .................................................................................................................................................................

Have you provided this feedback to the student?  Yes  No

Supervisor’s Name and clinical role: ...............................................  (please print your name)

Supervisor’s Signature: ........................................ Date: .........................

Student’s Signature: ............................................... Date: .........................

THANK YOU FOR YOUR TIME
2.3 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>
<td></td>
<td></td>
</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>geudel &amp; nasopharyngeal insertion</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>bag &amp; mask ventilation</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>CPR</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Advanced Life Support (see ARC guidelines) including:</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Year 5 Unit Outline 2012
<table>
<thead>
<tr>
<th>Good quality CPR</th>
<th>✓</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhythm assessment</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>(shockable or non shockable)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Defibrillation</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Immediate CPR</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Procedural Skill</strong></td>
<td><strong>1. Number of times observed</strong></td>
<td><strong>2. Number of times performed in a simulated environment (Novice)</strong></td>
</tr>
<tr>
<td>Post resuscitation care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Volume resuscitation</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Appropriate oxygen administration</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Nasal prongs and face mask</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cervical spine stabilisation</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>GENERAL DOCTOR &amp; PATIENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peak flow meter function testing</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Spirometry</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ECG</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Blood pressure measurement</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Height ,weight/BMI adults and children</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>EYE, EAR, NOSE &amp; THROAT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign body removal - ear &amp; nose</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Eye foreign body removal including padding as appropriate</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Ophthalmoscopy</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Slit lamp use</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Eyelid eversion</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Fluroscein - staining of cornea</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Year 5 Unit Outline 2012
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Novice</th>
<th>Simulated Environment</th>
<th>Clinical Environment</th>
<th>Routine Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>External auditory canal irrigation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>External auditory canal ear wick insertion</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasogastric tube insertion</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>GENERAL PROCEDURAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV cannulation (including set up and IV fluid administration)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Venepuncture for venous blood sample</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Collection of arterial blood sample from the radial artery</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Measures blood glucose levels using finger prick testing</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Collects blood culture specimens using aseptic techniques</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Samples, analyses and reads urinary dipsticks</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lumbar puncture</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Simple swab using standard microbial collection</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Preparation for sterile procedures including hand washing</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Sterile preparation techniques for operating theatres including scrub, glove and gown</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Use of personal protective equipment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>WOMEN'S HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine pregnancy testing</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pap smear</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Collects vaginal and endocervical swabs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Female catheterisation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</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 but simulated</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------------------------</td>
<td>---------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Write up drug chart</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Write a discharge summary or letter</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Fill out order forms for investigations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Writing out a death certificate</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Write a referral to other health professional</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
2.3.1 CPR- simulated

Assessment of Competency Form

Student name…………………………………… has completed instruction in CPR and airway management and demonstrated an appropriate level of competence for entry into intern training.

Signed _________________________  Name (print) _________________________

Position _________________________

Date ___________________________

URN or Patient Initials and date of birth ________________________________

Year 5 Unit Outline 2012
2.3.2 Venepuncture

Assessment of Competency Form

Student name……………………………… has demonstrated an appropriate level of competence in venepuncture for entry into intern training.

Signed _________________________ Name (print) _______________________

Position _________________________

Date __________________________

URN or Patient initials and date of birth_______________________________
2.3.3 IV cannulation

Assessment of Competency Form

Student name………………………… has demonstrated an appropriate level of competence in IV cannulation for entry into intern training.

Signed _________________________  Name (print) _________________________

Position _________________________

Date __________________________

URN or Patient Initials and date of birth________________________________
2.3.4 Maintenance of the airway – simulated

Assessment of Competency Form

Student name……………………………… has demonstrated an appropriate level of competence in Maintenance of the airway for entry into intern training.

Signed _________________________ Name (print) _________________________

Position _________________________

Date __________________________

URN or Patient Initials and date of birth________________________________
2.3.5 Urinary catheter insertion - female - simulated

Assessment of Competency Form

Student name………………………………. has demonstrated an appropriate level of competence in Urinary catheter insertion – female for entry into intern training.

Signed __________________________ Name (print) __________________________

Position __________________________

Date __________________________

URN or Patient Initials and date of birth_________________________________
2.3.6 Urinary catheter insertion – male - simulated

Assessment of Competency Form

Student name……………………………… has demonstrated an appropriate level of competence in Urinary catheter insertion – male for entry into intern training.

Signed _________________________ Name (print) _________________________
Position _________________________
Date __________________________
URN or Patient Initials and date of birth__________________________________________________
### 2.4 Reflective Piece Assessment Form

**Student Name** ___________________________  **Date** ___________

**DISCIPLINE** _________________________________________________________

**Theme and subsection from Medical Graduate Profile addressed:**

<table>
<thead>
<tr>
<th>Criteria for a Pass</th>
<th>Examples of Unsatisfactory work</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doing</strong></td>
<td>The student describes fluently, legibly and clearly the experience. The experience matches the learning outcome.</td>
<td>Writing is illegible or barely legible. There is poor grammar. The examiner is confused or doesn’t have a clear idea of the experience. The experience doesn’t reflect the learning outcome.</td>
</tr>
<tr>
<td><strong>Reflecting</strong></td>
<td>The student reflects on all the issues relating to the experience. Writing appears honest and non judgmental. Reflection includes demonstrating new insights about knowledge, skills, attitudes and behaviours as appropriate.</td>
<td>The student appears not to understand the experience properly, fails to reflect on obvious/important aspects of the experience. Writing appears clichéd, crafted to telling the examiner what the student thinks the examiner wants to see.</td>
</tr>
<tr>
<td><strong>Connecting</strong></td>
<td>The student describes the “connecting” process. One or more options are described and supported by literature, discussion with colleagues, teaching staff etc.</td>
<td>The student hasn’t bothered to “research” the topic or issue. No new ideas emerge or are so superficial as to demonstrate a lack of engagement.</td>
</tr>
<tr>
<td><strong>Deciding</strong></td>
<td>The student describes how he or she would approach a similar situation next time and gives a rationale for his or her choices where appropriate.</td>
<td>There is no logical reason given for the decision. There is no flow through the phases of the cycle. The decision is inappropriate, illegal or dangerous.</td>
</tr>
</tbody>
</table>

**Overall assessment:** Satisfactory  **Borderline**  **Unsatisfactory/Resubmit**

**Comments:**

__________________________________________________________________________

**Examiner’s Signature**  

*Please print name and position*

---

Year 5 Unit Outline 2012
2.5 Guidelines for writing case histories and sample marking sheets

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 used.*

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 should 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. Note all aspects of the case that you have been personally involved in and note all secondary sources of information.

In your longitudinal case discussion, you must provide:

- **Case Summary**
  The initial 250 word *Case Summary* should 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 all 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**
  The remainder of your document should include a thoughtful and critical discussion of as many aspects of the case as you think appropriate. It could include diagnostic difficulties encountered, assessing response to treatment, potential problems with treatment, the psychodynamic underpinning of the presentation, rehabilitation, significant social aspects of the case.

  It is important to indicate which material was obtained first hand and which from other sources. While it is quite acceptable to use information obtained second hand, it is important that you state from whom you gained this information. Note that examiners will be looking for evidence of your direct involvement in the case.

- **References**
  The clinical decision making should be supported by appropriate references. These should be listed at the end of the document. Only quote those that you yourself have accessed.

Below are some *suggestions* that may be useful to you in deciding how you will present the therapeutics aspect of this assignment.

Identify a clinical scenario where therapeutic decision-making is critical to outcomes. Explore the best option for your patient. Your case should be:

- Referenced and supported by levels of evidence with search tools detailed.
- Your discussion might include issues related to pharmacokinetics, drug interactions, toxicity and toxicology, pharmacogenetics and pharmaco economics.
It is suggested that you present a cost analysis of any therapeutics program that you suggest.
Issues of safety, compliance and ethics should be addressed.

Submission
A hard copy of your Long Case with the standard UTAS Cover Sheet (download a blank proforma version of the cover sheet www.admin.utas.edu.au/academic/cover_sheet.doc) must be submitted to the Clinical School by the due date. As well, an electronic copy is to be emailed to the nominated recipient in your Clinical School.

Please ensure that all patients are de-identified.

CHRONIC ILLNESS LONGITUDINAL CASE INCLUDING COMPLEX THERAPEUTICS
SUGGESTED MARKING ALLOCATION

<table>
<thead>
<tr>
<th>Case Summary</th>
<th>10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Discussion</td>
<td></td>
</tr>
<tr>
<td>History and examination</td>
<td>10%</td>
</tr>
<tr>
<td>Diagnosis / Patient Problems</td>
<td>20%</td>
</tr>
<tr>
<td>Management Aims</td>
<td>20%</td>
</tr>
<tr>
<td>Management</td>
<td></td>
</tr>
<tr>
<td>Are there patient specific issues (e.g. allergy, age, culture, beliefs, contraindications)?</td>
<td>40%</td>
</tr>
<tr>
<td>Are there issues of</td>
<td></td>
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<tr>
<td>- Access?</td>
<td></td>
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<tr>
<td>- Safety?</td>
<td></td>
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<td>- Cost?</td>
<td></td>
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<td>- Compliance/ concordance?</td>
<td></td>
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<tr>
<td>- Polypharmacy?</td>
<td></td>
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<tr>
<td>How does the pharmacotherapeutics complement whole patient care?</td>
<td></td>
</tr>
<tr>
<td>References</td>
<td></td>
</tr>
<tr>
<td>Global – evidence of student as primary source of clinical information, excellent clinical decision making skills, whole patient care showcased and appropriate use of the health care team is evident</td>
<td>20%</td>
</tr>
<tr>
<td>TOTAL / 100%</td>
<td></td>
</tr>
</tbody>
</table>
ACUTE CARE MEDICINE LONG CASE

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

Choose a patient you have been involved in the care of from very early stages of their presentation and follow them over time. Note all aspects of the case that you have been personally involved in and note all secondary sources of information.

The first 200 words is an “abstract” detailing salient features of the clinical case history and physical examination, and the early progress, with tests and procedures undertaken.

You are then required to expand on progress and management.

In your long case discussion, you must provide:

- The initial 200 word introduction/abstract and outline of the case as described above.
- The diagnosis – the working diagnosis at presentation and the final diagnosis while recovering should be discussed.
- Take a wider view of the patient to generate the next step safely – past history, medications, allergies, current psycho-social situation
- Differential diagnoses – it is expected you will list and discuss the possible differentials and prioritise them.
- The initial management and the nature of treatment that was initiated; questions to consider include its validity, applicability, and appropriateness. The potential negative consequences of this treatment should be described and discussed.
- The early response to treatment should be described including how progress is defined.
- A brief summary of the care whilst the patient (hopefully) recovered; this will help put your case in a wider context.
- Your discussion and statements should reflect current referenced views and if they differ, you need to be prepared to explain why. Areas of established practice as well as fields of debate in Acute Care Medicine that are relevant to your presentation should be discussed.

GUIDELINES FOR ACUTE CARE MEDICINE LONG CASE

In general, the acute care long case should be in a similar format to other long cases submitted. A brief summary, followed by the presentation and a discussion with relevant references should be the format adopted. However, given that it is in an emergency setting, the following features should also be considered:

- It should be prospective in nature; that is, it is useful to see how the story unfolds as more information becomes available and conditions change, etc. For example, it is not helpful to reflect on a patient presenting with a diagnosis of unstable angina; it would be of benefit to present the story from presentation with chest pain, what diagnoses were considered initially, what initial findings were (physical and bedside investigation, such as ECG), to the appropriate use of pathology tests to further management and disposition (e.g. admission or management as an outpatient). Presenting retrospectively from a positive cardiac catheterisation result misses the decision making processes which occur in acute medicine.

- The systems should be considered in context: it's all very well to refer an acute MI for PCI (needs to be spelled out) at 9am, but what about at 2am? What about the aggressive patient at 2am on a Saturday morning? The CT result showing a subdural haemorrhage is great to hear about, but how did it come about?
• Be aware of "real time"…seeing a patient with abdominal pain is fine, but the bloods do take time to come back (don't present a patient and then say that the bloods were available - what happened in the meantime?)…an appreciation that some results do not alter initial management is important: e.g. a white cell count in acute appendicitis, etc…it would be good to back it up with evidence.

Submission

A hard copy of your Long Case with the standard UTAS Cover Sheet (download a blank proforma version of the cover sheet www.admin.utas.edu.au/academic/cover_sheet.doc) must be submitted to the Clinical School by the due date. An electronic copy must be submitted via Turnitin

Please ensure that all patients are de-identified.

ACUTE CARE MEDICINE LONG CASE
SUGGESTED MARKING ALLOCATION

<table>
<thead>
<tr>
<th>Case Summary and Introduction (Abstract)</th>
<th>10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis and differentials and their discussion</td>
<td>15%</td>
</tr>
<tr>
<td>Discussion of the early management and treatment</td>
<td>15%</td>
</tr>
<tr>
<td>Response to early treatment and discussion</td>
<td>10%</td>
</tr>
<tr>
<td>Summary of ongoing care and brief discussion of this care</td>
<td>10%</td>
</tr>
<tr>
<td>References: current, recognising Australian guidelines, peer-reviewed sources</td>
<td>10%</td>
</tr>
<tr>
<td>Global: evidence of student as primary source of clinical information, excellent clinical decision making skills, whole patient care showcased and appropriate use of the health care team is evident</td>
<td>30%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>/ 100%</td>
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</table>
2.6 Forms to Record Educational Activities

2.6.1 Self directed study
(1 point per hour)

<table>
<thead>
<tr>
<th>Clinical Issue Explored</th>
<th>Nature of Preparation (eg literature review, interview, etc)</th>
<th>Duration of Preparation</th>
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<tbody>
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Total Points _______
### 2.6.2 Passive learning activities

**Attendance at Hospital/GP Postgraduate Meetings/Tutorials** (1 point per hour)

<table>
<thead>
<tr>
<th>Institution/Educational Provider</th>
<th>Topic</th>
<th>CME Accredited</th>
<th>Copy of Attendance</th>
<th>Duration and Date</th>
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Total Points ______

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Year 5 Unit Outline 2012
## 2.6.3 Attendance at medical conferences, scientific sessions

(1 point per hour)

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<thead>
<tr>
<th>Institution/Educational Provider</th>
<th>Topic</th>
<th>CME Accredited</th>
<th>Verification of Attendance</th>
<th>Date/Duration</th>
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Total Points _______
### 2.6.4 Log of presentations/quality improvement exercises/clinical research activities/teaching (excluding CBLs, mini-CEXs)

(3 points per hour)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Topic</th>
<th>Duration</th>
<th>Assessor/Supervisor sign off</th>
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<tbody>
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Total Points _________
### 2.6.5 Other activities

(1 point per hour)

<table>
<thead>
<tr>
<th>Institution/Educational Provider</th>
<th>Activity Description</th>
<th>Date</th>
<th>Duration</th>
<th>Verification (Signed off by supervisor)</th>
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Total Points _____________
### 2.6.6 Research or clinical audit activities
(2 points per hour)

<table>
<thead>
<tr>
<th>Research topic</th>
<th>Activity Description</th>
<th>Date</th>
<th>Duration</th>
<th>Verification (Signed off by supervisor)</th>
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<tbody>
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</table>

Total Points __________
2.7 Mini-Clinical Evaluation Exercise Form

## Mini CEX assessment form

<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>Assessor’s Position:</td>
</tr>
<tr>
<td>Patient problem:</td>
<td>Specialty:</td>
</tr>
<tr>
<td>Patient age:</td>
<td>Patient gender: ❑ male  ❑ female</td>
</tr>
<tr>
<td>Case complexity:</td>
<td>☐ low  ☐ medium  ☐ high</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>

### Strengths

<table>
<thead>
<tr>
<th>Medical interviewing skills</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
<th>Not observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical examination skills</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
<th>Not observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional qualities/communication</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
<th>Not observed</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Patient education</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
<th>Not observed</th>
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<td>4</td>
<td>5</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical judgement</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
<th>Not observed</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organisation/efficiency</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
<th>Not observed</th>
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</thead>
<tbody>
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<td>4</td>
<td>5</td>
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</table>

<table>
<thead>
<tr>
<th>Overall performance</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
<th>Not observed</th>
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<tbody>
<tr>
<td>1</td>
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### Time taken for observation: 

<table>
<thead>
<tr>
<th>Time taken for feedback:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Assessor satisfaction with using the Mini CEX</th>
<th>Low</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>High</th>
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</thead>
<tbody>
<tr>
<td>Students satisfaction with using the Mini CEX</td>
<td>Low</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>High</td>
</tr>
</tbody>
</table>

Assessors Signature: ____________________________

Student Signature: ____________________________

Date: ____________________________

Year 5 Unit Outline 2012
### Ratings

**Unsatisfactory** – Gaps in knowledge or skills that you would not expect at this stage of the course. Concerns about professionalism and patient safety.

**Satisfactory** – Standard you would expect for a student at this level at this stage of the year. Generally they are clinically competent and with satisfactory communication skills and professionalism.

**Excellent** - Performing well above the level that they are at. No concerns about their clinical method, professionalism, organisation, communication etc.

---

The details below outline the skills associated with each domain in the Mini CEX rating form and Mini CEX framework. Not all skills will necessarily be examined during a single encounter.

<table>
<thead>
<tr>
<th>Medical Interviewing skills</th>
<th>Professional qualities/communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interacts well with patient</td>
<td>Shows respect for patient</td>
</tr>
<tr>
<td>Directs questions at key problems</td>
<td>Explains as well as asks</td>
</tr>
<tr>
<td>Uses second order of questioning to refine focus</td>
<td>Listen as well as tells</td>
</tr>
<tr>
<td>Integrates information from questions</td>
<td>Aware of potentially embarrassing or painful components of interaction</td>
</tr>
<tr>
<td>Observes and responds appropriately to non-verbal cues</td>
<td>Respects patient confidentiality</td>
</tr>
<tr>
<td>Considers a range of diagnostic options</td>
<td>Able to adapt questioning and examination to patient’s responses</td>
</tr>
<tr>
<td>Takes a history appropriate to the clinical situation.</td>
<td>Presents clinical information in a clear and coherent manner.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Judgement</th>
<th>Physical Examination Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weighs importance of potentially conflicting clinical data.</td>
<td>Conducts a systematic and structured physical examination.</td>
</tr>
<tr>
<td>Determines appropriate choice of investigations and management.</td>
<td>Shows sensitivity to patients comfort and modesty.</td>
</tr>
<tr>
<td>Relates management options to the patient’s own wishes or context.</td>
<td>Detects abnormal signs when present and assesses the significance of these findings.</td>
</tr>
<tr>
<td>Considers the risks and benefits of the chosen management/treatment options.</td>
<td>Gets informed consent</td>
</tr>
<tr>
<td>Comes to a firm decision based on available evidence.</td>
<td>Focuses the examination on the most important components.</td>
</tr>
<tr>
<td></td>
<td>Integrates findings on examination with other information to clarify diagnosis.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Education</th>
<th>Organisation/Efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explains rationale test/treatment</td>
<td>Synthesises a collection of data quickly and efficiently.</td>
</tr>
<tr>
<td>Provides information in a way that is clear and tailored to the patient’s needs.</td>
<td>Uses appropriate judgement and synthesis.</td>
</tr>
<tr>
<td>Responds to patient and modifies or repeats information when appropriate.</td>
<td>Demonstrates optimal use of time in collection of clinical and investigational data.</td>
</tr>
<tr>
<td>Listens to patients wishes</td>
<td></td>
</tr>
<tr>
<td>Avoids personal opinion and bias</td>
<td></td>
</tr>
</tbody>
</table>
## 2.8 Sample Assessment Form for CBL Tasks

**CBL TOPIC**  
______________________________________________________

**CLINICAL TEACHER**  
______________________________________________________

**DATE**  
______________________________________________________

**STUDENT(s) Name(s)**  
______________________________________________________

**LEARNING TASK**  
______________________________________________________

**PRESENTATION MODE**  
<table>
<thead>
<tr>
<th>Individual Activity</th>
<th>Short (5 minutes)</th>
<th>Long (15 minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Activity</td>
<td>Short (5 minutes)</td>
<td>Long (15 minutes)</td>
</tr>
</tbody>
</table>

<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>Demonstrates understanding of the topic.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presents relevant information in a clear manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actively engages other students in discussion.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allows students to question and responds well to their questions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses communication tools effectively (white board, overheads, 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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Overall assessment:**  
Satisfactory  
Borderline  
Unsatisfactory/Resubmit

**CLINICAL TEACHER SIGNATURE**  
______________________________

**Position**  
______________________________

---

*Year 5 Unit Outline 2012*
2.9 Selective Notification Form

This form must be submitted to the Unit Coordinator at least one month prior to starting the selective.

Student name ............................................................... ID no ..........................................

Dates of selective from: ............................................. to: ..................................................

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

Supervisor’s name and contact details
............................................................................................................................................... 
............................................................................................................................................... 
............................................................................................................................................... 
............................................................................................................................................... 
............................................................................................................................................... 

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

Student’s signature: ................................................. Date: ..........................................

Unit Coordinator’s name .......................................................... ..........................................

Signature .......................................................... Date: ..........................................

Approving Selective
Year 5 MBBS Students

CERTIFICATE OF PERFORMANCE FOR SELECTIVE 2012

This is to certify that _______________________________ has spent
a Selective period from: .............................................. to ............................................
at (location/institution) .......................................................... learning about ..........................................................

An assessment of the student’s performance is given below (please tick)

<table>
<thead>
<tr>
<th></th>
<th>SATISFACTORY</th>
<th>UNSATISFACTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Clinical Ability</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Initiative</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Attendance</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Interpersonal Relationships</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Please elaborate on the student’s performance or other aspects of the elective

__________________________________   ________________________________

Supervisor’s signature

Please print name

__________________________________   ________________________________

Supervisor’s position Date

On completion of the Selective this completed certificate should be given to the
student or sent in confidence to: Unit Coordinator at the Clinical School of the
participating student, University of Tasmania.
2.10 Sample Objective Structured Clinical Examination Station and Marking Sheet

NOTE: This is a Year 4/5 sample OSCE. Year 5 OSCEs will have more detailed management and therapeutic requirements.

Student information
You are a surgical intern about to see Mr Albert Whiteside, a 70 year old diabetic with a gangrenous right foot. The pain in Mr Whiteside’s foot is intolerable and he has been admitted for assessment and management. Earlier today, the surgical registrar spoke to Mr Whiteside and fully explained the diagnosis and prognosis, confirming that the only suitable therapy was a below knee amputation. The registrar believed he fully explained the risks and benefits of the operation and felt that Mr Whiteside understood the issues and implications. However Mr Whiteside then refused to give consent for the operation.

Being concerned that he might have missed something and indeed being appreciative of a second opinion, the registrar asks you specifically to discuss with Mr Whiteside his decision, and to clarify the management paths possible.

Task
Your task is to engage Mr Whiteside in a discussion regarding his decision and assure yourself he is fully informed about his options.

MARKING SHEET
Core Mark

<table>
<thead>
<tr>
<th>Marking criteria</th>
<th>Not attempted</th>
<th>Partially achieved</th>
<th>Fully achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies the main concerns of the patient – loss of independence, burden to family</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Elicits relevant background</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Emotional state</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>• Cognitive competence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Depressed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Suicidal?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asks about significant others and explores future care options – offers to talk to others</td>
<td>0</td>
<td>0.5</td>
<td>1</td>
</tr>
<tr>
<td>Gives specific information about the leg – patient will die without surgery</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Agrees to respect the patient’s decision, e.g. states that he has the right to refuse, etc.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Asks if patient will consent to other palliative care</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>States the patient can change his mind but only up to a point after which the decision becomes irreversible</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
OSCE MARKING SHEET (continued)

Overall Score:

Key:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Critical error made</td>
</tr>
<tr>
<td>1</td>
<td>Very poor performance</td>
</tr>
<tr>
<td>2</td>
<td>Very poor performance</td>
</tr>
<tr>
<td>3</td>
<td>Poor performance</td>
</tr>
<tr>
<td>4</td>
<td>Just less than expected standard</td>
</tr>
<tr>
<td>5</td>
<td>Expected standard</td>
</tr>
<tr>
<td>6</td>
<td>Just better than expected standard</td>
</tr>
<tr>
<td>7</td>
<td>Exceptional performance</td>
</tr>
</tbody>
</table>

Total mark out of 20

Global Assessment: (for standard setting):

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Borderline</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examiners Name: ______________________</td>
<td>Signature: ______________________</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________`

Overall Marking

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Critical error Tries to bully the patient and dismisses his concern aggressively.</td>
</tr>
<tr>
<td>1</td>
<td>Very poor performance Major omissions in history taking. Poor engagement and synthesis.</td>
</tr>
<tr>
<td>2</td>
<td>Poor performance</td>
</tr>
<tr>
<td>3</td>
<td>Just less than expected standard Several minor omissions. Poor time organisation</td>
</tr>
<tr>
<td>4</td>
<td>Expected standard Copes with emotional reaction of patient and identifies major concerns of the patient, and attempts to prioritise them and suggests some resolution.</td>
</tr>
<tr>
<td>5</td>
<td>Just better than expected standard</td>
</tr>
<tr>
<td>7</td>
<td>Exceptional performance Mature, poised and professional interaction with accuracy of assessment and prognosis. Identifies key issues of competence, depression and independence. Checks patient’s understanding of his situation. Is proactive in planning management.</td>
</tr>
</tbody>
</table>
2.11 Portfolio Oral Exam

Instruction to examiners:

From the student’s portfolio (workbooks, logs, long cases, reflective pieces, etc) please sample 4 scenarios of a clinical and/or professional nature that offer an opportunity to assess the reasoning skills of the student. Please ensure your questioning allows the assessment of the scenarios using the following scales.

2 rating scales for each scenario are to be used

a) unsatisfactory, borderline, satisfactory and, excellent

AND

b) safe, borderline safe and, unsafe (where safety includes that of patients, carers, other health care team members and themselves).

Any student with more than one borderline or unsatisfactory score in (a) and any student with any borderline safe or unsafe scores in (b) will be recalled to be reinterviewed by an alternative team of assessors.

Take about 6 minutes to discuss each scenario. You have 30 minutes to complete your task and make your rating. The interview will be recorded for quality assurance purposes and as a record of the assessment process.

Clinical aspects of scenarios

Choose scenarios that allow an assessment of the student’s ability to synthesise clinical information and formulate a safe management plan based on the ability to clearly

- Identify all of a patient’s presenting problems (both acute and chronic and incorporating psycho-social elements)
- Offer a clinical diagnoses and problem list
- Use clinical and investigatory findings judiciously to substantiate diagnoses and problems
- Consider differential diagnoses
- Formulate a treatment plan that is generalist and delivers whole patient care with an awareness of the health care system’s ability to deliver the plan.
- Identify preventative health care and public health aspects of the case or similar cases

Professional aspects of scenarios

Choose professional reasoning scenarios that assess a student’s ability to think ethically whilst working as a medical practitioner within the Australian health care system. Aspects of their future professional role that may be highlighted include

- An ability to appreciate how they can be their patient’s advocate
- A willingness to overcome inequity in health outcomes and access to care
- A commitment to compassionate and ethical behaviour
- An ability to recognise their own strengths and weaknesses and to ask for help when needed
- How to reconcile their own reactions and belief systems with their role in delivering patient care
• How to contribute to delivering safer care
• Their propensity to be a reflective practitioner

You do not have to cover all aspects in detail in one case or scenario. If a student is performing well in any area, move onto alternative questioning. If a student is struggling in one area choose and alternative case or scenario to ask about the same reasoning skill. Clinical and professional scenarios may also be mixed – most clinical scenarios provide opportunities for professional aspects of the role to be explored as well.

Scenario 1

Brief outline of scenario (source):

Starting question

Response

Summary

Response rating (circle)

Globally: unsatisfactory borderline satisfactory excellent
Safety: unsafe borderline safe

Scenario 2

Brief outline of scenario (source):

Starting question?

Response
Summary

Response rating (circle)

Globally: unsatisfactory borderline satisfactory excellent
Safety: unsafe borderline safe

Scenario 3

Brief outline of scenario (source):

Starting question?

Response

Summary

Response rating (circle)

Globally: unsatisfactory borderline satisfactory excellent
Safety: unsafe borderline safe

Scenario 4

Brief outline of scenario (source):

Starting question?

Response
Summary

Response rating (circle)

Globally: unsatisfactory borderline satisfactory excellent

Safety: unsafe borderline safe

Global ratings:

2 or more ‘unsatisfactory’ or ‘borderline unsatisfactory’ (circle)

YES NO

Safety ratings:

1 or more ‘unsafe’ or ‘borderline safe’ (circle)

YES NO

Examiner’s name:

Examiner’s signature

Student sticker: name and identification number affix were: