



*Rural
Clinical School*

MBBS
Undergraduate
Rural Clinical
Programme
2020

Year 4 & 5

GP Supervisor

Guidelines

Introduction

Thank you for being involved with the Rural Clinical School (RCS) Primary Care Programme (PCP) in 2020.

The Primary Care Programme is part of the **5 Years MBBS Undergraduate Rural Clinical Programme at the University of Tasmania College of Health & Medicine**. The MBBS is now a 5 years course and the Year 5 is the final year.

Outline of General Practice experience at University of Tasmania, College of Health & Medicine

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

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

Year 1 and 2

Students in years 1 and 2 attend practices for a few hours or a day. These visits are an introduction to General Practice and to meet members of the Primary Health Care Team. The students are undertaking a variety of other community-based activities to introduce them to the North West Coast and the Burnie campus. In Year 1, students spend 1 week on NW coast. During that time, they are involved in the team building activities, various clinical scenarios and visits to the Rural Clinical School and other places in the NW coast. In year 2, along with attending General Practices, they stay in the community, that gives them opportunity to enhance their understanding of living in a rural community.

Year 3

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

Year 4

As part of their clinical rotation in Fourth year students spend 1 day a week for a whole year in General Practice. These students are based at the Burnie Campus and undertake clinical rotations at Mersey Hospital Latrobe and North West Regional Hospital Burnie for the rest of the week.

Year 5

As part of their clinical rotation in Final year students spend four weeks in rural and remote practices like King Island & Queenstown.

Course Content

The Learning Objectives are set out in "Learning Objectives for the Year 4 & 5 Clinical Attachments 2020" which are in the student handbook. These Objectives outline to students and teachers what students need to know and form a basis for student assessment.

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

Course Delivery

How practices manage, the students will vary according to their teaching resources and style. We encourage student's active involvement in the consultation and prefer practices to use the wave model.

Students should be punctual and appropriately dressed.

Student breaks, ie when the students will not be in practice are outlined in **Appendix 1** – RCS Calendar. Holidays are highlighted yellow.

If students are unable to attend they must contact the practice manager and Karen Lowe at the RCS on 03 6430 1668.

If you are interested in further advice on teaching and supporting medical students in general practice, or if you have any concerns or issues please contact Karen Lowe via email: rca.gp@utas.edu.au or 03 6430 1668 or Dr Lizzi Shires, Dr Satish Kumar, or Dr Rosemary Ramsay via Karen Lowe.

Fourth Year GP rotation

Fourth Year is the first full Clinical Year. The aim of your 4th year General Practice rotation is to focus on common diseases managed in General Practice and to give a perspective on managing chronic diseases, managing minor illness and immediate care of acute severe illness.

Students should be able to draw up management plans in collaboration with patients. There is a strong emphasis on preventative medicine and continuity of care. Students in Year 4 are allocated to attend a General Practice on Tuesdays throughout the teaching year. The aim of this longitudinal placement is to allow students to follow patients up over a period of four to five months and gain skills in Chronic Disease Management.

Fifth Year GP rotation

The aim of the final year placement is for students to gain an immersion in Rural and Remote General Practice including participation in the health care provided in a community hospital or nursing home. In final year, students are expected to gain the skills required to be an intern in General Practice. This should include immediate care and management of patients with complex multi morbidity. Students should be able to draw up management plans in collaboration with patients.

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

We have given a suggested schedule in **Appendix 3**, which may help with initial placements. We have also developed a Practice Managers and Nurses Guide and a Guide for Community Hospital Staff to assist with student placements. (These can be obtained contacting Karen Lowe via email: rca.gp@utas.edu.au or 03 6430 1668.)

Details on consulting skills activities are included in the Teaching and Learning resources booklet, which is provided to each student.

Students may work with one, or *across a team* of, GPs but the nominated GP supervisor will act as a mentor, responsible for all activities to do with Primary Care teaching and learning, including reviewing student clinical logbooks and written primary care tasks, completing the Clinical Attachment assessment and marking the oral chronic long case presentation in year 4.

Team Work

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

Time spent with receptionists to develop an understanding of how practice works and how patients present to non-clinical staff and role of non-clinical staff in patient management.

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

Skills

There should be a particular focus on skill development so students can develop their consultation and procedural skills with the GP and practice nurse. Some of these skills are mentioned in **Appendix 2**.

Interprofessional Education

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

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

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

Other sessions can be negotiated with yourself according to local opportunities and the students learning needs. If you have problems arranging these please contact Karen Lowe on 03 6430 1668.

Community Liaison

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

Other Learning Tasks

Visit nursing homes or undertake home visits with GP's,

Attend home medication reviews,

Follow up their complex rural long cases,

Research on the conditions or medications they see in consultations.

Attend placements where student has identified a need.

Audit

Local Health Care Attachments

Students have a list of attachments they could attend.

It is for the student to negotiate with the practice the best time for these attachments and the type of attachments that are available in the area. Other sessions can be negotiated with the practice according to local opportunities and your learning needs. If there are any problems arranging these, please contact Karen Lowe on 03 6430 1668.

Electronic Log Book

The students have an electronic logbook. The list of skills and activities that can be undertaken in Primary Care are included in the logbook and are summarised for this handbook below, Students should show the electronic log to their supervisor.

Course Assessment

Clinical Attachment Report

At the beginning of each General Practice placement, students should discuss their learning objectives with their GP Supervisor. These should reflect the MBBS objectives, students' interests, strengths and weaknesses.

Supervisor feedback should be given to the student before completion of the attachment. At the end of each GP placement, students must submit an attachment report from the GP supervisor, which assesses the student on a variety of professional and personal attributes these in the student handbook.

Longitudinal Case

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

Case Presentation

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

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

Clinical Log Book

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

Consultation and Procedural Skills

Students are required to be assessed across a wide range of consultation and procedural skills, many of which will be encountered in General Practice. These should be recorded in the clinical logbook (see **Appendix 2** for list of skills).

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

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

Students are required to undertake formative Mini Cex assessments and DOPS assessments as part of their work-based assessment. Details of these forms are in the **Appendix 5**.

Summative Assessment

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

Appendix 1 - 2020 Calendar

RCS Calendar - 2020

Week Beginning	Year 3		Year 4		Year 5		Week ending	Public Holidays	MBBS Program	Community Engagement, UTAS Events & Conferences	
	RCS	HCS & LCS	RCS		HCS, LCS & RCS						
6-Jan							10-Jan	Devonport Cup - Wednesday 8th January		Tuesday 7th January - Welcome BBQ for Prospective Students (RCS Burnie)	Tasmanian Primary and Secondary School Terms 2020
13-Jan							17-Jan				↓
20-Jan							24-Jan				
27-Jan							31-Jan	Australia Day - Monday 27th January			
03-Feb	Orientation Week						7-Feb		Wednesday 5th February - CE training with Year 4 students Wednesday 5th February Rotary Club of Burnie Scholarship in Rural Medicine - Interviews	Thursday 6th February - RCS Community Welcome & Speed Networking Event (RCS Burnie)	
10-Feb	A1	GLP 1	GLP 1			1	14-Feb	Royal Hobart Regatta - Monday 10th February			
17-Feb	A2	2	2			2	21-Feb			Sunday 23rd February - Festival in the Park (Ulverstone)	
24-Feb	A3	3	3			3	28-Feb	Launceston Cup - Wednesday 28th February			
02-Mar	A4	4	4	Attachment 1	Attachment 1	4	6-Mar	King Island Show - Tuesday 3rd March		Wednesday 4th March - Visit to Smithton High School (mental health attachment)	
09-Mar	A5	5	5	Attachment 1	Attachment 1	5	13-Mar	Eight Hours Day - Monday 9th March		Tuesday 10th March - Year 10, 11 & 12 Health Careers - Burnie Wednesday 11th March - Year 10, 11 & 12 Health Careers - Mersey	TERM 1 3/2/20 to 9/4/20
16-Mar	A6	6	6			GLW 1	20-Mar		Year 5 THS Intern Recruitment Presentation TBC Thursday 19th & Friday 20th March - Emergency Skills Course - Smithton		
23-Mar	A7	7	GLP 2	Attachment 2	Attachment 2	1	27-Mar		Tas Rural Health Conference (UTAS CCC) 28th - 29th March	Tuesday 24th March - CAB Meeting (RCS Burnie) Saturday 28th - Sunday 29th March - Year 3 weekend visit to Burnie (Rustica)	
30-Mar	A8	GLP 2	2			2	3-Apr			Thursday 2nd April - Year 7/8 First Aid Program (Year 4/5 ED) Sunday 5th April - Burnie Challenge - date TBC	
06-Apr	B1	2	3			3	10-Apr	Good Friday - Friday 10th April			
13-Apr	Easter Student Break 10th to 17th April 2020						17-Apr	Easter Monday & Tuesday - 13th & 14th April			
20-Apr	B2	3	4			5	24-Apr	ANZAC Day - 25th April			School Holidays 10/4/20 - 24/04/20
27-Apr	B3	4	5	Attachment 2	Attachment 2	6	1-May		Monday 27th April - Friday 1st May - Year 1 Rural Week - Camp Clayton		
04-May	B4	5	6	Attachment 2	Attachment 2	GLW 2	8-May	Agfest (Circular Head Only) - Friday 8th May	Year 5 Intern Applications Open Dates to be confirmed	Wednesday 8th May - visit to Table Cape Primary School (mental health attachment) Saturday 9th - Sunday 10th May - Year 3 weekend visit to Burnie (Rustica)	
11-May	B5	6	GLP 3			1	15-May				
18-May	B6	7	2			2	22-May			Wednesday 20th May - Year 10 Health Careers - Mersey	
25-May	B7	GLP 3	3	Attachment 3	Attachment 3	3	29-May			Wednesday 27th May - Year 10 Health Careers - Burnie	TERM 2 27/04/20 to 03/07/20
01-Jun	B8	2	4	Attachment 3	Attachment 3	4	5-Jun		Year 5 Intern Applications Close Dates to be confirmed		
08-Jun	Year 3 SWOT Vac	3	5			5	12-Jun	Queen's Birthday - Monday 8th June	Year 5 Intern Interviews Dates to be confirmed	Wednesday 10th June - Primary/High School visit (mental health attachment) - Burnie/Mersey/at the school	
15-Jun	EXAM PERIOD	4	6			GLW 3	19-Jun			Year 5 Class Photos - date TBC	
22-Jun	Mid Year Student Break 22nd June - 28th June 2020						26-Jun				
29-Jun	C1	5	GLP 4			1	3-Jul			Saturday 4th & Sunday 5th July - Year 3 weekend visit to Burnie (Rustica)	
06-Jul	C2	6	2	Attachment 4	Attachment 4	2	10-Jul				
13-Jul	C3	7	3	Attachment 4	Attachment 4	3	17-Jul				School Holidays 6/07/20 - 17/07/20
20-Jul	C4	GLP 4	4	Attachment 4	Attachment 4	4	24-Jul		Year 4 Formative MCQ/EMQ Exams Date TBC	Friday 24th July - Year 9 Health Careers - Mersey	
27-Jul	C5	2	5			5	31-Jul			Wednesday 28th July - Year 9 Health Careers - Burnie (utilise MH students to help with minor burns, medicine and psych) Thursday 30 July - Year 7/8 First Aid Program (Year 3)	
03-Aug	C6	3	GLP 5			Exam Period	Year 5 SWOT Vac	7-Aug		Year 4 Class Photos - date TBC	
10-Aug	C7	4	2	Attachment 4	Attachment 4	Exam Period	EXAM PERIOD	14-Aug	Year 5 Summative OSCE Wednesday 12th August & Thursday 13th August Year 5 Prize Exams	Sunday 9th August - UTAS Open Day (CCC)	

RCS Calendar - 2020

Week Beginning	Year 3		Year 4		Year 5	Week ending	Public Holidays	MBBS Program	Community Engagement, UTAS Events & Conferences	
	RCS	HCS & LCS	RCS	HCS, LCS & RCS						
17-Aug	C8	5	Attachment 5	3	Attachment 5	1	21-Aug		National Science Week	38
24-Aug	Year 3 Student Break	6	Attachment 5	4	Attachment 5	2	28-Aug		Wednesday 19th August - Primary/High School visit (mental health attachment) - Burnie/Mersey/at the school	39
31-Aug	D1	7	Attachment 5	5	Attachment 5	3	4-Sep		Saturday 5th - 6th September - Year 3 weekend visit to Burnie (Rustica)	40
07-Sep	D2	GLP 5	Attachment 5	6	Attachment 5	4	11-Sep	Monday 7th September - Friday 11th September - Year 2 Rural Week		41
14-Sep	D3	2	Attachment 5	GLP 6	Attachment 5	5	18-Sep			42
21-Sep	D4	3	Attachment 5	2	Attachment 5	GLW 4	25-Sep	Year 5 Portfolio Interviews Friday 25th September - Year 5 Prescribing Skills Assessment Formative Exam		43
28-Sep	D5	4	Attachment 6	3	Attachment 6	1	2-Oct	Burnie Show Day - Friday 2nd October		44
05-Oct	D6	5	Attachment 6	4	Attachment 6	2	9-Oct	Royal Launceston Show - Thursday 8th October	Wednesday 7th October - CAB Meeting (RCS Mersey)	45
12-Oct	D7	6	Attachment 6	5	Attachment 6	3	16-Oct	Flinders Island Show Day - Friday 16th October	Wednesday 14th October - Year 5 Sup OSCEs & Sup Portfolios	46
19-Oct	D8	7	Attachment 6	6	Attachment 6	4	23-Oct	Royal Hobart Show Day - Thursday 22nd October	Sunday 18th October - Burnie Ten - date TBC	47
26-Oct	Year 3 SWOT Vac	Year 4 SWOT Vac	Attachment 6		Attachment 6	5	30-Oct		Wednesday 21st October - Primary/High School visit (mental health attachment) - Burnie/Mersey/at the school	48
02-Nov	Exam Period	Exam Period	Attachment 6		Attachment 6	Intern Ready Week	6-Nov	Recreation Day - Monday 2nd November Year 4 MCQ-1 5th Nov 2pm-4pm Year 4 MCQ-2 6th Nov 2pm-4pm	Year 4 Summative OSCE Wednesday 4th November Saturday 7th November - End of Year Dinner	49
09-Nov	Exam Period	Exam Period	Attachment 6		Attachment 6	Break	13-Nov			50
16-Nov	Exam Period	Exam Period	Attachment 6		Attachment 6	Break	20-Nov			51
23-Nov	Exam Period	Exam Period	Attachment 6		Attachment 6	Break	27-Nov	Devonport Show Day - Friday 27th November		52
30-Nov	Exam Period	Exam Period	Attachment 6		Attachment 6	Break	4-Dec			53
07-Dec	Exam Period	Exam Period	Attachment 6		Attachment 6	Break	11-Dec	Year 4 Sup Exams OSCE Sup - Wednesday 9th December MCQ-1 Sup - 10th December MCQ-2 Sup - 11th December		54
14-Dec	Exam Period	Exam Period	Attachment 6		Attachment 6	Break	18-Dec	Year 5 Graduation (Hobart) Wed 16th December		55
21-Dec	Exam Period	Exam Period	Attachment 6		Attachment 6	Break	25-Dec			56

TERM 3
20/07/20 to 25/09/20

School Holidays
28/09/20 - 09/10/20

TERM 4
12/10/20 to 17/12/20

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

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

Appendix 3 - Getting Ready for Students

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

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

Appointment Schedule for Wave Consulting

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

SAMPLE ROSTER FOR MEDICAL STUDENT

(RURAL CLINICAL SCHOOL GP 4th YEAR ATTACHMENTS 20^{**})

21st June – 25th October 20^{**}

Student ZIPPER

(Student mobile number 0000 111 222)

Dr S (mentor) Dr E, Dr P,

21/06	9.00am	Induction
	11.30am	Patients with S for am session
	2.00pm	Non-consulting activities- nurses
28/06	9.00am	Non-consulting activities - nurses
	1.30pm	Patients with E for pm session
05/07	9.00am	Patients with S for am session
	2.00pm	Non-consulting activities- nurses
12/07	9.00am	Non-consulting activities- nurses
	1.30pm	Patients with S for pm session
19/07	9.00am	Patients with P for am session
	2.00pm	Non-consulting activities- nurses
26/07	9.00am	Non-consulting activities- nurses
	1.30pm	Patients with E for pm session
02/08	9.00am	Patients with S for am session
	2.00pm	Non-consulting activities- visit Community nurse
09/08	9.00am	Non-consulting activities- visit Pharmacist
	1.30pm	Patients with E for pm session
16/08	9.00am	Patients with P for am session
	2.00pm	Non-consulting activities- Child health Nurse

STUDENT LONG CASE PRESENTATIONS BOOKED FOR

Tuesday XX XX 20^{} AT 8:00AM**

2020 Year 5 RCS Task Allocation in Primary Care

GLW	Date	Start Time	End Time	Session
Orientation	Tuesday, 4 th February 2020	09:00	12:00	CBL Activities - 4th & 5th Years Combined Professional Practice Case Notes Concise Presentations and Handovers Conflict Management and Difficult Colleagues Introduction to the DMR - Year 4s with Year 5s
1	Wednesday, 18 th March 2020	9:00	12:00	GP CBL Complex Multi-Morbidity - Summary sheet & use of case - Elif Stoneman and Jiwoo Lee (Grace Waring & Sandon Lowe) Polypharmacy - Summary sheet & DOCES deprescribing or explaining - Sarah Grace and Elena Devlin (Nina Reid & Ashley Brown)
	Wednesday 18 th March 2020	14:00	17:00	GP Rural & Remote Presentations & Professional Practice Common musculoskeletal problems Work Related Illness and Injuries - Jacob Rundle (2019 - Tom Rimmelzwaan) Workers Comp - Hannah Steele (2019 - Genevieve Stather) Driving and the law -Heather Kelly (2019 - Emma Shoemaker) Sick Notes - Sarah Crawford (2019 - Cam Davis)
2	Wednesday, 6 th May 2020	9:00	10:30	GP CBL - Palliative Care - Group A Advanced Care Directives summary sheet - Pep Salmon (2019 - Nick Bien) Someone's Died - What do you do? - Summary sheet & DOCES - Schyler Walker (2019 -Conor Lees)
	Wednesday, 6 th May 2020	11:00	12:30	GP CBL - Palliative Care - Group B Advanced Care Directives summary sheet - Pep Salmon (2019 - Nick Bien) Someone's Died - What do you do? - Summary sheet & DOCES - Schyler Walker (2019 -Conor Lees)
	Wednesday, 6 th May 2020	14:00	17:00	GP Rural & Remote Presentations & Professional Practice Discharge Planning Task Handout & DOCES - Pep Salmon (2019 - Alex Davies) Discharge Letters written task -Schyler Walker (2019 - Vincent Horton) Discharge against Advice - Summary Sheet & DOCES - Ellie Wivell (2019 - Kade Lynd) Angry Patients - Summary Sheet & DOCES - Abbey Campton (2019 - Sophie Sanderson)
	Thursday, 7 th May 2020	8:30	10:30	GP CBL - Chronic Pain - Group A Chronic Pain summary sheet – Shaye Davies (Emily Duncombe) DOCES explaining chronic pain – Alice Thompson (Henry Johnston)
	Thursday, 7 th May 2020	11:00	13:00	GP CBL - Chronic Pain - Group B Chronic Pain summary sheet – Shaye Davies (Emily Duncombe) DOCES explaining chronic pain – Alice Thompson (Henry Johnston)

3	Wednesday, 17 th June 2020	9:00	10:30	GP CBL - Group A Sleep Disorders
	Wednesday, 17 th June 2020	11:00	12:30	GP CBL - Group B Sleep Disorders
	Wednesday, 17 th June 2020	14:00	17:00	GP Rural & Remote Presentations & Professional Practice Managing Uncertainty - Jacob Rundle (2019 - Alex Johnson) MUS - Hannah Steele (2019 - Khezia Chalwe) Managing Mistakes, Complaints and Open Disclosure - Heather Kelly (2019 - Elle Maulder) Reducing Mistakes - Sarah Crawford (2019 - Adil Mubarak Ali)
3	Thursday, 18 th June 2020	9:00	10:30	GP Skills - Skin Cancers - Referrals / Dermatoscope - Group B
	Thursday, 18 th June 2020	11:00	12:30	GP Skills - Skin Cancers - Referrals / Dermatoscope - Group A
4	Tuesday, 22 nd September 2020	09:00	12:30	GP Rural & Remote Presentations & Professional Practice Domain 3 Health Services and resources Health Service Resource management Evidence-based Medicine Georgie Winter (2019 - Ashley Brown) Over Investigation – Serina Seah (2019 - Frankie Williams) Over Treatment – Sa Costa (2019 - Angus Ewing) Drug Companies – Josie Painter (2019 - Alex Davies)
	Thursday, 24 th September 2020	09:00	11:00	GP CBL - Disability - Group B Long Term Disability - Acquired Brain Injury - Eve Taylor (2019 - Tom Rimmelzwaan) Communication Strategies with Disabled People - Declan Hilder (2019 - Genevieve Stather)
	Thursday, 24 th September 2020	11:30	13:30	GP CBL - Disability - Group B Long Term Disability - Acquired Brain Injury - Eve Taylor (2019 - Tom Rimmelzwaan) Communication Strategies with Disabled People - Declan Hilder (2019 - Genevieve Stather)
Intern week	Tuesday 3 rd November 2020	9:00	12:00	Intern Prep Session & Concise Handovers Teamwork - Georgie Winter (2019 - Alice McComiskie) Professional Boundaries Issues for Interns - Serina Seah (2019 - Sandon Lowe) Preparing for Difficult Situations as an Intern - Sa Costa (2019 - Nick Bien) Managing waiting times and blocked beds- junior doctors role - Josie Painter

2020 Year 4 RCS Task Allocation in Primary Care

Orientation Tuesday, 4 February 2020	09:00	12:00	CBL Activities - 4th & 5th Years Combined <u>Professional Practice</u> Case Notes Concise Presentations and Handovers Conflict Management and Difficult Colleagues Introduction to the DMR - Year 4s with Year 5s
GLP1 Wednesday, 12 February 2020	08:30	12:00	GP - History Taking / Immunisation & Travel Health - Group B
	13:00	16:30	GP - History Taking / Immunisation & Travel Health - Group A
PCP Tuesday, 18 February 2020	09:00	10:30	Shared Negotiations - Group B
	11:00	12:30	PCP - Presentation Skills - Group B
	13:30	15:00	PCP - Presentation Skills - Group A
	15:30	17:00	PCP - Shared Negotiations - Group A
PCP Tuesday, 25 February 2020	08:30	11:30	PCP - Intimate Examinations & Screening - Pap, Breast and Rectal - Group A
	13:30	16:30	PCP - Intimate Examinations & Screening- Pap, Breast and Rectal - Group B
PCP Tuesday, 3 March 2020	08:30	11:30	PCP - Common Skin Conditions (Eczema, Acne, Shingles) & Eyes Scenarios - Group B
	13:30	16:30	PCP - Common Skin Conditions (Eczema, Acne, Shingles) & Eyes Scenarios - Group A
PCP Tuesday, 10 March 2020	09:00	10:00	PCP - ECG Rhythm Analysis - Groups A & B
	10:00	13:00	PCP - Group A CBL - Chronic Disease Management & Explanation - Asthma - COPD - Diabetes - Cardiovascular Disease
	14:00	17:00	PCP - Group B CBL - Chronic Disease Management & Explanation - Asthma - COPD - Diabetes - Cardiovascular Disease
GLP2 Wednesday, 25 March 2020	09:00	11:00	GP - Breaking Bad News & Talking to Relatives
	13:30	15:00	GP Skills - Formative DOCES - Attachment 1 - Group B - Psych, Medicine, Surgery
	15:30	17:00	GP Skills - Formative DOCES - Attachment 1 - Group A

GLP2 Thursday, 26 March 2020	09:00	11:00	GP - GP CBL - Preventative Health / Men's Health - Group B Summary Sheet / Presentation - Shubh Banerjee (2019 - Josie Painter) Erectile Dysfunction DOCES/History Taking - Fergal Connolly (2019 - Schyler Walker) Motivational Interviewing on any health promotional aspect of men's health DOCES - Joy Dutta (2019 - Serina Seah) Explaining DOCES 1 - Presentation & Risk Factors in Men's Health - Monica Patterson and Emma Hicks
	11:00	12:30	GP - GP CBL - Preventative Health / Men's Health - Group A Summary Sheet / Presentation - Shubh Banerjee (2019 - Josie Painter) Erectile Dysfunction DOCES/History Taking - Fergal Connolly (2019 - Schyler Walker) Motivational Interviewing on any health promotional aspect of men's health DOCES - Joy Dutta (2019 - Serina Seah) Explaining DOCES 1 - Presentation & Risk Factors in Men's Health - Monica Patterson and Emma Hicks
GLP3 Wednesday, 13 May 2020	09:00	11:00	GP CBL - Headache History Taking DOCES/Headache - Alexandra Fisher (2019 - Sarah Crawford) Summary sheet on the common types of Headache and Management - Chelsea Nunn (2019 - Ellie Wivell) Headache DOCES/ Explaining - Hamish Tso (2019 - Laura Verasdonck)
	13:30	15:00	GP Skills - Formative DOCES - Attachment 2 - Group A - Psych, Medicine, Surgery
	15:30	17:00	GP Skills - Formative DOCES - Attachment 2 - Group B
GLP3 Thursday, 14 May 2020	09:00	10:30	GP CBL - Back Pain - Group B Back Pain DOCES/HTS - Charlotte Bannink (2019 - Jiwoo Lee) Examination DOCES - Elyse Wilson (William Howcroft)
	11:00	12:30	GP CBL - Back Pain - Group A Back Pain DOCES/HTS - Charlotte Bannink (2019 - Jiwoo Lee) Examination DOCES - Elyse Wilson (William Howcroft)
GLP4 Wednesday, 1 July 2020	09:00	11:00	GP CBL - Women's Health - Contraception, Menopause & Unplanned Pregnancy Summary Sheet / Presentation - Gus Brient (2019 - Hannah Steele) DOCES - Ash Mithanthaya (2019 - Georgie Winter)
	13:30	15:00	GP Skills - Formative DOCES - Attachment 3 - Group B
	15:30	17:00	GP Skills - Formative DOCES - Attachment 3 - Group A
GLP4 Thursday, 2 July 2020	09:00	10:30	GP CBL - Sexual Health - Group B Summary Sheet / Presentation - Emily Murray (Heather Kelly) DOCES history taking - Tom Maughan (2019 - Alex Kear)
	11:00	12:30	GP CBL - Sexual Health - Group A Summary Sheet / Presentation - Emily Murray (Heather Kelly) DOCES history taking - Tom Maughan (2019 - Alex Kear)
GLP5 Wednesday, 5 August 2020	09:00	11:00	GP CBL - Disability Summary Sheet / Presentation - Em Van Beek (2019 - Eve Taylor) DOCES - Bishoy Tadros (2018 - Conor Lees)
GLP5 Wednesday, 5 August 2020	13:30	15:00	GP Skills - Formative DOCES - Attachment 4 - Group A - Psych, Medicine, Surgery
	15:30	17:00	GP Skills - Formative DOCES - Attachment 4 - Group B

GLP5 Thursday, 6 August 2020	09:00	10:30	GP CBL - Dizziness - Group A Summary Sheet / Presentation - Emma Greenwood (2019 - Jacob Rundle) DOCES 1 - Eli Cropp (2019 - Jeremy Tay) DOCES 2 - Charlotte Piper (2019 - Sarah Grace)
	11:00	12:30	GP CBL - Dizziness - Group B Summary Sheet / Presentation - Emma Greenwood (2019 - Jacob Rundle) DOCES 1 - Eli Cropp (2019 - Jeremy Tay) DOCES 2 - Charlotte Piper (2019 - Sarah Grace)
GLP6 Wednesday, 16 September 2020	09:00	11:00	GP CBL - Tired All The Time & Self Care Non-organic causes of Tiredness Summary Sheet: Safe history taking, common causes - Rahul Sharma (2019 - Sid Matthew) Summary sheet: management of tiredness (with no organic cause) - Gaby Palencia (2019 - Chester James-Smith) DOCES 1 HTS - Rewati Deshpande (2019 - Shaye Davies) DOCES 2 Explaining - Ellie Kierath (2019 - Ana Mamic) DOCES 3 Examination - Nikki Burton (2018 - Tom Rimmelzwaan)
	13:30	15:00	GP Skills - Formative DOCES - Attachment 5 - Group B - Psych, Medicine, Surgery
	15:30	17:00	GP Skills - Formative DOCES - Attachment 5 - Group A
GLP6 Thursday, 17 September 2020	09:00	10:30	GP - Organic Causes of Tiredness Thyroid & Anaemia - Group B
	11:00	12:30	GP - Organic Causes of Tiredness Thyroid & Anaemia - Group A

Learning Outcomes – Primary Care 2020 Clinical Disciplines Handbook

General Practice

The following learning outcomes and discipline-related topics apply mainly to year 5 clinical rotations. They are included here for information as some areas will be encountered by students during their year 4 clinical rotations. This particularly applies to students at RCS undertaking the Longitudinal Integrated Placement in Rural General Practice and attachments to the Department of Emergency Medicine. Students will see most presentations from other disciplines in General Practice and will learn how to manage preventative care, uncertainty and multimorbidity.

<i>Common Presentations for this rotation (2.1)</i>	<i>Common Clinical Conditions for investigation and management on this rotation (2.7-2.13)</i>
Acute and Chronic presentations of all the other disciplines	Acute and ongoing management of most conditions listed in all disciplines
<ul style="list-style-type: none"> • The nurse said my blood pressure was high • My chest feels tight • I've got heartburn • I get out of breath easily • I feel tired all the time • I feel useless • I feel stressed • I need something to help me sleep • I've had a headache for the last 2 days • I want to lose weight • I feel dizzy • My joints hurt • I'd like to go on the pill • It stings when I go to the toilet • My back hurts • I'm losing weight; I'm still coughing; I've got a pain, I have to go to the toilet all the time; I've found a lump in my breast • Can you check my skin. • I've got a sore throat • My ear hurts • I've got diarrhoea • Can I have a check up • I need a repeat script • Do I need all these tablets • I have 4 chronic diseases • This pain won't go away • Can I have a sick note • I hurt myself at work 	<ul style="list-style-type: none"> • Hypertension • Asthma, angina • Gastro-oesophageal reflux & alcohol dependence • Chronic obstructive pulmonary disease (COPD), heart failure & smoking • Undifferentiated conditions Diabetes, anaemia, hypothyroidism, insomnia, depression, early pregnancy, chronic fatigue syndrome • Depression • anxiety • insomnia • Migraine, tension headache • Arthritis • Contraception • Urinary tract infection, chlamydia & common STDs • Mechanical low back pain • Early presentations of common cancers: lung, bowel, prostate & breast • Eczema, Acne ,psoriasis, fungal infections, skin cancer, sun damage, systemic features of disease. • Viral sore throat, glandular fever, tonsillitis • Otitis media & externa • Gastroenteritis • Screening, immunisation and health checks • Management of chronic disease • Polypharmacy • Multimorbidity GP management plan • Chronic Pain

Common GP Problems

Adapted from Bristol Medical School hand book using BEACH data

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

Supervisor Feedback**Areas of Strength:**

--

Areas for improvement:

--

Overall assessment of student's performance during the placement:

SATISFACTORY TO PROGRESS

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

Reasons why student has not met requirement:

--

The following submissions should be attached to assist in making an assessment:

- 2 Mini-CEX
- Logbook briefly evidencing at least 10 patients seen per week

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

Student Signature		Date	
Assessors Signature		Date	

If Supervisors or Assessors have any queries or concerns, please make contact to discuss:

Hobart Clinical School: Hobart.clinical.school@utas.edu.au

Launceston Clinical School: lcs.admin@utas.edu.au

Rural Clinical School: rcsstudent.enquiries@utas.edu.au



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

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

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

Year 5 Assessment Forms



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

Student name:	Rotation:
Assessor name:	Date:

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

Assessment Feedback:		
OVERALL ASSESSMENT RESULT:	<input type="checkbox"/> <i>Satisfactory</i>	<input type="checkbox"/> <i>Unsatisfactory</i>

<input type="checkbox"/> REQUIRES RESUBMIT	<input type="checkbox"/> DUE DATE OF RESUBMISSION:	
<input type="checkbox"/> NEW CASE REQUIRED	<input type="checkbox"/> DUE DATE OF NEW CASE:	



Year 4 & 5 Mini-CEX Assessment Form *(to be completed by Clinical Supervisor)*

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

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

GLOBAL PERFORMANCE FOR THIS PROCEDURE *(please tick)*

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

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

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

TIME TAKEN FOR OBSERVATION:

TIME TAKEN FOR FEEDBACK:

Assessor's Comments on the Student's Strengths:

Assessor's Suggestions for Student's Area of Improvement:

Student's Signature:		Date	
Assessor's Signature:		Date	



Direct Observation of Procedural Skills (DOPS) INTRAVENOUS CANNULATION

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

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

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

Please turn over page....

OVERALL PERFORMANCE FOR THIS PROCEDURE			
What level of supervision did the student require for THIS procedure (please tick):	Observed in Simulation environment	Competent in the clinical environment under structured supervision	Competent in the clinical environment with minimal supervision

Assessor's Comments on the Student's Performance:

Student's Comments on their Performance:

Student's Signature:		Date	
Assessor's Signature:		Date	



Direct Observation of Procedural Skills (DOPS) VENEPUNCTURE

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

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

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

Please turn over page....

OVERALL PERFORMANCE FOR THIS PROCEDURE			
What level of supervision did the student require for THIS procedure (please tick):	Observed in Simulation environment	Competent in the clinical environment under structured supervision	Competent in the clinical environment with minimal supervision

Assessor's Comments on the Student's Performance:

Student's Comments on their Performance:

Student's Signature:		Date	
Assessor's Signature:		Date	

YOUR GP MANAGEMENT PLAN

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

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

YOUR GP MANAGEMENT PLAN Template

NAME:

DOB:

DATE OF PLAN:

Review plan 6 months following original completion

CHRONIC NEED	PROVIDER DETAILS	AGREED MANAGEMENT GOALS	REVIEW MONTH



***Rural
Clinical School***