



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

MEDI603 Phase 3 Student Handbook

2016 -2017

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Welcome

Welcome to Phase 3 of the University of Wollongong MBBS course, arguably the most interesting but also the most challenging part of the course.

During Phase 3, you will undertake a longitudinal integrated community-based clinical placement, which, together with orientation and wrap-up weeks, will last the entire 40 weeks of the Phase. This unique model of clinical education has been adapted from the successful Flinders University Parallel Rural Community Curriculum in South Australia, and is now being embraced by increasing numbers of medical schools worldwide. Working with, and learning from rural and regional medical and other health practitioners will enable you to gain an understanding of what it means to practice medicine in these communities, develop a high level of clinical competence, and make huge advances in your personal and professional development in terms of your ability to be an independent thinker and practitioner. Phase 3 will provide unique opportunities for you to participate in the local clinical environment, and to reflect and learn from the range of experiences you are gaining. Regular review of your progress with both your GP Preceptor and Regional Academic Leader will be necessary, in order to recognise and address any individual learning needs which you identify.

From a base in general practice, you will have access to patients in a range of local hospital and community health settings. This will allow you to experience continuity of care for your patients, continuity of supervision by your GP and other health professionals, and continuity of curriculum as seen in the real world of clinical practice. There will be a range of opportunities in acute and chronic health care, interdisciplinary learning, and population health.

During your placement you will continue with learning activities associated with each of the GSM curriculum themes, and on a weekly Regional Academic Day you will undertake Case Based Learning (CBL) via small group tutorials, clinical skills training, and other learning activities.

As this handbook has been prepared at the start of a subject that covers 12 months, it is important that you refer to the Graduate School of Medicine (GSM) Moodle platform for any updates or modifications. Students will be notified of any updates or changes to the program by SOLS Mail.

This handbook will provide you with general information about the Phase 3 program, particulars about assessment, lists of useful contacts, student support information, and links to other resources. Throughout the year, additional resources will be made available to students via the Moodle platform. This handbook also represents the Subject Outline for this part of the course, which is officially called MEDI603.

Please read this handbook before your first day of clinical experience, as you will probably find it answers many of the questions you might have, or it will detail where to find the answers.

Make sure that you take full advantage of all of the opportunities offered to you during the year. Be pro-active in seeking out learning opportunities with which to round out your medical education, and respectfully work with local clinicians to meet Phase 3 requirements. As the level of your clinical responsibility and confidence grows, commensurate with the development of skills, clinical reasoning and application of knowledge to patient care, you will better understand your role as a medical professional in the community. \

Best wishes for a rewarding experience in Phase 3.

Associate Professor Mark Wilson
Academic Leader: Community Based Health Education
Chair Phase 3
Graduate School of Medicine/School of Medicine
Faculty of Science Medicine and Health

General Information

Chair of Phase 3 and Subject Coordinator:

Name: Associate Professor Mark Wilson
Academic Leader: Community Based Health Education
Phone: + 61 2 4221 3314
Email: markw@uow.edu.au
Facsimile: +61 2 4221 4341

Please see Appendix A for Phase 3 Key Contacts

Restrictions on entry:

Satisfactory completion of MEDI601 and MEDI602.

Subject Organisation:

MEDI603 (Phase 3): Session 1 2016, Session 2 2017
Credit points: 48
Contact hours per week: 8 (Regional Academic Day supplemented with online material)
Clinical Placement: 32 hours per week
School: Graduate School of Medicine/School of Medicine
Faculty: Faculty of Science Medicine and Health

Please check Moodle regularly, as important information will be posted from time to time. Any information posted to this website is deemed to have been notified to all students.

Subject Description:

The subject involves a 38 week hospital and community integrated placement from a base in a general practice setting. The placement is divided into two blocks (either side of the end of year vacation period). The placement will be arranged by the local GSM hub staff so that it will be possible for students to have on-call responsibilities at the local community hospital and access to local and visiting specialists and community clinicians. Because each hub has different structures and opportunities, the way in which this is done will vary from hub to hub. This does not mean that one hub is better or worse than any other – if you maximise your opportunities you will have a rich educational experience no matter which hub you are located in.

You will have experiences with acute hospital presentations and the provision of continuing care in the hospital situation, as well as extensive primary care and inter-disciplinary experience. During the placement, you will continue with learning activities that focus on the medical sciences, personal and professional development and the research and critical analysis (RCA) themes of the curriculum. Each week, you will address hypothetical undifferentiated clinical problems by means of a small group CBL. A major research project will be undertaken as part of RCA theme. By the end of Phase 3, it is expected that all students will have acquired the range of underpinning medical sciences as specified in the curriculum. In addition, you will have acquired the extended clinical competencies needed to practice effectively as a junior doctor.

Subject Objectives:

In MEDI603 biological, psychological and social science is delivered in the context of learning activities that also cover clinical, interpersonal, procedural skills, personal and professional development (PPD), and RCA

competencies. All learning outcomes are addressed from the beginning of the course and are relevant to all four subjects. The levels of achievement have a hierarchical structure that reflects the nature of learning experiences, the method of assessment and the expected standards:

1. The acquisition of knowledge and/or skills.
2. Understanding of how the knowledge and/or skills may be applied.
3. Demonstrated ability to apply the knowledge and/or skills.
4. Demonstrated ability to apply the knowledge and/or skills in a real clinical practice environment.
5. Demonstrated performance (i.e. effective application) of the knowledge and/or skills in a clinical practice environment.

The learning outcomes for Phase 3 are shown in Appendix B.

Key dates for the 2016 / 2017 Phase 3 Program:

Phase 3 GSM On Campus Orientation	11-13 July 2016
Phase 3 Student Relocation	14-17 July 2016
Phase 3 Placement Dates	18 July – 23 September 2016 4 October– 9 December 2016 23 January– 24 March 2017 3 April– 2 June 2017
Wrap up Week	5-9 June 2017
Study Vacation	12 – 16 June 2017
Phase 3 Exams*	17 – 23 June 2017
Note: Resit Examinations will be held during the week commencing 10 July 2017 prior to Phase 4	
Phase 4 Commences	17 July 2017

** Students must be available the entire examination period as actual examination dates will not be confirmed until 1 month prior to exams.*

Phase 3 Locations for Delivery:

The 2016 / 2017 Phase 3 Program is available to students in the following 11 rural and regional settings: Illawarra, Shoalhaven, Milton / Ulladulla, Southern Highlands, Mudgee, Murrumbidgee, Murwillumbah, Lismore, Grafton / Maclean, Forbes/Orange, and Broken Hill.

Professional and Placement Requirements

During Phase 3, you will work in a rural or regional medical practice, hospital, and with community health services. You are expected to regard yourself as part of the health care team and act accordingly. You must also recognise the commitment and goodwill of clinicians, staff and patients who have accepted you into their clinical environments and community, to provide you with a valuable longitudinal training experience.

You must remember that whilst placements have core activities, you need to respond flexibly in order to take up opportunities for learning as they arise. You *must* consult with your medical practice, Preceptor/ supervisor and/or Regional Academic Leader (in advance) if you will be unavailable for planned clinical opportunities. *It cannot be stressed enough that this is courteous behaviour, and is a reflection of your professionalism. It will also help maintain availability of placements for future students.*

Student Attendance Requirements:

You must attend all clinical and academic experiences that have been negotiated with and/or rostered by the medical practice or the Regional Academic Leader or Placement Facilitator.

You are expected to be punctual and inform the medical practice or clinical setting staff if you will be late or unable to attend any scheduled activity for any reason. If you are unable to attend a full scheduled session at either the medical practice or in any other setting, you must notify the medical practice or clinical setting staff in advance, and inform your Placement Facilitator, so that arrangements can be made for you to make up the missed clinical activity.

You should discuss start and end times for all scheduled sessions with the medical practice or the Placement Facilitator. If there is no specific agreement, you will work the normal hours of other staff in that workplace. When you participate in on-call or after hours clinical activities, you will work the hours specified by the Preceptor/supervisor. Where more than 8 hours is worked on any one day, you may take time in lieu for the additional time, at a time negotiated with your Preceptor or Placement Facilitator. (You are not permitted to take time in lieu when expected for parallel consulting sessions or on Regional Academic Days).

All academic activities, including the weekly Regional Academic Days, are compulsory for all students (unless otherwise advised). If you are unable to attend a Regional Academic Day or other scheduled academic activity, you must notify your Placement Facilitator so that arrangements can be made for you to make up the missed academic activity. If a regular pattern of non-attendance becomes apparent (i.e. each Wednesday) you will be asked to explain the absence.

All Phase 3 campus based and hub based Orientation or Wrap up activities are compulsory and Student Academic Consideration will be required for any absence.

Applying for Student Academic Consideration:

Applications for Student Academic Consideration (AC) are made online through SOLS using the University's central system. Applications for AC must be supported with relevant documentation e.g. medical certificate. This can be posted to Student Central, University of Wollongong, NSW 2522 if you are not able to access either the GSM campus at Wollongong or Shoalhaven in person. An application for AC is required if you:

- are absent from your placement for 1 or more days.
- are unable to make the due date for any assessment, such as a written exam or scheduled assignment.

In all cases, you must apply for AC BEFORE the due date otherwise the extension will not be granted (exemptions can apply, for example, being hospitalised). This means that in the case of assignments, for example, as per the GSM Assessment Policy, tasks handed in late will be graded as Unsatisfactory.

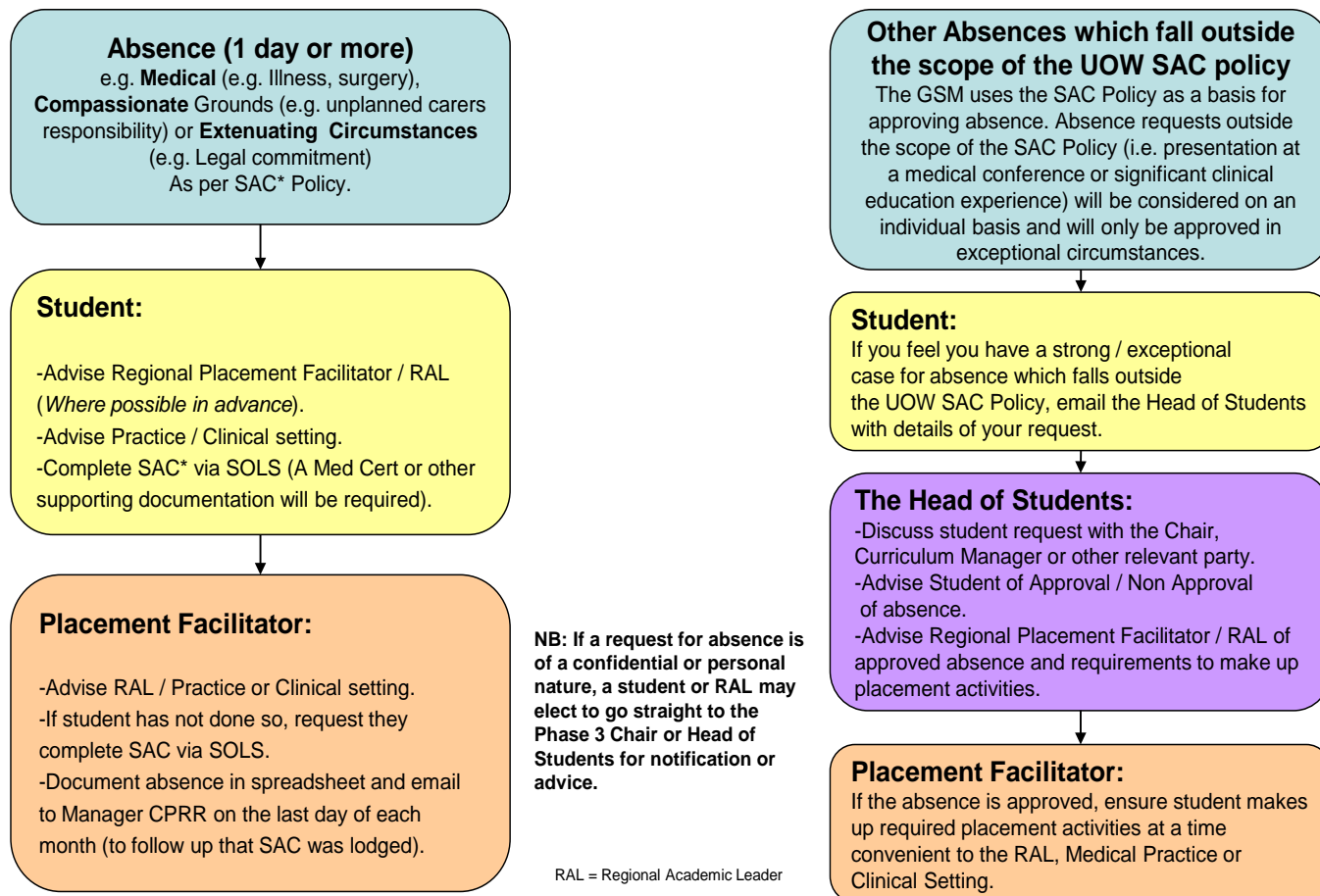
Approval **will only be granted** if it falls within the Academic Consideration guidelines (medical grounds, compassionate grounds, or extenuating circumstances)

(http://www.uow.edu.au/about/policy/UOW058721.html#P212_16837).

For clarification of AC process or for guidance regarding absences that do not fall within the criteria above (e.g. Conferences), please discuss this with the GSM Head of Students.

The chart below outlines the GSM procedure for Student Academic Consideration and Student Absence in Phase 3. Further information on leave and absence including the GSM’s Policy on making up missed clinical experience can be found on the Head of Students Webpage: <http://smah.uow.edu.au/medicine/current-students/mbbs/UOW077539.html>

Student Academic Consideration and Student Absence in Phase 3



GSM Policy on making up missed clinical experiences <http://smah.uow.edu.au/medicine/current-students/mbbs/UOW058311.html>

*UOW Student Academic Consideration (Via SOLS) <http://www.uow.edu.au/about/policy/UOW060110.html>

Head of Students: 2 July 2015

Clinical and Professional Conduct:

You are required to be familiar with the goals and requirements of the placement, and actively participate in the management of your placement. This means that you are required to advise the Regional Academic Leader or Preceptor of any problem that may affect your capacity to undertake the placement and/or impact on your academic performance, such as a disability or personal difficulty.

Whilst on placement, you have a right to:

- a) Be treated with courtesy and respect by patients and their family or friends, student peers, and placement colleagues;
- b) Be provided with a safe work environment;
- c) Be able to access a broad range of clinical and academic experiences to facilitate learning;
- d) Meet regularly with your Preceptor and Regional Academic Leader to discuss academic progress and identify specific learning needs relating to the Phase 3 curriculum and your professional development;
- e) Be provided with timely access to learning and curriculum resources to facilitate learning;
- f) Have a nominated Supervisor / Preceptor for each clinical session (this may be a nurse or off site doctor); and
- g) Access support from the GSM to identify a suitable mentor for the duration of your placement, taking into account the role of the Head of students.

Whilst on placement, you have the responsibility to:

- a) Treat all patients, staff, visitors and academics with courtesy and respect, and behave ethically and in a manner which upholds the good name of the University;
- b) Work according to relevant safety procedures;
- c) Be prepared for, and participate in, all scheduled clinical and academic learning experiences;
- d) Inform the GSM via the Placement Facilitator as soon as possible of any concerns relating to the placement, such as the clinical academic program, staff, or safety concerns;
- e) Ensure that all documentation relating to the placement including assessment forms and progress is made available to the Regional Academic Leader, Preceptor, or Supervisor as required;
- f) Ensure that CBL and assessment activities are completed as per University requirements;
- g) Participate in placement evaluation activities to improve the quality of the placement experience;
- h) Ensure that any employment or extracurricular activities undertaken do not conflict with attendance requirements or impact on performance in the placement; and
- i) At all times identify yourself as a medical student and at no time to give the impression to any patient or staff member that you are medically qualified.

Legislation, University and Workplace Policies:

Students must adhere to governing legislation or other conduct codes appropriate to the University, the health and medical profession or workplace for clinical experience. These include (but are not limited to):

Professional and Legislation

- Code of Conduct - NSW Health
- Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases
- Work Health and Safety Act 2011 and the Work Health and Safety Regulation 2011
- Children and Young Persons (Care and Protection) Act 1998
- Guidelines for Mandatory Notifications: Medical Board of Australia
- Privacy Management Plan - NSW Health
- Health Records and Information Privacy Act 2002 (NSW)
- Public Interest Disclosures Act 1994 (NSW)
- Student Training and Rights of Patients - NSW Health
- Employment Checks - Criminal Records Checks and Working with Children Checks - NSW Health

University of Wollongong

- Student Conduct Rules
- The Student Charter
- Code of Practice - Teaching & Assessment introduction
- Code of Practice - Research
- Code of Practice – Student Professional Experience
- Academic Integrity and Plagiarism Policy

- Student Academic Consideration Policy
- Course Progress Policy
- UOW Graduate Qualities Policy and SMAH Graduate Qualities
- Academic Grievance Policy (Coursework and Honours Students)
- Non-Discriminatory Language Practice and Presentation
- Workplace Health and Safety Policy
- Intellectual Property Policy
- GSM Grievance Process

Other Placement Requirements:

Induction to health facilities and services

The first time that you attend a health facility or service, an induction/orientation session will be required. This session should include: WH&S, security and fire safety, clinical and professional expectations, allocation of lockers, issuing of passwords, name badges or keys, onsite parking, after hours building access, writing in the patient records, confidentiality, dress code etc. Induction to the medical practice should also include: relevant clinical information systems, patient management/billing systems, referral processes to specialists, allied or community health services, statutory services and complaints handling processes. The Placement Facilitator will provide support to coordinate induction sessions with students in the relevant health care setting.

Student clearance for clinical placement

NSW Department of Health Policy Directive PD2008_029 directs a student with responsibility for their NSW Health Criminal Record Clearance Document. For more information, or if the document is misplaced, please visit http://www.health.nsw.gov.au/policies/pd/2015/PD2015_028.html. You are required to notify the NSW Department of Health if you become the subject of a serious allegation, or are charged or convicted of any criminal offences. Please liaise with GSM curriculum staff with any issues concerning Criminal Record Clearance. It is most likely that you will need to have a repeat Criminal Record Check performed during Phase 3; if you are requested to do this, do so without delay as you may be excluded from clinical placement if it expires.

Infectious diseases, screening, vaccination and hand hygiene

As you will have direct contact with patients during Phase 3, there is the potential for transmission of infectious diseases from patients to students or from students to patients. Students scheduled for clinical work whilst unwell should consider the welfare of those with who they will be in contact. It is unprofessional and unacceptable to expose patients to risk of infection. The NSW Health Department requires that students comply with the Policy Document [Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases](#) regarding infectious diseases screening and vaccination to minimise the risk of infectious disease transmission in health care facilities.

Your Vaccination Card must be available at all times whilst on placement. The GSM does not keep up to date student vaccination records. Facilities also have hand hygiene requirements, which must be adhered to by all students.

Identification

You must comply with student identification requirements in each facility. This includes wearing GSM name badges and carrying identity cards at all times while undertaking clinical experience. You will be issued with one GSM name badge. If lost or misplaced, this will need to be replaced at your own expense.

Privacy and confidentiality

Privacy and the protection of personal and health information for patients/clients is a serious issue. You must be aware that confidentiality provisions still apply after you have left your placement facility and even after leaving the University.

All information about people who are being treated or have been treated in hospital or by other health services must be regarded as confidential. This applies to confirmation that they are a patient in hospital as well as details of their condition; it also applies to any personal data collected for your Phase 3 student research project. The use of social media to discuss patients in your practice and activities in the hospital may also potentially damage personal integrity, doctor-patient and doctor-colleague relationships, and future employment opportunities. Please familiarise yourself with the document “Social Media and Medical Students: a guide to online professionalism for medical students in the Graduate School of Medicine at the University of Wollongong”. If in doubt, you should seek advice from your Preceptor or Regional Academic Leader before disclosing any information to anyone not directly involved in the care of the patient. If there is any doubt whether a piece of information is confidential, it should be assumed confidential until it is otherwise defined. Please be aware that the use of a pseudonym is not always enough as any patient or situation can be identified by the sum of information available. Refer to the Privacy Management Plan - NSW Health website for further information.

Students undertaking clinical placements are required to abide by the confidentiality procedures of the health facilities at which they attend. However, not all health facilities will have specific confidentiality policies and procedures that address circumstances relevant to students on placement. Therefore, you will be required to provide a Confidentiality Undertaking in relation to your Phase 3 placement. The Confidentiality Undertaking will be distributed during Phase 3 On-Campus Orientation.

Examination of patients and patient consent

While most patients do not object to assisting with medical student training, you must always have the patient’s consent prior to being involved in their care. All students must be familiar with the process for obtaining consent and be aware of particular circumstances which influence the provision of informed consent. These include the patient’s culture, language barriers or impact of medical or psychiatric illness.

Procedures for gaining consent may vary slightly according to the clinical discipline involved, the nature of your involvement in patient care or the health service setting. In each setting, you must check with your Preceptor/Supervisor on the procedure to be followed when seeking consent to be involved in a patient’s care.

You are required to comply with the *NSW Health Policy Directive PD2005_548 Student Training and Rights of Patients*.

Writing in the patient records (notes)

You will be required to write in the patients’ clinical notes, and protocols for doing so may vary from facility to facility. You must discuss local protocols with your preceptor or nominated supervisor in the clinical setting. When you write in medical records, you must clearly indicate that you are a medical student and sign and date the entry (including a legible copy of your name). All student entries in patient medical records which result in patient management decisions or treatment must be countersigned by the preceptor or supervisor.

Alcohol and other drugs

You are expected to adhere to the UOW Alcohol and Other Drugs Policy whilst on placement. You must also maintain appropriate personal and professional behaviours at all times outside of the clinical and academic setting. When on call, you must not consume alcohol or other drugs. In addition, if you are not on call and have consumed alcohol or other drugs, and your Preceptor contacts you in relation to an opportunity to access clinical experience after hours (i.e. delivery of a baby), then you must decline to participate in this clinical experience.

Insurances and indemnity

UOW insurance policies relating to clinical placements include: Student Personal Accident Insurance along with General and Products Liability Protection and Professional Liability Protection. Policies cover all staff, academic or otherwise, along with students undertaking curriculum-based activities. Please email gsm-rcs@uow.edu.au to request a copy of the insurance certificate if needed.

Dress code

All students are required to maintain and promote a positive professional image whilst on placement. Appropriate dress is also necessary to ensure personal and patient safety and minimise infection. If unsure, you should talk to your medical practice/health facility about the desired dress code. Some key requirements will include: changing contaminated clothing immediately; compliance with any regulation footwear or uniform; discreet application of makeup/perfume; tying back long hair; removal of false nails and minimal jewellery. It is every student's responsibility to ensure that their dress, grooming, hygiene and behaviour are of a standard acceptable to others.

The medical profession is generally held in high esteem by members of the community. Continuing enjoyment of this privilege implies certain basic rules of professionalism as to how to conduct yourself and how to dress when involved in patient care. While you may feel some rules are merely derived from conservatism and/or the views of your older colleagues, the major driver behind this dress code is the expectation of patients (published), paired with evidence-based recommendations in regard to infection control or WH&S rules.

A significant proportion of our patients are aged over 70 years, and patients and relatives are anxious about what is going to happen to them in healthcare settings. It has been estimated that it takes patients on average only 15 seconds to form an initial opinion regarding the competence of their doctor, mainly through non-verbal cues. Thus, in order to maximise patient perception of us it is mandatory to dress appropriately.

A generally unkempt appearance and/or offensive body odour are unacceptable. Considerable argument always arises about how short is too short for skirts, or in general, how much 'flesh' is acceptable to be exposed. However, polls of patients clearly indicate what they and their relatives **do not** wish to see during their patient-doctor experience:

- exposed abdomen, as often occurs with so-called 'hipsters' or 'muffin-tops'
- exposed underwear
- deep, 'plunging' neck lines
- miniskirts
- bare feet or thongs
- rucksacks
- water bottles

Community engagement and media

Local media publications or broadcasters may show interest in medical students on placements. This is a great opportunity to promote the GSM and student placements in the region. Appendix M provides 'Media Tips' for students undertaking public communication activities in their region.

Plagiarism

You are responsible for submitting original work for assessment, without plagiarising or cheating, and abiding by the University's policy on plagiarism as set out in the University Handbook under the University's Policy Directory. Plagiarism has in the past led to student expulsion from the University.

Responding to a clinical placement incident involving a UOW MBBS student during Phases 1,2 3 & 4

Rationale for such procedures: These guidelines are intended to provide a clear process for the Dean or delegate (if Dean unavailable) when managing clinical placement incidents involving students. These are in the main incidents where the medical student is involved in an incident requiring reporting to third party. (Academic staff and students will be advised to contact only the Dean or delegate). This will minimise the risk of independent action and assist students in ensuring that the case is managed effectively and compassionately.

<ul style="list-style-type: none"> • HCCC Investigation 	<ul style="list-style-type: none"> • Coronial Investigation 	<ul style="list-style-type: none"> • Reportable Incident
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Student/ Preceptor/ RAL
To advise Dean or Delegate (if Dean unavailable).

The Dean or Delegate decides whether this incident falls under the UOW Critical Incident Policy. In the meantime the student is advised by the GSM against providing a report to a third party until the following steps have been followed.

NB: If the Incident is regarded as a Critical Incident then the Dean notifies ARD



The Dean or delegate obtains factual statement from the student (in person or via phone) taking written notes of the conversation / meeting. They also assess the student's personal or professional support needs.

The Dean or delegate notifies LSU** of:
*the incident, so that LSU can consider any UOW liability
*any request for information from a third party



The Dean or delegate consults with the Curriculum Manager (Phase 1,2,4) or Manager Community Primary Remote & Rural (CPRR) with respect to the incident.

The Curriculum Manager / Manager CPRR will then advise the:

* *Student*: Ask the student to prepare a factual statement of the incident with a draft to be sent to the Dean or delegate. Provide student with contact details for the UOW student Legal Clinic*** and consider any further counselling or support needs.

* *UOW staff member*: Ask for a factual statement. If they want a legal review of that statement, forward to LSU.**

* *UOW Insurance Officer* (presently John daFonte) of the incident

If a preceptor or clinical supervisor of the UOW (not staff member) is also asked to complete documentation with respect to the event or incident – offer them the opportunity to look over their statement to support them through this process and also to observe references made to a UOW MBBS student.

** LSU has two roles in this process. The first is to manage the release of information under request from third parties, to ensure compliance with privacy laws. The second is to provide legal advice to UOW and its staff acting in their official capacity regarding statements, interactions with third parties and any UOW liability. All requests for legal advice must be made via a Request for Legal Advice Form being filled in and forwarded to LSU. The Request for Legal Advice (RFLA) Form is located on the intranet: <https://intranet.uow.edu.au/legal/forms/index.html>

***The Student Legal Services Clinic provides free confidential legal advice to current students of the University of Wollongong. <http://www.uow.edu.au/student/legalclinic/index.html>

Medical Student Registration/Notification of Impairment

Since March 2011 all students enrolled in an accredited medical course approved by the Australian Medical Council and the Medical Board of Australia are registered by the Board. Individual students do not need to do anything to become registered, and there is no fee for student registration. Registration is dependent on course enrolment and continued enrolment is dependent on compliance with registration requirements. Should the Board suspend registration for any reason, students will necessarily have to suspend studies.

The Australian Health Practitioner Regulation Agency (AHPRA), which supports the Board, works directly with educational providers to source the names of all medical students listed on the Register of Students. This Register is not publicly available. The role of the Board in relation to medical students is limited by the Health Practitioner Regulation National Law Act (the National Law) and is in force in each Australian state and territory.

The Board has no role to play in the academic progress of students. The Board's role is limited to registering students and dealing with notifications about students whose health or behaviour is impaired to such degree that there may be risk to the public or when the student is found guilty of an offence punishable by imprisonment for 12 months or more. For details and updates regarding guidelines for mandatory notification, information can be found at the [Guidelines for Mandatory Notifications: Medical Board of Australia](#)

Information regarding student registration can be found on the Board's website at www.medicalboard.gov.au under Accreditation.

Work Health and Safety

The UOW is committed to the prevention of injury and illness to staff and students, including the management of risk to students, staff or equipment during Phase 3 placements. All students must adhere to Work Health & Safety (WHS) policies and reporting protocols in each of the settings where they undertake their placements, including monitoring the workplace and identifying and reporting hazards to their supervisors.

You are also required to identify potential hazards and take precautions at all times during your academic and personal activities in a range of settings, including accommodation and travel to and from placement activities. **You must take particular care when driving at night or on country or unfamiliar roads.**

The following table, which is not exhaustive, may assist to alert you to potential hazards:


<p>Could people be injured or made sick by noise, light, infection, high or low temperatures, electricity, moving or falling things (or people)?</p> <p>Can workplace practices cause injury /illness?</p> <ul style="list-style-type: none"> - Are there heavy or awkward lifting jobs? - Can people work in a comfortable posture? - Are people properly trained? - Is there poor housekeeping obstacles or clutter or torn or slippery flooring or sharp objects? <p>What are the special hazards? What occurs only occasionally, for example during maintenance and other irregular work?</p>	<p>Imagine that a child was to enter your work area</p> <ul style="list-style-type: none"> - What would you warn them of to ensure that extra care is taken? - What could you do to reduce the risk of harm to them? <p>What could go wrong?</p> <ul style="list-style-type: none"> - What if equipment is misused? - How could someone be killed? - How could people be injured? - What may make people ill? - Are there emergency procedures required? <p>How might these injuries happen to people? Broken bones, eye or hearing damage, strains, sprains, cuts or abrasions, burns, poisoning or needle-stick injury.</p>
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The [UOW Risk Management Homepage](#) also provides information on Assessing Risk (via the Risk Matrix) and Implementing Risk Controls by using the 'hierarchy of controls', which includes (Eliminate, Substitute, Isolation, Engineering, Administrative and Personal Protective Equipment).

Incident Reporting during Phase 3 Placements

Students must refer to the [UOW Hazard and Incident Reporting Guidelines](#), and take the following steps in the event of an incident or near miss:

- a) Follow Incident Management / WHS protocols of the facility where the incident has occurred.
- b) Contact the WHS Unit at the UOW as soon as practicable during business hours on telephone (02) 4221 3931 to report the incident and have a Safety-net report completed in the UOW system.
- c) Contact your Placement Facilitator to advise the details of the incident and confirm that you have reported the matter to the UOW WHS Unit.
- d) The Manager RCS will manage the incident via the UOW 'Safety Net' reporting system, and will then liaise with the student and the Placement Facilitator to take corrective action and minimise future risk.

Step 1 – Consider the Consequences		Step 2 – Consider the Likelihood		Step 3 – Calculate the Risk					
What are the consequences of this incident occurring? Consider what could reasonably have happened as well as what actually happened. Look at the descriptions and choose the most suitable Consequence. <p style="text-align: center;">CONSEQUENCES</p>		What is the likelihood of the consequence identified in step 1 happening? Consider this without new or interim controls in place. Look at the descriptions and choose the most suitable Likelihood. <p style="text-align: center;">LIKELIHOOD</p>		1. Take step 1 rating and select the correct column 2. Take Step 2 rating and select the correct line 3. Circle the risk score where the two ratings cross on the matrix below. E = Extreme, H = High, M = Medium, L = Low, N = Negligible 					
Consequence	Description	Likelihood	Description	CONSEQUENCES					
					Severe	Major	Mod	Minor	
Severe	Death or extensive injuries	A	The event is expected to occur	A	E	E	H	M	
Major	Medical treatment	B	The event is likely to occur in most circumstances	B	E	H	M	M	
Moderate	First aid treatment	C	The event could occur sometime	C	H	M	M	L	
Minor	No treatment, report only	D	The event may occur, but probably never will	D	M	M	L	N	

Personal Equipment & Medical Practice Facilities

Personal Equipment:

Any equipment that you may need should be available on the wards or in the medical practice. However, you should have your own stethoscope, tape measure and pocket torch. The purchase of an ophthalmoscope and otoscope (auroscope) e.g. a 'Heine' or 'Welch-Allen' combined ophthalmoscope and otoscope and an 8x loupe are also recommended.

While most students will have access to a personal notebook computer, where this is not the case, computer and printing facilities will be provided to you in a designated area such as the local hospital, venue for the weekly Regional Academic Day, or within student accommodation facilities.

A clinical skills bag is available for student use in each Phase 3 Hub to assist students in their clinical contact with patients. Each bag contains a variety of commonly used assessment/examination tools as well as some consumable items such as tongue depressors and neuro-tips.

Any other equipment issued to students by the GSM or by local health facilities (such as a pager, keys or books), must be returned in the same condition as allocated and in a timely manner. You will be required to sign a policy/acknowledgement form prior to accepting any 'issued' equipment.

Practice Facilities:

Your medical practice will provide you with access to a consulting room for a minimum of 2 sessions per week and access to another dedicated area for private study and opportunistic learning for an additional 2 sessions per week. In the medical practice, you will have access to basic equipment like a desk, chair and book case/file area, computer, access to the Internet, e-mail, a printer, telephone and standard clinical equipment as part of the fit out of the consulting room. You are expected to keep both the consulting room and study space neat and orderly, as other clinicians or practice staff may use this space at other times during the week.

You will also have access to software used by other clinicians within the medical practice for writing patient notes, prescriptions, referrals and investigation requests. Orientation to the medical practice will include training in relation to accessing and using the practice software. In most Hubs the Placement Facilitator will arrange for you to have access to NSW Health electronic medical records (eMR), PACS X-Ray and Pathology on-line for clinical work undertaken in the hospital setting.

You must be aware that a placement facility bears additional running costs due to student activity. You must not expect to be able to access telephones, faxes, computers, printers or photocopiers unless specifically allowed to do so, and even then the use should only be directly related to your placement activities and not for personal purposes. Computers at any facility must not be used to access or download information that is not directly related to the placement. In both the medical practice and other clinical placement settings, you must at all times adhere to UOW and site specific guidelines for acceptable use of telephone, internet and email. Unacceptable use of phone or computer systems may lead to removal of privileges or disciplinary action.

Mobile phones may interfere with the effective operation of electronic equipment in some placement facilities. You must switch your mobile phone off before attending a placement facility, unless you are informed that it is safe to use. It is not appropriate for you to use your mobile phone for social calls when you are in the medical practice, especially in the presence of patients.

Educational Technology and Online Learning

In support of the School's mission to provide community based placements in regional, rural and remote communities, the Phase 3 curriculum is delivered via a range of educational strategies including extensive online activities (GOALs), virtual patients, and reflective, on-going clinical log entries of your experiences working in these locations.

The University's Moodle platform provides the primary medium for delivering content related to Phase 3 curriculum. Case-based learning materials, GOALs and other educational modules, feedback assessments and general information are delivered via the Moodle platform. You will have further opportunity to engage with GSM staff and peers via the online discussion forum. This is monitored by GSM teaching staff to promote discussion of core concepts, deal with any placement issues and to maintain a presence and connection with you during Phase 3 placements. GSM staff, Clinical Academics and students have access to the Moodle platform via their UOW username and password.

Clinical Log:

Each student is expected to keep a **Clinical Log** in Phase 3, recording the range of clinical experiences along with opportunities for continuity of care. The log allows identification of learning needs, strategies to meet these needs and reflection on clinical learning. In the weekly Regional Academic Day, you will be asked to share your experiences, as logged, with the local Regional Academic Leader and other students in the region. It is expected that you will complete at least **one long clinical log entry each week** which can be shared with the group. The Clinical Log is a useful personal record of clinical experience when you are competing for subsequent training posts and positions in your medical career.

Recording clinical activities in the clinical log is **compulsory** during Phase 3. It is the tool whereby experience and performance can be tracked by the student, their preceptor and the academic staff of the GSM. You will be asked to share your clinical log experiences with your Regional Academic Leader and fellow-students on Regional Academic Days each week. The importance of keeping an up to date clinical log cannot be underestimated. Recording of your clinical encounters, particularly those that have contributed to significant personal learning experiences, will allow you to reflect on these, correlate with "textbook" descriptions, and to build a knowledge, skill and attitude base which will serve you well in your future professional careers.

It is expected that you will enter a record of **all** experiences with patients where they have had a significant role to play (i.e. examination, history, procedure). There are two forms of entry in the log:

- The 'short entry' form is for logging the majority of patient experiences. Only essential data is collected, making it quick to log all experiences.
- The 'long entry' form is for interesting or unusual cases that you would like to record for discussion with your Preceptor or to share with your peers. It is expected that you will complete at least **one long entry each week**. These entries can be used to represent cases from a range of clinical specialties in preparation for the end of Phase OSCE examinations.

The School is working to keep the log as simple and easy to complete as possible. We acknowledge that as no clinical logging tool is perfect, you may supplement the formal clinical log entries you regularly make with your own informal hand-written or electronic recording of cases which have been meaningful to your learning. By the time you get to Phase 3 it is very important for you to know where the gaps in your experience are, and to use that information to seek out clinical experiences that give you a strong base for your learning.

There are cut-off dates for entries into the Clinical Log to enable collation of individual Clinical Log reports. The cut-off dates for the 2015/2016 Clinical Log entries are:

Midnight – Sunday 4 September 2016

Midnight – Sunday 6 November 2016

Midnight – Sunday 5 March 2017

Midnight – Sunday 7 May 2017

The Clinical log report will then be distributed to all students and their Regional Academic Leader one week prior to the due date for their quarterly Student Performance Review (SPR). When you receive your report, you will be asked to discuss this with your Regional Academic Leader to identify learning gaps and strategies to address these as part of your SPR.

Videoconferencing Facilities:

Videoconference facilities are available at all rural and regional teaching hubs, and some Regional Academic Days may involve video-conferenced educational activities such as linking with other hubs for Case Based Learning, Student Clinical Demonstrations, or for a Research Seminar Series. The GSM will also use the videoconferencing facilities to link with students from each hub for six 'All Hub Link-ups' over the duration of the placement, as well as for placement evaluation activities.

Library Support and Core Texts in Phase 3

The list below provides details for core texts for the Phase 3 Program. Please contact your Placement Facilitator to access a copy of core texts (not available online). Further assistance in using Library resources is available at: <http://www.library.uow.edu.au/ask/index.html>

Bloch, S. & Singh, B.S. (eds.) 2007, <i>Foundations of Clinical Psychiatry</i> , 3rd edn. Melbourne University Press, Carlton.
Brukner, P. and Khan, K. 2012, <i>Brukner & Khan's Clinical Sports Medicine</i> , 4 th edn, McGraw-Hill, North Ryde, NSW.
*Brunton, L (ed) 2011, <i>Goodman and Gilman's The Pharmacological Basis of Therapeutics</i> , 12 th edn, McGraw-Hill, New York. (to be used in conjunction with: *The Australian Medicines Handbook online)
*Cadogan, M., Brown, A. & Celenza, A. 2011, <i>Marshall and Ruedy's On Call: Principles and Protocols</i> , 2 nd edn, Saunders (Elsevier Australia), Marrickville, NSW.
*Katona, C.L.E., Cooper C & Robertson M. 2012, <i>Psychiatry at a Glance</i> , 5 th edn, Wiley-Blackwell, Oxford.
Crookes, PA & Davies, S (eds.) 2004, <i>Research into Practice: Essential Skills for Reading and Applying Research in Nursing and Health Care</i> , 2nd edn. Bailliere Tindall, Edinburgh.
*Epstein, O. 2008, <i>Clinical Examination</i> , 4th edn. Mosby, Edinburgh.
*Goering, R. (ed.) 2013, <i>Mim's Medical Microbiology</i> , 5th edn. Mosby, St. Louis
*Kumar, P & Clark, M (eds.) 2012, <i>Kumar & Clarks Clinical Medicine</i> , 8th edn, W.B. Saunders, Edinburgh.
Lawrence, PF (ed.) 2013, <i>Essentials of General Surgery</i> , 5th edn, Lippincott Williams and Wilkins, Philadelphia.
*Murtagh, J. 2011, <i>John Murtagh's General Practice</i> , 5 th edn. McGraw Hill, Australia
South, M and Isaacs, D (eds.) 2012, <i>Practical Paediatrics</i> , 7th edn, Churchill Livingstone/Elsevier, Edinburgh.
*Robbins, S.L. and Cotran, V. 2010, <i>Robbins and Cotran Pathologic Basis of Disease</i> , 8 th edn. Saunders / Elsevier, Philadelphia, PA.
*Robinson, N and Hall, G. 2011, <i>How to survive in anaesthesia</i> , 4th edn. Blackwell Publishing, Malden, Mass.
Silverman, J., Kurtz, S. & Draper, J. 2013, <i>Skills for Communicating with Patients</i> , 3rd edn. Radcliffe Publishing, Abingdon, UK.
*Solomon, D., Warwick, D. and Nayagam, S. 2005, <i>Apley's Concise System of Orthopaedics and Fractures</i> , 3 rd edn. Hodder Arnold, London.

*Symonds, EM and Symonds, I.M. 2013, <i>Essential Obstetrics and Gynaecology</i> , 5th edn, Churchill Livingstone, Edinburgh.
Talley, N.J. and O'Connor, S. 2014, <i>Clinical Examination: A systematic Guide to Physical Diagnosis</i> , 7 th edn. Elsevier Australia, Marrickville, NSW
*Tjandra, J.M., Clunie, G.J.A., Kaye, A.H. and Smith, J.A. 2006, <i>Textbook of Surgery</i> , 3 rd edn. Blackwell Publishing, Malden, Mass.
* <i>Therapeutic Guidelines Series</i> (e.g. Antibiotic Guidelines) – available online via Library's eTG Therapeutic Guidelines database.
*Wolff, K., Goldsmith, L.A., Katz, S. I., Gilchrest, B.A. and Paller, A.S. 2012, <i>Fitzpatrick's Dermatology in General Medicine</i> , 8 th edn. McGraw-Hill Companies, New York.
Yung, A. et al, (ed.) 2010, <i>Infectious Diseases: A Clinical Approach</i> , 3 rd edn. IP Communications, East Hawthorn, Vic.

* Denotes that these texts are available online via the UOW library

Library Services

Save yourself time and enhance your research: connect with information specialists and resources anytime, anywhere.

Ask Us: <http://www.library.uow.edu.au/ask/UOW026599.html> or *Google* - uow library ask us

Online – Ask a Librarian	Ask questions and receive a response within 1 business day
Research Consultation Service	1 hour appointment with an information specialist by phone, email, skype or in person. Available to UOW academics, HDRs, postgraduates, Honours and Masters students.
By phone	(02) 4221 3548

Curriculum Themes and CBL

The MBBS curriculum has defined learning outcomes that should be used to guide student learning. The Phase 3 summative examinations will assess these outcomes (identified in Appendix B).

Clinical Skills:

Theme Leader: Dr Helen Rienits

The GSM curriculum places considerable emphasis on the development of clinical competence. The clinical skills training and general practice and hospital placements in Phase 1 were the first stage of your clinical competency development, developing communication, history taking, physical examination and procedural skills and included an Interdisciplinary Clinical Experience (ICE) focused on team-based practice.

In Phase 2, there was an increased focus on the development of clinical competency. You spent time in the hospital setting, supported by weekly clinical skills centre activities and medical sciences linked to CBL problems. This has given you a good foundation in Medicine, Surgery, Paediatrics, Mental Health and Obstetrics and Gynaecology in preparation for Phase 3 placements.

During Phase 3, you will develop extended clinical competence under the supervision of a GP preceptor in a diverse range of community settings. As you and your preceptor become more confident in your competence, there will be many opportunities for you to become an active member of the medical practice team and you will also be encouraged to assume more patient care responsibility in the local community hospital, especially during weekly sessions in the Emergency Department. A range of general practitioners, specialist clinicians and other health professionals will contribute to clinical competence development during this Phase. You will spend at least 4 days per week in clinical practice in both general practice and hospital settings. This consists of:

- At least 2 GP parallel consulting sessions per week, where you will consult in parallel with and under the supervision of your Preceptor;
- 2 additional GP learning sessions per week where you will have access to opportunistic 'on the run' learning activities between consulting and treatment rooms within the practice and with practice patients in the community. This may include time to research learning issues associated with patients seen in the practice. However, as the year progresses, it is desirable to spend more of these sessions in parallel consulting as the practice allows;
- Shifts in the Emergency Department (including some rostered out of hours/weekend experience);
- Sessions with resident or visiting specialists;
- Sessions with community or allied health services;
- Hospital ward rounds; and
- Weekday or weekend on call or after hours work as negotiated with your Regional Academic Leader or the medical practice;
- As part of your RAD day activities, you will also participate in a range of other sessions organised by your Regional Academic Leader. This could include clinical skills training, inter-professional learning, simulation sessions, or tutorial sessions, and will vary from hub to hub depending on what is available locally.
- In addition to the Clinical Competency Theme Learning Outcomes for the MBBS (outlined in Appendix B), Appendix C lists the skills and competencies to be achieved during Phase 3. This list has been revised in 2012 and the comprehensive list is attached in Appendix C.

Medical Sciences:

Theme Leader: Professor Peter McLennan

The Medical Sciences curriculum theme will be delivered in the form of Guided Online Assessable Learning activities (GOALs) that are associated with the relevant CBL cases. The CBL cases relate to the Core Clinical Presentations, and together these are the backbone of the curriculum in Phase 3. The GOALs allocated to the individual CBL cases will feature content from the underpinning Medical Sciences and PPD Themes, as well as a variety of clinical reading materials. In some cases, there will be different types of reading materials attached to a particular CBL case, and it may be difficult to identify the science-specific ones. Science-related issues will also be discussed within the CBL cases, as appropriate. To this end, it is advisable to study the GOAL material before the Regional Academic Day, when the relevant case is to be discussed.

The aims of the Medical Sciences GOALs are to:

- Discuss corresponding science concepts and to stimulate discussion on science issues relating to the clinical cases;
- Provide additional learning resources and materials for guided independent learning;
- Help deepen your knowledge acquired in Phases 1 and 2 on core Medical Sciences concepts that underpin disease processes, as well as diagnostic and therapeutic tools;
- Trigger your curiosity to further explore details or new developments in areas of medicine that you have ‘skimmed over’ so far.

The topics of the Medical Sciences GOALs have been chosen to relate to the corresponding CBL cases, but are also aimed at filling potential knowledge gaps, which may have arisen from previous years. The core science disciplines that will be revisited are: Clinical Anatomy, Pathobiochemistry, Pathophysiology, Medical Microbiology, Pharmacology, Population Health and epidemiology.

We are currently developing new GOALs, and students are encouraged to give feedback and suggestions on individual GOALs and their topics. You are also welcome to make suggestions for additional GOALs that may assist addressing your knowledge gaps. If you have specific questions regarding the content, please e-mail the author directly. The Phase 3 GOALs are designed to supplement the Medical Sciences delivered in earlier phases and you should frequently refer to earlier materials that underpin specific presentations.

The GOALs are integral part of the Regional Academic Day; however in contrast to Phase 1, there is no specific time slot allocated as ‘GOAL time’, to allow more flexibility to students’ individual timetables. However, we strongly recommend that you make use of these GOALs, as they comprise a core element of the assessable medical curriculum in Phase 3. Please also make your CBL tutors aware of these GOALs, as they pertain to the specific case content.

Research and Critical Analysis:

Theme Leader: Dr Kath Weston

In Phase 3, the RCA theme will focus on evidence-based medicine and the opportunity for each student to undertake a research project which could inform future practice. Your research project is the principal assessable task for the RCA Theme in Phase 3 and must be completed within your one-year placement. For your RCA project, you will be required to identify and investigate a health issue of relevance to your community placement setting. Please refer to Appendices D-H for additional information and resources regarding your research project.

Professional and Personal Development:

Theme Leader: Dr Coralie Wilson

PPD is the transformation Theme of the GSM MBBS – the Theme with the primary purpose to transform your performance from being a student with excellent clinical skills and medical science into excellent doctors in training. Of the four Phases in the MBBS, Phase 3 provides you with the most continuous and complex context for developing and refining your professional performance and identity as good doctors. Throughout Phase 3 you now take on the responsibility to do your best to improve and maintain the health of your patients who entrust themselves to your medical care (Australian Medical Association Code of Ethics, 2006), as well as to develop your skills and performance as a doctor across the various contexts you will find yourselves in. Throughout Phase 3, you are expected to live up to the professional obligations that are listed in the Medical Board of Australia Code of Conduct for Doctors and the AMC Code of Ethics, in all aspects of your performance (interaction with patients, medical staff, administration staff, and fellow students). You will be assessed against the Code of Conduct through reflection assignments and SPRs.

Phase 3 will be challenging and rewarding. We also recognise that no Code or guideline can encompass every situation or replace the insight and professional judgement of good doctors (MBA Code of Conduct, 2014). The PPD Theme will support and facilitate your journey to be good doctors in several ways through Phase 3. As noted in the medical sciences section above, PPD topic readings are provided as GOALS that are attached to CBLs. Reflection assessment and components in the clinical log provide a vehicle for you to develop your critical thinking and reasoning. Group case examination workshops that feature critical review and application of each major section of the Code of Conduct will occur through site link ups with the GSM, and in group workshops in Phase 3 Orientation and Wrap-up (note that PPD workshops in both Orientation and Wrap-up are learning sessions that compliment workshops which run throughout Phase 3). All case examination workshops will integrate with and apply PPD reflection and GOALS.

Case Based Learning:

Academic Leader: Associate Professor Lyndal Parker-Newlyn

Case Based Learning (CBL) activities begin and end each fortnight's learning during Phases 1 and 2. In Phase 3, the CBL process is interwoven throughout all activities to structure and guide your learning. This ensures that there is a review of key topics to complement the less predictable experience that will be gained in the clinical environment. The CBL activities include consideration of the prepared case materials and the questions posed relating to that case, reflection on related Phase 1 and 2 materials that provide the foundation for the current case, as well as reviewing similar cases and themes you have encountered in your clinical placement. This might be through educational activities provided in your hub, your own patient contact, or your preceptor's clinical experiences, as well as your CBL tutorial. In this way, Phase 3 CBL activities have been designed to allow you to integrate your learning in all themes and develop your clinical reasoning. CBL activities in Phase 3 aim to:

- Provide a framework for core learning;
- Further develop the core clinical presentations introduced in Phases 1 and 2;
- Further develop self-directed learning skills and the ability to access and evaluate appropriate literature;
- Further develop skills in educational independence and clinical case presentation;
- Refine problem solving skills in more complex cases and with greater depth of understanding;
- Develop clinical reasoning, or how clinicians explore patients' presenting problems and determine appropriate management;
- Consider the clinical problems in a regional, rural and remote community context, and the management differences that may be encountered;
- Revisit and review the science underpinning the clinical practice of medicine.

- Give each of you an opportunity to lead in tutorials as facilitators of discussion. Your facilitation skills will ensure that each member of your tutorial group is encouraged to contribute to the discussion. Facilitation does not mean giving a lecture. You are to think of creative ways in which to promote discussion in a holistic fashion around the case. It is expected that each week a case summary is made by the group, and it is the facilitator's responsibility to submit this useful learning summary to the GSM via gsm-cbl@uow.edu.au.
- Ideally, the facilitator will do a short presentation of the summary of learning, a "wrap up", from last week's case prior to the commencement of the current week's CBL. In some hubs this may occur with specialist and/or GP input.
- A peer evaluation of your facilitation skills will occur once in session one and again in session two, to give you useful feedback.

CBL will assist you with further development of your knowledge of the 93 Core Clinical Presentations, many of which are matched with the cases. The Core Clinical Presentations are noted in the Part 2 Resources section.

Further detail on the structure of Phase 3 CBL is found in the guide 'Students Guide to Case Based Learning: Phase 3'. This is available on the Moodle platform under Course Administration / Phase 3. Please ensure that you read your guide prior to the commencement of Phase 3.

If you have any questions or comments regarding Phase 3 CBL please contact the Medical Education Unit at gsm-cbl@uow.edu.au.

Curriculum Resources:

In addition to CBLs and GOALs, other curriculum resources are and will be available to students over the course of the Program via the Moodle platform. Such resources are designed to complement the student's clinical experience and formal CBL program. This includes resources associated with the Specialist Tutorial Program (delivered in the Illawarra), PPD resources and links to sub-specialty resources (including guidelines for access sub-specialty learning modules, e.g. dermatology/pharmacology).

Clinical Specialty Guides are available for Psychiatry and General Practice. The combined Medicine and Surgery Guide that you used in Phase 2 can be continue to be used during Phase 3 to support your learning in these disciplines.

The 93 core clinical presentations are based on Australian data and worldwide review of medical programs. These clinical presentations are available in the Moodle platform.

Regional Academic Days

Every Wednesday, students in each hub will come together for a Regional Academic Day (RAD), to undertake formal educational activities to support their clinical and professional learning experiences. This will also provide an opportunity for students from each region to network for personal and professional support. On occasion, a couple of hubs will link up via videoconference for CBL and student case presentations, sharing ideas and experiences from their region and working together on CBL activities.

RADs will be arranged by the Regional Academic Leader and the Placement Facilitator. However, depending on the CBL topics addressed each week, other local or visiting health professionals or academic staff may be involved in the day.

Sample structure for a Regional Academic Day (Wednesday) – the actual structure will vary from hub to hub

Morning	Case Based Learning
	Student Case Presentation (from Clinical Log)
<i>Lunch</i>	
Afternoon	<p>Flexible Academic Learning:</p> <ul style="list-style-type: none"> - Locally run specialist tutorial program - Locally run clinical skills session - Guided Online Assessable Learning (GOALs) - Student Research Projects - Research Seminar Series - Other local activities relating to clinical governance, health prevention, health promotion, health education or occupational screening. - One on one progress meetings with the Regional Academic Coordinator
	<ul style="list-style-type: none"> - 3 times per session, the GSM will use Wednesday afternoons for cohort wide video-link ups for the purpose of educational activities, evaluation, and provision of GSM information, with opportunity for questions on your RCA project, assessment, HETI or Phase 4. <ul style="list-style-type: none"> ▪ 3 August 2016 (2.30pm – 4.30pm) ▪ 12 October 2016 (2.30pm – 4.30pm) ▪ 9 November 2016 (2.30pm – 4.30pm) <hr style="width: 20%; margin-left: 0;"/> <ul style="list-style-type: none"> ▪ 22 February 2017 (2.30pm – 4.30pm) ▪ 12 April 2017 (2.30pm – 4.30pm) ▪ 17 May 2017 (2.30pm – 4.30pm)

A Summary of How to Approach Your Learning in Phase 3

There are major differences between the structure and approach between Phase 2 and Phase 3. If you are not aware of this and are not properly prepared, students can find it difficult to set goals for themselves and develop a coherent study plan.

The differences between Phase 2 and Phase 3 are summarised below and include:

	<u>Phase 2</u>	<u>Phase 3</u>
Setting	Hospital-based	Integrated across community and hospital
Disciplines	Discipline-based	Not discipline-specific
Organisation	Rotations	No set rotations
Types of presentations	Acute illness (mostly)	Acute, subacute, chronic illness
Spectrum of illness	More severe	Less severe
Patients	Filtered	Unfiltered, undifferentiated
Continuity with patients	Less	More
Continuity with teachers	Less	More
Chronic disease	Less	More

Because of these differences, you will need to develop a learning plan to ensure that your clinical and educational experiences are maximised.

This document is designed to give you a brief overview of how this can be achieved. It draws on published literature from around the world, as well as the experiences of students who have gone before you.

Why has the GSM adopted a longitudinal model for Phase 3?

When the curriculum was planned and designed, the highly successful Parallel Rural Community Curriculum (PRCC) longitudinal model that had been developed by the medical school at Flinders University in the 1990's, was used as a template for the UOW model. The Flinders experience showed that there were a number of advantages to this approach, which included:

- a. The students who participated in the PRCC project performed as well as or better academically than students who completed their Year 3 clinical placements in an Adelaide tertiary referral hospital (Worley et al, 2004a).
- b. The PRCC students averaged significantly more patient contact time than students placed in either the secondary or tertiary hospitals (Worley et al, 2004b).
- c. Patients visiting a general practitioner in Australia present with a wide range of varying problems, many of which are complex (Britt et al, 2004).
- d. Primary care physicians were the major health care providers for patients with chronic conditions, irrespective of the extent of existing co-morbidity (Starfield, 2003). This made the general practice setting ideal from an educational perspective.
- e. There was a recognised shortage of clinical placement opportunities in hospital settings in Australia, especially in the large tertiary hospitals.

- f. Hospital stays had shortened over the preceding decade resulting in those patients who were hospitalised having very serious conditions, often with multiple co-morbidities. In addition, patients often remained in hospital for an insufficient period of time to provide students with the opportunity to be exposed to little more than the management of the acute phase of the condition/disease.

One aspect of healthcare to which students trained in hospital settings alone do not have much exposure to is that of continuity: continuity of patient care, continuity of supervision and continuity of curriculum. Students undertaking longitudinal placements have many more opportunities to experience continuity, and this forms one of the underpinning educational principles in the longitudinal model.

Other advantages include:

- Engagement with the community in which you are placed
- Develop of leadership skills and abilities
- Stronger relationships with patients and supervisors
- Greater responsibility for patient care
- Better knowledge of systems and structures
- A more patient-centred approach to your clinical care
- Exposure to the ‘hidden curriculum’ – which includes the development of characteristics like attitudes, beliefs, behaviour, priorities and engagement with and leadership within the community

Research from these programs show that students:

- Have an equivalent examination performance
- Have better clinical skills
- Have better communication skills
- Are more patient-centred
- Are able to function more independently
- Have better all-round satisfaction

So how does it all work?

As you will by now be aware, the UOW curriculum is based on 93 core clinical presentations. During Phase 3 you will see lots and lots of unfiltered and undifferentiated patients, both within your general practice and in the hospital emergency department. Over the course of the Phase you should in these clinical settings see at least one presentation of most if not all of these 93 problems. This then, together with the CCP Clinical Modules and CBL material, forms the basis of your learning

If used properly, access to the wide range of undifferentiated patients will allow you to acquire outstanding clinical reasoning and critical thinking skills. It will also provide you with more opportunities for hands-on clinical learning, practicing of clinical skills under supervision, and involvement in working in a team environment, rather than just being a passive observer of these activities.

Developing a study technique

Every student has a different learning style, and what works well for one student does not necessarily work so well for the next one. So each student needs to find what works best for them. Successful students, however, all develop a study plan, and what follows are some examples of the approach that successful students have adopted.

A very useful starting point is to adopt a modified version of the ‘In a surgeon’s gown...’ mnemonic, which can be used to develop a coherent summary of all of the relevant facts about a particular topic. It can be applied to any topic, not just surgical ones.

<TOPIC>	
Definition	
Classification	
Incidence/epidemiology	
Aetiology	
Predisposing factors	
Pathophysiology	

Key clinical features	
Diagnosis	
DDx	
Investigations	
Management	
Prognosis	
Complications	

A good way to start would be to summarise (if you have not already done so) the ‘Top 10’ cases in medicine, surgery, obstetrics and gynaecology, paediatrics and mental health from Phase 2. During the course of Phase 3, make a similar summary of every CBL case and every patient that you see in either the general practice or hospital setting that has a clinical problem or condition that you have not previously encountered. When you see the same condition on a subsequent occasion, it will be useful to retrieve your summary and go through it again, comparing what you had written previously with how this subsequent patient presented.

A practical example:

A patient presents to you in your general practice with a painful, swollen calf right calf. After an appropriate history is taken and physical examination done, you feel that there is a high likelihood that this patient has a DVT. You discuss it with your preceptor, who agrees with you, and a Doppler ultrasound scan is organised which confirms the diagnosis.

This should be a prompt to make a summary for DVT, which would look something like this:

DVT	
Definition	The development of a blood clot in one of the major deep veins in the leg, thigh, pelvis or abdomen or arm, which leads to impaired venous blood flow that usually causes leg pain and swelling.
Classification	Superficial vs. deep Proximal vs. distal Acute vs. Chronic Lower limb vs. upper limb
Incidence/epidemiology	Common medical problem with an annual incidence of 1:1000 adults Incidence increases with age M=F but slight female predominance in females <35 (?pregnancy) Incidence is higher within the black population
Aetiology	Alterations to the coagulation system can lead to thrombus formation. The three factors (Virchow’s triad) that individually or together increase thrombus formation are: 1. Vessel Injury 2. Venous stasis 3. Hypercoagulability 25% of cases are associated with a malignancy 20% of cases are associated with significant trauma 20% of cases are associated with recent medical hospitalisation 25% Idiopathic with no provoking risk factor
Predisposing factors	<ul style="list-style-type: none"> • Hospitalization within the last 2 months for more than 4 days • Major surgery within 3 months • Active cancer – direct activation of thrombin • Lower extremity trauma – vessel injury and immobilisation • Increasing age • Pregnancy – hormonal changes • Obesity • Factor V Leiden deficiency – 3-4x greater risk • Prothrombin gene mutation • Protein C or S deficiency – 5-6x increase • Antithrombin deficiency

	<ul style="list-style-type: none"> • Antiphospholipid syndrome • Acute medical co-morbidity • Recent long distance air travel • Specific drugs – combined OCP
Pathophysiology	<p>A change in vessel wall structure, venous stasis or a hypercoaguable state results in a thrombus formation just above and behind a venous valve. Thrombus expands proximally across the lumen of the vein The lumen becomes occluded causing pain and swelling of the extremity</p>
Key clinical features	<p>Asymmetric limb swelling – a >3cm difference between legs makes DVT more likely Localised pain along deep venous system (Groin → adductor canal → popliteal fossa) Asymmetric pitting oedema Collateral superficial veins – new dilated superficial veins (not varicose veins) are a sign of DVT Phlegmasia cerulea dolens – blue painful leg due to a massive DVT which obstructs both venous and arterial blood flow leading to ischemia</p>
Diagnosis	Compression ultrasound
DDx	<p>Cellulitis Calf muscle tear Calf muscle haematoma Ruptured Baker’s cyst Pelvic/ thigh mass/tumour compressing venous outflow from the leg</p>
Investigations	<p>The Wells clinical probability tool used to stratify patient risk of DVT</p> <p>Haematology</p> <ul style="list-style-type: none"> – FBC- baseline values. May detect abnormalities such as underlying haematological malignancy. Heparin treatment may be associated with HITS thus platelet counts should be monitored throughout therapy <p>Biochemistry</p> <ul style="list-style-type: none"> – Quantitative D-dimer – elevated levels are highly sensitive but non-specific. If the test is normal, DVT can be excluded from low probability patients. If the test is elevated then US is indicated for further investigation. – INR and aPPT – INR is required at the start of warfarin therapy and aPPT is required at the start of heparin therapy. – UEC – baseline as LMWH is affected by renal function – LFTs – May detect abnormalities associated with an underlying provoking factor e.g. cancer – Thrombophilia screen <ul style="list-style-type: none"> ○ Antithrombin deficiency (AT levels are lowered with IV heparin) ○ Antiphospholipid – anticardiolipin/lupus anticoagulant ○ Protein C and S deficiency <p>Imaging</p> <ul style="list-style-type: none"> – Compression ultrasound (first line) – inability to fully compress lumen of vein using an ultrasound transducer is positive for thrombus – Doppler venous flow test – low flow in veins – Venography (rarely done nowadays) – CT pelvis with contrast – presence of an intraluminal filling defect
Management	<p><i>First line:</i> LMWH – Enoxaparin (Clexane) 1mg/kg SC bd or 1.5mg/kg SC once daily Warfarin – 2-10mg PO daily, adjust dose according to INR</p> <p><i>Secondary options:</i> Heparin – bolus of 5000U IV followed by 10000U units SC every 8hrs or</p>

	<p>15000U SC every 12hrs (can also be given by IV boluses or infusion) Warfarin – 2-10mg PO daily, adjust dose according to INR</p> <p><i>History of HITS:</i> Fondaparinux (Arixtra): <50kg – 5mg SC daily >50kg – 7.5mg SC daily >100kg – 10mg SC daily</p> <p>Warfarin – 2-10mg PO daily, adjust dose according to INR</p> <p><i>Active bleeding:</i> – IVC filter</p> <p><i>Pregnant:</i> LMWH – Enoxaparin (consult specialist for dosage)</p> <p><i>Ongoing management:</i> Warfarin plus compression stockings and physical activity for 3-6 months to prevent recurrence</p>
Prognosis	<p>Prognosis is quite good – 30 day fatality rate <2% Between 10-30% of patients develop post-phlebotic syndrome (significant chronic venous insufficiency)</p>
Complications	<ul style="list-style-type: none"> – PE – Acute bleeding during treatment – Heparin resistance – Post-phlebotic syndrome – Delayed bleeding during treatment – Osteoporosis due to heparin treatment

In this clinical context it would be very useful to add the Well’s criteria for DVT and PE to your summary so that you see it every time you revise your knowledge of DVT:

Wells Clinical Prediction Rule for Deep Venous Thrombosis (DVT)	
Clinical feature	Points
Active cancer (treatment within 6 months, or palliation)	1
Paralysis, paresis, or immobilization of lower extremity	1
Bedridden for more than 3 days because of surgery (within 4 weeks)	1
Localized tenderness along distribution of deep veins	1
Entire leg swollen	1
Unilateral calf swelling of greater than 3 cm (below tibial tuberosity)	1
Unilateral pitting edema	1
Collateral superficial veins	1
Alternative diagnosis as likely as or more likely than DVT	-2
<i>Total points</i>	
Risk score interpretation (probability of DVT):	
<ul style="list-style-type: none"> ▲ ≥ 3 points: high risk (75%) ▲ 1 to 2 points: moderate risk (17%) ▲ < 1 point: low risk (3%) 	

Wells Clinical Prediction Rule for Pulmonary Embolism (PE)	
Clinical feature	Points
Clinical symptoms of DVT	3
Other diagnosis less likely than PE	3
Heart rate greater than 100 beats per minute	1.5
Immobilization or surgery within past 4 weeks	1.5

Previous DVT or PE	1.5
Hemoptysis	1
Malignancy	1
<i>Total points</i>	
<p>Risk score interpretation (probability of PE):</p> <ul style="list-style-type: none"> ▲ >6 points: high risk (78.4%) ▲ 2 to 6 points: moderate risk (27.8%) ▲ <2 points: low risk (3.4%) 	

When you are completing the summary for DVT (and entering the case into your clinical log), it may be useful to reflect on the differential diagnoses for this patient, and check to see if you have a summary for these conditions. For example, you may have already made a summary for cellulitis, but you may not have one for ruptured Baker’s cyst – if not, this would be an opportune time to develop one for this condition (or at least have a reasonable knowledge about how it presents clinically and how to differentiate it from DVT), as well as revise the previously-developed one for cellulitis. You may also find that you are not sure what heparin resistance is or that your knowledge about some of the drugs used in the management of DVT is patchy, so this should prompt you to do some reading up around this.

It would also be worthwhile looking up the Blueprint for limb pain/swelling (CCP No. 11) and going through the dot points under each of the main headings, with special emphasis on the Clinical Sciences, Clinical Competencies and Professional Behaviours, Pharmacotherapeutics, and Differential Diagnoses. Remember that as the end-of-Phase 3 assessments are your final barrier exams, you can be asked anything, including material that was covered in Phase 1. However, the emphasis will be on clinical reasoning and patient management.

Some students file these summaries by body system or specialty – how you do this is up to you, but it is worth having some systematic way of doing this so that you can locate it easily for future reference.

When revising a clinical topic like DVT, especially in the lead-up to the Phase 3 exams, a commonly-used technique is to use a blank template and fill in the gaps from memory. Then look at your previous summary to see what you have missed, and fill in these details in red ink (if you use paper and pen) or font (if you use computer). This way it is easier to see what you have missed and these details will be more likely to stick in your memory.

MEDICAL TEACHER

Addressing learner disorientation: Give them a roadmap

by **Crossley, James G. M**

Medical Teacher, ISSN 0142-159X, 08/2014, Volume 36, Issue 8, pp. 685 - 691

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	Level	1	2	3	4
Domain	History-taking	novice	knows how (general) knows how (speciality specific) <i>knows the content and process of a "clerking history"</i>	thorough <i>consistently clarifies important details (purpose of duration of treatments, details of symptoms "bile or no bile: etc)</i>	Detective <i>history consistently geared to narrowing the differential diagnosis (relevant positives and negatives)</i>
	Examining	novice	knows how (general) knows how (speciality specific) <i>knows the content and process of a "clerking history"</i>	thorough <i>consistently clarifies important details (is tachypnoea obstructive or not, is murmur systolic or diastolic)</i>	detective <i>examination consistently geared to narrowing differential diagnosis (goes looking for the relevant findings)</i>
	Interpreting	novice	knows about conditions <i>knows the important causes of the presenting complaint</i>	forms an opinion <i>consistently offers a defensible view about the most likely cause(s)</i>	seeks evidence for and against opinion <i>formulating view affects the order and emphasis of history and examination</i>
	Managing	novice	knows about tests and treatments <i>knows tests and treatments for the important causes of the presenting complaint</i>	suggests a plan <i>consistently offers a defensible investigation and treatment plan</i>	individualises plan <i>data gathered during the history and examination used to gear the plan to the individual patient</i>
	Relating to patients	novice	polite and professional	listens and explains <i>consistently enables questions and takes them seriously; provides explanations</i>	patient-centred <i>consistently gears questioning, explanations and plans to individual patients (puts him/herself in the patient's shoes)</i>

Figure 1. An example roadmap. The figure illustrates a framework or map setting out four developmental stages for each of five elements and describing what it looks like to progress from a first-day student or novice to a skilful doctor. This represents the “big picture” view within which any learning activity can be located and, thereby, given meaning. For example, most of the conventional pre-clinical sciences help the student to make the transition from Interpretation and Managing level 1 to level 2. Clinical skills courses (as distinct from procedural skills courses) help the student to make the transition from history-taking and examining level 1 to level 2—or perhaps 3. Courses on communication skills and professionalism help students to move from Relating to Patients level 1 or 2 to 2 or 3. Most of the higher transitions require supervised clinical encounters with feedback. This particular map does not integrate the procedural skills, but, clearly it would entirely possible to do so within the managing dimension.

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Developing a study plan

The key to developing a study plan is to plan regular time for self-study and *stick to it*. Also factor in some non-study time to relax, to socialise and to get some exercise. How much time you apportion to self-study and how much to relaxation is up to you – some people need more, others need less. The key is to try and get a balance between the two.

An example of a weekly study plan could look something like this:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Off	Clinical	Clinical	RAD	Clinical	Clinical	Study
Afternoon	Off	Clinical	Clinical	RAD	Clinical	Clinical	Study
Evening	Off	Study	Study	Study	Study	Off	Off

Some final tips

1. Learning from real live, warm, breathing patients is far better than learning from books – see as many patients as possible and let this guide and shape your learning
2. Embrace all of your learning opportunities – if a visiting health professional comes to town and you are able to link into them, do so, attend Grand Rounds, Journal Clubs, M&M meetings, etc. at every opportunity
3. Immerse yourself in the practice, the teams, the community
4. Form a study group with your peers – have regular sessions where you present cases to each other, review CBLs and CCP Clinical Modules, write OSCEs, etc.
5. Focus on common and clinically important conditions and learn them well – rare conditions are interesting but unlikely to be used in examinations
6. Use your clinical log to identify gaps and to reflect
7. Ask for help from your preceptor and RAL
8. Use your GP Learning Guide, the CBLs, CCP blueprints and selected texts

Assessment in Phase 3

Assessment Overview:

In Phase 3, you will develop extended clinical competence in a range of settings and also progress in terms of applying your scientific knowledge to the practice of medicine, your research and critical analysis skills, and your personal and professional development. Phase 3 assessment activities will be matched to the Phase 3 learning outcomes for the MBBS course themes. Assessment activities will include:

- a) Ongoing feedback assessment activities
- b) 4 x Periodic reviews of student performance (Student Performance Review / SPR)
- c) 2 x Personal and Professional Development 'Reflections'
- d) 16 x Summative 'Clinical Examination-Student' (CEX-S) assessments (8 per session)
- e) 1 x Student Research Project
- f) End-of-Phase 3 integrated examinations – 3 written papers and 1 Objective Structured Clinical Examination (OSCE).

Assessment Items:

a. Feedback Assessment Activities

You are strongly encouraged to undertake as many feedback Mini-Clinical Examinations (**CEX-S**) as possible. Your Student Placement Assessment Handbook contains a section of feedback **CEX-S** assessments, designed to assist you with the development of effective consultation and management skills through Phase 3. Negotiate with your GP preceptor at the start of your placement to have him/her watch you for a full patient encounter once a week, and ask them to complete a **CEX-S** form during this encounter. By doing this you will have no trouble getting the required number of summative **CEX-Ss**, and it is also a very useful opportunity to get feedback.

Feedback questions will follow an increasing number of your CBL cases, to be completed after the weekly case discussion at your leisure.

MCQ quizzes delivered at intervals throughout the Phase. Being feedback, they are not compulsory and they in no way contribute to your academic progress. However, past students have found them useful. The quizzes will occur 10 times over the course of the Phase, and are intended to be run under conditions as close to examination conditions as possible – this is to give you a sense of how your final summative examinations will be. The topics covered by the questions are wide-ranging and are not linked to specific CBL topics. After each question, you will be asked to rate how confident you feel that you answered correctly. The correct answers will be given online immediately, and your Regional Academic Leader will also lead a discussion around the questions, usually at the time of the next Regional Academic Day. The quizzes are run on the nominated RAD day only, and will not be available on any other day. As the bank of questions in the feedback bank is relatively small, the actual questions will not be available to you outside of the quizzes. The questions in these quizzes will NOT be used for the summative examinations. The main aim of these quizzes is to stimulate your thinking with the hope that the depth and breadth of your study will increase across a range of topics

The GSM now has access to 'eMedici', an online feedback assessment resource. 'eMedici' was developed as part of a national initiative and comprises of patient-based cases from a range of medical disciplines, designed as feedback assessment learning tools for medical students based on problems they may encounter during their education and subsequent medical career. The clinical scenarios represented encourage students to make decisions on diagnosis, investigation and treatment without putting themselves or their patient at risk. At present, cases in cardiology, surgery, health psychology, ophthalmology and psychiatry are available.

GOALS will be made available to support your learning and help you to gauge your own progress in medical sciences and clinical medicine during Phase 3.

b. 4 x Student Performance Reviews (SPRs)

The overall performance of students will be assessed midway through and at the end of each session by the Preceptor and countersigned by the Regional Academic Leader. The template for this assessment is provided in Appendix K and the due dates for submission are listed below.

c. 2 x Personal and Professional Development Reflections

Competency in the PPD Curriculum Theme will be assessed by two Summative Student Performance Reviews (described above) and two Summative PPD Reflections. Details and the marking template for this assessment are provided in Appendix I and J and the due dates for submission are listed below.

d. 16 x Summative Clinical Examination-Student (CEX-S)

During Phase 3, clinical competence will be assessed using a standardised marking sheet - the CEX-S (see Appendix L). The CEX-S will require you to perform a patient assessment while being observed by a preceptor or trained clinician. The due dates for submission are listed below.

You will be required to undertake 16 CEX-S assessments during Phase 3. Each of these assessments should be undertaken on a different day during Phase 3, to provide you and your preceptors with valuable information on your progress during Phase 3. Four of these will be required to have been completed one week before each Student Performance Review. Your GP preceptor(s) should administer at least one CEX-S assessment for each discipline area. The remaining CEX-S assessments may be done by other experienced medical practitioners with an appropriate level of knowledge of CEX-S assessment. It is recommended to try and get this done by a range of medical specialists or experienced registrars, to provide a range of useful feedback.

The 16 CEX-S assessments must cover a range of patient presentations including medicine, surgery, child and adolescent health, mental health and women’s and maternal health as follows:

	Summative (required)
CEX-S (Medicine)*	4
CEX-S (Surgery)*	4
CEX-S (Paediatrics)*	2
CEX-S (Mental Health)	2
CEX-S (Women’s & Maternal Health)	2
CEX-S (Complex/Chronic care)	2

**should include a range of systems, e.g. respiratory, cardiac, neurological, gastro-intestinal problems, etc.*

*** Students are also strongly encouraged to complete feedback CEX-S assessments (see a) above)*

It does not matter what order you complete the various discipline CEX-S’s through the year. However, you will be required to have covered the required minimum for each discipline by the end of the Phase. **If you have not completed the required minimum for any one discipline you may be prevented from sitting your final Phase 3 examinations, even though you have reached the required total of 16.**

Note: The Phase 3 Placement Assessment Booklet outlines what happens if an unsatisfactory summative CEX-S grade is given, and the reasonable steps of remediation designed to address particular individual problem areas.

Completion of a minimum of 16 **CEX-S** throughout the Phase will give you and the staff feedback on your competency development throughout the year, with the final Objective Structured Clinical Examination (OSCE) assessing your clinical competence at the end of the Phase.

e. Student Research Project

RCA Assessment during Phase 3 will comprise your Research Project - Refer to Appendix D for details.

f. Integrated End of Phase Examinations

The end-of-phase integrated examination will occur during the GSM Examination Period (refer to GSM's Key Dates <http://smah.uow.edu.au/medicine/current-students/mbbs/dates/UOW050953.html> and the GSM Year Planner, located on the same webpage). Examination content will cover all four themes i.e., Medical Sciences, Research and Critical Analysis, Personal and Professional Development and Clinical Competencies. The examination will include the following components:

1. Three written papers of up to 3 hours each
2. Objective Structured Clinical Examination

The specific dates for the three examinations will be notified about a month prior to the actual examination (for specific dates of when the final exam timetable will be published please refer to <http://www.uow.edu.au/student/exams/dates/index.html>). You must ensure you are available for the entire examination period.

Phase 3 Assessment Handbook:

All students will be provided with a Phase 3 Assessment Handbook during on-campus Orientation. This booklet will allow you to keep a record of your CEX-S assessments and Student Performance Reviews. Please note the following:

- You are responsible for completing assessment activities as per the assessment dates set out in the Phase 3 Handbook.
- You are responsible for providing assessment documentation to supervising clinicians.
- You should take your Phase 3 Assessment Handbook to Preceptor reviews and Regional Academic Days.
- Your Preceptor, your Academic Leader or the GSM can review your Phase 3 Assessment Handbook as required.
- The process for Remediation and Progression is outlined in the Phase 3 Assessment Handbook. You must notify your Preceptor of an 'Unsatisfactory' CEX-S assessment so the process can be initiated.
- The Phase 3 Assessment Handbook will need to be handed in the GSM's Assessment Officer at the end of the Phase.
- You are responsible for the safe-keeping of the Phase 3 Assessment handbook. Should you lose your Assessment booklet, you will be required to repeat the components that have not officially been recorded by the GSM.

Phase 3 Assessment dates and deadlines 2015/2016 Program:

The main assessment activities and the deadlines for submission are summarised in the table below. There will be an opportunity for students who are required to re-submit or re-take assessments to do so in the vacation period before the start of Phase 4.

Due Date	Assessment	Purpose	MS	CC	PPD	RC A
2016						
Mid July-Mid Sept 2016	Liaison between students and UOW Academic Supervisor in the development of the research project proposal	summative				√
Sun 4 Sept 2016	Clinical Log Cut-Off	summative	√	√	√	
Wed 14 Sept 2016	Student Performance Review + CEX-S (x4)	summative	√	√	√	
Sun 18 Sept 2016	Research Project Proposal	summative				√
Sun 6 Nov 2016	Clinical Log Cut-Off	summative	√	√	√	
Sun 13 Nov 2016	Literature Review	summative				√
Wed 16 Nov 2016	Student Performance Review + CEX-S (x4)	summative	√	√	√	
Sun 27 Nov 2016	PPD Reflection	summative			√	

Due Date	Assessment	Purpose	MS	CC	PPD	RC A
2016						
Sun 5 Mar 2017	Clinical Log Cut-Off	summative	√	√	√	
Wed 15 Mar 2017	Student Performance Review + CEX-S (x4)	summative	√	√	√	
Sun 23 Apr 2017	Research Project Final Written Report	summative				√
Sun 7 May 2017	PPD Reflection	summative			√	
Sun 7 May 2017	Clinical Log Cut-Off	summative	√	√	√	
Wed 17 May 2017	Student Performance Review + CEX-S (x4)	summative	√	√	√	
Sun 28 May 2017	RCA Poster Power Point Slide	summative				√
Mon 5 Jun 2017 During Wrap-Up Week	Research Project Poster Presentation	summative				√
Sat 17 – Sun 25 Jun 2017	End-of-Phase Integrated Examinations	summative	√	√	√	√

Progression and appeals, special consideration:

Applications for Student Academic Consideration in relation to any assessment tasks such as a written exam or scheduled assignments are made online through SOLS using the University's central system.

In all cases, you must apply for (AC) BEFORE the due date otherwise the extension will not be granted (exemptions can apply, such as being hospitalised). This means that in the case of assignments for example, as per the GSM Assessment Policy, tasks handed in late will be graded as Unsatisfactory.

Approval **will only be granted** if it falls within the [Academic Consideration guidelines](#) (medical grounds, compassionate grounds or extenuating circumstances).

You may appeal against a decision or action affecting your academic performance and/or academic experience by using the [GSM Grievance Process](#). Decisions about progression to Phase 4 will be made by the Board of Examiners after review of all aspects of your performance in MED1603.

For further details of progression and appeals, academic consideration etc., please refer to the [GSM Assessment Handbook](#), available on Moodle.

Student Support

Head of Students:

Name:	Dr Louise Wright
Phone:	+61 2 4221 4907
Mobile:	+61 408 912075
Email:	louise_wright@uow.edu.au
Location:	Ground Floor, Building 28 UOW Wollongong Campus Room G09
Web:	http://smah.uow.edu.au/medicine/current-students/mbbs/UOW077539.html

Consultation Times:

The Head of Students is available all day Monday, Wednesday and Friday mornings. She works in a different capacity for the school on Tuesday, Thursday and Friday afternoon but is available for urgent matters.

The Head of Student Unit in the Graduate School of Medicine provides students with advice and information on many aspects of the University Rules and Regulations as well as information relating to their degree. Appointments should be made directly with the Head of School via email or telephone.

We encourage you to raise any issues regarding your Placement with your Regional Academic Leader, Placement Facilitator, the RCS Manager or the Phase Chair. If you have any personal issues which may impact on your academic progress or your ability to cope, you should contact the Head of Students or access the web site where there is advice related to Counselling Services whilst on Phase 3 (refer to <http://smah.uow.edu.au/medicine/current-students/mbbs/UOW098492.html>). You are also able to access the University's Student Support systems. See <http://www.uow.edu.au/student/services/> for more details.

Key Regional and GSM Staff Contacts:

Both regional and campus-based GSM staff are available to support students during Phase 3 placements. See Appendix A for a full list of contacts for placement support and coordination.

Resolution of Placement Issues:

Local resolution of student or placement issues

You are strongly encouraged to raise any issue or concern regarding your Phase 3 placement with your Preceptor, Regional Academic Leader or Placement Facilitator. Early notification of issues is preferred to enable timely resolution. Where possible, any issues will be managed and resolved at a local level. Such issues may relate to local availability of clinical experiences, accommodation (e.g. locking oneself out, losing keys), minor health problems, minor financial advice, social venues or access to local resources.

Referral of student or placement issues to the Manager: Rural Clinical School or Chair Phase 3

Where issues cannot be resolved at a local level, or when the student, Preceptor or regional academic staff are not satisfied with the resolution process or outcome, issues need to be referred to the Manager: Rural Clinical School, as soon as possible via telephone or email so that timely and appropriate assistance can be provided. Issues associated with the health or academic performance of students must be referred to the Phase 3 Chair. If necessary, the Phase 3 Chair will refer issues to the Associate Dean: Community, Primary, Remote & Rural, the Head of Students or the Dean, GSM (Refer to the [GSM Student Complaints and Grievance Process](#)).

Retrieval of students from rural or remote placements

In a rare instance, the GSM (perhaps in consultation with a local health care provider), may determine that a student requires removal or retrieval from their current placement location. Where a student requiring removal or relocation from their placement is incapable of returning to the Wollongong or Shoalhaven Campus via their own means, the GSM will arrange to transport the student to either campus or to another appropriate destination (for example, their home or to a health care facility). Student retrieval will be considered as an emergency measure and will be based on health issues preventing travel by a student's own means.

A relevant health care practitioner should determine the student's health status. The local Regional Academic Leader, health care provider and the students (if able) will determine the course of action. Retrieval action will require approval from either the GSM Dean or Associate Dean: Community, Primary, Remote & Rural.

Critical incident response

Critical incidents or potentially traumatising events are serious incidents or accidents outside of the normal human experience that evoke arousal via fear, sadness, anger, guilt or other negative emotions. Critical incidents causing life-threatening injury, death and/or where significant damage to the environment may include experiences such as serious accident (car, aircraft), criminal assault (threat, physical attack, sexual assault), natural disaster (bushfire, flood, earthquake) or vicarious trauma (being a witness to any of the above).

Sometimes the role of becoming a doctor inevitably involves a student witnessing or responding to trauma in their patients. While people will react individually to experiencing or observing trauma, most will experience some degree of emotional, cognitive, physical and behavioural symptoms within 48 hours of the event. For most people, these experiences will resolve without significant intervention other than the passage of time and support from family, friends and colleagues. Where additional assistance is needed to help students who are having difficulty coping with trauma observed or experienced, the GSM's Head of Students will assist students to access support from suitably qualified mental health professionals.

Other Student Support Resources:

UOW Counselling Services

Free and confidential counselling is offered to students and staff who wish to discuss areas of difficulty, conflict or crisis in their lives. To make an appointment to see one of the counsellors, phone (02) 4221 3445 or call in at the office located on the third floor of the UniCentre (use the IT Resource Centre lift or the car park stairs). For further details refer to <http://www.uow.edu.au/student/services/cs/index.html>.

UOW Disability Services

If you have a disability or condition which may adversely affect your studies please discuss the issue with the Sub Dean or Student Support Adviser (Jenny Walsh). Alternately, see the University's Disability Services website, <http://www.uow.edu.au/student/services/ds/index.html> The Disability Liaison Officer (DLO) provides information, advice and support to students with disability. Students requiring assistance can contact the Disability Liaison Officer by phone (02) 4221 3445; or facsimile (02) 4221 5667 or call in at the office located on the third floor of the UniCentre building.

Rural placement guides

The National Rural Health Student Network (NRHSN) [Rural Placements Guide - How to make the most of your rural placement](#) has plenty of information and tips to help students prepare for and organise a rural or remote placement. It includes a checklist to help remind students what to take on placement, and there is also some information about Cultural Awareness, keeping safe while on placement, managing disclosures and what to do if things don't go as planned.

The 2007 mental health guide [When the Cowpat Hits the Windmill](#) is a resource written by students for students focusing on mental health issues faced by Australia's future rural and remote workforce while on placement or working out bush. It was developed by the NRHSN in conjunction with *Beyond Blue: the national depression initiative* for medical, nursing and allied health students.

Community contacts

In some regions, community contacts will be identified by local regional staff who are available to provide guidance or support to students during placements. (Regional Placement Facilitators will be able to provide students with details of community contacts in the region).

Student health and well-being – Students accessing local health services

You are strongly encouraged to have your own general practitioner, and should not approach or rely on your Preceptor, or another GP in your medical practice for medical care (unless in an emergency). For students requiring medical care, regional placement staff will be able to provide you with details of medical practitioners in the region not associated with an individual student's program. The Australian Medical Students Association (AMSA) website provides a list of general practitioners who are willing to bulk-bill medical students.

In some communities, the number of specialists, allied health, community or alternative health professionals or services may be limited. A student with health or medical issues requiring specialised management may need to be referred to the closest regional referral services.

Psychological support (in rural placement regions)

Regional placement staff will be able to provide students with details of local mental health professionals, to support with either an on-going mental health condition, or support the student through a brief episode requiring professional support. Locations or details of these services will be provided to students as part of regional based orientation. The Bush Support Service - confidential 24 hour support line is also available to provide psychological support for people delivering health care in the remote and isolated regions of Australia – call **1800 805 391**.

Accommodation & Support (Rural Placements)

Allowances of any kind are only available to students' located in Remoteness Area (RA) 2 and above (Phase 3 Hubs outside of the Illawarra). The following web site will provide details of the remoteness area categories <http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/content/locator>.

Relocation Allowance

Where a student is required to relocate to a rural training region for their Phase 3 Placement, they may be eligible for a one-off Relocation Allowance. The amount will vary depending on the region and whether you are moving into fully furnished accommodation or whether you need to move your own furniture.

If a student is not relocating for their Phase 3 placement, they will not be entitled to claim the relocation allowance.

All relocation claims must be submitted prior to 31 August 2016.

Placement Travel Support

In order to assist students with travel expenses associated with the Regional Academic Day (RAD), the GSM will reimburse students driving at a rate of 30c per kilometre for return travel (minimum of 60km return), from their GSM approved or GSM secured accommodation to the designated meeting location for the RAD.

It is expected that students will car pool to RAD activities. Unless car-pooling is not an option, students who choose to travel individually, rather than car pool will not be reimbursed for RAD travel expenses.

Claims will need to be verified by the Regional Placement Facilitator / Academic Leader prior to being faxed or emailed to gsm-rcs@uow.edu.au or 02 4429 1505. Claims will need to be received by the Rural Clinical School no later than the due dates on the forms in order to be processed.

Mileage Claiming Period	Date Claim Due
Claiming Period 1 Mon 18 Jul 2016 to Fri 23 Sept 2016	29 October 2016
Claiming Period 2 Mon 3 Oct 2016 to Fri 9 Dec 2016	9 December 2016
Claiming Period 3 Mon 23 Jan 2017 to Fri 24 March 2017	29 April 2017
Claiming Period 4 Mon 3 Apr 2017 to Fri 2 Jun 2017	30 June 2017

Internet Allowance

In order to access UOW email as well as the UOW Moodle platform, students will require access to the Internet. Students in RA2+ Hubs where internet is not available within GSM secured accommodation, will be eligible to receive an allowance of \$360. Students will then negotiate directly with internet service providers to obtain their choice of plan and modality. This Allowance is intended to contribute to academic usage only. If a student elects to live outside of GSM secured accommodation where Internet is available, they will not be eligible to claim for the Internet Allowance.

Accommodation Support

Across the GSM's rural hubs, there is a mix of arrangements for student accommodation including GSM secured and Student Secured (where students are responsible for their own arrangements).

GSM Secured Student Accommodation in Rural Hubs

Students requiring accommodation support in Broken Hill, the Murrumbidgee, Southern Highlands, Shoalhaven, Mudgee, Grafton and Forbes will be offered accommodation that has been pre-arranged by the GSM. In general, GSM secured housing for single students will be set up in shared house configuration, similar to that provided by other medical schools for rural training placements (i.e. 2-5 bedroom shared houses or cottages with self-catering facilities in close proximity to the local hospital or medical practices).

Shoalhaven	Shared accommodation in 3-4 bedroom townhouses
Southern Highlands	Shared accommodation in 4 bedroom townhouses
Mudgee	Shared accommodation in 3 bedroom house with 2 bedroom unit linked via a connecting laundry
Murrumbidgee	Griffith: Shared Accommodation in 4 bedroom house. Leeton: 1 x 3 bedroom and 1 x 2 bedroom cottage. Narrandera: 3 bedroom cottage
Grafton	Shared accommodation in 4 bedroom house
Forbes	Shared accommodation in 3 bedroom unit
Broken Hill	USYD shared accommodation

**Subject to change pending GSM requirements and external factors such as lease periods.*

- Students will be required to pay an Accommodation Fee of \$45 / week. This will contribute to utilities* and general property administration costs. The Accommodation Fee is to be paid quarterly and in advance, and via the UOW e-Payments system on the following dates:
 - \$450 by Tuesday 12th July 2016 (covering the period 18th July to 2nd October 2016)
 - \$450 by Wednesday 28 September 2016 (covering the period 3rd October to 11th December 2016)
 - \$450 by Wednesday 18 January 2017 (covering the period 23rd January to 24th March 2017)
 - \$450 by Wednesday 29 March 2017 (covering the period 3rd April to 2nd June 2017)
- Where Accommodation is available during the Christmas Vacation Period, students can elect to pay a fee of \$315.00 if they would like to maintain access to this accommodation payable prior to Wednesday 7 December 2016. This Fee covers the period 10th December 2016 to 22 January 2017. If a student elects not to pay this fee, they will be required to return their house key to the Placement Facilitator and will not have access to the accommodation for this period.
- Students cannot pay partial Fees during the Vacation Period – it is the full 7 weeks access or no access during this period.
- Students will need to provide their own linen and personal items.
- *Utilities are included in the fee, however, where a utility bill is separately metered and usage/cost above 20% more for the same period in the previous year, the GSM will pass difference on (by invoice) to the relevant student(s).
- Students who are moving into GSM secured accommodation are required to complete a 'GSM Accommodation Agreement' within 7 days of moving in.
- During Regional Orientation, the GSM Placement Facilitator will provide students with procedures for accommodation including After Hours assistance.
- All students should familiarise themselves with the [UOW Student Conduct in Residence Policy](#), to ensure awareness of rights and responsibilities when residing in UOW accommodation.
- Students will be required to vacate the accommodation on Friday 2nd June 2017.
- Some GSM secured accommodation in rural hubs may be suitable for a family or couple. Please talk to the GSM prior to the allocation process should you be interested in this. There will be additional costs associated with this and the GSM student must take full responsibility both financial and other for their spouse or family member in GSM secured accommodation.

- If you are allocated to a Hub with GSM secured accommodation and it does not meet your needs there is no subsidy if you elect to secure your own accommodation. **As such, it is important that you clearly outline any special circumstances you have as part of your preference and application for a Phase 3 Placement.**

Student Secured Student Accommodation in Rural Hubs

- Where GSM has not pre-arranged accommodation, it is the student's responsibility to make arrangements to find their own accommodation.
- The GSM will provide students with an Accommodation Allowance of \$100 per week for 40 weeks (this does not include your vacation periods).
- To access this Allowance:
 - Student accommodation will need to be located in a Rural Area (RA2+) within 20km by road of the hospital or medical practice where the majority of their clinical work will take place.
 - Students must seek approval of their accommodation arrangements by emailing the Rural Clinical School – gsm-rcs@uow.edu.au prior to signing a lease, in order to ensure that they meet the requirements to access the Accommodation Allowance.
 - Students must provide the GSM with a copy of a formal lease as supporting documentation to access this Allowance (with relevant corresponding dates).
- Students are responsible for any bond arrangements set by landlords.
- If a student stays in their own housing in any rural location, they will not be entitled to the Accommodation Allowance.
- Where a student's partner / family accompany a student to a rural Hub for Phase 3, the GSM does not subsidise accommodation for additional family members.

Claiming Allowances

Instruction on claiming allowances will be provided to students via Moodle prior to the commencement of Phase 3. No Allowance will be paid to a student prior to the release of Phase 2 results.

- Claims not submitted by the Due Date will not be paid.
- UOW Finance will not accept a photo of a Claim Form scanned and emailed.
- If a student discontinues with the Phase 3 Programme, they will be required to pay back (pro-rata) any allowance or support they have received.

The Table below provides a summary of Placement Support for rural placements in the 2016 / 2017 Phase 3 programme.

<u>Hub</u>	Accommodation Contribution (Student Pays GSM)#	Rental Allowance (GSM Pays Student)	Relocation Allowance(GSM Pays Student)	Internet Allowance (GSM Pays Student)	Travel Support – RAD Days (GSM Pays students)*
Illawarra	NA	NA	NA	NA	NA
Shoalhaven	\$45/week	NA	\$50	Provided in Student Accom.	NA
Southern Highlands	\$45/week	NA	\$50	Provided in Student Accom.	NA
Mudgee	\$45/week	NA	\$100	Provided in Student Accom.	NA
Murrumbidgee	\$45/week	NA	\$100	\$360	30c/km for RAD Day travel paid to students depending on location of RAD. (ie Narrandera & Leeton students to Griffith or Narrandera & Griffith students to Leeton)
Forbes/Orange (Forbes)	\$45/week	NA	\$100	\$360	30c/km for RAD Day when in Orange.
Forbes/Orange	NA	\$100/week	\$500	\$360	30c/km for RAD Day

(Orange)		for 40 weeks			when in Forbes.
Grafton	\$45/week	NA	\$100	\$360	NA
Lismore		\$100/week for 40 weeks	\$500	\$360	30c/km for RAD Day in Lismore for students <u>approved</u> to live in Byron/Ballina region.
Murwillumbah	NA	\$100/week for 40 weeks	\$500	\$360	30c/km for RAD Day in Murwillumbah for students <u>approved</u> to live in Mullumbimby region.
Milton /Ulladulla	NA	\$100/week 40 weeks	\$500	\$360	NA
Broken Hill	Student Accom managed by USYD – University Dept. Rural Health – Currently no student fee.		\$250	Provided in Student Accom.	NA

*GSM will consider travel support based on student placement circumstances (location of Practice, ED Hospital, RAD and GSM approved accommodation).

Students can elect to pay \$315 to stay in GSM accommodation during Christmas Vacation Period (as per the information above).

After hours accommodation support:

For students in GSM secured accommodation, if assistance is required in relation to this accommodation, the Placement Facilitator will provide you with procedures and the appropriate emergency contacts. Arrangements for after-hours accommodation support should be discussed with the Placement Facilitator (ideally during Regional Orientation). For students who have signed a lease (independent to the GSM) the lease agreement will advise of contact details for after-hours assistance. In emergencies, call Police, Fire or Ambulance on 000.

All students should familiarise themselves with the Student Conduct in Residence Policy to ensure you are aware of your rights and responsibilities when residing in UOW accommodation. [Student Conduct in Residences Policy - Students @ UOW.](#)

Any questions with regards to the information above should be directed to:

The Rural Clinical School
Ph: (02) 4221 4159 or Email: gsm-rcs@uow.edu.au.

Evaluation in Phase 3

Throughout Phase 3, students will at times be invited to evaluate their experience of the GSM curriculum and its associated learning and teaching activities. In particular feedback will be sought on the range of clinical experiences you will have access to in Phase 3, learning and teaching opportunities, and region-specific resources and facilities. The formal evaluation activities of the School will often be complemented by informal local discussions with the Regional Academic Leader and/or Placement Facilitator.

Phase 3 Evaluation Schedule

Month	Evaluation Activity	Ongoing
June	Wrap up week survey and student interviews	Informal feedback collected: <ul style="list-style-type: none">▪ during regional visits▪ online through the discussion forums

Students on placement may also be asked to participate in other regional specific feedback and evaluation activities. This will be managed separately to GSM Evaluation activities.

Appendix A: Phase 3 Key Contacts



Academic Leader: Community Based Health Education & Subject Coordinator MEDI603

Graduate School of Medicine/Faculty of Science Medicine & Health

Assoc Prof Mark Wilson 02 4221 3314 or markw@uow.edu.au

Supports the Associate Dean: Community, Primary, Remote & Rural (CPRR) in the provision of academic leadership for the Phase 3 Program, including curriculum development and implementation, regional academic development and support, assessment and quality assurance and evaluation.



Manager: Community, Primary, Remote & Rural

Graduate School of Medicine/Faculty of Science Medicine & Health

Belinda Smith 02 4221 4755 or bsmith@uow.edu.au

Provides operational management for CPRR team and leadership for the Phase 3 Program



Manager: Rural Clinical School

Graduate School of Medicine/Faculty of Science Medicine & Health

Tracey Duguid 02 4221 4159 or tduguid@uow.edu.au

Provides operational management for the Phase 3 Program, including student and curriculum management issues, WH&S, and general support to students, practices and regional staff.



Administrative Assistant: Learning and Teaching (Phase 3)

Graduate School of Medicine/Faculty of Science Medicine & Health

Jade Thomas 02 4221 3949 or jadet@uow.edu.au

Provides administrative support to the Phase 3 Program.

GSM Rural Clinical School

gsm-rcs@uow.edu.au

Please use this generic email address for submission of all Allowance and Subsidy Claims and accommodation related matters, such as utility enquiries, maintenance etc.

Regional Teams (Community Based Health Education)

Broken Hill (Broken Hill Extended Clinical Placement Program)

Regional Academic Leader	Dr John Wenham	08 8080 1230	john.wenham@health.nsw.gov.au
Placement Facilitator	Danielle Keenan	08 8080 1231	danielle.keenan@health.nsw.gov.au

Lismore (North Coast Medical Education Collaboration)

Regional Academic Leader	Dr Jane Barker	02 6620 7276	jane.joe@bigpond.com
Placement Facilitator	Joanne Chad	02 6623 7379	joanne.chad@ucr.edu.au

Forbes/Orange

Regional Academic Leader	Dr. Rick Aitken	02 6393 9000	ricka@oams.net.au
Placement Facilitator	Beverley Gardiner	02 6851 1300	forbesmedicalcentre@hotmail.com

Grafton

Regional Academic Leader	Dr Alastair McInnes	02 6640 2310	alastair.mcinnes@ncahs.health.nsw.gov.au
Placement Facilitator	Greta Enns	02 6641 8903	Greta.enns@ucr.edu.au

Illawarra

Regional Community Academic Leader	Dr. Carl Mahfouz	02 4221 5362	cmahfouz@uow.edu.au
Regional Community Academic Leader	Dr Fiona Williams	02 4221 5028	fionaw@uow.edu.au
Community Placement Facilitator	Cassandra Healey	02 4221 5028	chealey@uow.edu.au

Milton / Ulladulla

Regional Academic Leader	Dr Brett Thomson	02 4455 5755	brett@miltonmedical.com.au
Placement Facilitator	Gina Evans	02 4455 5755	gina@miltonmedical.com.au

Mudgee

Regional Academic Leader	Dr Gary Moore	02 6372 4355	gwmoore@hwy.com.au
Placement Facilitator	Jenny Marchant	02 6372 4355	practicemanager@southmudgeesurgery.com.au

Murrumbidgee

Regional Academic Leader (joint)	Dr Marion Reeves	02 6962 7661	m.reeves@yourhealthgriffith.com.au
Regional Academic Leader (joint)	Dr Gwatkin Nirmalan Ratnam	02 6953 4333	Nirmalan8@hotmail.com
Placement Facilitator	Kate Weston	02 6953 6454	kate.weston@mphn.org.au

Murwillumbah (North Coast Medical Education Collaboration)

Regional Academic Leader	Dr John Moran	02 6672 0290	jmoran@ksmc.com.au
Regional Academic Leader	Dr Peter McMahan	02 6672 0290	pmmcMahon@mainstmed.com.au
Student Coordinator and Facility Manager	Naree Hancock	02 6672 0290	naree.hancock@ncahs.health.nsw.gov.au
Placement Facilitator	Lindy Southon	02 6672 0290	Mur.admin@ucr.edu.au

Shoalhaven

Regional Community Academic Leader	Dr Russell Pearson	02 4423 9570	russell@uow.edu.au
Community Placement Facilitator	Leanne Betts	02 4429 1504	gsm-placements-shoalhaven@uow.edu.au

Southern Highlands			
Regional Community Academic Leader	Dr Geoff Sparkes	02 4861 1571	geoffrey.sparkes@yahoo.com.au
Placement Facilitator	Alice Campbell-Jones	02 4861 1571	gsm-placements-bowral@uow.edu.au
Administrative Assistant	Tamica Haines	02 4221 4699	gsm-placements-bowral@uow.edu.au

Other Key Contacts:			
Associate Dean: Community Primary Remote & Rural (CPRR)	A/Prof David Garne	02 4221 5139	dgarne@uow.edu.au
Assistant to Associate Dean: CPRR	Jade Thomas	02 4221 3949	jadet@uow.edu.au
Head of Students	Dr Louise Wright	02 4221 3534	mlwright@uow.edu.au
Academic Leader: Case-Based Learning	A/Prof Lyndal Parker-Newlyn	02 4429 1502	lyndal@uow.edu.au
Associate Dean: Teaching Hospitals	Prof Wilf Yeo	02 4253 4813	wilf@uow.edu.au
Clinical Associate Dean: Southern Highlands	Dr John Barnett	02 4861 4555	john.barnett@sswahs.gov.au
Curriculum Manager	Jodie Douglas	02 4221 5964	jdouglas@uow.edu.au
Assessment Officer	Dr Alistair Lethbridge	02 4221 5134	aethbr@uow.edu.au
Academic Leader: Medical Sciences	Prof Peter McLennan	02 4421 4183	petermcl@uow.edu.au
Academic Leader: Clinical Skills	Dr Helen Rienits	02 4221 5634	helenr@uow.edu.au
Academic Leader: Personal and Professional Development	Dr Coralie Wilson	02 4221 5135	cwilson@uow.edu.au
Academic Leader: Research & Critical Analysis (& RCA Student Project Coordinator)	Dr Kathryn Weston	02 4221 5633	kathw@uow.edu.au
Senior Lecturer: Educational Development	Dr Michelle Moscova	02 4221 5631	moscova@uow.edu.au
Medical Librarian		02 4221 3548	
Medical Education Team regarding the CBLs			gsm-cbl@uow.edu.au
Rural Clinical School Team			gsm-rcs@uow.edu.au
Medicine			
Professor of Medicine	Prof Wilf Yeo	02 4253 4813	wilf@uow.edu.au
Assistant to the Professor of Medicine	Diane Turton	02 4253 8839	dturton@uow.edu.au
Senior Lecturer: Pharmacology and Therapeutics	Luigi Gaetani	02 4253 4807	lou@uow.edu.au
Surgery			
Associate Professor of Surgery	A/Prof Tim Skyring	02 4221 3049	tskyring@uow.edu.au
Associate Professor of Surgery	A/Prof Hunter Watt	02 4221 4114	whwatt@uow.edu.au
Psychiatry			
Professor of Psychiatry	Prof Nagesh Pai	02 4253 4833	nagesh@uow.edu.au
Senior Lecturer: Mental Health	Dr Beverley Rayers	02 4222 5294	brayers@uow.edu.au
Lecturer: Mental Health	Kerry Dawes	02 4253 4818	kerryd@uow.edu.au
Women's and Maternal Health			
Academic Leader: O&G	A/Prof Lionel Reyftmann	02 4221 4218	lionelr@uow.edu.au
Child and Adolescent Health			
Professor of Paediatrics	Prof Ian Wright	02 4221 4015	iwright@uow.edu.au
Senior Lecturer: Paediatrics	Dr Mark DeSouza	02 4423 3888	thehealthychild@bigpond.com
Assistant to the Professor of Paediatrics	Vacant		

Appendix B: Phase 3 Learning Outcomes

Phase 3 Outcome level

The MBBS degree is an integrated course in which biological, psychological and social science is delivered in the context of learning activities that also address clinical, interpersonal and procedural skills, personal and professional development, and research and critical analysis competencies. The course has a spiral structure in which issues are revisited throughout the four phases, with increasing levels of understanding and competence in the application knowledge required as the student progresses. We have defined these levels as a hierarchical structure* that will reflect the nature of method of assessment and standards applied:

1. Integrate knowledge of research and critical analysis principles cohesively within the practice of medicine,
2. Demonstrate coherent knowledge of the principles and concepts of medical science within the context of the medical profession,
3. Effectively employ evidence based practice, use critical thinking and perform as a collaborative, reflective practitioner and health advocate,
4. Demonstrate clinical competency at the level expected of an intern,
5. Display and practice professional and personal behaviour expected of a medical practitioner,
6. Integrate knowledge of medical science, clinical medicine, research and critical analysis and professional and personal behaviour into the practice of medicine,
7. Meet the qualification requirements to apply for an internship in Australia.

Medical Sciences (MS)

MS01	The normal structure and function of the body and each of its major organ systems.	5
MS02	Molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis.	5
MS03	The relationship between structure and function of cells, tissues, organs and systems.	5
MS04	Factors contributing to health and illness and the mechanisms of their influence (pathogenesis).	5
MS05	How structure and function (pathology and pathophysiology) of cells, tissues, organs and systems are altered by diseases and conditions.	5
MS06	How common investigative techniques are used to differentiate between normal and abnormal structure and function.	5
MS07	Principles of drug absorption, metabolism and excretion; dose response relationships and drug specificity and selectivity with respect to desired actions and side effects.	5
MS08	Scientific knowledge and its relation to clinical problems.	5
MS09	Limitations to existing scientific knowledge.	4
MS10	Relief of pain, amelioration of suffering and optimisation the quality of life of patients.	5
MS11	Theories and principles that govern ethical decision making and the major ethical dilemmas in medicine.	5
MS12	Principles of human behaviour and development throughout life, and their relationship to health and illness.	5
MS13	Identification of factors that place individuals at risk of disease or injury.	4
MS14	The manner in which people of diverse cultures and belief systems perceive health and illness and respond to symptoms, diseases, and treatments.	4
MS15	The health care needs and social and cultural perspectives of health of Indigenous Australians.	4
MS16	The psychological, social, environmental and cultural determinants of health and illness.	4
MS17	The importance of recognizing and addressing individual gender, socioeconomic and cultural biases in the delivery of health care.	4
MS18	The organization, financing, and delivery of health care in Australia, including the challenges and opportunities for regional, rural and remote communities.	4

Clinical Competencies (CC)

CC01	Taking a focused history from the patient, family, friend or carer to determine the nature of the patient's problems, and identify possible causes.	5
CC02	Conducting complete mental state examination or appropriate components in a systematic and directed fashion.	5
CC03	Conducting a complete physical examination or appropriate components in a systematic and directed fashion.	5
CC04	Making an accurate assessment of the patient's problems and formulating a differential diagnosis based on the history and examination findings.	5
CC05	Selecting, ordering and interpreting appropriate initial investigations for the presenting problem.	5
CC06	Recording, evaluating and interpreting data from history, physical examination and diagnostic investigations and developing a provisional diagnosis.	5
CC07	Making a diagnosis, constructing therapeutic strategies for patients with common conditions, developing and implementing a management plan.	5
CC08	Monitoring the effectiveness of a patient management plan, and modifying that plan in response to the ongoing acquisition of information.	4
CC09	Contributing to cure of or recovery from illness and the easing of suffering and discomfort.	4
CC10	Utilizing strategies for health promotion and prevention of disease and disability in encounters with patients.	4
CC11	Establishing, building and maintaining therapeutic partnerships with patients, their family, friends, and carers.	4
CC12	Communicating, both verbally and in writing, with patients, patients' families, colleagues, and others with whom physicians must share information in carrying out their responsibilities.	4
CC13	Working as a member of health care teams.	4
CC14	Dealing compassionately with patients, their family, friends and carers.	4
CC15	Identifying potential danger to self and others taking appropriate action to limit impact.	4
CC16	Openness to acknowledging one's own limitations and knowing when to seek advice or assistance.	4
CC17	A patient-centred approach to patient care.	4
CC18	Respect for the role and function of all those involved in patient care, and the ability to collaborate with them.	4
CC19	Optimization of patient comfort, dignity and privacy in all clinical encounters.	5
CC20	Obtaining informed consent and knowing where the responsibility for obtaining consent lies in all aspects of investigation, treatment and management.	4
CC21	Preparing patient for, explaining & conducting technical and practical procedures.	5
CC22	Making thorough and accurate observations, measurements and calculations and recording assessment data in a manner that is legible, organized, concise and accurate.	5
CC23	Recognising immediately life-threatening conditions, demonstrating effective decision making and instituting appropriate initial therapy.	4

Personal and Professional Development (PPD)

PPD01	A questioning approach to own work and that of others.	4
PPD02	Maintenance of patient confidentiality and knowledge of legislative exceptions.	5
PPD03	Receptiveness and responsiveness to change.	4

PPD04	An ethical approach in all aspects of professional life, including the demonstration of honesty, integrity, reliability and dependability, a non-judgmental approach and a commitment to patients, society and the profession.	5
PPD05	Utilisation of the best practice guidelines and requirements of professional and regulatory bodies.	4
PPD06	Adopting teaching and learning roles in interactions with colleagues, patients and their families.	4
PPD07	Fulfilling professional responsibilities in both work and external contexts.	4
PPD08	Seeking and taking advantage of opportunities to undertake lifelong learning.	4
PPD09	Sensitivity and responsiveness to patients' culture, age, gender and disabilities.	5
PPD10	Applying self-reflection and critical self-evaluation to professional practice.	4
PPD11	Awareness of one's own attributes and motivations, the capacity to use that awareness to guide self-care, and the skills to address one's own interpersonal, psychological and emotional needs.	4
PPD12	Time and workload management skills such that resources are used effectively and efficiently.	5
PPD13	The importance of achieving balance within one's personal and professional life and having strategies to achieve this.	4
PPD14	Maintenance of proper boundaries in professional practice.	5
PPD15	Recognizing and dealing with uncertainty and adverse outcomes.	4
PPD16	The legal responsibilities of medical practice in Australia.	5
PPD17	Ethical issues associated with human and animal research related to medicine.	3
Research and Critical Analysis (RCA)		
RCA01	Locate and access scientific and clinical information	4
RCA02	Critically evaluate and utilise information for solving problems and making evidence-based decisions relevant to the health of individuals and/or populations	3
RCA03	Explore improved solutions/practices for positive organizational, social and cultural change.	3
RCA04	Explain health services, social determinants of health and the burden of disease	
RCA05	Appropriately interpret, appraise and use statistics and data	
RCA06	Recognise appropriate research methods/study design and interpret results	
RCA07	Set and test research hypotheses and/or research question	
RCA08	Apply evidence based medicine and clinical guidelines	
RCA09	Explain primary, secondary and tertiary prevention of disease.	

The levels are derived from the work of Miller (1990): Miller GE. The assessment of clinical skills/ competence/ performance. *Academic Medicine* 1990; 65(9 Suppl):S63-S67.

Appendix C: MBBS Clinical Competencies

Key to Competency Levels Table	
A*	As for level A below and is able to teach the skill to more junior medical students.
A	Competently and independently performs the skill in the real clinical environment and demonstrates a high level of understanding of the relevant theory and principles. Can independently explain /interpret the principles to a patient in the real clinical environment. Shows others how to perform the skill in a sound manner. Systematically analyses and reflects on their practice. Once level A is achieved it is expected to be maintained.
B	Performs the skill in the real clinical environment with supervision and demonstrates a high level of understanding of the relevant theory and principles. Competently explains /interprets the principles to a patient in the real clinical environment with supervision. Shows others how to perform the skill in a sound manner. Systematically analyses and reflects on their practice.
C	Shows how to perform the skill and understands relevant theory and principles. Performs the skill and explains /interprets the principles to a patient in a simulated (or real) clinical setting with guidance and supervision. Constantly reviews their performance and uses a range of sources to reflect on their performance.
D	Knows how to perform the skill and understands the relevant theory and principles. Is able to explain and/or demonstrate the process and principles with prompting and guidance. Seeks feedback from others when reflecting on their performance of this skill.
E	Observes the skill and understands the relevant theory and principles. Can reflect on the application of this skill and on feedback given to improve performance.
Key to Professionalism Skills	
PS-A	Reliably demonstrates the professional ethic or behaviour required for this skill. Seeks appropriate feedback and demonstrates self-reflection when applying this skill.
PS-B	Understands the professional ethic or behaviour required for this skill. Able to reflect on the ethic or behaviour required as applied to this skill.

Core Skill – Communication and History		Level of competency at end of or Post Grad Year (PG)				Phase (P)	
	SKILL	P 1	P 2	P 3	P 4	PG1	PG2
1	Opening and Closing the Interview	B	A	A	A*		
2	Building the Relationship	B	B	A	A*		
3	Signposting and Summarising	B	B	A	A*		
4	Forward Planning Patient Management	E	C	B	A	A*	
5	Explanation and Giving Instructions/Advice	E	C	B	A	A*	
6	Communication with Children	E	C	B	B	A	A*
7	Communication with Adolescents	E	C	B	B	A	A*
8	Communication with the Elderly	D	C	B	B	A	A*
9	Communication with Disabled pts.	D	C	B	B	A	A*
10	Communication with ESL pts.	D	C	B	B	A	A*
11	Communication using Interpreters	E	E	D	C	B	A
12	Culturally Diverse Communication	D	C	B	B	A	A*
13	Breaking Bad News		E	C	C	B	A
14	Patient Centred Decision Making		E	C	C	B	A
15	Motivational Interviewing	E	D	C	C	B	A
16	Taking A Full Medical History	C	B	A	A*		

17	Case Write Up & Medical Records	D	C	B	B	A	A*
18	Case Presentation (Formal)	E	D	C	C	B	A
19	Case Handover (Verbal, ISBAR, etc.)	E	C	B	B	A	A*
20	Formulating a Diagnosis & Differential	D	C	B	B	A	A*
Core Skill – Basic Examinations		Level of competency at end of or Post Grad Year (PG)				Phase (P)	
	SKILL	P 1	P 2	P 3	P 4	PG1	PG2
1	Anthropometry Ht, Wt, BMI, WC	A	A*				
2	Vital Signs: Pulse, BP, Temp, RR	B	A*				
3	Cardiovascular System Examination	B	A	A*			
4	Peripheral Vascular System Exam.	B	A	A*			
5	Respiratory System Examination	B	A	A*			
6	Gastrointestinal System Exam.	B	A	A*			
7	Renal System Examination	C	B	A*			
8	Hydration Assessment	C	B	A*			
9	Male Genitourinary System Examination	C	B	B	A	A*	
10	Female Genitourinary System Examination	C	B	B	A	A*	
11	Breast Examination	C	B	B	A	A*	
12	Musculoskeletal System Examination	C	B	B	A	A*	
13	Peripheral Nervous System Examination	C	B	B	A	A*	
14	Cranial Nerves Examination	C	B	B	A	A*	
15	Assessment of Higher Functions	D	C	B	B	A	A*
16	Mental State Examination	C	B	B	B	A	A*
17	Basic Psychiatric Risk Assessment	C	C	B	B	A	A*
18	Head & Neck incl. ENT & Thyroid Examination	D	C	B	A	A*	
19	Assessment of the Diabetic	D	C	B	A	A*	
20	Examination of the Skin	C	C	B	A	A*	
Core Skill – Basic Procedures		Level of competency at end of (P) or Post Grad Year (PG)				Phase	
	SKILL	P 1	P 2	P 3	P 4	PG1	PG2
1	Hand Hygiene	A	A*				
2	Waste Disposal / OH & S / PPE	B	A*				
3	Basic Life Support (CPR)	B	A	A*			
4	Oxygen Therapy & Pulse Oximetry	D	C	B	A	A*	
5	Venipuncture & Blood samples and Cultures	D	C	B	A	A*	
6	Administering Medications – all methods	D	C	B	A	A*	
7	Intramuscular Injections	C	C	B	A	A*	
8	Subcutaneous Injections	C	C	B	A	A*	
9	Performing Basic investigations: U/A, Swabs	C	B	A	A*		
10	Blood Glucose Testing / Finger Prick	C	B	A	A*		
11	Insulin Delivery Devices	D	D	C	B	A	A*

12	Airway Management & Devices	C	C	B	B	A	A*
13	Interpret Medication Charts	C	B	B	A	A*	
14	Surgical Scrub & Sterile Fields	E	D	C	B	A	A*
15	Interpret Ward Documentation	E	C	B	A	A*	
16	Record a 12 lead ECG	E	C	B	A	A*	
17	Basic First Aid, Simple Dressings	D	C	B	A	A*	
18	Use of Inhalers, Spacers, Nebulisers	E	C	B	A	A*	
19	Safe Manual Handling for Patient Care	C	B	B	A	A*	
20	Calculating Drug Doses	D	C	B	A	A*	
Speciality Skill – Emergency Medicine / Critical Care & Anaesthetics		Level of competency at end of Phase (P) or Post Grad Year (PG)					
	SKILL	P 1	P 2	P 3	P 4	PG1	PG2
1	Insertion IV Cannula	E	C	B	A	A*	
2	Administer / Connect IV Fluids	E	C	B	A	A*	
3	Prescribe IV Fluid Therapy		D	C	B	A	A*
4	Intravenous Injections and Medications	E	D	C	B	A*	
5	Volume Resuscitation		C	C	B	A*	
6	Blood Transfusion		C	C	B	A	A*
7	Massive Transfusion Protocol		C	C	B	B	A*
8	Advanced Life Support including Defibrillation	D	C	B	B	A	A*
9	Advanced Airway Management	D	C	C	B	A	A*
10	Endotracheal Intubation		D	C	C	B	A*
11	Nasopharyngeal Aspiration		D	C	B	A*	
12	Nasogastric Tube Insertion		D	C	B	A*	
13	Nasogastric and PEG Feeding		D	D	C	B	A*
14	Care of the Unconscious Patient		D	C	C	B	A*
15	Cervical Spine Stabilisation	E	C	B	A	A*	
16	Management of Envenomation	E	D	C	B	B	A*
17	Collecting Arterial Blood Gases		D	C	B	A*	
18	Interpreting Arterial Blood Gases		D	C	B	A*	
19	Central Venous Lines & Pressure Reading		E	D	C	B	A
20	Recognising Acute and Deteriorating Patients		D	C	B	A	A*
Speciality Skill - Emergency Medicine / Critical Care & Anaesthetics (cont.)		Level of competency at end of Phase (P) or Post Grad Year (PG)					
	SKILL	P 1	P 2	P 3	P 4	PG1	PG2
21	Femoral Venipuncture		D	C	B	A*	
22	Post Resuscitation Care		D	C	C	B	A*
23	Induction of General Anaesthesia		E	D	D	C	C
24	Nerve Blocks		E	D	D	C	B
25	Acute Pain Management		D	C	B	A	A*
26	Chronic Pain Management		E	C	C	B	B

27	Post-Operative Pain Management (Anaes.)		D	C	B	A	A*
28	Pre-Operative Assessment	D	C	B	B	A*	
29	Basic Physiological Monitoring	D	C	B	A	A*	
30	Managing Airway in Unconscious Patient	D	C	B	B	A	A*
31	Ventilation with Bag and Mask		D	C	B	A*	
32	Understand Principles of Different Anaesthetics & Techniques of Administration		D	C	C	B	A*
33	Infiltration local Anaesthetic	E	C	B	A	A*	
34	Epidural Anaesthesia		E	D	D	C	C
Speciality Skill – General Medicine		Level of competency at end of Phase (P) or Post Grad Year (PG)					
	SKILL	P 1	P 2	P 3	P 4	PG1	PG2
1	Assessment of Nutrition / Diet	C	B	B	A	A*	
2	12 Lead ECG Interpretation	E	C	B	A	A*	
3	Examination of the Abnormal Heart	D	C	B	B	A*	
4	Perform Spirometry & Peak Flow	E	C	B	A*		
5	Interpretation of Spirometry	E	D	C	B	A*	
6	Interpretation of X rays esp. Chest & Abdomen	E	C	B	A	A*	
7	Basic Interpretation of CTs, U/S, MRI, BMD, Nuclear Scans, etc.	E	C	B	A	A*	
8	Anticoagulant Therapy	E	D	C	B	A	A*
9	Insulin Therapy	E	D	C	B	A	A*
10	Pleural Tap / Peritoneal Tap & Drainage		E	D	C	B	A*
11	Lumber Puncture & CSF Measure		E	D	C	B	A*
12	Bone Marrow Biopsy		E	D	C	B	A*
13	Stress ECG / Echocardiogram / Holter monitor		E	D	C	B	B
14	Perform Cardiac Risk Assessment	C	B	B	A	A*	
15	Perform DVT Risk Assessment	D	C	B	A	A*	
16	Endoscopy			E	D	D	C
17	Colonoscopy / Sigmoidoscopy			E	D	D	C
18	Interpretation Pathology Results	E	D	C	B	A	A*
Speciality Skill – Surgery & Orthopaedics		Level of competency at end of Phase (P) or Post Grad Year (PG)					
	SKILL	P 1	P 2	P 3	P 4	PG1	PG2
1	Digital Rectal Examination	C	B	B	A	A*	
2	Prostate and Male Genitalia Exam	C	B	B	A	A*	
3	Male Urinary Catheter Insertion and Removal		C	B	B	A	A*
4	Examination for Hernia	D	C	B	A*		
5	Acute Wound Assessment		D	C	B	A*	
6	Wound Closure & Basic Suturing	E	D	C	B	A*	
7	Chronic Wound/Ulcer Assessment		D	C	B	A	A*
8	Application Simple Dressings	E	D	B	A	A*	

9	Post-Operative Management (Surgical)		D	C	B	A	A*
10	Burns Assessment & Dressings		D	C	C	B	A*
11	Removing Sutures and Staples		C	B	A*		
12	Trauma Assessment and Management		D	C	C	B	A
13	Chest Drain Insertion & Management		E	C	C	B	B
14	Suprapubic Bladder Tap/Cath		E	C	C	B	B
15	Handling Specimens Appropriately		D	B	A	A*	
16	Fine Needle Aspiration Biopsy		D	C	C	B	A
17	DVT Prevention		D	C	B	A*	
18	Proctoscopy	D	C	B	A	A*	
19	Head Injury Management	E	D	C	C	B	A*
20	Diagnosis of Breast Ca and Referral	E	D	C	B	A	A*
Speciality Skill – Surgery & Orthopaedics (cont.)			Level of competency at end of Phase (P) or Post Grad Year (PG)				
	SKILL	P 1	P 2	P 3	P 4	PG1	PG2
21	Emergency Limb Stabilisation	E	C	B	A	A*	
22	Therapeutic Limb Stabilisation		D	C	B	A	A*
23	Application of Splints, Slings, Bandages and Strapping	D	C	B	A	A*	
24	Application of Plaster of Paris		C	B	A	A*	
25	Removal of Plaster of Paris		C	B	A	A*	
26	Application Lower Limb Traction		D	C	B	A	A*
27	Indications Joint Replacement/ Arthroscopy	D	C	B	B	A	A*
28	Joint Aspiration and Injection		D	C	C	B	A*
Speciality Skill – Obstetrics & Gynaecology			Level of competency at end of Phase (P) or Post Grad Year (PG)				
	SKILL	P 1	P 2	P 3	P 4	PG1	PG2
1	Bimanual Pelvic Examination	E	C	C	B	A*	
2	Taking PAP Smears & Thin Prep		D	C	B	B	A*
3	Female Urinary Catheter Insertion & Removal		C	C	B	A	A*
4	Antenatal Assessment & Obstetric Examination		C	C	B	B	A*
5	Postnatal Assess. Incl. Depression Screening		C	C	B	B	A*
6	Interpretation CTG		D	C	B	A	A*
7	Obstetric & Gynaecological History Taking	D	C	C	B	A*	
8	Contraception Counselling	D	C	B	B	A	A*
9	Investigating the Infertile Patient	E	D	C	C	B	A
10	Pregnancy Testing & Counselling re results	E	D	C	B	B	A*
11	Normal Vaginal Delivery		E	D	C	B	A*
12	Assisted delivery –Forceps/Vacuum		E	D	D	C	B
13	Management Normal Labour		E	D	C	B	A*
14	Rhesus Negative Management		D	C	B	A*	

15	Normal Third Stage Labour Management		D	C	B	B	A*
16	Breast Feeding Advice		E	D	C	B	A*
17	Pelvic Floor Assessment		D	C	B	A	A*
18	Collecting Urethral, Cervical and Vaginal Swabs		C	B	B	A*	
19	Initial Management Obstetric Emergencies		D	C	C	B	B
Speciality Skill – Psychiatry & Mental Health		Level of competency at end of Phase (P) or Post Grad Year (PG)					
	SKILL	P 1	P 2	P 3	P 4	PG1	PG2
1	Mental State Examination	E	D	B	B	A*	
2	Psychiatric History Taking	D	C	B	A	A*	
3	Psychotic Patient Interview	E	D	C	B	A	A*
4	Depression Screening	D	C	B	A	A*	
5	Use of Relaxation Therapy		D	C	B	A	A*
6	Involuntary Detention Orders		D	C	B	A*	
7	ECT Therapy		E	D	C	B	B
8	Management Teen Depression		D	C	B	B	A
9	Use of Depression Scoring Systems		D	C	B	A*	
10	Drug and Alcohol Abuse Assessment		D	C	B	A*	
11	Managing Challenging Behaviour		D	C	B	A	A*
12	Case Management Planning		D	C	B	A	A*
13	Suicide Risk Assessment	D	C	C	B	B	A*
14	Prescribing Psychoactive Drugs		E	D	D	C	B
Speciality Skill – Paediatrics		Level of competency at end of Phase (P) or Post Grad Year (PG)					
	SKILL	P 1	P 2	P 3	P 4	PG1	PG2
1	Well Baby & Newborn Checks		D	B	B	A*	
2	Assessment of Development		D	C	B	B	A
3	Adolescent HEADSS Assessment		D	C	B	A	A*
4	Paediatric Immunisations	E	D	C	B	A*	
5	Assessment Growth & Nutrition		D	C	B	A	A*
6	Examining the Sick Child		D	C	B	A	A*
7	Infant Feeding		E	D	C	B	A*
8	Allergies and Food Intolerance		D	C	B	A	A*
9	Apgar Score		C	C	B	A*	
10	Foreskin Care /Circumcision Indications		D	C	B	B	A*
11	Paediatric Blood Pressure Management	E	D	C	B	B	A
12	Newborn Screening Tests		E	D	C	B	A*
13	ORT in Young Children		D	C	C	B	A*
14	Management Newborn Jaundice		E	D	C	C	B
15	The Febrile Child & Febrile Seizures	E	D	C	B	A*	
16	Collection Specimens in Children		E	D	C	B	A*

Speciality Skill – ENT/Ophthalmology/Dermatology		Level of competency at end of Phase (P) or Post Grad Year (PG)					
	SKILL	P 1	P 2	P 3	P 4	PG1	PG2
1	Ear Toilet & Syringing, Ear Wick Insertion		E	C	B	A*	
2	Use of Auroscope / Examine External Ear	D	C	B	A	A*	
3	Use of Tuning Forks/ Assess Hearing Loss,	D	C	B	A*		
4	Interpretation Audiometry		D	C	B	A*	
5	R/O Foreign Body from Ears and Nose		D	C	C	B	A*
6	Management of Epistaxis & Nasal Packing		D	C	C	B	A*
7	Use of Thudicum (Nasal Speculum)	D	C	B	A*		
8	Indirect Laryngoscopy		E	E	D	D	C
9	Initial Management Dental Abscess	D	C	B	B	A*	
10	Examination of Eye & Lid Eversion	E	D	C	B	A	A*
11	Simple R/O Foreign Body from Eyes & Padding	E	D	C	B	A	A*
12	Visual Field and Acuity Testing	E	C	B	B	A*	
13	Application of Eye Drops	D	C	B	A*		
14	Use of Ophthalmoscope	E	D	B	B	A*	
15	Use of Slit Lamp		E	C	B	A	A*
16	Removal skin FBs & Biopsy Skin Lesion		D	C	B	A*	
17	Use of Dermatoscope		E	D	C	B	A
Speciality Skill – General Practice & Community		Level of competency at end of Phase (P) or Post Grad Year (PG)					
	SKILL	P 1	P 2	P 3	P 4	PG1	PG2
1	Vaccination Schedules (Incl. Travel, Immunotherapy, Adult Immunisations)	E	D	C	B	A	A*
2	Writing a Prescription & the PBS		C	B	A	A*	
3	Authority and SP Prescriptions		D	C	B	A	A*
4	Diagnose Death & Completion Certificates		D	C	B	A	A*
5	Coroner's Court Referral		D	C	B	A*	
6	Sickness & Workcover Certificates		C	B	B	A*	
7	Referral Letters / Discharge Letters	E	C	B	A	A*	
8	Ordering Pathology/Radiology, etc.	E	C	B	A	A*	
9	Interprets Standard Test Reports	E	D	B	A	A*	
10	Appropriate Specimen Handling	E	D	B	A*		
11	Cold Chain Maintenance	E	C	B	A*		
12	4yr/ 45yr/ 75yr Age Health Assessments		D	C	B	A	A*
13	Needle Aspirations – cysts, etc.		D	C	B	A*	
14	Chronic Disease Management	E	D	C	C	B	A
15	EPC plans, TCAs& Dental Care Plans		D	C	C	B	A*
16	Lifestyle Advice Management	E	D	B	A	A*	
17	CDM Case Conference		D	C	B	A	A*

18	Asthma Management Plans	E	D	C	B	A*	
19	Medication Home Reviews/ Polypharmacy		D	C	B	A*	
Speciality Skill - General Practice & Community & Other (Cont.)		Level of competency at end of Phase (P) or Post Grad Year (PG)					
	SKILL	P1	P2	P 3	P4	PG1	PG2
20	Interpret Post Mortem Examination Reports		D	C	B	A	A*
21	Advance Care Planning/ Guardianship Plans		D	C	B	A	A*
22	'Not For Resuscitation' Decisions/Counselling		E	D	C	B	A*
23	Presents and Defends Clinical Reasoning	E	C	B	A	A*	
24	Mental Health Care Plans & Referrals	E	D	C	B	A	A*
25	Age & Sex Appropriate Screening Tests for General Public	E	D	C	B	A	A*
27	Professional Behaviour/ Ethics	PS-B	PS-B	PS-A			
28	Cultural & Spiritual Aspects of Patient Care		PS-B	PS-A			
29	Indigenous Cultural Awareness	PS-B	PS-B	PS-A			
30	Concept of Duty of Care			PS-B	PS-A		
31	Community Emergency and "Good Samaritan" Care/ Laws			PS-B	PS-B	PS-A	
32	Manages Uncertainty	PS-B	PS-B	PS-A			
33	Able to Apologise to a Patient		PS-B	PS-B			
34	Concept of Interdisciplinary Teamwork	PS-B	PS-B	PS-A			
35	Confidentiality and Privacy Laws	PS-B	PS-A				
36	Concept of Professional/ Patient Boundaries	PS-B	PS-B	PS-A			
Speciality Skill – Advanced Procedural and Diagnostic Skills		Level of competency at end of Phase (P) or Post Grad Year (PG)					
	SKILL	P1	P2	P 3	P4	PG1	PG2
1	Insertion of Pacemaker		E	E	D	D	D
2	Cardioversion			E	D	D	C
3	Peritoneal and Haemodialysis		E	E	D	D	C
4	Renal Biopsy		E	E	E	D	D
5	Liver Biopsy		E	E	D	D	D
6	Bronchoscopy		E	E	D	D	D
7	Coronary Angiography and Stents		E	E	D	D	D
8	Transoesophageal Echocardiogram		E	E	D	D	D
9	PEG Insertion		E	E	D	D	C
10	PICC line/Portacath/ Hickman Insertion			E	D	D	C
11	Doppler Vascular Studies.		E	E	D	C	C

Appendix D: Student Research Project

1. Aim

Your regional/rural/remote clinical placement provides an opportunity to introduce the process of designing and conducting research and further develop your skills in interpretation of research. Your Phase 3 Student Research Project has been designed to allow you to experience the research process, but it is not intended to be a comprehensive training opportunity. The focus of the Phase 3 Student Research Project is learning what is involved in undertaking research. You will complete your project during your one-year clinical placement.

2. Assessment criteria

Summative assessments required by each student include:

1. Submission of two-page project plan plus all related documents by due date
2. Submission of literature review by due date
3. Submission of written report and ethics reporting form by due date
4. Submission and presentation of research in electronic poster format during Phase 3 Wrap-up Week.

3. Academic supervisor consultation

You will be assigned an academic supervisor from the GSM early in your placement. Once you know who your GSM supervisor is you should contact them to introduce yourself and begin a discussion regarding your proposed research project. It is your job to maintain regular contact with your academic supervisor throughout the duration of your project. This will ensure that your project meets the appropriate timelines and standards for assessment. It is particularly important that your GSM academic supervisor reads a draft of your report before submission of your final report.

It is important that you contact your **UOW academic supervisor(s)** regularly about your research.

4. Approach

Plan

You are required to identify an issue of relevance to the community and/or population health of the area in which you are placed. The focus of the project is away from the individual patient and towards regional/rural/remote community health issues. Your first step is to develop a research question/s (information on how to do this can be found under Resources).

Research opportunities for students placed in the Illawarra and Shoalhaven to work with clinicians in the Illawarra and Shoalhaven Local Health District may become available. If you would like to find out more about current areas of research please contact and introduce yourself to Ms Kelly Lambert, Senior Research Officer, Research Central, ISLHD (Ph: 4253 4891 Mobile: 0410 442 806 Kelly.Lambert@health.nsw.gov.au). Kelly has been made available to the GSM Phase 3 program one day a week to coordinate research projects between clinicians and Phase 3 students.

5. Resources

Student resources including PowerPoint slides, WORD proforma documents and articles about constructing a research question(s), survey design and data analysis are available on the Phase 3 student Moodle site. The site also has a searchable database of projects undertaken by students in previous cohorts. The location of these resources can be found by going to Moodle and follow the path: Current Content->RCA->MEDI603 RCA Research Project resources then selecting the appropriate resource.

Research Design

You may choose to use quantitative, qualitative or mixed-method research designs, including:

- a. Survey(s) - using a new tool or an existing tool
- b. Audit of procedure or practice data or adherence to clinical guidelines
- c. Continuing a previous Phase 3 research project
- d. Community consultation/interviews/needs assessment

- e. Case study
- f. Focus group/s
- g. Contributing to an existing research project.

You may like to use a published validated survey tool, develop your own survey tool or use a survey tool developed by a student in a previous year (with appropriate acknowledgments in the final report).

Ethical Considerations

Please read the Special Ethics Considerations below. If the proposed project involves Local Health District staff or facilities the project cannot be submitted to the UOW HREC under the general approval. If your project relates to Indigenous populations, children under 18 years of age or a vulnerable group(s), for example, subjects dealing with mental illness, the project cannot be submitted to the UOW HREC under the general approval. You should contact your UOW academic supervisor or one of the RCA team (Dr Kath Weston/Dr Sue Thomas, Prof. Peter McLennan, Dr Kath Weston, Dr Pippa Burns or Dr Warren Rich) for more information if required.

Research involving Indigenous people and Aboriginal Medical Services

Students intending to undertake research that involves Aboriginal Medical Services or focuses on people of Aboriginal or Torres Strait Islander origin are covered by an umbrella ethics approval from the Aboriginal Health and Medical Research Council. However, you will still require HREC approval before you can commence your project. You are encouraged to discuss your proposed project with your UOW academic supervisor as soon as possible, to ensure that your project falls under the scope of the AHMRC umbrella approval. A copy of the AHMRC umbrella approval should be submitted with your HREC application. This can be obtained from either Dr Warren Rich or Dr Pippa Burns.

If you do intend to conduct research in an Indigenous community and you seek to identify which of your respondents identify as Indigenous please use the following question:

***[Are you] [Is the person] [Is (name)] of Aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)***

- No***
- Yes, Aboriginal***
- Yes, Torres Strait Islander***

Source: National best practice guidelines for collecting Indigenous status in health data sets

Further information on this topic can also be found at: <http://www.aihw.gov.au/indigenous-statistics-quality-availability/>

Projects involving children or vulnerable groups

Projects that involve direct interaction with children under the age of 18 years, vulnerable groups or require clinical samples to be taken will require a full ethics application, which is different to the general ethics approval you would generally apply for your Phase 3 project. If you believe your project falls into this category you will need to speak to your UOW academic supervisor or a member of the RCA team as soon as possible to discuss your project. In this situation the ethics process is likely to take up to two months.

Survey design

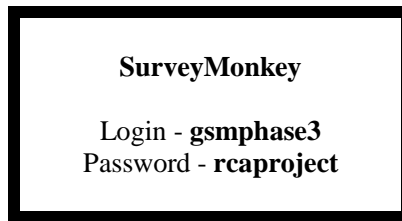
If you are thinking about conducting a survey it is preferable to use a validated and reliable survey tool as there is a better chance of getting the results published if enough information is collected. To identify a validated and reliable survey tool, you should start by searching the literature and talking with your supervisor.

If you would like to use a survey tool from a previous student project you will need to seek permission, where possible, from that student and acknowledge their contribution in the final report. Please note: professional staff at the GSM are not to be asked for assistance with the research project.

If you need to develop your own survey tool you should conduct a small pilot study with a few people to ensure that they understand your questions. You should then edit your survey based on the findings of your pilot study before sending the final version out. The pilot study and any subsequent changes made should be referred to in your Methods section of your final report.

The GSM has an account with SurveyMonkey (<https://www.surveymonkey.com/>), which can be used to create your own survey. While SurveyMonkey is generally used as an online data collection tool it can be used to print your survey

if you wish to have a paper-based survey that can be distributed at your placement. This will result in a correctly formatted and attractive looking survey for your respondents.



Financial Support

Limited financial support is available to students outside the Illawarra area (R1) experiencing financial hardship in relation to their research project. This support is available for costs associated with the printing and distributing of surveys, including the cost of reply-paid envelopes and advertising flyers. The *Financial Services Division Payment Request* form for claiming costs is on your Moodle site in the RCA Research Project folder (an example is also in this handbook). The completed form, along with all original receipts, must be mailed to Dr Warren Rich, c/o the GSM. **Copies of receipts will not be accepted.** Submission of a claim is not a guarantee of payment.

6. Project Plan

You are required to write a two-page project plan as part of your first summative assessment task (see Key Assessment Dates). The project plan is the description of what you want to do and will form the basis of the ethics application. Your project plan should follow the format in the template that can be found in Appendix D of this handbook. Project plans should include the aim of the project, background with supporting literature, research method(s) to be used, participants/stakeholders, ethical considerations, expected outcomes and whether it is a new project or an extension of a project started by a previous student. You should address any ethical issues likely to arise from your study.

The Methods section of the two-page project plan should include:

- a. Recruitment, i.e., how will patients/participants be recruited, the role of medical student researchers/receptionists/general practitioners/practice nurses in the recruitment process (when applicable), whether there is any access to medical records required for this process and, if so, by whom? If there is need to access medical records make a statement on who will do the de-identification (name and position, it cannot be you or another student), that they themselves have permission to access the records and that they have agreed to do so for you.
- b. Who will be responsible for providing the participant with the participant information sheet, getting the participant consent form signed (when applicable), handing out the survey tool, etc.? This process can be passive through the use of advertising flyers at the location announcing the project and where the surveys can be found or who to speak to if a person is interested in partaking of the research. Conversely, it can be active if, for example, a receptionist is to point out to patients the project is being undertaken. In this latter case a statement indicating the staff are willing to undertake the task needs to be included.
- c. How will the data be collected, e.g., where will the survey be returned and how will the returned surveys be secured for privacy, who will facilitate the focus groups and where will they be conducted?
- d. It would be a good idea to provide a flow chart or a step-wise layout of the methods for clarity and ease of understanding.

At the end of your Methods section include another heading 'Ethical considerations' and make statements, when relevant, about the following points.

- e. Who will have access to the project data and arrangements to securely store data during and after completion of the project?
- f. A statement on data retention. As the researcher you are required to keep all collected data for a period of five years from completion of your project. The data retention statement needs to include what form the data will

be in (electronic and/or physical), how the data are secured (encrypted files and/or in a secured location), who will have access to the data during storage and how the data will be disposed of at the end of the five year period. If the data are part of a larger project that you do not have control over explain that in your statement. If you have finished your analysis ensure that you speak to your supervisor about where to store any paper or electronic copies of surveys or data.

If the study requires de-identified records or data, the medical records which will be investigated, audited and/or analysed by the medical student-researchers will need to be de-identified by another party who would normally have access to the records, such as the practice manager.

For example:

For student projects that involve accessing medical records, the proposal needs to clearly state:

- a. That the records will be de-identified before you have access to them,
- b. The position of the person who will de-identify the record (e.g. practice manager) and a statement that they have authority to access the records and have agreed to do so,
- c. Written consent from the doctor to access the records,
- d. That the consenting doctor will be listed as a participant (unless they are a co-investigator in the project),
- e. That patients will also be listed as participants (but consent is not required because the medical records will be de-identified before you have access to them).

7. Ethics approval

What is the ethics process?

The UOW requires that all research involving human beings is approved through the UOW Human Research Ethics Committee (HREC). There are two paths available for Phase 3 projects with the path taken dependent on the location of your research. If you are undertaking your research solely in a private practice or a university laboratory then you follow path A. If any part of your research involves **any** NSW Health facility you follow Path B. If you are unsure of which path to take contact a member of the RCA team. NB: If your project is designated as a quality assurance project ethics approval is **still** required as it is university policy that any student engaged in any research activity has ethical approval.

Path A: Research undertaken in a private practice and **NO** NSW Local Health facilities are involved.

The GSM has a general ethics approval in place (HE09/244) which allows you to submit a simplified, two-page ethics application. This approval covers Phase 3 students looking to gain ethics approval to undertake research during Phase 3. Your UOW academic supervisor will initially assess whether the project plan and accompanying documents are suitable as a Phase 3 project. If so, your project plan and associated documentation can be submitted to the HREC for review.

The UOW HREC approval process normally involves submission of an application to the UOW HREC (please read the exceptions to this below). This entails completing a lengthy form detailing the reasons for doing the research project and providing the committee with copies of, where relevant, participant information sheets, consent forms and surveys or focus group questions that will be administered. Approval is granted if the ethics committee is satisfied that there is minimal harm to the research subjects and that the project will provide valuable information.

You will need to attach all relevant documents to the two-page ethics application so that it can be sent to the UOW HREC. **Please ensure that all relevant documents are attached to the project plan to minimise delays.**

The required documents are:

1. a copy of the project plan
2. a copy of the signed (by all appropriate parties) of the two page ethics application (see Appendix D for template)
3. a copy of the survey form, interview and/or focus group questions (if applicable)
4. a copy of the approval from the practice to do the research (if applicable)
5. a copy of the participant information sheet (if applicable)
6. a copy of consent forms (if applicable)
7. any other relevant information

Once these documents have been finalised send them to your GSM academic supervisor in either MS Word or pdf format who will, upon being satisfied everything needed has been provided, will sign where appropriate and submit the forms on your behalf to the Ethics Committee and also send a copy to the RCA Team.

If you wish to discuss your project with the UOW HREC you should make an appointment with one of the HREC advisors. Their telephone number is 02 4221 4457.

Are There Any Exceptions To Applying For HREC Approval?

a. Existing Approval for the Project From UOW HREC or Another Ethics Approval Body

You will need to contact that body and find out how to apply to have your name added to the list of approved investigators. Once this has been done you need to provide a copy of the existing approval to the UOW HREC. Your name should be added as a researcher to the existing approval.

b. If Your Project is an Extension of a Previous Student's Project

Students continuing a project from the previous year can apply to UOW HREC for an extension of the previous approval. The project proposal still needs to be written and approved by your GSM academic supervisor but existing participant information sheets and consent forms can be used if the extension is granted.

Path B: Research undertaken in NSW Local Health facilities or the use of NSW Health data.

Students intending to undertake research that involves staff or facilities from a Local Health District (LHD) (e.g., hospital staff and/or laboratory, community health staff) will need to complete a **Low or Negligible Risk (LNR) form and a Site Specific Application (SSA) *instead*** of the UOW HREC forms. The project plan, participant information sheet, consent forms, survey forms etc., will still need to be completed.

LNR Tips

You should **not** include Prof. McLennan as a supervisor or researcher, unless you are one of the students he is directly supervising as a GSM academic supervisor.

Heads of Department (HoD) cannot approve their own research. Therefore, if one of the researchers you include is the HoD, they **cannot** sign the last page of the LNR. Their supervisor will become the HoD for the purposes of the application and will need to sign the last page of the LNR.

A joint UOW/NSW Health research project also needs authorization from UOW to be undertaken. That form is signed by Prof. McLennan and will be attached to your application by the RCA team when they receive your LNR ethics application.

To make an LNR application:

1. Go to <https://ethicsform.org/Au/SignIn.aspx>
2. Create an account.
3. Login to your account.
4. Create New Project.
5. Select at least one location your project will take place (NSW).
6. Select LNR (Low Negligible Risk project).
7. On left hand side click on LNR NSW this will show a new screen (referred to later as the home screen).
8. You are required to click on each question (on right hand side) and supply an answer, one at a time
9. Each time you have answered a question save your answer.
10. On the last page select the 'Add row' button. This will add the page where the authorised person from the site can sign-off on the project, showing that they are aware of it.
11. Once all questions have been completed, select the 'Submission' tab from the home screen of your application then select 'Generate submission code'. This will remove the 'DRAFT' watermark on your application. Printed applications that show the 'DRAFT' watermark will not be accepted by the UoW HREC.
12. Print the application, sign it as well as collect any other signatures needed from any people named in the project, attach any relevant documents such as surveys, Participant Information sheets, advertising flyers/posters, consent form and send everything to your GSM academic supervisor for final approval and their signature. Your supervisor will pass the completed application to the RCA team who will submit it to the UOW HREC. The form cannot be submitted electronically.

This completes the ethics application part of the process for PATH B. The next step involves securing permission to undertake the research at the site(s) by completing a 'Site Specific Application' (SSA).

1. Return to the home screen of your application and select the 'SSA' tab to take you to the Site Specific Application section. This form may also be referred to as a Research Governance application. Fill this form out for your location(s) and then print it.
2. While you are waiting for UOW HREC approval, you may begin obtaining the signature(s) of the relevant person(s) in your facility required by the SSA who can approve access to any needed resources, staff and/or facilities. However, keep in mind that the final signature needed on the SSA form, the Research Governance Officer (RGO), will not be given until UOW HREC approval is granted and the approval is presented to the RGO.
3. A hard copy of the completed SSA form, along with a copy of the ethics approval letter should be delivered in person or should be sent via mail (**NB**: emailed forms will not be accepted) to the appropriate RGO Officer for your LHD. The address for each LHD RGO can be found at: <http://www.health.nsw.gov.au/ethics/Pages/rgo-contact-details.aspx> Once the SSA has been approved by the RGO, you may commence your project on site. It is important to include the CV (max. two pages) required for

each on-site researcher with your SSA. The CV should include employment history, qualifications, any publications (from the past two years) and research experience.

Remember that the LNR and SSA forms still need to be submitted to the UOW HREC for approval. UOW HREC is an accredited body for NSW Health and its approval is accepted by NSW Health. Once approval has been granted a copy of the approval letter and the signed SSA form should be forwarded to Research Governance Officer of your Local Health District (as detailed in Point 3 above).

If you are contemplating a project involving a LHD facility or staff and are unsure what you need, please contact a member of the RCA team (Dr Kath Weston/Dr Sue Thomas, Prof. Peter McLennan, Dr Kath Weston, Dr Pippa Burns or Dr Warren Rich).

If, after gaining ethics approval, you need to alter your survey design or change some aspect of the project, the Ethics Committee (HREC) may need to be informed, depending on the type of change required. You should seek advice from your UOW GSM academic supervisor(s) or the RCA team as soon as possible if you feel you need to change some aspect of your approved project.

8. Undertaking your Study

Once HREC approval for the project has been granted, you may commence your research project, collect and analyse your data. **Do not start any data collection until you have received ethics approval.** During this phase you will be supported by your GSM academic supervisor, Regional Academic Coordinators, preceptors and peers. You will also have online support materials available on the student Moodle space.

9. Literature review – 1500 words

You are required to produce a literature review as your second summative assessment task (see Key Assessment Dates). Your literature review is a critical report on the literature relevant to your project and will provide support and justification for your project. The review is not a descriptive, annotated bibliography of resources. Rather it is an analysis of the relevant information combined with the identification of the relationships between the works and your project. While it is the basis for your project it should, when present, also include and analyse alternate views held in the field. Ultimately, the purpose of your literature review is to tell your reader what knowledge has been established on your topic, its strengths, weaknesses and gaps then concluding with how your research will extend this knowledge. For further information and guidance on completing your literature review see the resource guide on Moodle entitled *02a. Writing your literature review*.

Guidelines for formatting your literature review are the same as for your final report (see below).

10. Final Report

At the completion of the data collection and analysis components of the project, you will be required to prepare a structured report. This will need to include the next steps for the project and any future directions. You will also prepare a one-slide PowerPoint poster presentation and will present the results of your project to your peers and a representative of the GSM academic staff during Phase 3 Wrap-up Week. A prize will be awarded for the best student report and poster presentation.

The future directions of the project and next steps will be identified by you. This may form the basis of an on-going research project within a particular community or provide a tool that can be adapted for other projects or used by other students.

The final report must include the section headings listed below:

Title page (see below for format)

1. Abstract (see below for format)
2. Introduction/literature review
3. Methods
4. Results
5. Discussion
6. Impact of research outcomes (see below for format).
7. Conclusion

The assignment must be correctly formatted and referenced, citing relevant peer-reviewed literature and databases.

Assignments are required to be formatted using the following guidelines.

1. A4 page using double-spaced text with a 3cm left and right margin.
2. Text to be 12-point Times New Roman.
3. A title page with assignment title, your student number (no student or supervisor names) and word count (excluding references).
4. Student number only (not student name) as a header or footer on each page.
5. Each page numbered
6. The GSM expects the use of the Author-Date (Harvard) referencing style (<http://www.library.uow.edu.au/resourcesbytopic/UOW026621.html>).

The report should be written in the format of a manuscript for a journal. It should be **3,500** to **4,000** words using the GSM recommended referencing system (Author/Date Harvard).

NB: There needs to be a separate **abstract page** with the title, student number (no student or supervisor names) and abstract. This will come after the title page and before the main report.

Checklist for the Final Report

1. My title page has
 - i. student number only
 - ii. title of project
2. My next page (**abstract**) has
 - i. student number only
 - ii. title of project
 - iii. 250-word abstract (not included in the word count)
 - iv. Up to four keywords reflecting your project (see Appendix D for template for **abstract page**. Please ensure this page is one page only. This page can be single spaced).

3. Impact of research outcomes means including a short paragraph at the end of your report detailing how your research has impacted on the health environment in which the research was undertaken.
4. My report is written in journal/manuscript style and follows the abstract page in one document.
5. I have completed the relevant **Ethics final report** and emailed it to wrich@uow.edu.au. This is a requirement of the UOW HREC. The ethics final report template can be found in the project documents on your Moodle site. If you followed Path A for your ethics application you use the one page final report. If you used Path B for your ethics application you use the full final report.
6. When submitting the final report, you should include your name in the file name, with the surname first, e.g., **SMITH Anne, RCA Phase 3 final report**. My submission has the correct filename format.

The Poster

You will need to make **ONE** PowerPoint poster slide summarising your research. Each student will present this poster to their peers during the Phase 3 Wrap-up Week as a **five-minute oral presentation**. The RCA team has uploaded PowerPoint **template** posters onto the student Moodle platform, which can be used as a guide for your own poster.

Include the following headings on your poster:

1. Background/introduction including clear aim(s) or statement of purpose
2. Method
3. Results
4. Discussion and/or conclusion.

11. Moving the research beyond Phase 3 - Publication

If you wish to continue your research beyond the project completed for Phase 3 you should contact your GSM academic supervisor for advice and information. This includes advice about publishing the results, collecting more data relating to the project or pursuing a formal research qualification.

If you are considering submitting an article based on your research project to a journal or other forum (e.g., conference abstract) then thought needs to be given to authorship. If your GSM academic supervisor, preceptor or other GSM academic or mentor has been significantly involved in the conceptual planning stage of the project, or in any analysis of results, or has assisted in drafting, revising or critically reviewing the article then they should be acknowledged as one of the authors (not the lead author, which will always be you). If you would like further clarification about this issue please contact your GSM academic supervisor or the RCA team to discuss authorship or acknowledgements in your manuscript. A guide for you in regards to Authorship can be found on your Moodle site.

If, in the future, an article derived from your project is published in any form or presented at a forum or conference we ask that you inform the RCA team so that this information can be added to the GSM research publication record.

13. Timeline

Event	Action
Phase 3 On Campus Orientation	Students informed about research project during placement
Assessment of research experience (pre-placement)	Distribution of 'spider' (pre-placement) survey
Two-page project plan due	Students to submit two-page project plan and related documents - 18 th September, 2016
Feedback on project plan	Students contacted regarding approval of project plan
Undertake project	Data collection, analysis and report completed
Literature Review	13 th November, 2016
Draft of final report	A draft copy of the final report should be provided to your GSM academic supervisor by the 31 st of March, 2017
Project completed	Written report and ethics reporting form due at GSM by all students – 23 rd April, 2017
PowerPoint slide for Wrap-up week	Submitted through e-learning – 28 th May, 2017
Phase 3 Wrap-up Week	Students to present project results as an electronic poster presentation
Assessment of research experience (post-placement)	Distribution of 'spider' (post-placement) survey

See Key Assessment Dates in 'Assessment' for due dates for each activity.

Below are copies of the WORD document templates and proformas available on your MOODLE site at:
Current Content ->RCA

RESEARCH IN REGIONAL/RURAL/REMOTE PLACEMENT

PROJECT PLAN (2 PAGES MAXIMUM)

To be submitted electronically to GSM

Student Name..... Date .../.../....

Student number

Please include these headings in your proposal:

- **Title of the Project** (approx. 10 words)
- **Aim of project**
- **Background**
- **Research method**
- **Participants/stakeholders**
- **Ethical considerations**
- **Expected outcomes**

Is this a new project or an extension of a previous student research project? If it is an extension, what is the title of the previous project and the name of the previous student?

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

Please also attach ALL the following documents to your proposal:

	Attached?
Survey tool or questions or audit tool	Yes / No / Not applicable
Participant Information Sheet	Yes / No / Not applicable
Participant Consent Form (if required)	Yes / No / Not applicable
Letter from GP practice	Yes / No / Not applicable
Signed ethics agreement form	Yes / No / Not applicable

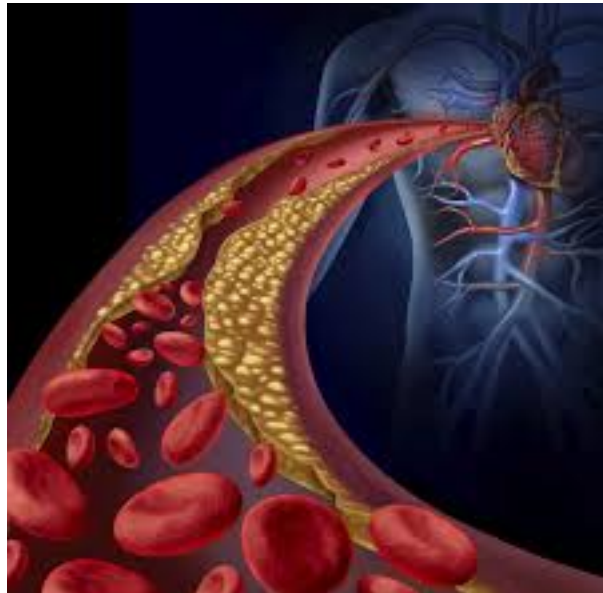


**Advertising flyer template – remove
this before submitting or displaying.**

**You are invited to participate in a research project
currently being conducted at this practice**

**[Your name here], the medical student at this practice, is
conducting a study to evaluate **XXXXXX**.**

“Project title”



[find a Project Related picture]

**If you are interested, please ask at Reception for a copy of
the short survey which should only take you about **[x]**
minutes to complete.**

Thank you for your participation.

Participant Information Sheet guide for a survey NOT requiring consent

If you are using PATH B for ethics approval and Prof. McLennan is not your direct GSM academic supervisor remove his name from the 'Investigators' box below. Remove this reminder before submitting.



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

PARTICIPANT INFORMATION SHEET

TITLE:*please write title of project here*..... (approx. 10 words)

PURPOSE OF THE RESEARCH

This is an invitation to participate in a study to investigate*write what the project is about here*..... being conducted by ...*name of student*... who is a third year medical student at the University of Wollongong. This study is part of the course requirement during the student placement in your community.

Describe the project and why it is being done.

INVESTIGATORS

Professor Peter McLennan	<i>[Name of student]</i>	<i>[Name of UOW supervisor]</i>
Graduate School of Medicine UOW	Graduate School of Medicine UOW	Graduate School of Medicine UOW
Email: petermcl@uow.edu.au	Email:@uow.edu.au	Email:@uow.edu.au
Telephone: 4221 4183	Telephone:	Telephone:

METHOD AND DEMANDS ON PARTICIPANTS (*use dot points or numbers to list what the participant will be expected to do, e.g., read something, answer questions*).

If you choose to be included in this study, you will be asked to complete an anonymous survey by the medical student who is doing the research. The questions are designed to assess ...*what it is that is being investigated, e.g., knowledge about something*.....

POSSIBLE RISKS, INCONVENIENCES AND DISCOMFORTS

The survey should take about...minutes to complete. Apart from the time taken to complete the survey, we can foresee no risks or burdens for you. Your involvement in the study is voluntary and you may withdraw your participation from the study at any time. However, as the survey is anonymous your responses will not be able to be withdrawn once submitted. If you choose not to participate in the study your relationship with the University of Wollongong or the medical practice you attend will not be affected.

BENEFITS OF THE RESEARCH

The research project will provide important information about ...*describe the benefits of this project*... Undertaking a research project within the community is a course requirement for the University of Wollongong medical students. It will assist the medical students in understanding how to undertake research and how to interpret results of research, which is an important skill in their professional life as a doctor. The project will investigate an aspect of the medical practice or community where the student is placed and it is anticipated that the findings of the study may be of possible benefit to the medical practice and the wider community and may be a basis for future research. Findings from the study will be published in a report to the University and will be presented to other medical students and staff at the University. Findings may also be published in scientific and/or medical journals and presented at conferences. A copy of the final report will be available to any interested person by contacting the practice. Please note that individuals will not be identified in any reports or publications arising from this research.

ETHICS REVIEW AND COMPLAINTS

This study has been reviewed by the Human Research Ethics Committee of the University of Wollongong. If you have any concerns or complaints regarding the way this research has been conducted, you can contact the UOW Ethics Officer on (02) 4221 4457.

Thank you for your interest in this study. If you would like further information about this study please contact Professor Peter McLennan on 02 4221 4183 or Dr Kath Weston/Dr Sue Thomas on 02 4221 5633 (Kath) 02 4221 5928 (Sue).

Participant Information Sheet guide for a survey **REQUIRING** consent

If you are using Path B for ethics approval and Prof McLennan is not your direct GSM academic supervisor remember to remove his name from the 'Investigators' box. Remove this reminder before submitting.



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

PARTICIPANT INFORMATION SHEET

TITLE:*please write title of project here*.....(approx. 10 words)

PURPOSE OF THE RESEARCH

This is an invitation to participate in a study to investigate*write what the project is about here*..... being conducted by ...*name of student*... who is a third year medical student at the University of Wollongong. This study is part of the course requirement during the student placement in your community.

Describe the project and why it is being done.

INVESTIGATORS

Professor Peter McLennan	<i>[Name of student]</i>	<i>[Name of UOW supervisor]</i>
Graduate School of Medicine UOW	Graduate School of Medicine UOW	Graduate School of Medicine UOW
Email: petermcl@uow.edu.au	Email:@uow.edu.au	Email:@uow.edu.au
Telephone: 4221 4183	Telephone:	Telephone:

METHOD AND DEMANDS ON PARTICIPANTS (*use dot points or numbers to list what the participant will be expected to do, e.g., read something, answer questions*).

If you choose to be included in this study, you will be asked to participate in a survey by the medical student who is doing the research. The student will ask you to fill in the survey form. The questions are designed to identify ...*what you want to find out e.g. knowledge about something*..... *Insert here the reason(s) why access to a patient's medical records is necessary in relation to the project*..... You will also be asked to sign a consent form that will allow the student to have access to details about you for the purposes of undertaking the research. All information will be kept confidential and individuals will not be identified in any reports or publications arising from this research.

POSSIBLE RISKS, INCONVENIENCES AND DISCOMFORTS

The survey should take about ...minutes to complete. Apart from the time taken to complete the survey, we can foresee no risks or burdens for you. Your involvement in the study is voluntary and you may withdraw your participation from the study at any time and you may withdraw any data that you have provided to that point. If you choose not to participate in the study your relationship with the University of Wollongong or the medical practice you attend will not be affected.

BENEFITS OF THE RESEARCH

The research project will provide important information about ...*describe the benefits of this project*... Undertaking a research project within the community is a course requirement for the University of Wollongong medical students. It will assist the medical students in understanding how to undertake research and how to interpret results of research, which is an important skill in their professional life as a doctor. The project will investigate an aspect of the medical practice or community where the student is placed and it is anticipated that the findings of the study may be of possible benefit to the medical practice and the wider community and may be a basis for future research. Findings from the study will be published in a report to the University and will be presented to other medical students and staff at the University. Findings may also be published in scientific and/or

medical journals and presented at conferences. A copy of the final report will be available to any interested person by contacting the practice. Please note that individuals will not be identified in any reports or publications arising from this research.

ETHICS REVIEW AND COMPLAINTS

This study has been reviewed by the Human Research Ethics Committee of the University of Wollongong. If you have any concerns or complaints regarding the way this research has been conducted, you can contact the UOW Ethics Officer on (02) 4221 4457.

Thank you for your interest in this study. If you would like further information about this study please contact Professor Peter McLennan on 02 4221 4183 or Dr Kath Weston/Dr Sue Thomas on 02 4221 5633.

Participant Information Sheet guide consent form (anonymous surveys do not require a consent form)

If you are using Path B for ethics approval and Prof McLennan is not your direct GSM academic supervisor remember to remove his name from the 'Investigators' box. Remove this reminder before submitting.



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

CONSENT FORM

TITLE:*please write title of project here*..... (approx. 10 words)

INVESTIGATORS

Professor Peter McLennan	<i>[Name of student]</i>	<i>[Name of UOW supervisor]</i>
Graduate School of Medicine UOW	Graduate School of Medicine UOW	Graduate School of Medicine UOW
Email: petermcl@uow.edu.au	Email:@uow.edu.au	Email:@uow.edu.au
Telephone: 4221 4183	Telephone:	Telephone:

I have been given information about ...*title of project*... and discussed the research with ...*name of student*... who is conducting this research as part of the University of Wollongong's Bachelor of Medicine/Bachelor of Surgery degree supervised by ...*name of academic supervisor*... at the Graduate School of Medicine.

I have been advised of any possible risks or burdens associated with this research and have had the opportunity to ask ...*name of student*... any questions I may have about the research and my participation.

I understand my participation is voluntary, I am free to choose not to participate, I am free to withdraw from the research at any time and that findings may be published in scientific and/or medical journals and presented at conferences. My choice not to participate or to withdraw consent will not affect my treatment within the medical practice or my relationship with the practice doctors and staff or the University of Wollongong.

If I have any questions about the research, I can contact ...*name of student (telephone:) or name of academic supervisor*... at the Graduate School of Medicine at the University of Wollongong (4221 4111) or if I have any concerns or complaints regarding the way the research is being conducted, I can contact the Ethics Officer, Human Research Ethics Committee, Office of Research, University of Wollongong on 4221 4457.

By signing below I am indicating my consent to participate in this research project by (*e.g. completing a survey, answering questions, allowing the student access to my medical records etc*).

I understand the data collected will be used for *name of student's* Phase 3 research project and for the medical practice to review their current practice regarding ...*topic of the research*.... and I consent for it to be used in that manner.

Signed:	Name (please print):	Date:

WORDING FOR ANONYMOUS SURVEY; GUIDE ONLY. Include these sentences at the start of your survey. Remove this reminder before submitting.

This survey should take no longer than ... minutes to complete and all information is anonymous. You are free to choose not to participate at any time while completing this survey. You can choose not to answer questions if you wish. By completing and returning this survey form you have given us permission to use this information in our study. As this survey is anonymous, researchers will not be able to identify the information you have provided as yours and therefore you will be unable to withdraw the survey information once submitted.

Include these sentences at the end of your survey to tell the person what to do with the completed survey:

For example:

Once you have completed the survey, please place it in the envelope provided and hand it to the receptionist. Thank you for your time.

or

Once you have completed the survey, please place it in the box at reception. Thank you.

Letter from participating GP practice to be written on practice letterhead. Remove this reminder before submitting.

Date .../.../...

For the attention of the Human Research Ethics Committee
University of Wollongong

I, ...*name of GP*... have discussed the research project*insert name of project*.....to be undertaken by ...*name of student* ... and agree to the student undertaking the research within this practice.

Signed

Name of GP

If applicable also add

on behalf of ...Name of Medical Practice...

PATH A: ETHICS AGREEMENT FORM: FOR PROJECTS NOT UNDERTAKEN IN NSW HEALTH FACILITIES or USING NSW HEALTH DATA. Remove this reminder before submitting.

HE 08/244/___

UNIVERSITY OF WOLLONGONG/ILLAWARRA SHOALHAVEN LOCAL HEALTH NETWORK
Human Research Ethics Committee

**APPLICATION FOR APPROVAL TO UNDERTAKE
 RESEARCH INVOLVING HUMAN PARTICIPANTS**

A. GENERAL INFORMATION

1. Descriptive Title of Project:

Medical student community placement research projects:

Insert title of project here (approx. 10 words)

1. Summary of project aims:

3. Participating Researchers

Principal Investigator/Supervisor		
Title	First Name	Family Name
Prof	Peter	McLennan
Email address: petermcl@uow.edu.au		Telephone number: 4221 4183
Qualifications	PhD, BSc (Honours)	
Position	Faculty Research Chair	
Role in project, relevant research experience (if no experience, describe how relevant experience will be obtained)	Peter has 30 years of research experience. He has published widely in journals of medicine, physiology, pharmacology, and nutrition with highly cited papers in each of those discipline areas demonstrating the interdisciplinary reach of his research. He holds research grants in both basic and clinical research. He is the Academic Leader Research and Theme Leader Research & Critical Analysis within the GSM. In this role, Peter will coordinate the Phase 3 research projects and will be responsible for ensuring that all projects comply with ethics requirements.	

Second Investigator (in absence of PI) <i>This is the UOW academic supervisor</i>		
Title	First Name	Family Name
	
Email address:		Telephone number:
Qualifications		
Position		
Role in project, relevant research experience (if no experience, describe how relevant experience will be obtained)	Member of the GSM academic staff with relevant experience and qualifications in research; will supervise the research project and the student.	

Co-Investigator/Student <i>This is the student</i>		
Title	First Name	Family Name
	
Email address:		Telephone number:

Qualifications	
Position	Student researcher enrolled in phase 3 of the UoW GSM Medical degree
Role in project, relevant research experience (if no experience, describe how relevant experience will be obtained)	Will undertake the research project.

B. DECLARATION BY INVESTIGATORS

Principal Investigator:

- I certify that I am the Principal Investigator named on the front page of this application form.
- I undertake to conduct this project in accordance with all the applicable legal requirements and ethical responsibilities associated with its carrying out. I also undertake to take all reasonable steps to ensure that all persons under my supervision involved in this project will also conduct the research in accordance with all such applicable legal requirements and ethical responsibilities.
- I certify that adequate indemnity insurance has been obtained to cover the personnel working on this project.
- I have read the *National Statement on Ethical Conduct in Human Research* and the *Australian Code for the Responsible Conduct of Research*. I declare that I and all researchers participating in this project will abide by the terms of these documents.
- I make this application on the basis that it and the information it contains are confidential and that the Human Research Ethics Committee of The University of Wollongong/ISLHN will keep all information concerning this application and the matters it deals with in strict confidence.

Peter L McLennan

Name (please print)

Signature

Date

Signature/s of other researcher/s: The first named researcher will assume responsibility for the project in the absence of the Chief Investigator. All investigators must sign the application.

Insert name of academic supervisor here, sign and date

Name (please print)

Signature

Date

Insert name of student here, sign and date

Name (please print)

Signature

Date

PATH B: ONLY TO BE COMPLETED FOR PROJECTS UNDERTAKEN IN NSW HEALTH FACILITIES. Remove this reminder before submitting.

AUTHORISATION FOR JOINT UOW/ISLHD RESEARCH

If the proposal involves UOW and ISLHD, endorsement of the application is required from **both** the ISLHD and UOW Head of Department/Unit. Please ensure that the application is signed by the appropriate ISLHD Head of Department and the following authorisation is signed by the appropriate UOW Head of Unit.

Approval by UOW Head of Unit

This person must not be a member of the research team. (This person will normally be Prof. Peter McLennan, unless he is your actual academic supervisor. Dr Kath Weston/Dr Sue Thomas can sign when Prof McLennan is your academic supervisor.)

I am aware of the content of this application. I am satisfied that:

- All appropriate safety measures have been taken;
- The research is in accordance with UOW Policy;

and I approve the conduct of the project within this unit.

Name (please print)

Signature

Date

HREC applications should be sent to:

Ethics Unit
Research Services Office
University of Wollongong
Wollongong NSW 2522

To commence research within ISLHD, governance review and approval is required.

One copy of the LNR or NEAF application with all other documents submitted for ethical review **AND** a Site Specific Assessment Form should be sent to:

Research Support Office
Wollongong Hospital, Block C, Level 8
(Locked Mail Bag 8808, South Coast Mail Centre, NSW, 2521)

PATH A and PATH B: Response to the ethics committee for GSM0XX/XXX OR HEXX/XXX if they ask for further information or amendments to your ethics application. Remove this reminder before submitting.

Insert date

Ethics Officer
Research Services Office
University of Wollongong
rso-ethics@uow.edu.au

Dear,

Thank you for the opportunity to provide a response to the Human Research Ethics Committee for our research proposal.

Ethics Number: **insert ethics number**
Project Title: **insert project title**
Name of Researcher/s: **[insert name(s) here]**, Professor Peter McLennan
Review Date: **Insert date**

Please find the responses to each request below:

Request:

1. Please describe the recruitment process and how prospective participants will be approached.
2. Describe the participant cohort. Are they patients who present with respiratory symptoms or any adult who presents to the G.P.?

Response:

- A. Participants will be recruited into the study via reception staff at the GP. This will entail the receptionist handing all adult patients, that have consented to see [the student], a copy of the ‘participant information sheet’ when they arrive for their appointment.**
- B. Once patients are seen by [the student], they will have the opportunity to discuss the research and ask [the student] any questions they may have about the research and their participation.**
- C. Written consent to incorporate bedside LUS into a clinical examination of their chests will then be sought prior to the examination.**

Request:

3. In the Participant Information Sheet, under Purpose of the Research, please rephrase or remove the 2nd sentence of paragraph 2. The background literature review in the project plan does not justify the use of this statement. An alternative would be “These studies found that ultrasound was a useful tool for diagnosing pneumonia.”

Response:

- D. Replaced the sentence:
“These studies found that ultrasound was better than x-ray for finding pneumonia.”
With
“These studies found that ultrasound was a useful tool for diagnosing pneumonia.”**

Request:

4. Apart from accessing the medical file to record results, explain in the Participant Information Sheet what other information will be accessed for the purpose of undertaking the research.

Response:

- E. Participant Information Sheet now contains the sentence:**

“You will also be asked to sign a consent form that will allow the student to have access to details of your age and sex for the purposes of undertaking the research.”

Please see the attached revised documents showing these changes highlighted.

Yours sincerely,

[Your name] Cc: [Your supervisor] and wrich@uow.edu.au

PATH A and PATH B: HREC AMENDMENT APPLICATION.

If you need to amend anything in your project that involves potential ethical issues use this proforma. Remove this reminder before submission.

Protocol Number:

Principal Investigator:

Project Title:

1. What is the proposed change?

2. What is the reason for the change?

3. What are the ethical implications of the amendment?

4. Does the amendment require any changes to the Participant Information Sheet? YES/NO

If YES, please attach the amended document.

5. Attachments

Please list all attachments. These should include all amended documents and copies of any new material, e.g., advertisements, additional research instruments.

PATH A: Ethics reporting form for projects numbered GSM0xx/xxx (to be completed at the end of the project and submitted to wrich@uow.edu.au). Do not use this form if you completed the PATH B LNR form. Remove this reminder before submission.

HREC Approval No:

Student Name:

Student Number:

Title of project..

1. Status of project Completed
(please tick) In progress. Anticipated completion date..../.../....
 Renewal request
 Commenced but abandoned
2. Have there been any variations to the approved project or protocol in respect of
Investigators Yes / No
Duration of project Yes / No
Research methods Yes / No

If Yes, what changes occurred?

Has HREC been notified? Yes / No

3. Since the project commenced, how many participants dropped out or withdrew consent? (please tick)
 none
 (insert number). Briefly list reasons given for drop out or withdrawn
 not applicable
4. To the best of your knowledge have any participants experienced adverse events as a result of participating in the project? Yes / No
If Yes, please give details.
5. Have there been any unforeseen incidents or complaints about the research?
Yes / No
If Yes, please give details.

6. Are the research data stored in a secure location with password encryption? Yes / No

PATH B: Ethics reporting form for projects numbered HEX/XXX (to be completed at the end of the project and submitted to wrich@uow.edu.au). Do not use this form if you completed the PATH A short ethics application form. Remove this reminder before submission.

UNIVERSITY OF WOLLONGONG HUMAN RESEARCH ETHICS COMMITTEE PROGRESS/RENEWAL REPORT

HREC Approval No:

Expiry Date:

Project Title:

Chief Investigator:

General Notes and Conditions

The National Statement on Ethical Conduct in Research Involving Humans requires institutions to monitor research projects involving human participants to ensure that they are conducted ethically and in compliance with the HREC approval for that project, including any conditions placed on that approval.

For the most part, the monitoring requirement will be satisfied by the chief investigator:

- o notifying the HREC immediately of any serious or unexpected adverse effects on participants;
- o notifying the HREC of any proposed changes to the protocol or procedures to be used in the research;
- o notifying the HREC of unforeseen events that might affect continued ethical acceptability of the project;
- o providing the HREC with an annual report on the project; and
- o providing the HREC with a report at the completion of the project.

In special circumstances, the HREC may ask for more frequent reports and may require additional monitoring if it considers this necessary to ensure that the project continues to conform to ethical standards. While the principal objective of monitoring is to ensure that the rights and interests of human participants are not jeopardised, it is also concerned to foster responsible research.

This form is to be used for:

- o Reports of serious or unexpected adverse effects on participants;
- o Reports of proposed changes to protocols/projects;
- o Reports of unforeseen events that might affect ethical acceptability of projects;
- o Annual reports on approved research project;
- o Request for renewal of approval; and
- o Final reports on projects at the completion of research

Please complete this report, referring back where necessary to your application for ethics clearance, which is the approved protocol, and any special conditions imposed by the HREC. If there is insufficient space to answer any question, please attach a separate sheet. If a question does not apply to your research, please write "N/A" or "not applicable" in the space provided.

Please return your completed report within 14 days to the Human Research Ethics Officer, Research Office, University of Wollongong, Wollongong NSW 2522 (Ph: 4221 4457; Fax: 4221 4338).

TO BE COMPLETED FOR ALL RESEARCH PROJECTS INVOLVING HUMAN PARTICIPANTS.

Please tick where appropriate.

1. Purpose of this report (tick as many as are appropriate):

- Report of serious or unexpected adverse effects on participants
 Report of proposed changes to the protocol/project
 Report of unforeseen events that might affect ethical acceptability of the project
 Annual report on approved research project
 Request for renewal of approval
 Final report on project
-

2. Status of Research Project

- Completed (date) _____
- In progress. Anticipated completion date of Research Project _____
- Renewal of approval requested until (date) _____
- Commenced but abandoned on (date) _____
(please give below brief reasons why the project was abandoned, then sign and return this report.)
-

3. Report on ethical aspects of project to date (or outcome in the case of completed research).

Please detail method of contact with participants, number of participants involved, and the nature of their involvement in the research. Please comment on whether the research has complied with the approved protocol and any conditions of that approval from the HREC.

4. In the conduct of this project, have there been any variations to the approved protocol/project in respect of:

*	Investigators?	Yes	No
*	Duration of Project (e.g. 1 year, 3 years) ?	Yes	No
*	Research procedures (e.g. study design, sample size, source & method of recruitment, information & consent forms) ?	Yes	No
*	Participant care & feedback ?	Yes	No

If you have answered YES to any part of this question:

*	Has the HREC been previously notified of this event?	Yes	No
---	--	-----	----

∑ Please provide brief details of the reasons for variations and how you will accommodate any problems they may pose for your research.

∑ For Multi-centre research, please provide a list of the Protocol Amendment numbers relevant to the research and a summary of the amendments for the year to date.

5. Are any variations to the approved protocol/project proposed? If so, please detail below, noting that they must be approved by the HREC (attach an extra sheet if needed).

6. Since your project commenced, how many participants have "dropped out"/withdrawn their consent?

Briefly list the reasons (if known) for participants dropping out/withdrawing from the project.

7. To the best of your knowledge, have any participants encountered adverse effects while participating in your research project? (e.g. side-effects of drugs or procedures, or other phenomena)

No Yes

If YES: Number of participants involved _____

Briefly list adverse effects (attach and extra page if necessary).

For Multi-centre research, please attach a list and summary of Serious Adverse Event reports (for Australia only) relevant to this research for the year to date.

Were all these effects anticipated in the Consent documents? Yes No

Have these adverse effects been previously reported to the HREC? Yes No

What other action has been taken in response to these adverse effects?

8. Have there been any other unforeseen incidents or complaints about the research that might affect the continued ethical acceptability of the project? (e.g. reactions to questionnaires or psychological tests)

Yes No

If YES: Number of participants involved _____

Briefly list the incidents or complaints.

Have these events been previously reported to the HREC? Yes

No

What other action has been taken in response to these incidents or complaints?

9. Please comment on the methods used to store research data and any other personal information associated with this research

Have you encountered any problems associated with security and storage of data?
(All primary data must be retained for a period of at least five years to conform with the University's Code of Practice- Research.) Yes No

If YES, give details.

10. Is your research project a CTN* or CTX* drug trial? Yes No
*CTN = Clinical Trial Notification: CTX = Clinical Trial Exemption

If YES:

Have unused supplies of the trial drug been collected from participants?

Yes No Not applicable

Please attach one copy of the current information and consent package for this trial.

COMMENTS: Comments from you on ethical aspects relating to your research are very welcome.

DECLARATION:

I certify that the information provided by me in this Progress Report is an accurate account of the conduct of the above research project for which I am responsible and a copy of the Consent Form and Information Sheet used for this project is attached.

Signed (Chief Investigator) _____

Date _____

If Student is Chief Investigator, then Supervisor's signature is also required.

Supervisor _____ (Name- Please Print) _____

Unit/ Faculty _____

Date _____

**ALL REPORTS MUST BE SIGNED BY THE HEAD OF DEPARTMENT/UNIT
(This person must not be a member of the research team).**

Position _____

Name _____

Signature _____

Date _____

FINAL REPORT TEMPLATE FOR ABSTRACT

Student number:

Project title:

ABSTRACT (250 words)

Background and/or Aim:

Methods:

Results:

Discussion/Conclusion:

Keywords: (maximum of four keywords)

STUDENT RCA PROJECT MARKING TEMPLATES

Poster Presentation Marking Template

Name of Student: _____

Project Title: _____

Marker's Initials: _____

Verbal Poster Presentation (5 mins)	Marks
Presentation and content of poster appropriate for target audience and presented in an interesting visual form	
Content includes background, aims and objectives, methods, results and discussion	
Verbal presentation appropriately focused and style appropriate for the target audience	
The relevance of the outcomes to the community or group were highlighted	
Questions answered appropriately	
Total	20

Comments

MEDI603 – RCA Marking Rubric - Literature Review



Student Name: _____ Student number: _____

Marker Instructions

For each of the marking criteria below, circle the descriptor/s which best match the student's submission
Provide an overall Grade based on your criteria ratings (NB: not all categories should be given equal weight)

Marking Criteria	Excellent	Satisfactory	Unsatisfactory
Introduction	A clear, concise introduction of the research topic provided.	A satisfactory introduction of the research topic provided.	An introduction to the research topic not provided or unclear.
Review of the literature	Articles selected are current and highly relevant to the research topic.	Articles selected are current and exhibit relevance to the research topic.	Articles selected are outdated or inappropriate/not relevant to the research topic.
	The review provides a critical appraisal and synthesis of the presented literature, including analysis of gaps in and/or limitations of the research.	The review provides an attempt at critically appraising the presented literature.	The review is a descriptive summary of the presented literature.
Research question	The research question(s) is derived from the literature and explicitly stated.	The research question(s) is derived from the literature but lacks clarity.	The research question(s) does not reflect the literature reviewed.
Written communication skills	Excellent logical and coherent structure. Appropriate scientific/professional expression and style consistently used. No grammatical, spelling and/or formatting errors.	Satisfactory logical and coherent structure. Appropriate professional/scientific expression and style mostly used. Few or minor grammatical, spelling and/or formatting errors.	Lacks a logical and coherent structure. Inappropriate language and style used - not professional/scientific. Major grammatical, spelling and/or formatting errors.
Word count		Word count observed (1500 words).	Word count not observed.
Referencing	Consistent use of preferred referencing system.	Few or minor inconsistencies in preferred referencing system.	Preferred referencing system not used.

Overall Grade

Excellent
 Satisfactory
 Unsatisfactory

Comments:

Marker 1 #: _____ Date: _____ (If required) Marker 2 #: _____ Date: _____

Phase 3 Research Project – Marking Template



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

Student Name: _____ Student Number: _____

*Marker Instructions: For each of the marking criteria below, circle the descriptor/s which best match the student's submission
Provide an overall Grade based on your criteria ratings (NB: not all categories should be given equal weight)*

	Excellent	Satisfactory	Unsatisfactory
Abstract	Abstract is succinct and provides an excellent précis of the project and its outcomes.	Abstract satisfactorily describes the project and its outcomes.	Abstract is unfocussed and does not adequately describe the project and its outcomes.
Introduction	Introduction provides a clear and concise description of the topic.	Introduction provides satisfactory description of the topic.	Introduction is unclear and/or ambiguous.
	Research question/aims & objectives are clear and explicit.	Research question/aims & objectives are understandable.	Research question/aims & objectives are unclear and/or ambiguous.
Literature Review	Articles selected are current and highly relevant to the research project.	Articles selected are current and exhibit relevance to the research project.	Articles selected are outdated or inappropriate/not relevant to the research project.
	Review of literature strongly supports the research question/aims & objectives.	Review of literature provides satisfactory support for the research question/aims & objectives.	Review of literature provides little or no support for the research question/aims & objectives.
Methods	A clear and concise description of the research methods is provided.	A satisfactory description of research methods is provided.	Description of the research methods is unclear/not provided.
	Methods used most appropriate for the research question and likely to yield relevant data.	Methods used suitable for the research question and likely to yield useful data.	Methods used unclear and/or unlikely to yield relevant data.
Results (Quantitative)	Excellent presentation of tables/graphs – appropriate type, easily read with correct formatting and labelling	Satisfactory presentation of tables/graphs – correct formatting and labelling.	Inappropriate use of tables/graphs – incorrect formatting and/or labelling.
	Excellent description provided of the results of the research	Satisfactory description provided of the results of the research.	Description of the results of the research not provided or unsatisfactory.
Results (Qualitative)	Clear identification of themes supported by appropriate quotes.	Themes identified not always supported by quotes.	Identification of themes unfocussed or lacking and/or inadequate use of quotes.
Discussion	Excellent linking of the results of the research with the research question and current literature.	Satisfactory linking of the results of the research with the research question and current literature.	Little or no linking of the results of the research with the research question and/or current literature.
	An in-depth discussion of the collected evidence provided demonstrating higher-order critical analysis skills.	Satisfactory discussion of the collected evidence provided demonstrating reasonable to good critical analysis skills.	Discussion of results undertaken superficially with little or no evidence of critical analysis skills.
Conclusion(s)	Conclusion(s) presented clearly and strongly supported by the gathered evidence and discussion.	Conclusion(s) presented supported by the gathered evidence and discussion.	Conclusion(s) not presented or not supported by the gathered evidence.
Written communication skills	Excellent logical and coherent structure. Appropriate scientific/professional expression and style consistently used. No grammatical, spelling and/or formatting errors.	Satisfactory logical and coherent structure. Appropriate professional/scientific expression and style mostly used. Few or minor grammatical, spelling and/or formatting errors.	Lacks a logical and coherent structure. Inappropriate language and style used - not professional/scientific. Major grammatical, spelling and/or formatting errors.
Referencing	Consistent use of preferred referencing system.	Few or minor inconsistencies in preferred referencing system.	Preferred referencing system not used.
Quality of intellectual endeavour	An excellent, in-depth understanding of the research process clearly demonstrated.	An understanding of the research process demonstrated.	An understanding of the research process not demonstrated.
Overall grade: Please circle	Excellent	Satisfactory	Unsatisfactory

Comments:

Marker 1 #: _____

Marker 2 #: _____ (if required).

THE RESEARCH SPIDER

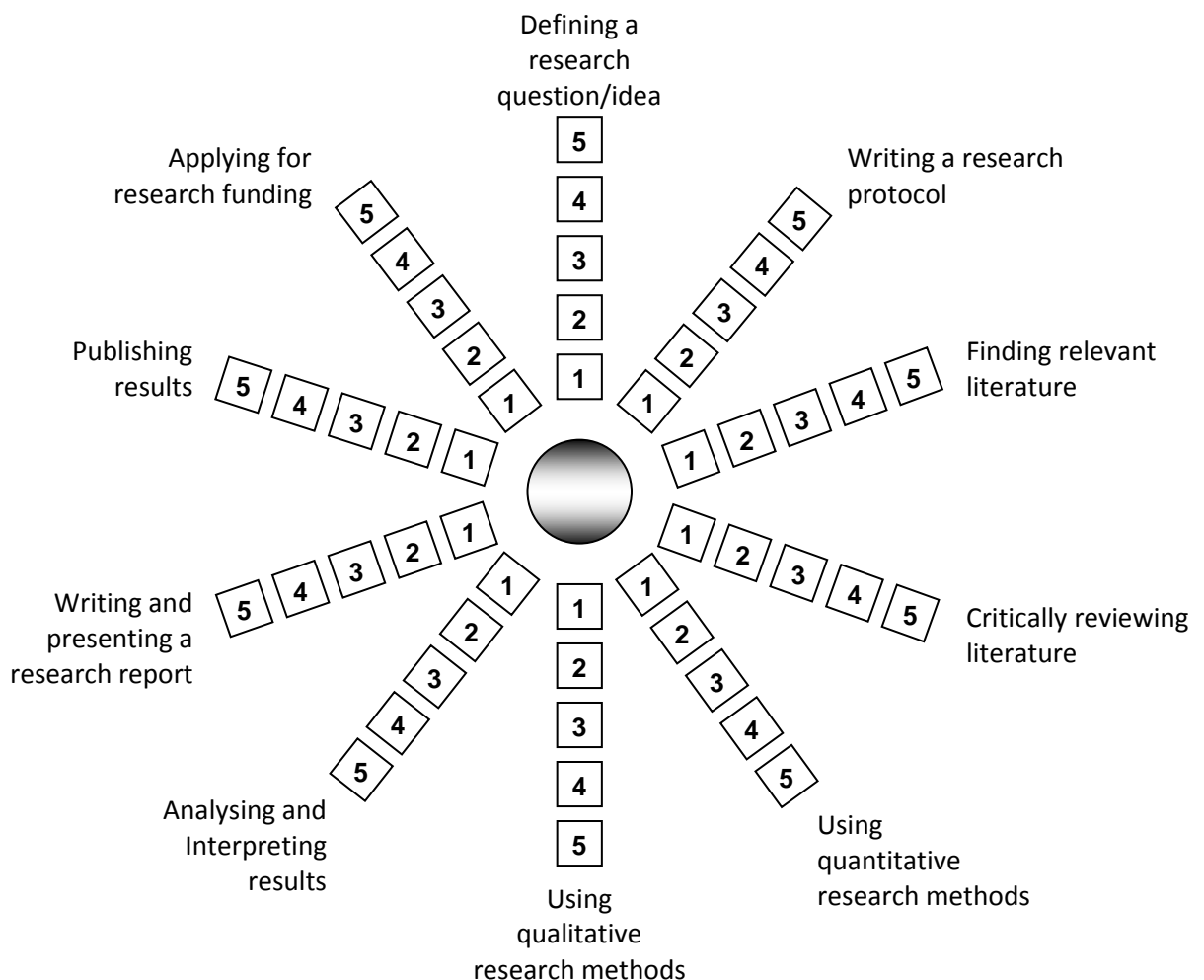
The Research Spider:¹ Students' self-assessment of level of research competence

Student number..... Date/..../.....

The GSM is interested in the research competency and experience of students at the beginning of the MBBS program. The simple survey tool below assists us in gauging this.

For each of the 10 aspects of research in the boxes below, please circle the number that best fits your perceptions about your **current level of competence** in this area of research.

- 1 = I am not competent**
- 2 = I am a little competent**
- 3 = I am somewhat competent**
- 4 = I am moderately competent**
- 5 = I am very competent**



¹ Research Spider based on Smith et al. (2002) Primary Health Care Research and Development 3:139-140

PHASE 3 RESEARCH PROJECT REIMBURSEMENT FORM

Please note: All fields are mandatory. Ensure you have completed part A, B, C and D prior to submitting your claim for reimbursement. NB: Reimbursement is only available for students outside R1 i.e. outside Illawarra.

Part A: Student details

Student name	Student number
Address	

Part B: Reimbursement details

Provide a short description of what is being claimed along with a final total. Receipts must be lodged along with this application.

Part C: Payment method via direct deposit.

Name of account holder		Bank						
Branch	BSB	Account number						
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							

Part D: Student Declaration

It is up to the student to declare through their own tax returns any payments they receive

I confirm that all above details are correct and certify that I have personally paid the attached amount. I have attached all the relevant receipts and I am at a placement outside the Illawarra area.

SIGNATURE OF STUDENT DATE:.....

Submission of reimbursement

Mail: Graduate School of Medicine: Attention: W. Rich (wrich@uow.edu.au),
Bldg 28, University of Wollongong, NSW 2522

Or fax: 02 4221 4341 - Attention: Warren Rich

Office use only

GSM Finance use only

Please pay from account:
209030308 _____

Total amount: \$

Authorised by: (print name)

Signature: Date:

EXAMPLES OF PHASE 3 PROJECT REPORTS

UOW Phase 3: 2015 - 2016 Sample Research Report Titles

- Association between orthostatic hypotension and potentially causative medications in geriatric patients with cognitive impairment. Brad Smiley
- Barriers to Primary Health Care within the Murrumbidgee Area of NSW. Brayden Varcoe
- Predictors of Receptivity to Psychotherapy in Inflammatory Bowel Disease. Cara Salehi
- Validation of tibial ultrasound bone densitometry in toddlers aged 12 to 36 months. Cheryl Zvaigzne
- Patients' sun practices, perceptions of skin cancer & their risk of skin cancer in rural Australia. Emily Sideris
- Comparison of outcomes detected on Colonoscopy between Screening Faecal Occult Blood Testing and Symptomatic Per Rectal Bleed. Gabrielle Farrelly
- Assessment of the SPICT tool to trigger a palliative approach to care, referral to palliative care services in a small rural hospital and analysis of end-of-life care thereafter. Jeffrey Duncan
- Are Australians in regional NSW meeting exercise guidelines? Joseph Davey
- Assessment of margin clearances of skin cancer excisions for non-melanotic and melanotic skin cancers in a local skin cancer clinic on the south coast of NSW. Joseph Van Den Berg
- BMI Trends in the Illawarra: are we improving? Kate McAuliffe
- Effect of Active versus Physiological Third Stage Management on Postpartum Haemorrhage rates at The Tweed Hospital. Marc Greenhill

If you would like a copy of past student's Project Reports please contact Dr Warren Rich
wrich@uow.edu.au or 0242 214908.

Appendix E: Personal and Professional Development Written Reflection

Graduate School of Medicine Personal & Professional Development Written Reflection Phase 3

The PPD Portfolio Reflection assessment process

During Phase 3, you are required to submit 2 PPD reflections (word limit: 1500 words each). See Key Dates under Assessment for due dates.

Note: assignment is to be submitted **electronically** via the e-submission link in the Assessment > PPD folder on eLearning

- The **Phase 3 Session ONE** PPD Reflection should focus on an event that relates specifically to resolving or managing conflict in a multidisciplinary team.
- The **Phase 3 Session TWO** PPD Reflection should focus on an event that relates specifically to the issues you face managing your dual roles as a doctor and being a member of or leader in a small community.

Note: your written reflection should critically review your professional behaviour and personal response, in relation to the event or process you have chosen to write about, against the 9 behavioural domains (items 1-9) listed in the PPD Portfolio Reflection Assessment Form. To demonstrate that you meet the academic standards of the MBBS, you must also pay close attention to the way in which you address items 10-13 in the PPD Portfolio Reflection Assessment Form (as found on eLearning in the Assessment PPD folder).

- Your actual assignment should not contain your name, **only your student number** in the header of each page so that it can be marked anonymously (markers will not have access to data-bases that would allow your name to be matched to your student number)
- Written reflections will be distributed to external markers
- External markers will grade your reflections according to the PPD Portfolio Reflection Assessment Form
- Grades from external markers will be submitted to internal moderation
- You will be notified via eLearning when your graded PPD Portfolio Reflection is available for collection
- Your mark will reflect a global assessment of your ability to demonstrate insight, self-awareness and situation analysis, as well as to demonstrate your ability to identify learning goals and the steps you are taking towards achieving them.

What do I do once I receive my graded PPD Portfolio Reflection?

- Read the feedback provided by the external markers
- Provide a written response in the space provided (if desired), and sign the form
- Discuss the completed reflection assessment with a senior doctor that you have identified as a mentor for your Phase 3 placement.

Appendix F: PPD Reflection Assessment Form

PPD Reflection Form

University of Wollongong
Graduate School of Medicine



Student: Student No:

Please provide a global assessment of the student's reflection.

Global Assessment Rating

Excellent
 Satisfactory
 Unsatisfactory

Please indicate the extent to which the student demonstrates intellectual engagement in the reflection process for each professional behaviour listed in **bold** below:

		Mostly	Sometimes	Not at all	Not Applicable
1. Respect and sensitivity towards patients <i>Shows sensitivity, responsiveness, respect and discretion will all patients regardless of culture, age, gender or disability</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Professional and personal boundaries <i>Maintains appropriate professional boundaries whilst establishing, building and maintaining professional therapeutic relationships.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Teamwork <i>Maintains cooperative working relationships and respect for the rights and responsibilities of all team members promoting a positive group interaction.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Prioritising, punctuality, preparedness <i>Ability to set priorities and meet deadlines including punctual attendance at, and adequate preparation for, teaching sessions.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Professional resilience <i>Manages interpersonal, psychological or emotional situations arising from their professional role.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Receptiveness and responsiveness to change <i>Ability to identify shifting priorities, the need for change, and adapt her/his plans or behaviour in response to this need.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Learning and sharing knowledge <i>Actively takes a respectful and collaborative educational role in interactions with supervisors, colleagues, patients and their families.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Managing uncertainty and seeking help <i>Ability to self-reflect and analyse, synthesise and interpret information, identify her/his own limitations and seek advice or assistance when necessary.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Ethical and legal standards <i>Ability to apply ethical and legal standards in all situations.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate the extent to which the student demonstrates competence in each professional skill listed in **bold** below:

		Mostly	Sometimes	Not at all	Not Applicable
10. Clear written communication skills <i>Logical and coherent structure along with correct grammar, spelling and appropriate word length</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Range of evidence to support reasoning and problem-solution <i>Clinical and research evidence to support the analysis, synthesis and interpretation of information</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Clear identification of learning goals and strategies to achieve these goals <i>Appropriate and realistic learning goals as well as ways to achieve those goals.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Evidence of action to address learning goals <i>Active implementation of strategies to achieve learning goals.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you wish to speak confidentially about the student to the PPD co-ordinator, please tick this box.

I have completed this PPD reflection form as accurately and fairly as possible.

Marker Code.....

Date:/...../.....

Note: If you have any comments regarding this student, please add them in the space provided on the back of this form.

Nov 2008



Appendix G: Student Performance Review

STUDENT PERFORMANCE REVIEW

MEDI603 / Phase 3



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

Student Name: **Date:** / /

Placement Hub :

PART A: Preceptor to complete (Note: to be discussed with the student and completed form sent to Academic Coordinator for the Discipline/Region)

Interaction with Student

Instructions: indicate the amount of time you have spent interacting with the student during the current rotation/session/performance period

Occasions spent with student per week:

- 0 - 1 4 - 5 8 or more
 2 - 3 6 - 7

Rating of student performance

Instructions: Consider all aspects of the student's performance observed by yourself or your colleagues throughout the performance period and provide both a rating for each behaviour (1-9) and an overall judgement.

	Unsatisfactory	Borderline	Satisfactory	Excellent	Not Observed
1. History taking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Examination skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Professional boundaries / Sensitivity to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Teamwork / Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Resilience / Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sharing knowledge / Seeking help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ethical and legal standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Clinical decision making / Knowledge base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list a minimum of 2 student strengths:

Please list a minimum of 2 areas that need attention:

If you are unable to list student strengths and weaknesses, please explain why:

Preceptor Recommended Grade

- Unsatisfactory Satisfactory Excellent

Preceptor Name:
(please PRINT)

Signature: **Date:** / / **Ph:**

PART B: Regional Academic Leader to complete

Evidence of clinical activity

Instructions: Please review the student's CEX-S forms and Clinical logbook summaries completed during the current rotation/session/performance period and complete the following:

Number of CEX-S forms completed (for this quarter):	Number of patients recorded in Clinical Log (for this quarter):	Overall engagement in the Clinical Log:	<input type="checkbox"/> Unsatisfactory
			<input type="checkbox"/> Satisfactory

FINAL GRADE

Unsatisfactory **Satisfactory** **Excellent**

Note: This grade is determined by a range of factors, like the grade awarded by the Preceptor, satisfactory completion of all required CEX-S, utilisation of the clinical log, and engagement with the program, attendance and general attitude displayed by the student.

Comments:

Academic Leader

Name: *Date:* / /

(please PRINT)

Academic Leader

Signature: *Ph:*

Graduate School of Medicine Student Performance Review - Brief Information Sheet

Assessment in the Graduate School of Medicine

The Graduate School of Medicine (GSM) assessment program has been designed to test the understanding and application of core medical knowledge and skills as well as the personal and professional behaviours of its medical students.

The Student Performance Review form

The GSM assesses student performance in the clinical setting during Phases 2, 3 and 4 by means of a Student Performance Review. This involves Preceptor review and assessment of the evidence of a student's clinical activity as well as their performance across a range of important elements of clinical practice.

What is expected of those completing Student Performance Review forms?

An honest and objective rating of the student's performance as observed during contact session/s with the student. The feedback you provide in the Student Performance Review form assists in directing the student in their development as a doctor.

How does a Preceptor complete a Student Performance Review form?

When a student gives you Student Performance Review form, please complete Part A of the form. This includes information around the following domains:

- The amount of time that you have been able to spend with the student – Indicate how many times per week you have spent interacting with the student.
- Consider all aspects of the student's performance that you or your colleagues have observed throughout the current performance period. Provide a rating for each of the nine behavioural domains listed in the Student Performance Review form by ticking the option that you feel best represents the student's performance.
Note: If you feel you have had insufficient observational time or information to form an opinion about the student's performance in a particular category, please tick the 'Not Observed' option.
- Provide feedback for the student by considering their overall performance and indicating 2 areas of strength and 2 areas that need improvement. If you are unable to provide any comments, please state why.
- Tick the appropriate "Recommended Grade" you think is warranted by overall level of performance demonstrated by the student
Note: The recommended grade is not a summation of the individual criteria listed in the form, but an overall impression of the student's performance as observed during each contact period. Students should be considered 'satisfactory' unless their positive/negative performance warrants a different grade. To assist the student, we encourage you to use an 'Unsatisfactory' grade if required – this does not mean that the student will fail Phase 3, but alerts the GSM that remediation done in a timely fashion can resolve problems early.
- Print your name and contact number. Sign and date the form and return to the student.
- **Please note that we welcome feedback about students by other means also (e.g. email) if you feel that the Student Performance Review form is not the appropriate mechanism.**

How does a Regional Academic Leader complete a Student Performance Review form?

Once the Preceptor has completed Part A, please complete Part B of the form, which includes the following:

- Review the student's Clinical Examination-Student (CEX-S) forms and Clinical Log report, which they have had completed during the performance period being assessed.
- Record the number of Satisfactory or Excellent CEX-S forms that the student has completed for the performance period. Students are required to complete 4 CEX-Ss at least one week prior to the date of the SPR, and any Unsatisfactory CEX-Ss should have been repeated.
- Review on the Clinical Log summary report supplied by the GSM, and record on the SPR form the number of patients recorded in their Clinical Log.
- Give a rating of your impression of the overall engagement of the student in the Clinical Log process (either Satisfactory or Unsatisfactory)
- Give a Final Grade – Unsatisfactory, Satisfactory or Excellent
Note: this grade is determined by a range of factors, like the grade awarded by the Preceptor, satisfactory completion of all required CEX-S, utilisation of the clinical log, and engagement with the program, attendance and general attitude displayed by the student.
- Write any further comments that you think will be helpful to the student and the GSM
- Sign and date the form and hand back to the student for them to complete Part C.

- Completed forms should be returned by the student to the local Regional Placement Facilitator who will forward the grades to the GSM.

Appendix H: CEX-S Clinical Examination assessment form



GSM: Clinical Examination-Student (CEX-S)

Student Name: _____ Student No.: _____

Assessor Name: _____

Practice/Hospital: _____

Patient Problem/Diagnosis: _____

CEX-S Assessment Time	Setting	Focus	Case complexity	Discipline (tick 1 box only)	Subject
Observation time (mins): _____	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Primary care <input type="checkbox"/> Other	<input type="checkbox"/> History <input type="checkbox"/> Examination <input type="checkbox"/> Communication <input type="checkbox"/> Diagnosis <input type="checkbox"/> Procedure	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Medicine <input type="checkbox"/> Surgery <input type="checkbox"/> Paediatrics <input type="checkbox"/> O&G <input type="checkbox"/> Psychiatry <input type="checkbox"/> Chronic Care	<input type="checkbox"/> MEDI602 <input type="checkbox"/> MEDI603 <input type="checkbox"/> MEDI604
Feedback time (mins): _____					

PLEASE TICK APPROPRIATE JUDGEMENT <small>(see over for detailed guidelines)</small>	Unsatisfactory	Borderline	Satisfactory	Excellent	Not Observed
History Taking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedural Techniques / Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall clinical competence in relation to stage of training	Unsatisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Excellent <input type="checkbox"/>
---	---	---	--

Comments (particularly required if grade is unsatisfactory, but feedback is valuable for all students)

Assessor Signature: _____

Date / /

Student Signature: _____

Date / /

GSM: Clinical Examination-Student (CEX-S)

What is a CEX-S?

The CEX-S is an assessment tool which has been developed to capture the interaction of students and patients on the wards or out in the community. It focuses on the core skills that students demonstrate in routine patient encounters and is conducted several times throughout the year. Each individual CEX-S consists of a 15-20 minute snapshot of a student/patient interaction (observation should take 10 minutes or less and feedback 5-10 minutes). Research shows that since it is based on multiple encounters over time this method provides a valid, reliable measure of students' clinical performances.

How to carry out a CEX-S

Setting it up	<ul style="list-style-type: none"> You should select a patient who has given informed consent to participate. The student is examined as in a short case. For example, "examine an abdomen of a patient" or "take a history from a patient" with angina, explaining a practical procedure to a patient for communication skills. Give the student some background information about the presenting problem and also an indication of how long they should spend on the task.
Observation (approx 10 minutes)	<ul style="list-style-type: none"> Your role is as a silent observer. You should also ask the student to relate to the patient as they would normally (not converse about their clinical examination or reasoning processes as they may have done in prior Objective Structured Clinical Examinations). Do not prompt the student during your observation except in exceptional circumstances (eg. Patient safety issues)
Feedback (up to approx 10 min)	<ul style="list-style-type: none"> Immediately after your observation you should conduct a feedback session (generally away from the patient if possible) where you ask the student to report their findings, clinical reasoning process and hypotheses, further examination ideas. Complete the CEX-S form by placing a cross in the appropriate box, using a dark pencil or pen. (If you make an error, put a line through it and fill in the correct option.)

Descriptors of competencies assessed during the CEX-S

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; identifies and explores the patient's issues and concerns within the scope of a focused consultation.
Physical Examination Skills	Follows efficient, logical sequence; balances screening/diagnostic steps for problem; informs patient; sensitive to patient's comfort, modesty.
Professionalism / Humanistic Qualities	Shows respect, compassion, empathy, establishes trust, attends to patient's needs of comfort, safety, confidentiality, modesty.
Communication / Counselling Skills	Explains rationale for test/treatment, obtains patient's consent, educates/counsels regarding management. Where appropriate explains the natural history, prognosis and treatment options. Counsels in a structured and efficient way, explaining information to facilitate understanding and including the patient, and their perspective, in decision making.
Clinical Judgement	Selectively orders/performs appropriate diagnostic studies, considers risks, benefits; interprets clinical investigations and synthesise these with patient history and symptoms; justifies treatment recommendations, based on current evidence, multidisciplinary advice and relevant patient-related factors.
Procedural Techniques / Skills	Establishes and maintains therapeutic relationships with patient, obtains informed consent for procedure, appropriate preparation pre-procedure, conducts procedure safely and effectively, appropriate post procedure management of equipment, site and required documentation.

Assessable learning outcomes of the UoW curriculum relevant to this assessment

Clinical/ Procedural Skills	<ul style="list-style-type: none"> Establishes and maintains a caring, trusting and therapeutic relationships with patients Communicates effectively with patients, families and carers Clinical skills and clinical reasoning Gathers patient history, generating and testing clinical hypotheses Performs a physical examination, testing and refining hypotheses Synthesises history and examination findings to develop differential diagnoses and problem list Makes timely, informed and rational decisions in circumstances of uncertainty Managing the patients problems Formulates and implements a comprehensive, holistic management plan Conducts a range of technical and practical procedures safely and effectively Creates and manages patient and personal records, communication and information
Professional Behaviours	<ul style="list-style-type: none"> Applies ethical principles in professional practice Displays and reflects on, appropriate professional attitudes and values Values patient autonomy, privacy and confidentiality Maximises patient safety and manages medical error Engages in continuous self-evaluation and takes responsibility for professional development

Appendix I: Student Media Tips

During your rural and regional training placements, local newspapers, editorials or magazines, local radio or even TV journalists may be interested in talking to you to find out more about what you are doing in the region as a medical student. This is a great opportunity to promote UOW student placements in the region and it may also mean that patients expect to see you in their local health service or medical practice and are more willing to consent to your involvement in their health care to support your learning. Local media and publicity are another way for the University to maintain community profile, and consolidate an ongoing and sustainable relationship with the region as a training hub for UOW students – they will no doubt look forward to seeing many of you return in later stages of your training, or as a qualified medical practitioner.

General things to consider or tips if approached for an interview

- Consider who the target audience is for the interview or publication (political, academic, chatty, social or community).
- Use simple language, avoid acronyms and don't assume that the journalist / editor have a background in health or education.
- Think about 1-2 key messages and try to reinforce these – you may even repeat these several times during the interview.
- Sometimes, journalists have tight deadlines. If you are comfortable with their questions and you feel they are appropriate for you to answer, get back to them or do the interview with them as soon as possible. If you feel under pressure or that they are directing questions to you that you are not in a position to answer, you should refer them on to someone more appropriate to field the query such as the Regional Academic Leader or Phase 3 Chair.
- Take your time to think before answering a question, even pause mid-sentence if you want to consider how you may phrase or say something.
- If you think you have said something that is unclear or could be misconstrued – go back to it and say '*to put it in another way.....*'
- If you are not sure on specific details (i.e. how many UOW students have come to Mudgee since the Program commenced) – don't be afraid to tell the journalist / editor that you don't have specific details. You can offer to get back to them or advise them to contact someone more appropriate to field the query, such as the Manager: RCS or Manager: CPRR).
- Never say anything 'off the record' as anything you say could be used in a story.
- If you are asked for a photo or if it is a TV story, don't be afraid to ask them how they think you should stand or sit or where you should look etc.
- If you are asked to be in a photo with a patient or staff member, make sure they are aware and consent to this (the journalist / editor should do this).
- Unless you are doing a live interview, what you say or do can be edited.
- If you feel the question is negatively phrased or getting off track, go back to your main message.

If possible (for print media), ask the journalist / editor to see a copy of the article prior to print or, don't be surprised if they do call you to clarify specific details prior to publication.

What **can** I comment on?

- My role as a medical student in the region (about your placement, what you're involved in such as patient care in the hospital, GP setting or community, a research project you are working on or who your supervisor is etc.).
- In general - positive reception by community, medical staff or patients.
- In general - positive learning experiences available in the region.

You may need to remind community media that because you have several years of post-graduate training, it may be some years before you are able to return to practice independently in a rural or regional setting.

What can't I comment on?

- Anything to do with a clinical incident (even if you don't provide details which could identify a patient or staff member).
- Anything of a 'political' nature such as a reporter seeking your opinion about whether you think the Local Health District in a particular region is providing enough staff and facilities for the local hospital, as that should be left to a senior medical representative.
- Making comments about administrative matters at the Graduate School of Medicine or the University of Wollongong in general as this should be left for senior administrators of the University. This could include a reporter seeking your opinion as to how many medical students at UOW actually plan to practise medicine in regional and rural areas.
- Anything negative about your placement, supervision or the UOW program as this would not be the appropriate avenue to air such possible grievances.

Request or obtain a copy of any media interview or editorial you are involved in and forward a copy of this to your Regional Placement Facilitator or to the Manager, Community Primary Remote & Rural.

If you have any questions regarding these tips, please contact:

Belinda Smith
Manager: CPRR
or Tracey Duguid
Manager: RCS
Graduate School of Medicine
University of Wollongong
Email: gsm-rcs@uow.edu.au