



MELBOURNE  
MEDICAL  
SCHOOL

**DOCTOR OF MEDICINE**

2017

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# General Practice

**PRACTICE MANAGER GUIDE**

**DOCTOR OF MEDICINE**

2017

General Practice

Practice Manager  
Guide

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# Contents

## Introduction and overview

Welcome .....	1
Department of General Practice Vision & Values .....	1
Primary Care Community Base Vision.....	1
Staff contacts .....	2
Quality standards.....	3
Student safety and self-care on placement .....	4
Guidelines for student professional behaviour .....	5
Outline of the General Practice placements .....	6
Dates for 2017 .....	8

## Rotation teaching and learning

Resources .....	10
Preparing for student placement.....	12
Student attendance .....	13
Practice orientation.....	14
Supervision of medical students performing procedures on patients .....	16
Learning on clinical placement: practice-based activities and tips .....	17
Placement problem-solving .....	19

## Organising the rotation

Role of the practice manager.....	20
Practice remuneration.....	20
Paperwork requirements.....	21

## Appendices

Waiting Room Sign .....	23
Patient consent form* .....	24
Professional Behaviour assessment form* .....	25
Professional Behaviour assessment guide* .....	26
Mini-CEX assessment form* .....	28
Mini-CEX guidelines* .....	29
GP supervisor feedback form* .....	31
GP supervisor feedback guidelines* .....	32
Student Award nomination form* .....	33

\* The documents provided in the guide are samples.

The most up-to-date PDF version is available to download from MD Connect™ or from the Postgraduate Administrative Officer



## Welcome

Welcome to the University of Melbourne, Department of General Practice, Primary Care Teaching Network. We wish to acknowledge the practice staff, patients, medical students and University of Melbourne staff who contributed their knowledge and expertise to the development and implementation of student placements in general practice.

If you require any further information or support, please contact the Teaching and Learning team on (03) 8344 7276.

We hope you enjoy your student placements.

### **A/Prof Lena Sancic**

Director, Teaching and Learning

## Department of General Practice Vision & Values

Through our research partnerships and education, we work with communities and practitioners to improve the healthcare system, placing the person at the heart of healthcare and improving health outcomes.

Our relationships with our organisational partners, with the diverse communities we serve and with our colleagues, are characterised by:

- Integrity;
- Excellence;
- Innovation; and
- Respect.

## Primary Care Community Base Vision

The health needs of the community are met by a diverse, well trained workforce that understands and responds to the community it serves and is equipped to work in the health system of the future.

## Staff contacts

### **Department of General Practice Melbourne Medical School**

Faculty of Medicine, Dentistry and Health Sciences  
The University of Melbourne

200 Berkeley Street, Carlton VIC 3053

Business hours: 9am to 5pm Monday – Friday

p: (03) 8344 7276

f: (03) 9347 6136

e: [gp-enquiries@unimelb.edu.au](mailto:gp-enquiries@unimelb.edu.au)

### **After hours emergencies and injuries**

Security services at The University of Melbourne

p: (03) 8344 6666

Free call: 1800 246 066

### **Primary Care Teaching Network Website**

[www.gp.unimelb.edu.au/pctn](http://www.gp.unimelb.edu.au/pctn)

### **Medical School Health and Wellbeing Service**

#### **Metropolitan:**

Danielle Clayman

p: 0466 474 547

e: [danielle.clayman@unimelb.edu.au](mailto:danielle.clayman@unimelb.edu.au)

#### **Rural:**

Hannah Sloan

p: 0428 933 952

e: [hannah.sloan@unimelb.edu.au](mailto:hannah.sloan@unimelb.edu.au)

## Quality standards

University of Melbourne Teaching Practices must fulfil the following criteria:

1. Be accredited by AGPAL or GPA. If not accredited the University will have full discretion to determine the eligibility of any unaccredited practice.
2. Sign the Professional Placement Letter Agreement prior to the placement commencing.
3. Ensure that student safety is not placed at risk.
4. An experienced GP is always available for student supervision during clinical time.
5. Offer a representative case mix of general practice patients for student learning, including translation for consultations conducted in languages other than English.
6. Provide adequate facilities for students including:
  - a. access to a consulting room to see patients alone for the equivalent of 2 sessions a week for GP Block rotation, and one hour a day for PCCB placements
  - b. access to a computer with internet connection for some of the time during practice hours
  - c. access to reference materials and patient information materials.
7. Have appropriate patient consenting procedures including:
  - a. obtaining permission of the patient prior to the consultation, preferably by a receptionist
  - b. documentation of consent in the patient record (refer to page 13). NB: written consent from patients is preferred medico-legally, however verbal consent is possible.
8. Have an administrative coordinator of the placement such as a practice manager who will act as liaison with the Department of General Practice around placement agreements, student allocation, assessment, and Practice Incentive Payments
9. Provide orientation to the practice ensuring that the student is:
  - a. briefed on the culture of the clinic
  - b. introduced to all members of staff
  - c. trained to use clinical systems such as electronic medical records
  - d. aware of the location of educational resources, including reference materials
  - e. orientated to practice systems including training in clinic safety procedures such as the location of the distress alarms/safety buttons, disposal of sharps and infection control.
10. Ensure that the student is adequately debriefed if they are involved in any clinical critical incident, and that the Department of General Practice is informed (refer to page 4).
11. Clinical visits will occur only with the Supervisor or their clinically qualified delegate present.

## Student safety and self-care on placement

### Critical Incidents

The management of and response to critical incidents should be explained to the student when they first start their clinical placement.

Examples of critical incidents that may occur include and are not limited to:

- a patient fatality or near fatality
- act of violence or threat of violence to patients, students or health professionals
- physical or sexual assault of patients or clients, students or health professionals
- major failure in internal process at the host organisation e.g. fraudulent activity.

If the student witnesses a critical incident or is involved in one, please inform the Department of General Practice (or if after hours, University of Melbourne Security services) as soon as possible.

### Incidents / Accidents / Needlestick Protocol

All student accidents and injuries that occur during the GP placement must be reported to the Department of General Practice within 24 hours of an incident / accident occurring and the following actions taken:

1. Follow the Incident/Accident protocols in your practice or the student's Clinical School.
2. Notify the Department of General Practice of the event (p: 03 8344 7276, [gp-enquiries@unimelb.edu.au](mailto:gp-enquiries@unimelb.edu.au)).
3. GP Supervisor must complete the S4 incident investigation form at: [http://safety.unimelb.edu.au/data/assets/word\\_doc/0008/1823561/incident-investigation-form.docx](http://safety.unimelb.edu.au/data/assets/word_doc/0008/1823561/incident-investigation-form.docx) and send to the Department of General Practice via email ([gp-enquiries@unimelb.edu.au](mailto:gp-enquiries@unimelb.edu.au)) or fax 9347 6136 ASAP.
4. Student must complete the S3 incident report form at: [http://safety.unimelb.edu.au/\\_data/assets/word\\_doc/0009/1823562/incident-report-form.docx](http://safety.unimelb.edu.au/_data/assets/word_doc/0009/1823562/incident-report-form.docx) and send to the Department of General Practice via email ([gp-enquiries@unimelb.edu.au](mailto:gp-enquiries@unimelb.edu.au)) or fax 9347 6136 ASAP.
5. Student should see their own GP or other Health Service for further follow-up.

### Self-care

During GP placements your students may encounter stressful situations. Dealing with uncertainty (especially when under time constraints) and dealing with unwell or distressed patients can cause significant stress on doctors and medical students alike. If you have any ongoing concerns regarding a student's wellbeing, please contact the Department of General Practice.

### Insurance

The University of Melbourne covers liability for medical students in relation to the placement, which includes:

- public liability insurance of \$20,000,000;
- professional indemnity and medical malpractice insurance of not less than \$25,000,000; and
- personal accident insurance to cover the students whilst engaged on Faculty approved placements associated with their University course.

Under this level of cover, students can interview and conduct physical examination of patients alone. They may perform tests such as Pap tests and also simple procedures such as immunisations, suturing, plastering and cryotherapy under direct supervision. It is expected that the level of supervision takes into account the level of experience and competency of the student. **Students can express an academic opinion but must not provide medical advice to a patient who could conceivably act upon that advice. GP Supervisors remain responsible for patients' management and treatment at all times.**

## Guidelines for student professional behaviour

Students are expected to continue to apply the principles of ethical and professional conduct that they have been exposed to throughout the curriculum. If you have any concerns about a student's ethical or professional behaviour please contact the Department of General Practice.

Satisfactory students will:

- be punctual
- notify the appropriate practice staff member, in advance, of any planned absence or if they will be late
- show respect to colleagues, practice staff, and patients, including respecting any cultural and personal differences
- respect the need for confidentiality of patient information gained on placement
- follow practice guidelines in regards to dress code, mobile phones and identification requirements.

### **Unprofessional Student Behaviour**

If you or any of the clinical staff have concerns about a student's professional behaviour, a 'Professional Behaviour Assessment form' may be completed. A sample of this form with guidelines for ethical and professional conduct are included in the appendices. We encourage you to discuss the issues with your student before you submit the form.

The form is available from the Melbourne Medical School website: [http://medicine.unimelb.edu.au/melbourne/assets/documents/forms/MMS\\_PB\\_Form\\_Yr2-4\\_v2.0](http://medicine.unimelb.edu.au/melbourne/assets/documents/forms/MMS_PB_Form_Yr2-4_v2.0) or from the Department of General Practice and should be submitted to the Department of General Practice [gp-enquiries@unimelb.edu.au](mailto:gp-enquiries@unimelb.edu.au) or 8344 7276.

The form can be completed and submitted at any time to the Department of General Practice and is also a compulsory requirement for Year 3 MD GP Block rotation.

## Outline of the General Practice placements

Doctor of Medicine (MD) students at the University of Melbourne undertake general practice placements throughout the course. All students have a previous undergraduate degree, usually (but not always) from a biomedical, science or allied health field. Teaching and supervising adult learners can be easier in some aspects but can also present teachers with other challenges not previously encountered.

### **MD Year 1: Principles of Clinical Practice 1 (PCP1)**

#### **3 hour visits, practices must be within 1 hour travel time from Parkville**

The PCP1 placements are among the students' first clinical visits and have an emphasis on communication skills. Students undertake two individual placements, one each semester. During each placement, students will observe a doctor's consultations for a three hour period. We ask doctors to set aside a small amount of time after the observation to talk to the students about their experience. During this placement, students will:

- concentrate on specific aspects of the communication between the doctor and the patient
- attend in pairs (where possible) enabling them to discuss specific aspects of their visit; and
- be encouraged to discuss their observations with their on-campus tutorial group, ensuring that the identities of doctors and patients are not disclosed during these discussions.

Students have not yet learnt about the skills and techniques required for universal precautions. We therefore advise that first year students must not become involved in activities such as immunisation, taking blood samples or carrying out a procedure on a patient.

### **MD Year 2: Ambulatory Care (AC)**

#### **4 days**

In the second year, students undertake rotations in each of: Medicine, Surgery and Ambulatory Care (AC). The aim of the AC term is to provide students with an understanding of non-ward based health care. Students will be based within the Emergency Department and will rotate to outpatient specialty clinics, day facilities, diagnostic facilities and general practices. Students will spend four days in general practice under a nominated GP supervisor to gain exposure to primary health care settings. We encourage practices to take pairs of students, enabling students to maximise their reflective learning. This placement would also be suitable for practices taking Extended Rural Cohort students.

Learning activities during this term may include:

- determining how the GP mobilises a multidisciplinary team for a chronic illness or other complex conditions, understanding the choice of allied health involvement
- interviewing a patient to enable observation of doctor/patient concordance, analysing examples of communication between the GP and the hospital and/or other specialist; and
- gaining exposure to practice management: appointment systems, triage, clinical consultation, investigations and multidisciplinary management, follow up, monitoring and referral.

### **Primary Care Community Base (PCCB), Year 2**

Students from the Northern and Western Clinical Schools undertake additional GP placements in second year as a part of the Primary Care Community Base (PCCB). Students attend a general practice or community health centre one day per fortnight.

The PCCB placement allows students to:

- interview and examine patients
- see patients with conditions that will build on their hospital clinical learning focus on the community context of health care
- learn about the management and prevention of chronic long term health issues in the community context; and
- have the opportunity to follow and understand the patient's journey through the health care system and gain some experience of inter-professional practice.

### **MD Year 3 GP Block Rotation**

The six week rotation is the general practice specialty training for students in the third year of the MD. The objective of the rotation is to develop medical students' knowledge and skills in community primary health care. This is the main opportunity for students to learn about the theoretical underpinnings of General Practice as a distinct specialist discipline. Students are encouraged to participate in all practice activities and should meet regularly with the GP supervisors to review their progress and receive specific feedback.

There are six rotating terms (blocks) of General Practice commencing in February and finishing in November. In addition to General Practice, students will rotate through Women's Health, Child and Adolescent Health, Mental Health and Aged Care. During their GP rotation, students will have access to resources to help them find information in clinical areas they have not experienced.

**If you have a block student earlier in the year, they may have had limited clinical exposure to the other clinical specialties, so please be aware of your expectations of their medical knowledge, communication and consulting skills.** This does present an opportunity to facilitate their learning from a general practice context prior to the specialist teaching they will receive later in the year.

Alternatively students towards the end of the year should have a greater, more varied knowledge base.

### **MD Year 4 Vocational Selective**

Students attend full-time for a four week block. There are three rotations which occur between August and October. The Vocational Selective allows students who have almost finished their medical course to explore an area of clinical practice in which they think they might like to develop a career.

## Dates for 2017

### MD Year 1: Principles of Clinical Practice 1 (PCP1)

Rotating pairs of students visit a practice once for three hours. You will be notified about your students at least a month before the placement commences.

Semester 1 visits: 21 March – 24 May

Semester 2 visits: 18 July – 11 October

### MD Year 2: Ambulatory Care (AC), one day per week over 4 weeks, rural practices for four consecutive days.

<i>Rotation</i>	<i>Start date</i>	<i>Finish Date</i>
Rotation one	Monday 3 April	Friday 5 May
Rotation two	Monday 8 May	Friday 2 June
Rotation three	Monday 3 July	Friday 28 July
Rotation four	Monday 31 July	Friday 25 August
Rotation five	Monday 4 September	Friday 29 September
Rotation six	Monday 2 October	Friday 27 October

### MD Year 3 GP Block Rotation, four days per week over 6 weeks.

**NB: During week three in all rotations students will attend compulsory clinical workshops on Thursday and Friday at Parkville.**

<i>Rotation</i>	<i>Start date</i>	<i>Finish Date</i>
Rotation one	Monday 30 January	Friday 10 March
Rotation two	Monday 13 March	Friday 28 April Note: Easter break Fri 14 April – Fri 21 April
Rotation three	Monday 1 May	Friday 9 June
Rotation four	Monday 3 July	Friday 11 August
Rotation five	Monday 14 August	Friday 22 September
Rotation six	Monday 25 September	Friday 3 November

**PCCB**

GP Supervisors and students will receive a placement calendar at the start of the year, specifying all placement days for the year. A brief overview of term dates is provided below, students do not attend practices during term breaks:

**MD Year 2: PCCB - students will attend a three day orientation at your practice and then attend one day per fortnight, Northern students on Tuesdays and Western students on Thursdays.**

<i>Rotation</i>	<i>Clinical School</i>	<i>Start date</i>	<i>Finish Date</i>
Term one	Northern Clinical school students	Immersion week – Tuesday 14 to Thursday 16 March. Student/s will then attend every second Tuesday commencing 11 April.	Friday 2 June
Term two	Western Clinical School students	Immersion week – Tuesday 21 to Thursday 23 March. Student/s will then attend every second Thursday commencing 6 April.	Friday 26 May
Term one	Northern Clinical school students	Student/s will attend every second Tuesday commencing 11 July.	Friday 13 October
Term two	Western Clinical School students	Student/s will attend every second Thursday commencing 6 July.	Friday 6 October

## Resources

Below is a list of resources that staff can access prior to and during the student placement.

### Online resources

Several online modules have been created to assist all clinical teachers of medical students. These modules can be found at <http://excite.mdhs.unimelb.edu.au>.

Current modules include:

- Mini-clinical evaluation exercises (Mini-CEX)
- Being an effective clinical teacher
- Effective feedback
- Teaching clinical reasoning (aka “Making your thinking visible”)

All GP Supervisors can undertake these modules by registering via the website with a username and password.

The RACGP provides practice management learning objectives for medical students in general practice and can be found at: <http://curriculum.racgp.org.au/statements/practice-management/#medstudent>

The Melbourne East GP Network has created a series of short videos, they can be found at the following link: <https://www.youtube.com/user/IEMMedicareLocal/videos>

1. Effective supervision
2. A student's perspective on clinical placements
3. Ideas for student activities when in placement
4. Planning for increasing the student's responsibility observation to hands on, independent practice
5. Keeping a student safe during and after a critical incident in the workplace
6. Best practice for the clinical learning environment
7. Supervising international students
8. Giving feedback
9. 4 step method of teaching from TOTR (Teaching on the run; uses hand washing as an example)
10. The supervisor's perspective
11. A team approach to student placements

### Practice visits/phone training

If you would like to have a further discussion with our academic staff, please email or phone the Department of General Practice. Phone training can be arranged or you may request a visit to your practice.

### Student Guide

Students have a guide for their GP Block rotation and PCCB rotations. It contains the curriculum, objectives and intended learning outcomes for the course. Students also have access to online learning materials via MD Connect™.

### GP Supervisor Guide

This guide contains information for GP Supervisors. It includes curriculum, objectives and intended learning outcomes for all general practice placements.

## **Practice Manager Guide**

This guide contains information for practice managers and administrative staff on having medical students in General Practice. It also provides sample copies of the documentation needed for the student placement.

## **Website details**

We have established a dedicated website for the GP Teaching Network of the Department of General Practice, University of Melbourne. This has sections for GP Teachers/Practice Managers and for students, and contains much of the information that you will need to facilitate the placements.

This includes teaching practice profiles and forms.

The URL is <http://www.gp.unimelb.edu.au/pctn/>

## **Reference materials recommended to facilitate student learning**

Materials are available on MD Connect™ under 'Curriculum'.

GP Supervisors can gain access MD Connect™ by completing a [HR39](#) IT Access form. Completed forms must be submitted to the Department of General Practice.

## Preparing for student placement

This section provides some practical advice to practice managers about what to do prior to placement and during student orientation, as well as activities students can be involved with while on placement.

### **Prior to student placement**

You will be notified about your student at least a month before the placement commences.

We have strongly advised students to contact practices prior to their placement to introduce themselves and clarify arrangements for orientation to their practice on the first morning.

It may be advisable for you or the GP supervisor to find out where the students are travelling from and how they are commuting to the practice so that you can give them tips for getting to you. Many students will be using public transport or bicycles.

Inform all of your staff including medical, nursing, allied health and administrative staff that the student is coming and explain their role in the practice. The Supervisor Guide will be emailed to the practice and should be circulated to all GPs and qualified practitioners involved in the supervision of students. Reception staff should also be educated on how to explain the student's role to patients including gaining consent and booking patients to see the student. A sample consent form is in the appendices of this guide, and a sign (for new practices) for your waiting room will be provided by the Department of General Practice prior to the student's arrival.

### **Procedure for obtaining patient consent to see students**

All patients should consent before they see the medical student.

The method of consenting varies from practice to practice, however the best-practice principles are:

1. To have a notice visible in the waiting room announcing the presence of the medical student at the practice.
  2. To provide patients, who might see the student, with information about the purpose of the student presence.
  3. To obtain consent from the patient before they see the student. Consent may be verbal, but written consent is preferable.
  4. To document the consent in the patient's record for that day – scan the consent form or annotate the record.
- NB: Obtaining consent at the time of appointment booking is a sensible way to ensure patient satisfaction.

Appointments for the supervising GP should be made with the patient informed a student will be present. In some practices, the GP supervisor takes responsibility for the consent process and documentation.

### **Clinical record keeping**

#### **Medical records**

Please ensure that patient notes always clearly identify that a student is present. It is imperative that patient notes also clearly state:

- when a student wrote the patient notes
- when a student conducted the consultation
- that the GP Supervisor has read and checked the student notes.

Please ensure that both students and GP Supervisors are aware of this when students are at the practice. You may also consider creating a student profile on your medical records system, so that any notes made by the student are automatically clearly identifiable.

## Student attendance

100% attendance is expected at placements. Absences must be accounted for by a medical certificate or other documentation. More importantly, the students have been asked to let the practice know as soon as they are aware of being unable to attend.

GP Supervisors must sign a PIP/attendance form each day the student attends. This form is countersigned by the student and submitted to the Department of General Practice at the end of each term. This form will be emailed to the practice during the first week of the placement.

### GP Block rotation

These students will be at your practice for a six week period to learn general practice as a medical specialty. Students are expected to attend the practice for **4 days per week throughout the rotation, except in week three, when they have two days of clinical workshops at the university and therefore only attend the practice for three days.**

There is also a tutorial on the last Friday of the six week rotation that students must attend.

Students may attend sessions on weekends and after hours as part of these requirements. All students will have an attendance form which needs to be completed at the end of the rotation. **This form will be emailed to the practice during the first week of the placement.**

If at any time your student is not able to attend the placement or is running late, they must ring the practice and let you know. Students need to provide a medical certificate or other appropriate documentation for any placement days that are missed to the Department of General Practice. 100% attendance at clinical placements is a hurdle requirement to pass the third year of the medical course.

### PCCB Placement

PCCB placement days are intended to model a real-life work environment. The Department of General Practice may also contact you from time to time if there are unavoidable timetable clashes with hospital commitments, in order to negotiate a different day for that week. We attempt to keep these changes to an absolute minimum.

## Practice orientation

When a student arrives, it is recommended that the GP supervisor explains more about the practice, including the demographics, common clinical problems and special interests of the medical staff. Find out the student's expectations of their GP placement, what clinical interests they have, what clinical rotations they have completed and have yet to complete. In the event the supervisor is not available at any time, discuss who the student can go to for advice if needed.

If the supervisor is not available there must be a named delegate on the premises to supervise.

Orientation should be performed by the GP supervisor, but should also involve the practice manager or practice nurse.

Orientation should include a tour of the premises. It may take 2-3 separate sessions to show the student all aspects of the practice:

- safety issues – the student should have the opportunity to view relevant practice policy documents, and key points discussed with them including the location of the safety buttons
- computer system – the student should be taught the basics of how to use the medical records and appointments programs, and billing system
- staff – the student should be introduced to all staff and understand their roles
- allied health/on-site specialists – where allied health providers are co-located, the student should be introduced to them and their relationship to the practice
- local radiology and pathology systems
- local hospital – if the practice provides medical support to a local hospital, the facility should be included in the introduction and the student's level of involvement with the hospital determined
- specialist services – where a GP offers specialist services (e.g. obstetrics, anaesthetics, counselling) these should be introduced and the student's role in these activities should be clarified.

Many clinics have used a weekly timetable to map out student activities. This can be done prior to the student's arrival or during their orientation period. The advantages of this are that the student, GP supervisor and practice manager know what the student is doing on a week-by-week basis and allows time to plan different activities and utilise consultation space more effectively.

### GP Block rotation weekly timetable example

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Weekend</i>
AM	Consulting with GP 1	Consulting with GP 2	Tutorial	Consulting in own room	Time in reception/ Private study time	One session
PM	Time with practice nurse	Consulting in own room	Private study time	Nursing home/ Allied health/ pharmacy visit	Consulting in own room	
After hours			One session			

### Sample Timetable for PCCB

For the first few fortnights, students should aim for approximately half a day seeing patients with their GP Supervisor or other GPs, one hour per day seeing patients alone, and the rest of the day participating in allied health sessions or with the practice nurse, or self-directed learning time to identify and plan activities or achieve required tasks.

Later in the year, students need less time with allied health and more time with GPs and seeing patients alone where possible.

Below is an example of how to schedule the first few fortnights of a PCCB placement.

Time	Week 1	Week 2	Week 3	Week 4
0900	Meet with Practice Manager – orientation	With Practice nurse doing a health assessment	Meet with Practice Manager to discuss timetable and learning needs*	With Supervisor, interviewing, examining, using diagnostic skills
1000	Meet with practice staff including receptionists	Student observes Supervisor	Attends allied health session**	Student assists nurse with Flu vaccinations
1100	Student observes Supervisor consulting	Student interviews patients with Supervisor	As above	With another GP
1200	Student observes... followed by 15 minutes briefing with Supervisor	As above	Lunch	Student consults alone – 1 to 2 patients, then with GP
1230 - 1330	Lunch	Lunch	Home visit with Supervisor	Lunch
1330	Self-directed learning time	Student observes a booked procedure	Self-directed learning time	Assists with a booked procedure
1400	Student observes Supervisor consulting	Attends allied health session**	Student interviews and examines with Supervisor	Attends allied health session
1500	As above	As above	As above	As above
1600	Student observes another GP consulting	Student consults alone – 1 to 2 patients, then with GP	Student consults alone – 1 to 2 patients, then with GP	Student interviews patients with Supervisor
1700	As above	Debrief with Supervisor	Debrief with Supervisor	Debrief with Supervisor

\* Suggest a scheduled 15 minute meeting with Practice Manager every 2-4 weeks to plan timetable

\*\* Allied health sessions may be within the clinic, or arranged with a known external allied health provider nearby

## Supervision of medical students performing procedures on patients

It is a requirement of the Melbourne Medical School (MMS) and affiliated health services that all medical students must be appropriately supervised when performing any medical procedures on a patient.

This requirement applies to MMS medical students at all year levels. MMS-affiliated Health Services also apply this policy to Elective Medical Students from other medical schools who are undertaking a rotation.

Appropriate supervisors include qualified medical, nursing and health sciences staff for whom the procedure is within their scope of practice. Individual students are responsible for sourcing an appropriate supervisor before commencing any patient procedure.

## Learning on clinical placement: practice-based activities and tips

### What can students do in your practice?

Students will have the opportunity to undertake a wide variety of activities during their General Practice rotation. Some of these activities listed below.

### Observation of consultations:

Students can become involved in parts of the consultation. For example, they may examine the patient or take a focused history. This is an opportunity for the GP to “get a feel” for the competency of the student before they see patients independently.

Students are encouraged to consult with other GPs in the practice as they may have a different patient base and communication and teaching styles.

### Independent student consulting:

Students are encouraged to see patients on their own from second year and beyond. As the placement progress, the number of patients a student sees independently should increase. Depending on available consulting space, students can see a patient in a separate room while the patient is waiting to see the GP. Practice staff may need to arrange a room for students to consult in, or for the student to have access to a computer. Students should record their findings in the patient notes and present the case to the GP while the patient is still present; the notes should be read and checked by the GP supervisor. During the student- patient consultations, the GP can continue to see their own patients. This method of consulting is called the “WAVE model”. An example of how WAVE consulting might work in practice is illustrated in the following timetable where there is a separate room for the student to use:

<i>Time</i>	<i>GP Supervisor</i>	<i>Student</i>
9.00 – 9.15	Patient 1	Read notes for patient 3
9.15 – 9.30	Patient 2	See patient 3
9.30 – 9.45	Student presents patient 3 to supervisor	
9.45 – 10.00	Patient 4	Write up notes, look up info... Read notes for patient 6
10.00 – 10.45	Patient 5	See patient 6
10.45 – 11.00	Student presents patient 6 to supervisor	
Etc.		

If a separate consulting room is not available but there is a computer somewhere for the student to access, the student can read the patient’s notes beforehand while the GP sees an earlier patient. When the GP is ready, the student leads the consultation with the supervisor watching, or the supervisor can leave the room for a few moments. Similarly, when a patient has refused to allow the student to be present, the student can go elsewhere to read the next patient’s notes.

### Practice nurse:

Students may be involved in any activities that practice nurses undertake including Enhanced Primary Care (EPC) tasks. Students may initially observe EPC tasks with a view to performing them independently by weeks 2-3. These sessions can be included in the student’s timetable.

Procedures: See the ‘core procedures list’ in the GP Supervisor handbook for the procedures it is anticipated students will observe and undertake during placements.

**Home visits/Hospital visits:**

Students are strongly advised to be involved with all of the daily activities of the GP supervisor, including visiting patients at home and in aged care facilities or hospitals (if you have admitting rights). They may also attend home visits with nursing and allied health staff.

**Allied health experiences:**

Students may discuss with the supervisor which extra services within the practice and in the local community could provide useful learning experiences. Suggestions include physiotherapists, pharmacists, podiatrists, diabetes educators, audiologists, optometrists and pathology nurses. At least one session a week (GP block students) or one session every month (PCCB students) could be spent visiting each of these, ideally at a time when there are no free consulting rooms or the GP supervisor is unavailable.

**Practice management tasks:**

Students can work in the reception area - answering calls, learning the principles of triaging patients, understanding patient billing procedures and the basics of Medicare item numbers.

**Independent Research:**

Students can use their evidence based medicine skills to perform searches to assist with management issues seen in the practice, explore clinical guidelines and search for useful patient education materials that are relevant for the cases they have seen.

**Self-directed learning/CPD activities:**

Students should be allowed time for self-directed learning - reading GP journals in the practice, talking to pharmaceutical representatives, attending CPD events, etc. Having a study space and a computer with internet access somewhere in the practice will help when timetabling this option. In previous GP placements, students have also contributed to educating GPs by presenting interesting cases they have seen and researched.

**After hours experience (GP Block rotation placement only):**

Students should attend the practice on Saturdays or for an evening session at least twice during the placement. This will enable them to witness the variety of General Practice beyond normal office hours.

**Student and supervisor meetings:**

Feedback is extremely important. Weekly half hour meetings between students and supervisors are advised to review their progress and expectations. These meetings could be included in the student/s practice timetable.

**Health promotion:**

Students can seek out health promotion or illness prevention opportunities for your patients. Examples of this may include: checking patients immunisation status or cardiovascular risk factors.

**Clinical audits:**

Your practice might like the student to do a practice audit about an issue in the practice as part of a quality improvement cycle. They can give their findings back at practice meetings and participate in the planning for improving any gaps in practice. The practice or the student may implement some of the suggested strategies and monitor the outcomes if there is time.

**Miscellaneous tasks:**

Discuss any special interests in medicine that your practice might have and look for opportunities for the student to further experience these, e.g. surgical assisting, sports medicine, complementary medicine.

## Placement problem-solving

It is not uncommon for students to experience a variety of difficulties, especially during the first few weeks of the rotation when settling into a practice. In the event of a personal issue we have provided the students with advice on who to contact. You can also contact the Department of General Practice should you have any ongoing concerns.

Listed below are some common student/practice/supervisor difficulties:

- lack of independent consultations with patients/ no spare room – we ask for a spare room to be made available for a minimum of 2 sessions per week GP Block rotation and one hour a day for PCCB students
- lack of feedback from GP supervisor(s) – provide a teaching allowance to the GP to compensate for reduced patient numbers seen when teaching
- lack of variety of patient clinical presentations – involve other interested GPs
- language barriers/cultural difference – provide details of languages encountered in patient consultations at the time of recruitment to ensure students placed know or speak the given language
- patient refusal to see students – check patient consent process, source other tasks for the student
- lack of procedures/ lack of access to nurses or allied health – investigate any barrier to access
- students late or not attending scheduled practice sessions – please report non-attendance to the Department of General Practice p: 8344 7276 or e: [gp-enquiries@unimelb.edu.au](mailto:gp-enquiries@unimelb.edu.au)
- If you are concerned about the professional behaviour of your student, there is a form with guidelines on pages 28-30. If your concerns are ongoing, please contact the Department of General Practice.

If problems like the ones listed above do arise with your student, please speak to them initially. We have also encouraged students to speak with their supervisor about any ongoing concerns they may have.

If you are unable to resolve these issues within the practice, please seek further advice from the Department of General Practice via phone or email as soon as possible. Do not wait until the end of a placement to alert the Department of General Practice to problems you may be experiencing.

At the end of the GP rotation and end of year for PCCB, students will have the opportunity to provide feedback about their individual practices in order to advise GP supervisors and their practices on what they do well and how can they improve for future students. We will provide you with a summary of student feedback.

You will also have the opportunity to provide the Department of General Practice with your feedback on your experiences.

## Role of the practice manager

The practice manager is central to the success of the placement. The practice manager role is to:

- ensure that the Professional Placement Agreement Letter is signed
- create a timetable for the student
- circulate the GP supervisor guidebook to other GPs and the practice nurse
- monitor student attendance
- encourage other GPs to identify suitable interesting patients for the medical student
- brief reception staff on the patient consenting procedure
- provide an orientation and induct students into practice procedures
- enable student access to medical software
- coordinate placement paperwork with the student and GP supervisor
- ensure room is timetabled for independent consulting when available
- if possible allow supervisors extra time for teaching
- coordinate allied health and specialist visits for the student
- ensure all assessment paperwork is returned to DGP in a timely manner
- discuss the core presentations and procedures with PCCB students to identify ways that you can help the student access these patients.

## Practice remuneration

- Eligible practices may claim the Practice Incentives Program (PIP) teaching payment for teaching students.
- The rate at the time of printing this guide is \$200 per session up to a maximum of two sessions per day. A session is defined as a minimum of 3 hours.
- Where there are two students placed at one practice, each student must have a different GP Supervisor for the practice to claim PIP payments for both students
- A combined PIP attendance form will be emailed directly to the practice and we ask that your practice manager or supervising GP tick off the student's attendance on page 2. At the conclusion of the placement, the supervisor and student must both sign the last page. Once complete, please return the form to our department. I will include the University stamp, check the attendance and fax to the HIC on behalf of the practice.

Details about the Practice Incentives Program are available at:

<http://www.humanservices.gov.au/health-professionals/services/practice-incentives-programme/>

## Paperwork requirements

For each placement, there is essential paper work to complete and return to the Department of General Practice.

Paperwork includes:

- *Professional Placement Letter Agreement* – Two partially executed agreements are emailed to the practice. One copy must be signed by the authorised officer (GP supervisor or practice manager) and returned to the Department of General Practice, Melbourne Medical School, prior to the first student placement. The second copy must be retained at the practice. These obligations will apply for a period of between one to three years from signature date. This document confirms the University's provision of insurance for students on placement.
- *Practice Incentive Payment (PIP) attendance form* – The PIP/attendance form is required to be returned to the Department of General Practice at the conclusion of the placement. Please ensure the attendance is marked off; page 2 of the document is signed and the practice ID entered; we will finalise your forms, add the University stamp and submit to the HIC on behalf of the practice.
- *Placement evaluation* – The placement evaluation will be completed online via survey monkey. The link will be emailed to the GP supervisor at the conclusion of the block placements.
- *GP supervisor feedback form and professional behaviour checklist* – These are to be completed for each MD3 GP block student by the nominated GP Supervisor. These will be emailed to the GP supervisor during week 3 of each rotation and should be returned to the Department of General Practice, Melbourne Medical School within one week of the rotation concluding. These are assessment requirements for the student. Copies of these documents are provided in the appendices.
- *Mini-CEX assessment form* – Students must complete two Mini-CEXs during their PCCB or GP block rotation. They must return these forms to the Department of General Practice. It will be the student's responsibility to organise Mini-CEXs with their GP supervisor and to arrange for the GP to set aside time and assist with selecting appropriate patients for these assessments. The GP supervisor will observe the student performing the clinical task and complete the mark sheet. Practice staff may be involved in timetabling consulting rooms as required.

### *GP Block Rotation only*

- *Student Award nomination form* – GP Supervisors are invited to nominate any students who have performed exceptionally while on placement at your practice. This form will be emailed to the GP Supervisor with the placement evaluation form. A copy of this form is included in the appendices.

# Appendices

## Waiting room sign

A sign has been provided to be displayed in your waiting room. Please contact the Department of General Practice if you would like signs in other languages.

The purposes are:

- To alert patients of student presence
- To express gratitude for their role
- To provide an opt-out for patients
- To highlight that the clinic is endorsed as a University of Melbourne teaching practice.



# Patient Consent Form

**UNIVERSITY OF MELBOURNE  
DEPARTMENT OF GENERAL PRACTICE  
PATIENT INFORMATION AND CONSENT FORM**

We at the <insert name of practice> have agreed to supervise medical students from the University of Melbourne as they learn about general practice.

Students will spend time working with our doctors, nurses, and reception staff and with other health professionals at our clinic.

During their time at our clinic, students will learn how a general practice operates, observe consultations, conduct procedures and interview and examine patients.

Students have been taught to maintain ethical standards during consultations including keeping all consultation and patient details confidential within the treating team at our clinic.

Please inform reception staff if you do not want a medical student involved for all or for part of your consultation. This decision will in no way affect your medical care.

I \_\_\_\_\_, have read the information provided and consent to seeing a medical student today. I understand that I may withdraw this consent at any time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**DOCTOR OF MEDICINE  
PROFESSIONAL BEHAVIOUR ASSESSMENT FORM  
YEARS 2, 3 and 4**



**MELBOURNE  
MEDICAL  
SCHOOL**

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Rotation: \_\_\_\_\_ Clinical School: \_\_\_\_\_

BEHAVIOUR	SATISFACTORY	CONCERN	N/A
<b>Personal</b>			
Is punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is appropriately dressed and groomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitors announcements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notifies clinical school about planned and unplanned absences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears prepared for learning and teaching sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes all tasks in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interacts appropriately with</b>			
Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients' relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers and supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing and allied health staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-clinical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Confidentiality</b>			
Demonstrates confidentiality of patient information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates confidentiality of other relevant information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Feedback</b>			
Accepts feedback and responds appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GLOBAL GRADE: Satisfactory / Unsatisfactory**

(please circle one)

**Description and Action Plan:** \_\_\_\_\_

\_\_\_\_\_

(Please document areas of concern with supporting evidence if necessary, the action plan created to assist the student to change behavior, including how evidence will be collected to identify change)

**Date or timing of review:** \_\_\_\_\_ **Person responsible for review:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This student has demonstrated a superior level of professionalism and I would like to nominate them for a Certificate of Professionalism (attach supporting documentation).

**DOCTOR OF MEDICINE  
PROFESSIONAL BEHAVIOUR ASSESSMENT GUIDE  
YEARS 2, 3 and 4**



**MELBOURNE  
MEDICAL  
SCHOOL**

Some examples of both satisfactory and unsatisfactory professional behaviours are listed below to assist with form completion. Those which are in **bold** have been found to be predictors of future problems, including medical board disciplinary action<sup>1</sup>.

BEHAVIOUR	SATISFACTORY	UNSATISFACTORY
<b>Personal</b>		
Is punctual	Consistently on time for learning sessions.	Often arrives late or leaves early.
Is appropriately dressed and groomed	Consistently appropriately dressed and groomed.	Dress or grooming is often not in keeping with hospital policy in relation to being neat, clean and appropriate to the nature of the work being undertaken, or is not in compliance with relevant organisational policy (PPE and infection control).
Monitors announcements	Monitors and keeps up to date with announcements from the various sources (including MD Connect, emails and texts). Responds in a timely manner when required.	Often unaware of announcements, timetable changes or emails sent to them, as does not check for updates frequently.
Notifies clinical school about planned and unplanned absences	Consistently notifies clinical school in a proactive and timely manner about absences. Provides required documentation <sup>2</sup> .	<b>Demonstrates irresponsible behaviour</b> such as unreliable <sup>1</sup> or unplanned absences <sup>3</sup> . Often fails to notify the clinical school about absences or demonstrates significant delays in doing so. Needs to be chased to explain absences or provide supporting documentation.
Appears prepared for learning and teaching sessions	Consistently prepared for sessions, with all equipment required and pre-session preparations complete. Participates effectively in collaborative work.	Frequently not prepared for sessions in relation to books or equipment required, pre-session preparations such as readings or preparation of patients for discussion.
Completes all tasks in a timely manner	Demonstrates effective time management, completes all tasks on time <sup>2,3</sup> , including administrative tasks (such as police check) demonstrates accountability; is reliable and takes responsibility; is organised <sup>4</sup> shows initiative and is motivated <sup>1</sup> .	Tasks often not completed by the time required or deadline. Requires frequent reminders to complete tasks. Unreliable, disorganised. Lacks initiative and motivation. Unacceptable timing of requests for special needs taking examinations <sup>5</sup> .
<b>Interacts appropriately by consistently demonstrating:</b>		
<ul style="list-style-type: none"> <li>• Appropriate communication, both verbal and non-verbal</li> <li>• Appropriate behaviours in their role, including:                             <ul style="list-style-type: none"> <li>- Showing respect for individuals' diversity/uniqueness;</li> <li>- Demonstrating politeness, courtesy and patience;</li> <li>- Showing empathy, caring, compassion and rapport;</li> <li>- Displaying an appropriate manner and maintaining professional boundaries.<sup>1-5</sup></li> </ul> </li> </ul>		
Patients	Respects patient privacy, autonomy and dignity and is sensitive to the patient's needs, including that for rest.	Shows lack of attention to patients' needs, for example does not respect patient boundaries, fails to formally introduce themselves. Engages in inappropriate behaviour for example texting whilst seeing a patient.
Patients' relatives	Treats relatives with respect, while maintaining patient privacy and confidentiality.	Shows lack of empathy for relatives; fails to acknowledge relatives when reviewing patient.
Teachers and supervisors	Shows respect by arriving on time, being prepared for and participating in teaching sessions. Shows skills in listening and expression. Shows gratitude to teachers and supervisors.	Demonstrates argumentativeness towards teachers and supervisors or lack of respect through behaviour. Attends a teaching session in an unfit state <sup>2</sup> . Demonstrates lack of respect through inappropriate use of mobile phones and electronic devices, eating or talking during sessions.

BEHAVIOUR	SATISFACTORY	UNSATISFACTORY
Nursing and allied health staff	Shows respect for colleagues, displays skills in listening and teamwork. Shows respect for nursing and allied health staffs' expertise and opinions and does not impede their patient care. Shows respect for their workspace.	Does not show respect for nursing and allied health staff in relation to their expertise and opinions, or completion of patient care duties. Does not show respect for shared workspaces
Non-clinical staff	Shows respect to non-clinical staff and does not impede their patient care duties. Shows respect for their workspace.	Shows lack of consideration to non-clinical staff including a rude/dismissive attitude or lack of respect for their duties. Does not respect their workspace eg by not waiting politely/quietly until attended to. Does not leave tutorial rooms in same state as they found them, especially in relation to leaving rubbish behind, not returning borrowed chairs.
Colleagues	Shows respect for colleagues in their own and different years in the MD program, and for those in different courses and universities.	Often criticises, undermines or ridicules a colleague's performance or opinion. Withholds information, resources, patients or details of extra teaching sessions from colleagues. Demonstrates a lack of sensitivity to colleagues including disruptive group behaviour, unnecessary interruptions in tutorials, inappropriate behaviours <sup>5</sup> .
Confidentiality		
Demonstrates confidentiality of patient information and other relevant information	Demonstrates confidentiality in dealings with all patient information, including electronic and hard copy forms.	Divulges potentially identifiable patient information in their work such as presentations and e-portfolios. Discusses patients and reveals potentially identifiable information in public areas including on social media. Does not dispose of confidential information correctly.
Feedback		
Accepts feedback and responds appropriately	Shows motivation to learn and improve, demonstrates adaptability. Shows reflectiveness, personal awareness and self-assessment skills <sup>4</sup> . Responds to error, is aware of own limitations <sup>4</sup> . Is proactive in seeking feedback, engages in respectful discussions and reflects on feedback given. Demonstrates persistence when faced with academic challenges.	Demonstrates a failure to accept constructive criticism, is hostile or argumentative in response to corrective feedback resulting in a <b>diminished capacity for self-improvement</b> <sup>1</sup> . Behaves in a threatening or intimidating manner to assessors. Does not seek feedback or act on that which has been given.

Students who demonstrate a superior level of professionalism may be nominated by their Clinical School for consideration of a Certificate of Professionalism awarded by the Melbourne Medical School.

Such students would demonstrate outstanding performance in one or more of the following areas<sup>2,4</sup>:

- |  |  |
|--|--|
| <input type="checkbox"/> Interpersonal – altruism, respect, integrity  | <input type="checkbox"/> Public – accountability, self-regulation, justice   |
| <input type="checkbox"/> Volunteering  | <input type="checkbox"/> Honesty   |
| <input type="checkbox"/> Shows respect for privileges and codes of conduct                                       | <input type="checkbox"/> Social values   |
| <input type="checkbox"/> Intrapersonal – lifelong learning, maturity, morality, humility, strives for excellence | <ul style="list-style-type: none"> <li>• Respect for the well-being and dignity of every individual;</li> <li>• Commitment to civil society and community engagement;</li> <li>• Dedication to the obligations of the professions in society.</li> </ul> |

Nominators should attach examples of how the student has demonstrated behaviour of an outstanding level.

1. Papadakis MA, Teherani A, Banach MA, Knettler TR, Rattner SL, Stern DT, et al. Disciplinary action by medical boards and prior behavior in medical school. *N Engl J Med.* 2005;353(25):2673–82.
2. McLachlan JC, Finn G, Macnaughton J. The conscientiousness index: a novel tool to explore students' professionalism. *Acad Med.* 2009;84(5):559–65.
3. Wilkinson TJ, Tweed MJ, Egan TG, Ali AN, McKenzie JM, Moore M, et al. Joining the dots: Conditional pass and programmatic assessment enhances recognition of problems with professionalism and factors hampering student progress. *BMC Med Educ.* 2011;11:29
4. Wilkinson TJ, Wade WB, Knock LD. A blueprint to assess professionalism: results of a systematic review. *Acad Med.* 2009;84(5):551–8.
5. Papadakis MA, Loeser H, Healy K. Early Detection and Evaluation of Professionalism Deficiencies in Medical Students: One School's Approach. *Acad Med.* 2001;76(11):1100–

**DOCTOR OF MEDICINE  
PRINCIPLES OF CLINICAL PRACTICE 3  
MEDS90020  
MINI-CLINICAL EVALUATION EXERCISE (MINI-CEX) FORM**



**MELBOURNE  
MEDICAL  
SCHOOL**

Date of Assessment: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Rotating Term:  Aged Care  Child and Adolescent Health  General Practice  
 Mental Health  Women's Health

Setting:  In-patient  Out-patient  Emergency  General Practice  Other

Patient problem/ Dx (s): \_\_\_\_\_

Patient age: \_\_\_\_\_ Patient gender:  Male  Female Case Complexity:  Low  Moderate  High

Please rate the student against what you would expect of a student in the second year of their clinical training.

	Unsatisfactory						Excellent	Not applicable
Medical interviewing skills (including risk assessment)	0	1	2	3	4	5	n/a	
Physical examination skills (including Mental State Examination)	0	1	2	3	4	5	n/a	
Communication skills	0	1	2	3	4	5	n/a	
Clinical judgement	0	1	2	3	4	5	n/a	
Time management	0	1	2	3	4	5	n/a	
Initial investigational plan	0	1	2	3	4	5	n/a	
Basic management plan	0	1	2	3	4	5	n/a	
Giving information (including to third party)	0	1	2	3	4	5	n/a	
<b>OVERALL PERFORMANCE</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		

Strengths:

Suggestions for development:

Assessor name: \_\_\_\_\_

Assessor position: \_\_\_\_\_

Assessor signature: \_\_\_\_\_

Student signature: \_\_\_\_\_

**DOCTOR OF MEDICINE  
PRINCIPLES OF CLINICAL PRACTICE 3  
MEDS90020  
MINI-CLINICAL EVALUATION EXERCISE (MINI-CEX)**



**MELBOURNE  
MEDICAL  
SCHOOL**

**COMPLETING THE ASSESSMENT FORM**

The Mini-CEX should involve a clinical assessor observing a student in a clinical encounter of around ten minutes duration, followed by verbal and written feedback to the student. All exercises MUST be observed clinical encounters. There is some flexibility in the areas assessed, but all Mini-CEX should cover at least 4 of the 8 areas outlined on the assessment form. Students are required to complete ten exercises to a 'satisfactory' level during PCP3, with two completed in each rotation.

A short training module on assessing the Mini-CEX is available at: [http://excite.mdhs.unimelb.edu.au/online\\_modules](http://excite.mdhs.unimelb.edu.au/online_modules)

**SOME APPROPRIATE CLINICAL ENCOUNTERS IN PCP3:**

**Aged Care:**

- Interview and/or physical examination about a new presenting problem in a palliative care, geriatric medicine, psychiatry of old age or rehabilitation setting
- Perform a cognitive assessment
- Perform a balance assessment
- Information giving about a diagnosis or a basic management plan

**Child and Adolescent Health:**

- Interview carer and/or physical examination for a new paediatric presentation
- Interview an adolescent with a chronic disease
- Information giving to a child, adolescent or parent/ carer about a new diagnosis or management plan
- Information giving to a child, adolescent or parent/ carer about a procedure e.g. using a spacer

**General Practice:**

- Interview and/or physical examination with a patient with a new presenting problem
- Interview and/or physical examination with patient with chronic illness presenting for review, creating a problem list
- Information giving about a new diagnosis, investigation results or a basic management plan
- Motivational interviewing about lifestyle change e.g. smoking

**Mental Health:**

- Interview and/or assess the mental state of a patient with a mental health problem
- Perform a risk assessment with a patient
- Information giving to a patient/ carer about mental health problems and treatments

**Women's Health:**

- All students must complete
- One mini CEX as an obstetric examination of the pregnant abdomen and
- One mini CEX about a gynecological topic which may include Interview and/or physical examination or Information giving about a new diagnosis or a basic management plan about a gynaecological problem

### USING THE OVERALL RATING:

**Please ensure that you have also circled ONE number in the Overall Performance Category, as this mark contributes to the student's overall mark for the subject.**

#### **Unsatisfactory:**

Gaps in knowledge and/or skills that you would not expect in a student in their second year of clinical training. Important history/signs missed or misidentified. Poor communication with patient. Possible concerns about professionalism (attitudes and behaviours with patients). This category should be used for any student about whom you have concerns in one or more major areas of their performance.

#### **Satisfactory:**

The level of performance you would expect from a student in their second year of clinical training. Identifies most important aspects of history/physical signs, competent communication skills and appropriate interactions with patients. Well organised. This category should be used for students who perform competently and professionally across most of the areas being assessed.

#### **Excellent:**

Performing above the level you would expect. Good communication skills, rapport with patient. Identifies problems and arranges them in order of priority. Can discuss how results of appropriate investigations could affect management. This category should be used for students whose performance is clearly superior across most of the areas being assessed.

### GIVING WRITTEN FEEDBACK:

#### **Strengths:**

Please give students concrete information on what they did well, e.g. *good use of open questions, responsive to non-verbal cues, examination was appropriately focused*, rather than general statements. Give the student information on what was done well, even if the overall performance was 'unsatisfactory'.

#### **Suggestions for development:**

Please give students concrete suggestions for improvement, e.g. *did not explain action to patient, failed to follow-up information from patient, was not able to put information together to come up with a diagnosis, management plan*, rather than general comments on overall weaknesses. Offer suggestions for improvement even if performance is 'satisfactory'.

**DOCTOR OF MEDICINE  
PRINCIPLES OF CLINICAL PRACTICE 3  
MEDS90020  
GENERAL PRACTICE**



**MELBOURNE  
MEDICAL  
SCHOOL**

**CLINICAL SUPERVISOR FEEDBACK FORM**

Student Name: \_\_\_\_\_ GP Supervisor Name: \_\_\_\_\_

Date of Feedback: \_\_\_\_\_

Criterion	Rating	Areas for Improvement
Medical Practice – Diagnostic skills	Above expected <input type="radio"/>	
	Satisfactory <input type="radio"/>	
	Requires further development <input type="radio"/>	
Medical Practice – Management skills	Above expected <input type="radio"/>	
	Satisfactory <input type="radio"/>	
	Requires further development <input type="radio"/>	
Medical Practice – Dealing with uncertainty	Above expected <input type="radio"/>	
	Satisfactory <input type="radio"/>	
	Requires further development <input type="radio"/>	
Communication skills	Above expected <input type="radio"/>	
	Satisfactory <input type="radio"/>	
	Requires further development <input type="radio"/>	
Collaboration in the General Practice context	Above expected <input type="radio"/>	
	Satisfactory <input type="radio"/>	
	Requires further development <input type="radio"/>	

Activities to facilitate learning in the next 2 weeks

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GP Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to [gp-enquiries@unimelb.edu.au](mailto:gp-enquiries@unimelb.edu.au)  
or mail to: Department of General Practice, 200 Berkeley St, Carlton VIC 3053  
or fax to: 03 9347 6136**

**DOCTOR OF MEDICINE  
PRINCIPLES OF CLINICAL PRACTICE 3  
MEDS90020  
GENERAL PRACTICE**



**MELBOURNE  
MEDICAL  
SCHOOL**

**SUPERVISOR FEEDBACK GUIDELINES**

***Medical Practice – diagnostic skills***

- Performs complete and accurate assessments of patients
- Uses clear and accurate diagnostic processes when seeing patients
- Uses clinical judgement in recognising acute versus chronic problems and prioritises accordingly
- Competent in basic procedural skills
- Creates a problem-list that is well prioritised, accurate and patient-centred

***Medical Practice – management skills***

- Develops a clear and realistic management plan for patients
- Uses preventative and therapeutic interventions effectively
- Plans appropriately for short, medium and long term management
- Critically evaluates information and its source and applies it appropriately in decision making
- Understands the principles of coordination of care and continuity of care
- Plans for the appropriate referral to specialist and allied health care

***Medical Practice – dealing with uncertainty***

- Able to deal with uncertainty and clinical errors
- Responds appropriately to criticism
- Recognises and acts within own limitations
- Seeks appropriate consultation from other health professionals as needed
- Uses evidence effectively in undifferentiated presentations

***Communication skills***

- Develops rapport and trust when speaking with patients and families
- Competent at eliciting and synthesising relevant information from patients and other health professionals
- Accurately conveys information to patients and colleagues
- Develops a common understanding of issues and management plans with patients and families
- Conveys effective oral information regarding a medical encounter
- Conveys effective written information regarding a medical encounter
- Relates well to practice staff

***Collaboration and the General Practice context***

- Demonstrates an understanding of referral networks appropriate to general practice
- Works collaboratively with other health care team members
- Responds to individual health needs of the patient and the community
- Demonstrates an understanding of General Practice organisation and the place of General Practice in the Health System.
- Uses time to work effectively and efficiently
- Recommends the use of available health care resources wisely

DEPARTMENT OF GENERAL PRACTICE

# MD3 Student Award Nomination

MELBOURNE  
MEDICAL  
SCHOOL

## Attention MD3 Student Supervisors

Prizes will be awarded to students placed in the top three places in the General Practice component of Principles of Clinical Practice 3 (PCP3).

As Student Supervisor, you are invited to nominate any students who have performed exceptionally while rotating through your practice.

To assist GPs in nominating a student we have outlined some criteria that a nominated student is likely to meet. These are a guide only, but the emphasis is on the student's clinical skills.

The criteria are as follows:

1. The student relates well to patients of many backgrounds and demographics, showing empathy to people, and taking on a supportive and advocating role.
2. The student shows excellent clinical knowledge, with a sense of clinical perspective appropriate to general practice.
3. The student is able to synthesise the many facets of the patient's problem including the medical and the non-medical aspects, to have a strong understanding of what is actually worrying the patient and respond to this appropriately.
4. The student critically analyses information, and shows willingness to alter their responses in the light of this analysis.
5. The student shows an ability to work within a group environment and responds to requests from staff other than doctors.
6. The student shows an enthusiasm for the work, being actively involved in the process of patient assessment and clinical decision-making.
7. The student responds to challenges and shows willingness to follow-up project/information gathering requested by the doctor.
8. The student is able to creatively problem solve, by synthesising information, and thinking laterally.
9. The student is able to manage clinical uncertainty, and deal with this in a way appropriate to the situation and the patient.

Once nominations are received, the three prize recipients will be selected taking into account the following criteria:

- Overall marks attained by that student in the MD3 clinical examinations, ie: OSCE; MCQs, SAQs and the GP supervisor feedback form will be sent to you in a separate email for your completion
- Tutorial attendance record
- Feedback from tutors about that student's participation in tutorials.

The Department of General Practice will reserve the right to interview a selection of the nominated students if the above criteria fail to determine a clear winner of the awards.

