



MELBOURNE  
MEDICAL  
SCHOOL

**DOCTOR OF MEDICINE**

2017

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# General Practice

**SUPERVISOR GUIDE**

**DOCTOR OF MEDICINE**

2017

General Practice  
Supervisor Guide

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\* 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.

This guide is written specifically for the GP Supervisor to be used in combination with the Practice Manager Guide and Student Guide. 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 Sancı**

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.

## Research

The Department of General Practice, Melbourne Medical School is active in growing the evidence base for *effective and efficient primary care*. Research underpins advances in any discipline and our research informs our teaching to students in this course.

The particular themes of our research programs are:

- Abuse and Violence (Professor Kelsey Hegarty)
- Ageing, chronic disease and equity (Associate Professor John Furler)
- Primary care cancer medicine (Professor Jon Emery)
- Primary care mental health (Professor Jane Gunn)
- Young people's health and wellbeing in primary care (Associate Professor Lena Sancı)

## 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**

<http://medicine.unimelb.edu.au/school-structure/general-practice/engagement/partners/primary-care-community>

### **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 64). 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)
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.**

## Roles and responsibilities

Explanatory notes for GP supervisors. Please also refer to your Professional Placement Letter Agreement (PPLA).

In brief, the roles and responsibilities are:

### GP supervisor

Each student has a nominated supervisor whose role is to:

- Assist with student orientation to the clinical aspects of the practice
- Provide dedicated teaching time with their student each placement day, including providing feedback on progress and facilitating learning
- Ensure student safety including appropriate clinical supervision at home visits, external facilities, allied health and specialist services. Offsite clinical visits will occur only with the supervisor or their clinically qualified delegate present
- The GP Supervisor or their nominee (another GP) will be available on site to support the student at all work times
- Provide ongoing supervision of the student and provide direct student teaching, using a range of methods such as direct observation, joint consultations, clinical discussions, and formal teaching
- Assist the student to understand the learning requirements for the term
- Complete any assessment of the student required by the University in a timely and confidential manner

### Practice manager

The practice manager can be central to the success of the placement and a separate guide is provided. In brief, the practice manager's role is to:

- Provide orientation, create a student timetable, enable access to medical software and monitor attendance, ensuring the student knows who to contact regarding absences
- Brief reception staff on procedure for patient consent
- Coordinate placement paperwork with the student and GP supervisor
- Ensure a room is timetabled for independent consulting for at least one hour per day (PCCB) or the equivalent of two sessions a week (GP block term)
- If possible allow supervisors extra time for teaching (some practices block out two appointments per three hours, others block out one appointment each hour)
- Encourage and timetable other GPs, practice nurses and allied health staff to supervise the student
- The practice will offer the full range of ongoing primary care to all patients who attend, and the practice manager will ensure the student is able to see a representative case mix of these patients
- Ensure reference materials and patient information material is available for student access

### The student

The student will be a member of the practice team. In brief, the student will:

- Behave professionally at all times. A professional behavior checklist is available in this guide
- Notify the practice if absence is necessary and provide relevant certification
- Be responsible for creating their own learning plan, which will be facilitated by the GP supervisor
- Consult the GP supervisor about the management of patients
- Uphold standards of confidentiality
- Maintain infection control standards including universal precautions

*Issues of concern regarding the student should be first discussed with them; if there is ongoing concern the Department of General Practice should be notified.*

## 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.

This form is a compulsory requirement for MD Year 3 GP Block rotation.

## 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 one	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 two	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

## The medical curriculum: know your student

The Doctor of Medicine (MD) course at The University of Melbourne is a four year post graduate course with general practice placements in each year. Students have an undergraduate degree, usually (but not always) from a biomedical, science or allied health field. They may have had greater life experience in comparison with undergraduate (MBBS) students. Please ask your student about their pre-MD background as this will help inform your teaching.

### MD Year 1

Is a university campus based year where students consolidate and expand their knowledge in the prerequisite disciplines of anatomy, physiology and biochemistry and are provided with a foundation in behavioural science, immunology, microbiology, pathology, pharmacology and population health.

All students complete two three hour visits to different general practices to observe clinical encounters with patients and, if possible, interview a patient about their experience of pain.

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

Is based in the hospital clinical schools where students undertake rotating clinical terms. The first of the four rotating terms is a hospital clinical school based foundation term with specific programs in pathology, radiology and pharmacology.

Students then rotate through three clinical terms:

- **Ambulatory Care and Emergency Medicine** - medical interactions that take place outside the hospital inpatient setting; and includes outpatient specialists like dermatology, rheumatology and ENT, as well as emergency medicine and an opportunity to encounter 'office-based' disciplines in the community setting.
- **Medicine** - is for students to learn about acute and chronic medical problems.
- **Surgery and Anaesthesia** - is to learn about acute and chronic surgical problems.

Students also study Ethical Practice throughout MD Year 2. The aims are for students to identify and appreciate the ethical and legal dimensions of clinical practice and to recognise the pivotal role of empathy in clinical practice.

During Ambulatory Care, students spend four days in a general practice, except for those in the PCCB program who are already placed in a general practice one day each fortnight.

MD Year 2 students have a basic competency in taking a history, conducting a physical examination and making a differential diagnosis. They are still learning to put theory into actual practice and may need support and encouragement at this crucial stage.

Students at the Northern and the Western hospitals are placed in a general practice one day each fortnight alongside the hospital placement – the Primary Care Community Base (PCCB) program - detailed in subsequent pages.

### MD Year 3

Students undertake five rotating terms of Women's Health, Child and Adolescent Health, General Practice, Aged Care and Mental Health.

The general practice block is a six week placement completed by all students with the exception of the Extended Rural Cohort (ERC) students who complete a longitudinal community general practice placement in a rural location.

As students may attend their GP rotation at any time in the year, they may not have experience in some of the above rotations upon arrival in general practice. This should be an opportunity for students to gain some relevant skills in anticipation of these future rotations, but clearly students will need more support interacting with patients in these categories.

## **MD Year 4**

In their final year students first participate in a Scholarly Selective research project and a preparation to practice term where the core skills of safe and effective patient management are consolidated prior to commencing internship.

Students then study Transition to Practice which includes a four week Vocational Selective term, where students explore an area of clinical practice in which they think they might like to develop a career. This includes a general practice option. There is more information on the Vocational Selective term at: [http://medicine.unimelb.edu.au/medical-education/learning\\_and\\_teaching/md\\_selectives/vocational\\_selective](http://medicine.unimelb.edu.au/medical-education/learning_and_teaching/md_selectives/vocational_selective)

The Melbourne Medical School has carefully defined the attributes students will achieve by the end of the Melbourne MD. These attributes are expressed as 67 statements collated into six domains: Self, Knowledge, Patient, Medical Profession, Systems of Health Care and Society. These attributes are available at: [http://medicine.unimelb.edu.au/study-here/doctor\\_of\\_medicine/course\\_information/course\\_attributes](http://medicine.unimelb.edu.au/study-here/doctor_of_medicine/course_information/course_attributes)

## Core presentations

This guide contains core presentations, tasks and resources that you should become familiar with during your general practice rotation. As generalists, General Practitioners require a good working knowledge of typical presentations, prevention and management across specialties and across the lifespan. Examples are presented in the following tables, with alignment with other rotations in the MD program indicated; it should be noted that these lists are not exhaustive. They should also assist your revision and learning for your future clinical terms. The tables of women's health, paediatrics, aged care and mental health presentations within general practice are designed to direct your learning whether or not you have completed these MD year 3 terms.

### Ambulatory Care, Medicine and Surgery

**Table 1: Core presentations for Ambulatory Care, Medicine and Surgery**

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Health promotion</b> Preventive health activities and screening activities Immunisations	'I've come for a checkup.' 'I need a medical for work.' 'I've come for my flu shot'	<ul style="list-style-type: none"> <li>» Practice doing 45-49 year old assessments and develop some recommendations in consultation with your supervisor.</li> <li>» Explain common screening programs to patients relevant to each age and sex.</li> <li>» Practice the 5As as per the SNAP guide.</li> <li>» Ensure immunisations are up-to-date for all patients</li> </ul>	RACGP Red Book: Guidelines for preventive activities in general practice <a href="http://www.racgp.org.au/your-practice/guidelines/redbook/">http://www.racgp.org.au/your-practice/guidelines/redbook/</a> RACGP smoking, nutrition, alcohol and physical activity guide <a href="http://www.racgp.org.au/your-practice/guidelines/snap/">http://www.racgp.org.au/your-practice/guidelines/snap/</a> Immunise Australia Program (includes Australian Immunisation Handbook) <a href="http://www.immunise.health.gov.au/">http://www.immunise.health.gov.au/</a>

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Cardiovascular disease</b> Hypertension Lipid disorders Atrial fibrillation CVD check-up Valvular heart disease/prescribing anticoagulants Chest pain, interpretation of ECGs Stroke	'My Dad had a heart attack at age 50 and I am worried the same will happen to me'  'I had a blood pressure check at work and the nurse said it was very high and I should see the doctor.'  'I am not due to see my cardiologist for 6 months, but I think I should see him earlier, as I am getting very short of breath'  'I have been getting a tight feeling in my chest when I walk'  'I woke up in the night with my heart pounding'	<ul style="list-style-type: none"> <li>» Calculate total cardiovascular risk and explain the results to the patient.</li> <li>» Educate patients on lifestyle changes in optimal management of hypertension and list the classes of anti-hypertensive medications and common side effects.</li> <li>» Review lipid results (under supervision) and counsel a patient about elevated lipids (non -pharmacological and pharmacological management).</li> <li>» Assess a patient with known heart failure who is experiencing increasing symptoms, review their medications and consider medication side effects and interactions.</li> <li>» Take a history from a patient presenting with palpitations.</li> <li>» Calculate CHADS2 risk and counsel a patient who is starting warfarin.</li> <li>» Perform and interpret ECGs in the clinic.</li> <li>» Take a history of how a CVA or TIA has impacted on the patient's life and review tertiary prevention in consultation with the hospital discharge summary.</li> </ul>	Heart Foundation. Information for health professionals <a href="http://heartfoundation.org.au/for-professionals">http://heartfoundation.org.au/for-professionals</a>  Australian absolute cardiovascular risk calculator <a href="http://www.cvdcheck.org.au">www.cvdcheck.org.au</a>  NPS MedicineWise <a href="http://www.nps.org.au">www.nps.org.au</a>  Stroke Foundation. Clinical guidelines: <a href="https://strokefoundation.com.au/what-we-do/treatment-programs/clinical-guidelines">https://strokefoundation.com.au/what-we-do/treatment-programs/clinical-guidelines</a>

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Respiratory disease</b> Asthma COPD Lung CA / smoking	'I need to go back on my orange puffer'  'I am here for some antibiotics as my breathing is worse'  'Help..I am having trouble breathing'...	<ul style="list-style-type: none"> <li>» Observe the practice nurse performing spirometry and interpret the results.</li> <li>» Explain use of inhalers, spacers and check patient's technique.</li> <li>» Perform PEFr.</li> <li>» Employ motivational interviewing techniques for a patient who smokes and discuss non-pharmacological and pharmacological methods of quitting.</li> <li>» Outline emergency management of an acute asthma attack.</li> <li>» Complete a GP management plan with a patient with asthma</li> <li>» Complete/ review Asthma Cycle of Care and asthma action plans</li> <li>» Outline management of acute exacerbation of COPD.</li> <li>» Review COPD medications Prepare a GP management plan.</li> </ul>	National Asthma Council Australia <a href="http://www.nationalasthma.org.au">www.nationalasthma.org.au</a>  Australian asthma handbook <a href="http://www.astmahandbook.org.au/">www.astmahandbook.org.au/</a>  RACGP Clinical guidelines: Supporting smoking cessation <a href="http://www.racgp.org.au/your-practice/guidelines/smoking-cessation/">www.racgp.org.au/your-practice/guidelines/smoking-cessation/</a>  Lung Foundation Australia <a href="http://lungfoundation.com.au/health-professionals/general-practice/">http://lungfoundation.com.au/health-professionals/general-practice/</a>  Motivational interviewing techniques <a href="http://www.racgp.org.au/afp/2012/september/motivational-interviewing-techniques/">http://www.racgp.org.au/afp/2012/september/motivational-interviewing-techniques/</a>
<b>ENT</b> Acute sinusitis / URTI Tonsillitis Hoarseness	'I have got a really sore ear / throat / pain behind my eyes'  'I can't speak up in the classroom because I am having a real problem with this scratchy throat'  'I really need antibiotics'	<ul style="list-style-type: none"> <li>» Discuss the indications for antibiotic treatment in acute sinusitis/viral URTI with patients</li> <li>» Demonstrate correct nasal spray technique</li> </ul>	The Royal Victorian Eye and Ear Hospital. Clinical resources <a href="http://www.eyearandear.org.au/page/Health_Professionals/Clinical_Resources/">http://www.eyearandear.org.au/page/Health_Professionals/Clinical_Resources/</a>  eTherapeutic Guidelines, available in MDConnect™  The Royal Children's Hospital- How to use a nasal spray <a href="http://www.rch.org.au/genmed/clinical_resources/Asthma_using_a_nasal_spray/">http://www.rch.org.au/genmed/clinical_resources/Asthma_using_a_nasal_spray/</a>

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<p><b>Chronic kidney disease</b></p> <p>Screening recommendations</p> <p>Diagnostic criteria and classification system for CKD</p> <p>Diagnosis</p> <p>Complications</p>	<p>‘My Dad has to go onto dialysis for his kidneys. Should I have a check-up for this?’</p>	<ul style="list-style-type: none"> <li>» Identify risk factors and screen patients for CKD.</li> <li>» Write chronic disease management plans for patients with CKD and add recalls to the practice software for medium and long term management.</li> </ul>	<p>Kidney Health Australia. Chronic kidney disease management handbook in General Practice. Available from: <a href="http://www.kidney.org.au">www.kidney.org.au</a></p>
<p><b>Diabetes mellitus</b></p> <p>Screening</p> <p>Diagnosis</p> <p>Treatment</p> <p>Prevention of complications</p> <p>Emergencies</p>	<p>‘My brother has recently been diagnosed with diabetes and I am wondering if I should be checked too?’</p> <p>‘I can’t clear up this skin infection despite having two courses of antibiotics’</p> <p>‘I am due for a new care plan so I can go back to see the podiatrist for my diabetes check’</p>	<ul style="list-style-type: none"> <li>» Practise calculating AUSDRISK</li> <li>» Counsel a patient with newly diagnosed type 2 diabetes.</li> <li>» Refer a patient to an allied health professional as part of a care plan and team care arrangement</li> <li>» Complete a diabetes annual cycle of care.</li> <li>» Measure blood glucose levels</li> <li>» Test urine for glucose and ketones</li> </ul>	<p>RACGP. General practice management of type 2 diabetes <a href="http://www.racgp.org.au/your-practice/guidelines/diabetes/">http://www.racgp.org.au/your-practice/guidelines/diabetes/</a></p> <p>Diabetes Australia <a href="https://www.diabetesaustralia.com.au/for-health-professionals">https://www.diabetesaustralia.com.au/for-health-professionals</a></p>
<p><b>Gastroenterology</b></p> <p>GORD</p> <p>Irritable bowel syndrome</p> <p>Coeliac disease</p> <p>Fatty liver/ abnormal LFTs</p>	<p>‘Can I have another script of my Nexium?’</p> <p>‘My tummy symptoms are playing up again, and it is really worrying me’</p> <p>‘The naturopath told me to cut out gluten and I am feeling heaps better. Do I need a test for coeliac disease?’</p>	<ul style="list-style-type: none"> <li>» Give lifestyle advice to a patient diagnosed with irritable bowel syndrome.</li> <li>» Give lifestyle advice to a patient with GORD. Know red flags and indications for gastroscopy.</li> <li>» Interpret and explain coeliac screening tests to a patient.</li> <li>» Review and interpret LFTs.</li> <li>» Give lifestyle advice to patient who has a liver US confirming fatty liver.</li> </ul>	<p>GESA. Irritable bowel syndrome <a href="http://www.gesa.org.au/resources/clinical-guidelines-and-updates/irritable-bowel-syndrome/">http://www.gesa.org.au/resources/clinical-guidelines-and-updates/irritable-bowel-syndrome/</a></p> <p>AFP. Coeliac disease: where are we in 2014? <a href="http://www.racgp.org.au/afp/2014/october/coeliac-disease-where-are-we-in-2014/">http://www.racgp.org.au/afp/2014/october/coeliac-disease-where-are-we-in-2014/</a></p> <p>Coeliac Australia. Resources <a href="http://www.coeliac.org.au/resources/">http://www.coeliac.org.au/resources/</a></p> <p>AFP. Fatty liver disease <a href="http://www.racgp.org.au/afp/2013/july/fatty-liver-disease/">www.racgp.org.au/afp/2013/july/fatty-liver-disease/</a></p>

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Thyroid Disease</b> Hypothyroidism Hyperthyroidism	'I am feeling really tired'  'I have been losing weight lately'	» Examine patients presenting with a neck lump. » Interpret thyroid function tests. » Counsel a patient who is going on thyroxine/ carbimazole.	Australian Prescriber. Thyroid function tests <a href="http://www.australianprescriber.com/magazine/34/1/12/5">http://www.australianprescriber.com/magazine/34/1/12/5</a>
<b>Dermatology</b> Malignant neoplasms of skin Skin manifestations of systemic disease Contact dermatitis Acne Eczema Psoriasis	'I have this new red spot next to my nose'  'I can't go to work, as my hands are terrible since I started this job at the florist'  'I'm fed up of my spotty cheeks and back'	» Practise describing skin rashes and lesions, develop a differential diagnosis and consider management approaches. » Perform dermoscopy.	DermNet NZ <a href="http://www.dermnetnz.org/">http://www.dermnetnz.org/</a>  MDConnect™. MD2 Foundation term lecture: 'Introduction to Dermatology', and performing a skin examination ( clinical examinations guide) <a href="https://mdconnect.medicine.unimelb.edu.au">https://mdconnect.medicine.unimelb.edu.au</a>  eTherapeutic Guidelines, available in MDConnect™
<b>Men's health</b> Erectile dysfunction Benign prostatic hyperplasia Prostate cancer screening	'Can I have a script for Viagra?'  'I am up all night needing to pee'  'My wife has been hassling me to get a prostate test'	» Take a history from a patient who is presenting with erectile dysfunction taking into account total cardiovascular risk, and counsel a patient starting on phosphodiesterase inhibitors. » Counsel a patient seeking a PSA test according to recent RACGP guidelines. » Complete an international prostate symptom score assessment	Andrology Australia. Health professionals pages <a href="https://www.andrologyaustralia.org/health-professionals/">https://www.andrologyaustralia.org/health-professionals/</a>  RACGP. Prostate cancer screening: Patient information sheet. <a href="http://www.racgp.org.au/your-practice/guidelines/prostate-cancer/">http://www.racgp.org.au/your-practice/guidelines/prostate-cancer/</a>  Calculator: International Prostatism Symptom Score (IPSS) <a href="http://www.uptodate.com/contents/calculator-international-prostatism-symptom-score-ipss">http://www.uptodate.com/contents/calculator-international-prostatism-symptom-score-ipss</a>

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Headache</b> Tension headache Migraine Red flags for headaches Bacterial and viral meningitis Head injury	'I am getting headaches every day now'	<ul style="list-style-type: none"> <li>» Practise taking headache history including asking about red flags.</li> <li>» Ask a patient to prepare and then review a headache diary.</li> <li>» Assess differential diagnosis for headache including migraine, cluster headache and tension headache, and perform a focused neurological examination for headache.</li> </ul>	NPS Medicinewise. Headache <a href="http://www.nps.org.au/conditions/nervous-system-problems/pain-for-individuals/pain-conditions/headache">http://www.nps.org.au/conditions/nervous-system-problems/pain-for-individuals/pain-conditions/headache</a>
<b>Bones and Joints</b> Back pain Osteoarthritis Rheumatoid arthritis Polymyalgia Rheumatica Osteoporosis	'My back has been terrible after I did a big day of gardening'  'My hands have really stiffened up and I am worried I am getting the same arthritis my mother had'  'I had a terrible fall and broke my hip. The surgery went well but the doctor said I should get my bones checked'	<ul style="list-style-type: none"> <li>» Interview and examine patients with back pain enquiring about red flags. For each patient presenting with back pain, determine likely underlying cause and determine whether imaging is indicated or not.</li> <li>» For patients with back pain, prepare a team care plan including team members details - who, why, how to access, cost.</li> <li>» Enquire about level of functioning in RA and about extra-articular manifestations of the disease.</li> <li>» Enquire about functioning and pain management; refer to voluntary organisations.</li> <li>» Osteoarthritis – inquire about day-to-day functioning, management strategies and the role of physiotherapy and other physical therapies.</li> <li>» Determine need for DEXA scan according to a person's fracture risk; interpret DEXA results (under supervision) and discuss lifestyle advice and pharmacological treatments to reduce fracture risk.</li> </ul>	RACGP. Clinical guidelines for musculoskeletal diseases (OA, RA, JIA, OP). <a href="http://www.racgp.org.au/your-practice/guidelines/musculoskeletal/">http://www.racgp.org.au/your-practice/guidelines/musculoskeletal/</a>  Arthritis Australia <a href="http://www.arthritisaustralia.com.au">www.arthritisaustralia.com.au</a>  Osteoporosis Australia. Healthcare professionals <a href="http://www.osteoporosis.org.au/healthcare-professionals">http://www.osteoporosis.org.au/healthcare-professionals</a>  RACGP. Clinical guideline for the prevention and treatment of osteoporosis in postmenopausal women and older men <a href="http://www.racgp.org.au/your-practice/guidelines/musculoskeletal/osteoporosis/">http://www.racgp.org.au/your-practice/guidelines/musculoskeletal/osteoporosis/</a>  Diagnostic Imaging Pathways <a href="http://www.imagingpathways.health.wa.gov.au/">http://www.imagingpathways.health.wa.gov.au/</a>

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Ophthalmology</b> Approach to the red eye Foreign body in the eye Chalazion and other eyelid problems	'I woke up today with this red, painful eye' 'I was hammering in the workshop and think I got something in my eye' 'I have this painful bump on my eyelid'	<ul style="list-style-type: none"> <li>» Practise examination of the eye</li> <li>» Create a differential diagnosis and suggested management for each diagnosis listed.</li> </ul>	The Royal Victorian Eye and Ear Hospital. Clinical resources <a href="http://www.eyehandear.org.au/page/Health_Professionals/Clinical_Resources/">http://www.eyehandear.org.au/page/Health_Professionals/Clinical_Resources/</a> (read the Golden Eye Rules)
<b>Travel medicine</b> General travel advice Immunisations Fever in a returned traveller Malaria prophylaxis	'I am going on a round-the-world trip. Do I need any shots?'	<ul style="list-style-type: none"> <li>» Counsel a patient who is going overseas providing general travel advice and specific advice on recommended vaccines</li> <li>» Identify malaria prophylaxis according to up to date surveillance and explain how it must be taken.</li> <li>» Take a history from returned traveller who is unwell.</li> </ul>	Centers for Disease Control and Prevention. Traveller's Health <a href="http://www.cdc.gov/travel">www.cdc.gov/travel</a> Australian Government. Smart traveller website <a href="http://www.smarttraveller.gov.au">www.smarttraveller.gov.au</a>
<b>Other medical emergencies/ injuries</b> Anaphylaxis Epistaxis Acute limb injury with possible fracture Acute wound	'Help me quickly; my child has collapsed in the café across the road' 'My daughter has fallen off the monkey bars at school'	<ul style="list-style-type: none"> <li>» Outline initial management of a patient with suspected anaphylaxis.</li> <li>» Practise interpreting X-rays and compare with official radiology result</li> <li>» Apply a plaster to a closed non deformed fracture</li> <li>» Provide plaster care advice</li> <li>» Apply a broad arm sling and a collar and cuff sling</li> <li>» Counsel a patient about wound management (including tetanus and antibiotic) and apply a dressing</li> </ul>	Australian Prescriber. The doctor's bag. App available. <a href="http://www.australianprescriber.com/the-doctors-bag">http://www.australianprescriber.com/the-doctors-bag</a> MDConnect™. MD2 PCP2 Ambulatory Care /ED student guide MDConnect™ Library software. Medical Imaging. <a href="https://mdconnect.medicine.unimelb.edu.au">https://mdconnect.medicine.unimelb.edu.au</a> Therapeutic guidelines. Ulcer and Wound Management. <a href="https://mdconnect.medicine.unimelb.edu.au">https://mdconnect.medicine.unimelb.edu.au</a>

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Multi-system presentations</b>	'I'm tired all the time' 'I'm losing weight' 'I'm having difficulty sleeping' 'My (relative) is acting out of sorts'	<ul style="list-style-type: none"> <li>» List differential diagnosis for each presentation</li> <li>» Consider which 'red flag' conditions should be excluded</li> <li>» Justify which investigations may be ordered</li> <li>» Consider appropriate management strategies for each diagnosis</li> </ul>	Fatigue – a rational approach to investigation <a href="http://www.racgp.org.au/afp/2014/july/fatigue/">http://www.racgp.org.au/afp/2014/july/fatigue/</a>
<b>Surgery</b> Breast disease Symptomatic breast disease Breast cancer screening	'I found a breast lump when I was in the shower' 'My mum's sister has just died of breast cancer. Should I have any tests?'	<ul style="list-style-type: none"> <li>» Practise breast examination under direct supervision.</li> <li>» Describe lumps; identify characteristics of benign and malignant lumps</li> <li>» Give advice to patients about breast self-examination</li> </ul>	Cancer Council National GP Portal <a href="http://gp.cancer.org.au/">http://gp.cancer.org.au/</a> Breast Screen Victoria. <a href="http://www.breastscreen.org.au">www.breastscreen.org.au</a> Breast Cancer Network Australia Health professional information (scroll past position statements) <a href="https://www.bcna.org.au/about-us/advocacy/position-statements/">https://www.bcna.org.au/about-us/advocacy/position-statements/</a>
<b>Lumps and bumps</b> Sebaceous cyst/ abscesses Lipoma Haemorrhoids	'I have this lump on my back that is getting bigger and really hurting' 'I have these funny lumps on my arm' 'I think I have piles'	<ul style="list-style-type: none"> <li>» Describe lumps using descriptive terminology and create a differential diagnosis</li> <li>» Practise suturing</li> <li>» Outline different treatment options for haemorrhoids</li> </ul>	MDConnect™.Clinical examinations guide MDConnect™ Library. Skin atlas. <a href="https://mdconnect.medicine.unimelb.edu.au">https://mdconnect.medicine.unimelb.edu.au</a>

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Upper abdominal pain</b> GORD Hiatus hernia Peptic ulcer disease Gastritis Pancreatitis Gallbladder disease Obstructive jaundice	'I am getting really bad heartburn / tummy pain / nausea'  'My Dad has been diagnosed with bowel cancer. Should I be having any tests?'	<ul style="list-style-type: none"> <li>» Take an alcohol history</li> <li>» Employ motivational interviewing techniques in patients presenting with alcohol related health issues</li> <li>» Explain gallstone diagnosis and treatment to a patient; write a referral to a surgeon for a patient for consideration of elective cholecystectomy</li> <li>» Take a history from a patient presenting with obstructive jaundice and formulate a differential diagnosis</li> </ul>	MDConnect™. MD2 PCP2 Surgery student guide <a href="https://mdconnect.medicine.unimelb.edu.au">https://mdconnect.medicine.unimelb.edu.au</a>  Gastroenterology Society of Australia clinical guidelines <a href="http://www.gesa.org.au/index.asp">http://www.gesa.org.au/index.asp</a>  AFP. Biliary pain <a href="http://www.racgp.org.au/afp/2013/july/biliary-pain/">http://www.racgp.org.au/afp/2013/july/biliary-pain/</a>  MJA. Acute pancreatitis – update on management <a href="https://www.mja.com.au/journal/2015/202/8/acute-pancreatitis-update-management">https://www.mja.com.au/journal/2015/202/8/acute-pancreatitis-update-management</a>
<b>Lower abdominal pain</b> Acute abdomen differential diagnosis Appendicitis Ureteric colic Diverticular disease and diverticulitis Inflammatory bowel disease Gynaecological presentations for abdominal pain including ectopic pregnancy and ovarian pathology Colorectal carcinoma and the national bowel cancer screening program	'I couldn't sleep last night due to such bad tummy pain'  'My Dad has been diagnosed with bowel cancer. Should I be having any tests?'	<ul style="list-style-type: none"> <li>» Practise taking histories from and performing physical examinations in patients presenting with acute and chronic abdominal pain</li> <li>» Write a referral letter to an emergency department for a patient presenting with acute abdominal pain</li> <li>» Practise taking family histories to determine appropriate investigations</li> <li>» Explain the national bowel cancer screening program to a patient who presents with queries about an FOBT in the mail</li> </ul>	Department of Health. Cancer screening <a href="http://www.cancerscreening.gov.au">www.cancerscreening.gov.au</a>  BMJ Best Practice. Assessment of the acute abdomen <a href="http://bestpractice.bmj.com/best-practice/monograph/503.html">http://bestpractice.bmj.com/best-practice/monograph/503.html</a>  Gynaecological presentations: refer to the Women's Health term guide. <a href="https://mdconnect.medicine.unimelb.edu.au">https://mdconnect.medicine.unimelb.edu.au</a>

## Aged Care

### General resources

- PCP3 Aged Care term guide 2016. Available on MD Connect (Supervisors and MD3 students only) <https://mdconnect.medicine.unimelb.edu.au>
- RACGP. Guidelines for preventive activities in general practice (Red book); <http://www.racgp.org.au/your-practice/guidelines/redbook/5-preventive-activities-in-older-age/>
- RACGP. Medical care of older persons in residential aged care facilities (Silver book), <http://www.racgp.org.au/your-practice/guidelines/silverbook/>
- Australian Medicines Handbook. Guides: Prescribing for the elderly (Available via MDConnect)
- Alzheimer’s Australia. (Information and support for patients and carers, as well as tools for dementia assessment including people from a non-English speaking background.) [www.fightdementia.org.au](http://www.fightdementia.org.au)
- Advance Care Planning. Australia. Links to training resources and courses provided by the Respecting Patient Choices Program at Austin Health, <http://advancecareplanning.org.au>

**Table 2: Core presentations for Aged Care**

Aged Care			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Prescribing in the elderly and polypharmacy</b>	‘Doctor, I don’t understand why I have to take all these pills!’	<ul style="list-style-type: none"> <li>» Attend Home Medication Reviews with local pharmacists</li> <li>» Interview patients about how they manage medication including the use of Webster packs</li> <li>» Explain to patients why the medication is necessary</li> </ul>	AFP. Prescribing in the elderly <a href="http://www.racgp.org.au/afp/2010/october/prescribing-in-the-elderly/">http://www.racgp.org.au/afp/2010/october/prescribing-in-the-elderly/</a>

Aged Care			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Comprehensive geriatric assessment</b>	<p>'The nurse rang me and said I was due for a checkup'</p> <p>'I've come for my flu jab'</p>	<ul style="list-style-type: none"> <li>» Conduct several over-75-year-old Health Assessments, and make recommendations based on your findings to discuss with your supervisor</li> <li>» Review a referral to a Team Care Arrangement and consider accompanying a patient to an allied health appointment</li> <li>» Discuss driving safety with an older person taking into account their medical history</li> <li>» Discuss level of community support and home safety</li> <li>» Discuss the completion of Advance Care Plans with patients</li> <li>» Counsel a person considering residential care including referral for an ACAT assessment</li> <li>» Accompany a GP to local aged care facilities; contribute to the rounds there</li> </ul>	<p>Austrroads. For health professionals  <a href="http://www.austrroads.com.au/drivers-vehicles/assessing-fitness-to-drive/for-health-professionals">http://www.austrroads.com.au/drivers-vehicles/assessing-fitness-to-drive/for-health-professionals</a></p> <p>Department of Social Services. My aged care  <a href="http://www.myagedcare.gov.au/">http://www.myagedcare.gov.au/</a></p> <p>Aged Care Assessment Team (ACAT) assessments  <a href="http://www.myagedcare.gov.au/eligibility-and-assessment/acat-assessments">http://www.myagedcare.gov.au/eligibility-and-assessment/acat-assessments</a></p> <p>The Australian Immunisation Handbook 10th edition June 2015  <a href="http://www.health.gov.au/internet/immunise/publishing.nsf/content/handbook10-home">http://www.health.gov.au/internet/immunise/publishing.nsf/content/handbook10-home</a></p>
<b>Dementia care in the community</b>  <b>Delirium in the elderly</b>	<p>'I'm worried about my mother's memory'</p> <p>'I'm exhausted caring for my father who has dementia'</p>	<ul style="list-style-type: none"> <li>» Practise doing MMSE</li> <li>» Interview carers to understand the issues and refer them to local support services including respite care</li> </ul>	<p>World Health Organization. Dementia  <a href="http://www.who.int/topics/dementia/en/">http://www.who.int/topics/dementia/en/</a></p> <p>Dementia Collaborative Research Centres. Talks and publications  <a href="http://www.dementiaresearch.org.au/presentations.html">http://www.dementiaresearch.org.au/presentations.html</a></p>
<b>Depression in the elderly</b>	<p>'I feel like a burden'</p>	<ul style="list-style-type: none"> <li>» Practise interviewing elderly patients about their mental health</li> </ul>	<p>PCP3 Aged Care term guide 2016. Available on MD Connect  <a href="https://mdconnect.medicine.unimelb.edu.au">https://mdconnect.medicine.unimelb.edu.au</a></p>

Aged Care			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Falls</b>	'I fell again last night'	<ul style="list-style-type: none"> <li>» Assess patient for acute injury</li> <li>» Attend home visits to elderly patients with the GP or practice nurse to assess sensory impairments, falls risk, emotional wellbeing and other safety issues</li> </ul>	AFP. Falls prevention in older adults <a href="http://www.racgp.org.au/afp/2012/december/falls-prevention/">http://www.racgp.org.au/afp/2012/december/falls-prevention/</a>
<b>Palliative care</b>	'My pain is bad'	<ul style="list-style-type: none"> <li>» Attend one home visit with the local palliative care team/GP (if possible)</li> </ul>	Palliative Care Victoria <a href="http://www.pallcarevic.asn.au/">http://www.pallcarevic.asn.au/</a>
<b>Osteoporosis</b>	'I went to the chemist for a bone scan and they told me I had to see my GP'	<ul style="list-style-type: none"> <li>» See MD2 core presentations</li> </ul>	See MD2 core presentations

## Child and Adolescent Health

### General resources

Children aged less than 15 years account for 11% of general practice encounters.<sup>1</sup> The following resources are designed to assist with student learning about paediatrics and to provide an approach to history taking and physical examination in children presenting to general practice.

- Child and Adolescent Health guide; available on MDConnect™ (Supervisors and MD year 3 only):  
<https://mdconnect.medicine.unimelb.edu.au>
- Royal Children's Hospital clinical practice guidelines and kids health information. This website (apps also available) provides detailed clinical practice guidelines for paediatric presentations. The Kids health information fact sheets provide useful parent and patient information. [www.rch.org.au](http://www.rch.org.au)
- University of British Columbia. Learn paediatrics by students for students. Includes approaches to common problems (e.g. approach to the child with a fever and a rash) and a series of videos including abdominal, respiratory, cardio and neurologic examinations, inspections, and auscultations on children and newborns.  
<http://learnpediatrics.com>  
The videos are also available through Vimeo: <https://vimeo.com/learnpediatrics/videos/page:2/sort:date>
- Hutson JM, Beasley SW. The surgical examination of children. 2nd ed. Springer; 2013. Ebook available through the University library at: <http://link.springer.com.ezp.lib.unimelb.edu.au/book/10.1007/978-3-642-29814-1>
- Raising Children Network. The Australian parenting website: comprehensive, practical, expert child health and parenting information and activities covering children aged 0-15 years. [www.raisingchildren.net.au](http://www.raisingchildren.net.au)

1 Britt HC, Millar GC, Henderson J, Bayram C, Harrison CM, Valenti L, et al. General practice activity in Australia 2013-14. Sydney: Sydney University Press, 2014.

### Allied health and other community resources

Students are provided with the following information:

Your GP supervisor and the practice are part of the wider community; you should understand the role the GP and practice play in community services. e.g.:

- Your local maternal and child health centre (MCHC) – the nurse may allow you to visit during a session.
- If your GP practice or related allied health provider conducts education sessions at any local MCHC, crèches, kindergartens or schools you may be able to accompany them and contribute.
- Consider volunteering at the Royal Children's Hospital *Teddy Bear Hospital*, especially if it visits your local community.
- Understand the impact of a sick child on the family and the role of parental education and support in acute and chronic diseases.

**Table 3: Core presentations for Child and Adolescent Health**

Child and Adolescent Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>First 6 weeks</b> New baby check Well child check Growth and development Developmental dysplasia of the hip Breastfeeding and feeding Immunisation Approach to undescended testis	'I am here for my baby's 6 week check'	» Examine a baby who presents for a 6 week check including doing a hip examination » Plot centiles » Interview parents regarding feeding and settling » Counsel a parent who has immunisation queries	Newborn exam <a href="https://www.thewomens.org.au/health-professionals/clinical-education-training/the-womens-maternity-services-education-program-msep/">https://www.thewomens.org.au/health-professionals/clinical-education-training/the-womens-maternity-services-education-program-msep/</a> The 6 week check: An opportunity for continuity of car. AFP May 2012 <a href="http://www.racgp.org.au/afp/2012/may/the-6-week-check/">http://www.racgp.org.au/afp/2012/may/the-6-week-check/</a> Royal Children's Hospital. Developmental dysplasia of the hip <a href="http://www.ddheducation.com/">http://www.ddheducation.com/</a> Royal Children's Hospital. Child growth learning resource <a href="http://www.rch.org.au/childgrowth/Child_growth_e-learning/">http://www.rch.org.au/childgrowth/Child_growth_e-learning/</a> Immunise Australia Program <a href="http://www.immunise.health.gov.au/">http://www.immunise.health.gov.au/</a>

Child and Adolescent Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<p><b>Fever in a child</b></p> <p>Consider how investigation and management of fever differs according to age</p> <p>Application of traffic light system and management approach according to age of child</p>	<p>'My baby aged 8 weeks has a fever'</p> <p>'My child aged 4 years has a fever on and off for the last 48 hours'</p>	<ul style="list-style-type: none"> <li>» Interview parents of children presenting with fevers</li> <li>» Perform a systematic exam to find the source of the fever</li> <li>» Apply the traffic light system/ screening tool for young children presenting with acute febrile illness</li> <li>» Provide fever advice to the parent (stable child)</li> </ul>	<p>Interactive sessions CAH student guide session 4  <a href="https://mdconnect.medicine.unimelb.edu.au">https://mdconnect.medicine.unimelb.edu.au</a></p> <p>RCH clinical practice guidelines febrile child  <a href="http://www.rch.org.au/clinicalguide/guideline_index/Febrile_Child/">http://www.rch.org.au/clinicalguide/guideline_index/Febrile_Child/</a></p> <p>Royal Children's Hospital. Febrile child. Includes a link to the <i>Screening tool for young children presenting with acute febrile illness.</i>  <a href="http://www.rch.org.au/clinicalguide/guideline_index/Febrile_Child/">http://www.rch.org.au/clinicalguide/guideline_index/Febrile_Child/</a></p>
<p><b>Bowel and bladder</b></p> <p>Constipation</p> <p>Urinary tract infections</p> <p>Enuresis</p>	<p>'My child is constipated'</p> <p>'I think my child has a bladder infection'</p> <p>'My child is wetting the bed at night'</p>	<ul style="list-style-type: none"> <li>» Advise a parent about conservative and medical management for constipation</li> <li>» Develop a plan for enuresis with a parent</li> <li>» Manage a UTI in the community</li> </ul>	<p>RCH clinical practice guidelines on constipation and parent information sheet:  <a href="http://www.rch.org.au/clinicalguide/guideline_index/Constipation/">http://www.rch.org.au/clinicalguide/guideline_index/Constipation/</a></p> <p>Royal Children's Hospital. Bedwetting  <a href="http://www.rch.org.au/kidsinfo/fact_sheets/Bedwetting/">http://www.rch.org.au/kidsinfo/fact_sheets/Bedwetting/</a></p> <p>Royal Children's Hospital. Urinary Tract Infection  <a href="http://www.rch.org.au/clinicalguide/guideline_index/Urinary_Tract_Infection/">http://www.rch.org.au/clinicalguide/guideline_index/Urinary_Tract_Infection/</a></p>
<p><b>Respiratory infections</b></p> <p>Acute otitis media</p> <p>Pharyngitis</p> <p>Bronchiolitis</p> <p>Croup</p> <p>Pneumonia</p>	<p>'My child has a sore ear'</p> <p>'My child has funny breathing'</p>	<ul style="list-style-type: none"> <li>» Perform ENT exam; know the different appearances of tympanic membranes</li> <li>» Advise a patient regarding natural history of an URTI and when to return to the GP/ hospital</li> <li>» Counsel a parent whose child is going on a short course of oral steroids</li> </ul>	<p>CAH student guide. ENT exam- Ear, nose and throat (ENT) examination in children  <a href="https://mdconnect.medicine.unimelb.edu.au">https://mdconnect.medicine.unimelb.edu.au</a></p> <p>Royal Children's Hospital. Viral illnesses  <a href="http://www.rch.org.au/kidsinfo/fact_sheets/Viral_illnesses/">http://www.rch.org.au/kidsinfo/fact_sheets/Viral_illnesses/</a></p>

Child and Adolescent Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Asthma</b> Classification Diagnosis Treatment Acute asthma management	'My child has a wheeze'  'My child has a cough at night and after exercise'	<ul style="list-style-type: none"> <li>» Practise taking asthma histories and classify type and severity of asthma</li> <li>» Give feedback on and demonstrate correct inhaler and spacer technique to a patient</li> <li>» Interpret and explain spirometry results to a parent</li> <li>» Write an asthma management plan using the medical software</li> <li>» Complete an asthma action plan for childcare/school</li> </ul>	National Asthma Council Australia. Australian Asthma Handbook, Version 1.1. National Asthma Council Australia, Melbourne, 2015. Website. Available from: <a href="http://www.astmahandbook.org.au">http://www.astmahandbook.org.au</a>  Definitions of asthma patterns in children aged 0–5 years not taking regular preventer <a href="http://www.astmahandbook.org.au/table/show/14">http://www.astmahandbook.org.au/table/show/14</a>  Royal Children's Hospital. Inhaled medications for asthma and rhinitis <a href="http://www.rch.org.au/genmed/clinical_resources/Inhaled_medications_for_asthma_and_rhinitis/">http://www.rch.org.au/genmed/clinical_resources/Inhaled_medications_for_asthma_and_rhinitis/</a>  National Asthma Council Australia. Spirometry handbook <a href="http://www.nationalasthma.org.au/health-professionals/spirometry-resources/spirometry-handbook">http://www.nationalasthma.org.au/health-professionals/spirometry-resources/spirometry-handbook</a>
<b>Common skin problems</b> Eczema Nappy rash Vulvovaginitis	'My child has an itchy rash on her arms and legs'  'My child has a sore rash on his bottom and I'm not sure what to do next'  'My little girl is complaining of an itch down below and it looks a bit red'	<ul style="list-style-type: none"> <li>» Describe a rash using appropriate terminology</li> <li>» Develop a management plan and give eczema advice to a parent</li> </ul>	MD2 Foundation term-'Introduction to Dermatology' lecture on MD Connect <a href="https://mdconnect.medicine.unimelb.edu.au">https://mdconnect.medicine.unimelb.edu.au</a>  Royal Children's Hospital. Eczema management <a href="http://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Eczema_management/">http://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Eczema_management/</a>  Royal Children's Hospital. Nappy rash <a href="http://www.rch.org.au/clinicalguide/guideline_index/Nappy_Rash/">http://www.rch.org.au/clinicalguide/guideline_index/Nappy_Rash/</a>  Royal Children's Hospital. Prepubescent Gynaecology (Includes vulvovaginitis) <a href="http://www.rch.org.au/clinicalguide/guideline_index/Prepubescent_Gynaecology/">http://www.rch.org.au/clinicalguide/guideline_index/Prepubescent_Gynaecology/</a>

Child and Adolescent Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<p><b>Common infections</b></p> <p>Chicken pox/ varicella</p> <p>Hand foot and mouth disease</p> <p>Impetigo</p>	<p>'My child has blisters on his tummy that are spreading'</p> <p>'My child has a weepy rash on his face'</p>	<ul style="list-style-type: none"> <li>» Describe and diagnose common childhood rashes</li> <li>» Advise a parent on natural history of these conditions and give school/childcare exclusion advice</li> </ul>	<p>Royal Children's Hospital clinical practice guideline chicken pox <a href="http://www.rch.org.au/clinicalguide/guideline_index/Chickenpox_varicella/">http://www.rch.org.au/clinicalguide/guideline_index/Chickenpox_varicella/</a></p> <p>Royal Children's Hospital. Cellulitis and Skin Infections <a href="http://www.rch.org.au/clinicalguide/guideline_index/Cellulitis_and_Skin_Infections/">http://www.rch.org.au/clinicalguide/guideline_index/Cellulitis_and_Skin_Infections/</a></p> <p>Royal Children's Hospital. Impetigo school sores. <a href="http://www.rch.org.au/kidsinfo/fact_sheets/Impetigo_school_sores/">http://www.rch.org.au/kidsinfo/fact_sheets/Impetigo_school_sores/</a></p> <p>Department of Health. Infectious diseases. <a href="https://www2.health.vic.gov.au/public-health/infectious-diseases">https://www2.health.vic.gov.au/public-health/infectious-diseases</a></p> <p>Department of Health. Disease information and advice. (A-Z list of blue book diseases with descriptions, notification requirements, school exclusions and management guidelines.) <a href="https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice">https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice</a></p>
<p><b>Common emergency presentations:</b></p> <p>Acute asthma attack</p> <p>Head injury</p> <p>Foreign body (nasal/inhaled/ingested)</p> <p>Anaphylaxis</p> <p>Fractures</p>	<p>'Help, my child is struggling to breathe'</p> <p>'Help my child has collapsed'</p> <p>'My child fell off the monkey bars in the playground'</p>	<ul style="list-style-type: none"> <li>» Assess and manage an acute asthma attack presenting to GP</li> <li>» Instruct a patient/ parent on how to administer an adrenaline auto injector</li> <li>» Understand which fractures are referred and which are managed in the general practice</li> </ul>	<p>Royal Children's Hospital. Asthma Acute <a href="http://www.rch.org.au/clinicalguide/guideline_index/Asthma_Acute/">http://www.rch.org.au/clinicalguide/guideline_index/Asthma_Acute/</a></p> <p>ASCI. Anaphylaxis resources. <a href="http://www.allergy.org.au/health-professionals/anaphylaxis-resources">http://www.allergy.org.au/health-professionals/anaphylaxis-resources</a></p>

Child and Adolescent Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Common surgical presentations</b> Balanitis Inguinal hernias Testicular torsion Congenital haemangiomas	'My little boy is complaining of stinging from the tip of his penis when he pees'  'My 12 yr-old has a pain in his tummy and a sore testicle'  'My baby has a red lump on his eye that looks sore'		Abdominal and inguino-scrotal examination in children refer to Child and Adolescent Health guide available on MDConnect™ <a href="https://mdconnect.medicine.unimelb.edu.au">https://mdconnect.medicine.unimelb.edu.au</a>  Royal Children's Hospital. The Penis and Foreskin <a href="http://www.rch.org.au/clinicalguide/guideline_index/The_Penis_and_Foreskin/">http://www.rch.org.au/clinicalguide/guideline_index/The_Penis_and_Foreskin/</a>  Royal Children's Hospital. Acute scrotal pain or swelling <a href="http://www.rch.org.au/clinicalguide/guideline_index/Acute_Scrotal_Pain_or_Swelling/">http://www.rch.org.au/clinicalguide/guideline_index/Acute_Scrotal_Pain_or_Swelling/</a>  Royal Children's Hospital. Haemangiomas of infancy <a href="http://www.rch.org.au/kidsinfo/fact_sheets/Haemangiomas_of_infancy/">http://www.rch.org.au/kidsinfo/fact_sheets/Haemangiomas_of_infancy/</a>

## Mental Health

Mental health issues are common in patients presenting to general practice. For example, in 2013-2014, 13% of GP encounters were shown to be related to mental health and one third of these were for depression<sup>1</sup>. If students have not completed the MD year 3 Mental Health term, they will need some basic knowledge about how mental health conditions present in general practice, in particular:

- Awareness of some simple strategies to detect patients with possible mental illness. Some familiarity with the diagnostic criteria for common psychiatric conditions managed in general practice, in particular anxiety and depression is required
- How to take a history from a patient experiencing psychological distress, including how to conduct a Mental State Examination
- Knowledge of psychotropic medications commonly prescribed in the GP setting for mental illness and their side effects
- Awareness of effective non-pharmacological strategies for common mental illnesses encountered in the GP setting

<sup>1</sup> Britt H, Miller GC, Henderson J, Bayram C, Harrison C, Valenti L, Wong C, Gordon J, Pollack AJ, Pan Y, Charles J. 2014. General practice activity in Australia 2013–14. General practice series no.36. Sydney: Sydney University Press.

**Table 4: Core presentations for Mental Health**

Mental Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<p><b>Detection of mental illness in general practice</b></p> <p>Assessing a person with psychological distress</p>	<p>‘I have had a heart attack recently and need to get my scripts and a referral back to the cardiologist’</p> <p>‘I am a new Mum and I am having a lot of trouble getting to sleep, even when the baby is sleeping fine’</p> <p>‘I’ve just dropped out of uni and my parents are nagging me to do something about my heavy drinking’</p> <p>‘I have really lost my motivation at work, I’m tired and moody and think I need something to help me sleep’</p> <p>‘I want you to see my 15 year old son, who is acting really weird lately’</p> <p>‘I’m just not feeling well’ (Somatisation)</p>	<ul style="list-style-type: none"> <li>» Ask some questions to determine the patient’s mental health.</li> <li>» Consider the mental health challenges for people with acute or chronic medical problems</li> <li>» Practise interviewing patients about their use of alcohol and other drugs</li> <li>» Administer the Edinburgh Postnatal Depression Scale as part of your assessment of sleep issues in the postnatal period</li> <li>» Perform a HEADSS assessment on a young person</li> <li>» Interview a patient to explore whether they have symptoms of anxiety and/or depressive disorder</li> </ul>	<p>RACGP. Clinical guidelines (‘Psychosocial’ chapter). <a href="http://www.racgp.org.au/your-practice/guidelines/redbook">http://www.racgp.org.au/your-practice/guidelines/redbook</a></p> <p>Heart Foundation. Psychosocial health. <a href="http://heartfoundation.org.au/for-professionals/clinical-information/psychosocial-health">http://heartfoundation.org.au/for-professionals/clinical-information/psychosocial-health</a></p> <p>Beyondblue - Perinatal mental health <a href="https://www.beyondblue.org.au/resources/health-professionals/perinatal-mental-health">https://www.beyondblue.org.au/resources/health-professionals/perinatal-mental-health</a></p> <p>Turning point. New screening and assessment tools. <a href="http://www.turningpoint.org.au/Treatment/For-Health-Professionals/New-screening-and-assessment-tools1.aspx">http://www.turningpoint.org.au/Treatment/For-Health-Professionals/New-screening-and-assessment-tools1.aspx</a></p> <p>Royal Children’s Hospital. Engaging with and assessing the adolescent patient. <a href="http://www.rch.org.au/clinicalguide/guideline_index/Engaging_with_and_assessing_the_adolescent_patient/">http://www.rch.org.au/clinicalguide/guideline_index/Engaging_with_and_assessing_the_adolescent_patient/</a></p> <p>Headspace <a href="http://headspace.org.au/">http://headspace.org.au/</a></p>

Mental Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Diagnosed conditions</b> Key diagnostic criteria for mood and anxiety disorders Anxiety Depression Post natal depression Psychosis Eating disorders Substance misuse / Dual diagnosis Bipolar disorder	'I've come in for a repeat script' 'My anxiety is getting worse' 'My daughter is losing lots of weight'	<ul style="list-style-type: none"> <li>» Conduct mental state examinations including risk assessments.</li> <li>» Practise applying K10 or another psychometric measure.</li> <li>» Perform a mental state exam on a young person, who is exhibiting unusual behavior</li> <li>» Provide patients with information about their specific conditions</li> <li>» Describe common and effective approaches to the management of anxiety disorders and understand the evidence for CBT</li> <li>» Compile a list of local resources and services for people with dual diagnosis and substance misuse</li> <li>» If possible, sit in with a patient during a session with their clinical psychologist</li> <li>» Practise writing mental health plans with your supervisor.</li> <li>» Interview patients with a history of mental illness regarding the impact it has on their life.</li> <li>» Provide information about the local crisis service.</li> <li>» Find resources on the internet that you could use to provide psycho-education to patients.</li> <li>» Find online therapy options for patients with common mental health concerns</li> </ul>	<p>In general practice, the ICD-10 codes for mental disorders are commonly recommended instead on the DSM-V diagnostic criteria.</p> <p>They can be easily accessed on line at <a href="http://apps.who.int/classifications/icd10/browse/2015/en#V">http://apps.who.int/classifications/icd10/browse/2015/en#V</a></p> <p>Within Chapter V, it is recommended as a minimum that you read sections F30-39 (mood disorders) and F40-48 (neurotic, stress-related and somatoform disorders)</p> <p><a href="http://www.rch.org.au/clinicalguide/guideline_index/Mental_State_Examination/">http://www.rch.org.au/clinicalguide/guideline_index/Mental_State_Examination/</a></p> <p>Headspace <a href="http://headspace.org.au/">http://headspace.org.au/</a></p> <p>'Help us, she's fading away' How to manage the patient with anorexia nervosa <a href="http://www.racgp.org.au/afp/2014/august/help-us-shes-fading-away/">http://www.racgp.org.au/afp/2014/august/help-us-shes-fading-away/</a></p> <p><a href="http://www.mindhealthconnect.org.au/">http://www.mindhealthconnect.org.au/</a></p> <p><a href="https://beacon.anu.edu.au/">https://beacon.anu.edu.au/</a></p>

Mental Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Psycho pharmacology</b> SSRIs Benzodiazepines Atypical antipsychotics	'I need a repeat script for my serepax, which I take to help me sleep'  'I stopped taking the medication the doctor prescribed for depression, as it made me feel really numb. But I am still struggling'  'I'm putting on loads of weight from those meds'	» Counsel patients who are starting an SSRI including side effects. » Know the guidelines for prescribing benzodiazepines in general practice » Interview a patient about their history of sleep problems and medication usage. Incorporate sleep hygiene advice as part of your management strategy for patients with sleep issues. » Read about common medication options for the treatment of Depressive Disorder, with attention to recommended dose range, common side effects and how to switch from one medication to another.	RACGP. Prescribing drugs of dependence in general practice, Part B Benzodiazepines. <a href="http://www.racgp.org.au/your-practice/guidelines/drugs-of-dependence-b/">http://www.racgp.org.au/your-practice/guidelines/drugs-of-dependence-b/</a>  Therapeutic Guidelines - available on MD Connect <a href="https://mdconnect.medicine.unimelb.edu.au">https://mdconnect.medicine.unimelb.edu.au</a>  NPS MedicineWise <a href="http://www.nps.org.au/">http://www.nps.org.au/</a>

## Women's Health

### General resources

- **PCP3 Women's Health student guide 2016** - (available on MDConnect for supervisors and MD year 3 students) <https://mdconnect.medicine.unimelb.edu.au>
- **Royal Women's Hospital website** - This website provides clinical practice guidelines to health professionals and patient information for pregnancy and gynaecological care - [www.thewomens.org.au](http://www.thewomens.org.au)
- **Melbourne Sexual Health Centre** - This website provides detailed guidelines on the management and treatment of sexually transmitted infections and has useful resources for patients. [www.msch.org.au](http://www.msch.org.au)
- **Family Planning Victoria** - This website has links for both patients and health care practitioners. It covers a range of sexual and reproductive health topics including contraception and has useful patient resources. [www.fpv.org.au](http://www.fpv.org.au)
- **Jean Hailes website for Women's health** - This website has useful resources for GPs and for patients. [www.jeanhailes.org.au](http://www.jeanhailes.org.au)

**Table 5: Core presentations for Women's Health**

Women's Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Well woman check- non pregnant</b> Lifestyle and nutritional advice Mental health assessment Contraceptive advice STI screening	'I would like a check-up' 'I would like an STI check'	<ul style="list-style-type: none"> <li>» Give lifestyle advice e.g. on smoking, nutrition, alcohol, physical activity</li> <li>» Practise motivational interviewing</li> <li>» Calculate total cardiovascular risk using the CVD risk calculator</li> <li>» Discuss Pap screening with at risk women. Perform Pap smears (direct supervision required)</li> <li>» Take a sexual history and discuss STI screening</li> <li>» Perform breast examinations (direct supervision required)</li> </ul>	RACGP. SNAP guide <a href="http://www.racgp.org.au/your-practice/guidelines/snap/">http://www.racgp.org.au/your-practice/guidelines/snap/</a> Australian absolute cardiovascular disease risk calculator <a href="http://www.cvdcheck.org.au/">http://www.cvdcheck.org.au/</a> Family planning Victoria <a href="http://www.fpv.org.au">www.fpv.org.au</a> PapScreen Victoria <a href="http://www.papscreen.org.au">www.papscreen.org.au</a> Melbourne sexual health centre <a href="http://www.mshc.org.au">www.mshc.org.au</a> For mental health assessment please refer to resources listed under the Mental Health term.
<b>Pelvic pain</b> Ectopic pregnancy Treatment of acute established PID, and complications Endometriosis	'I have pain when having sex/I bleed after sex'	<ul style="list-style-type: none"> <li>» Consider ectopic pregnancy in any woman of child-bearing age who presents with abdominal pain or bleeding</li> <li>» Practise taking endocervical swabs (under direct supervision); interpret results and explain the results to a patient (under supervision) for example giving a positive chlamydia PCR result</li> </ul>	RANZCOG guidelines. <a href="http://www.ranzcog.edu.au/college-statements-guidelines.html">http://www.ranzcog.edu.au/college-statements-guidelines.html</a> RANZCOG. Useful Clinical Guidance: Chronic pelvic pain, initial management of. <a href="http://www.ranzcog.edu.au/college-statements-guidelines.html">http://www.ranzcog.edu.au/college-statements-guidelines.html</a>

Women's Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Contraception and period problems</b> COCP POP implanon IUS (Mirena)-IUD depot provera Dysmenorrhoea Heavy menstrual bleeding Ethical issues- prescribing for adolescents- Gillick competence	'I would like to go on the pill' 'I have painful periods/ I have irregular periods- help!' 'I have heavy periods'	» Counsel a patient experiencing dysmenorrhoea and provide advice about non hormonal management » Counsel a patient before they go on the COCP and use a pill pack to demonstrate how to take it effectively, including what to do about missed pills » Counsel a patient for implanon insertion » Counsel a patient pre-mirena insertion » Take histories from women suffering from HMB and discuss investigations and management strategies	Family Planning Victoria <a href="http://www.fpv.org.au">www.fpv.org.au</a> NPS Medicinewise. Contraceptive methods <a href="http://www.nps.org.au/medicines/contraceptive-methods">http://www.nps.org.au/medicines/contraceptive-methods</a> John Guillebaud and Anne McGregor. Contraception: your questions answered (textbook) RANZCOG. Heavy menstrual bleeding <a href="http://www.ranzcog.edu.au/conditions/heavy-menstrual-bleeding.html">http://www.ranzcog.edu.au/conditions/heavy-menstrual-bleeding.html</a>
<b>Polycystic ovary syndrome (PCOS)</b> Hirsutism Acne Subfertility	'I feel like I have more facial hair than normal and my periods are irregular'	» Order baseline investigation in suspected PCOS » Give management and lifestyle advice to a patient with PCOS	Jean Hailes For Women's Health. <a href="http://www.jeanhailes.org.au">www.jeanhailes.org.au</a> Polycystic ovary syndrome GP tool available from <a href="https://jeanhailes.org.au/resources/search?entry_id=314/pcos-gp-tool">https://jeanhailes.org.au/resources/search?entry_id=314/pcos-gp-tool</a>
<b>Emergency contraception</b> Hormonal versus non hormonal	'I had unprotected sex last night and do not wish to get pregnant'	» Counsel a patient about oral emergency contraception	RANZCOG - <a href="http://www.ranzcog.org.au">www.ranzcog.org.au</a> Search for 'emergency contraception'. Family Planning Victoria. Emergency contraception <a href="http://www.fpv.org.au/sexual-health-info/contraception/emergency-contraception">www.fpv.org.au/sexual-health-info/contraception/emergency-contraception</a>
<b>Pre-conception care</b> Pre conception counselling- medical issues, lifestyle issues, preventive interventions	'I would like to get pregnant...'	» Counsel a woman who is considering getting pregnant	RACGP red book 9th edition- preventive activities prior to pregnancy: <a href="http://www.racgp.org.au/your-practice/guidelines/redbook/1-preventive-activities-prior-to-pregnancy/">http://www.racgp.org.au/your-practice/guidelines/redbook/1-preventive-activities-prior-to-pregnancy/</a>

Women's Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Infertility</b> Lifestyle factors Male and female factors Menstrual cycle factors	'I would like to get pregnant, and have been trying for over a year now'	» Order pre-IVF investigations/ write a letter referring a patient to a fertility specialist	Australian Doctor 2015 How to Treat Series. Subfertility and IVF <a href="http://www.australiandoctor.com.au/education/how-to-treat">http://www.australiandoctor.com.au/education/how-to-treat</a>  (Site requires registration, available to APHRA registered medical students)
<b>Standard antenatal care</b> Lifestyle advice in pregnancy Immunisation advice in pregnancy Referral pathways unplanned pregnancy	'I am pregnant, what do I do now?' ....  I am pregnant and bleeding... am I having a miscarriage?	» Provide lifestyle advice to a woman who has just found out she is pregnant » Assess and refer a patient with abnormal vaginal bleeding for appropriate investigations » Discuss antenatal care options available and the usual schedule of care » Counsel a patient about combined maternal serum screening and Non-invasive prenatal testing (NIPT) » Give immunisation advice to a pregnant patient » Identify referral pathways for unplanned pregnancy, and options for termination of pregnancy	Royal Women's Hospital <a href="http://www.thewomens.org.au">www.thewomens.org.au</a>  AFP Noninvasive prenatal testing. 2014. 43(7): 432-434 <a href="http://www.racgp.org.au/afp/2014/july/noninvasive-prenatal-testing/">http://www.racgp.org.au/afp/2014/july/noninvasive-prenatal-testing/</a>  Immunise Australia Program. <a href="http://www.immunise.health.gov.au/">http://www.immunise.health.gov.au/</a>  Royal Women's Hospital. Abortion. <a href="https://www.thewomens.org.au/patients-visitors/clinics-and-services/unplanned-pregnancy-services/abortion-service/">https://www.thewomens.org.au/patients-visitors/clinics-and-services/unplanned-pregnancy-services/abortion-service/</a>
<b>Post natal care</b> Standard post natal check	'My baby is now 6 weeks'	» Perform Mood assessment/ screen for PND » Give breastfeeding advice » Give contraception advice » Do a 6 week baby check and give immunisation advice	Australian Family Physician. The six week check. 2012. 47(5): 288-290 <a href="http://www.racgp.org.au/afp/2012/may/the-6-week-check/">http://www.racgp.org.au/afp/2012/may/the-6-week-check/</a>

Women's Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
<b>Menopause</b> Lifestyle advice When to prescribe HRT Osteoporosis screening Breast cancer screening Metabolic syndrome/ CVD risk Incontinence Uterovaginal prolapse	'I have hot flushes and no interest in sex - am I experiencing the change?'  'I feel like I leak urine when I cough or do exercise'  'I have a sensation of something coming down'	» Counsel patients who request to go on HRT » Provide general lifestyle advice to a woman who is perimenopausal » Practise taking histories from women presenting with urinary incontinence. » Outline pharmacological and non-pharmacological management of menopause to the patient. » Refer a patient for urodynamics » Outline treatment options for patients who present with uterovaginal prolapse	Jean Hailes For Women's Health. <a href="http://www.jeanhailes.org.au">www.jeanhailes.org.au</a>  Menopause Management GP Tool available from <a href="https://jeanhailes.org.au/health-professionals/tools">https://jeanhailes.org.au/health-professionals/tools</a>  UroGynaecology Association of Australasia. Patient information <a href="http://www.ugsa.org.au/pages/patient-information.html">http://www.ugsa.org.au/pages/patient-information.html</a>

## MD Year 3 - General Practice block rotating term

*“General Practice is a traditional method of bringing primary health care to the community. It is a medical discipline in its own right, linking the vast amount of accumulated medical knowledge with the art of communication.” Murtagh1, 2011, p 2.*

All Doctor of Medicine third year (MD Year 3) students at the University of Melbourne undertake a six week general practice placement, with the exception of the Extended Rural Cohort (ERC) students who complete a longitudinal community general practice placement in a rural location.

MD Year 3 students undertake five rotating terms of Women’s Health, Child and Adolescent Health, General Practice, Aged Care and Mental Health. If you have a student earlier in the year, they will have limited exposure to some 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 other specialist teaching they will receive later. A guide to core presentations for each rotation is incorporated in this guide.

During the six week GP block placement students are expected to complete on-line modules, self-directed learning tasks, ‘practice-based activities’ and clinical workshops, which address the learning objectives of the GP term.

MD3 students must complete the following four online modules during their general practice rotation. It is recommended that the first two tutorials be completed prior to or during the first week of the rotation.

- Introduction to the general practice term
- Diagnostic reasoning and development of management plans
- Discussing sensitive issues
- Rash Decisions dermatology lecture

Students will be present in your practice four days each week, with the exception of week three of the placement, when they will only attend the practice for three days to allow for attendance at two days of clinical workshops at the University. These workshops align to four key research themes in the Department of General Practice and are designed to deepen your student’s understanding through case based study, accompanied by pre-reading and quizzes. The rotation concludes in week six with an exam preparation tutorial.

The clinical workshops are:

1. Primary care cancer workshop
2. Diabetes and cardiometabolic conditions workshop
3. Mental Health workshop
4. Young people and sexual health workshop

## Intended learning outcomes for the GP rotation

### Broad goals

The three broad goals of the GP term align with the quotation above from Emeritus Professor Murtagh. We seek to enable students to:

1. Communicate effectively
2. Problem solve (apply diagnostic reasoning skills and elicit the 'problem list')
3. Derive a management plan WITH the patient covering goals for the short, medium and long-term and including the skill of dealing with uncertainty

Communication skills apply to every section of this triad because in General Practice you must be able to elicit a patient history, and explain your diagnostic reasoning process, the reasons for examination and investigations as well as management to patients in a way they can understand and make meaning of. This requires you to use active listening skills - picking up cues from what they say through non-verbal forms of communication. It is also important to reflect back to patients that you have understood not only the 'content' of what they are saying but the 'feeling' that accompanies the content. Students commonly fall short of being able to construct a management plan with the patient's input. This is not surprising given that experience builds this skill, however by thinking, for each patient you see, 'how am I going to help this patient in the short, medium and longer term?' you will hopefully master this skill.

Greenhalgh<sup>2</sup> (pp. 116-18) writes that the key academic skills to being a good generalist are:

- a) communication skills,
- b) knowledge management (you will never know everything but you need to know how to find, sort, index, store, evaluate, summarise, synthesise and share knowledge effectively and efficiently),
- c) ability to work with a multidisciplinary team, knowing roles of each in the bigger picture and
- d) ability to adapt appropriately to new approaches and models.

We would like you to observe and practise these skills in your GP placements.

### Intended Learning Outcomes

The Intended Learning Outcomes are applied in the four key areas of the general practice curriculum as defined by the Royal Australian College of General Practice (RACGP), namely: People and their Populations; Presentations, Processes of General Practice (i.e. the four P's).

In summary, the Intended Learning Outcomes of the GP term are for students to:

1. Demonstrate patient-centredness in clinical decision making and management during GP placements by applying a holistic, biopsychosocial framework and considering the needs of patients from diverse backgrounds.
2. Critically appraise and synthesise existing knowledge to assist clinical reasoning, particularly when clinical uncertainty may be high
3. Discuss population health issues from the community perspective with a focus on the role of general practice
4. Propose strategies for illness prevention and health promotion for the individual, in the context of a broader population health agenda
5. Grow as a reflective practitioner, capable of self-care and self-directed learning

These Intended Learning Outcomes map back onto the MD graduate attributes and these three broad goals:

- Communication
- Problem solving
- Management plan

## MD Year 2 Primary Care Community Base (PCCB) Program

All students at the Northern and Western Clinical Schools are allocated to a general practice or community health service, the Primary Care Community Base (PCCB), within the northern or western region of Melbourne. During the second year of the MD course, these students spend one day each fortnight at their PCCB practice.

MD2 students involved in the PCCB program will have an immersion week to assist with settling into the general practice learning environment. The week begins with an orientation day at the University, followed by three days at the PCCB placement and concludes with a half day workshop back on campus. See the calendar on page 40 for the dates of the immersion week.

**PCCB students are in your practice to learn medicine** with access to a broad range of patients and community health services. **Activities should complement and enhance clinical learning in each of their clinical rotations.** (See the 'Core presentations' in this guide)

The discipline of general practice is taught in the six week block term rotation during MD Year 3.

Longitudinal placements in general practice commenced in 1971 at the University of Minnesota Medical School, USA with the aim of increasing the number of rural physicians<sup>1,2</sup>. Other longitudinal placements have been established at Harvard Medical School<sup>3,4</sup>, and in Australia, at Flinders University, Adelaide<sup>5,6,7</sup>; and the Rural Clinical School of the University of Western Australia<sup>8</sup>. Literature reviews have also been published, including programs established in Canada and South Africa<sup>9,10,11</sup>. These studies provide evidence that longitudinal placements have benefits for students, supervisors and the community.

### Intended learning outcomes:

- To learn about the community context of health care within the standard medical curriculum
- To understand the patient journey through the health system
- To enhance communication skills including information gathering, information giving, and clarification
- To develop diagnostic skills – from undifferentiated presentations to diagnosed conditions
- To follow the progression of disease over time
- To compare the care needs of patients across hospital and community settings and to prioritise management according to the setting
- To experience the roles of different health professionals in the community setting and the role of the medical practitioner within the health care team context
- To begin to perform as a member of a multi-disciplinary health care team by contributing to the work of the practice
- To acquire specific graduate attributes including
  - » Cultural awareness and understanding
  - » Problem solving and decision making
  - » Collaborative learning and teamwork.

1 Verby JE. The Minnesota Rural Physician Associate Program for medical students. *J Med Educ.* 1988;63(6): 427-37

2 Halaas GW. The Rural Physician Associate Program: successful outcomes in primary care and rural practice. *Rural Remote Health.* 2005;5(2):453.

3 Hirsh D, Gaufberg E, Ogur B, Cohen P, Krupat E, Cox M, et al. Educational outcomes of the Harvard Medical School-Cambridge integrated clerkship: a way forward for medical education. *Academic Medicine: Journal of the Association of American Medical Colleges.* 2012;87(5):643-50.

4 Ogur B, Hirsh D, Krupat E, Bor D. The Harvard Medical School-Cambridge integrated clerkship: an innovative model of clinical education. *Academic medicine : journal of the Association of American Medical Colleges.* 2007;82(4):397-404.

5 Worley P. Flinders University School of Medicine, Northern Territory, Australia: Achieving educational excellence along with a sustainable rural medical workforce. *MEDICC Rev.* 2008;10(4):30.

6 Worley P, Silagy C, Prideaux D, Newble D, Jones A, Worley. The Parallel Rural Community Curriculum: an integrated clinical curriculum based in rural general practice. *Medical education.* 2000;34(7):558-65.

7 Walters L, Prideaux D, Worley P, Greenhill J. Demonstrating the value of longitudinal integrated placements to general practice preceptors. *Medical education.* 2011;45(5):455-63.

8 Denz-Penhey H, Murdoch JC. Is small beautiful? Student performance and perceptions of their experience at larger and smaller sites in rural and remote longitudinal integrated clerkships in the Rural Clinical School of Western Australia. *Rural And Remote Health.* 2010;10(3):1470-.

9 Norris TE, Schaad DC, DeWitt D, Ogur B, Hunt DD, Consortium of Longitudinal Integrated C. Longitudinal integrated clerkships for medical students: an innovation adopted by medical schools in Australia, Canada, South Africa, and the United States. *Academic medicine : journal of the Association of American Medical Colleges.* 2009;84(7):902-7.

10 Walters L, Greenhill J, Richards J, Ward H, Campbell N, Ash J, et al. Outcomes of longitudinal integrated clinical placements for students, clinicians and society. *Medical education.* 2012;46(11):1028-41.

11 Thistlethwaite JE, Bartle E, Chong AA, Dick ML, King D, Mahoney S, et al. A review of longitudinal community and hospital placements in medical education: BEME Guide No. 26. *Medical teacher.* 2013;35(8):e1340-64.

### **Matching patients to the curriculum for PCCB students**

PCCB students appreciate seeing patients aligned to their clinical rotating terms. Please ask your student which rotations they have and discuss with them how to facilitate access to even one or two patients a day who match the curriculum. The core presentations section of this guide will help with matching patients to the curriculum.

#### ***Student comment:***

*“I have thoroughly enjoyed my time in PCCB and it has been very beneficial for my learning. Some of my most valuable clinical experiences have occurred at [name of practice]. Whilst the medical course has given me a good understanding of medicine, PCCB has taught me how to be a doctor.” Student N3 1170*

## Before you start your placement

Please send your practice an email or letter introducing yourself; a photo is also useful. It helps their planning if they know a bit about your background e.g. your previous degree, work experience, any specialties you are interested in and why you selected that practice for your placement.

### PCCB Immersion week

PCCB 2 students will have an immersion week to assist with settling into the general practice learning environment. The week begins with an orientation day at the University, followed by three days at the PCCB placement and concludes with a half day workshop back on campus.

Northern Immersion week **13- 17 March**

Western Immersion week **20 – 24 March**

## Primary care community base calendar – Days at practice 2017

■ Northern student attendance ■ Western student attendance ▨ Holidays

### MARCH

M	T	W	T	F	S	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

### APRIL

M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

### MAY

M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

### JUNE

M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

### JULY

M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

### AUGUST

M	T	W	T	F	S	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

### SEPTEMBER

M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

### OCTOBER

M	T	W	T	F	S	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

## Differences between the PCCB program and GP block rotating term rotation

### **GP block rotating term**

In the GP block rotating term we aim to teach frameworks for an approach to the consultation in general practice; the communication, diagnostic and management skills necessary to care for people in the community; and referral to other parts of the health system when appropriate. Students should also understand how the conditions learnt about in the hospital setting present in primary care, and there are many issues dealt with in primary care that students have not met in hospital-based medicine.

### **PCCB program**

The PCCB program is not intended to replace the GP block; PCCB is to build on clinical term learning and to understand the patient journey across community and hospital based environments. The focus should be on maximising opportunities to interview and examine patients and to seek out patients with conditions that will build on each clinical term.

# Teaching in General Practice

## In the consultation

In the first couple of sessions, your student will be observing how you communicate with your patients, negotiate a management plan, manage multiple problems and utilise other primary care resources. Encouraging students to be active participants is helpful to determine the level of competency of your student.

A student from mid-second year onwards who spends most of their time observing is not performing at an acceptable level and the Department of General Practice should be notified.

Keep in mind that PCCB students are in second year of the MD course. At the start of the year, they have had only limited contact with patients in the real-world clinical setting. Thus they frequently require considerably more orientation, guidance and supervision than the MD3 GP Block students. The focus should be on encouraging them to interview and examine patients, with a greater emphasis on diagnosis and management of patients as the year progresses.

## Guidelines on how to move students from passive observation to active learning activities at the clinic

When students are sitting in with you the aim is for the student to do something active during each consultation, for example:

- Ask the student to take a discrete part of the history – such as expanding on the presenting complaint, or the past history, or medication history
- Ask the student to conduct a particular part of the physical examination while you observe
- Ask the student to consider the differential diagnosis list in order of likelihood
- Ask the student to consider a possible management plan
- Invite the student to explain a test result or diagnosis to the patient
- Invite the student to explain the follow-up, a management step, or new test to the patient.

The aim is to build students' skills and confidence so that by mid second year (MD year 2) they can independently conduct a consultation and then present the patient to you. As third year students it is critical that independent consulting is achieved early in the six week block placement.

Students in MD year 2 and beyond who are only observing consultations are not performing at a satisfactory level.

### **Student comment:**

*“Being able to complete entire consultations. I have been allowed to advise the patients as I see fit, investigate where I see fit and prescribe as I see fit. If the doctor feels differently, then things will be changed.” W3 1193*

## Independent student consulting: Wave or parallel consulting

**A student often gains more by seeing fewer, but carefully selected patients than by rushing through every patient the supervisor sees. This may also assist the supervisor to run to time.**

All students have participated in clinical skills tutorials throughout first year, and in second year have commenced seeing patients regularly at their hospital. Note that there is some variability in the confidence of students to commence interviewing and examining patients independently. After your student has become active in the consultation, ask your student to see a patient independently to complete some of the tasks specified in the core presentations section.

Reception must obtain patient consent before the student can see the patient.

- Brief the student beforehand about what you want them to achieve in their consultation – a discrete set of tasks is better than a broad or nebulous agenda
- Students should record their findings in the patient notes, then when you enter the consultation, ask the student to summarise the key findings, and/or diagnosis, and/or management issue and present the case to you while the patient is still present. Student’s notes should be read and checked by the GP supervisor
- Patients often appreciate the extra time with a student who listens to their history – and students have discovered important facts that the GP did not know
- Debrief with the student about particular patients after they have left the room – give positive or constructive feedback, highlighting areas for improvement
- If there are gaps in the student knowledge, ask students to look up particular information and report back to you the next day (block) or fortnight (PCCB).
- During the student-patient consultations, you can continue to see your own patients. This method of consulting is called wave or parallel consulting. Before the session, the GP identifies which patients may provide an interesting history or are relevant to a PCCB student’s clinical term. Reception then obtains patient consent to see the student while they wait for their GP appointment.

We ask that MD Year 3 GP block rotating term students have access to a consulting room to see patients alone for the equivalent of at least two sessions per week and for PCCB students a minimum of one hour a day. If consulting rooms are not available at all times, consider using rooms when doctors are away, doing nursing home visits or at lunch times. A treatment room or allied health space may also be an appropriate space even without computer access. An example of how this might work in practice is illustrated in the following timetable where there is a separate room for the student to use:

### Timetable where there is a separate room for the student to see patients

<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.		

Sourced from: Alguire, P.; DeWitt, D.; Pinsky, L.; Ferenchick, G. Teaching in your office: a guide to instructing medical students and residents. Philadelphia, US: ACP Press; 2008.

### **A computer is available but not a separate room**

When 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, if a patient has refused to allow the student to be present, the student can go elsewhere to read the next patient's notes.

### **Student and GP supervisor together**

When the student and GP see the patient together, the student should be encouraged to act as the doctor. At the beginning of the year MD year 2 PCCB students will need encouragement and support but by mid year should be able to take a history, conduct a physical examination and generate a differential diagnosis.

### **Other scenarios**

Descriptions of other scenarios are available in James Best's article Teaching medical students - tips from the frontline. Aust Fam Physician. 2012;41(1-2):22-4. Reprinted on pages 28-30 and available on open access from: <http://www.racgp.org.au/afp/2012/januaryfebruary/teaching-medical-students/>

Please note that this article refers to the doctor obtaining patient consent; the RACGP best practice method is for reception staff to obtain patient consent before the patient sees the GP or the medical student.

### **Other GPs as supervisors**

If possible, students can swap supervisors from time to time and sit in with other GPs in the practice. Other GPs may supervise for whole sessions or may choose to find one or two patients a day. This provides students with a varied learning experience by exposing them to a range of consulting styles and different patient groups such as women, children or the elderly.

Your appointment software can highlight where the student is, which is useful when another GP or nurse has an interesting case suitable for teaching (with patient permission).

### **Student comments:**

*"My GP supervisor is an excellent teacher and very keen on sharing his knowledge and experiences. The practice is a good learning environment with good doctors who are willing to help learn. They called us for any interesting patients or procedures." Student W2 3100*

*"She is a good teacher who explains the appropriate questions to ask, especially if we miss them out. She teaches us about the appropriate pharmacological managements and the life threatening conditions to rule out. It is a good environment as my supervisor gives me a lot of autonomy." N2 1028*

## What else can students do in your practice?

In addition to consultations and procedures, students are strongly advised to be involved with all of the daily activities of the GP supervisor and the practice including:

### **Home, aged care, hospital or outreach visits:**

Students may attend home, hospital or residential aged care visits with their supervisor, nursing or allied health staff. Students must be accompanied and supervised by the relevant health professional at all times.

### **Practice nurse:**

Students may be involved in activities that practice nurses undertake including Chronic Disease Management (CDM) tasks. Students may initially observe tasks with a view to performing them independently. These sessions can be included in the student's timetable. The practice nurse can involve students in:

- Patient immunisation sessions
- Patient education sessions e.g. smoking cessation, asthma education, medication management
- Chronic Disease Management plans and Health Assessments
- Wound management
- Other procedural skills such as ECG, venepuncture, spirometry.

### **Student comment:**

*Highlight - "Learning from the practice nurses and seeing / assisting procedures" N2 1031*

### **Contributing to the work of the practice:**

For example: conducting Health Assessments, Chronic Disease Management plans, writing referrals, following up patient investigation results (with appropriate supervision).

### **Allied health experiences:**

Students may discuss with you which extra services within the practice and in the local community could provide useful learning experiences. Suggestions include physiotherapists, radiology, pharmacists, podiatrists, diabetes educators, audiologists, optometrists and pathology. One session a week (block term, less frequently for 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. Students may accompany a patient (with permission) to their allied health sessions.

### **Guidelines on how to involve practice nurses and allied health professionals in student learning and teaching**

- Ensure that other teachers are given advanced notice of teaching sessions, so they have adequate time to prepare and can adjust patient bookings to allow time for teaching
- Try to give specific advice about what you expect the student to gain from spending time with other practice staff: focus on a small number of learning objectives and check afterwards whether it was possible to address these
- Check with the student about what they learned from spending time with allied health professionals: in particular were there any differences between what they observed and what they expected based on hospital experiences?

*Consider discussing up-front how teaching remuneration (PIP payments) might be shared with other practice staff if they are contributing regularly to student teaching.*

### **Reception and triage:**

MD3 students on GP Block placement 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.

**Research:**

Students can use their evidence based medicine skills to perform searches to help 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.

**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 occasionally report their findings 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.

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

Students should be allowed time for self-directed learning - reading GP journals in the practice, talking with and critically appraising information from representatives (e.g. pharmaceutical), 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 the education of GPs by presenting interesting cases they have seen and researched.

Students may also critically appraise information received from medical specialists, hospitals and allied health professionals.

**After hours experience (MD Year 3 GP block rotating term students only):**

Block term students should attend the practice on a Saturday 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.

**Special interests:**

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.

Some students have a clear idea of the area of medicine they would like to specialise in after completing the MD course. These students may like to examine referral letters to specialists and discharge summaries or other correspondence from specialists back to the GP and reflect on the role of the GP both before and after specialist intervention, as well as how the GP decides where to refer their patients. They may also be interested in meeting and interviewing the patients that are / will be / have been under the care of the relevant specialist.

**Case presentations for MD Year 3 block term tutorials:**

Students may wish to prepare cases to discuss with their peers and tutors during MD Year 3 block clinical workshops. You may be asked to assist your student with the case notes or related information. No identifiable patient information should be used.

**Student and supervisor meetings:**

Feedback is extremely important for all students. For MD3 GP block students, weekly half hour meetings with your student/s are advised to review their progress and expectations. Use the GP supervisor feedback form (sample available in the appendix) as a general guide to the different domains of clinical competency you need to assess.

**Student comment:**

*"Seemed to take a real interest in my education. A great mentor!" Student N2 1040*

## Teaching tips for GP supervisors

Medical students learn by interacting with patients in the presence of a supportive person providing a safe environment.

### Key points

- Briefing and setting ground rules are important
- Students learn by being active in real clinical encounters
- Students learn when they identify their own learning needs
- When observing, asking questions and receiving answers is a key part of learning
- Timely feedback is important, but respect for patient and student dignity is essential.

Set the ground rules for ethical and professional behaviour at the beginning of the clinical placement. This is important in guiding students in their own professional and personal development. It is also important to clarify the core learning objectives with your students at the initial briefing.

Students can learn good communication skills by seeing them being applied in the clinical encounter by clinicians. They may need encouragement to ask questions of the clinician and the patient, either during or after the clinical encounter.

Discussion of the clinical experience is important and can be done in between cases, during coffee or lunch breaks or at the end of the day. Also, challenge students to read further about their clinical experiences.

## Giving feedback

### Key points

- Give concrete, specific feedback
- Show students how they can improve
- Provide feedback as soon as possible after the action
- Encourage students to respond to your feedback
- Encourage students to give constructive feedback to each other if you have more than one student.

Whenever we learn something new, we are helped by the feedback we receive from teachers, colleagues and the environment around us. Educational research on the role of feedback in learning has reached a number of conclusions about what makes feedback effective and likely to be acted upon. The first point is that feedback should be as specific as possible, giving concrete information to students about their performance. For example, telling a student “You need to deflate the blood pressure cuff at a slower speed”, gives precise information on an area for improvement, whereas the comment “You are not measuring the blood pressure correctly” is a negative response containing no information on what is wrong.

Feedback should contain information on how the performance could be improved. A comment such as “Try to listen carefully to what the patient is saying, and pause to think about it before you reply” tells a student that she or he has not done very well, but is positive and gives guidance. A comment such as “You obviously did not hear a word the patient said to you” is negative without any hint of what is wrong or how to make it better.

Even the most positive and helpful suggestions we can make about performance are unlikely to be taken up by students if they come long after the task is completed. It is much more effective to link the feedback to the behaviour as closely as possible.

Giving feedback on performance should not be the end of the story. In any learning situation, students will benefit from the opportunity to discuss the teacher’s opinions and comments. It is in the give and take of discussion that students can internalise the external messages they have been given, making them their own and therefore more likely to be remembered and used the next time the same behaviour is attempted.

Feedback on their performance also may take many forms and is not restricted to explicit comments directed to individuals. Effective small tutorial groups (where possible) create a learning environment in which students receive helpful feedback from other students (or registrars) as well as from the supervisor. This may not come easily to students and may need to be introduced in a structured way before it becomes a natural part of the process of learning together.

***Student comment:***

*“My GP is a great doctor and teacher and takes a few minutes after each patient to discuss things with me.”*

*N2 1017*

## Survival tips from experienced GP supervisors

The following tips have been collated from some of our experienced GP supervisors:

- To help you keep to time experienced supervisors use the wave or parallel consultation method. Once you are happy with the knowledge and skill of your student, they can start independently consulting. While your student sees one patient, you may see another one or two before you join your student. If you are running late, your student can see one patient while you catch up.
- **Remember that your student does not have to see every patient** – they may learn more by seeing fewer but carefully selected patients. (See also the tips under Wave consulting)
- Give your students clear instructions – e.g. “Take a history”, “do a physical exam”, “check patient’s blood pressure/BMI/smoking status is recorded or updated”.
- Block out sessions to allow time for teaching e.g. block out 2 appointments per 3 hours or 1 appointment each hour. Inform students if this isn’t possible (e.g. if someone is away sick).
- If there is only limited opportunity for independent consulting, teach your student the key phrases and tips to keep a consultation running to time. If there is a computer available the student can read the next patient’s notes while you see an earlier patient by yourself. This is also a useful strategy when a patient refuses to see the student.
- Have your students explain information to your patients – patients like this aspect of teaching (be aware of the information to be discussed and the stage and ability of the student).
- Regard teaching as a ‘whole of practice’ approach. **All GPs can be involved in supervising** your student so that students experience the different patient mix and consulting styles. Some practices share based on the number of GPs and their hours, others have a practice manager set up a timetable with one main supervisor and shorter rotations with other GPs and registrars.

### General tips

- Be very clear of the placement type. This guide explains the different placement types, the curriculum and standard expected each year level. The supervisor should sit in the corner, not the student
- Patients get a lot out of the doctor-student feedback – explanations, longer consultation, in depth
- Ask students ‘what went well, what didn’t go so well?’ ‘What do you want to do differently next time?’
- Students have to discover that general practice is a safe place to learn, that they won’t be judged harshly for making mistakes.

### 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.

If problems do arise with your student, please speak to them initially. We have also encouraged students to speak with you with 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 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.**

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 two sessions per week (GP block term) and one hour a day (for PCCB fortnightly visits)
- Lack of feedback from GP supervisor(s) – set aside space in the timetable for feedback
- Too much observation - students learn by being active, not watching. See 'In the consultation' for tips to encourage your student to be active

- Lack of variety of patient clinical presentations – involve other GPs in the practice
- 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 – investigate the patient consent process; source other tasks for the student
- Lack of procedures/ lack of access to nurses or allied health – investigate any barriers to access
- Students late or not attending scheduled practice sessions – please report non-attendance to the Department of General Practice
- Please report any concerns you have to the Department of General Practice as soon as possible to enable remediation and any other action as required.

At the end of the placement, students have the opportunity to provide feedback about their experiences. A summary of this feedback will be provided at the end of the year. You also have the opportunity to provide the Department of General Practice with your feedback on your experiences.

**Your feedback and that of your students is important to improve our understanding of what works well and what doesn't. This has enabled us to improve our support to both you and your students.**

***Student comment:***

*“DR 1 and Dr 2 were exceptional role models. In particular I was impressed by: their generosity, kindness and dedication to teaching students, thorough and empathetic towards their patients and very careful in their use of language and NEVER made derogatory remarks and suggestions about their patients (which I saw a lot in hospital), humble and driven by work ethic and principles that came from within, their trust in our abilities was the single thing that made the biggest difference to my own career trajectory. My two mini CEX experience at GP were being allowed to do the following: (i) independently interview, physically examine and diagnose acute cholecystitis, manage and arrange for our elderly patient to pack her home and belongings and arrange ambulance to ED (ii) diagnose a pt with T2DM, explain the DDX and plan for his Mx.” Student W2 2145*

## Teaching resources for GP supervisors

### University of Melbourne

#### a. Excellence in Clinical Teaching (E.X.C.I.T.E) online modules - <http://excite.mdhs.unimelb.edu.au/>

At the bottom of the page is a web link to the online modules:

- clinical teaching,
- effective feedback skills,
- teaching clinical reasoning,
- scoring Mini-CEX assessments\* and

\*The Scoring Mini-CEX assessments module will help you to set a standard for expected performance.

Registration is free and we strongly recommend that all GPs involved in teaching watch these videos.

#### b. MD Connect

The student curriculum portal MD Connect - <https://mdconnect.medicine.unimelb.edu.au> (contact DGP to gain access) provides access to the medical students' lectures and resources

- **Supervisor and practice manager guides** for block and PCCB placements can be accessed by clicking:
  - » Curriculum – Year 2 – PCCB – click on the green dot or
  - » Curriculum – Year 3 – General Practice – click on the green dot
- Term guides for each of the rotating terms
- Library resources are accessed via Curriculum – Library on the left hand side
- Lectures, particularly on:
  - » Perspectives in health care: the four lenses - used by the students for their reflective piece during the GP block rotating term
  - » Discussing sensitive issues (sexual, drug and alcohol, abuse and violence; downloadable video).
  - » Both are accessed by clicking: Curriculum – Year 3 – General Practice.

#### c. Primary Care Network

The Department of General Practice has a website for the Primary Care Network. This has sections for GP supervisors, practice managers and students and contains information and forms to facilitate placements. Practice profiles can be viewed here: <http://www.gp.unimelb.edu.au/pctn>

### Journal articles

The following articles are free to download. The first three articles are reprinted on the following pages.

1. Armstrong E, Parsa-Parsi R. How Can Physicians' Learning Styles Drive Educational Planning? *Academic Medicine*. 2005;80(7):680-4. Based on the Kolb learning styles, the authors offer a framework for teaching.
  - » Available from [http://journals.lww.com/academicmedicine/Fulltext/2005/07000/How\\_Can\\_Physicians\\_Learning\\_Styles\\_Drive.13.aspx](http://journals.lww.com/academicmedicine/Fulltext/2005/07000/How_Can_Physicians_Learning_Styles_Drive.13.aspx)
  - » or <http://journals.lww.com/academicmedicine/toc/2005/07000> (It is under Article near the bottom of the page)
2. Best J. Teaching medical students - tips from the frontline. *Aust Fam Physician*. 2012;41(1-2):22-4.
  - » A case study illustrates key aspects of supervising medical students in general practice. It includes a description of wave or parallel consulting.
  - » Available from <http://www.racgp.org.au/afp/2012/januaryfebruary/teaching-medical-students/>

3. DeWitt D. Incorporating medical students into your practice. Aust Fam Phys 2006; 35 (1/2): 24-26
  - » This article discusses tips to help busy doctors incorporate learners into their practice.
  - » Available from <http://www.racgp.org.au/afp/200601/3469>
4. Howe A. Twelve tips for community-based medical education. Medical teacher. 2002;24(1):9-12.
  - » Available from <http://informahealthcare.com/toc/mte/24/1> (it's the first research article)
5. Laurence C, Docking D, Haydon D, Cheah C. Trainees in the practice - practical issues. Aust Fam Physician. 2012;41(1-2):14-7.
  - » Describes the key aspects of patient and financial management when trainees are present in the practice and suggests solutions to potential issues. Please note that the links in the table of useful resources are not current – updated links are provided in this guide.
  - » Available from <http://www.racgp.org.au/afp/2012/januaryfebruary/trainees-in-the-practice/>

## Books

If you have a university email account these may be borrowed from the university library.

Alguire, P.; DeWitt, D.; Pinsky, L.; Ferenchick, G. Teaching in your office: a guide to instructing medical students and residents. Philadelphia, US: ACP Press; 2008.

» Available from [https://www.acponline.org/acp\\_press/teaching\\_in\\_your\\_office/](https://www.acponline.org/acp_press/teaching_in_your_office/)

Hays R. Practice-based teaching: A guide for general practitioners. Melbourne: Eruditions Publishing; 2006.

» Available from <http://www.eruditions.com/books/practice-based-teaching-a-guide-for-general-practitioners-2nd-edition/>

## RACGP

RACGP has web pages for supervising medical students and prevocational doctors in general practice at <http://www.racgp.org.au/education/meandsupervisors/supervision>

There are links to:

- RACGP Guidelines for the Supervision of Medical Students in General Practice
  - » This booklet is designed for use by general practitioners and the primary care team to assess their suitability and capability to take on the responsibility for supervising medical students and prevocational doctors.
  - » <http://www.racgp.org.au/download/Documents/Educators/RACGP-Guidelines-for-the-Supervision-of-Medical-Students-in-General-Practice.pdf>
- Teaching on the Run Tips
  - » A series of articles originally published in the Medical Journal of Australia. These practice teaching tips for busy clinicians also include hospital training, but the principles apply to supervision in the general practice setting. Each topic focuses on how the clinical environment provides enormous opportunities for effective experiential learning. <http://www.meddent.uwa.edu.au/teaching/on-the-run/tips>
- RACGP also provide practice management learning objectives for a medical student in general practice at <http://curriculum.racgp.org.au/statements/practice-management/> (click on Learning objectives across the GP professional life – medical student)

## ACRRM Guide for (registrar) supervisors

This Guide for Supervisors of registrars contains readable information about adult learning styles and the Dreyfus 'Novice to Expert' scale. There are also other tips, but please remember this guide is written for registrars, not medical students. Available from item seven at - <http://www.acrrm.org.au/training-providers-tool-kit#>

## General Practice Training Valley to Coast

Provides an online manual for supervisors of registrars at <http://www.ncgpt.org.au/changes-to-gp-training/>

## Melbourne East GP Network

Have made a series of short videos (<https://www.youtube.com/user/LEMMedicareLocal/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

## WA Clinical Training Network

[http://health.wa.gov.au/wactn/home/wachs\\_resources.cfm](http://health.wa.gov.au/wactn/home/wachs_resources.cfm)

Provides a free online eLearning package covering planning, commencing, carrying and evaluating student placements. Designed for rural and remote allied health and nursing professionals and appropriate for both experienced supervisors and those new to supervision, the course can be completed singularly or together as a whole course.

## General resources for the GP rotation

This list of resources is provided to students and is included for your information.

### Resources:

- **The Royal Australian College of General Practitioners:** <http://www.racgp.org.au/>  
This website provides access to clinical guidelines in addition to several of the websites listed below. It also provides information about GP as a career option for medical students and interns. The Dynamed point of care resource can be accessed at: <http://www.racgp.org.au/support/library/poc/dynamed/>
- **The Royal Australian College of General Practitioners' GP learning:** <http://gplearning.racgp.org.au/>  
This is a series of case-based learning modules of a variety of common GP-based problems. It is excellent revision for important topics.
- **The Royal Australian College of General Practitioners' curriculum:** <http://curriculum.racgp.org.au/>  
This site explores the curriculum for Australian General Practice training. This curriculum helped define the current PCP3 GP curriculum.
- **Introduction to becoming a GP in the Australian Health system – (1 hour):** <http://gplearning.racgp.org.au/>  
This module is ideally done prior to or during the first week of the rotation. It has four components and is designed for medical students and junior doctors who are working in GP.  
The four components are:
  1. Introduction to Australian GP
  2. Keys to high-quality care in Australian general practice
  3. Working in Australian general practice - including working as part of a multidisciplinary team and how general practices operate as a business
  4. Journey of General Practice in Australia – “How to become a GP.”
- **The Royal Australian College of General Practitioners' Red Book 9th edition:**  
[www.racgp.org.au/your-practice/guidelines/redbook/](http://www.racgp.org.au/your-practice/guidelines/redbook/)  
The 'Red Book' provides evidence-based guidelines for preventive care in General Practice.
- **The Royal Australian College of General Practitioners' Green Book:**  
[www.racgp.org.au/your-practice/guidelines/greenbook/](http://www.racgp.org.au/your-practice/guidelines/greenbook/)  
The 'Green Book' is intended as a practical resource designed to strengthen preventive care in General Practice.
- **Australian Family Physician (AFP):** [www.racgp.org.au/afp/](http://www.racgp.org.au/afp/)  
AFP is the official journal of the RACGP. Its aim is to provide evidence-based information to GPs. Each monthly issue has a specific topic but previous issues are available online. It has useful information for patient management of a whole range of issues written by experts in the field.
- **THINK GP (free continuing medical education modules):** <http://thinkgp.com.au>  
To access THINK GP you will need to register online by going to the link above. There is no cost involved. This website provides online learning modules for a variety of common GP topics and is a great way to consolidate your knowledge or learn about the current gaps which may require further study.
- **Health Pathways Melbourne:** <http://melbourne.healthpathways.org.au>  
**Username:** connected  
**Password:** healthcare  
Health Pathways Melbourne contains pathways that provide guidance around the assessment and management of common medical conditions, including when and where to refer patients. The pathways have been developed collaboratively by GPs, specialists, nurses and allied health professionals.

- **The Australian College of Rural and Remote Medicine:** [www.acrrm.com.au](http://www.acrrm.com.au)  
This site consists of a variety of links relevant to rural GP including the curriculum for rural training.
- **The Bettering Evaluation and Care of Health (BEACH):** <http://sydney.edu.au/medicine/fmrc/beach/>  
The BEACH Program continuously collects information about the clinical activities in General Practice in Australia including:
  - characteristics of the GPs
  - patients seen
  - reasons people seek medical care
  - problems managed, and for each problem managed
    - » medications prescribed, advised, provided, clinical treatments and procedures provided
    - » referrals to specialists and allied health services
- **The General Practice Students' Network (GPSN):** <http://gpsn.org.au>  
The GPSN provides information about how to make your "GP rotation count", career planning in GP and feedback from both GPs and medical students alike.
- **Australian Institute of Health and Welfare:** [www.aihw.gov.au](http://www.aihw.gov.au)  
This website provides information and statistics on Australia's health and welfare.

## Procedural skills

Students are required to practice procedural skills, many of which are possible in general practice. 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 also applies to Elective Medical Students from other medical schools who are undertaking a University of Melbourne 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.

*The following procedures are routinely performed in the general practice setting and are appropriate for students to learn and perform.*

- Instructing patients on mid-stream urine collection and first-void urine sample collection
- Urine pregnancy testing
- Instructing patients on the process for faecal occult blood testing
- Microbiological swabs for investigation of a variety of infections, including respiratory tract infections, wound infections
- Spirometry
- Peak flow measurement
- Education and observation of patients using inhalers
- Educating patients on how to use inhaler devices
- Blood glucose testing blood sugar measurement using a variety of blood glucose monitors,
- Urine testing for glucose, protein, ketones, microalbumin
- Pulse oximetry
- Taking ECGs
- Dermoscopy
- Bandaging and/or strapping of lower and upper limb injuries
- Application of slings – collar and cuff, broad arm

*Procedures such as the following should only be undertaken with **direct supervision**:*

- Injections and immunisations
- Venepuncture
- Wound debridement and dressing
- Excision and / or punch biopsy of skin lesions
- Removal of lumps and bumps
- Removal of foreign body (soft tissue)
- Removal of foreign body (nose or ear, including ear wax, via syringing)
- Removal of foreign body (eye)
- Cryotherapy for warts and solar keratoses
- Simple suturing and removal of sutures
- Applying back slabs and / or plasters to upper and lower limb injuries
- Performing a speculum examination and Pap smear
- Conduct a digital rectal examination
- Taking genital swabs – vaginal/cervical, urethral, rectal
- Microbiological swabs for investigation of sexually transmitted infections
- Fluorescein stain of cornea

### **Student comments:**

*“The most valuable aspects have been practising/ learning different small procedures like venepuncture, plastering, implanons etc.” N2 1017*

*“Learning from the practice nurses and seeing / assisting procedures” N2 1031*

## Core drug list

The core drug list for the General Practice rotation is modified from the core drug list for the MD program. Students will have learned about many of these medications during MD2 and other PCP3 rotations. By the end of the MD Year 3 general practice rotation students should be able to explain the mechanism of action, indications for use, common and serious adverse effects, important drug interactions and the necessary monitoring required for these core drugs.

The drugs highlighted in bold are particularly important and students should know as much as possible about the individual drug. For all other drugs, students should have a basic understanding of the individual drug as an example of that particular drug class.

### Drug Class: Allergy/Anaphylaxis

- Sedating antihistamines
  - » promethazine
- Less sedating antihistamines
  - » cetirizine
  - » fexofenadine
  - » loratadine

### Drug Class: Anaesthetics

#### local anaesthetics

- » lignocaine

### Drug Class: Analgesics

#### aspirin

#### paracetamol

#### codeine

#### fentanyl

#### hydromorphone

#### methadone

#### oxycodone

#### morphine

#### tramadol

#### pethidine (why not to use it)

#### non-steroidal anti-inflammatories

eg. ibuprofen

### Drug Class: Antidotes/

#### Antivenoms

#### glucagon

#### naloxone

#### thiamine

### Drug Class: Anti-infectives

- Antibacterials (major)
  - » **cephalosporins**

- » clindamycin
- » **macrolides**
- » metronidazole
- » tinidazole
- » **penicillins**
- » **quinolones**
- » **tetracyclines**

- Other antibacterials
  - » nitrofurantoin
  - » trimethoprim/  
sulfamethoxazole
  - » **trimethoprim**

- Antifungals
  - » **azoles**
  - » amphotericin
  - » **nystatin**
  - » terbinafine
  - » griseofulvin

- Antivirals/antiretrovirals
  - » **aciclovir**
  - » famciclovir
  - » ganciclovir
  - » valaciclovir

- Antiprotozoals
  - » atovaquone/proguanil
  - » chloroquine
  - » mefloquine

- Anthelmintics
  - » albendazole
  - » mebendazole
  - » pyrantel
  - » praziquantel

### Drug Class: Cardiovascular

- Aldosterone antagonists
  - » spironolactone
- Loop diuretics
  - » **furosemide**
- Sympathomimetics
  - » adrenaline
- Nitrates
  - » **glyceryl trinitrate**
  - » isosorbide mononitrate
- Antihypertensives
  - » **thiazides**
  - » amiloride
  - » **ACE-inhibitors**
  - » **angiotensin II antagonists**
  - » **calcium channel blockers**  
**-dihydropyridine**
  - » **diltiazem**
  - » **verapamil**
  - » **beta-blockers**
  - » **prazosin**
  - » **clonidine**
  - » hydralazine
  - » **methyldopa**
  - » moxonidine
- Antiarrhythmics
  - » **amiodarone**
  - » **digoxin**
  - » **sotalol**

- Drugs for dyslipidaemia
  - » **statins**
  - » fenofibrate
  - » gemfibrozil
  - » **ezetimibe**

### Drug Class: Blood and Electrolytes

- Anticoagulants
  - » **enoxaparin**
  - » **warfarin**
  - » rivaroxaban
  - » dabigatran
- Antiplatelets
  - » **aspirin**
  - » **clopidogrel**
- Thrombolytics
  - » tranexamic acid
- Drugs for anaemias
  - » erythropoietin alfa
  - » folic acid
  - » **iron**
  - » **vitamin B12**
- Drugs for electrolyte imbalances
  - » polystyrene sulfonate resins (resonium)
  - » aluminium hydroxide
  - » calcium carbonate
  - » potassium chloride SR

### Drug Class: Dermatologicals

mometasone  
hydrocortisone  
pimecrolimus  
calcipotriol  
acitretin  
isotretinoin

### Drug Class: Ear, Nose, Throat

- Drugs for ear infections
  - » dexamethasone/framycetin/gramicidin
  - » flumethasone/clioquinol
  - » ciprofloxacin

- » triamcinolone/neomycin/nystatin/gramicidin
- » isopropyl alcohol

- Drugs for vertigo
  - » betahistine
- Drugs for rhinitis/sinusitis
  - » phenylephrine
  - » pseudoephedrine
  - » oxymetazoline
  - » **intranasal corticosteroids**
  - » azelastine
  - » ipratropium

### Drug Class: Endocrine

- Diabetes
  - » **insulins**
  - » **sulphonylureas**
  - » **metformin**
  - » glitazones
  - » DPPV 4 inhibitors
  - » GLP 1 agonists
  - » glucagon
- Thyroid
  - » **thyroxine**
  - » carbimazole
  - » propylthiouracil
- Osteoporosis
  - » **alendronate**
  - » **risedronate**
  - » calcium carbonate
  - » **calcitriol**
  - » c(h)olecalciferol
  - » strontium
  - » raloxifene
- Adrenal insufficiency
  - » cortisone acetate
  - » fludrocortisone
  - » hydrocortisone

desmopressin

bromocriptine

carbergoline

### Drug Class: Eye

- Eye infections
  - » framycetin
  - » ciprofloxacin
  - » **chloramphenicol**
- Glaucoma
  - » timolol
  - » latanoprost
  - » brimonidine
  - » brinzolamide

### Drug Class: Gastrointestinal

#### antacids

#### H2 Antagonists

#### proton pump inhibitors

hyoscine butylbromide

#### Antiemetics

- » **dopamine antagonists (antiemetics)**
- » **5HT3 antagonists**
- Laxatives
  - » docusate +/- senna
  - » bisacodyl
  - » polyethylene glycol laxatives (movicol, colonlytely)
  - » lactulose
  - » glycerol suppositories
  - » **bulking agents (Metamucil, Normocol)**
- Antidiarrhoeals
  - » loperamide
  - » diphenoxylate (lomotil)
- Inflammatory bowel diseases
  - » mesalazine
  - » sulfasalazine
- Haemorrhoid/fissure products
  - » Rectinol®
  - » Rectogesic®
  - » Proctosedyl®

### Drug Class: Genitourinary

- Urinary tract disorders
  - » oxybutynin
  - » desmopressin
- Prostate disorders
  - » **prazosin**
  - » tamsulosin
  - » finasteride
- Erectile dysfunction
  - » sildenafil
- Other
  - » urinary alkalisers

### Drug Class: Immunomodulators and Antineoplastics

#### methotrexate

tamoxifen

aromatase inhibitors

azathioprine

corticosteroids

### Drug Class: Immunisations

Immunisations on the National Immunisation Program Schedule

Travel immunisations

### Drug Class: Musculoskeletal

- NSAIDs
  - » **celecoxib**
  - » **meloxicam**
  - » **non-selective NSAID's**
- Rheumatoid arthritis
  - » azathioprine
  - » leflunamide
  - » **methotrexate**
  - » hydroxychloroquine
  - » sulfasalazine
- Gout
  - » **allopurinol**
  - » **colchicine**

### Drug Class: Neurological

- Antiepileptics
  - » **benzodiazepines in epilepsy (clonaz, clob, midaz, diaz)**
  - » **carbamazepine**
  - » **sodium valproate**
  - » **phenytoin**
  - » lamotrigine
  - » levetiracetam
  - » topiramate
- Parkinson's drugs
  - » **levodopa/carbidopa**
  - » bromocriptine
  - » cabergoline
  - » pramipexole
  - » benzotropine
  - » entacapone
- Migraine
  - » chlorpromazine
  - » triptans
  - » pizotifen
- Alzheimer's drugs
  - » donepezil
  - » rivastigmine
  - » galantamine
- Other
  - » Baclofen

### Drug Class: Obstetrics and Gynaecology

#### Combined oral contraceptive pills

#### Long acting reversible contraceptives

#### Nuvaring

#### ethinyloestradiol

cyproterone

drosperinone

norethisterone

levonorgestrel

#### oestradiol

tibolone

calcipotriol

### Drug Class: Psychotropics

- Antidepressants
  - » **SSRIs**
  - » **TCAs**
  - » moclobemide
  - » **SNRIs**
  - » mirtazapine
- Antipsychotics
  - » **haloperidol**
  - » chlorpromazine
  - » **olanzapine**
  - » **risperidone**
  - » quetiapine
  - » clozapine
- Bipolar
  - » lithium
- Anxiolytics/sleeping agents
  - » benzodiazepines
  - » zolpidem
- ADHD
  - » methylphenidate
  - » dexamphetamine
- Drugs for opioid dependence
  - » methadone
  - » buprenorphine
- Drugs for nicotine dependence
  - » varenicline
  - » nicotine products
- Drugs for alcohol abstinence
  - » naltrexone
  - » acamprosate

### **Drug Class: Respiratory**

- Bronchodilators
  - » **salbutamol**
  - » **terbutaline**
  - » **salmeterol**
  - » **tiotropium**
  - » **ipratropium**
- Inhaled corticosteroids
  - » fluticasone
  - » budesonide
- Other
  - » cromoglycate
  - » montelukast

## MD Year 3 GP Block term: Student assessment requirements

During the GP term the following assessment task must also be completed by the student/s:

### Written assessment task

Students are asked to write a reflection (between 600 - 800 words) on a communication, diagnostic or management process that they were involved in during their GP placement that will impact on the way they practise medicine in the future. The student should select one or two cases that they have seen during the placement that provide examples of this process.

Students have been asked to address how one of the four lenses through which we can view primary health care delivery (developmental, social equity, gender, culture) were relevant in the communication, diagnostic or management process they are writing about. Videos pertaining to the four lenses are available for students on MD Connect™.

Students are required to submit this reflection to the Department of General Practice during the final week of the rotation.

**Please note:** Students should exclude any personal information in any written or verbal reports which may identify patients. All identifying information MUST be removed, however they may leave the age and gender of the patient in their notes.

### Hurdle requirements

- **Clinical Placement**

- » Students are required to attend their practice every day unless they have a clinical workshop / tutorial scheduled.
- » 100% attendance at clinical placements is a hurdle requirement for this rotation. If your student requires leave during the GP rotation due to medical reasons, they must provide a medical certificate.
- » A PIP/attendance form will be emailed to the practice during the first week of the placement, the GP supervisor and student are required to complete the form and send to the Department of General Practice when finished. Unexplained absences will be investigated further and referred to the subject coordinator.

- **Online modules**

- » All online modules must be completed and the form at the end of each module completed and submitted to the Department of General Practice.

- **Tutorials and Clinical Workshops**

- » 75% attendance at tutorials and clinical workshops is required. Tutors will record student attendances and notify the subject coordinator if students are absent without explanation.

### GP component of mid-year/end-of-year examinations

Content from the GP term will be included in the mid-year/end-of-year written examinations and multi-station OSCE.

## MD Year 3 GP Block term: Role of the GP supervisor in assessment

As the GP supervisor, you will need to assess the student in three main tasks.

Relevant forms will be sent to you prior to the end of the placement. Each of these tasks has a mark sheet and guidelines for marking which can be found in the appendices.

- **Professional Behaviour Assessment Form**

» This will be completed in its entirety by GP supervisors at the end of the rotation and submitted to the Department of General Practice; the form will be emailed to the practice in week 3 of the rotating block. GP Supervisors, professional and nursing staff and tutors may also complete a form at any time if there are concerns about a student's professional behaviour. The check list is designed to pick up issues in students whose behaviour is deemed not acceptable for a third year medical student.

- **GP Supervisor Feedback Form (hurdle requirement)**

The GP Supervisor feedback form is designed to be used as a guide for formative feedback to students on a wide range of student clinical competencies that are observable by the GP supervisor during the GP placement.

Completion of this feedback form is a hurdle requirement. The GP supervisor should select the student's level in each category based on the level of competency expected of a medical student in their second clinical year. The supervisor should not attempt to compare the student's level against the competence of the student's peers.

It is expected that the GP Supervisor will draw on feedback from other practice staff who have interacted with the student, to ensure the feedback is comprehensive.

Consider each of the five categories separately as they are distinct competencies that often vary within each student. We would expect most students to be in the satisfactory range, with some above expected, and some requiring further development.

Please complete this assessment whilst the student is on placement, preferably by the end of week three. Students will also be asked to complete a copy of this form and self-rate. This will form the basis of your feedback discussion and used to enhance the student's learning for the remainder of the placement. There is a copy of the form in the appendices.

- **Mini-Clinical Evaluation Exercises (Mini-CEXs)**

Students must undertake two observed Mini-Clinical Evaluation Exercises (Mini-CEX) to a satisfactory standard during the General Practice term. The exercises will take the form of an observed clinical encounter with a patient the student has interviewed and/or examined. The assessment form is available in the student guide and on MD Connect and must be completed by you. There is a copy of the form in the appendices.

It will be your students' responsibility to organise these exercises with you. You can access an online training module in assessing the Mini-CEX at <http://excite.mdhs.unimelb.edu.au/>

- **Student Award Nomination**

As Student Supervisor, you are invited to nominate any students who have performed exceptionally while rotating through your practice. Prizes will be awarded to students placed in the top three places in the General Practice component of Principles of Clinical Practice 3 (PCP3).

To assist GPs in nominating a student we have outlined some criteria that a nominated student is likely to meet. A sample of the nomination form and guide are available in the appendices.

## Primary Care Community Base (PCCB) students: Role of the GP Supervisor in Student Assessment

### Mini-Clinical Evaluation Exercise (Mini-CEX)

Primary Care Community Base (PCCB) students are required to undertake a number of Mini-CEXs as part of their assessment, some of which must be completed in the general practice setting marked by the GP supervisor. The guidelines for completing the Mini-CEX assessment are in the appendices.

There is also a 40 min online video module to assist you with scoring the Mini-CEX at:

» [http://excite.mdhs.unimelb.edu.au/online\\_modules](http://excite.mdhs.unimelb.edu.au/online_modules)

» Click on 'Register', submit your email address, create a password, and you will be granted immediate access.

Students are asked to refer to their Principles of Clinical Practice Subject Guides 2 and 3 and rotating term guides for the current assessment requirements and due dates. It is the student's responsibility to provide the forms and ensure the Mini-CEXs are completed and submitted by the due dates. The completed forms should be given to the student to return to their clinical school.

### Professional Behaviour Checklist

If you or any of the clinical staff have concerns about a student's professional behaviour, a *Professional Behaviour Assessment form* may be completed. We encourage you to discuss the issues with your student before you submit the form. Please refer to 'Guidelines for student professional behaviour' in the introduction.

### Attendance

Attendance is compulsory; a PIP/attendance form will be emailed to the practice during the student's immersion week, this form is to be completed and signed by the supervisor or practice manager. The practice or student can submit the form to the Department of General Practice.

# Appendices

## Patient Consent Form

The following form is an example you may wish to use, you may edit out the placement types as they apply to your clinic. Forms in other languages can be generated if needed.

**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  
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

**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.

- 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.
- McLachlan JC, Finn G, Macnaughton J. The conscientiousness index: a novel tool to explore students' professionalism. *Acad Med.* 2009;84(5):559–65.
- 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
- Wilkinson TJ, Wade WB, Knock LD. A blueprint to assess professionalism: results of a systematic review. *Acad Med.* 2009;84(5):551–8.
- 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'.

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.

