THE UNIVERSITY OF MELBOURNE

Melbourne Medical School

Doctor of Medicine
2019

General Practice

Supervisor / Practice manager guide

DOCTOR OF MEDICINE

2019

General Practice

Supervisor and

Practice manager guide

Contents

INTRODUCTION

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 and Practice manager and to be used in combination with the Student guide. If you require any further information or support, please contact the Teaching and Learning team on +61 3 8344 7276.

We hope you enjoy your student placements.

Associate Professor Lena Sanci
Director, Teaching and Learning,
Department of General Practice

Department of General Practice vision and 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
- Respect.

Primary Care Community Base vision

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

Staff contacts

Department of General Practice
Melbourne Medical School

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

200 Berkeley Street, Carlton VIC 3053

Business hours: 9am–5pm Monday–Friday

Phone: +61 3 8344 7276
Fax: +61 3 9347 6136
Email: gp-enquiries@unimelb.edu.au

Medical School Health and Wellbeing Service

Metropolitan:

Danielle Clayman

Phone: 0466 474 547
Email: danielle.clayman@unimelb.edu.au

Rural:

Lachlan Slade

Phone: 0428 933 952
Email: lachlan.slade@unimelb.edu.au

Primary Care Teaching Network Website

https://medicine.unimelb.edu.au/school-structure/general-practice/engagment/primary-care-community/teaching

After hours emergencies and injuries

Security services at the University of Melbourne

Phone: +61 3 8344 6666
Free call: 1800 246 066

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 (please see Staff contacts).
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 eg 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 / Needle-stick 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 (Phone: +61 3 8344 7276, or Email: gp-enquiries@unimelb.edu.au).
3. GP Supervisor must complete the Incident investigation form available from: https://safety.unimelb.edu.au (Search Incident investigation) and send to the Department of General Practice via email (gp-enquiries@unimelb.edu.au) or Fax: +61 3 9347 6136 ASAP. Further information is available from: https://safety.unimelb.edu.au/#incident-reporting
4. Student must complete the Incident report form available from: https://safety.unimelb.edu.au and send to the Department of General Practice via email (gp-enquiries@unimelb.edu.au) or Fax: +61 3 9347 6136. Student should see their own GP or the University of Melbourne 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.

Indemnity issues

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

1. Public liability insurance of up to $20,000,000
2. Professional Indemnity and Medical Malpractice insurance of up to $25,000,000
3. 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, and can perform tests such as cervical cancer screening test with direct supervision. They can also do simple procedures such as 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.

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. Off-site 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. 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 behaviour 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 Notification form' may be completed, which you can find in the Appendix of this guidebook. We encourage you to discuss the issues with your student before you submit the form.

The form should be sent to Department of General Practice at gp-enquiries@unimelb.edu.au

Dates for 2019

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: 5 March – 29 May

Semester 2 visits: 16 July – 9 October

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

Rotation	*Start date*	*Finish date*
Rotation 1	Monday 1 April	Friday 3 May
Rotation 2	Monday 6 May	Friday 31 May
Rotation 3	Monday 1 July	Friday 26 July
Rotation 4	Monday 29 July	Friday 23 August
Rotation 5	Monday 2 September	Friday 27 September
Rotation 6	Monday 30 September	Friday 25 October

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.

Clinical School	*Start date*
Northern Clinical school students	Immersion week – Tuesday 12 – Thursday 14 March. Student/s will then attend every second Tuesday commencing 2 April – 15 October.
Western Clinical School students	Immersion week – Tuesday 19 – Thursday 21 March. Student/s will then attend every second Thursday commencing 11 April. – 24 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.

Rotation	*Start date*	*Finish date*
Rotation 1	Monday 28 January	Friday 8 March
Rotation 2	Monday 11 March	Thursday 18 April Note: Easter break Fri 19 April – Fri 26 April
Rotation 3	Monday 29 April	Friday 7 June
Rotation 4	Monday 1 July	Friday 9 August
Rotation 5	Monday 12 August	Friday 20 September
Rotation 6	Monday 23 September	Friday 1 November

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

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

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 the MD research project 2 (MDRP2) 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. More information on the Vocational Selective term is available from: http://medicine.unimelb.edu.au/study/current-student-resources/md-students-resources/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 12 statements collated into four domains: responsibility to their self, their patient, their colleagues and to society. These attributes are available in the MD course guide.

MD Year 4: MD Research Project 2 (MDRP2)

Five days clinical placement (one day per fortnight).

MD4 students undertake a research project in the first semester of their final year to gain research skills training and explore an area of interest in greater depth. Students undertaking their research at the Department of General Practice are offered five days of placement at a general practice during the semester to keep them engaged clinically. MDRP2 runs between February and May each year and placement days are every second Friday in general practice. **Please note there are only a very small number of MDRP2 student placements per year.**

MD Year 4: Vocational selective

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

CORE PRESENTATIONS

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.

Please also refer to the resources listed in Textbooks, equipment and resources section of this guidebook for other helpful resources, including Melbourne Healthpathways.

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***
Health promotion 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'	Practice doing 45–49 year old assessments and develop some recommendations in consultation with your supervisor. Explain common screening programs to patients relevant to each age and sex. Practice the 5As as per the SNAP guide. Ensure immunisations are up-to-date for all patients and learn how to enter them correctly in medical software	RACGP Red Book: Guidelines for preventive activities in general practice https://www.racgp.org.au/your-practice/guidelines/redbook/ RACGP smoking, nutrition, alcohol and physical activity guide https://www.racgp.org.au/your-practice/guidelines/snap/ Immunise Australia Program (includes Australian Immunisation Handbook) http://www.immunise.health.gov.au/

Ambulatory Care, Medicine and Surgery			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Cardiovascular disease 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'	Calculate total cardiovascular risk and explain the results to the patient. Educate patients on lifestyle changes in optimal management of hypertension and list the classes of anti-hypertensive medications and common side effects. Review lipid results (under supervision) and counsel a patient about elevated lipids (non -pharmacological and pharmacological management). Assess a patient with known heart failure who is experiencing increasing symptoms, review their medications and consider medication side effects and interactions. Take a history from a patient presenting with palpitations. Calculate CHADS2 or CHA2DS2-VASc risk and counsel a patient who is starting warfarin. Perform and interpret ECGs in the clinic. 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.	Heart Foundation. Information for health professionals (includes guidelines on hypertension, heart failure and acute coronary syndrome) https://www.heartfoundation.org.au/ Australian absolute cardiovascular risk calculator https://www.heartfoundation.org.au/images/uploads/publications/Absolute-CVD-Risk-Full-Guidelines.pdf NPS MedicineWise https://www.nps.org.au/ Stroke Foundation clinical guidelines: https://informme.org.au/Guidelines/Clinical-Guidelines-for-Stroke-Management-2017

Ambulatory Care, Medicine and Surgery			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Respiratory disease Asthma COPD Lung cancer / 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'...	Observe the practice nurse performing spirometry and interpret the results. Explain use of inhalers, spacers and check patient's technique. Perform PEFR. Employ motivational interviewing techniques for a patient who smokes and discuss non-pharmacological and pharmacological methods of quitting. Outline emergency management of an acute asthma attack. Complete a GP management plan with a patient with asthma Complete/review Asthma Cycle of Care and asthma action plans Outline management of acute exacerbation of COPD. Review COPD medications Prepare a GP management plan.	National Asthma Council Australia https://www.nationalasthma.org.au/ Australian asthma handbook http://www.asthmahandbook.org.au/ RACGP Clinical guidelines: Supporting smoking cessation https://www.racgp.org.au/your-practice/guidelines/smoking-cessation/ Lung Foundation Australia http://lungfoundation.com.au/health-professionals/general-practice/ Motivational interviewing techniques https://www.racgp.org.au/afp/2012/september/motivational-interviewing-techniques/
ENT Acute sinusitis URTI Tonsillitis Hoarsenes	'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'	Discuss the indications for antibiotic treatment in acute sinusitis and viral URTI with patients Demonstrate correct nasal spray technique	The Royal Victorian Eye and Ear Hospital. Clinical resources https://www.eyeandear.org.au/page/Health_Professionals/Clinical_Resources/ eTherapeutic Guidelines, available in MD Connect™ The Royal Children's Hospital-How to use a nasal spray https://www.rch.org.au/genmed/clinical_resources/Asthma-_using_a_nasal_spray/

Ambulatory Care, Medicine and Surgery			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Chronic kidney disease Screening recommendations Diagnostic criteria and classification system for CKD Diagnosis Management Complications	'My Dad has to go onto dialysis for his kidneys. Should I have a check-up for this?'	Identify risk factors and screen patients for CKD. Write chronic disease management plans for patients with CKD and add recalls to the practice software for medium and long term management.	Kidney Health Australia. Chronic kidney disease management handbook in General Practice. Available from: https://kidney.org.au/health-professionals/prevent/chronic-kidney-disease-management-handbook
Diabetes mellitus Screening Diagnosis Treatment Prevention of complications Emergencies	'My brother has recently been diagnosed with diabetes and I am wondering if I should be checked too?' 'I can't clear up this skin infection despite having two courses of antibiotics' 'I am due for a new care plan so I can go back to see the podiatrist for my diabetes check'	Practise calculating AUSDRISK Counsel a patient with newly diagnosed type 2 diabetes. Refer a patient to an allied health professional as part of a care plan and team care arrangement Complete a diabetes annual cycle of care. Measure blood glucose levels Test urine for glucose and ketones	RACGP. General practice management of type 2 diabetes https://www.racgp.org.au/your-practice/guidelines/diabetes/ Diabetes Australia https://www.diabetesaustralia.com.au/for-health-professionals
Gastroenterology GORD Irritable bowel syndrome Coeliac disease Fatty liver/ abnormal LFTs	'Can I have another script?' 'My tummy symptoms are playing up again, and it is really worrying me.' 'The naturopath told me to cut out gluten and I am feeling heaps better. Do I need a test for coeliac disease?'	Give lifestyle advice to a patient diagnosed with irritable bowel syndrome. Give lifestyle advice to a patient with GORD. Know red flags and indications for gastroscopy. Interpret and explain coeliac screening tests to a patient. Review and interpret LFTs. Give lifestyle advice to a patient who has a liver US confirming fatty liver.	GESA. Irritable bowel syndrome http://www.gesa.org.au/resources/patients/irritable-bowel-syndrome/ AFP. Coeliac disease: where are we in 2014? https://www.racgp.org.au/afp/2014/october/coeliac-disease-where-are-we-in-2014/ Coeliac Australia. Resources https://www.coeliac.org.au/resources/ AFP. Fatty liver disease https://www.racgp.org.au/afp/2013/july/fatty-liver-disease/

Ambulatory Care, Medicine and Surgery			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Thyroid disease 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 https://www.nps.org.au/australian-prescriber/articles/thyroid-function-tests
Dermatology 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'	Practice describing skin rashes and lesions, develop a differential diagnosis and consider management approaches. Perform dermoscopy.	DermNet NZ https://www.dermnetnz.org/ MD Connect™. MD2 Foundation term lecture: 'Introduction to Dermatology', and performing a skin examination (clinical examinations guide) https://mdconnect.medicine.unimelb.edu.au/ eTherapeutic Guidelines, available from library link in MD Connect™
Men's health 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 RACGP guidelines. Complete an international prostate symptom score assessment	Andrology Australia. Health professionals pages https://andrologyaustralia.org/health-professionals/ RACGP. Prostate cancer screening: Patient information sheet. https://www.racgp.org.au/your-practice/guidelines/prostate-cancer/ RACGP. Red book Guidelines for preventive activities in general practice 9th edition. https://www.racgp.org.au/your-practice/guidelines/redbook/9-early-detection-of-cancers/91-prostate-cancer/ Calculator: International Prostatism Symptom Score (IPSS) https://www.uptodate.com/contents/calculator-international-prostatism-symptom-score-ipss

Ambulatory Care, Medicine and Surgery			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Headache Tension headache Migraine Red flags for headaches Bacterial and viral meningitis Head injury	'I am getting headaches every day now.'	Practise taking headache history including asking about red flags. Ask a patient to prepare and then review a headache diary. Assess differential diagnosis for headache including migraine, cluster headache and tension headache and perform a focused neurological examination for headache.	NPS Medicinewise. Headache https://www.nps.org.au/medical-info/consumer-info/headaches-and-how-to-treat-them
Bones and joints 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.'	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. For patients with back pain, prepare a team care plan including team members details - who, why, how to access, cost. Enquire about level of functioning in rheumatoid arthritis and about extra-articular manifestations of the disease. Enquire about functioning and pain management; refer to support organisations. Osteoarthritis – inquire about day-to-day functioning, management strategies and the role of physiotherapy and other physical therapies. 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.	RACGP. Clinical guidelines for musculoskeletal diseases. https://www.racgp.org.au/your-practice/guidelines/musculoskeletal/ Arthritis Australia https://arthritisaustralia.com.au/ Osteoporosis Australia. Healthcare professionals https://www.osteoporosis.org.au/healthcare-professionals RACGP. Osteoporosis prevention, diagnosis and management in postmenopausal women and men over 50 years of age https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/osteoporosis Diagnostic imaging pathways http://www.imagingpathways.health.wa.gov.au/

Ambulatory Care, Medicine and Surgery			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Ophthalmology 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'	Practise examination of the eye Create a differential diagnosis and suggested management for each diagnosis listed.	The Royal Victorian Eye and Ear Hospital. Clinical resources https://www.eyeandear.org.au/page/Health_Professionals/Clinical_Resources/ (read the Golden Eye Rules)
Travel medicine 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?'	Counsel a patient who is going overseas providing general travel advice and specific advice on recommended vaccines Identify malaria prophylaxis according to up to date recommendations and explain how it must be taken. Take a history from returned traveller who is unwell.	Centers for Disease Control and Prevention. Traveller's Health https://wwwnc.cdc.gov/travel Australian Government. Smart traveller website https://smartraveller.gov.au/
Other medical emergencies/ injuries 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.'	Outline initial management of a patient with suspected anaphylaxis. Practice interpreting X-rays and compare with official radiology result Apply a plaster to a closed non deformed fracture Provide plaster care advice Apply a broad arm sling and a collar and cuff sling Counsel a patient about wound management (including tetanus and antibiotic) and apply a dressing	Australian Prescriber. The doctor's bag. App available. https://www.nps.org.au/australian-prescriber/articles/the-doctors-bag MD Connect™. MD2 PCP2 Ambulatory Care /ED student guide MD Connect™ Library software. Medical Imaging. https://mdconnect.medicine.unimelb.edu.au/ Therapeutic guidelines. Ulcer and wound management. https://mdconnect.medicine.unimelb.edu.au/ ASCIA guidelines – acute management of anaphylaxis https://allergy.org.au/hp/papers/acute-management-of-anaphylaxis-guidelines/

Ambulatory Care, Medicine and Surgery			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Multi-system presentations	'I'm tired all the time' 'I'm losing weight' 'I'm having difficulty sleeping' 'My (relative) is acting out of sorts'	List differential diagnosis for each presentation Consider which 'red flag' conditions should be excluded Justify which investigations may be ordered Consider appropriate management strategies for each diagnosis	Fatigue – a rational approach to investigation https://www.racgp.org.au/afp/2014/july/fatigue/
Surgery 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?'	Practise breast examination under direct supervision. Describe lumps; identify characteristics of benign and malignant lumps Give advice to patients about breast self-examination	Cancer Council National GP Portal http://gp.cancer.org.au/ Breast screen Victoria. https://www.breastscreen.org.au/ RACGP. Red book guidelines for preventive activities in general practice. https://www.racgp.org.au/your-practice/guidelines/redbook/9-early-detection-of-cancers/93-breast-cancer/ Cancer Council optimal care pathways for breast cancer http://www.cancerpathways.org.au/optimal-care-pathways/breast-cancer#Cancer-Investigations
Lumps and bumps 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'	Describe lumps using descriptive terminology and create a differential diagnosis Practice suturing Outline different treatment options for haemorrhoids	MD Connect™.Clinical examinations guide MD Connect™ Library. Skin atlas. https://mdconnect.medicine.unimelb.edu.au/

Ambulatory Care, Medicine and Surgery			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Upper abdominal pain GORD Hiatus hernia Peptic ulcer disease Gastritis Pancreatitis Gallbladder disease Obstructive jaundice	'I am getting really bad heartburn / tummy pain / nausea'	Take an alcohol history Employ motivational interviewing techniques in patients presenting with alcohol related health issues Explain gallstone diagnosis and treatment to a patient; write a referral to a surgeon for a patient for consideration of elective cholecystectomy Take a history from a patient presenting with obstructive jaundice and formulate a differential diagnosis	MD Connect™. MD2 PCP2 Surgery student guide https://mdconnect.medicine.unimelb.edu.au/ AFP. Motivational interviewing techniques. https://www.racgp.org.au/afp/2012/september/motivational-interviewing-techniques/ Gastroenterology Society of Australia clinical guidelines https://www.gesa.org.au/ AFP. Biliary pain https://www.racgp.org.au/afp/2013/july/biliary-pain/ MJA. Acute pancreatitis – update on management https://www.mja.com.au/journal/2015/202/8/acute-pancreatitis-update-management
Lower abdominal pain 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?'	Practise taking histories from and performing physical examinations in patients presenting with acute and chronic abdominal pain Write a referral letter to an emergency department for a patient presenting with acute abdominal pain Practise taking family histories to determine appropriate investigations Explain the national bowel cancer screening program to a patient who presents with queries about an FOBT in the mail	Department of Health. Cancer screening http://www.cancerscreening.gov.au/ BMJ Best practice. Assessment of the acute abdomen https://bestpractice.bmj.com/topics/en-gb/503 Gynaecological presentations: refer to the Women's Health term guide. https://mdconnect.medicine.unimelb.edu.au/ RACGP. Red book guidelines for preventive activities in general practice. Colorectal cancer. https://www.racgp.org.au/your-practice/guidelines/redbook/9-early-detection-of-cancers/92-colorectal-cancer/

Aged care

General resources

- PCP3 Aged Care term guide available on MD Connect
- RACGP. Guidelines for preventive activities in general practice (Red book); https://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), https://www.racgp.org.au/your-practice/guidelines/silverbook/
- Australian Medicines Handbook. Guides: Prescribing for the elderly (Available via MD Connect)
- 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.) https://www.dementia.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***
Prescribing in the elderly and polypharmacy	'Doctor, I don't understand why I have to take all these pills!'	Attend Home Medication Reviews with local pharmacists Interview patients about how they manage medication including the use of Webster packs Explain to patients why the medication is necessary	AFP. Prescribing in the elderly https://www.racgp.org.au/afp/2010/october/prescribing-in-the-elderly/

Aged care			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Comprehensive geriatric assessment	'The nurse rang me and said I was due for a checkup.' 'I've come for my flu jab'	Conduct several over-75-year-old Health Assessments, and make recommendations based on your findings to discuss with your supervisor Review a referral to a Team Care Arrangement and consider accompanying a patient to an allied health appointment Discuss driving safety with an older person taking into account their medical history Discuss level of community support and home safety Discuss the completion of Advance Care Plans with patients Counsel a person considering residential care including referral for an ACAT assessment Accompany a GP to local aged care facilities; contribute to the rounds there	Austroads. For health professionals https://austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive/for-health-professionals Department of Social Services. My aged care https://www.myagedcare.gov.au/ Aged Care Assessment Team (ACAT) assessments https://www.myagedcare.gov.au/eligibility-and-assessment/acat-assessments The Australian Immunisation Handbook https://immunisationhandbook.health.gov.au/
Dementia care in the community **Delirium in the elderly**	'I'm worried about my mother's memory' 'I'm exhausted caring for my father who has dementia'	Practise doing MMSE Interview carers to understand the issues and refer them to local support services including respite care	World Health Organization. Dementia http://www.who.int/mental_health/neurology/dementia/en/ Dementia Collaborative Research Centres. Talks and publications http://www.dementiaresearch.org.au/presentations.html
Depression in the elderly	'I feel like a burden'	Practise interviewing elderly patients about their mental health	PCP3 Aged Care term guide. Available on MD Connect https://mdconnect.medicine.unimelb.edu.au/
Falls	'I fell again last night'	Assess patient for acute injury Attend home visits to elderly patients with the GP or practice nurse to assess sensory impairments, falls risk, emotional wellbeing and other safety issues	AFP. Falls prevention in older adults https://www.racgp.org.au/afp/2012/december/falls-prevention/

Aged care			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Palliative care	'My pain is bad'	Attend one home visit with the local palliative care team/GP (if possible)	Palliative care Victoria https://www.pallcarevic.asn.au/
Osteoporosis	'I went to the chemist for a bone scan and they told me I had to see my GP'	See MD2 core presentations	See MD2 core presentations

Child and adolescent health

General resources

Children aged less than 15 years account for 11% of general practice encounters[1]. 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 MD Connect from: 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 available from: https://www.rch.org.au/
- University of British Columbia. Learn paediatrics by students for students. Includes approaches to common problems (eg 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://learn.pediatrics.ubc.ca/
- The videos are also available through Vimeo: https://vimeo.com/learnpediatrics/videos/
- Hutson JM, Beasley SW. The surgical examination of children. 2nd ed. Springer; 2013. Ebook is available through the University library from: http://library.unimelb.edu.au/
- Raising Children Network. The Australian parenting website: comprehensive, practical, expert child health and parenting information and activities covering children aged 0–15 years. https://raisingchildren.net.au/

Allied health and other community resources

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. eg:

- 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.

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.

Table 3: Core presentations for Child and adolescent health

Child and adolescent health			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
First 6 weeks 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 https://www.thewomens.org.au/health-professionals/clinical-education-training/the-womens-maternity-services-education-program-msep/ The 6 week check: An opportunity for continuity of care. AFP May 2012 https://www.racgp.org.au/afp/2012/may/the-6-week-check/ Royal Children's Hospital. Developmental dysplasia of the hip http://www.ddheducation.com/ Royal Children's Hospital. Child growth learning resource https://www.rch.org.au/childgrowth/Child_growth_e-learning/ Immunise Australia Program http://www.immunise.health.gov.au/
Fever in a child Consider how investigation and management of fever differs according to age Application of traffic light system and management approach according to age of child	'My baby aged 8 weeks has a fever' 'My child aged 4 years has a fever on and off for the last 48 hours'	Interview parents of children presenting with fevers Perform a systematic exam to find the source of the fever Apply the traffic light system/ screening tool for young children presenting with acute febrile illness Provide fever advice to the parent (stable child)	Interactive CAH student guide https://mdconnect.medicine.unimelb.edu.au/ RCH clinical practice guidelines febrile child https://www.rch.org.au/clinicalguide/guideline_index/Febrile_Child/

Child and adolescent health			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Bowel and bladder Constipation Urinary tract infections Enuresis	'My child is constipated' 'I think my child has a bladder infection' 'My child is wetting the bed at night'	Advise a parent about conservative and medical management for constipation Develop a plan for enuresis with a parent Manage a UTI in the community	RCH clinical practice guidelines on constipation and parent information sheet: https://www.rch.org.au/clinicalguide/guideline_index/Constipation/ Royal Children's Hospital. Bedwetting https://www.rch.org.au/kidsinfo/fact_sheets/Bedwetting/ Royal Children's Hospital. Urinary Tract Infection https://www.rch.org.au/clinicalguide/guideline_index/Urinary_Tract_Infection/
Respiratory infections Acute otitis media Pharyngitis Bronchiolitis Croup Pneumonia	'My child has a sore ear' 'My child has funny breathing'	Perform ENT exam; know the different appearances of tympanic membranes Advise a patient regarding natural history of an URTI and when to return to the GP/ hospital Counsel a parent whose child is going on a short course of oral steroids	CAH student guide. ENT exam- Ear, nose and throat (ENT) examination in children https://mdconnect.medicine.unimelb.edu.au/ Royal Children's Hospital. Otitis medis https://www.rch.org.au/clinicalguide/guideline_index/Acute_Otitis_Media/ Royal Children's Hospital. Viral illnesses https://www.rch.org.au/kidsinfo/fact_sheets/Viral_illnesses/
Asthma Classification Diagnosis Treatment Acute asthma management	'My child has a wheeze' 'My child has a cough at night and after exercise'	Practise taking asthma histories and classify type and severity of asthma Give feedback on and demonstrate correct inhaler and spacer technique to a patient Interpret and explain spirometry results to a parent Write an asthma management plan using the medical software Complete an asthma action plan for childcare/school	National Asthma Council Australia. Australian Asthma Handbook, Version 1.2. National Asthma Council Australia, Melbourne, 2016. Website. Available from: http://www.asthmahandbook.org.au/ Definitions of asthma patterns in children aged 0–5 years not taking regular preventer http://www.asthmahandbook.org.au/table/show/14 Royal Children's Hospital. Inhaled medications for asthma and rhinitis https://www.rch.org.au/genmed/clinical_resources/Inhaled_medications_for_asthma_and_rhinitis/ National Asthma Council Australia. Spirometry handbook https://www.nationalasthma.org.au/health-professionals/spirometry-training-and-tools

Child and adolescent health			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Common skin problems 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'	Describe a rash using appropriate terminology Develop a management plan and give eczema advice to a parent	MD2 Foundation term-'Introduction to Dermatology' lecture on MD Connect https://mdconnect.medicine.unimelb.edu.au/ Royal Children's Hospital. Eczema management https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Eczema_management/ Royal Children's Hospital. Nappy rash https://www.rch.org.au/clinicalguide/guideline_index/Nappy_Rash/ Royal Children's Hospital. Prepubescent Gynaecology (Includes vulvovaginitis) https://www.rch.org.au/clinicalguide/guideline_index/Prepubescent_Gynaecology/
Common infections Chicken pox/ varicella Hand foot and mouth disease Impetigo	'My child has blisters on his tummy that are spreading' 'My child has a weepy rash on his face'	Describe and diagnose common childhood rashes Advise a parent on natural history of these conditions and give school/ childcare exclusion advice	Royal Children's Hospital clinical practice guideline chicken pox https://www.rch.org.au/clinicalguide/guideline_index/Chickenpox_varicella/ Royal Children's Hospital. Cellulitis and Skin Infections https://www.rch.org.au/clinicalguide/guideline_index/Cellulitis_and_Skin_Infections/ Royal Children's Hospital. Impetigo school sores. https://www.rch.org.au/kidsinfo/fact_sheets/Impetigo_school_sores/ Department of Health. Infectious diseases. https://www2.health.vic.gov.au/public-health/infectious-diseases Department of Health. Disease information and advice. (A-Z list of blue book diseases with descriptions, notification requirements, school exclusions and management guidelines.) https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice

Child and adolescent health			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Common emergency presentations Acute asthma attack Head injury Foreign body (nasal/inhaled/ ingested) Anaphylaxis Fractures	'Help, my child is struggling to breathe' 'Help, my child has collapsed' 'My child fell off the monkey bars in the playground'	Assess and manage an acute asthma attack presenting to GP Instruct a patient/ parent on how to administer an adrenaline auto injector Understand which fractures are referred and which are managed in the general practice	Royal Children's Hospital. Asthma acute https://www.rch.org.au/clinicalguide/guideline_index/Asthma_Acute/ ASCIA. Anaphylaxis resources. https://allergy.org.au/hp/anaphylaxis/
Common surgical presentations 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 MD Connect™ https://mdconnect.medicine.unimelb.edu.au/ Royal Children's Hospital. The Penis and Foreskin https://www.rch.org.au/clinicalguide/guideline_index/The_Penis_and_Foreskin/ Royal Children's Hospital. Acute scrotal pain or swelling https://www.rch.org.au/clinicalguide/guideline_index/Acute_Scrotal_Pain_or_Swelling/ Royal Children's Hospital. Haemangiomas of infancy https://www.rch.org.au/kidsinfo/fact_sheets/haemangiomas_of_infancy/

Mental health

Mental health issues are common in patients presenting to general practice. For example, in 2018 the RACGP *Health of Nation* report found that mental health remains the most common reason patients visit their GP[2]. 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

2 Health of the nation: The RACGP takes Australia's pulse. Available from: https://www.racgp.org.au/newsGP/Racgp/Health-of-the-nation-The-RACGP-takes-Australia%E2%80%99s-p

Table 4: Core presentations for Mental Health

Mental health			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Detection of mental illness in general practice Assessing a person with psychological distress	'I have had a heart attack recently and need to get my scripts and a referral back to the cardiologist' 'I am a new Mum and I am having a lot of trouble getting to sleep, even when the baby is sleeping fine' 'I've just dropped out of uni and my parents are nagging me to do something about my heavy drinking' 'I have really lost my motivation at work, I'm tired and moody and think I need something to help me sleep' 'I want you to see my 15 year old son, who is acting really weird lately' 'I'm just not feeling well' (Somatisation)	Ask some questions to determine the patient's mental health. Consider the mental health challenges for people with acute or chronic medical problems Practise interviewing patients about their use of alcohol and other drugs Administer the Edinburgh Postnatal Depression Scale as part of your assessment of sleep issues in the postnatal period Perform a HEADSS assessment on a young person Interview a patient to explore whether they have symptoms of anxiety and/or depressive disorder	RACGP. Clinical guidelines ('Psychosocial' chapter). https://www.racgp.org.au/your-practice/guidelines/redbook Heart Foundation. Psychosocial health. https://www.heartfoundation.org.au/for-professionals/clinical-information/psychosocial-health Beyondblue - Perinatal mental health https://www.beyondblue.org.au/resources/health-professionals/perinatal-mental-health Turning point. New screening and assessment tools. https://www.turningpoint.org.au/treatment/clinicians/screening-assessment-tools Royal Children's Hospital. Engaging with and assessing the adolescent patient. https://www.rch.org.au/clinicalguide/guideline_index/Engaging_with_and_assessing_the_adolescent_patient/ Headspace https://headspace.org.au/ Reachout https://schools.au.reachout.com/

Mental health			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Diagnosed conditions 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'.	Conduct mental state examinations including risk assessments. Practise applying K10 or another psychometric measure. Perform a mental state exam on a young person, who is exhibiting unusual behavior Provide patients with information about their specific conditions Describe common and effective approaches to the management of anxiety disorders and understand the evidence for CBT Compile a list of local resources and services for people with dual diagnosis and substance misuse If possible, sit in with a patient during a session with their clinical psychologist Practise writing mental health plans with your supervisor. Interview patients with a history of mental illness regarding the impact it has on their life. Provide information about the local crisis service. Find resources on the internet that you could use to provide psycho-education to patients. Find online therapy options for patients with common mental health concerns	In general practice, the ICD-10 codes for mental disorders are commonly recommended instead on the DSM-V diagnostic criteria. They are available from: http://apps.who.int/classifications/icd10/browse/2016/en#/V 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) RCH. Mental state examination https://www.rch.org.au/clinicalguide/guideline_index/Mental_State_Examination/ Headspace https://headspace.org.au/ 'Help us, she's fading away' How to manage the patient with anorexia nervosa https://www.racgp.org.au/afp/2014/august/help-us-shes-fading-away/ Patient resources https://headtohealth.gov.au/?utm_source=mindhealthconnect&utm_medium=301 https://beacon.anu.edu.au/ Beyond Blue https://www.beyondblue.org.au/

Mental health			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Psycho pharmacology 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. https://www.racgp.org.au/your-practice/guidelines/drugs-of-dependence-b/ Therapeutic Guidelines. Depression and anxiety – available on MD Connect https://mdconnect.medicine.unimelb.edu.au/ NPS MedicineWise https://www.nps.org.au/

Women's health

General resources

- PCP3 Women's Health student guide - (available on MD Connect™) 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. Available from: https://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. Available from: https://www.mshc.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. Available from: https://www.fpv.org.au/
- Jean Hailes website for Women's health -This website has useful resources for GPs and for patients. Available from: https://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***
Well woman check-non pregnant Lifestyle and nutritional advice Mental health assessment Contraceptive advice STI screening	'I would like a check –up' 'I would like an STI check'	Give lifestyle advice eg on smoking, nutrition, alcohol, physical activity Practise motivational interviewing Calculate total cardiovascular risk using the CVD risk calculator Discuss cervical cancer screening with at risk women. Perform cervical cancer smears (direct supervision required) Take a sexual history and discuss STI screening Perform breast examinations (direct supervision required)	RACGP. SNAP guide https://www.racgp.org.au/your-practice/guidelines/snap/ Australian absolute cardiovascular disease risk calculator http://www.cvdcheck.org.au/ and https://www.heartfoundation.org.au/for-professionals/clinical-information/absolute-risk Family planning Victoria https://www.fpv.org.au/ Cancer Council Cancer Guidelines Wiki: National cervical screening program https://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening Melbourne sexual health centre https://www.mshc.org.au/ Australian STI management guidelines for use in primary care http://www.sti.guidelines.org.au/ For mental health assessment please refer to resources listed under the Mental Health term.

Women's health			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Pelvic pain Ectopic pregnancy Treatment of acute established PID, and complications Endometriosis	'I have pain when having sex/ I bleed after sex'	Consider ectopic pregnancy in any woman of child- bearing age who presents with abdominal pain or bleeding 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	RANZCOG guidelines. https://www.ranzcog.edu.au/Statements-Guidelines RANZCOG. Useful Clinical Guidance: Chronic pelvic pain, initial management of. https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Training/RCOG-The-Initial-Management-of-Chronic-Pelvic-Pain.pdf?ext=.pdf
Contraception and period problems COCP POP Implanon IUS (Mirena)-IUD Depot provera Dysmenorrhoea Heavy menstrual bleeding (HMB) 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 https://www.fpv.org.au/ NPS Medicinewise. Contraceptive methods https://www.nps.org.au/medical-info/medicine-finder John Guillebaud and Anne McGregor. Contraception: your questions answered (textbook) Jean Hailes. Heavy bleeding https://jeanhailes.org.au/health-a-z/periods/heavy-bleeding
Polycystic ovary syndrome (PCOS) 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. https://jeanhailes.org.au/ Polycystic ovary syndrome GP tool available from https://jeanhailes.org.au/contents/documents/Resources/Tools/PCOS_tool.pdf

Women's health			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Emergency contraception 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 - https://www.ranzcog.edu.au/ Search for 'emergency contraception'. Family Planning Victoria. Emergency contraception https://www.fpv.org.au/for-you/contraception/emergency-contraception
Pre- conception care 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: https://www.racgp.org.au/your-practice/guidelines/redbook/1-preventive-activities-prior-to-pregnancy/
Infertility 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 https://www.australiandoctor.com.au/ (Site requires registration, available to APHRA registered medical students)
Standard antenatal care 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 pre natal testing (NIPT) Give immunisation advice to a pregnant patient Identify referral pathways for unplanned pregnancy, and options for termination of pregnancy	Murtagh J. John Murtagh's general practice. 6th ed. North Ryde, NSW: McGraw-Hill Medical; 2015. Ch. 108. Available from MD Connect. AFP Noninvasive prenatal testing. 2014. 43(7): 432-434 https://www.racgp.org.au/afp/2014/july/noninvasive-prenatal-testing/ Immunise Australia Program. http://www.immunise.health.gov.au/ Royal Women's Hospital. Unplanned or unwanted pregnancy services. https://www.thewomens.org.au/health-professionals/unplanned-pregnancy-services

Women's health			
Core topic	***Typical presentations***	***Tasks to perform or learning objectives***	***Resources***
Post natal care Standard post natal check Breastfeeding	'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 https://www.racgp.org.au/afp/2012/may/the-6-week-check/
Menopause 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 perimenopasual 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. https://jeanhailes.org.au/ Menopause Management GP Tool available from https://jeanhailes.org.au/health-professionals/tools UroGynaecology Association of Australasia. Patient information http://www.ugsa.org.au/pages/patient-information.html

Procedural skills

Students are required to practise 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.	*Procedures such as the following should only be undertaken with direct supervision:*
• 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 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	• Injections and immunisations • Venepuncture • Wound debridement and dressing • Excision 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 Cervical cancer screening test • Conduct a digital rectal examination • Taking genital swabs – vaginal/cervical, urethral, rectal • Microbiological swabs for investigation of sexually transmitted infections • Fluorescein stain of cornea

Core drug list

The core drug list for the General Practice rotation is modified from the core drug list for the MD program. You will have learned about many of these medications during MD2 and your other PCP3 rotations. By the end of the general practice rotation you 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 you should know as much as possible about the individual drug. For all other drugs, you 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
- **Frusemide**

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
- Apixaban

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
- GLP 1 agonists
- Glucagon
- SGLT2 inhibitors

Thyroid
- Thyroxine
- Carbimazole
- Propylthiouracil

Osteoporosis
- **Alendronate**
- **Risedronate**
- Calcium carbonate
- **Denosumab**
- **Calcitriol**
- C(h)olecalciferol
- Strontium
- Raloxifene

Adrenal insufficiency
- Cortisone acetate
- Fludrocortisone
- Hydrocortisone

Other
- 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
- Tadalafil
- 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)**
- **Carbamazapine**
- **Sodium valproate**
- **Phenytoin**
- Lamotrigine
- Levetiracetam
- Topiramate

Parkinson's drugs
- **Levodopa/carbidopa**
- Bromocriptine
- Cabergoline
- Pramipexole
- Benztropine
- 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

YEAR 2 AND YEAR 3 TEACHING

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 seven 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
- Interprofessional communication
- A morning in general practice and an afternoon in general practice
- Primary health care for trans, gender diverse and non-binary people

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 the Cultural Respect Encompassing Simulation Training (CREST) workshop on Communication and Indigenous Healthcare, which is held on the final day of the rotation at the University of Melbourne in Carlton.

The clinical workshops are:

1. Primary care cancer tutorial
2. Diabetes and cardiometabolic conditions tutorial
3. Mental health tutorial (incorporating back pain)
4. Young people and sexual health tutorial

1 Murtagh J. John Murtagh's general practice. 6th ed. North Ryde, NSW: McGraw-Hill Medical; 2015.

Intended learning outcomes for the GP rotation

"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." Murtagh2, 2011, p 2.

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:

- *Communicate* effectively
- *Problem solve* (apply *diagnostic reasoning* skills and elicit the 'problem list')
- 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[3] (p. 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 (ie 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

2 Murtagh J. John Murtagh's general practice. 6th ed. North Ryde, NSW: McGraw-Hill Medical; 2015.
3 Greenhalgh T. Primary health care: theory and practice. Oxford: Blackwell publishing; 2007.

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.

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.

PCCB students are in general 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[1, 2]. Other longitudinal placements have been established at Harvard Medical School [3, 4], and in Australia, at Flinders University, Adelaide[5, 6, 7]; and the Rural Clinical School of The University of Western Australia8. Literature reviews have also been published, including programs established in Canada and South Africa[9, 10, 11]. 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 completed and discuss with them how to facilitate access to even one or two patients per day with conditions related to their completed rotations. 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

Students are advised to contact your practice via email or letter introducing themselves. Provision of a photo is also recommended. Encourage students to share a bit about their background eg their previous degree, work experience, any specialties they are interested in and why they selected your practice for their 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 11–15 March

Western Immersion week 18–22 March

Primary care community base calendar

Days at practice 2019

Northern student attendance	*Western student attendance*
March 12–14	March 19–21
April 02, 16	April 11
May 07, 21	May 02, 16, 30
July 02, 16, 30	July 11, 25
August 13	August 08, 22
September 03, 17	September 12, 26
October 01, 15	October 10, 24

Practice orientation

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

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

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

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

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

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

GP block rotation weekly timetable example

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

Sample Timetable for PCCB

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

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

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

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

* Suggest a scheduled 15 minute meeting with Practice Manager every 2–4 weeks to plan timetable
** Allied health sessions may be within the clinic, or arranged with a known external allied health provider nearby

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

Time	*GP Supervisor*	*Student*
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. Available from: https://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 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 eg 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 (eg 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, eg 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 – eg "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 eg block out 2 appointments per 3 hours or 1 appointment each hour. Inform students if this isn't possible (eg 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 they 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

Online GP supervisor training

The Department of General Practice have produced 5 online modules for GP supervisors:

- Introduction to GP Placements for GP supervisors
- Curriculum for GP supervisors
- Overview of placements and assessment
- Providing effective feedback
- Linking research and teaching

The modules are interactive, with links to further reading if you are interested in delving deeper. Completion of the five online modules is compulsory for all GP supervisors, and we would ask that you do this every three years.

For those of you who have already enrolled you can access Smart Sparrow from: https://aelp.smartsparrow.com/

If you have not yet registered or having difficultly accessing the modules, please contact gp-enquiries@unimelb.edu.au

Excellence in Clinical Teaching (EXCITE) online modules

Available from: https://edtech.le.unimelb.edu.au/login/excite/

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.

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 written assessment task 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.

Primary Care Community

The Department of General Practice has a website for the Primary Care Community. This has sections for GP supervisors, practice managers and students and contains information and forms to facilitate placements. Practice profiles can be viewed here: https://medicine.unimelb.edu.au/school-structure/general-practice/engagement/primary-care-community

Journal articles

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

- 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
  - » or http://journals.lww.com/academicmedicine/toc/2005/07000 (It is under Article near the bottom of the page)
- Best J. Teaching medical students: tips from the frontline. Aust Fam Physician. 2012;41(1):22-4. Available from: https://www.racgp.org.au/afp/2012/januaryfebruary/teaching-medical-students/
  - » A case study illustrates key aspects of supervising medical students in general practice. It includes a description of wave or parallel consulting.
- DeWitt DE. Incorporating medical students into your practice. Aust Fam Physician. 2006;35(1/2):24-6. Available from: https://www.racgp.org.au/afp/200601/200601dewitt.pdf
  - » This article discusses tips to help busy doctors incorporate learners into their practice.
- 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)
- Laurence C, Docking D, Haydon D, Cheah C. Trainees in the practice - practical issues. Aust Fam Physician. 2012;41(1-2):14-7. Available from https://www.racgp.org.au/afp/2012/januaryfebruary/trainees-in-the-practice/
  - » 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 proved in this guide.

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/
- Hays R. Practice-based teaching: A guide for general practitioners. 2nd ed. Melbourne: Eruditions Publishing; 2006. Available from: http://www.eruditions.com/books/practice-based-teaching_2e/

RACGP

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

There are links to:

- RACGP guidelines for the supervision of medical students in General Practice. Available from: https://www.racgp.org.au/download/Documents/Educators/RACGP-Guidelines-for-the-Supervision-of-Medical-Students-in-General-Practice.pdf
  - » 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.
- Teaching on the run tips. Available from: http://www.meddent.uwa.edu.au/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.
- RACGP also provide practice management learning objectives for a medical student in general practice from https://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: https://www.acrrm.org.au/training-towards-fellowship/training-your-registrars

General Practice training Murray City Country Coast

Provides an online manual for supervisors of registrars. Available from: http://www.mccc.com.au/

Melbourne East GP network

Have made a series of short videos available from: https://www.youtube.com/user/IEMMedicareLocal/videos

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

WA Clinical Training network

Available from: 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. Available from: https://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 from: https://www.racgp.org.au/support/library/poc/dynamed/

The Royal Australian College of General Practitioners' GP learning: https://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: https://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): https://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 ed. Available from:
https://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. Available from:
https://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 Journal of General Practice (AJGP). Available from: https://www.racgp.org.au/AJGP/Home
AJGP 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): Available from: 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: Available from: https://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: Available from: https://www.acrrm.org.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). Available from: http://sydney.edu.au/medicine/fmrc/beach/

The BEACH Program collected 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). Available from: https://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. Available from: https://www.aihw.gov.au/
This website provides information and statistics on Australia's health and welfare.

ASSESSMENT

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 (up to 1000 words) on barriers and facilitators to the implementation of evidence based guidelines in the management of patients they have seen during their general practice rotation.

Students will be required to choose one case and briefly discuss the salient points of the history, physical exam, investigation findings and key issues before focussing the majority of their attention on management. Students should describe in detail a selected aspect of the patient's management as it was negotiated between the doctor and the patient.

Students will then be required to review the evidence-based management of the selected problem, drawing on appropriate evidence based guidelines as outlined in the core conditions section of the MD3 student guidebook.

Finally using one of four reflective lenses (ie cultural, socio-economic, developmental or gender) students will reflect on reasons why the patient's management was more or less aligned to the identified guideline and draw learnings from this to state how it will change their future practice.

Videos pertaining to the four lenses are available for students on MD ConnectTM.

Students are required to submit this written assignment 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 two 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.

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 https://edtech.le.unimelb.edu.au/login/excite/

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.

Professional behaviour checklist

If you or any of the clinical staff have concerns about a student's professional behaviour, a Professional Behaviour Notification 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.

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:

- https://edtech.le.unimelb.edu.au/login/excite/
- 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 Notification 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

Melbourne
Medical School

DOCTOR OF MEDICINE

Professional behaviour guidelines

The professional behaviour of each student is assessed as a hurdle requirement in each subject of the MD. There is an expectation that students will display appropriate self-management, be respectful in their interactions with others, and be reliable and respond appropriately to feedback. Unprofessional behaviour is treated as serious, as it may constitute a risk to patients, staff, other students, the student involved or the relationship between the University and the placement provider.

The emphasis on assessment of students' professional behaviour is to allow early identification of students who display unprofessional behaviour, and act expediently on more serious breaches of behaviour. It is expected that the majority of students displaying unprofessional behaviour will respond favourably to the provision of targeted support to help them modify or alter their behaviour. This will allow students to meet the requirements of the Professional Behaviour hurdle in each subject and the course.

The aims of Professional Behaviour assessment are

- to facilitate early identification of unprofessional behaviour
- to help and support students to understand and modify their behaviour prior to it becoming a significant issue
- to act on more serious situations or behaviours that persist despite remediation

The aims of professional behaviour assessment will be achieved through a structured and transparent review process which provides documentation for each step of the assessment, and facilitates clear lines of communication of student professional behaviour assessment across the MD.

Note: The assessment of professional behaviour in this context does not cover attendance at teaching or practical sessions, plagiarism, posting or downloading pornography, posting copyright material, or other forms of academic or general misconduct, as these issues are covered by existing University policies and procedures.

Process of professional behaviour assessment

Step 1

Anyone who observes a student demonstrating unprofessional behaviour (the 'Notifier') may notify the nominated University academic staff member(s), (the 'Nominee(s)') responsible for professional behaviour assessment in the student's current term, or the Department of Medical Education (DME). The specific concern should be identified and an account of the observed behaviour documented using the professional behaviour notification (PBN) form. The preference is that the form be completed by the Notifier themselves. However, this can be completed on their behalf by a University staff member providing the staff member has the consent of the Notifier. With consent, all email correspondence and any other documentary evidence should be attached to the PBN.

The Notifier should indicate on the PBN form whether they have discussed their observations with the student. The Notifier or their proxy should sign the form.

If the Nominee is the individual to observe the unprofessional behaviour(s), they should also complete a PBN form to ensure the transparency and completeness of the process.

Where lawful and feasible, an individual should have the option of transacting with the University without identifying themselves. If the Notifier wishes to remain anonymous in ongoing discussions with the student about the concern, the Notifier is advised to directly contact the Nominee, or DME, prior to completing the PBN to discuss how this can be ensured. If an anonymous PBN is received, it will be managed by the same process.

Step 2

After a notification has been made, the Nominee (s) will organise to meet with the student to discuss the notification. There are three possible outcomes from this meeting.

a. There are no ongoing concerns about the professional behaviour of the student
b. There are ongoing concerns about the student's professional behaviour and in conjunction with the student, an action plan is formulated to assist the student to address their behaviour
c. The observed behaviour is of a severity to warrant immediate referral to Fitness to Practice Committee (FTPC) (or a misconduct hearing)

All notifications have to be responded to and after discussion with the student, the Nominee(s) must complete a PBR form, and it should be made explicit the PBN(s) that have been addressed.

Outcomes:

a. No ongoing concerns

   The professional behaviour review (PBR) is completed by the Nominee(s), outlining the discussions with the student, and clearly documenting why there are no ongoing concerns. Both the notification and the corresponding review need to be stored by the site and sent to the relevant Subject Coordinator.

b. Ongoing concerns and formulation of an Action Plan

   For less serious examples of unprofessional behaviour, the PBR form should be completed by the Nominee outlining the concerns, the outcome of the discussion, and documenting the agreed upon action plan. The action plan should have targets that are possible to monitor or measure. Management of any physical or mental health conditions that are of concern can form part of the action plan.

   The action plan should be signed by both the Nominee and the student. The plan will include a defined duration, review date, and will identify the person responsible for the review, the Nominee. A meeting should be scheduled by the Nominee with the student at the review date. Copies of the plan should be retained by the site and the student. All documentation must be forwarded to the relevant subject coordinator. If documentation has not been received by the DME at the proposed time of review, the Students and Programs Coordinator will prompt for the review of the action plan at the designated time on the PBR.

c. Referral to Fitness to Practice

   For serious matters of unprofessional behaviour, or where a student has demonstrated recurrent professional behaviour concerns (including students who demonstrate reluctance to address an issue), the matter should be referred by the Nominee to the subject coordinator for consideration of review by the FTPC. If the subject is conducted over multiple sites, the referral to FTPC may be made by the Subject Coordinator who is aware of the progress of the student across the whole subject. The Subject Coordinator will liaise with the relevant Students and Program Coordinator to convene a FTPC meeting.

Step 3

At the end of the review period, the Nominee will meet with the student. Prior to the meeting, the Nominee will gather information to substantiate completion of the plan.

The following outcomes are possible

a. No further concerns, and the PBR form is signed off
b. Ongoing concerns and a further action plan is developed on a new PBR form to address this, with a defined review period and the Nominee responsible for review
c. Referral to Fitness to Practice

The outcome of the review will be completed on the original PBR form. If there is an ongoing action plan formulated, the new documentation, completed PBR, will be forwarded at the same time.

The Fitness to Practice Committee

The role of the FTPC is to understand the situation from the student's perspective, to institute any assistance that has not already been arranged and to make recommendations to the student.

The FTPC in the Melbourne Medical School comprises academic and professional staff members, including clinical school staff, and students.

The FTPC will be convened once a referral from a subject coordinator has been received if any of the following are met:

- it is a serious matter of unprofessional behaviour,
- the student's behaviour is not improving despite appropriate interventions,
- the student has not adequately addressed an issue that has been raised previously,
- the student has triggered multiple PBN forms.

Students will be given at least 5 working days' notice of the Fitness to Practice Committee. The student will be expected to attend in person and may bring a friend/representative (but not a legal representative) and may also prepare a written submission to the committee.

The students will receive written confirmation of the outcomes of the FTPC. At the completion of the FTPC meeting, it will be confirmed with the student what information will need to be distributed, and to whom, in order to monitor the outcomes of the FTPC.

Professional behaviour assessment hurdle

Satisfactory professional behaviour is an assessment hurdle for each subject in the MD. Prior to progressing to the next subject, the student has to pass this hurdle. There are two possible grades for this hurdle – satisfactory (which contributes to a pass for the subject) and unsatisfactory (which can lead to a fail for the subject).

The Professional Behaviour Assessment processes outlined in this document apply to all subjects in the MD. However, for individual subjects, other evidence may be taken into consideration for the satisfactory completion of the professional behaviour hurdle. In Principles of Clinical Practice 2 and Transition to Practice the students are assessed with Situational Judgement Tests, in Principles of Clinical Practice 1 and FBS, tutors also contribute a tutor mark, and in Principles of Clinical Practice 3, a tutor mark is provided in the General Practice term – all of which can be considered. Prior to the completion of the academic year, the Subject Coordinator will determine if there are any students likely to be unsatisfactory on this hurdle for their subject, that have not been already identified through this process, and ensure a FTPC meeting prior to the completion of the year. Otherwise professional behaviour will be assumed to be satisfactory for all students.

It is possible for a student to pass the professional behaviour hurdle, and to progress to the next subject but have an ongoing action plan in place. Each subject coordinator will identify, prior to the completion of the subject, any student with an action plan for review. After discussion with the Nominee responsible for the student's professional behaviour assessment and review, a decision will be made as to whether the student will continue on an action plan as they progress to the next subject. If necessary, the student will be referred to FTPC meeting to formalise this prior to the completion of the subject.

The details of the action plan will be communicated to the new Subject Coordinator by the previous Subject Coordinator. Each subject coordinator will determine who needs to know the action plan in order to monitor the student's ongoing Professional Behaviour concern in order to administer the Professional Behaviour hurdle. This will be clearly documented in an addendum to the PBR.

Students who fail to remediate their unprofessional behaviour will not pass this hurdle requirement. Students who fail a hurdle requirement for a subject are referred to the Course Unsatisfactory Progress Committee.

Communication

It is essential that documentation and communication of Professional Behaviour notifications and assessment are transparent and complete. Documentation must be stored securely, and all processes must respect the privacy of the student and Notifier.

The MD is a diverse course, with large student cohorts distributed over many educational settings. For each semester, there are dedicated University academic staff responsible for student's education and professional behaviour assessment at each site, the Nominee(s).

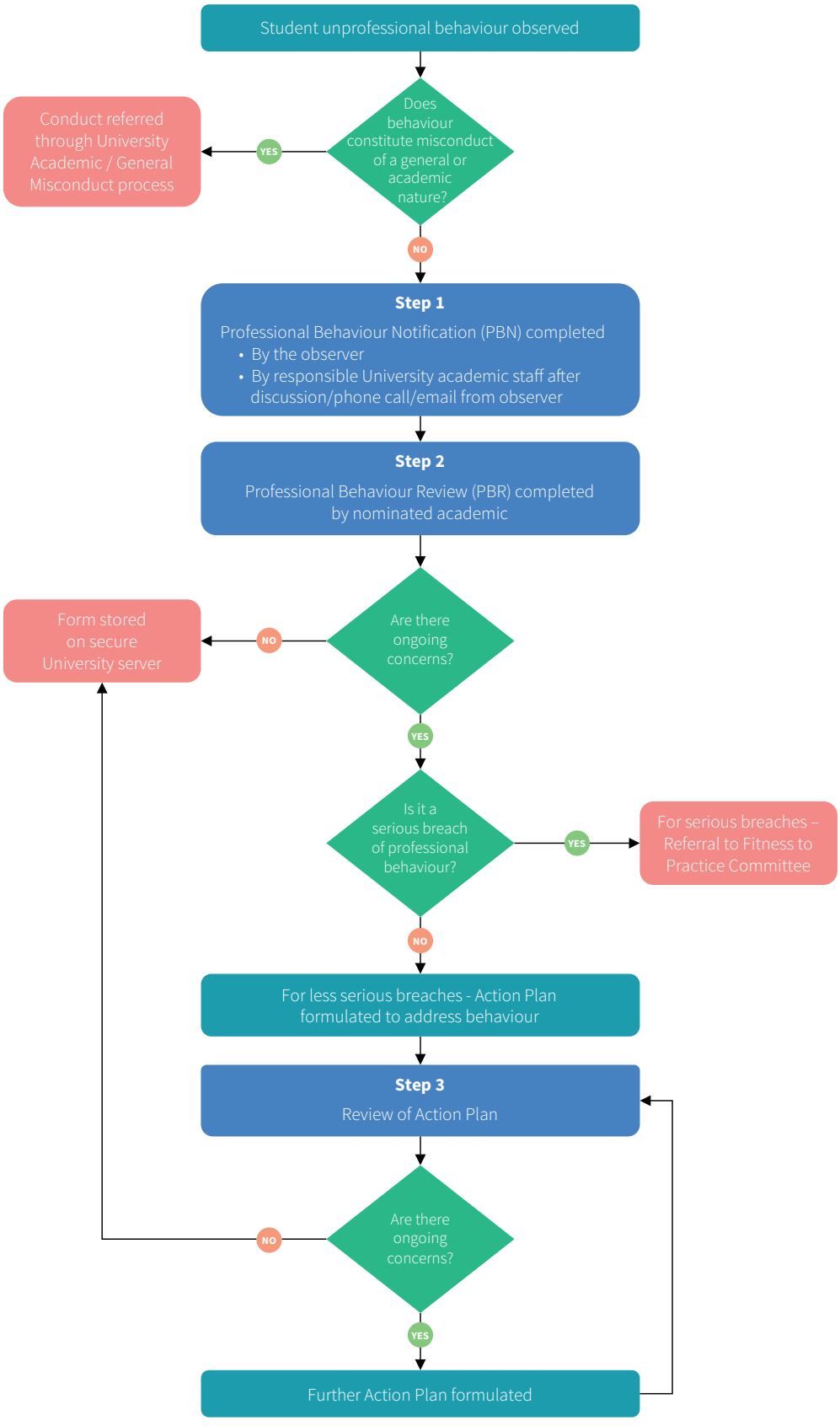
At the beginning of the academic year, the DME will confirm the University academic staff responsible for professional behaviour assessment in each site. The name and contact details of the nominated University academic staff will be added to the PBN form and reviewed annually, or when notified by the education setting of a change. At the beginning of each academic year, the DME is responsible for distributing updated and approved PBN forms to all sites. A generic PBN form will be available on MD Connect, and associated with this policy. The contact on this form is md-enquiries@unimelb.edu.au. The form will be forwarded to the appropriate Subject Coordinator to action.

Each site is responsible for advising their tutors and professional staff of the University academic staff responsible for professional behaviour assessment and for widely distributing the site specific PBN form. Every effort should be made to make the educational site and setting, aware of the process for notification of professional behaviour concerns, and the existence and purpose of the form.

All completed PBN forms must be stored securely at the site using University enterprise systems. For each notification, there must be an associated PBR form completed addressing the notification. If there are multiple notifications for the one student within a short timeframe or relating to similar issues, it may be possible to address each notification with the one PBR. The PBR form is stored with the relevant PBN form(s).

All documentation must also be forwarded to the subject coordinator and stored securely at the DME using University enterprise systems.

Overview of Professional Behaviour Assessment Process



Professional behaviour assessment guide

Some examples of both satisfactory and unsatisfactory behaviours are outlined below to assist with the assessment of professional behaviour and completion of the PBN and PBR forms.

Professional behaviour	What satisfactory behaviour would look like	What unsatisfactory behaviour would look like
Personal behaviour		
Punctuality	Consistently in time for scheduled activities.	Regularly arrives late or leaves early.
Adherence to dress-code	Consistently appropriately dressed and groomed. In clinical settings, dress should be smart casual and closed toed footwear, in accordance with clinical setting OHS.	Dressing and grooming is not neat and clean and appropriate to the nature of the work being undertaken, or is not in compliance with relevant organisational policy (PPE and infection control).
Understanding confidentiality of patient information and other relevant information	Demonstrates confidentiality in dealings with all patient information, including electronic and hard copy forms. Disposes of patient information appropriately.	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. Disposes of confidential information incorrectly.
Interactions with others		
Verbal communication	Speaks in an appropriate professional tone and manner. Shows courtesy, patience and politeness. Modifies language to suit the audience: ie explains medical terminology appropriately to patients.	Uses informal or impolite language in the workplace. Shows an inability to modify language use for the audience. Is rude, interrupting, aggressive or insulting.
Non-verbal communication	Maintains appropriate eye-contact with colleagues and patients. Shows an awareness of personal space. Maintains professional physicality at all times.	Avoiding eye contact, lack awareness of body space, ignoring, inappropriate facial expressions.
Patients	Respects patient privacy, autonomy and dignity and is sensitive to the patient's needs, including for rest.	Shows lack of attention to patients' needs. Does not respect patient boundaries, (eg fails to formally introduce themselves). Engages in inappropriate activity while with a patient, such as texting.
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, supervisors, nursing and allied health staff, non-clinical staff	Demonstrates skills in listening and expression. Is attentive, polite and respectful. Shows appreciation for time taken to support their learning. Shows respect to all staff, irrespective of their role. Shows respect for others' workspaces.	Shows lack of attention or respect, and poor listening skills (through use of electronic devices during interactions, or eating or talking in sessions etc.). Leaves sessions early without explanation. Does not show respect for shared work spaces and the importance of other roles in a health are setting.
Colleagues	Shows respect for colleagues from their own and different cohorts of the MD program, and for colleagues from different courses and universities. Is cooperative, polite and collegial. Shows sensitivity and empathy.	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, other inappropriate behaviours.
Reliability		
Management of communications	Monitors and keeps up to date with announcements from the University and placement providers (including MD Connect, emails and texts). Responds in a timely manner when required.	Does not check for updates regularly, and is therefore often unaware of announcements, timetable changes or emails sent to them. Does not respond in a timely manner to requests.
Notifications of absence	Consistently notifies staff in a proactive and timely manner about absences. Provides required documentation.	Often fails to notify staff about absences or demonstrates significant delays in doing so. Does not take responsibility for notification of absences or the provision of supporting documentation.
Preparation	Appears prepared for teaching and learning sessions. Consistently prepared for sessions with all equipment required and pre-session readings or work complete. Is able to participate effectively in collaborative work.	Frequently arrives unprepared for sessions without the books or equipment required, pre-session preparations such as readings or organizing of patients for discussion.
Completes all tasks in a timely manner	Demonstrates effective time management, completes all tasks on time including administrative tasks, demonstrates accountability; is reliable and takes responsibility; is organised.	Tasks often not completed by the deadline. Requires frequent reminders to complete tasks. Shown to be disorganized.

Feedback		
Receipt of feedback	Is proactive in seeking feedback. Engages in respectful discussions and reflects on feedback given. Is able to incorporate feedback into improvement of performance.	Demonstrates a failure to or reluctance to accept constructive advice or appropriate criticism. Is hostile or argumentative in response to corrective feedback. Behaves in a threatening or intimidating manner to assessors. Does not seek feedback or act on that which has been given.
Provision of feedback	Is able where necessary to provide feedback in a polite, respectful manner. Recognises where, in a professional setting, it is appropriate to provide feedback.	Provides feedback in a rude or untimely fashion. Provides feedback that is not constructive or appropriate for the work environment.
Reflection	Shows motivation to learn and improve. Demonstrates adaptability. Shows reflectiveness, personal awareness and self-assessment skills[4]. Identifies and responds to error, and is aware of own limitations. Demonstrates persistence when faced with academic challenges.	Demonstrated inability to accept feedback or to recognise areas for improvement, resulting in a diminished capacity for improvement.

Waiting room sign

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

The purposes are:

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

Download the waiting room sign

https://mdconnect.medicine.unimelb.edu.au/portal/mdresources/forms/PCP3_GP_waiting_room_sign.pdf

FORMS

General Practice: Supervisor feedback form and guidelines

https://mdconnect.medicine.unimelb.edu.au/portal/mdresources/forms/PCP3_GP_Supervisor_feedback_and_guidelines-Form.pdf

General Practice: Patient information and consent form

https://mdconnect.medicine.unimelb.edu.au/portal/mdresources/forms/PCP_GP_Patient_info_consent-Form.pdf

Professional behaviour notification

https://mdconnect.medicine.unimelb.edu.au/portal/mdresources/forms/MD_Professional_behaviour_notification-Form.pdf

Professional behaviour review

https://mdconnect.medicine.unimelb.edu.au/portal/mdresources/forms/MD_Professional_behaviour_review-Form.pdf

PCP3 Mini clinical evaluation exercise form (Mini-CEX)

https://mdconnect.medicine.unimelb.edu.au/portal/mdresources/forms/PCP3_MiniCEX_assessment-Form.pdf

General Practice: Student award nomination form

https://mdconnect.medicine.unimelb.edu.au/portal/mdresources/forms/PCP3_GP_Student_award_nomination-Form.pdf