THE UNIVERSITY OF MELBOURNE

2020 EXTENDED RURAL COHORT (ERC)

GP SUPERVISORS' GUIDE

WELCOME

Welcome to the 2020 Extended Rural Cohort (ERC) Program GP Supervisors' Guide.

The aim of this guide is to collate useful information about the University of Melbourne's ERC program for you. Students appreciate the time and energy you put into their training and are very positive about the GP practices as training sites.

I am very keen that the majority of the ERC longitudinal experience is in primary care. I believe that the majority of the MD3 curriculum can be delivered in the primary care setting by general practitioners.

The GP Supervisors' guide will assist you with teaching our students. There are sections on the 'nuts and bolts' of managing students in a busy practice environment and an example of the patient scheduling 'WAVE' model. There is information about the curriculum areas covered by the ERC and examples of how the students can cover these. There is also information on the mandatory assessments required for the GP and other relevant components of the program. Finally, there is a section on what to do if there are concerns about the professionalism of students.

Most of our supervisors and managers are familiar with these requirements but it is useful to have these contained in the guide.

Please accept my sincere thanks on behalf of the University of Melbourne for training our students who are our future colleagues.

Best wishes

Professor Julian Wright
Clinical Dean, Department of Rural Health

We acknowledge and pay respect to the Traditional Owners of the lands upon which our campuses are situated.

SCHOOL CONTACTS

RURAL CLINICAL SCHOOL TEAM

Office hours: Monday to Friday 9:00am – 5:00pm

General enquiries and SLOA's: **rcs-admin@unimelb.edu.au**

Assessment Submissions: **rcs-assessments@unimelb.edu.au**

www.ruralhealth.unimelb.edu.au

RURAL CLINICAL SCHOOL	CONTACT DETAILS	CONTACT FOR
Professor Julian Wright Head, Department of Rural Health Director of Medical Student Education	Phone: (03) 5823 4582 lfoottit@unimelb.edu.au	Academic progress for the Rural Clinical School
Angela McLeod Department Manager	Phone: (03) 5823 4508 angela.mcleod@unimelb.edu.au	Campus Relationship Manager - Rural
Vacant Clinical School Manager	Phone:	Coordination of student and teaching support services across the RCS sites
Tracie Bartlett	Phone: (03) 5823 8712 tracie.bartlett@unimelb.edu.au	ERC Program Coordinator, timetabling
Dr Hannah Sloan Health & Wellbeing Practitioner	Phone: 0428 933 952 hannah.sloan@unimelb.edu.au	Student health and wellbeing
SHEPPARTON HUB	**CONTACT DETAILS**	**CONTACT FOR**
ADMINISTRATION		
Tracie Bartlett	Phone: (03) 5823 8712 tracie.bartlett@unimelb.edu.au	Shepparton Hub Administration
ACADEMIC		
Dr Margreet Stegeman	Phone: (03) 5823 4500 stegeman@unimelb.edu.au	Shepparton Hub Educator
WANGARATTA HUB	**CONTACT DETAILS**	**CONTACT FOR**
ADMINISTRATION		
Kim McInnes	Phone: (03) 5823 4583 kim.mcinnes@unimelb.edu.au	Wangaratta Hub Administration
ACADEMIC		
Dr Steven Bismire	Phone: (03) 5823 4556 steven.bismire@unimelb.edu.au	Wangaratta Hub Educator
ECHUCA HUB	**CONTACT DETAILS**	**CONTACT FOR**
ADMINISTRATION		
Kate Carlile	Phone: (03) 5485 5282 kcarlile@erh.org.au	Echuca Hub Administration
ACADEMIC		
Vacant	Phone:	Echuca Hub Educator

ERC HUBS AND LOCATIONS

ERC LOCATIONS IN 2020

Students will have been allocated to a GP practice in one of these sites.

- Benalla
- Cobram
- Corowa
- Echuca
- Mansfield
- Mt Beauty
- Murchison
- Shepparton
- Wangaratta
- Yarrawonga

ERC HUBS

The three main hubs are Echuca, Shepparton and Wangaratta. You can see below the groups and which location falls into each Hub.

SHEPPARTON - 3C AND 3D

- Benalla
- Cobram
- Murchison
- Shepparton

WANGARATTA - 3E AND 3F

- Corowa
- Mansfield
- Mt Beauty
- Wangaratta
- Yarrawonga

ECHUCA – 3G

- Echuca

STUDENTS IN YOUR PRACTICE

WHEN THE STUDENT ARRIVES

- Orientation to the practice
  - staff roles
  - rooms
  - software
  - emergency procedures
  - clinical notes
  - office flow
- Learning about each other
  - previous experiences
  - expectations and goal setting
- Scheduling
- Teaching
- Evaluation and feedback
- Informing patients – the University will provide laminated photographs of placed students

PATIENT SCHEDULING

Practices are encouraged to book patients to see the student followed by the supervisor where practical (time, space and software systems make it possible).

The "Wave Model" is an example of efficient scheduling where the model commences with the usual appointment system but every second or third patient is asked to come to the clinic one appointment earlier, allowing you and the learner to see different patients simultaneously. Patients will need to be notified that their visit is a "double visit" because they may have other appointments or meetings scheduled. The student can present the findings in the presence of the patient, or if desired, separately with the doctor. The number of bookings per hour per student will vary depending on the confidence and experience of the learner.

Table 3-1 Wave Schedule from "Teaching in Your Office"

Time AM	Original Physician Schedule	Learner Wave Schedule	Physician Wave Schedule
8:00-8:20	Patient A	Patient A	Patient B
8:20-8:40	Patient B	Patient A	Patient A
8:40-9:00	Patient C	Write Notes	Patient C
9:00-9:20	Patient D	Patient D	Patient E
9:20-9:40	Patient E	Patient D	Patient D
9:40-10:00	Patient F	Write Notes	Patient F
10:00-10:20	Patient G	Patient G	Patient H
10:20-10:40	Patient H	Patient G	Patient G
10:40-11:00	Patient I	Write Notes	Patient I
11:00-11:20	Patient J	Patient J	Patient K
11:20-11:40	Patient K	Patient J	Patient J
11:40-Noon	Patient L	Write Notes	Patient L

Sourced from: "Teaching in Your Office: A Guide to Instructing Medical Students and Residents" (Patrick C Alguire, Dawn E. DeWitt, Linda E. Pinsky, Gary S. Ferenchick. American College of Physicians; 1 edition (September 1, 2000))

WHEN THE PATIENT ARRIVES

Have the receptionist inform incoming patients that you are working with a student doctor today. Patients need to give consent to having the student consult with them, and/or seeing the student alone first. Verbal consent is sufficient, but the opportunity to decline must be offered and the decision supported.

Students and GPs are encouraged to make follow-up appointments for patients at times when the student can see them again. Students should be encouraged to follow patients longitudinally through their interactions with the health system.

REMEMBER TO SET THE SCENE with the student prior to their time with the patient (this is crucial early in the student's ERC term to ensure a match of the expectations of the GP and the student)

- Timeframe (how long have they got with the patient, e.g. short 5 -10min, medium 15 - 25min, long 30 - 40min.)
- Expectations - "priming"- (limited Hx and Ex, focused on particular area/system/problem; history only and examination to be performed with supervisor; annual diabetes review, over 75 health check …)
- How to conclude consultation (supervisor will come back; phone/email supervisor when ready ...)
- How to seek help if "stuck" or significant concern (e.g. current crushing central chest pain) in the consultation, e.g. knock on door, ring …
- Definite task list at end of review with supervisor - be clear over what tasks the supervisor will do (e.g. scripts), what tasks the student can do (e.g. draft referral letter to be signed off by supervisor) and review instructions for the patient and student.

MAXIMISE FOLLOW-UP OPPORTUNITIES

FOLLOW UP doesn't just mean face to face visits.

ERC students are encouraged to seek a patient's permission to follow up the patient (perhaps noting in the record "pt consents to student follow-up", a "shortcut" could even be created). From the initial GP consult, students can follow test results and specialist review and further visits (the student may need to use their detective skills to follow the "paper trail" , all the while being cognisant of the patient's privacy and the sensitive nature of the facts

they are accessing). ERC students should be well aware of the concept of "informed consent" especially after their EP tutorials.

ERC students are encouraged to keep (confidential) records of patients they wish to follow-up. They will need access to the medical record software to enable this follow up.

CLINICAL REASONING TOOL

Utilising the SNAPPS system (a learner centred model for enhancing learning)

SNAPPS tool for clinical reasoning	
S	Summarise history and examination
N	Narrow differential to 2 or 3
A	Analyse differential by comparing and contrasting possibilities
P	Probe teacher by asking questions about uncertainties, difficulties or alternative approaches
P	Plan management
S	Select a case-related issue for self-directed learning

There are many different and creative ways of involving students in the disciplines below in the GP setting. We have listed some of these in the "Student Tips" section of the ERC Student guide.

Some suggestions are:

- **Mental Health**
  Identify and follow up a psychiatry patient from general practice
- **Aged Care**
  CMAs and Medication reviews for patients in Aged Care facilities
- **Women's Health**
  Involve students in Antenatal Care early on in the pregnancy, follow through at regular visits, if feasible attend the delivery and review the newborn.
- **Child and Adolescent Health**
  Consider students having their own appointments for urgent children presenting to the practice.
- **General Practice**
  Everything that comes in the door!

INTEGRATING THE UNIVERSITY OF MELBOURNE CURRICULUM INTO EVERYDAY RURAL GENERAL PRACTICE

The students placed in your practice are in the third year (Principles of Clinical Practice 3 (PCP3) or MD3) of a 4-year postgraduate medical degree at the University of Melbourne.

This is their second clinical year.

The philosophy of the ERC programme is that almost the whole curriculum can be learned in General Practice except for the more severe or less common conditions. We encourage you to make this overtly apparent to the student so they don't think they are just seeing "GP patients" but realise they are seeing patients from all disciplines: Aged Care, Child and Adolescent Health, General Practice, Mental Health, Women's Health.

ASSESSMENT IN PCP3

Please refer to the PCP3 Subject Guide 2020 for more details regarding PCP3 assessment.

The PCP3 Subject Guide is the final authority on assessment and Assessment Policies and provides detailed information to which you should refer throughout the year. Where the ERC assessment is modified, the ERC Student Guide gives you details.

If in doubt after checking the PCP3 Subject Guide, refer to your Hub Coordinator or Assoc. Prof. Helen Malcolm.

DETAILS OF ASSESSMENT TASKS

GENERAL PRACTICE

The following assessment requirements are to be completed in General Practice by the GP Supervisor or another senior GP (equivalent to a Senior Registrar or above).

Mini-CEX

Two to be completed to a satisfactory standard. No stipulation as to type of patient. When marking miniCEXs in any discipline (see below), please ensure that you tick the correct box at the top of the form (GP, Mental Health etc. in consultation with the student and according to the type of patient), circle an overall mark (one number only and no half marks) and sign the form.

GP Supervisor Feedback Form and Guidelines

Please use the following link: **https://mdconnect.medicine.unimelb.edu.au/portal/mdresources/forms/PCP3_GP_Supervisor_feedback_guidelines-Form.pdf**

The form is designed for non-ERC students so 'the next 2 weeks' applies to students doing a 6-week block who will have the form filled out at the end of week 3. ERC Supervisors will be contacted to fill the form out during second semester.

Other tasks to be completed but assessed outside the practice:

Written Assessment Task - Evidence-Based Medicine Reflective Piece

This task requires the student to consider barriers and enablers to implementing EBM in a GP consultation. It continues the emphasis on applying one of the four lenses (gender, socio-economic, culture and development) to a consultation, particularly in respect of implementing EBM. It also requires reflection on how this assessment task will impact the student's future practice.

GP Tutorials

There will be four face-to-face tutorials during the year. These will cover clinical topics: Diabetes/cardiometabolic conditions; Young people and sexual health; Mental health; and Primary Care cancer. These will all be delivered by a GP locally or while students are in another hub for a mini-block, but your students may need to have time off from the practice, one of their 'tenth sessions', to attend these.

OTHER DISCIPLINES

Tasks that may be assessed in General Practice

Mini-CEX (in any discipline)

In addition to the two GP mini-CEXs, students must complete two in each of the other four disciplines to a satisfactory standard.

These will preferably be assessed during mini blocks or other suitable opportunities but could be assessed in General Practice on suitable patients. See below for a list of appropriate clinical encounters in each discipline. At least one in each of the other disciplines is to be assessed by a hospital consultant in that discipline.

In Mental Health, Age Care, and Child & Adolescent Health there is no stipulation as to a specific type of patient required for these Mini-CEX's.

In Women's Health one mini-CEX must be with an antenatal patient. The other one must be with a gynaecology patient but not on the same patients or the same presenting problems dealt with in the Case Commentaries.

Clinical Tasks Logbook - WH, MH, AC

MD3 students must complete Clinical Tasks Logbooks in three disciplines - Women's Health, Mental Health and Aged Care. ERC students have modified requirements to suit the different context and opportunities:

Women's Health: the logbook for ERC students differs from that of non-ERC students. The ERC students will be provided with an ERC logbook, known as a 'white card'. This lists all their required tasks. Some of these can be signed off in GP.

Mental Health and Aged Care: instead of clinical tasks logbooks, these disciplines' requirements will be met by two face-to-face group sessions during the year, when appropriate cases, matching the logbook requirements, will be presented and discussed. These will be organised by the Hub Educators.

For all three disciplines: all the topics in the non-ERC logbooks are examinable. Students must be familiar with them all, even if they haven't encountered them in practice or been required to have them signed off.

CHILD AND ADOLESCENT HEALTH

Parallel Chart and Reflective Piece

Students are required to keep a chart, making at least two entries per week, capturing their observation of the thoughts and feelings of patients/families during clinical encounters, as well as how the interaction made the student feel. This is not about the medical aspects of the consultation but aims to enhance empathic practice.

ERC students must start this chart in GP BEFORE their CAH mini block. Towards the end of their mini block they will have an interactive session facilitated by the paediatrician to discuss their parallel charts. After this they must write a personal and critical reflection, based on the chart, that will be marked by a paediatrician. They are expected to have at least six entries in their chart before the interactive session, hence the need to commence the chart in GP.

Clinical Handover

This hurdle requirement, using the ISBAR format, is assessed by a student peer and may be done in the CAH mini block. If a student needs to do this in GP it would be like handing a patient over to a locum, or to the on-call doctor for the weekend. Guidelines and marking sheet are in the student CAH Guide.

WOMEN'S HEALTH

Case commentaries

These will be assessed by an O&G consultant, but students may ask you about suitable patients or advice on the commentary. One is to be on an obstetric patient and one on a gynaecology patient. This is worth 1.4% of their final PCP3 mark.

Clinical Tasks Log

Here will be opportunity in general practice to get some of the tasks signed off if students want to eg 'gynaecology clinic' if students have been involved in consultations with 5 gynaecology patients; similarly, 'antenatal clinic'.

Terminology test

This will be done by the students during orientation.

AGED CARE

Family Meeting report

This is to be assessed by the consultant/senior registrar caring for the patient, but you may be involved in family meetings that the student could attend and report on for this task. If the student is unable to attend an Aged Care family meeting in the hospital, this task can be done in general practice but must be multi-disciplinary ie. family, patient, GP and at least one other health care provider, preferably more eg. social worker, physiotherapist etc.

MINI CLINICAL EVALUATION EXERCISE (MINI-CEX)

Please refer to https://mdconnect.medicine.unimelb.edu.au/portal/mdresources/forms/PCP3_MiniCEX_assessment-Form.pdf to access the PCP3 Mini-CEX Form and guidelines for its completion.

THE MINI-CEX ASSESSMENT

Dates for submission of mini-CEXs will be set at the beginning of the year. For disciplines other than GP these dates will be at the end of or shortly after the respective mini blocks. If the student is unable to complete their mini-CEXs during the mini block, they will be required to complete and submit the mini-CEXs for that discipline after a set time back in general practice.

Real patient encounters are to be used for a mini-CEX assessment.

The mini-CEX assessment can be part of the whole consultation and must be observed. The observation should be about 10 mins. and cover at least 4 of the 8 criteria on the MiniCEX Form. It may be appropriate to ask the student to clarify certain aspects to allow the assessment form to be completed eg. the observed mini-CEX covers history taking, then the student is questioned on their differential diagnosis (clinical judgment) and planned examination and investigations to confirm or rule out each possible diagnosis (initial investigation plan).

The GP teacher can complete the consultation with the patient whilst the student is present.

Verbal feedback can be given once the patient has left the consultation room.

The written feedback is to be completed on the assessment form and returned to the student for submission.

WHAT SITUATIONS CAN BE USED FOR A MINI-CEX ASSESSMENT?

Students need to complete 2 mini-CEX in each discipline. Although most will have their other discipline mini-CEXs completed during hospital sessions, you may be asked to assess a mini-CEX in another discipline such as Women's Health (eg. history in a menopausal woman) or Mental Health (eg. a patient with depression). In this case, please ensure that the correct box is ticked on the top of the form and they are not all labelled "GP" patients. Generally, most GP encounters could be used for a mini-CEX assessment. Possible suggestions for mini-CEX opportunities in general practice include but are not limited to:

- Patient presenting with an acute problem for history and examination. Depending on the complexity of the problem a short management plan can be incorporated. This could cover most if not all of the criteria.
- An ad hoc mini-CEX can be done where a medical student has been observing a consultation with the GP teacher on a familiar topic. The GP could ask the student to continue the consultation at a certain point for a mini-CEX. For example, you have been approached by a patient to commence an oral contraceptive pill (OCP). The student can then be asked to take over the consultation to discuss options available for an OCP. This could cover most if not all criteria. It is recommended that if you plan to do an ad hoc mini-CEX then you gain student permission to do this at some point beforehand.
- A follow up appointment with the medical student where the student is expected to discuss results of previously organised investigations, provide a diagnosis or a list of differentials or to go through a management plan. This would focus more on the later criteria (refer to the mini-CEX form).
- Physical examinations can be tested in a number of ways in general practice, including the 6-week baby check.

PROFESSIONAL BEHAVIOUR GUIDELINES AND PROCESS

The MD Professional Behaviour Guidelines were extensively reviewed and updated in 2017 to make it clearer for students and for anyone reporting unprofessional behaviour as to the process and consequences. The intent is to be a supportive process for students to improve their behaviour where necessary, but also to ensure serious misbehaviour by a very small percentage of students is suitably addressed for the protection of the student, the practice, patients and colleagues.

The Guidelines are spelled out in full in the PCP3 Subject Guide and should be referred to if you are not sure of the procedure if you consider a student's behaviour is unprofessional. They are available through the following links:

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

It would be good if all staff in the practice were aware of these guidelines, as anyone can act on unprofessional behaviour.

Attendance – 100%

This is a hurdle requirement. Students are expected to attend all sessions for which they are rostered at the General Practice and other clinical sessions.

STUDENT BEHAVIOUR

WHAT DO I DO IF A STUDENT DOES NOT ATTEND?

Students must notify the Practice Manager in advance if unable to attend a rostered GP clinic session for any reason.

Practices are requested to advise the Hub Administrator of any unplanned absences and are welcome to discuss any student absence concerns.

WHAT DO I DO IF I HAVE A CONCERN WITH A STUDENT?

Please contact the relevant Hub Educator or Administrator regarding any concerns, but also see above re Professional Behaviour Guidelines and Process.

In the event of a Critical Incident please contact either Hub Educator, Administrator or Clinical Dean, Department of Rural Health. There are guidelines to assist students in the MD RCS Student Handbook 2020. (See **http://medicine.unimelb.edu.au/study/current-student-resources**)

CRICOS Provider Code: 00116K