



THE UNIVERSITY OF  
MELBOURNE

Melbourne  
Medical School

**Doctor of Medicine  
2018**

# General Practice

Practice manager guide

**DOCTOR OF MEDICINE**

2018

General Practice  
PRACTICE MANAGER GUIDE

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*\* The documents provided in the guide are samples.  
The most up-to-date PDF version is available to download from MD  
Connect™ or from the Postgraduate Administrative Officer*



## Welcome

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

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

We hope you enjoy your student placements.

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

Director, Teaching and Learning

## Department of General Practice vision 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; and
- Respect.

## Primary Care Community Base vision

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

## Staff contacts

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

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

200 Berkeley Street, Carlton VIC 3053

Business hours: 9am to 5pm Monday – Friday

p: (03) 8344 7276

f: (03) 9347 6136

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

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

Security services at The University of Melbourne

p: (03) 8344 6666

Free call: 1800 246 066

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

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

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

#### **Metropolitan:**

Danielle Clayman

p: 0466 474 547

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

#### **Rural:**

Hannah Sloan

p: 0428 933 952

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

## Quality standards

University of Melbourne Teaching Practices must fulfil the following criteria:

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

## Student safety and self-care on placement

### Critical Incidents

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

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

- a patient fatality or near fatality
- act of violence or threat of violence to patients, students or health professionals
- physical or sexual assault of patients or clients, students or health professionals
- major failure in internal process at the host organisation 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 (p: 03 8344 7276, [gp-enquiries@unimelb.edu.au](mailto:gp-enquiries@unimelb.edu.au)).
3. GP Supervisor must complete the S4 incident investigation form at: <http://safety.unimelb.edu.au/incident-reporting> and send to the Department of General Practice via email ([gp-enquiries@unimelb.edu.au](mailto:gp-enquiries@unimelb.edu.au)) or fax 9347 6136 ASAP.
4. Student must complete the S3 incident report form at: <http://safety.unimelb.edu.au/incident-reporting> and send to the Department of General Practice via email ([gp-enquiries@unimelb.edu.au](mailto:gp-enquiries@unimelb.edu.au)) or fax 9347 6136 ASAP.
5. Student should see their own GP or other Health Service for further follow-up.

### Self-care

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

### Insurance

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

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

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

## Guidelines for student professional behaviour

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

Satisfactory students will:

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

### **Unprofessional student behaviour**

If you or any of the clinical staff have concerns about a student's professional behaviour, a 'Professional Behaviour Notification form' may be completed, which you can find in 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](mailto:gp-enquiries@unimelb.edu.au)

## Outline of the General Practice placements

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

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

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

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

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

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

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

#### **4 days**

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

Learning activities during this term may include:

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

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

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

The PCCB placement allows students to:

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

### **MD Year 3 GP Block rotation**

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

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

**If you have a block student earlier in the year, they may have had limited clinical exposure to the other clinical specialties, so please be aware of your expectations of their medical knowledge, communication and consulting skills.**

This does present an opportunity to facilitate their learning from a general practice context prior to the specialist teaching they will receive later in the year.

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

### **MD Year 4 Vocational selective**

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

## Dates for 2018

### 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: 6 March – 23 May

Semester 2 visits: 17 July – 10 October

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

<i>Rotation</i>	<i>Start date</i>	<i>Finish Date</i>
Rotation one	Monday 9 April	Friday 4 May
Rotation two	Monday 7 May	Friday 1 June
Rotation three	Monday 2 July	Friday 27 July
Rotation four	Monday 30 July	Friday 24 August
Rotation five	Monday 3 September	Friday 28 September
Rotation six	Monday 1 October	Friday 26 October

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

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

<i>Rotation</i>	<i>Start date</i>	<i>Finish Date</i>
Rotation one	Monday 29 January	Friday 9 March
Rotation two	Monday 12 March	Friday 27 April Note: Easter break Fri 30 March – 6 April
Rotation three	Monday 30 April	Friday 8 June
Rotation four	Monday 2 July	Friday 10 August
Rotation five	Monday 13 August	Friday 21 September
Rotation six	Monday 24 September	Friday 2 November

**PCCB**

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

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

<i>Clinical School</i>	<i>Start date</i>
Northern Clinical school students	Immersion week – Tuesday 13 to Thursday 15 March. Student/s will then attend every second Tuesday commencing 10 April.
Western Clinical School students	Immersion week – Tuesday 20 to Thursday 22 March. Student/s will then attend every second Thursday commencing 19 April.

## Resources

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

### Online resources

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

Current modules include:

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

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

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

The Melbourne East GP Network has created a series of short videos, they are available from: <https://www.youtube.com/user/IEMedicareLocal/videos>

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

### Practice visits/phone training

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

### Student guide

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

### GP Supervisor guide

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

### **Practice Manager guide**

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

### **Website details**

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

This includes teaching practice profiles and forms.

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

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

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

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

## Preparing for student placement

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

### **Prior to student placement**

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

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

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

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

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

All patients should consent before they see the medical student.

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

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

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

### **Clinical record keeping**

#### **Medical records**

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

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

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

## Student attendance

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

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

### GP Block rotation

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

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

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

## 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

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

### Sample Timetable for PCCB

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

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

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

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

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

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

## Supervision of medical students performing procedures on patients

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

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

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

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

### What can students do in your practice?

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

### Observation of consultations:

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

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

### Independent student consulting:

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

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

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

### Practice nurse:

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

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

### **Home visits/Hospital visits:**

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

### **Allied health experiences:**

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

### **Practice management tasks:**

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

### **Independent Research:**

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

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

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

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

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

### **Student and supervisor meetings:**

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

### **Health promotion:**

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

### **Clinical audits:**

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

### **Miscellaneous tasks:**

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

## Placement problem-solving

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

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

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

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

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

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

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

## Role of the practice manager

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

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

## Practice remuneration

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

Details about the Practice Incentives Program are available at:

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

## Paperwork requirements

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

Paperwork includes:

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

### **GP Block Rotation only**

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

# Appendices

## Waiting room sign

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

The purposes are:

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





Melbourne  
Medical School

**DOCTOR OF MEDICINE**  
**Department of General Practice**  
**Patient Information and Consent Form**

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

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

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

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

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

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

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



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**DOCTOR OF MEDICINE**  
**Principles of Clinical Practice 3**  
**General Practice**  
**Clinical Supervisor Feedback Form**

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

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

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

*If a student's performance is assessed as unsatisfactory, the assessor must communicate directly with the placement coordinator to recommend appropriate remediation.*

Activities to facilitate learning in the next 2 weeks

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

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

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



Melbourne  
Medical School

**DOCTOR OF MEDICINE**  
**Principles of Clinical Practice 3**  
**General Practice**  
**Supervisor Feedback Guidelines**

**Medical Practice – diagnostic skills**

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

**Medical Practice – management skills**

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

**Medical Practice – dealing with uncertainty**

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

**Communication skills**

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

**Collaboration and the General Practice context**

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



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## DOCTOR OF MEDICINE Professional Behaviour Notification (PBN)

Student name: \_\_\_\_\_ Student number (If known): \_\_\_\_\_

Setting: \_\_\_\_\_ Date of concern (If applicable): \_\_\_\_\_

This document is used to communicate concerns about a student's professional behaviour to their supervisor. Please complete this form with as much detail as possible and deliver it to those indicated at the bottom.

### Please indicate the behaviour(s) you are concerned about:

#### BEHAVIOUR

**Personal behaviour**

This includes concerns about confidentiality, honesty and integrity, appearance and grooming, respecting privileges and codes of conduct.

**Interactions with others**

This relates to interactions with the patient, those important to the patient, colleagues and people working in the education or health system.

**Reliability**

This includes punctuality, monitor and responding to announcements, unplanned absences, preparation for learning and teaching sessions, completion of tasks in a timely manner.

**Feedback**

Acceptance of and response to feedback.

#### Description of concern:

Please circle: I have / have not discussed this report with the student.

I am completing this form on behalf of the person who reported the student's behaviour to me, with their consent.

Note, if you wish to remain anonymous in ongoing discussions with the student please contact the academic listed, or the Department of Medical Education, prior to submitting this notification.

**Name:** \_\_\_\_\_ **Role:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send this form to [md-enquiries@unimelb.edu.au](mailto:md-enquiries@unimelb.edu.au). This form will be forwarded by the Department of Medical Education to the academic responsible for the student's Professional Behaviour Assessment.

The information on this form is being collected to administer the Professional Behaviour hurdle of the subjects of the MD by the Department of Medical Education, the University of Melbourne. The information provided will be used by authorised staff for the purpose for which it was collected and will be protected from unauthorised access and use. You can contact us at [md-enquiries@unimelb.edu.au](mailto:md-enquiries@unimelb.edu.au) if you have any queries, concerns or would like to access the information we have collected from you. The University of Melbourne is committed to protecting personal information provided by you in accordance with the Privacy and Data Protection Act 2014 (Vic). All information collected by the University is governed by the University's Privacy Policy. For further information about how the University deals with personal information, please refer to the University's Privacy Policy or contact the University's Privacy Officer at [privacy-officer@unimelb.edu.au](mailto:privacy-officer@unimelb.edu.au)



Melbourne Medical School

DOCTOR OF MEDICINE Professional Behaviour Review (PBR)

Student name: \_\_\_\_\_ Student number: \_\_\_\_\_

Term/Subject: \_\_\_\_\_ Setting: \_\_\_\_\_

After discussion with the student, please indicate the behaviours you are concerned about, the plan to help the student address these, who is responsible for the plan and the date of review.

BEHAVIOUR

Personal behaviour

This includes concerns about confidentiality, honesty and integrity, appearance and grooming, respecting privileges and codes of conduct.

Interactions with others

This relates to interactions with the patient, those important to the patient, colleagues and people working in the education or health system.

Reliability

This includes punctuality, monitor and responding to announcements, unplanned absences, preparation for learning and teaching sessions, completion of tasks in a timely manner.

Feedback

Acceptance of and response to feedback.

Outcome of discussion with student:

Agreed action plan:

Person responsible for review: \_\_\_\_\_ Planned date/Timing of review: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

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

Copy to be sent to:

- Department of Medical Education with supporting documentation (Subject Coordinator) Student

Professional Behavior Review - outcome: \_\_\_\_\_ Date: \_\_\_\_\_

- Satisfactory professional behaviour – no ongoing concerns Referred for review by Fitness to Practice committee
Ongoing concerns – further action plan created and agreed upon. PBR completed.

Copy of this form and any further action plan (if applicable) to be sent to:

- Department of Medical Education with supporting documentation (Subject Coordinator) Student



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 FTFC. If the subject is conducted over multiple sites, the referral to FTFC 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 FTFC 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](mailto:md-enquiries@unimelb.edu.au). The form will be forwarded to the appropriate Subject Coordinator to action.

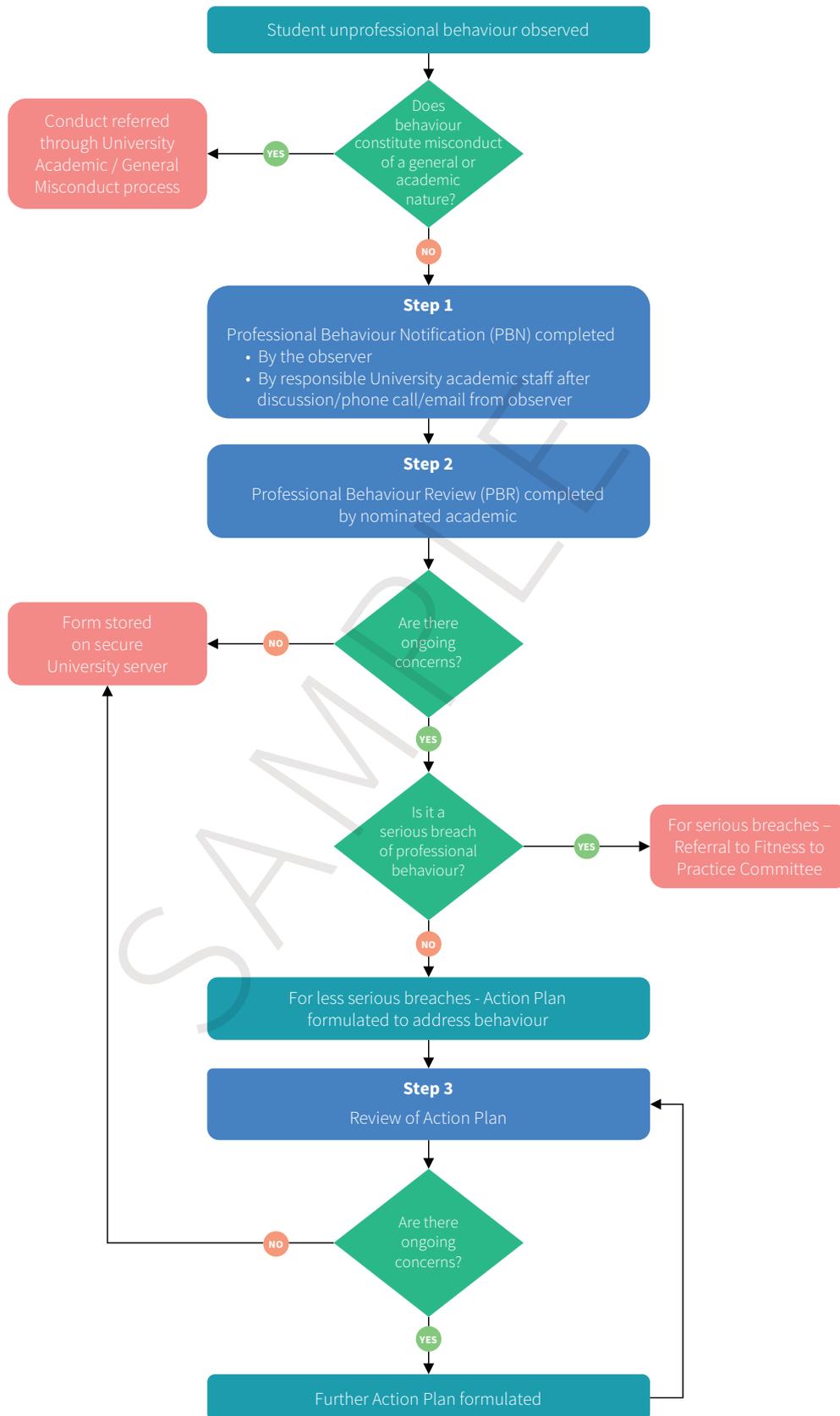
Each site is responsible for advising their tutors and professional staff of the University academic staff responsible for professional behaviour assessment and for widely distributing the site specific PBN form. Every effort should be made to make the educational site and setting, aware of the process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

SAMPLE

### 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
<b>Personal behaviour</b>		
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.
<b>Interactions with others</b>		
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 care 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.
<b>Reliability</b>		
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.

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



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## DOCTOR OF MEDICINE

Principles of Clinical Practice 3

MEDS90020

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

Date of assessment: \_\_\_\_\_

Student name: \_\_\_\_\_ Student number: \_\_\_\_\_

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

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

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

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

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

	Unsatisfactory					Excellent	Not applicable
Medical interviewing skills (including risk assessment)	0	1	2	3	4	5	n/a
Physical examination skills (including Mental State Examination)	0	1	2	3	4	5	n/a
Communication skills	0	1	2	3	4	5	n/a
Clinical judgement	0	1	2	3	4	5	n/a
Time management	0	1	2	3	4	5	n/a
Initial investigational plan	0	1	2	3	4	5	n/a
Basic management plan	0	1	2	3	4	5	n/a
Giving information (including to third party)	0	1	2	3	4	5	n/a
<b>OVERALL PERFORMANCE</b> (no half marks)	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	

*If a student's performance is assessed as unsatisfactory, the assessor must communicate directly with the placement coordinator to recommend appropriate remediation.*

Strengths:

Suggestions for development:

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

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

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

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

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Authorised: MDAC (MD Assessment Committee)



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## DOCTOR OF MEDICINE

Principles of Clinical Practice 3

MEDS90020

Mini-Clinical Evaluation Exercise (Mini-CEX) Form

### COMPLETING THE ASSESSMENT FORM

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

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

### SOME APPROPRIATE CLINICAL ENCOUNTERS IN PCP3:

#### Aged Care:

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

#### Child and Adolescent Health:

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

#### General Practice:

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

#### Mental Health:

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

#### Women's Health:

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

**USING THE OVERALL RATING:**

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

**Unsatisfactory:**

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

**Satisfactory:**

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

**Excellent:**

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

**GIVING WRITTEN FEEDBACK:****Strengths:**

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

**Suggestions for development:**

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



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## DOCTOR OF MEDICINE Department of General Practice MD3 Student Award Nomination

### Attention MD3 Student Supervisors

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

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

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

The criteria are as follows:

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

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

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

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



