



Rural Clinical School

MBBS Undergraduate Rural Clinical Program 2009

Year 6 Guidelines

Version 2

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1. PURPOSE

The Rural Clinical School guidelines are designed to be a practical resource that:

- Clearly outlines the learning and assessment requirements for students undertaking Year 6 of the six year MBBS course through the Rural Clinical School (RCS).
- Provides information on the resources available to medical students at the RCS.

Students should use this document in conjunction with the Year 6 School of Medicine (SoM) Handbook, Unit Outline and the document “Learning Objectives for Year 4/5/6 Clinical Attachments 2009” to ascertain all their learning and assessment requirements for Year 6 medicine.

2. ABOUT THE UTAS RURAL CLINICAL SCHOOL

2.1 Introduction

The UTAS Rural Clinical School has a charter to provide a rural and remote health context for learning to ensure that students have competencies and attributes that will equip them to practice in rural and remote settings.

The University of Tasmania’s Rural Clinical School:

- Is part of a national rural education and training network funded through the Australian Government’s Department of Health and Ageing – Regional Health Strategy.
- Focuses on preparing medical and other health profession students for rural practice.
- Provides students with clinical education and training, and supports health practitioners in rural and remote areas.
- Delivers clinical education, training and experience through the North West Regional Hospital (NWRH) Burnie, the Mersey Community Hospital Latrobe, the North West Private Hospital (NWPH) Burnie, and a network of general practices, district hospitals and community health facilities.
- Is one of three medical clinical schools in Tasmania (Hobart, Launceston and the North West region).

2.2 Rural Medicine Learning Outcomes

In addition to the generic themes and principal outcome measures outlined in the SoM Handbook, the following rural medicine learning outcomes will be achieved.

Students will (through clinical skills and verbally or in writing) demonstrate an understanding of the following:

1. Socio-demographic and cultural differences between rural and city life, and their effect on professional/patient/community relationships.
2. Aboriginal health care issues in a regional context.
3. Conduct of referrals, and the relationships between the referring rural GP and their city and/or provincial specialist.

4. Impact of isolation on patient and family behaviour in addressing health problems.
5. Impact of geographic isolation of patients on medical management.
6. Impact of professional isolation on medical practice and on the personal lives of medical and other health professionals.
7. Inter-relationship between rural and urban health care providers and facilities.
8. Development and operation of a health care team.
9. Medical evacuation of the injured or ill patient.
10. Potential of telehealth developments for rural health care delivery.
11. Techniques for maintaining professional competence and standards for professionals outside of tertiary clinical environments.
12. Knowledge of the social services in the community in which they are working.

3. STAFF CONTACTS FOR UNDERGRADUATE PROGRAM

Chief Executive RCS / Professor of Rural Health
Personal Assistant to the Professor of Rural Health

Professor Judi Walker
Ms Jennifer Beamish

Year 4, 5 & 6 Rural Medical Undergraduate Program (Personnel/roles may change through the year to allow for leave)

RCS Academic Staff

Associate Professor Peter Arvier (Associate Professor Rural Medicine)	Program Co-ordinator, clinical attachments, CBL, tutorial program
Dr Robyn Brogan (Clinical Senior Lecturer)	CBL, clinical attachments, mentoring, professional skills program
Dr John Henshaw (Clinical Senior Lecturer)	CBL, tutorial program, assessment, mentoring
Ms Rose Moore (Medical Education Advisor)	Educational support
Dr Satish Kumar (Clinical Senior Lecturer)	GP liaison co-ordinator, tutorial program, assessment, mentoring
Dr Bert Shugg (Clinical Senior Lecturer Paediatrics)	Clinical attachments, CBL, tutorial program
Dr Nick Towle (Clinical Lecturer and Medical Education Advisor)	CBL, tutorial program, assessment, mentoring, educational support
Dr Ray Wilson (Clinical Senior Lecturer Medicine)	Clinical attachments, CBL, tutorial program
Dr Tom McDonagh (Clinical Senior Lecturer Emergency Medicine)	Clinical attachments, tutorial program
Dr Deb Wilson (Clinical Senior Lecturer)	Tutorial Program, assessments
Dr Mohammed Ahmedullah (Clinical Senior Lecturer)	Clinical attachments, CBL, tutorial programs
Dr James Roberts-Thompson (Clinical Senior Lecturer)	Clinical attachments, CBL, tutorial programs
Dr Mark Reeves (Senior Clinical Research Fellow)	Research activities

Community Support

Ms Rosalie Maynard (Manager Marketing and Community Engagement)	Support for MBBS students in the community
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RCS Clinical Skills and Simulation Centre

Ms Maree Gleeson (Manager Clinical Skills and Simulation Centre)	Year 4, 5 & 6 Clinical Skills Program
Ms Lynn Greives (Clinical Skills Educator)	Clinical Skills Education

RCS Administrative Support Staff

Ms Kate Brown (School Manager)
Ms Rachel Farnsworth (Executive Officer (Academic) and Student Liaison Officer)
Ms Kylie Bennett (Administration Officer – Acute Services Program - Year 4, 5 & 6 Clinical Placement and Tutorial Program)
Ms Maggie Lea (Administration Officer – IPC Program - Year 4/5 Integrated Primary Care Program and Year 6 Remote Attachments)
Ms Veronica Moore (Senior Administration Officer)
Ms Issy Neal (Administration Officer – Finance and Facilities)
Ms Lisa Turner (Administration Assistant – Reception)
Ms Claire Grist (Administration Officer – Accommodation and ACRRM)
Mr Clinton Weber (ICT Officer)

Acute Services Attachment Co-ordination

Dr Ray Wilson Dr Mohammed Ahmedullah (MCH)	Medical ward teaching and tutorials
Dr Tom McDonagh	Emergency medicine teaching and tutorials
Dr Bert Shugg Ms Francine Douce Ms Jeanette Hermans	Women's and Children's Health ward teaching and tutorials
Mr Scott Fletcher / Mr Trevor Leese Dr James Roberts-Thompson (MCH)	Surgical ward teaching and tutorials
Dr John Henshaw	Anaesthetics / ICU
Dr Robyn Brogan	Palliative Care
Dr Ali Maginness	Mental Health attachment and tutorials

4. THE YEAR 6 PROGRAM

4.1 Overview of the Program

The educational program that final year medical students will experience in 2009 at the RCS consists of:

Clinical attachments in:

- Remote Medical Practice
- General Surgery
- General Medicine
- Emergency Medicine
- Anaesthetics/ICU
- Palliative Care
- A selective – to be negotiated with the RCS Associate Head.
- Group Learning Weeks incorporating case based learning, tutorials, skills sessions and reflective practice.

4.2 Critical Skills and Experiences

In designing the final year medical program, careful consideration has been given to the critical skills and experiences required for a medical graduate to act safely and capably as an intern. Final year medical students will be expected to:

- Manage a proportion of patient intakes to their unit, taking an appropriate history, performing examinations, suggesting a plan of investigation and recommending treatment. This information should then be presented to a supervisor who will provide suitable feedback.
- Perform basic ward procedures including ordering pathology and other relevant investigations and writing discharge summaries, all of which need to be countersigned by a registered medical practitioner.
- Be familiar with appropriate procedures for writing drug charts and prescriptions.
- Know the legal and ethical aspects involved in gaining patient consent for a procedure. These issues will be dealt with specifically in the teaching program.
- Attend for at least 80% of their clinical attachment unless specific exemption has been granted by the Associate Head Rural Clinical School.
- Respond to opportunities during the day, but also after hours, when the RMO or Registrar suggests there is an opportunity to gain a particular clinical experience or perform or further practice a procedural skill.
- Longitudinally follow patients they have met in their clinical attachment, preferably extending beyond their hospital or GP encounter into other community services and into the patients' homes.

4.3 Support

To assist in achieving these expectations, final year medical students will receive:

- Structured tutorials, practical procedural skills instruction, CBL sessions and opportunities to reflect on professional practice.
- Opportunities for self directed learning around patients.

- Support from the team based in the Clinical Attachment site.
- Full support and direction from the RCS academic team including regular meetings with your mentor.

4.4 Group Learning Weeks

The last week of each six week attachment will be a Group Learning Week, during which concentrated teaching will occur through case based learning, tutorials, skills centre sessions and reflective practice sessions. These weeks will be organised around a theme, covering three or four of the essential CBL topics. The first five weeks of each attachment are uninterrupted attachment time, except for some lunchtime JMO tutorials and Health Forums.

The aim of this program is to produce competent, capable and effective interns.

Group Learning Week Example Format (flexible structure)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Introduction to the week	Skills Centre Scenarios		Practice OSCE scenarios (videotaped for peer review)	Peer review discussion groups on videotaped scenarios
Private CBL preparation	Therapeutics	CBL	CBL	Health issues discussion group
Professional Skills	JMO Tutorial	Grand Round	Pre-intern skills	Program evaluation and feedback
CBL linked to skills where appropriate	Allied Health as relevant	CBL and skills where appropriate	Private viewing of videotapes Mentor meetings	Self directed skills lab session

4.5 RCS Clinical Attachments

Remote Medical Practice

Students are required to liaise with the Remote GP Administration Officer (Maggie Lea) prior to commencing this attachment.

An accommodation kit is available for collection and students are expected to make personal contact with the GP to confirm their attendance prior to taking up their attachment.

It is strongly recommended that students remain in their remote locations for the full duration of the attachment.

A clinical log book should be completed and is available on MyLO for downloading.

General Surgery

Students will be rotated through the two surgical teams to maximise learning opportunities. There will be a mixture of theatre, ward work and clinics. Individual student programs will be developed with participating students in the week prior to the commencement of the attachment.

Students are required to meet with the surgical team during Group Learning Week at 7:15 am on the Wednesday for the surgical team education program and planning session. Mr Trevor Leese will co-ordinate the medical student program in 2009.

A clinical log book should be completed and is available on MyLO for downloading.

General Medicine

Students will be assigned to a Registrar and Consultant during the medical attachment and undertake a range of tasks including ward work, clinics, Unit education program and focused student bed-side teaching and case discussions. Dr Ray Wilson will coordinate the student attachment program.

A detailed attachment timetable is available on MyLO.

A clinical log book should be completed and is available on MyLO for downloading.

Emergency Medicine

Students are requested to collect a hard copy of the DEM Guidelines and the Super Suturing documents from RCS reception prior to commencement of the attachment.

A roster for each attachment is also available on MyLO. Students are expected to be available for morning, evening, night and weekend shifts.

A clinical log book should be completed and is available on MyLO for downloading.

Anaesthetics/ICU

Students are required to report to ICU at 8.00 am on the Monday of their first week of the attachment for briefing.

A clinical log book should be completed and is available on MyLO for downloading.

Palliative Care

Students are requested to collect a hard copy of the Palliative Care Guidelines document from RCS reception prior to commencement of the attachment.

Students are also expected to undertake an orientation with Dr Robyn Brogan prior to commencement of the attachment and to meet with Dr Brogan at intervals during the attachment.

A clinical log book should be completed and is available on MyLO for downloading.

Selective

Selectives MUST be approved by the Associate Head of the Rural Clinical School before any arrangements (including travel) are finalised (see forms in SoM Year 6 Handbook, available on MyLO).

Students are expected to make personal contact with their clinical supervisor prior to taking up their selective.

Selective reports must be completed (see SoM Year 6 Handbook)

5. ASSESSMENT

Summative assessment requires the satisfactory completion of all formative and summative components, both those common to all three clinical schools (see SoM Handbook) and those specific to the RCS. This includes submitting a complete and satisfactory portfolio over years 5 & 6 and obtaining a pass in the written and practical (OSCE) examinations (further information available in the SoM Handbook).

5.1 Attendance

As outlined in the SoM Handbook, students must attend a **minimum of 80%** of scheduled teaching and learning sessions. To ensure that minimum standards are met for successful completion of the year, students are required to sign the attendance register (when provided) for tutorials and other group sessions. Students must apply on the appropriate form available from the RCS office for absences due to illness/other reason, either before, or as soon after the event as possible. Supporting evidence, eg medical certificates may be required.

Students are reminded that satisfactory Clinical Attachment reports need to be provided and these will be affected by attendance and involvement on the wards.

5.2 Learning Portfolios

Students will continue to collect assessed work for their Portfolio , adding to that which has been completed in Year 5. The summative components common to all clinical schools are outlined in the Year 6 Handbook. Additional formative assessment differs between clinical schools and, for the RCS, is detailed below. **Please consult the SoM Year 6 Handbook for the details of the summative components (word counts, topics etc).**

5.3 Portfolio Assessment Process

5.3.1 Due Dates

In the last week of each clinical attachment, students will present their Portfolio work to reception.

At the end of the following Group Learning Week there will be an opportunity for mentor meetings to discuss assessment and other aspects of your program. Generally formal meetings with mentors will occur three times per year, although students are free to access mentors at any time by making an appointment. The timing for submission of the different components is as follows:

Summary of RCS Portfolio Assessment Requirements and Timelines

Assessment Task	Due Date	Summative / Formative	Due Date
Clinical Attachment Reports (12 including 2 remote placements, selective and elective)	End of each attachment/placement. To be included in the Clinical Log Book.	Summative	13 th March, 2009 1 st May, 2009 19 th June, 2009 31 st July, 2009 18 th September, 2009 30 th October, 2009
Reflective Pieces (1 or more)	Final submission by the end of attachment 5 (if more than one piece, can be submitted earlier)	Summative	18 th September, 2009
Procedural and Professional Skills	100% of skills completed by the end of the year including the 3 core competencies . To be recorded in the Clinical Log Book.		13 th March, 2009 1 st May, 2009 19 th June, 2009 31 st July, 2009 18 th September, 2009 9 th October, 2009
OSLERS (3)	One to be completed by the end of attachments 3, 4 and 5. At least one must be assessed by a staff member with University appointment. Over year 5 and 6 there must be at least 4 different disciplines covered by the OSLERS.	Summative	19 th June, 2009 31 st July, 2009 18 th September, 2009
Long Case Histories (3)	One to be presented at completion of clinical attachment 3, 4 and 5. Must be from 3 different disciplines and one must be chronic illness and cover complex therapeutics.	Summative	19 th June, 2009 31 st July, 2009 18 th September, 2009
Complex Rural Longitudinal Case presentation (use one of the Long Case Histories)	By the end of attachment 5.	Formative	18 th September, 2009
Evidence of active involvement in Education and Related Activities (100 points for the year)	*To be accrued continuously throughout the year to a total of 100 points. (See SoM Handbook for points allocation)	Formative	13 th March, 2009 1 st May, 2009 19 th June, 2009 31 st July, 2009 18 th September, 2009 30 th October, 2009
CBL Tasks	Throughout the year	Formative	13 th March, 2009 1 st May, 2009 19 th June, 2009 31 st July, 2009 18 th September, 2009 30 th October, 2009
Clinical Log Book Procedural and Professional Skills (see below)	To be submitted at the end of each attachment. Incorporating the Log of Skills, Procedural and Professional Skills. Cumulative throughout the year. 100% of skills completed by the end fo the year including the 3 core competencies . To be recorded in the Clinical Log Book.	Formative	13 th March, 2009 1 st May, 2009 19 th June, 2009 31 st July, 2009 18 th September, 2009 9 th October, 2009

*Students should consult with their clinical supervisors and mentors to determine opportunities for gaining these points in their clinical and academic program. If students would like to gain research points, contact Dr Mark Reeves about involvement in research activities (eg Pharmacy audits).

5.3.2 Submitting Work

Each assessment task must have an **Assignment Cover Sheet** and the relevant marking sheet (available on MyLO), the relevant marking form and have all relevant sections completed by the student. At the completion of each attachment all required assessments should be placed in the **Portfolio Assessment Satchel** and logged in with reception staff.

5.3.3 Meeting with Clinical Academic Mentor and Collecting Marked Assessments

It is the student's responsibility to attend appointments with their mentor to discuss their portfolio and progress through the course and collect their assessed work (see 8.1).

Please note that, to ensure consistency within and across clinical schools, submitted work, including reflective pieces, may be assessed by clinical academics other than your own assessor/mentor, including those from other clinical schools. These assignments will be de-identified if being seen by an assessor from another clinical school.

5.4 Assessment Requirements

5.4.1 Marking Guides

Marking Guides for all assessment tasks can be found on MyLO. Marking sheets for assignments common to all clinical schools are found in the SoM Handbook; those for RCS specific formative assessment tasks are included below under the respective tasks. These should be used to guide students in the content of the assignment and the standard of performance that is required to gain a satisfactory pass. Assessors will also use these Guides to grade assessment tasks.

Please note that the Portfolio Assessment (which includes Formative Assessment) becomes summative at the end of the academic year. All formative assessments must be satisfactorily completed to be able to sit the summative assessment.

5.5 RCS Formative Assessment Requirements

5.5.1 Clinical Log Book

Each attachment (including Remote Practice) has a specific clinical log book that students will be expected to maintain for the duration of the attachment. Clinical supervisors will review progress of the log book at least once during the attachment (most likely at about the half way mark) and will discuss with the student and sign off at the end of the attachment. For shorter attachments, the clinical supervisor may only need to discuss with the student at the end of the attachment although more frequent review may be requested by supervisor or student.

The log book is to record details of cases with which students have *personally been involved*. The log books will summarise such information as:

- If patient history clerked by the student;
- Principle systems examination conducted by the student;
- Procedural skills carried out (linked to those skills set out in the SoM Handbook);
- Procedures observed by the student;
- Forms, **discharge letters**, other correspondence completed by the student;
- Opportunities/points for discussion/revision topics/case presentation or other research that arose as a result of that patient encounter;
- Any other involvement such as **discharge visits** to the patients GP, attendance with the patient at allied health or medical specialist consultations, case conferences etc.

Each discipline will have its own log book but the basic structure will be similar across the disciplines. A generic example is provided in the appendix. The front page of the log book lists those procedural and other skills relevant to the attachment, and also a summary of the Learning Objectives from the SoM Handbook. This is a guide for students and supervisors alike. Students are encouraged to carry their logbooks with them at all times on a clinical attachment to record information “on the go” and these can be used as an *aide memoire* when presenting cases on ward rounds and recording tasks undertaken.

At the completion of the attachment the student will be expected to summarise the procedures and tasks completed during the attachment. The supervisor’s clinical attachment assessment report will be appended to the log book. Students should obtain reports from **more than one supervisor** for the attachments in Surgery, Medicine and Emergency Medicine. These could be from a consultant or registrar with whom the student has worked closely. This will give a more complete picture of the student’s readiness for their intern year. These reports are to be appended to the clinical log book.

GP Learning Topics

There is a list of GP Learning Topics on MyLO that can be used by GPs and students as a guide to the scope of teaching and learning in general practice.

5.5.3 Complex Rural Longitudinal Case

This component of the formative assessment **does not need to be a separate case**, but can be applied to one of the 3 long case histories required for summative assessment (see Year 6 SoM Handbook). The case which includes these **Complex Rural Longitudinal** emphases should contain a maximum of 3,500 words (the remaining 2 cases are required to be no more than 3,000 words long). Please include a word count in the submission. The report should include supporting references listed according to the Vancouver method.

This patient should be selected from those seen during clinical attachments (or in general practice if there is the opportunity to follow them longitudinally eg., into the hospital) and the illness/problem should be chronic in nature. Supervising clinicians can provide guidance in the selection of a suitable case. Follow up should include home visits, attendance at community based specialists/allied health providers, hospital admissions/visits and GP appointments as appropriate. The case therefore needs to be relatively complex, however the details of the case itself should be concisely stated.

In addition to fulfilling the requirements for the ‘basic’ Long Case History as outlined in the SoM Handbook, there must be a focus on aspects of management that illustrate the particular constraints, psychological stressors and financial and other challenges experienced by patients in rural settings, as well as team care management, communication between rural and urban health

professionals and the availability of appropriate services in the patient's community. (Refer to section 2.2 for learning outcomes to direct your presentation).

The assessment form for the Complex Rural Longitudinal Case will be the same as that in the SoM Handbook for the case you have chosen to further develop as the CRLC. As part of the assessment, students will be expected to briefly present these cases as part of Group Learning Weeks, therefore preparation of suitable cases must commence early and not be left until the last GLW. As these complex rural long cases are based on **summative** long cases, a formal written case history is required for the portfolio. A copy of a Powerpoint presentation will **not** be sufficient for this case.

When you submit the long case history that is to be assessed for the CRLC, you must notify your assessor that this is the case.

5.6 Penalties

Please consult the School of Medicine Year 6 Handbook regarding penalties which will apply for late or unsatisfactory work. Applications for extensions must be submitted on the appropriate form **prior** to the due date.

6. REMEDIATION

If assessments are not completed to a satisfactory standard, the assessor, supervisor or mentor in conjunction with the RCS Associate Head will discuss resubmission or a remediation plan with the student. This may involve remediation occurring during a selective term or during University vacation.

Students are strongly advised to **not** make unchangeable plans for vacations (or at least ensure adequate insurance cover) in the event that remediation time or supplementary examinations are required.

7. LEARNING RESOURCES

7.1 Suggested Reading

See the Year 6 School of Medicine Handbook for specific texts, journals and websites.

Also note that Evidence Based Medicine requires constant reference to the latest research and peer reviewed journals to keep abreast of current trends. *UpToDate* and *Therapeutic Guidelines* are available online through the RCS. Details are available during orientation.

The Australian College of Rural and Remote Medicine (ACRRM) provides 22 curriculum statements which reflect the spectrum of common patient presentations in rural areas and defines the knowledge and skills required to deal with the clinical realities of rural and remote medical practice.

Medical students can access the ACRRM curriculum statements by:

- Visiting RRMEO at <http://www.acrrm.org.au>
- Borrowing a copy of the CD ROM (see the Administration Officer – Acute Services Program), or
- Requesting a print copy from the Medical Education Advisor.

7.2 Library and Information Technology Support

An excellent clinical library is located at the North West Regional Hospital. Students have access to additional library support through the hospital library's links to the statewide University library network, to the Hobart Clinical School Library's email reference service, to a web based electronic textbook service, and to the resources offered by the worldwide web. Approximately 2.5 kilometres from the hospital is the University's Cradle Coast campus, which offers an additional access point into web based services.

The University and the Department of Health and Human Services have statewide videoconference networks, and both the North West Regional Hospital and the University's Rural Clinical School are linked into these networks. Students have direct access to the University library through the RCS computer facilities.

7.3 Clinical Skills and Simulation Centre

The RCS has a well equipped Clinical Skills and Simulation Centre with trained and dedicated staff, where students learn and practice procedural and other practical and professional skills, including videotaping to improve consultation skills. This may be in a multi-disciplinary learning environment with nurses, paramedics or other health professionals. The Centre provides an excellent opportunity to learn the essentials of and practice these skills before performing them on a patient.

The simulated environment complements, but does not substitute for the clinical environment. Students are strongly encouraged to take full advantage of the vast amount of clinical opportunities available in the hospital and general practice settings.

8. STUDENT SUPPORT

8.1 Mentors

Each student will be allocated a mentor from the academic staff of the RCS. On several occasions during the year an appointment will be made for the student to meet individually with their mentor to review assessed work, discuss learning objectives for attachments and give assistance or advice in regard to any personal, professional, educational or other matter which may be impacting on the student's progress through their medical training.

Other staff are also available for mentoring if required. In particular Dr Robyn Brogan may be available to assist students having difficulties with professional issues such as the doctor-patient relationship, breaking bad news, dealing with grief etc.

Ms Rachel Farnsworth (Executive Officer – Academic) is also available to students as the Student Liaison Officer for issues that students feel they are unable to take to their usual mentors or clinical supervisors or have been unable to resolve through the usual channels.

8.2 Vertical/Horizontal Integration in the Year 5/6 RCS Medical Undergraduate Program

8.2.1 Year 5 Peer Support Program

The RCS is committed to a program where vertical integration is an important aspect of the learning environment. Year 5 and Year 6 students learn together during Health Education Forums and on the wards, Year 6 students provide peer support to Year 5 students. In turn, when Year 3 and 4 students visit the campus on short attachments, Year 5 students provide peer support.

Part of the Year 5 Peer Support Program can include Year 6 students, along with an Intern/Junior Medical Officer/Registrar (JMO) (in particular RCS graduates), offering support for practice OSCEs during the year. To simulate exam conditions, an RCS academic should be asked to act as an assessor, along with a Year 6 student.

These practice sessions are usually informal and organised within a small group setting. Topics for OSCEs are suggested by both Year 5 and Year 6 students. Assessment results are not collected and there is an emphasis on the formative nature of the OSCE practice. If requested, RCS academics are available to give advice on the construction of the cases.

Students also provide support for one another in a variety of ways and often on an individual basis.

8.2.2 Year 6 Peer Support Program

Year 6 students are supported by NWRH interns (especially RCS graduates) and there are a number of common tutorials and discussion groups. On the wards, interns provide valuable support to Year 6 students.

Interns, Skills Centre educators and RCS academics/other clinicians can provide opportunities for practice OSCEs and further skills practice.

Students also provide support for one another in a variety of ways and often on an individual basis.

8.2.3 Horizontal Integration

One of the strengths of the RCS program is the availability of other health professionals to assist with learning opportunities. Students may find themselves learning from, or alongside, people in other disciplines, a situation which mirrors, and best prepares them for, real life situations on the wards and in the community. The concept of teamwork to share the load and deliver the best outcomes for patients is integral to the learning and teach at RCS.

8.3 Additional Educational Support

Educational support is provided by onsite academic staff, with some visiting staff from Tasmania or further afield. This is augmented by access to the resources of the North West Regional Hospital library, through the support of the staff of the clinical library in Hobart and through electronic access to medical information. Where appropriate, additional support will be provided through video and teleconference contact with academic staff in other regions of the state.

The librarian at the Cradle Coast campus of UTAS, Cathy Hartigan, is available for any students needing assistance with educational resources or difficulties.

Students may be eligible for support from the RCS to attend relevant conferences and other educational events. Application should be made well in advance of the event (appropriate forms available on MyLO).

8.4 Communications

It will be the student's responsibility to inform wards of their contact number (eg mobile phone) so they can be contacted out of hours for deliveries, emergencies etc. Students without mobile phones should check with RCS office staff about alternative ways of accessing out of hours calls for key learning opportunities.

Academic and administrative staff, regularly update students by use of the UTAS email system. Students should check their emails at least twice per day and should ensure that all communication in relation to their program of study is via their UTAS email account.

Electronic display screens at the RCS should also be checked for any program changes.

8.5 Professional and Personal Support

8.5.1 RCS Staff

Professional and personal support for students is a priority for the Rural Clinical School. We have a small staff committed to the successful implementation of the Rural Clinical Program. All staff are available to assist with operational matters ranging from accommodation, transport and educational requirements including IT support within the broader rural health workplace.

The Rural Clinical School aims to provide a safe learning and safe living environment for students. While every effort has been made to ensure students' time is safe and secure, in the event of an emergency or personal crisis, support is available.

8.5.2 Personal GP Services

Several local GPs have agreed to be available for students to make appointments and a list will be available from the administration staff.

8.5.3 Medical/Counselling Services

Students can contact Student Support Services at the Cradle Coast campus for psychological health issues. Telephone 03 6430 4949 or ext 4949 from any internal UTAS phone.

9. APPENDICES

Assessment forms for:

- Guidelines for Writing Case Histories
- Complex Rural Longitudinal Case History
- Clinical Log Book example

9.1 Guidelines for Writing Case Histories and Sample Marking Sheets

Please refer to SoM Handbook for the following guidelines:

- Complex Therapeutics Long Case – page 67
- Emergency Medicine Long Case – page 69
- Maternal & Child Health Long Case – page 71
- Psychiatry Long Case – page 73

9.2 Complex Rural Longitudinal Case History Assessment Form

Complex Rural Longitudinal Case (use one of the Long Case Histories)

Assessment Form

Case Identification					
Student name					
Assessor/s					
Date/GP Semester I or II					
		<i>Performed Competently</i>	<i>Performed but not yet fully competent</i>	<i>Not performed competently</i>	<i>Not performed</i>
A. DEMONSTRATES AN UNDERSTANDING OF THE UNDERLYING CLINICAL CONDITION/S AND MANAGEMENT ISSUES:					
1.	Demonstrates appropriate knowledge of the conditions.				
2.	Demonstrates appropriate knowledge of investigations/examinations pertinent to the case.				
3.	Adequately describes and discusses the management plan.				
4.	Describes the follow-up process in which the student has engaged eg., home visits, attendance at community based specialists, hospital admission/visits and GP appointments.				
5.	Demonstrates an understanding of decision analyses and cost-effectiveness analysis eg., medications, investigations.				
B. DEMONSTRATES AN UNDERSTANDING OF ISSUES RELATING TO THE RURAL CONTEXT:					
6.	Socio-demographic and cultural differences between rural and city life, and their effect on professional/patient/community relationships including aboriginal health care issues where appropriate.				
7.	Conduct of referrals, and the relationships between the referring rural GP and the city and/or provincial specialist.				
8.	Impact of isolation (personal and geographic) on patient and family behaviour in addressing health problems and medical management.				
9.	Inter-relationship between rural and urban health care providers and facilities.				
10.	Knowledge of the social services in the community in which they are working.				
C. DEMONSTRATES WELL DEVELOPED COMMUNICATION SKILLS:					
11.	Provides useful summary of current research and its impact on ideas about best practice re rural context and clinical management.				
12.	Uses communication tools effectively.				
13.	Engaged audience in effective and relevant discussion issues raised by the case.				
Assessment Feedback:					
ASSESSMENT RESULT:					

Examiner's Signature

Please print name

Position

Date

MBBS Undergraduate Clinical Attachment Log book

(to be discussed with and signed off by clinical supervisor at midpoint and completion of attachment)

Attachment: DEM	Date:	Supervisor:
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Essential Tasks to be achieved:

- Presentation of cases/set topic at weekly DEM education meetings
- Procedural skills as outlined in SOM handbook:
 - CPR/Airway maintenance
 - Venepuncture/IV cannulation
 - Arterial blood gases
 - Urinary catheterisation
 - ECG recording/interpretation
 - Administration parenteral therapy S/C, IM, IV
 - Administration inhaled medications
 - Finger prick BSL
 - Suturing/skin repair
 - Application plaster cast
 - Fluorescein staining cornea/Slit lamp
 - Removal of foreign bodies eye, ear, nose
 - Rectal examination
 - Drainage joint effusion
 - Write discharge summary
 - Write up investigation forms

Learning Objectives in Emergency Medicine (see SOM Handbook for additional detail)

- Principles of Resuscitation
- Airway management (including Cervical spine protection)
- Oxygenation and ventilation support
- Intravenous access and fluid management
- Patient monitoring
- Recognitions and Management of potentially life-threatening conditions including: trauma, burns, sepsis, shock, arrhythmias, metabolic and acid-base disorders
- Other major conditions including: Acute Coronary Syndromes, Acute dyspnoea, abdominal pain, headache, altered level of consciousness, poisonings
- Specific paediatric issues in the emergency department including: fever, undifferentiated illness, dehydration, non-accidental injury
- Wound management
- Pain management
- Triage, pre-hospital care and disaster management
- Communication with patients, family and colleagues
- Medico-legal issues including compulsory notifications and coronial cases

Patient URL and date	Principal clinical problem and any relevant co-morbidities	DEM notes clerked by student	Physical examination performed by student	Procedures <i>performed</i> by student	Procedures <i>observed</i> by student	Communication, forms or other correspondence completed by student	Learning opportunities and any other involvement

Summary of procedural skills and tasks for this attachment

(Refer to SoM and RCS handbooks and DEM student guidelines/workbook for specific requirements)

Procedures <i>performed</i> by student	Procedures <i>observed</i> by student	Other patient tasks and education presentations
e.g. Inserted IV cannulae (16)	Aspiration joint (2)	Discharge summaries (4)

Mid-term supervisor review

SATISFACTORY BORDERLINE UNSATISFACTORY

Comments:

Signed: Date:

Final Clinical Attachment report discussed with and signed by Clinical Supervisor to be attached to log book.