



Rural Clinical School

# **MBBS Undergraduate Rural Clinical Program 2009**

## ***Year 4/5 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 4 of the five year MBBS course and Year 5 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 4/5 School of Medicine (SoM) Handbook, Unit Outline and the document “Learning Objectives for Clinical Attachments 2009” to ascertain all their learning and assessment requirements for Year 4/5 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 of 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**

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

### Community Support

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

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

### RCS Administrative Support Staff

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

### Acute Services Attachment Co-ordination

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

## 4. THE YEAR 4/5 PROGRAM

### 4.1 Overview of the Program

The 2009 program is co-ordinated around Case Based Learning which is supplemented by a tutorial program and clinical attachments in medicine, surgical specialties, emergency medicine, mental health, paediatrics, obstetrics and gynaecology and integrated primary care. Formal teaching sessions will be grouped together in 12 “Group Learning Programs” throughout the year. This teaching will take place at the Rural Clinical School in Burnie. Students will spend one day per week (Tuesday) throughout the year attached to a General Practice as part of their Integrated Primary Care program. All students will follow the same program irrespective of whether they are part of the five year or six year MBBS course.

#### Example Group Learning Program

#### **Year 4/5 Group Learning Program** *CBL Themes: Cardiac dyspnoea/Resp dyspnoea/Cardiac ischemia*

	MONDAY		TUESDAY	WEDNESDAY		THURSDAY	FRIDAY
<b>AM</b>	8:00 – 9:00 Opportunity to be on the wards			8:00 – 9:00 Opportunity to be on the wards		8:00 – 9:00 Opportunity to be on the wards	8:00 – 9:00 Opportunity to be on the wards
	9:00 – 9:30 Introduction and overview of GLP /Incl Skills Centre  9:30 – 10:30 Revision history taking and examination of the dyspnoeic patient  10:45 -12:15 MHS and Recover Model		General Practice/IPC Program	9:00 - 10:00 DEM tutorials Acute Pulmonary Oedema  10:00 – 11:00 Severe asthma  11:30 - 12:30 Paed tutorial Recognising the Seriously Unwell Child		9:00 – 10:30 CBL Respiratory dyspnoea  11:00 – 12:00 Professional Issues	11:30 – 12:30 History taking in Orthopaedics and General Principles of Fractures.
<b>Lunchtime Meetings</b>	12:30 – 1:30 Infection Control			12:30 – 1:30		12:30 – 1:30	12:30 – 1:30
<b>PM</b>	1:30– 3:00 Medicine tutorial : Cardiac dyspnoea Group A	1:30 – 3:00 Skills Lab: BLS Training, Basic Airway, Oxygenation, Group B	General Practice/IPC Program	1:30 – 3:00 CBL Cardiac Dyspnoea Group A	1:30 – 3:00 Skills :MDIs, Spirometry, BLS Credentialing Group B	1:30 – 2:30 Introduction to Obstetrics – normal birthing processes.  4:00 – 5:00 Introduction to Imaging  5:00 – 6:30 OSCE stations	1:30 – 3:30 (with break) Therapeutics Tutorial <i>Bronchodilators, Resp antibiotics, Anti-arrhythmics, Diuretics</i>  3:30 – 4:30 Paed tutorial Breathing problems in children – asthma, bronchiloitis etc.  4:30 - 5:00 Evaluation/Feedback
	3:15 – 4:45 Medicine tutorial : Cardiac dyspnoea Group B	3:15 – 4:45 BLS Training, Basic Airway, Oxygenation, Group A		3:15 – 4:45 CBL Cardiac Dyspnoea Group B	3:15 – 4:45 Skills :MDIs, Spirometry, BLS Credentialing Group A		

Weeks 1 and 4 of each attachment are designated “Group Learning Programs” (GLP) and weeks 2, 3, 5 and 6 are clinical attachment weeks.

## 4.2 Group Learning Programs

Case based learning (CBL) sessions are conducted as part of the Group Learning Programs and tie together the topic for that week based on a real clinical scenario. The tutorial program may need to be varied during the year depending on availability of clinicians.

CBL topics for the following GLP will be distributed, along with Learning Objectives, preliminary case detail, suggested pre-reading and CBL tasks for specific students to prepare for the upcoming GLP. This should allow students to come to the CBL well prepared and able to be actively involved in the case discussion. The sessions will be facilitated by clinicians and will involve brief formal presentations by students.

The year 4/5 GLP details are available on MyLO.

## 4.3 Year 4/5 Attachments

### 4.3.1 Clinical Attachments

Students will experience 6 x 6-week attachments in different areas of acute services to assist in fulfilling learning objectives and are expected to take part in ward activities during the day, as well as after hours as scheduled, or where learning opportunities arise. Each attachment has an *Attachment Timetable* that details a series of clinical experiences that students are expected to participate in during their attachment.

The attachments for 2009 at the RCS are:

- Medicine
- Surgical Specialities
- Mental Health
- Emergency Medicine
- Paediatrics and
- Obstetrics and Gynaecology

Clinical attachments in surgical specialities, medicine, paediatrics and obstetrics and gynaecology will generally involve a two week rotation on the Mersey Community Hospital campus to maximise clinical learning opportunities.

Example overview of a six week attachment:

Week 1	Week 2	Week 3
Group Learning Program	Medicine – NWRH	Medicine – NWRH
Week 4	Week 5	Week 6
Group Learning Program	Medicine – MCH	Medicine - MCH

Students will be grouped into teams of four or five for attachments and will maintain that group for the year. As well, students are expected to be on call if required by the attachment.

The mental health attachment will use the Spencer Clinic at the NWRH and various community settings on the North West coast.

The emergency medicine attachment will involve students being rostered for a mix of morning, evening, night and weekend shifts in the DEM at NWRH. This minimises the congestion in the department and ensures students have the opportunity for a wide range of clinical experiences. Rotation to Mersey Community Hospital may be included when staffing permits.

The SoM handbook outlines the requirements for summer elective attachments at the end of Year 4/5 and for the Year 6 selective. Students are reminded that for both elective and Year 6 selectives that may be organised in advance, students should confirm orientation, exam and other important dates before making firm travel plans. Information about the requirements for **electives** can be found at <http://www.medicine.utas.edu.au/electives/outbound/index.html>. Please ensure you start planning your elective early in the year. You must inform the **Electives Co-ordinator and the RCS** of your placement details in writing.

**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)

#### **4.3.2 Integrated Primary Care Attachment (1 day per week)**

Each Year 4/5 medical student will attend the Integrated Primary Care attachment for 36 weeks of the program on a Tuesday. Students will attend two different practices during the year. During general practice sessions students may be allocated patients for consultation, review their findings with the doctor and use this to trigger self-directed learning. The program is designed to provide an in-depth and interactive teaching experience that might include some or all of the following aspects:

- Student pre-reading of patient notes
- Student pre-consultation research
- Student led history taking and examination with the patient
- Student/practice nurse procedural activities
- Student/GP de-briefing
- Student post-consultation research
- Student accompanying patient on visits to other health care providers, etc.

Each fortnight, the Primary Care experience will focus on general practice consultation and clinical skills, patient follow up and Integrated Primary Care. This will allow time for students to accompany patients on other visits and observe health care across the whole team of providers.

Students may work with one, or across a team of GPs, but the practice GP supervisor will be the facilitator responsible for all activities to do with Integrated Primary Care teaching and learning, including marking student assignments and completing the Clinical Attachment assessment.

#### Informal Practice-based Case Sessions

Students, in small groups (this can be with students attached to nearby GP Practices) can present cases on a regular basis (at least once per semester) facilitated by the GP Supervisor, in preparation for the formal Complex Rural Longitudinal Case presentation.

Students must negotiate their learning program with the GP supervisor.

The **GP Attachment Roster** is available on MyLO (My Learning Online learning management system) for students.

## 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 4, 5 & 6 and obtaining a pass in the written and practical (OSCE) examinations.

### 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 for Group Learning Programs 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 commence collecting their Portfolio in Year 4/5. The components include evidence of procedural and professional skills (log of skills) including the three core competencies (these competencies are normally formally signed off in the final year), written case presentations/histories, reflective pieces, clinical attachment reports, OSLEs, evidence of involvement in CBL tasks, as well as the required assessment reports and other information relevant to a student's performance. **Please consult the SoM Year 4/5 Handbook for the details of these components (word counts, topics etc).**

### 5.3 Assessment Process

#### 5.3.1 Due Dates

For attachments 1 to 5 students will submit assessment tasks in the last week of each clinical attachment. For attachment 6 the due date for assessment tasks is 9<sup>th</sup> October, 2009 with the exception of the Clinical Attachment report which must be submitted at the end of the attachment. Students will submit their Portfolio of assessment tasks to Reception staff prior to 4.00 pm on the due date. 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 8 Reports for the year	One report at the end of each attachment plus GP reports from each semester to be attached to the clinical log book.	Summative	13 <sup>th</sup> March, 2009 1 <sup>st</sup> May, 2009 19 <sup>th</sup> June, 2009 31 <sup>st</sup> July, 2009 18 <sup>th</sup> September, 2009 30 <sup>th</sup> October, 2009
Reflective Pieces 3 for the year	One written piece (maximum 1000 words) at the end of attachments 2, 4 and 5. One reflective piece must be submitted as a supplement to one of the case histories. The other reflective pieces can be "stand alone".	Summative	1 <sup>st</sup> May, 2009 31 <sup>st</sup> July, 2009 18 <sup>th</sup> September, 2009
OSLERS 3 by the end of Year 5	1 by end of attachments 2, 4 and 5  <b>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.</b>	Summative	1 <sup>st</sup> May, 2009 31 <sup>st</sup> July, 2009 18 <sup>th</sup> September, 2009
Evidence of completion of at least 3 CBL Learning Tasks	Submitted throughout the year	Summative	Ongoing and final one by 9 <sup>th</sup> October, 2009
Complex Rural Longitudinal Case presentation 2 for the year (see below)	One by the end of each GP semester, sourced from GP. Assessed at oral presentation at the General Practice. A copy of the presentation is to be submitted for inclusion in the student portfolio.	Formative	By 19 <sup>th</sup> June, 2009 By 9 <sup>th</sup> October, 2009
Case Histories 4 for the year (see below)	One to be submitted at end of attachments 1, 2, 4 and 5	Formative	13 <sup>th</sup> March, 2009 1 <sup>st</sup> May, 2009 31 <sup>st</sup> July, 2009 18 <sup>th</sup> September, 2009
Clinical Log Book (see below)	To be submitted at the end of each attachment. Incorporating the Log of Skills, Procedural and Professional Skills.  Cumulative throughout the year. <b>At least 40%</b> of the skills must be achieved at least once by the end of the year. Skills undertaken and observed will be recorded in the <b>clinical log book</b> .	Formative / Summative	13 <sup>th</sup> March, 2009 1 <sup>st</sup> May, 2009 19 <sup>th</sup> June, 2009 31 <sup>st</sup> July, 2009 18 <sup>th</sup> September, 2009 9 <sup>th</sup> October, 2009

### 5.3.2 Submitting Work

Each assessment task must have an **Assignment Cover Sheet** and the relevant marking sheet (available on MyLO) 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 Collecting Marked Assessments

It is the student's responsibility to attend appointment with their mentor to discuss their portfolio and progress through the course. Students will be notified by email when their work has been assessed and is available for collection.

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 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 as an appendix to these Guidelines. 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 Formative Assessment Tasks at the RCS

### 5.5.1 Clinical Log Book

Each attachment (including General Practice/Primary Care) 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.

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.

### 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.

### Discharge Letters to GPs

Discharge letters and summaries are an essential part of the communication for ongoing patient management. The quality of this communication has often been a source of dissatisfaction for hospital staff, GPs and patients. The importance of accurate and timely discharge information cannot be stressed too strongly. Students should aim to do several discharge summaries/letters in each clinical attachment. *Examples of at least one DEM and one inpatient summary should be attached to the GP/Primary Care log book* for discussion with the GP mentor. It is important to appreciate the different perspectives of the unit *providing* the discharge information and the GP *receiving* the information.

### Discharge Visit to GP

Students must be aware of the importance of good continuity of care between a hospital admission and GP visit and the information that should be transferred.

Students should arrange to attend a patient’s first visit to their GP after discharge from hospital. This will not necessarily be to the general practice to which you (or any student) are attached. *At least two separate visits should be undertaken* during the year. Details of the case and learning opportunities that arose should be detailed in the GP/Primary Care log book.

The appointment will need to be arranged with the patient or their carer, ie the patient/carers must give their verbal permission for you to attend and *preferably let the practice know* that they will be accompanied by a student, to ensure the GP has no objections. The easiest way to do this would be for the appointment to be made before the patient leaves hospital. This may mean that you will need to be absent from the ward on your attachment to attend the visit, but hospital clinicians have

been alerted to this requirement (you should let them know beforehand of your absence and the reason).

This task can be linked with the writing of discharge letters, ie the discharge letters could be for the same patients you do the visits with. Combining the two might highlight what was adequate/inadequate about the hospital discharge information/timing.

#### Allied Health/Specialist Visit with Patient

Students should understand the importance of teamwork and communication with other health care providers in developing a management plan to ensure good patient care.

For each patient accompany them to a medical specialist or allied health care provider to whom they have been referred by the GP. Patients will be from General Practice (for your Complex Rural Longitudinal cases). *The nature and outcome of this visit must be included as part of the presentation of the Complex Rural Longitudinal Case.*

#### Making the Appointment

The appointment will need to be arranged with the patient or their carer, ie the patient/carer must give their verbal permission for you to attend and preferably let the health care provider know that they will be accompanied by a student, to ensure the health care provider has no objections. The easiest way to do this would be for the appointment to be made before the patient leaves the GP on the day that you are in attendance.

#### Absence from the Ward

This may mean that you will need to be absent from the ward on your attachment to attend the visit but hospital clinicians have been alerted to this requirement (you should let them know beforehand of your absence and the reason).

### **5.5.2 Case Histories (4 for the year)**

This is a written report to demonstrate students' ability to take a history from and examine a patient, reach a diagnosis (with differential) and then develop an appropriate management plan. Students will choose their cases based on the patients they come into contact with on each of their clinical attachments. The cases must be from different disciplines. Even if the patient is only seen once (such as in DEM), the report should include not just what was done at the time, but a proposed management plan with some consideration of rural factors which may impact of diagnosis and management (see the Marking Sheet for what is expected as well as the document "Guidelines for History and Examination and Writing Case Histories" available on the SoM website). The report should include supporting references listed according to the Vancouver method. Each report should be a maximum of **1000 words**. One of the case histories is to include a summative Reflective Practice piece as a supplement.

### **5.5.3 Complex Rural Longitudinal Cases (2 for the year)**

These cases should be selected from those patients seen in General Practice (one in each semester). Early in each GP attachment, students should discuss with their supervisor a suitable patient and ask

if they can be followed up on the day that the student is in the practice. The patient should have a chronic illness, whether physical or psychological.

Follow up should include home visits, hospital admission/visits and GP, specialist or allied health provider appointments as appropriate. The case therefore needs to be relatively complex and should involve aspects of management that illustrate the particular constraints, psychological stressors, financial and other challenges experienced by patients in rural settings. The details of the clinical case should be concisely stated, with the principal discussion focusing on how the disease itself, and the travel away from home, impact on the patient and their family emotionally, financially and in other ways, as well as aspects of team care management. (See section 2.2 for learning outcomes to direct your presentation).

Each case should include a visit with the patient to a non-GP health care provider (eg specialist, optometrist, physiotherapist or other Allied Health).

No particular written format is required. The slides and notes pages from a Powerpoint presentation will be regarded as sufficient written format and are to be submitted as part of the portfolio.

In the assessment of these cases, the emphasis is on the oral presentation and the discussion generated. Each case must be presented orally to the GPs/staff in the practice to which the student is attached (eg at a practice education session) to enable discussion on what the student has learned from following through with this patient. (It is essential that the date and timing of these presentations is discussed with the RCS GP liaison academic)..

## **5.6 Penalties**

Please consult the School of Medicine Year 4/5 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 an elective term or during University vacation.

## **7. LEARNING RESOURCES**

### **7.1 Suggested Reading**

See the Year 4/5 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 Clinical Academic Mentors**

All Year 4/5 students will be allocated a Clinical Academic Mentor who is a member of the academic staff and part of the RCS team of lecturers in rural medical practice.

Students will be expected to meet with their mentor on several occasions during the year. While the meetings will be relatively informal, they should follow an agenda which reflects the student's interests and concerns. In essence mentors:

- Assess students' submitted work and provide feedback;
- Aid in the development of the student's personal learning goals;
- Help identify students' strengths and weaknesses and address the latter;
- Give assistance or advice in regard to any personal, professional, educational or other matters which may be impacting on the student's progress through their medical training;
- Provide a model reflecting appropriate standards of good practice in the medical profession.

Mentors are available by email and phone at other times and students may arrange additional meetings.

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 4/5/6 RCS Medical Undergraduate Program**

### **8.2.1 Year 4/5 Peer Support Program**

The RCS is committed to a program where vertical integration is an important aspect of the learning environment. Year 4/5 and Year 6 students learn together during Health Education Forums and on the wards, Year 6 students provide peer support to Year 4/5 students. In turn, when Year 1, 2 and 3 students visit the campus on short attachments, Year 4/5 students provide peer support.

Part of the Year 4/5 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 4/5 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.

### **8.2.2 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). Students attending conferences and educational events with support from the RCS or in RCS time, are expected to provide a brief report on what they have gained from these experiences and may also be required to make a brief presentation to their peers.

### **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:

- Case History
- Complex Rural Longitudinal Case History
- Clinical Log Book example

## 9.1 Case History Assessment Form

### Case History Assessment Form - 1000 words

Student Name \_\_\_\_\_

Date Received \_\_\_\_\_

Discipline \_\_\_\_\_

Criterion	Comments
<b>History</b> including initials, sex, age, presenting complaint, history of presenting complaint, past history, family history, drug history, social history (development and immunisations as appropriate) and is thorough but concise	
Examination is appropriate to the circumstances and complete.	
An appropriate clinical differential diagnosis is reached through a logical analysis of history and examination findings. Clear explanation of how list of differential diagnoses was arrived at.	
An appropriate investigation plan with justification is presented	
Relevant interventions/treatments are outlined with evidence to support them.	
Has explained how personal/socio-economic/rural factors influenced management	
Relevant literature appropriately integrated, acknowledged and referenced	
Report is legible with correct use of written English (except in the parts of the history and examination where conventional note form is appropriate) and is largely free of spelling errors.	

**Overall assessment:** Satisfactory    Borderline    Unsatisfactory/resubmit

\_\_\_\_\_  
**Examiner's Signature**

\_\_\_\_\_  
*Please print name*

**Position** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please return case history with assessment sheet to Yr 4/5/6 Admin Officer for registration of mark and return to student**

## 9.2 Complex Rural Longitudinal Case History Assessment Form

### Complex Rural Longitudinal Case 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>
<b>A. DEMONSTRATES AN UNDERSTANDING OF THE UNDERLYING CLINICAL CONDITION/S AND MANAGEMENT ISSUES:</b>					
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>B. DEMONSTRATES AN UNDERSTANDING OF ISSUES RELATING TO THE RURAL CONTEXT:</b>					
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.				
<b>C. DEMONSTRATES WELL DEVELOPED COMMUNICATION SKILLS:</b>					
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.				
<b>Assessment Feedback:</b>					
<b>ASSESSMENT RESULT:</b>					

\_\_\_\_\_  
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)

<b>Attachment:</b> DEM	<b>Date:</b>	<b>Supervisor:</b>
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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

