

General Practice Course 2022: MEDI7313 (MD year 3) Handbook for GP Clinical Teachers



Welcome

Welcome from the **GP Block (Rotation) team** and thank you for participating in this important component of the Year 3 UQ MD Program.

We believe that all medical students can benefit from spending time in General Practice, both to learn skills that GPs are best at, such as dealing with uncertainty, but also to gain an understanding of health in the primary care setting. After all, most healthcare in Australia is delivered through general practice and primary care.

The following pages outline information which we hope will assist you to deliver a quality learning experience to our medical students during their General Practice course.

We appreciate the time and energy that your practice team will be contributing and hope that you will find many benefits as a result of your participation.

We encourage you to visit the UQ General Practice website at <https://medicine-program.uq.edu.au/academic-disciplines/general-practice> and explore the Our Teaching, Research and GP Teachers sections. Regular GP Teacher Newsletters are emailed to our teaching practices, and are also available on our website.

Our Team

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GP Placement Dates 2022

Placement 1	17 January - 25 February
Placement 2	28 February – 8 April
Placement 3	18 April – 27 May
Placement 4	27 June – 5 August
Placement 5	8 August – 16 September
Placement 6	26 September – 4 November

General Practice Course Brief Overview

Student Learning Objectives:

1. Demonstrate knowledge of the epidemiology, pathophysiology, clinical features and management of (a) common, and (b) serious / important presentations in general practice
2. Demonstrate competency in the clinical skills required to diagnose and manage patient presentations in general practice
3. Demonstrate competency in clinical reasoning and the ability to formulate a diagnosis (and/or differential diagnosis) and problem list, for patients presenting in general practice
4. Demonstrate competency in developing management plans with patients and carers presenting in general practice
5. Demonstrate an understanding of factors influencing a patient's experience of illness and health
6. Demonstrate competency in recognising and appropriately negotiating relevant ethical and professional issues which arise in clinical and collegiate/professional encounters
7. Demonstrate competency in incorporating prevention and health promotion into clinical encounters where appropriate
8. Demonstrate competency in incorporating evidence-based medicine into clinical encounters where appropriate; and
9. Demonstrate a sound understanding of the role and responsibilities of general practitioners in the Australian health care system, including the importance of effective clinical handovers.

GP Requirements:

1. Provide supervision and teaching of the student
2. Discuss the student's learning objectives as often as possible
3. Provide feedback to the student about their performance regularly and frequently
4. Actively involve the student in interviewing and examining patients each session
5. Involve the student in minor procedures and other treatment room activities.

Assessments for GP to Complete:

- CPA - Mid-Placement [week 3]
- CPA - End of placement [week 6]
- Students may approach GPs to complete workplace learning portfolio (WLP) tasks

Other Student Assessments:

- Multiple Choice Question (MCQ) examination
- Standardised clinical case assessment
- In-tutorial assessment

Support for Teaching GP's:

Please feel empowered to speak up if you are worried about a student. We want to hear from you. The team at med.mdgp@uq.edu.au will ensure your concern is managed promptly, sensitively, and discreetly and forwarded to the appropriate staff member for response

Support for Students:

UQ Medical Student Support Services med.mss@uq.edu.au ph 3365 1704
<https://medicine-program.uq.edu.au/medical-student-aspirations-and-support>

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The University of Queensland Medicine Program

The current UQ Medicine Program is a 4 year postgraduate-entry program.

Years 1 and 2 combine biomedical sciences, public health, medical ethics and clinical skills training in a case-based learning context utilising a series of patient cases, each designed to help students learn the principles of basic and clinical science of health and disease within a relevant clinical context.

Years 3 and 4 are traditional clinical placements organised around core medical disciplines and across clinical schools comprising hospitals, clinics, and general practices in metro and rural Queensland.

UQ has offered a complete medical program since 1936, with the Mayne Medical School built in 1939. The UQ Medicine program has undergone many updates since, with a major redesign from an undergraduate degree to a post-graduate MBBS degree in 1997, then to the current post-graduate MD program in 2015.

A new UQ MD Program curriculum is currently under development and due to start in 2023. We are expecting to see an increased role for general practice, with exposure for students spread over the second to the fourth year of the program.

Detailed information about the MD program can be found by going to the Faculty of Medicine's website: www.medicine.uq.edu.au and clicking on "Current Students – Program, Policies, Curriculum". Principles upon which the design of the MD program is based include an emphasis on:

- Case-based learning in a clinical context
- Self-directed, life-long learning
- Critical evaluation of the scientific basis of medicine
- Integration of basic and clinical sciences
- Bio-psychosocial approach to medicine; and
- Personal and professional development.

The General Practice course

Years 3 and 4 of the MD are known as Phase 2 of the program and are largely spent doing clinical placements. These placements occur in a range of locations in and around Brisbane, regional and rural locations in Queensland, New Orleans and Canada. General Practice is a 6 week course in Year 3 doctors health contact, and is part of an 18 week semester that also includes rotations in Mental Health; and Rural and Remote Medicine or 'Medicine in Society'.

Timetabling and Attendance

Students are expected to spend at least 30 sessions (half days) in a clinical setting during the 6 week block, under the supervision of their teaching GPs. They are welcome to attend for a greater number of sessions following negotiation with the practice. Practice Incentives Program (PIP) payments can be claimed for all these sessions. It is the expectation of the General Practice Clinical Unit that sessions will be spread evenly over the course UNLESS this is not convenient for the teaching practice.

Attendance for fewer than 30 clinical sessions, for reasons such as illness, Covid disruptions and practice contingencies, will need approval by the Academic Course Coordinator. The student will be asked to generate a learning plan for catch-up of clinical exposure, which may include undertaking catch-up clinical sessions during weekends or university breaks.

Aims of the General Practice course

The course encourages students to become active learners in their assigned practices and, under the supervision of their general practitioner (GP) clinical teachers, to conduct as many components of the consultation as practical and as agreed upon with their GP clinical teachers. This includes history taking, physical examination, developing management plans, surgery tests and minor procedures. Students are encouraged to be enthusiastic and inquisitive, to become familiar with the everyday procedures involved in the workings of the general practice, and to function as a member of the healthcare team. Students are expected to use evidence-based medicine skills to answer clinical questions as they arise, thus providing benefit to their GP as well as to their own learning.

The General Practice Course should provide for students:

- Learning about the discipline of general practice
- Learning about primary care and its community context
- Access to a broad spectrum of clinical problems over the typical range of general practice work
- Learning by active involvement in the diagnosis and management of common and important problems presenting in general practice; and
- Learning a critical attitude towards the assessment of clinical problems, evidence, and the role of primary care practitioners.

Student Learning Objectives

By the end of the Course, students should be able to:

1. Demonstrate knowledge of the epidemiology, pathophysiology, clinical features and management of (a) *common*, and (b) *serious / important presentations* in general practice
2. Demonstrate competency in the clinical skills required to diagnose and manage patient presentations in general practice (i.e. communication skills, history-taking, physical examination, ordering and interpreting relevant office and laboratory investigations, and performing minor procedures)
3. Demonstrate competency in clinical reasoning and the ability to formulate a diagnosis (and/or differential diagnosis) and problem list, for patients presenting in general practice
4. Demonstrate competency in developing management plans with patients and carers presenting in general practice
5. Demonstrate an understanding of factors influencing a patient's experience of illness and health
6. Demonstrate competency in recognizing and appropriately negotiating relevant ethical and professional issues which arise in clinical and collegiate/professional encounters
7. Demonstrate competency in incorporating prevention and health promotion into clinical encounters where appropriate
8. Demonstrate competency in incorporating evidence-based medicine into clinical encounters where appropriate; and
9. Demonstrate a sound understanding of the role and responsibilities of general practitioners in the Australian health care system, including the importance of effective clinical handovers.

Year 3 Student Clinical Experience and Ability

Some GPs have asked us to provide information regarding the level of competence to expect from medical students undertaking their General Practice course. All students participating in the General Practice course have completed at least two years of the University of Queensland's medical program. They have been exposed to problem-based learning in normal structure and function and pathology, and to lectures and seminars. Please be aware that the pandemic has affected the access of students in Phase 1 to clinical coaching and other patient contact learning experiences. You may notice that some students are less competent clinically than previous cohorts and will benefit from additional support.

As a general rule, we suggest that all students should be competent to assist with the history-taking and examination of your patients, and to be taught basic procedural skills under your supervision, such as performing ECGs, spirometry, immunisations, simple excisions and biopsies. Needless to say, students undertaking their first course in 3rd year will inevitably have much less clinical experience than students undertaking their course at the end of the year.

Teaching Provided to Students by the GPCU

Each week throughout the 6-week general practice clinical placement, students meet for a 2-3 hour case-based tutorial facilitated by a practising GP (in which they review de-identified cases of interest from their week in general practice, discuss ethical and professional issues which have arisen, and practise their consultation skills). They have also been given a suite of recorded lectures and reading resources to study, in the times they are not assigned to clinical sessions. These resources are provided on a GP Course Blackboard site.

Student learning has been grouped into weekly themes, covering conditions and topics best suited to learning during general practice placements.

- Week 1 - Cardiovascular and Respiratory
- Week 2 – Women's and Men's Health, Sexual Health
- Week 3 – Endocrine and Metabolic conditions, Mental Health, Fatigue.
- Week 4 – Paediatrics, Skin
- Week 5 – Musculoskeletal health, Aged and Palliative Care, Pain Management
- Week 6 – GIT, Emergencies in General Practice, Headache.

Assessment

There are four assessment components for the General Practice course.

1. Multiple Choice Question (MCQ) Examination. (60%) Held at the end of the semester
2. A role-played clinical case assessment (20%). Held in the last week of each block.
3. In-tutorial assessment (20%). Based on tutorial participation over the block.
4. Clinical Participation Assessment (CPA) (completed by you, the GP clinical teacher)

Students are required to have two Clinical Participation Assessments (CPAs) during their time in your practice, one in week 3 and one in week 6. These assessments are an opportunity for you to provide feedback to help the student to learn and improve. Please complete the CPAs online together with the student via the electronic assessment system. Criteria students are to be assessed on can be found in Appendix 2.

Please be aware that your student may fail the course based on an unsatisfactory CPA. Please discuss any students to whom you have awarded any "Unsatisfactory", or 2 or more "Borderline", ratings on the week 3 CPA, with the Academic Course Coordinator or your local Academic Discipline lead, so that we can provide appropriate support for you and the student.

Completing the Clinical Participation Assessment (CPA) online

You will receive an email with the subject heading 'Work to Assess from UQePortfolio' to the email address which is registered with the General Practice Clinical Unit (typically the practice manager's address). This email contains a link to access the assessment. The main GP teacher can log in and complete the assessment using the registered email address as the login. Further instructions are available here: [Quick Start Guide for External Assessors - eLearning - University of Queensland \(uq.edu.au\)](#)

When several GPs at a practice have contributed to the student's teaching and learning, it is advisable for the same GP clinical teacher to perform both CPA assessments. Please seek input as appropriate from your clinical teacher colleagues before completing the assessments.

Workplace Learning Portfolio (WLP)

Since 2020 students have additional clinical tasks to complete for the Workplace Learning Portfolio course. This is a separate course, with its own Academic Course Coordinator, but students need to complete a number of observed clinical activities and have them signed off by their clinical supervisors. The activities have initials such as: DOPS & COPS and Mini-CEXs. Students are able to undertake these activities on multiple occasions over the year until they can demonstrate proficiency and competency in the tasks being assessed.

The overarching principles of the WLP is to provide regular opportunities for students to be observed performing key clinical tasks, and to engage in contemporaneous feedback. There is a minimum number of DOPS (assessed as At Standard) which a student must complete across Phase 2 (Year 3 and 4).

When a student completes a DOPS, this is a formative assessment. Please do not hesitate to mark a student as 'Not Yet At Standard'. This will not affect the student's progression in the course. Your student will open up the correct blank form on their mobile device for you to complete and sign. Sign off for DOPS may be by anyone who is credentialed to perform the procedure independently in their workplace (including, for example, GPs, GP registrars and RNs).

The Academy for Medical Education (AME) is always pleased to receive your feedback, questions and suggestions for improvement. Please contact med.wlp@uq.edu.au

Guidelines for GP Clinical Teachers

General advice

- Please be positive about general practice! Students are more likely to consider general practice as a career if they meet positive role models and identify the intellectual challenges of our specialty.
- Please **do not provide clinical care** to your student while they are on placement with you (except for emergency care). This is to keep the boundary between teacher/examiner and personal clinician clear. Being their personal GP may make it difficult for you to assess them. For reasons of both confidentiality and boundaries, we ask students not to seek placements in practices in which they or a close relative is either employed or a patient.

Welcoming the student

- We ask that you meet with your student at the beginning of the course, and **introduce** them to their GP clinical teachers, your practice staff, and your policies and procedures.
- We recommend that you ask your student to complete a **confidentiality agreement form** – which is provided to you at the commencement of the course.
- Please **arrange mutually convenient times** for the student's clinical sessions.
- There is an optional document in which students can record specific **learning objectives** they would like to achieve. Even if this is not used, it is worthwhile discussing learning needs at the commencement and throughout the rotation.

Supervision of Students

Our students enjoy developing their consultation and physical examination skills under your guidance and being taught procedural skills such as injections and excisions. We encourage you to afford them as many opportunities as practical, within the business and busyness of your general practice. Of course, as the general practitioner you have the direct and principal responsibility for the patient:

- The student should consult the supervisor about the management of all patients;
- The ultimate management of the patient should be provided by the supervisor.

We strongly recommend that you be physically present at the workplace at all times whilst the student is providing clinical care. If you are absent, doctors with general or full unconditional registration should oversee the student. Students should only go on home visits to patients with the supervisor present, and may elicit histories and examine patients in their homes only under direct supervision.

Teaching activities

- Kindly **facilitate active student participation** in consultations and supervised home visits
 - Assist students to become familiar with the everyday procedures involved in the workings of your practice, and to function as a participating member of the healthcare team.
 - We suggest that students interview at least one patient per session, and present patient histories to you at a convenient time. This may be when you join the patient and the student to complete the consultation.
 - Consider giving students a small task to complete in most consultations (eg. checking that the patient's smoking status is recorded, examining the rhythm of the pulse)
 - If consulting using **telehealth** please consider how to actively involve the student in the consultation. Please ensure that the patient has given consent for the student to be present prior to proceeding with the consultation, and then place telephone on speaker so that the student can participate.

- Involve students in **interviewing and examining** patients:
 - Students are keen to take as many opportunities as possible to **interview patients** prior to, during, or after your consultation with them.
 - Students also need to gain experience in performing **clinical examinations**. These include general and systems examinations, and basic assessments (eg. a mini-mental state examination)
 - Introduce the student to consulting using **telehealth** and discuss the benefits and challenges of this.
 - If possible, please provide students with the opportunity to collect and record the complete medical and social history for a **new patient** to the practice, including allergies, medications etc.
 - Encourage students to see patients on more than one occasion to facilitate learning about continuity of care and to **follow up patients** who have been seen in previous sessions
- Assist students to develop **clinical knowledge and reasoning**:
 - Facilitate the acquisition of knowledge of **common and important conditions** encountered in general practice
 - Encourage students to use clinical reasoning to identify **probable and differential diagnoses** for patients
 - Encourage **evidence based medicine**: If a clinical question arises during consultations (eg. no clear treatment for a condition), encourage students to search for and appraise relevant evidence and report back to you. Also encourage them to locate and apply evidence-based guidelines to the management of patients they have seen.
- Assist students to develop skills in **patient management**, through:
 - Developing **management plans** for patients and presenting them to you
 - Providing **patient education**, including the use of patient information material
 - Using **cardiovascular disease risk calculators**
 - Assisting with **chronic disease management plans** and **mental health care plans**
 - If opportunity arises, developing a **travel medicine plan** e.g. vaccinations required, medication and patient education & advice.

Please note that year 3 students are likely to have limited previous experience in patient management, particularly early in the year. First and second year UQ MD courses focus on basic sciences, pathology and clinical reasoning; management becomes the focus during clinical rotations in third and fourth year.

- Provide opportunities for students to undertake **common GP procedures**, such as performing:
 - Vital signs
 - Ophthalmoscopy and otoscopy
 - Vision testing
 - Baby measurements e.g. length, weight and head circumference
 - ECGs (with interpretation)
 - Peak flow meter and spirometry
 - MDI puffers and spacer devices demonstration
 - Nebuliser set up and use (subject to pandemic considerations)
 - Urine dipstick testing, pregnancy testing
 - BGLs
 - Venesection
 - Injections

- Infiltration of local anaesthetic, suturing wounds and simple excisions of skin lesions
- Involve students in **clinical documentation** tasks, such as:
 - Recording consultation notes in a patient's medical record
 - Updating a patient's current medication record.
 - Drafting a certificate or referral letter for a patient
 - Using recall systems and other preventive health tools
 - Notifying an adverse drug reaction to ADRAC using the form available at: <https://www.tga.gov.au/reporting-adverse-events>
- Familiarise your students with aspects of **practice management**:
 - Please provide opportunity for students to talk with other practice staff about practice management
 - Have the student check the Medicare Benefits Schedule for the correct item number and definition to bill a consultation or procedure
- Please arrange times for your student to discuss with you clinical and **ethical issues** arising in your teaching consultations. Typical ethical or professional issues which students raise in their tutorials include:
 - Confidentiality (contact tracing, relatives' enquiries, requests for medical records etc.)
 - Difficult patients (angry, mental health issues, special needs, heart-sink, non-concordant etc.)
 - Complex consultations (interpreter present, relative present etc.)
 - Referrals and investigations (thresholds for referring to another specialist or investigating patients etc)
 - Colleagues (treating colleagues, error, clinical disagreement etc)
 - Alternative/complementary approaches including to vaccination
 - Drug-seeking patients
 - Certificates
 - GP remuneration (long consultations, fees etc)
 - Navigating the health system (waiting lists, private insurance etc)
 - Boundaries (accepting gifts, treating family and friends etc)
 - Self-care
 - Career and training decisions
- **Provide feedback** to the student about their performance regularly and frequently.
- **Respond early to any student issues/difficulties which may arise.** Please contact the GPCU staff for advice at any time during the placement (see 'Support for GP Teachers' section below for contact information).

Teaching in COVID Times

COVID has profoundly impacted on our day-to-day practice. We thank you for your continued support through these challenging times. We appreciate that the clinical experience and learning that you are able to provide in practice at this time is necessarily altered. Nevertheless, it is vital that clinical teaching continue during a pandemic as best as possible. General practice provides an excellent learning environment for students, especially when much of their learning in hospital is not able to take place (for example, elective surgery cancelled).

There are many learning opportunities in general practice which do not involve direct patient contact.

Examples include:

- Assisting with telehealth consultations, with GP supervisor supervision and sign off
- Conducting stocktake of supplies for treatment and consulting rooms
- Reviewing an assigned patient file and discussing relevant principles of management with the GP supervisor
- Reviewing and updating patient health summaries ready for upload to My Health Record
- Assisting reception staff with patient phone calls and inquiries
- Searching practice records to identify and contact patients at risk etc.
- Contacting eligible patients to schedule a telehealth consultation
- Conducting telephone checks of elderly or isolated patients
- Chasing patient results
- Conducting non face-to-face elements of routine health checks
- Preparing rooms with appropriate personal protective equipment
- Researching current guidelines/pathways/COVID-19 information including from the RACGP, Federal and State Chief Health Officers, local PHN, Health Pathways etc.
- Reviewing the practice's pandemic response plan
- Reviewing practice website/online presence
- Assisting with non-COVID-19-related practice activities/tasks

Reference: <https://www1.racgp.org.au/ajgp/coronavirus/one-medical-schools-experience-of-sustaining-gener>

Telehealth Teaching Tips

Teaching while using telehealth remains essentially the same, although there are fewer opportunities for parallel consulting and conducting physical examinations and undertaking procedures.

- Obtain patient consent for the student's presence
 - Use your normal methods prior to the consultation occurring
 - Check with the patient before you put the telephone on speaker.
- Discuss how you use telehealth consultations, and the pros and cons as you see them
 - Practice policy about telehealth bookings
 - Basic considerations such as identifying who you are talking with, privacy of consultation
 - Processes for providing pathology referrals/imaging requests/scripts
 - Triaging and managing uncertainty: when to use telehealth, how to decide when in person consultation is appropriate
 - Managing prevention activities
- Be very proactive in engaging the student: beware of letting them sit uninvolved in the corner or another room.
 - Ask them questions during the consultation as you would normally
 - With patient permission, let them take histories and conduct components of consultations as you would normally
 - Consider sitting out of view (if using video) to enable the patient to focus on the student rather than addressing you
 - Ask students what physical examination they would like to do
 - Ask students to consider what information they need, and how they can obtain this with both telephone and video consultations
 - Ask students to help with accessing and recording the notes while you speak with the patient, if possible
 - Provide feedback about student's clinical skills and telehealth skills
 - Wherever possible, have them in the same room as you, to increase student engagement
- Give students the opportunity to follow a few patients regularly using the telephone
 - Students can spend time each session talking with one or two patients on a regular basis, providing social contact for patients and opportunities for the student to better understand patient issues. This can also provide early warning of deterioration.
 - Arrange this with your regular patients prior to the session; set aside some time with the student to review the calls and any concerns or questions raised.
- Once you decide during a telehealth consultation that a patient needs to be seen, consider asking the student to see them first when they arrive at the clinic.
- Ask students to assist patients using the technology
 - Especially if using a video platform, students can instruct patients how to use it either in the practice or over the phone
- Consider random case analysis
 - Discuss recent case; change some aspect e.g. what if the patient was 20 years instead of 50, what if the patient was a child, what if the patient was another gender?

- Provide feedback as you usually would, including feedback on telehealth skills
 - Has student identified the patient's ideas, concerns, and expectations?
 - Have they confirmed patient understanding before finishing the consultation?
 - Have they safety netted the patient?
 - What did they feel uncomfortable about?
 - What could be done better?
- Learn from your students
 - Ask them what works and what doesn't when teaching using telehealth?
 - Seek their help with technology – students may be excellent at online trouble shooting.

These tips have been drawn from a variety of sources including the GPCU 'Teaching in Times of Telehealth' webinar held on 10th June 2020 which can be found in Teaching Resources under GP Teachers on the Mayne Academy of General Practice website: <https://youtu.be/TxmpatY7T9A>

Consent, Confidentiality and Expected Student Behaviour

Patient Consent

Consent must be obtained from your patient for the student to participate in their consultation with you.

The permission of the patient must be obtained prior to the consultation if undergraduate students are to be involved in the consultation, whether through direct observation, interview or examination. Ideally, permission needs to be sought when the patient makes an appointment, or failing that, when they arrive at reception. It is not acceptable to ask permission in the consulting room, as some patients may feel 'ambushed' and unable to refuse. Please consider confirming patient consent through the consultation if it moves to more intimate or sensitive concerns.

We commend the common practice of displaying a sign introducing the student in your waiting room (a "Notice for Reception Area" is provided via email prior to the commencement of each block for you to use if you do not already have one). When your patients arrive at the surgery, we recommend having the receptionist:

- a. ask your patients if they are happy for a medical student to be involved in the consultation; and
- b. communicate each patient's response to you PRIOR to the patient being called into the consultation room.

In this way, the student can be requested to leave the room BEFORE you call in any patients who prefer not to have a student present.

Our practice visits indicate that most teaching practices report that over 90% patients agree to see medical students. While written consent from patients might be ideal, we do not see that this is practical, although some practices do ask new patients, at the time of their registration at the practice, to indicate on a written form whether they consent to medical student teaching in their consultations.

It is advisable for consent to be documented in patient records. Please note the RACGP Standards for General Practice (Edition 5) section about documenting the presence of a student in your consultations:

C2.2 A Our practice obtains and documents the prior consent of a patient when the practice introduces a third party to the consultation

Our understanding is that this has come up in practice accreditation visits. See

<https://www.racgp.org.au/download/Documents/Standards/RACGP-Standards-for-general-practices-5th-edition.pdf> for further interest.

Patient Confidentiality

Students must sign a confidentiality agreement with the practice. Students are aware that there are very serious penalties if they breach patient confidentiality. A sample form is provided in the back of this booklet (please see [Appendix 1](#)). Students should also be aware of your practice's Privacy Policy.

Expected student behaviour

Attendance:

Students are expected to attend regularly at the agreed time, be punctual and to notify the practice if they will be late or are unable to attend a planned session. Please provide the students with the best method of notifying you in these circumstances.

Dress:

Students are asked to be tidy with clothing appropriate to the clinical setting and aware of personal hygiene. If your practice has specific dress requirements, please notify the student during their orientation to the practice. If there are any issues about dress standards, please contact the Course Coordinator or Course Administrator.

Approach to patients:

Students are asked to treat all patients with respect remembering the ethical and legal requirements of clinical practice. The GP always has the final responsibility for the patient and any issues regarding patient care and decisions should be discussed with the GP. Students should not provide their personal contact details to patients or visit patients at home unaccompanied. Any patient relationship issues that may arise should be discussed with the GP or coordinators as soon as they arise.

Students should never attempt any procedure or activity that has not been cleared by the GP or that is beyond the student's expected level of expertise or capability. This important principle, as for all key matters in this handbook, has also been imparted to the students.

Student approach to staff:

Students are expected to treat all practice staff with respect and undertake any reasonable request by a staff member. Any issues which may arise should be discussed with the GP supervisor as early as possible.

Medical Indemnity

Medical Student Insurance Cover

Medical students are insured by The University of Queensland for the duration of the approved course, but not for any extra sessions with your practice outside of their GP Course. Your student must obtain approval from the General Practice Clinical Unit before starting any such extra sessions. Please also note that if the student receives any payment from your practice during their attachment, their status changes to an employee and the University policy does not cover them.

GP Teacher Medico-legal Cover

Please confirm with your Medical Defence Organisation your cover for healthcare incidents where the healthcare is provided by someone you are observing, supervising, mentoring or teaching. It is our understanding that complaints relating to medical students in general practices are extremely uncommon.

Your responsibility to notify the University

Please note that it is your responsibility to notify the University immediately should any criminal charges be placed upon you or should any conditions or cancellation occur to your AHPRA Registration. You must notify us if you have been charged with or found guilty of any criminal offence which is relevant to your ability to perform the inherent requirements of this position, or have engaged in, or to your knowledge have been investigated for, any other behaviour that would be incompatible with the position or which may adversely affect the University's reputation if subsequently disclosed.

Occupational exposures, practice incidents and COVID safety

Student exposure to blood or body fluids

Students are encouraged to inform you and/or your practice staff in the event of any exposure to blood or body fluids.

Thank you kindly for taking care of the student and managing this event as per your practice policies.

The RACGP Infection Prevention and Control Standards include the following summary: Management of an occupational exposure ensures:

- immediate decontamination of the exposed area
- rapid testing of the exposed person and the source
- timely administration of Post Exposure Prophylaxis when appropriate
- full documentation of the incident to enable investigation
- counselling of the exposed person and source
- analysis of the cause of the exposure incident and modification of procedures as required to reduce the risk of recurrence
- staff education as required.

We also recommend the Queensland Health **Guideline for the management of occupational exposure to blood and body fluids**, available online at <https://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-321-8.pdf> . This site is also recommended to students, and includes Queensland Health contacts for further information.

Practice Incident

In the event of any student exposures or other incidents relating to the student which affects staff, student or patient safety, please contact our team so we can provide you with any assistance needed. We will also contact the student to advise them on UQ protocols to be completed based on the incident.

Contacts include the General Practice Clinical Unit 3365 5260, Dr Hayley Thomas h.thomas@uq.edu.au, A/Prof. Nancy Sturman n.sturman1@uq.edu.au, Ms Sandii Comer med.mdgp@uq.edu.au and Prof. Katharine Wallis on k.wallis@uq.edu.au.

COVID Safety

The safety of the student, your practice staff and your patients is of prime importance. Students are advised to maintain physical distancing to the extent possible and to wear a mask, +/- face shield or goggles, as per current guidelines from the Queensland Health Chief Health Officer. All UQ medical students attending clinical placements have been vaccinated against COVID-19 unless you are notified otherwise. Students are updated as changes occur to Qld Health directives, and we will endeavour to inform you of any changes affecting your student as soon as possible.

<https://medicine-program.uq.edu.au/covid-19-faqs-uq-md-students>

<https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19>

Support for GP teachers

In addition to the Academic course coordinator and the course administrator, support will be provided by the GPCU Practice Liaison team, via email, phone and practice visits. Due to staffing, our best contact is via email which we will endeavour to check most days. Please contact us if you have any questions.

Team Contacts	Office days	Email address
Dr Rory Melville (Practice Liaison Team)	Wednesday	rory.melville@uq.edu.au
Dr Alison Green (Practice Liaison Team)	Wednesday	a.green1@uq.edu.au
Dr Hayley Thomas (Academic Course Coordinator)	Monday, Wednesday	h.thomas@uq.edu.au
A/Prof Nancy Sturman (Academic Course Coordinator)	Wednesday, Friday	n.sturman1@uq.edu.au
Ms Sandra Comer	Monday – Friday	med.mdgp@uq.edu.au

Teaching Resources

The **UQ General Practice website** <https://medicine-program.uq.edu.au/academic-disciplines/general-practice> provides a range of teaching resources:

- GP2U videos – Some of our GP teachers discuss their experiences and tips about Teaching history taking, clinical reasoning and communication skills; Learning procedural skills; Feedback conversations with students; Challenges for teachers and 2019 Feedback in General Practice
- Teaching webinars
- Good teaching articles

You will also find our newsletters and a description of UQ GP teaching opportunities in your practice.

Troubleshooting and managing concerns

Please notify the Academic or Student Coordinators as early as possible if there are difficulties with any aspect of the placement.

These worries/difficulties can range from concern about the student's knowledge or clinical skills, concern that the student is unwell, right through to more serious concerns around student-patient, student-teacher, or student-staff interactions.

There can be lots of reasons why a GP teacher may be concerned about speaking to the GPCU about their concerns. Sometimes GP teachers are worried about affecting a student's academic progress. Sometimes GP teachers feel that they should be able to completely manage the issue themselves rather than making it someone else's problem. Of course, often things are solved with a kind, frank chat and useful feedback. For those times when this is not enough, or not appropriate, we offer the following advice.

Please feel empowered to speak up if you are worried about a student. We want to hear from you. Here are some ways you can do this:

- The GPCU email inbox med.mdgp@uq.edu.au is monitored regularly by the professional staff team, who will ensure your concern is managed promptly, sensitively and discreetly and forwarded to the appropriate staff member for response.
- You may also contact the Faculty of Medicine <https://medicine-program.uq.edu.au/current-students/referral-assistance>. All members of the medical community, including patients, can make a referral for assistance if they have concerns about a medical student.

Practice Incentives Program teaching payments

Practice Incentives Program (PIP) Teaching Payments may be claimed for UQ clinical sessions that the students spend under your supervision in accredited practices. PIP forms will be emailed to the practice at the beginning of the placement. For further information regarding the Teaching Payment, refer to the PIP [Teaching Incentive Guidelines](#).

Academic Title Holder Applications

We recommend that our GP teachers apply to become Academic Title Holders. The benefits of doing this include access to the UQ library which provides online access to a range of resources including journals and eTherapeutic Guidelines. Other benefits include...

- Acknowledgement of your contribution
- Membership of a community of dedicated educators at The University of Queensland, contributing to the development of the next generations of safe and effective medical practitioners
- Opportunity for closer involvement in the MD Program – participate in the OSCEs, Multiple Mini Interviews, Personal Advisor Network
- Access to [professional development](#) in learning and teaching
- Support for developing your research profile
- Recognition of excellence – thorough promotion

Further information on becoming UQ Academic Title Holder is available here: [Academic Title Holders - Health - University of Queensland \(uq.edu.au\)](#)

You will need to apply by completing an online form. The UQ General Practice website has a guide to completing the form available via the following links:

<https://medicine-program.uq.edu.au/academic-disciplines/general-practice/our-teaching>

<https://medicine.uq.edu.au/alumni-and-community/academic-title-holders>

CPD points

Some GPCU educational events are accredited for RACGP CPD – when this is the case you will be asked for your RACGP number so that you will receive your CPD points.

You can also self-claim for CPD points for teaching medical students in your practice:

- On the RACGP CPD dashboard at <https://mycpd.racgp.org.au/mycpd> select Log/Submit a self-directed CPD Accredited Activity
- Select Educator/Supervisor/Examiner
- Refer to “A guide to developing an Educator/Supervisor/Examiner Activity”
- Complete the “Educator/Supervisor/Examiner template”
- If you have taught for at least 4 hours, and complete the form as instructed, you will be allocated **40 CPD points**.

Support for students

UQ has a range of resources for students who are in need of support. These include a dedicated website <https://medicine-program.uq.edu.au/medical-student-aspirations-and-support>

UQ Medical Student Support Services med.mss@uq.edu.au ph: 3365 1704 provide support across the Medicine Program.

There is also external support available:

Queensland Doctors' Health Program <https://dhq.org.au> ph 3833 4352, which provides support for any doctor or medical student across Queensland.

Appendix 1: Sample Confidentiality Agreement

PROPOSED SAMPLE CONFIDENTIALITY AGREEMENT FOR MEDICAL STUDENTS TO SIGN

Adapted from RACGP agreement available at:

https://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewjL_q7i-vX0AhXTSGwGHUyCCv4QFnoECA8QAQ&url=https%3A%2F%2Fwww.racgp.org.au%2Fgetattachment%2F90854073-ee5-4251-ae91-14a6afe27807%2FConfidentiality-agreement-template.docx.aspx&usq=AOvVaw2rQERKf80UNt3pnhI0T-r7

(This sample draft undertaking may be used by GPs to ensure that practice staff and other persons working in this practice who may have access to confidential patient data or other business information, comply with privacy and security of information as required under legislation, including the Privacy Act 1988 (amended)).

I, *(student name)* _____

understand that as a condition of placement during my General Practice course at this General Practice: *(name and address of doctor / medical centre)*

I shall, neither during nor after the period of engagement with the practice, except in the proper course of my duties or as permitted by the practice or as required by law, divulge to any person any confidential information concerning:

- patient personal, health and financial information;
- the business or financial arrangements or position of this practice or any related company; and
- any of the dealings, transactions or affairs of the practice or any related company.

The contractual arrangement between this practice and its employees/contractors is founded on trust. I undertake not to knowingly access any confidential information about the business of the practice, patients or patient medical information, unless such information is essential for me to properly and efficiently perform my duties. I am aware that these conditions extend to unnecessary discussion of confidential information within the practice. I understand that any breach of this trust will render me liable to disciplinary action, termination of placement and/or civil proceedings.

I further undertake to inform my supervisor immediately if I become aware of any breach of privacy or security relating to the information I access in the course of my duties.

This restriction ceases to apply to any information or knowledge, which subsequently comes into the public domain by way of authorised disclosure.

All confidential records, documents and other papers together with any copies or extracts thereof in my possession will be returned to the practice on the termination of my employment.

Signature: _____

Date: _____

In the presence of:

(name)

(signature)

(position)

Appendix 2: CPA criteria



STUDENT ID: STUDENT FIRST NAME: STUDENT LAST NAME: DATE:		STUDENT PHOTO	ASSESSOR NAME/S <hr/> <hr/>	
			COURSE: SPECIALTY/UNIT/BLOCK: SEMESTER: CLINICAL SCHOOL / FACILITY:	
CRITERIA	UNSATISFACTORY	BORDERLINE	SATISFACTORY	PROFICIENT
1. Clinical communication & patient centredness	Frequently fails to communicate or receive important clinical information from patients. Fails to develop rapport, is judgemental and lacks patient centredness. <input type="radio"/>	Sometimes fails to communicate or receive important clinical information from patients. Sometimes develops rapport, attempts to be nonjudgemental and patient focussed. <input type="radio"/>	Consistently communicates or receives important clinical information from patients. Usually develops rapport, is non-judgemental and is patient focussed. <input type="radio"/>	Demonstrates high-level communication skills receiving clinical information from patients. Develops rapport readily, is non-judgemental, inspires confidence and is patient focussed. <input type="radio"/>
2. History taking	Very limited skills in history taking. Highly disorganised approach. Consistently fails to identify key findings. When reporting findings, does not attempt to synthesise. <input type="radio"/>	Limited skills in history taking. Disorganised approach. Often fails to identify key findings. When reporting findings, shows poor synthesis. <input type="radio"/>	Adequate skills in history taking. Uses a structured approach. Usually identifies key findings. When reporting findings, demonstrates synthesis. <input type="radio"/>	Comprehensive skills in history taking with clear logical structure. Consistently identifies key findings. When reporting findings shows excellent synthesis. <input type="radio"/>
3. Examination	Very limited examination skills. Highly disorganised approach. Consistently fails to identify key findings. When reporting findings, does not attempt to synthesise. <input type="radio"/>	Limited examination skills. Disorganised approach. Often fails to identify key findings. When reporting findings, shows poor synthesis. <input type="radio"/>	Adequate skills in examination. Uses a structured approach. Usually identifies key findings. When reporting findings, demonstrates synthesis. <input type="radio"/>	Comprehensive examination skills with clear logical structure. Consistently identifies key findings. When reporting findings shows excellent synthesis. <input type="radio"/>
4. Presentation and discussion of clinical cases & case-specific differential diagnoses	Disorganised case presentations and discussions, with very limited ability to identify core features and formulate a case specific differential diagnosis. <input type="radio"/>	Somewhat disorganised case presentations and discussions, with limited ability to identify core features and formulate a case-specific differential diagnosis. <input type="radio"/>	Organised case presentations and discussions, with sound ability to identify most of the core features, and formulate a case-specific differential diagnosis. Occasionally includes irrelevant information. <input type="radio"/>	Highly organised and clear case presentations and discussions, that identify all core relevant features & exemplary ability to formulate comprehensive case-specific differential diagnosis. <input type="radio"/>

CRITERIA	UNSATISFACTORY	BORDERLINE	SATISFACTORY	PROFICIENT
5. Participation and contribution	Does not participate in or contribute to the learning activities (e.g. patient interaction, clinical coaching, ward rounds, tutorials). <input type="radio"/>	Infrequently participates in or shows limited contribution to the learning activities (e.g. patient interaction, clinical coaching, ward rounds, tutorials). <input type="radio"/>	Actively participates in and regularly contributes to most learning activities (e.g., patient interaction, clinical coaching, ward rounds, tutorials). <input type="radio"/>	Enthusiastic participant and outstanding contributor to all learning activities (e.g. patient interaction, clinical coaching, ward rounds, tutorials). <input type="radio"/>
6. Behaviour to peers and/ or colleagues (includes medical colleagues as well as all other staff)	Displays rude and/or inappropriate behaviour (e.g. aggressive, hostile, derogatory) to peers and/or colleagues. <input type="radio"/>	Displays inappropriate behaviour (e.g. lack of respect) to peers and/or colleagues at times. <input type="radio"/>	Shows appropriate, courteous and attentive behaviour to peers and/or colleagues. <input type="radio"/>	Displays great sensitivity in interaction with peers and/or colleagues. <input type="radio"/>
7. Considers and acts on feedback	Unwilling to accept feedback or to modify behaviour based on feedback. <input type="radio"/>	Responds inconsistently to feedback. Sometimes reluctant to accept feedback or to modify behaviour based on feedback. <input type="radio"/>	Accepts feedback and modifies behaviour accordingly. <input type="radio"/>	Proactively seeks and readily accepts feedback and modifies behaviour on that basis. <input type="radio"/>
8. Social and cultural competence	Very limited consideration of patients' culture and/or personal circumstances (e.g. rude, aggressive or derogatory approach). <input type="radio"/>	Limited consideration of patients' culture and/or personal circumstances. <input type="radio"/>	Considers and respects patients' culture and/or personal circumstances. <input type="radio"/>	Exemplary consideration of patients' culture and/or personal circumstances. <input type="radio"/>
9. Notice of concern & notice of exemplary performance	Has demonstrated unprofessional or unsafe behaviour (e.g. boundary violations; cheating; causing harm to patient or colleague, inclusive of all staff) and I wish to bring this to the OME's attention. <input type="radio"/>	Behaviour and professionalism are borderline and remediation may be required. <input type="radio"/>	Behaviour and professionalism are satisfactory and I have no concerns with this aspect of this student's progression towards internship. <input type="radio"/>	Performance, behaviour and professionalism have been exemplary in all aspects of placement and I wish to bring this to the OME's attention. <input type="radio"/>
Comments (ESSENTIAL if unsatisfactory/borderline):				

In completing this form, the assessor/s acknowledges that their comments may be used in external University of Queensland reports on student performance.

ASSESSOR SIGNATURE:

ASSESSOR NAME (PLEASE PRINT): _____

DATE: _____

ASSESSOR SIGNATURE:

ASSESSOR NAME (PLEASE PRINT): _____

DATE: _____



Contact details

General Practice Clinical Unit

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E med.mdgp@uq.edu.au

W medicine.uq.edu.au

CRICOS Provider Number 00025B