

Urban LInCC 2022: Handbook for GP Clinical Teachers



Welcome

Welcome to the **Urban LInCC** team and thank you for participating in this exciting placement which occurs in Year 2 of the UQ MD Program.

This is a wonderful opportunity to provide students with an excellent clinical learning experience while increasing their exposure to general practice and community medicine. More broadly, this highly rated flagship program is inspiring integration of longitudinal placements throughout the curriculum, currently under active consideration and planning by the UQ Faculty of Medicine. This will mean that the future MD program will better reflect the way that health care is delivered in Australia where most of our patients receive most of their care in general practice.

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 Teaching and Research sections.

A regular GP Teacher Newsletter is emailed to our teaching practices, and is also available on our website.

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Urban LInCC Placement Dates 2022

Urban LInCC Elective Semester 1

14 February – 20 May

1 week break: 28 March – 1 April

Urban LInCC MEDI7280 Semester 2

11 July - 21 October

1 week break: 29 August – 2 September

Urban LInCC Course Brief Overview

Student Learning Objectives:

1. Take a time efficient and focused history from patients
2. Perform time efficient focused examinations on patients
3. Use clinical reasoning skills for a patient with undifferentiated illness
4. Become familiar with, observe and perform (if appropriate) basic procedural skills
5. Describe and demonstrate aspects of patient centred medicine
6. Demonstrate an understanding of the issues involved in providing care of patients with chronic illness in the community including continuity of care
7. Demonstrate an understanding of the Australian Health System and patients' journeys through the system
8. Develop the skills of reflection on experience and planning of further learning

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
6. Organise patients willing to spend time being interviewed by the student
7. Encourage students to experience different aspects of general practice and follow up patients

Assessments for GP to Complete:

- Clinical Participation Assessment (CPA) (*Semester 1 and 2*)
- Mini-Clinical Examination (Mini-CEx) x 2 – History taking and Physical Examination (*Semester 2*)

Assessments for Student to Complete:

- Patient Experience Assignment (*Semester 1 and 2*)
- Learning Journals (*Semester 2*)
- Mid and end semester reflection (*Semester 2*)
- Attendance documentation

Support for Teaching GP's:

Please feel empowered to speak up if you are worried about a student. We want to hear from you. med.ul@uq.edu.au and med.gp@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 Urban Longitudinal Integrated Community Care (Urban LInCC) Course and Elective

The Year 2 Urban LInCC placements in General Practice provide students with valuable learning in history taking, examination and clinical reasoning by observing GP consultations, actively interviewing practice patients and participating in practical procedures. Additionally, students experience the general practice environment and continuity of patient care.

Students apply to participate in Urban LInCC and those who are selected are allocated to practices based on their timetable, travel times and, where possible, specific interests.

The placements are currently managed as a student work experience placement in Semester 1 and an MD course (MEDI7280) in Semester 2.

Semester 1 students complete their placements (½ day per week over 13 weeks) in addition to their MD workload and therefore do not have the same assessment requirements as the Semester 2 students.

Semester 2 (MEDI7280) students complete their placements (½ day per week over 14 weeks) and must satisfactorily complete their assessment tasks to pass the course.

Year 2 Urban LInCC placements commenced in 2013 and have provided a small group of keen students with the opportunity to extend their skills. Evaluation has shown positive experiences for both students and general practitioners (GPs) and it is planned to extend this opportunity to all Year 2 students within the next five years.

Timetabling and Attendance

The student will spend one half day session (3-4 hours) at the practice each week throughout the semester. Based on MD timetables and your availability, your student has been advised of a suggested session and will contact you to arrange their attendance at the practice. Once a session has been confirmed, it is anticipated the student will attend regularly at that time each week of the placement duration, except for unforeseen circumstances or if you request a change of session. Please be aware that Semester 1 students may need to juggle their sessions with MD course requirements.

Aims of Urban LInCC

- To foster the learning of the skills of history taking, physical examination, clinical reasoning and performance of some practical procedures.
- To develop an understanding of community-based practice and continuity of care.
- To develop an understanding of the complexities in the care of patients with chronic illness.
- To develop an understanding of patient interactions within the health system

Student Learning Objectives

By the end of the attachment the student will be able to:

1. Take a time efficient and focused history from patients
2. Perform time efficient focused examinations on patients
3. Use clinical reasoning skills for a patient with undifferentiated illness
4. Become familiar with, observe and perform (if appropriate) basic procedural skills
5. Describe and demonstrate aspects of patient centred medicine
6. Demonstrate an understanding of the issues involved in providing care of patients with chronic illness in the community including continuity of care
7. Demonstrate an understanding of the Australian Health System and patients' journeys through the system
8. Develop the skills of reflection on experience and planning of further learning

Year 2 Student Clinical Experience and Ability

Year 2 students' clinical experience is limited, especially in Semester 1, and this has been further impacted by the COVID-19 pandemic when much of their teaching has been done online. Most have had little patient contact and it is important to realise they need to practise basic clinical skills.

All students participating in the Urban LInCC placement have completed at least one year of medical education within the University of Queensland Faculty of Medicine. During their first year they were exposed to case-based learning, lectures and seminars covering biomedical sciences, clinical skills, public health and medical ethics. Clinical skills learning has also been undertaken via online tutorials on history taking and examination, with students primarily practising these practical skills on each other as well as family and friends.

During their second year, students continue their knowledge acquisition through case-based learning organised by systems in first semester and by clinical presentation in second semester. They attend weekly hospital ward based clinical coaching sessions, clinical communication skills modules on breaking bad news, sexual health, mental health and motivational interviewing and one-off practical workshops on suturing,

venepuncture and intravenous cannulation. All these sessions may lead to discussions about the variation in approaches by different clinicians and in different clinical settings.

Teaching Provided to Students by the GPCU

Seminars

Students attend an **Orientation Seminar** with GPCU staff prior to commencing placement at your practice. This seminar is designed to provide students with an understanding of health care delivery within the community setting in addition to how they might best learn within this setting. Students are encouraged to share with you their self-generated learning objectives for the placement.

A **Mid-semester Seminar** is conducted during the placement to allow students an opportunity to reflect on their learning experiences to date and share these with their peers. This session also provides students an opportunity to review their progress towards meeting their personal learning objectives for the placement.

The final **Reflection Seminar** is conducted at the end of semester, providing students a final opportunity to review what they have learned throughout their placement and how this might shape their approach to their clinical learning in Phase 2 of their MD studies, with a particular focus on the Year 3 General Practice Block (Rotation).

Blackboard Resources

A suite of online learning resources is provided via UQ's Blackboard website accessible by students. These resources are regularly reviewed and updated by GPCU Urban LInCC staff.

Assessment

GP required assessment tasks

You are asked to complete specific tasks assessing the student in both semesters as follows:

Semester 1

Complete the Clinical Participation Assessment (CPA) at the end of the placement, discuss it with the student and email it to the Student Coordinator at med.ul@uq.edu.au.

Please note that the Phase 2 marking rubric is being used to prepare the students for year 3. As such, their performance, whilst suitable for Year 2, may be borderline for Year 3.

This assessment does not count towards student progression in the MD.

Semester 2

1. **Mini-CEx (x2) - History taking and Physical Examination**

The Mini-CEx tasks are designed to give a student feedback on their history-taking and physical examination skills. An appropriate patient/s for these tasks is/are to be chosen by the supervising GP and consent to participate in the process sought from the patient/s.

The student's performance can be indicated on the Mini-CEx marking rubrics (please refer to Appendix 3) and *discussed with the student* who then submits the completed form.

Completion of both Mini-CEx tasks is required in order to pass the course. Please note that the Phase 2 marking rubric is being used to prepare the students for year 3. This will not affect their overall grade.

2. **Clinical Participation Assessment (CPA)**

The CPA is to be completed by the supervising GP *only* after students have attended the required 13 sessions in the practice.

Please take time to discuss your marked CPA with your student so they can receive feedback about their overall performance.

A **CPA marking rubric form will be provided to your practice** for your completion and submission via email to the Student Coordinator at med.ul@uq.edu.au.

Appendix 4 includes a table outlining the specific attributes to be addressed when completing a student's CPA (please note this appendix table is a guide only, the marking rubric will be forwarded to you via email during the semester).

Completion of the CPA is required in order to pass the course. Please note that the Phase 2 marking rubric is being used to prepare the students for year 3. As such, their performance, whilst suitable for Year 2, may be borderline for Year 3. This will not affect their overall grade.

Assessment tasks to be completed by the student

1. **A Patient Experience Assignment** (*written essay; Semesters 1 & 2*)

The aim of this written task is to illustrate the care of a patient in the community and to reflect on what the student has learned from the patient.

Each student is required to submit an essay style report (600-900 words) based on a patient or family with chronic disease who attends the practice and has been seen face to face and/or via telehealth on 2 or more occasions by the student. The report is to be submitted by the student via UQ Blackboard at the end of the placement. *Satisfactory completion of this written essay task is required in order to pass the course.*

In the report, the students address the following issues:

- Brief summary of the patient's problems which were addressed during the consultations plus any other significant issues.
- What was the role of the GP in diagnosis/management/follow-up?
- What was the role/s (if any) of specialists, hospitals or other health providers?
- Comment on the patient's understanding of and concerns about the condition/s.
- Comment on the effect the patient's condition has/had on their occupation, home life and family members
- What did you learn personally about the care of patients with chronic disease that you will take with you from your involvement in this patient's/family's care?

2. **Learning Journal** (*Semester 2 only*)

- **Submission of 4 learning Objectives:** At the beginning of the semester, students are asked to develop and submit four (4) personal learning objectives for the semester. Two (2) of these objectives are to be based on themes relevant to General Practice (for themes, please refer to Appendix 2), and two (2) objectives to relate to specific clinical skills and development of these.
- A **mid-semester reflection** is to be submitted by the student following attendance at their mid-semester seminar (to be facilitated by Urban LInCC staff at the RBWH campus), in addition to the student's submission of one (1) learning activity and one (1) learning objective for the remainder of the semester OR two (2) learning objectives for the remainder of the semester.
- An **end of semester reflection**, in the form of a letter to you as the supervising GP will complete the student's learning journal activities.

Satisfactory completion of the Learning Journal is required in order to pass the course in Semester 2.

Guidelines for GP Clinical Teachers

Welcoming the student

- We ask that you meet with your student at the beginning of the course, provide them with an **orientation** of the workplace and **introduce** them to your practice staff, 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. A copy of this form is also included in Appendix 1.
- Please **arrange mutually convenient times** for the student's clinical sessions.
- Please encourage the student to discuss with you their specific **learning objectives** for the placement.
- 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 the student. 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.

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”¹ ;
- “The ultimate management of the patient should be provided by the supervisor”¹.

We strongly recommend that you “be physically present at the workplace at all times whilst the student is providing clinical care”³. If you are absent “doctors with general or full unconditional registration should oversee the student.”³ 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”³.

In many practices, other practice staff members, especially practice managers and nurses, assist in teaching your medical students. Students often regard this teaching as very beneficial.

Teaching and learning activities

- **Provide supervision and teaching** of the student (focusing on communication skills, history taking, clinical reasoning) whilst facilitating the increasing involvement and autonomy of the student as the semester and the student's competence both progress.
Please ensure that **one (1) GP** within the practice **be the primary supervisor** throughout the placement in order to facilitate the development of an optimal student/teacher relationship, ensure the student develops an appropriate understanding of continuity of patient care and also to allow for meaningful and consistent student feedback throughout the semester including the undertaking of assessment tasks. *We recommend the primary supervising GP undertake 10 of the total 14 teaching sessions within the practice.*
- **Discuss the student's learning objectives** as often as possible

¹ RACGP, “Roles and responsibilities of general practice where supervised times takes place”, [RACGP - Guidelines for the general practice or primary care facility](#)

- **Provide feedback** to the student about their performance regularly and frequently, especially their history-taking and physical examination technique. This will be facilitated by the Mini-CExs in history taking, physical examination and the Clinical Participation Assessment (CPA) tasks. Tips on provision of feedback can be found here: <https://medicine-program.uq.edu.au/files/26084/UQ%20Feedback%20PPT%20%28003%29.pdf>
- **Actively involve the student** in interviewing and examining patients each session
- **Introduce the student to consulting using telehealth** and discuss the benefits and challenges of this.
- **Involve the student in minor procedures** and other treatment room activities under the supervision of a GP and/or practice nurse.
- **Organise patients** who are:
 - willing to spend time being **interviewed by the student** either in person or via telehealth. (We suggest developing a “teaching patient” data base.)
 - **seen on more than one occasion** by the student to facilitate learning about continuity of care.
- **Encourage the student to follow up patients** who have been seen during previous sessions.
- **Encourage students to experience different aspects of general practice**, for example sitting in on one or two consultations with an allied health or other specialist colleague (where available), or going on nursing home and/or home visits.
- Where applicable and acceptable, **asking the GP Registrar to spend some time with the student.**
- **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.
- **Encourage students to use evidence-based medicine skills** to answer clinical questions as they arise, thus providing a benefit to your practice as well as to their own learning.
- **Assist the Semester 1 student to complete their learning tasks by:**
 - Helping them to select an appropriate patient to follow for at least 2 consultations for their **patient report** (see assessment).
 - Completing and discussing with the student the **Clinical Participation Assessment (CPA)** before they leave the practice.
- **Assist the Semester 2 student to complete their assessment tasks by:**
 - Reviewing the student assessment tasks on pages 9-10.
 - Helping them to select an appropriate patient to follow for at least 2 consultations for their **patient report** (see assessment).
 - Discussing their learning needs as part of their **learning journal tasks**.
 - Selecting an appropriate patient/s, completing and discussing the **history taking and physical examination mini-CExs**. This can be done at any time during the placement.
 - Completing and discussing with the student the **Clinical Participation Assessment (CPA)**. This can only be completed AFTER the student has completed a minimum of 13 sessions.
- **Organise student sessions to suit the practice but allowing for the student’s compulsory course activities.** This is especially important for Semester 1 students who may have to juggle their sessions around their other MD commitments. Semester 2 students are likely to have a session time which does not clash with other MD commitments. We recommend that the student attends the same session each week to increase the opportunities for continuity of care experiences.
- **Ensure the student is always supervised.** We strongly recommend that you “be physically present at the workplace at all times” whilst the student is in the practice. 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 or another clinician present, and “may elicit histories and examine patients in their homes only under direct supervision”.²

- **Discuss and sign a confidentiality agreement** (please refer to Appendix 1), ensure patient wellbeing and safety is paramount, and obtain consent for all student involvement.
- Please ensure your student is familiarised with **Practice OH&S policies and procedures**. In addition, please refer to UQ’s student OHS policy: <https://medicine-program.uq.edu.au/current-students/student-ohs>
- **Respond early to any student issues/difficulties which may arise**. Please contact the Urban LInCC staff for advice at any time during the placement.

Approaches for teaching Year 2 students

The aim at this level is to help the students organise their clinical knowledge and develop reasoning processes.

At this stage the student *is rule driven and has little ability to filter or prioritise information*. Some strategies which may be helpful include:

- *Pointing out meaningful diagnostic information in the history and examination*
- *Eliminating irrelevant information*
- *Highlighting discriminating features and their relative importance*
- *Encouraging learners to read up at least two diagnostic hypotheses so they learn to compare and contrast similarities and discriminating features of a diagnosis*³

Experienced general practitioners mostly know the patient and have highly developed history taking skills which often results in a very focused or abbreviated history and examination. Where possible, talk to the students about how and why you followed a particular path in a consultation and why it may differ from the way they are being taught.

When the student is examining a patient, try to help them develop an understanding of why they are doing things and to think about what information they will gain from a particular examination e.g. taking a blood pressure, tendon reflex testing.

Observing the students taking histories and examining patients then providing feedback and asking them to reflect on their experiences are important tools to help students develop their skills. Ensure the feedback is specific and focuses on a behaviour which can be changed. A presentation relating to current models of feedback for clinical learners is included in the link below:

<https://medicine-program.uq.edu.au/files/26084/UQ%20Feedback%20PPT%20%28003%29.pdf>

We believe that where possible, it is helpful for the students to match their clinical learning with their case based learning curriculum so please ask your student what they are learning that week and what they would like to see/do in the practice.

Further Reading

Please contact the Urban LInCC Student Coordinator if you would like a copy of any of these articles.

Clinical reasoning: A guide to improving teaching and practice, AFP Volume 41, No.1, January/February 2012 Pages 18-20

Educational Strategies to promote Clinical Diagnostic Reasoning, J Bowen NEJM 355;21 Nov 2006

Clinical Diagnostic Reasoning (letters to editor) NEJM 356;12 Mar 2007

² RACGP 2007 Guidelines for the supervision of medical students in general practice. Available at:

http://www.racgp.org.au/Content/NavigationMenu/educationandtraining/Prevocational/SupervisionStandards/200801supervision_of_medical_students.pdf

³ Caraccio et al *From the Educational Bench to the Clinical Bedside: translating the Dreyfus Developmental Model to the Learning of Clinical Skills; Academic Medicine Vol 83, No 8 2008*

Teaching in COVID Times

COVID has profoundly impacted 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 non-contact learning opportunities in general practice. Examples include:

- Assist reception staff with patient phone calls and enquiries
- Search practice records to identify and contact patients at risk etc
- Contact eligible patients to schedule a telehealth consultation
- Conduct telephone checks of isolated or elderly patients
- Chase patient results
- Conduct non-face-to-face elements of routine health checks
- Prepare rooms with appropriate personal protective equipment
- Research current guidelines / pathways / COVID-19 information including from the RACGP, Federal and State Chief Health Officers, local PHN, HealthPathways etc.
- Review the practice's pandemic response plan
- Review practice website/online presence
- Assist with non-COVID-19-related practice activities/tasks

[Reference: RACGP - One medical schools experience of sustaining general practice teaching in the time of COVID19](#)

Telehealth Teaching Tips

Teaching while using telehealth remains essentially the same but with fewer opportunities to manage parallel consulting and conduct physical examinations and procedures. Some suggested approaches follow below:

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	Basic considerations such as identifying who you are talking with; practice policy about telehealth bookings; what happens if you want the patient to have a blood test/x-ray/script? Managing the uncertainty - when to use it and when not; how to decide whether to see a patient or not – triage Managing prevention activities The pros and cons as you see them
Be very proactive in engaging the student	Be aware that it can be much easier to let 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 the consultations as you would normally Provide feedback about student's clinical skills and telehealth skills
Wherever possible, have them in the same room as you	The students find it is just like watching a lecture if they are distant and watching on Zoom
If the patient is agreeable, ask them to take the history	Involves the student and develops history taking; emphasises the importance of good history taking Sit out of view (if using video) to enable the patient to solely focus on the student rather than turning to you.
Ask them to tell you which examinations they would like and can ask the patient to do	Can do this with both telephone and video; encourages the student to think about what information they need and how they can ask the patient to do it

Ask them to help with the notes	Can they access and type the notes while you speak with the patient?
Ask the student 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 – provides social contact for patients and opportunities for the student to better understand patient issues. It can 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 problems or questions raised.
Ask the student to follow a patient from a telehealth assessment to the clinic	Once you decide during a telehealth consultation that a patient needs to be seen, consider asking the student to follow them and see them first when they arrive at the clinic.
Ask the medical student to teach a patient how to use 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 the opposite gender?
Provide feedback	Can be done as you usually would Include telehealth skills feedback Important things to check: Ensure they find out the patient's ideas, concerns, and expectations Ensure they confirm patient understanding before finishing the consultation Ensure they safety net with 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 – we find through tutorials they are fabulous 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. (Webinar link: <https://youtu.be/TxmpatY7T9A>)

Urban LInCC suggested activities

The skills and activities checklist are provided to help you plan your teaching and are intended to be a guide only. The checklist is neither comprehensive nor compulsory and can be amended to suit the practice and the student. Any experience the student can gain, especially "hands on" experience, will be useful. It is preferable that the skill is learnt in the context of a patient problem; however, general techniques can be learned on "normal" patients.

Having a list of practice patients who may be willing to spend some time with the students and contacting them prior to the student's session can help with organisation of suitable patients.

Please refer to Appendix 5 for the clinical skills and patient presentation checklists.

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.”⁴

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 Patient Confidentiality document 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.

⁴ RACGP, “Roles and responsibilities of general practice where supervised times takes place”, [RACGP - Guidelines for the general practice or primary care facility](#)

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 placement, but not for any extra sessions with your practice outside of this. 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/gh-gdl-321-8.pdf>. This site is also recommended to students, and includes Queensland Health contacts for further information.

Practice Incident Reporting

In the event of any student exposures or other incident relating to the student which affects staff, student or patient safety, please contact the Urban LInCC Team (details below) 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:

- General Practice Clinical Unit ph: 3365 5260
- Urban LInCC Student Coordinator ph: 3346 4835
- Dr Jo O'Reilly j.oreilly1@uq.edu.au
- Dr Margaret Henderson m.henderson5@uq.edu.au
- Prof Katharine Wallis on k.wallis@uq.edu.au.

COVID Safety

The safety of the student, your practice staff and your patients are of prime importance. Students are advised to maintain physical distancing to the extent possible and to wear appropriate PPE (including a fit-tested mask and adequate eye protection) 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 Queensland 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

Support will be provided by the Urban LInCC team and 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 Joanne O'Reilly (Academic Course Coordinator)	Wednesday, Friday	j.oreilly1@uq.edu.au
Dr Margaret Henderson (Lecturer, Urban LInCC)	Wednesday	m.henderson5@uq.edu.au
Student Coordinator Urban LInCC, TBC	Monday – Friday	med.ul@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.

Trouble shooting 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 contact us if you are worried about a student. We want to hear from you. Here are some ways you can do this:

- Within the GPCU med.ul@uq.edu.au is the email inbox 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.
- 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 ordained 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 Incentive, refer to the PIP [Teaching Incentive Guidelines](#).

Academic Title Holder Applications

We recommend that our GP teachers apply to become a UQ Academic Title Holder. The benefits of 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 – through the titles
- 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 – through 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, including webinars and meetings. When this is the case, we will ask for your RACGP number so that you can 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. (Provides support for any doctor or medical student across Queensland).

Appendix 1: Confidentiality agreement for medical students to sign

Adapted from RACGP agreement available at:

<http://www.racgp.org.au/Content/NavigationMenu/PracticeSupport/Privacy/Generalpracticepolicy/20030206staffconfidentiality.doc>

(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 rotation 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: General Practice Themes for Urban LInCC (MEDI 7280)

Theme 1: What is General Practice? Australian Health system

Theme 2: Approach to a normal consultation & Clinical reasoning in GP; outline of consultation

Theme 3: Management of chronic disease in GP; care plans; continuity of care

Theme 4: Clinical communication and the roles of other health professionals

Theme 5: Preventive health care immunisation, SNAP, screening

Theme 6: Difficult consultations including breaking bad news

Theme 7: Specific patient groups – Paediatrics, Geriatrics, Vulnerable groups

Theme 8: Doctors self-care & professional development

Theme 9: Ethical challenges

Theme 10: Applying research in general practice

Theme 11: Management of resources in GP - health system, patient and practitioner

Theme 12: Patient stories about their journey/patient centred care

Theme 13: Prescribing principles in general practice (antibiotics, opiates; deprescribing, polypharmacy)

Theme 14: Review of clinical reasoning in GP

Theme 15: GP as a career - pros and cons and training; the future specialist perspective - what have I/can I learn from GP

Appendix 3: History taking and Physical Examination Mini-CEx tasks

For this activity, you should observe the student and record your assessment as per the Min-CEx rubrics (see below). The student will provide a paper marking guide which they must submit to us.

1. History taking Mini-CEx

Please select a consenting patient who presents with a new symptom or problem and invite the student to take a focused history from the patient while you observe them. Then ask the student to tell you their provisional diagnosis and other diagnoses under consideration. You may wish to ask the student a few questions to clarify their reasoning. You may wish to invite the patient to also provide feedback to the student. This task should take approximately 5 minutes. Your feedback after the patient has left is one of the most important aspects of this assessment. Thank you for noting a few aspects they did well, and a few areas where they could improve.

General Practice Clinical Unit Diagnostic Model

Students are encouraged to start a history with a few open-ended questions, and listen initially without interrupting the patient. They should then usually move to more directed questions, to further clarify the presentation. These questions should include red flags which would rule up a serious diagnosis (such as rectal bleeding and weight loss for a new presentation of constipation). For a focused history they are unlikely to undertake a comprehensive systems review, and are expected only to seek family and past medical history of direct relevance to the presentation.

Students are not expected to generate a comprehensive diagnostic list for all general practice presentations, and are still learning which diagnoses are the “horses” and which are the “zebras”. However, they are expected to base their diagnoses logically on the history they obtain, and to demonstrate that they understand the importance of not missing serious disorders.

2. Physical Examination Mini-CEx

Please select a patient who consents to physical examination by the student (supervised by you) and invite the student to perform an appropriate focused clinical examination while you observe them. During the examination (or following whichever is preferred), ask the student to tell you what signs are being elicited and why, with further questions from you to clarify their understanding as needed. Invite the patient to also provide feedback to the student if they wish. This task should take approximately 5 minutes. Your feedback to the student after the patient has left is one of the most important aspects of this assessment. Please note a few things the student did well, and offer suggestions for a few areas they could improve.

Mini-CEx Focused History Marking Rubric:

<p>Is the student competent to conduct a history safely at the standard of an intern?</p>	<p>Not yet at Standard (This could be due to the any of the following areas: - Disorganized structure. - Unable to elicit basic information. - Disorganized presentation of the clinical information. - Any concerns about professionalism or patient safety)</p>	<p>At standard (Structured approach to history taking. -Organized presentation of the clinical information. -No concerns about professionalism or patientsafety.)</p>
<p>Global rating</p>	<p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;"><input type="checkbox"/></p>
<p>Assessor Feedback (Specific, actionable feedback that the student can focus onto improve their performance next time they conduct a history. E.q. give the patient time to talk freely at the start then ask more closed questions</p>		
<p>Student Action Plan* (How will you integrate this feedback into future clinical practice) E.g I will practice asking more open questions initially and come up with some useful opening questions that I can use each time I take this type of history.</p>		

Mini-CEx Physical Examination Marking Rubric:

<p>Is the student competent to conduct this examination safely at the standard of an intern?</p>	<p>Not yet at Standard (This could be due to the any of the following areas):</p> <ul style="list-style-type: none"> - Examination disorganized and unstructured. - Presentation of findings disorganized. - Any concerns about professionalism or patient safety) 	<p>At standard (Competent exam and techniques). -Findings presented in a structured and organized manner. -No concerns about professionalism or patient safety.</p>
<p>Global rating</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Assessor Feedback (Specific, actionable feedback that the student can focus onto improve their performance the next time they perform this examination)</p> <p>E.g Look at the patient's face during the abdominal exam as their expression could be the only cue that they are in pain</p>		
<p>Student Action Plan* (How will you integrate this feed-back into future clinical practice)</p> <p>E.g Ask the patient at the start of the examination if they are in any pain look at their face during the examination to make sure I notice any cues about pain or discomfort as they may not report it otherwise.</p>		

Appendix 4: Clinical Participation Assessment (CPA)

Please complete the Urban LInCC Clinical Participation Assessment (CPA) form (which we will provide) at the end of the placement and *discuss it with your student*. This is purely to provide more formal feedback to the student and is aimed at a year 2 level. It is not used for any MD assessment purposes. Below is an indication of the criteria that will be assessed for the Urban LInCC placement.

Criteria

1. Clinical communication & patient centredness
2. History taking
3. Examination
4. Presentation and discussion of clinical cases & case-specific differential diagnoses
5. Participation and contribution
6. Behaviour to peers and/ or colleagues (includes medical colleagues as well as all other staff)
7. Considers and acts on feedback
8. Social and cultural competence
9. Notice of concern & notice of exemplary performance

Appendix 5: Skills and Clinical Presentations checklists

History taking skills	
<ul style="list-style-type: none"> • Take a history of the presenting complaint from several patients • Take a pain history from a patient with a painful condition • Take a past medical history from a patient • Take a family medical history from a patient • Take a social history from a patient 	<ul style="list-style-type: none"> • Take a smoking history from a patient • Take a drug and alcohol history from a patient • Take a medication history from a patient • Take an allergy history from a patient • Take an appropriate preventive health screening history from a patient
Clinical reasoning skills	
<ul style="list-style-type: none"> • Identify the most useful history questions for common presentations • Identify red flags for common presentations • Identify reasons for choosing a particular diagnosis 	<ul style="list-style-type: none"> • Take a history of the presenting complaint from a patient • Develop at least 2 differential diagnoses for the problem
Examination skills	
<ul style="list-style-type: none"> • Take several patients' pulse and blood pressure • Examine a patient with cardiovascular problems • Examine a patient with respiratory problems • Examine a patient's ears, nose and throat • Examine a patient's thyroid • Examine a patient's cervical lymph nodes • Examine a patient's visual fields and fundi • Examine a patient's lower limb looking at peripheral pulses, skin etc • Examine a patient's ankle • Examine a patient's knee 	<ul style="list-style-type: none"> • Examine a patient's back • Examine a patient's cranial nerves • Examine a patient's upper limb strength and reflexes • Examine a patient's lower limb strength and reflexes • Examine a patient's lump • Examine a patient's skin lesion/rash • Use an ophthalmoscope • Use an auriscope/otoscope • Do a mini mental state examination on a patient
Procedural skills	
<ul style="list-style-type: none"> • Use a glucometer • Do urine dipstick testing • Do an ECG • Do spirometry 	<ul style="list-style-type: none"> • Give an injection • Assist/do suturing • Assist/do a venesection • Observe/do a pap smear
Discussion points	
<ul style="list-style-type: none"> • Care of patients with chronic illness • Continuity of care of patients • Preventive medicine issues • Breaking bad news • Palliative care of patients and end of life planning • Patient motivation to change • Patient refusal of treatment 	<ul style="list-style-type: none"> • Notifiable diseases • Patient confidentiality issues • Ethical issues/dilemmas • Medico-legal situations • Certificates/Workcover/Centrelink • Medical lifestyle issues • Doctors' health/treating other doctors

Contact details

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CRICOS Provider Number 00025B