

# Medicine in Society Preceptor Handbook 2023

*Medicine in Society* - a course focusing on whole person care and multi-dimensional, transdisciplinary care in medicine

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# Changes in 2023

<b>2023 MiS cohort</b>	<p>2023 will see the return of our Ochsner Clinical School students to undertake MiS clinical placements in Australia. Just a reminder that the Ochsner Clinical School students are in year 4 of their studies and as such have an added year of experience compared to students studying in Australia.</p> <p>We are still seeing the impact of Covid on student learning. Most students have experienced some form of interruption to their phase 1 studies and as such may seem less confident in the clinical environment compared to pre-Covid years. We expect that students will need more support and guidance navigating the clinical environment, especially in semester 1</p>
<b>Peer-Led Teaching &amp; Learning</b>	<p><b>In Australia</b>, students will continue to engage in a weekly tutorial program on Thursday afternoon. Due to larger numbers of students this year the allocated time for these tutorials will be 2 hours and, in most cases, will commence at 3.00pm. These tutorials will be conducted via zoom. Students will be rostered to present a topic to their peers which will form part of their course assessment. Students will also share any 'clinical pearls' clinical tips they have learnt on their placements and engage in brief discussions about clinical scenarios relevant to the MiS placements via a course discussion board. Students may approach you for guidance about their allocated topic, particularly checking current management strategies.</p> <p><b>Students at Ochsner Clinical School</b> will engage in a Structural Competency peer-led program according to a schedule provided by Ochsner Clinical School.</p>
<b>Vulnerability in Medicine tutorials</b>	<p>These tutorials will usually be conducted on Wednesday afternoons from 2.00 pm. The first and final tutorial will be conducted face-to-face at Herston, the remainder will be conducted via zoom. We have enough PAH students in Block 2 to form a group and for this group all sessions will take place Face to Face at PAH. Tutorials will be 2-2 ½ hours long depending on the tutorial group size.</p>
<b>Time off clinical placement- Students in</b>	<p><b>Brisbane</b> students will attend the Peer-led Teaching and Learning tutorials (in Australia these will be Thursday afternoons from 3.00pm) and the <i>Vulnerability in Medicine</i> tutorials (Wednesday afternoons 2 -2 ½ hours). Clinical Preceptors are welcome to negotiate regular time off placement for personal study with students where appropriate to the placement.</p>
<b>Inter-professional education</b>	<p>Some clinical placement sites have taken the opportunity to schedule sessions for students with physiotherapists, occupational therapists, speech therapists, social workers, and/or pharmacists where relevant and appropriate. Students have found such sessions very valuable, and we would encourage clinical placements where this is possible to provide students with these opportunities. Students report assisting with therapy sessions or shadowing health professionals or students. These opportunities help students understand the role and contribution of other health professionals. Some clinical sites have formal interprofessional education sessions for health professional students. We would encourage you to allow MiS students to participate in these opportunities where possible.</p>
<b>Feedback from students</b>	<p>Students very much appreciate the opportunity to complete tasks and feel part of the team. If there are any small roles that students can perform, please ask them. Most students want to be useful on placement but are not sure how they can effectively contribute. If there is anything you are happy for them to assist with, please ask them.</p>
<b>My Progress App</b>	<p>In 2023, <i>MyProgress</i> will continue to be used for Mini-CEx, DOPs and COPS. The CPA will remain on <i>Chalk and Wire</i>. Students will present the appropriate electronic form to you on their phone, and you will mark the student in the usual manner. <b>One very useful aspect is that the App has a 'voice to text' function - you can provide feedback verbally which will be captured on the electronic form.</b></p>
<b>Assessment</b>	<p>Assessment has been simplified in line with UQ policy. Lecture reflections and quizzes have been removed as assessment requirements but will still be available as learning resources. Rubric criteria have been changed from <i>Competent</i> to <i>Meets Expectations</i> and <i>Proficient</i> to <i>Exceeds Expectations</i></p>

## Contacts

Contact	Role	Phone	Email
Kim Wicks	Course Administrator	3346 5146	<a href="mailto:med.mdmis@uq.edu.au">med.mdmis@uq.edu.au</a>
Dr Michaela Kelly	Academic Coordinator	3365 5002	<a href="mailto:m.kelly4@uq.edu.au">m.kelly4@uq.edu.au</a>
Student Support Team	Health and wellbeing	3365 1704	<a href="mailto:med.mss@uq.edu.au">med.mss@uq.edu.au</a>

## Board of Examiners

Member	Role
Dr Michaela Kelly	Academic Coordinator
Ms Kim Wicks	Course Administrator
Dr Ryan Bell	Director, Brain Injury Rehabilitation Unit, Princess Alexandra Hospital
Dr Rachel Claydon	General Practitioner, Refugee Health, Mater Hospital
Dr Korana Kindl	Consultant Palliative Care Physician, St Vincent's Private Hospital
Dr Ling Lan	Consultant Rehabilitation Physician, The Prince Charles Hospital
Dr Carolina Ling	Consultant Geriatrician, The Prince Charles Hospital
Dr Salih Salih	Consultant Geriatrician, Princess Alexandra Hospital
Dr Nashringi Weir	Consultant Palliative Care Physician, Royal Brisbane Hospital
<b>Ochsner Clinical School</b>	
Dr Kathy-Jo (KJ) Carstaphsen	Clerkship Director, Medicine in Society Ochsner Clinical School
Ms Catarina Donnelly	Clerkship Program Director, Ochsner Clinical School

## Semester and Block Dates 2023

SEMESTER 1	Starts	Finishes
Block 1	16 <sup>th</sup> January	Friday 24 <sup>th</sup> February
Block 2	Monday 27 <sup>th</sup> February	Thursday 6 <sup>th</sup> April
Mid-semester break	Monday 10 <sup>th</sup> April	Friday 14 <sup>th</sup> April
Block 3	Monday 17 <sup>th</sup> April	Friday 26 <sup>th</sup> May

SEMESTER 2	Starts	Finishes
Block 4	Monday 26 <sup>th</sup> June	Friday 4 <sup>th</sup> August
Block 5	Monday 7 <sup>th</sup> August	Friday 15 <sup>th</sup> September
Mid-semester break	Monday 18 <sup>th</sup> September	Friday 22 <sup>nd</sup> September
Block 6	Monday 25 <sup>th</sup> September	Friday 3 <sup>rd</sup> November

## Standardised Terminology for Phase 2

Term	Description
<b>Clinical Placement</b>	The period spent undertaking clinical work in a particular discipline.
<b>Block (Clinical Placement Block)</b>	Refers to the 6-week period used for rostering students on clinical placement
<b>Comprehensive Clinical Practice Semester (CCP)</b>	A semester long (22 weeks of study) that includes an introductory week, 18 weeks of teaching, a week-long mid-semester break, one week for revision and one week for assessment. The semester that <i>Medicine in Society</i> belongs to is <i>Comprehensive Clinical Practice</i> .
<b>Workplace Learning Portfolio Course (WLP)</b>	Workplace learning activities such as the Mini-CEx, Direct Observation of Procedural Skills (DOPS) and part of the Clinical Placement Assessment (CPA) contribute to a year-long course that students do concurrently with their clinical placement courses (Refer Appendix 9 for further information about the introduction of the WLP portfolio course in the medical program)

## Thank you to our Clinical Teachers

Thank you to all the Medicine in Society clinical teachers. Your dedication and commitment to the MiS students is greatly appreciated. Thank you for your role modelling, your patience and excellent teaching, and the care you have demonstrated in mentoring our students. Many of you would be aware that some of our students have experienced high levels of distress due to their studies, the impact of Covid, personal health challenges, or challenging life events. Thank you for supporting our students on placement and the kindness and compassion you have shown to them. It has also been pleasing to see that several former MiS students are now training in various MiS specialist training programs and were inspired by their experiences on your placements.

Congratulations to the MiS teachers who received student-nominated teaching awards.

MEDICINE IN SOCIETY STUDENT NOMINATED UQ TEACHING AWARD WINNERS			
2021	Dr James Stevenson	The Prince Charles Hospital	Palliative Care
2022	Dr David Shum	Greenslopes Private Hospital	Geriatric Medicine

## Course Overview

The *Medicine in Society* course provides a unique opportunity for medical students to understand and contribute to multi-dimensional, transdisciplinary, whole person care in medicine, and experience the rewards and challenges of practice in clinical settings and/or communities that experience challenges associated with health care. Such challenges can be attributed to a range of contextual factors including disability, chronic and life-limiting illness, stage-of-life, socioeconomic status, ethnicity and/or difficult life circumstances. Clinical practice within such a contextual framework requires distinctively generalist knowledge, skills, and attitudes. The core values underpinning care in these contexts include: the dignity and empowerment of the patient, their caregiver/s and family; compassionate care fostering equity to health care access and allocation of resources; advocacy on behalf of patients, families and communities and striving for excellence in the provision of care. Whilst the contexts differ, clinical practice is governed by common parameters including whole person care, challenging doctor-patient encounters, and team-based care. An important focus of this course is the patient's health journey and the doctor-patient relationship, understanding social determinants of health and encouraging students to be reflective and compassionate practitioners. Students will have the opportunity to engage in contemplative, reflective and narrative learning to deepen their understanding of the core values of medical practice. They will also explore how feelings and thoughts can impact on the therapeutic relationship and expand their capacity and repertoire for handling difficult situations. At the centre of each student's learning experience will be a structured clinical placement where students will work closely with a clinical preceptor who will guide and support students as they provide health care in context and continue to develop their general medical skills.

## Features of the MiS Course

	Detail
<b>Pass/Fail</b>	The <i>Medicine in Society</i> course is a pass/fail course rather than a graded course. This is academically fairer for students due to the diverse placements within this course as well as having students in both year 3 and 4, and preceptors and assessors in different countries. A small number of students who achieve at a very high level across all assessments will receive a Certificate of Commendation.
<b>Progressive Assessment</b>	Due to the diverse nature of the MiS clinical placements, there is no end-of-semester written assessment for <i>Medicine in Society</i> . A continuous assessment approach has been adopted to encourage students to focus on learning on placement.
<b>Do we offer supplementary assessment?</b>	Generally, no supplementary assessment is available to students undertaking MiS. This is because students are offered the opportunity to remediate unsatisfactory performance in all assessment tasks and if they fail to remediate to the required standard, students will fail the course. Rarely, a student who receives a 'marginal' fail will be offered a supplementary which will involve the student repeating relevant assessment tasks.
<b>Who are the MiS students?</b>	Year 3 onshore international students, Year 4 Ochsner Clinical School students and year 3 domestic students who are not able to participate in the Rural and Remote Medicine placement undertake <i>Medicine in Society</i> .
<b>Comprehensive Clinical Practice (CCP) Semester</b>	<i>Medicine in Society</i> is a course which forms part of the Comprehensive Clinical Practice (CCP) semester. During this semester students will complete 6-week placements in Mental Health, General Practice and <i>Medicine in Society</i> (or Rural and Remote Medicine).
<b>Mid-semester breaks</b>	There will be a one-week break following the first two placements and before the third (see semester dates above).
<b>Assessment types</b>	There are two broad assessment concepts – course assessment (assessment required to pass the <i>Medicine in Society</i> course) and the Workplace-Learning Portfolio (WLP) which contributes to the year-long WLP course.

<b>Workplace-learning portfolio</b>	This is a portfolio of student workplace-based learning activities. In <i>Medicine in Society</i> , students will seek opportunities to be observed undertaking Mini-CEs and Direct Observation of Procedural skills where possible. It is helpful if preceptors can think of opportunities for students to observe or participate in procedural skills.
<b>Clinical Participation Assessment (CPA)</b>	The Clinical Participation Assessment (CPA) is a summative assessment entered by the preceptor via the Chalk and Wire platform. Four criteria contribute directly to the MiS course assessment (history, examination, clinical communication, and clinical reasoning) the remaining criteria are part of the WLP course.
<b>Clinical Case Presentation &amp; Discussion (CCPD)</b>	Only one <i>Clinical Case Presentation &amp; Discussion</i> is required, however, if the student does not meet the passing standard ('Unacceptable' in any criteria or 'Borderline' in three or more) the student must either repeat the relevant components or the entire CCPD as per the preceptor's request (see below). The preceptor can ask students to undertake a formative CCPD earlier in the clinical placement before undertaking the summative version
<b>Tutorial programs</b>	Students participate in <i>Vulnerability in Medicine</i> tutorials in Australia, and <i>Character in Medicine</i> tutorials at the Ochsner Clinical School. Students will also participate in <i>Peer-led Teaching and Learning Tutorials</i> in Australia and Ochsner Clinical School

## Learning Outcomes

### Learning Objective

Demonstrate understanding of and respect for cultural, religious, ethnic and gender differences; and demonstrate effective communication with diverse patient groups

Demonstrate understanding of the special needs of minority groups, vulnerable groups, and those with a disability

Demonstrate an appreciation of and respect for the diverse human and clinical responses of each individual throughout their illness trajectory

Demonstrate understanding of the ethical basis of medical practice and thoughtful consideration of ethical issues in medicine

Demonstrate understanding of the roles of all health care professionals; participate in interprofessional team meetings and demonstrate effective communication and collaboration with members of the health care team

Describe the various causes and mechanisms underlying disease

Describe the scientific basis, efficacy, and adverse events of therapeutic interventions

Obtain an appropriate medical history

Obtain a psychosocial history, understand the implications for the health and wellbeing of the patient, and the provision of care

Perform both a general and an organ system-specific examination

Perform common clinical procedures relevant to the clinical placement site

Use clinical assessment tools appropriate to the clinical context

Apply clinical reasoning in solving problems

Identify important determinants of health and the economic, psychosocial, cultural, and structural factors that contribute to disease

Demonstrate the capacity for reflection and self-evaluation of one's professional and personal experiences, and their cumulative impact on self and others

Understand the importance of, and learn how to apply, compassion in medical practice, and understand how everyday stress, social pressures, and life experiences impact on one's capacity to fully express compassion

Demonstrate the capacity to reflect on learning activities, identify areas needing development and identify how learning translates to practice

Provide helpful and constructive feedback to professional colleagues and peers

Demonstrate the ability to contribute effectively to peer-led teaching and learning activities

## Preceptor Quick Checklist

Task	✓
Preparation prior to student arrival	Delegate teaching tasks clearly within your unit
	Engage other health professionals in your team to facilitate inter-professional learning opportunities
Welcome and orient the student(s) to the hospital or placement site	Orient the student to the physical space, facilities, clinics etc.
	Discuss any local rules and conventions
	Discuss and establish <i>your</i> expectations and the <i>student's</i> expectations of the placement
	Discuss your/your team's expectations regarding assessment
	Advise the student when the assessment tasks will take place so the student can plan
Plan for an optimal learning experience	Encourage students to engage in clinical activities wherever possible
	Regularly ask students to demonstrate their skills
	Have students present clinical cases, undertake supervised tasks on the ward, demonstrate their clinical reasoning skills
	Engage in regular feedback conversations with the student
	Run small tutorials or case discussions as appropriate
Course and Portfolio Assessment	Encourage students to be useful members of the team, provide them with a small role
	Schedule a mid-block progress report (students will be encouraged to complete a mid-placement reflection to prepare for this meeting)
	Assess the Clinical Case Presentation & Discussion - summative
	Complete the <i>Clinical Participation Assessment (CPA)</i> . Four criteria from this assessment (history, examination, clinical communication, and clinical reasoning) are included in the MiS course assessment, the remaining criteria contribute to the Workplace learning course
	When completing the <i>Clinical Participation Assessment (CPA)</i> , it is wise to obtain the opinion of other preceptors involved with the student, particularly if you believe you have not seen enough of a component on the rubric yourself to confidently appraise the student
	You may be able to observe the student undertaking a <i>Mini-CEx</i> – these are part of the workplace learning course. It is recommended that students try and complete three Mini-CExs during their MiS placement. Any member of medical staff can supervise these. It is the responsibility of the student to monitor their progress in meeting these requirements.
	You may be able to observe the student undertaking a procedure (Direct observation of procedural skills – <i>DOPS</i> ) if an opportunity arises.



Identify students in need of assistance	Discuss any concerns with the student, an early discussion is preferable
	Please contact either the academic coordinator or administration coordinator if you have concerns about a student's clinical performance or professionalism
	If there are concerns about student health and wellbeing – contact student services and the course coordinator
Submit required documentation by final week	Marked <i>Clinical Case Presentation &amp; Discussion</i> – deliver to the site Student Coordinator, or in the absence of a Student Coordinator at your site please email it to med.mis@uq.edu.au.
	Clinical Participation Assessment (CPA) marked online via Chalk & Wire
Seek an academic title	<a href="https://medicine.uq.edu.au/alumni-and-community/academic-title-holders">https://medicine.uq.edu.au/alumni-and-community/academic-title-holders</a>

## Introductory Week

During the first week of the semester, students will participate in learning activities to prepare for their placements in Medicine in Society, General Practice and Mental Health. A copy of the Introductory Week program is attached for your interest (Appendix 1).

## Clinical Placement

Clinical placements are six weeks in duration under the supervision of experienced medical practitioners (preceptors). In Australia, these placements will be in the clinical specialties of Geriatric Medicine, Rehabilitation Medicine, Palliative Care or Refugee Health. The placements at Ochsner Clinical School also include a school-based youth health service and primary health services in areas of low socioeconomic status. Placements will build student competency and confidence in, communication with patients and colleagues, history and examination skills, diagnostic and management skills; as well as provide students with an appreciation and understanding of the distinctive area of clinical practice in which they have been allocated. Where possible supporting students in the development of procedural skills is encouraged through enabling opportunities for students to complete COPS (Compulsory Observed Procedural Skills) and DOPS (Direct Observed Procedural Skills). Where an opportunity arises, preceptors or other staff may be asked by students to observe their performance of a procedure (DOPS) or ask if they can observe a procedure undertaken by a member of staff (COPS) for documentation in their workplace learning portfolio.

Preceptors are encouraged to provide opportunities for students to observe other health professional sessions and visit relevant community sites, community service organisations, residential care facilities and other organisations where possible. Helping students understand the interface between hospitals and the community and transitional care arrangements helps students gain a better understanding of comprehensive clinical care.

It is important for students to undertake personal study in a conscientious and diligent manner in order to be prepared to meet the challenges of direct patient contact, engage optimally with other health professionals, and gain the maximum benefit from the clinical placement block. A mature and professional attitude is expected.

## Student skill level when they arrive on placement

Students undertaking the *Medicine in Society* placement are international, third- or United States fourth-year students or third year domestic students who are not able to participate in the Rural and Remote Medicine course.

Year three students have been immersed, through case-based learning, in real patient scenarios during the first two years of study. Students will have learned pathophysiology, anatomy, pharmacology, and professionalism. Although they have had some training in basic procedural skills, history-taking and physical examination, third year

brings them for the first time into significant levels of direct contact with patients in clinical and community environments.

**Please be aware that this year students will be entering year 3 with reduced clinical exposure due to the interruption to clinical placements that occurred due to COVID-19. Students commencing in MiS in Block 1 may be less confident than in pre-COVID years.**

It is likely that the clinical skills of most students coming to you early in the year will be at a lower level than that of students in semester 2 who will have completed their medicine and surgery clinical placements. You will hopefully observe an enhancement of clinical skills in the students as the year progresses as their clinical exposure increases.

Students from the Ochsner Clinical School will be Year 4 students and therefore have had greater clinical exposure.

Preceptors are encouraged to build upon the student's repertoire of skills, knowledge, and attitudes during the placement.

## Preceptor Role

As a Preceptor, your role is to ensure that students have a good learning experience during their *Medicine in Society* course. Preceptors should encourage and support students to become actively involved with the management of clinical problems and where appropriate provide them with responsible roles to perform under appropriately supervised and authentic conditions.

### The placement offers students the opportunity to:

- Gain practice and confidence in conducting interviews, history-taking, and recording, undertaking physical examinations and in making clinical assessments.
- Follow the progress of a case from presentation through the processes of evaluation and management, to discharge or continuing care.
- Develop their clinical judgment and reflect on this with yourself or other health-care professionals
- Appreciate the factors that influence patient decisions about their health.
- Understand the multidisciplinary nature of health care and work within a team
- Learn about the characteristics of clinical practice in your area of clinical expertise
- Develop their procedural skills when this is appropriate
- Observe the interprofessional team in action, and better understand the role and contribution to patient care by other health professionals

### As a Preceptor, you can provide an optimal learning experience by the following:

- **Meet with the student preferably on the first day of the clinical placement block.**  
Discussion should include a review of the student's goals, expectations, learning style and past experiences. As a preceptor, please share your expectations and approach to teaching. You should describe your practice/hospital, the types of conditions cared for and any specific guidelines that the site has in place. Please clearly outline the clinical and learning activities you expect the student to attend and who the student should report to each day. Please identify specific roles or tasks the student can be responsible for if this is appropriate in your clinical unit.
- **Discuss your expectations of the *Clinical Case Presentation & Discussion (CCPD)***  
This might include information such as:
  - When you would like the student to undertake the CCPD (usually in week 4-5, with opportunity to repeat and achieve competence in week 6 if needed) Please note that we have encouraged students to commence working on their CCPD earlier in the placement so that they have material

to develop their CCPD should Lockdown occur. During Lockdown in 2021, some students presented their CCP to their preceptors via zoom.

- How you envisage the structure of the presentation. For example,
  - How much time to allocate to 'presentation' versus how much time to allocate to discussion?
  - How long should the presentation be?
  - Would you like the student to develop a PowerPoint presentation?
  - Who will be the audience? e.g., consultant, registrar, or clinical team meeting
- **Plan for a mid-placement progress review** to provide students with valuable feedback on their progress. This should ideally be scheduled in week 3. Students are encouraged to complete a mid-placement reflection to prepare for this meeting (Appendix 4).
- **Introduce the student to your staff and working environment** and engage with other professionals in your team to teach the students as appropriate, or allow the student to shadow or observe them in practice. Orient the student to site, policies, and procedures so that he/she can quickly develop the functional capability to work efficiently.
- **Be a positive and effective role model** to enable students to see how clinicians' problem-solve clinical management issues. Modelling by the preceptor allows students to observe more challenging aspects of patient interaction and assists the student in developing an approach to such issues. Observation and modelling provide the preceptor and student with opportunities to share impressions and discuss aspects of cases that are difficult to obtain from texts or learning resources. Share what you find challenging about patients and strategies you use to manage these challenges.
- **Let students** sit in on consultations, participate in ward rounds, case conferences, interprofessional team meetings and any clinical meetings which you might conduct. Give students small clinical tasks so that they feel useful. Some students have had the opportunity of sitting in on Morbidity and Mortality meetings and found this very helpful.
- **Ask students to demonstrate their skills** to you and encourage them to assist you: with procedures, during team meetings and during ward rounds. Giving students' small jobs or tasks that they can be responsible for, helps students feel useful. A preceptor can determine which student skills are strong and which need further development which can greatly assist students in their learning.
- **Allow students to see patients themselves** and present these to you or your registrar.
- Run **small tutorials or case discussions** when appropriate.
- Involve students in team meetings and **where possible assign them a role** at these meetings. Students have more time on the wards than staff, patients often inform them about problems they are experiencing during their hospital stay – perhaps students could briefly share such information
- Discuss how patient family/employment/accommodation environments impact on health.
- **Provide on-going feedback.** Effective feedback is descriptive of a specific situation/skill and given soon after observed. It reinforces what has been done correctly, reviews what needs to be improved and corrects any mistakes. Feedback can be more meaningful if the student is provided with an opportunity to reflect on their performance first with the preceptor's feedback following this - a 'feedback conversation'.

## Medical Education Articles that may be of interest to the Clinical Preceptor

Teaching when time is limited

<http://www.bmj.com.ezproxy.library.uq.edu.au/content/336/7640/384>

Twelve tips to improve medical teaching rounds

<http://www.tandfonline.com.ezproxy.library.uq.edu.au/doi/pdf/10.3109/0142159X.2013.826788?needAccess=true>

Twelve tips to improve bedside teaching

<http://www.tandfonline.com.ezproxy.library.uq.edu.au/doi/pdf/10.1080/0142159031000092463?needAccess=true>

Twelve tips for giving feedback effectively in the clinical environment

<https://www.tandfonline-com.ezproxy.library.uq.edu.au/doi/pdf/10.3109/0142159X.2012.684916?needAccess=true>

# Assessment on Clinical Placement

## Summary of student assessment by MiS preceptors in 2022

Assessment Task	Type of assessment	Summative/Formative	Documentation
<b>Clinical Case Presentation &amp; Discussion (CCPD)</b>  Refer Appendix 5	Course	Summative (please note that you are welcome to ask the student to undertake a formative CCPD earlier in the Block if this is possible in your unit)	<b>Paper rubric</b> - submit via Course Administrator – <a href="mailto:med.mis@uq.edu.au">med.mis@uq.edu.au</a>
<b>Clinical Participation Assessment (CPA)</b>  Refer Appendix 6	Course and Workplace-based learning (Portfolio)	4 criteria contribute to the course - history, examination, clinical communication, clinical reasoning  The remaining criteria contribute to the WLP course – a year- long course	<b>Online via Chalk &amp; Wire</b> <i>(The Office of Medical Education is currently exploring more user-friendly versions. In the future a better option may become available)</i>

**MiS preceptors and other clinical staff may be asked to assess students undertaking workplace-learning Mini-CExs and procedural skills when opportunities arise.**

Assessment Task	Type of Assessment	Summative/Formative	Documentation
<b>Direct Observation of Procedural Skills (DOPS)</b>  Can be signed off by any staff member credentialed to undertake the procedure	Workplace-based learning Portfolio (WLP)	Students must attain a level of competence by the end of phase 2	<b>Electronic form</b>
<b>Compulsory Observed Procedural Skills (COPS)</b>	Workplace-based learning Portfolio (WLP)	Students must at least observe	<b>Electronic form</b>
<b>Mini-CEX</b> (can be signed off by any medical staff  <ul style="list-style-type: none"> <li>• history</li> <li>• examination</li> <li>management</li> </ul>	Workplace-based learning Portfolio (WLP)  See appendix 6 for more information	Contributes to the workplace learning portfolio  MiS students have been recommended to try and complete three Mini-CExs during their placement (see comment below)	<b>Electronic form</b>

*For Palliative care placements where opportunities for history and examination assessment may not be as available, please consider undertaking Management Mini-CExs with students.*

## Preceptor assessment tasks by week

When?	Assessment task
Week 1	<ul style="list-style-type: none"> <li>Welcome and orient the student to placement.</li> <li>Discuss your expectations of the student on placement</li> <li>Discuss your expectations of the Clinical Case Presentation &amp; Discussion (CCPD) and whether you wish the student to undertake a formative CCPD as well as a summative CCPD</li> <li>Ask the student about their learning goals for the placement and what they hope to achieve. Explore whether the student wants to develop any specific skills</li> <li>Ask the student when their Vulnerability in medicine tutorial is scheduled so that you are aware when they will not be on clinical placement.</li> </ul>
Week 2	
Week 3	<ul style="list-style-type: none"> <li>Progress review discussion with student to take place this week. Students are encouraged to complete a mid-placement reflection to prepare for this meeting (Appendix 2)</li> </ul>
Week 4	
Week 5	<ul style="list-style-type: none"> <li>Student to complete the Clinical Case Presentation &amp; Discussion in week 5 (Appendix 3)</li> <li>Record the assessment on the CCPD paper rubric and submit to the MiS administration coordinator</li> <li>See below if the student does not meet the required standard</li> </ul>
Week 6	<ul style="list-style-type: none"> <li>Student to repeat the Clinical Case Presentation &amp; Discussion in week 6 if the first attempt did not demonstrate an acceptable standard (see below)</li> <li>Complete the CPA online and submit via Chalk &amp; Wire by the end of Week 6.</li> </ul>

## Evaluating a student

Unacceptable	Borderline	Meets Expectations	Exceeds Expectations
<p>Serious deficiencies Requiring significant remediation</p> <p>A student will fail the course if they receive an unacceptable rating in any assessment task</p>	<p>Less than you would expect for a 3<sup>rd</sup> year (Australian-based students) or 4<sup>th</sup> year (Ochsner students) but should be able to improve with targeted feedback</p>	<p>3<sup>rd</sup> or 4<sup>th</sup> year (Ochsner students) medical student level</p>	<p>A student performing at the level of an Intern or higher</p>

When considering whether a student is competent or not, please consider 'competent' to describe a student who meets your expectations of a Phase 2 (year 3 or 4) medical student. 'Proficient' would describe a student who is exceeding these expectations and functioning at a level expected of an intern.

## Clinical Case Presentation & Discussion (CCPD):

The Clinical Case Presentation & Discussion (CCPD) mark sheet is attached (Appendix 3). Please email directly back to med.mis@uq.edu.au by the last day of the student placement. The mark on their end-of-placement CCPD is summative and contributes to the student's overall Medicine in Society assessment.

**If a student is evaluated as 'Unacceptable' on one or more of the rubric criteria or 'Borderline' on three or more of the criteria, the student needs to be provided the opportunity of repeating this assessment in the final week of the placement and addressing these deficiencies.** You may choose that the student re-presents the components that were deficient, or if you feel it is necessary you may require the student to present the entire Case Presentation & Discussion again.

**A persistent 'Unacceptable' rating on any criteria, despite an opportunity to improve will result in course failure.**

As mentioned previously, if your unit has the capacity, please consider asking the student to undertake a formative CCPD to provide the student with the opportunity to practise and receive feedback as well as providing a second opportunity to present a clinical case in depth.

## Clinical Participation Assessment (CPA):

The Faculty of Medicine considers that participation in clinical placements are fundamental aspects of the MBBS/MD program, consistent with the framework of self-directed and life-long learning and indicative of the need for clinical competence and professional conduct in addition to theoretical knowledge.

In all clinical courses during MBBS/MD Phase 2, students are assessed on their professional and clinical skills and the extent to which they have contributed and engaged in their clinical placement and clinical learning activities. The nature of these activities will vary according to the placement, but may include admitting/clerking patients, assessing patients at outpatient clinics, presenting at ward rounds, attending allied health therapy, or counselling sessions, engaging in community outreach activities, and demonstrating initiative in attending other activities such as Grand Rounds and hospital education meetings.

Scoring in the Clinical Participation Assessment is based on conduct and contribution during ward rounds and case discussions, initiative in seeking learning opportunities, patient assessment, ability to succinctly present a patient case including differential diagnosis, behaviour towards peers and medical colleagues and awareness of social and ethical issues including risk assessment. The Clinical Participation Assessment (CPA) rubric is attached for your reference (Appendix 4).

The CPA has 3 sections. The first section assesses Clinical Communication, History taking, Examination Skills and Clinical Reasoning. This section is the component that contributes to this course's results. The next section assesses Professional Practice, Reflective Practice and Social/Cultural Competence and Safety. This section contributes to the Workplace Learning Portfolio (WLP) Course. The third section is referred a Student Flag section and allows a supervisor to report a student with concerning unprofessional or unsafe behaviour. The Student Flag section also provides a mechanism for notifying exemplary performance to the faculty.

Students are requested to engage in a *progress review discussion* mid-way through their 6-week placement to obtain formative feedback on their progress. Any concerns about a student's performance should be discussed with the student at this point. Any ongoing or further concerns following formative feedback should be discussed with the student *prior* to the completion of the summative Clinical Participation Assessment to give students every opportunity to improve.

## Criteria and Marking

The CPA is a global assessment of professional and clinical practice. There are nine descriptors that address seven different components of professional and clinical practice. Four descriptors will contribute to the MiS course and five descriptors contribute to the WLP course.

To pass MiS the student must achieve at least a borderline, satisfactory or proficient rating in the four course domains (Clinical communication; History; Examination; Clinical Reasoning).

A student's performance will be reviewed at the Phase 2 Course Examiner's meeting and following discussion may receive fail if:

- There are **any** unsatisfactory results recorded in any of the CPA components for that course (Clinical Communication, History, Examination, Clinical Reasoning)
- There are four or more of either unsatisfactory or borderline results recorded across the semester
- Not all CPAs have been submitted to their supervisor for completion by the due date

Factors that will be considered during the review undertaken at the Phase 2 Course Examiner's meeting for these students, include:

- Evidence of temporal improvement in performance across the course (if applicable)
- Completion and content of Reflection and Action Plans completed by the student in response to unsatisfactory or borderline ratings
- Relative opportunity available to the student across the course
- Other factors relevant to the student performance

Students will see their results immediately after the preceptor completes the electronic CPA. It is particularly valuable to students for preceptors to add qualitative comments on the CPA so that students know what they are doing well and what they need to improve in.

When assessing students, it is important to be aware that your judgment of student performance should be robust and defensible. The University relies on the preceptor's expertise and experience to make critical evaluations about a student's clinical skills as well as their ethical, personal, and professional conduct.

It is most important that assessment forms are completed and submitted to the University by the end of each student's Medicine in Society placement.

## Students of concern

If you have significant academic, professional, or personal concerns about a student, and/or consider that the student's performance is unsatisfactory, please contact Dr Michaela Kelly via email on [m.kelly4@uq.edu.au](mailto:m.kelly4@uq.edu.au) to arrange to discuss this further.

There is also a Medical Student Support Team for health and wellbeing who can be contacted on 07 3365 1704 or via email on [med.mss@uq.edu.au](mailto:med.mss@uq.edu.au).

**Workplace-based learning** Appendices 6-9 provides an overview of the introduction of the WLP portfolio course in the medical program, tasks, and updates for 2021.

## Other Assessment – (not on placement – just for your interest)



## MiS Tutorials – Vulnerability in Medicine Tutorials

One afternoon each week, students will participate in *Vulnerability in Medicine* tutorials and explore the vulnerability of both the doctor and patient. The tutorials will adopt a learning by discovery approach and allow students to present and discuss a psychosocial history obtained from a patient on their placement, explore barriers to health and well-being, the impact of illness on the patient and his/her family and what provides meaning in the patient's life. Students will also explore challenges of the doctor–patient relationship, consider ethical scenarios and explore the medical humanities through the written reflection of clinicians about their experiences in the clinical environment. Students will also produce a creative, reflective work on what vulnerability in medicine means to them and draw inspiration from their clinical placements.

### Planned Learning Activities

- Participation in a short reflection or mindfulness meditation to open and close the tutorial.
- Each student will present and discuss a psychosocial history collated from a patient on placement. This will be called the 'Understanding the Person' presentation and will be assessed by tutors.
- Discussion of a reflective question of the week.
- Discussion of a range of excerpts from books written by doctors about their reflections and experiences of caring for patients.
- Discussion of a range of ethical scenarios centred on professional boundaries
- Sharing of work from the creative arts that students believe connect with their experience on clinical placement e.g., poetry, painting, quotations, images.
- The development of a creative-reflective contribution which will be presented in the final tutorial
- Participation and engagement in tutorials will also be assessed.

## Peer teaching & Learning Tutorials

These consist of a tutorial on Thursday afternoons via zoom where students will present on clinical topics (broadly relevant to their placement) to their peers and engage in discussion about a brief clinical scenario. Students are also encouraged to share any 'clinical pearls' they have learnt on their placement with their peers.

## Quizzes

Students will complete a minimum number of MCQ quizzes constructed from the MiS question bank which comprises questions on key topics from the clinical domains that comprise MiS. Students will be provided with a justification for answers to the question and will be provided with unlimited attempts.

## Assessment Summary for the MiS Course

See Appendix 5

## Student Attendance

All students are required to attend all scheduled clinical placement sessions. As a guide, on placement students are expected to attend daily each weekday (Monday to Friday) except for the Vulnerability in Medicine tutorials on Wednesday afternoon and the Peer-led Teaching and Learning sessions on Thursday afternoon. If it is an expectation of the clinical placement site that students attend after-hours or on a weekend, students are expected to do so.

In Phase 2, students are expected to be present at their allocated clinical site during routine work hours throughout the clinical placement and are expected to attend all learning activities scheduled and recommended by their clinical preceptor.

Clinical Units may prescribe time off placement for student's private study or personal use if this is appropriate for the clinical unit.



As soon as a student is aware that they will be absent from clinical placement, they should advise their supervisor and the relevant Student Coordinator/Course Administrator .

Students with unsatisfactory attendance will be identified in their Clinical Participation Assessment.

## Phase 2 Attendance Guidelines

Please note the University of Queensland guidelines for participation  
<https://medicine-program.uq.edu.au/medical-program-participation-requirements>

## University Fitness to Practice Policy

Students are also required to abide by the University Fitness to Practise policy  
<https://ppl.app.uq.edu.au/content/3.30.14-fitness-practise>

# Student Services

A Student Advisor is available at the UQ Herston campus 5 days per week for any counselling, disability, or international support needs. This is a free service for all students and provides a wide range of supports for any issues students may be experiencing that may be impacting on their wellbeing and/or ability to complete their studies. For more information, please note the student services website at  
<https://medicine-program.uq.edu.au/team/medical-student-support>

**Students can book a confidential appointment by calling Student Support on (07) 3365 1704.**

## Student Occupational Health and Safety

There is a requirement for students to report injuries or incidents that occur whilst on program placements e.g. needle stick injuries, to the University of Queensland. Access to the University of Queensland OHS Incident Reporting Database is available here: <http://www.uq.edu.au/ohs/index.html?page=141331>  
Phone (07) 3365 2365 Email: [hsw@uq.edu.au](mailto:hsw@uq.edu.au)

## University of Queensland Insurance Policies

This section provides general information regarding the University's insurance policies. This information is a summary only and is subject to the Terms, Conditions and Exclusions of the policies. More detailed information is available at <https://governance-risk.uq.edu.au/functions-and-services/insurance>

Students of the university who have approval to undertake course required placements are covered by the following insurance policies:

## Public, Professional and Medical Malpractice Liability

The university holds Liability Protections. If you need to ascertain the nature and extent of the cover, please ask for a copy of the relevant certificate of currency. Please contact UQ insurance Email: [insurance@uq.edu.au](mailto:insurance@uq.edu.au) or phone (07) 3365 3075.

## Student Personal Accident

This covers currently enrolled students while they are engaged in authorised university activities including course required work experience, and direct travel to and from such activities.

## Student Travel Insurance

This policy provides benefits including accidental injury and sickness cover (not full health insurance) for students travelling overseas. The university's policies apply irrespective of whether the activities conducted on a university site or elsewhere, provided the activities are officially sanctioned.

Any incident that may result in a claim should be notified directly to Insurance via Email: [insurance@uq.edu.au](mailto:insurance@uq.edu.au) or **phone (07) 3365 3075**.

## APPENDIX 1 – Introductory Week Timetable

Time	Monday 9th January St Lucia Campus	Tuesday 10th January Oral Health Centre Herston	Wednesday 11th January Health Sciences Building RBWH	Thursday 12th January Free	Friday 13th January Mayne Medical School	Saturday 14th January	Sunday 15th January
08:00-08:30	<b>8:30am - 8:45am</b> <i>Welcome from the Dean, Medical School</i> Professor Stuart Carney	Please note- all of Tuesdays session will be held in the Auditorium Oral Health Centre Herston	<b>08:30am - 8:50am</b> <i>Introduction to Simulation</i> Dr Ethan Salleh (Room 616, (Level 6, Health Sciences Bldg)	Free day		<b>8:00am - 4:15pm</b>	<b>8:00am - 4:15pm</b>
08:30-09:00	<b>8:45am - 9:00am</b> <i>Introduction to AME</i> Professor Andrew Teodorczuk					GROUP 1	GROUP 2
09:00-09:30	<b>9:00am - 09:30am</b> <i>Message from Academic Lead</i> Dr Asela Olupeliyawa		<b>9:00am - 9:50am</b> <i>Clinical Scenario 1</i> (Level 2, Health Sciences Bldg)		<b>8:30am -10:30am</b> <i>Complex and chronic wound management workshop</i> Dr Di Smith (Room 325, Mayne Medical School)	<b>GROUP 1: Queensland Ambulance Service - Trauma Scenario Workshop</b> conducted at Whyte Island, Lytton - bus transfers provided (see Blackboard for details)	<b>GROUP 2: Queensland Ambulance Service - Trauma Scenario Workshop</b> conducted at Whyte Island, Lytton - bus transfers provided (see Blackboard for details)
09:30-10:00	<b>09:30am - 09:45am</b> <i>Year 3 and 4 Academic Support</i> Dr Chaminda Jayaratne						
10:00-10:30	<b>9:45am - 10:30am</b> <i>Intro to Student Services and Medical Student Support</i> Jacinta Sinclair	<b>10:00am - 10:30am</b> Introduction to Mental Health Dr Nicola Warren	<b>10:00am - 10:50am</b> <i>Clinical Scenario 2</i> (Level 2, Health Sciences Bldg)				
10:30-11:00	<b>10:30am - 11:00am</b> <i>Managing difficult workplace encounters, maintaining personal safety in clinical situations</i> Dr Nicola Warren	<b>10:30am - 11:30am</b> Welcome to CCP-MiS and Introduction to MiS Dr Michaela Kelly			Morning tea break		
11:00-11:30	<b>11:00am - 11:15am</b> Break		<b>11:00am - 11:50am</b> <i>Clinical Scenario 3</i> (Level 2, Health Sciences Bldg)		<b>11:00am -1:00pm</b> <i>ECG Workshop</i> Dr Peta Margrie and cardiac scientists from TPCH (Room 325, Mayne Medical School)		
11:30-12:00	<b>11:15am - 12:30pm</b> <i>The WLP and Engaging in Feedback</i> Dr Christy Noble and Dr Rachel Claydon	Break					
12:00-12:30		<b>12:00pm - 1:00pm</b> <i>Rural Case Discussion</i> Prof Peter Baker (Auditorium, Oral Health Centre	Lunch break				
12:30-13:00	<b>12:30pm - 13:15pm</b> Lunch break						
13:00-13:30	<b>13:15pm - 14:30pm</b> <i>Radiology</i> Dr Craig Hacking	Lunch break	<b>1:00pm - 1:50pm</b> <i>Clinical Scenario 4</i> (Level 2, Health Sciences Bldg)				
13:30-14:00							
14:00-14:30		<b>2:00pm -3:30pm</b> <i>Suturing Workshop</i> Dr Carl Lisec (Auditorium, Oral Health Centre)	<b>2:00pm - 2:50pm</b> <i>Clinical Scenario 5</i> (Level 2, Health Sciences Bldg)				
14:30-15:00							
15:00-15:30			<b>3:00pm - 3:50pm</b> <i>Clinical Scenario 6</i> (Level 2, Health Sciences Bldg)				
15:30-16:00							

## APPENDIX 2 – Mid-placement Reflection

MEDICINE IN SOCIETY – MID PLACEMENT REFLECTION				
NAME				
PLACEMENT				
CLINICAL COMMUNICATION	Not really	Sometimes	Usually	
I listen actively to my patients				
I hand over clinical information effectively				
I communicate effectively in routine situations				
I communicate effectively in difficult situations				
I follow instructions carefully				
I communicate in a culturally appropriate way				
PROFESSIONAL IN THE WORKPLACE	Not really	Sometimes	Usually	
I am punctual				
My team knows of my whereabouts on placement				
I check-in with the team at the start of the day				
I check with my team before leaving for the day				
I maintain a professional appearance				
I complete tasks appropriately that are given to me				
I demonstrate respect for staff and colleagues				
ETHICAL PRACTICE	Not really	Sometimes	Usually	
I maintain patient confidentiality				
I seek patient consent when appropriate				
I maintain professional boundaries				
I always consider patient safety				
PROFESSIONAL DEVELOPMENT	Not really	Sometimes	Usually	
I participate in all learning activities available				
I address gaps in my knowledge				
I answer questions when asked				
I ask questions when I am not sure				
REFLECTIVE PRACTICE	Not really	Sometimes	Usually	
I seek feedback				
I accept feedback				
I change my behaviour in response to feedback				
WORKPLACE-BASED LEARNING ACTIVITIES	Not really	Sometimes	Usually	
I actively seek opportunities to practise my skills				
AREAS FOR IMPROVEMENT				

REFLECTION ON MY PROGRESS
HISTORY TAKING SKILLS
EXAMINATION SKILLS
CLINICAL REASONING
PROCEDURAL SKILLS
ACTION PLAN

## APPENDIX 3 - Clinical Case Presentation & Discussion (Marking Rubric)

STUDENT FIRST NAME:	STUDENT LAST NAME:	STUDENT PHOTO	ASSESSOR NAME/S 1.	ASSESSOR POSITION
STUDENT ID:	BLOCK NUMBER		2.	
DATE:			CLINICAL UNIT	HOSPITAL/CLINIC

**INSTRUCTIONS FOR ASSESSORS:** Please mark EACH of the nine criteria by filling in the circle in the appropriate rating column after an OVERALL consideration of the student's characteristics using the criterion descriptors. *A student is considered to have FAILED this assessment if they are marked as 'unsatisfactory' in ANY criteria or 'borderline' in three or more at final submission.* If a student attains an 'unsatisfactory' mark in any criteria or 'borderline' in three or more criteria the student can repeat the assessment or relevant part of the assessment ONCE after considering your feedback to attempt to reach the passing level.

CRITERIA	Unsatisfactory	Borderline	Meets Expectations (What you would expect of a year 3 or 4 medical student)	Exceeds Expectations (What you would expect of an intern)
<b>History, social cultural and structural context</b>	<ul style="list-style-type: none"> <li>Minimal evidence of ability to report a systematic or focused approach to history</li> <li>Does not identify, explore or elaborate on relevant social, cultural, structural context, nor integrate this into the case presentation <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Evidence of difficulty reporting a systematic and focused history, omits important positive or relevant negative findings</li> <li>Limited evidence of understanding of social, cultural, structural context of the patient and integration into the case <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>The history is mostly systematic and focused, includes most important positive and negative findings.</li> <li>Relevant social, cultural, structural context is identified, discussed, and integrated into case <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>History is systematic and focused, includes all relevant positive and important negative findings.</li> <li>Relevant social, cultural, structural context is identified, elaborated, and convincingly integrated into the presentation <input type="checkbox"/></li> </ul>
<b>Examination findings</b>	<ul style="list-style-type: none"> <li>Minimal evidence of an ability to report a systematic or focused approach to examination <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Evidence of difficulty in reporting a systematic and focused examination, omits important positive or relevant negative findings <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Approach to reporting examination, findings is mostly systematic and focused, includes most important positive and negative findings <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Approach to reporting examination findings is systematic and focused, includes all relevant positive and important negative findings <input type="checkbox"/></li> </ul>
<b>Diagnosis</b>	<ul style="list-style-type: none"> <li>Inability to accurately interpret clinical findings</li> <li>Does not demonstrate an ability to justify diagnoses appropriately, many important omissions or inaccuracies suggesting significantly impaired clinical reasoning <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Poor and inaccurate interpretation of some clinical findings</li> <li>Evidence of difficulty justifying diagnoses. Important omissions or inaccuracies. Clinical reasoning is superficial/impaired in important areas <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Reasonable &amp; accurate interpretation of most of the clinical findings</li> <li>Adequate description and justification of diagnoses, occasional element missing but not detracting from overall approach; evidence of consistent, sound clinical reasoning skills <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive, accurate interpretation of clinical findings</li> <li>Accurate, logical, and comprehensive justification of diagnoses; no omissions of important supportive clinical findings, evidence of proficient clinical reasoning <input type="checkbox"/></li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>Inadequate problem list, many key important medical issues missing</li> <li>Demonstrates a poor understanding of pharmacological &amp;/or non-pharmacological management options <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Problem list missing some key important medical issues missing</li> <li>Demonstrates an inconsistent understanding of pharmacological &amp;/or non-pharmacological management <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Adequate problem list</li> <li>Demonstrates a sound understanding of pharmacological &amp; non-pharmacological management options <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive problem list</li> <li>Demonstrates excellent understanding of pharmacological &amp; non-pharmacological management options <input type="checkbox"/></li> </ul>

<b>Health-team contribution to care</b>	<ul style="list-style-type: none"> <li>• No reference to or evidence of understanding of the multidisciplinary team, role of different members and contribution to the patient's care <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Limited reference &amp;/or evidence of understanding of the multidisciplinary team, role of different members Contribution to the patient's care <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Adequate reference and/or evidence of understanding of the multidisciplinary team, role of different members and contribution to the patient's care <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Excellent understanding of the multidisciplinary team, role of different members and contribution to the patient's care <input type="checkbox"/></li> </ul>
<b>Impact of illness and ethical issues if relevant</b>	<ul style="list-style-type: none"> <li>• No reference to the impact of illness on patient and/or family</li> <li>• Does not identify, explore or elaborate on relevant ethical issues. <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Minimal reference to impact of the illness on patient and/or family</li> <li>• Limited reference to or understanding of relevant ethical issues. <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Sufficient reference to impact of the illness on patient and/or family</li> <li>• Relevant ethical issues are adequately identified and explored. <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive consideration of the impact of illness on patient/family</li> <li>• Comprehensive identification and exploration of relevant ethical issues <input type="checkbox"/></li> </ul>
<b>Presentation Content, structure</b>	<ul style="list-style-type: none"> <li>• Content has serious shortcomings, errors or omissions, no evidence of use of learning resources</li> <li>• Unsystematic and/or illogical structure with poorly constructed written/electronic materials <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Content has significant shortcomings, errors or omissions, minimal use of learning resources</li> <li>• Disorganised structure and written/electronic materials not supportive of the presentation <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• No significant content shortcomings, errors, or omissions, good use of learning resources</li> <li>• Predominantly organised/ logical structure, supported by helpful written/electronic materials <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Content accurate and thorough, very good use of learning resources</li> <li>• Well organised, logical and cohesive structure, supported by excellent written/electronic materials <input type="checkbox"/></li> </ul>
<b>Presentation delivery</b>	<ul style="list-style-type: none"> <li>• Presentation failed to engage audience</li> <li>• Communication lacks clarity and logical structure, very difficult to follow <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Presentation lacks engagement</li> <li>• Difficulties in communication at times which impairs clarity and ability to follow the presentation <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Mostly engaging presentation</li> <li>• Communication mostly articulate, and logical and for the most part easily followed <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Engaging presentation</li> <li>• Communication articulate, logical and very easily followed <input type="checkbox"/></li> </ul>
<b>Case discussion</b>	<ul style="list-style-type: none"> <li>• Unable to answer any questions accurately</li> <li>• Unable to clarify any information requested</li> <li>• Contribution to discussion shows a lack of understanding of key elements of the case <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Accurately answers a minority of questions</li> <li>• Can clarify a minority of the information requested</li> <li>• Contribution to discussion shows minimal understanding of key elements of the case <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Answers most questions accurately and with some confidence</li> <li>• Carefully considers and clarifies most of the information requested</li> <li>• Contribution to discussion shows a good understanding of most of the elements of the case <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Accurately answers all questions with confidence</li> <li>• Carefully considers and clarifies any information requested</li> <li>• Contribution to discussion shows an excellent understanding of the case <input type="checkbox"/></li> </ul>
<b>What did the student do well?</b>		<b>How can the student improve?</b>		

ASSESSOR SIGNATURE: \_\_\_\_\_

ASSESSOR NAME (PLEASE PRINT): \_\_\_\_\_

DATE: \_\_\_\_\_



## APPENDIX 4 – Clinical Practice Assessment (CPA) (Marking Rubric)

Descriptors	Unsatisfactory	Borderline	Satisfactory	Proficient	Domains of Professional & Clinical Practice	Data goes to
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.	Sometimes fails to communicate or receive important clinical information from patients. Sometimes develops rapport, attempts to be non-judgemental and patient focussed.	Consistently communicates or receives important clinical information from patients. Usually develops rapport, is non-judgemental and is patient focussed.	Demonstrates high-level communication skills receiving clinical information from patients. Develops rapport readily, is non-judgemental, inspires confidence and is patient focussed.	Clinical communication	Course
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.	Limited skills in history taking. Disorganised approach. Often fails to identify key findings. When reporting findings, shows poor synthesis.	Adequate skills in history taking. Uses a structured approach. Usually identifies key findings. When reporting findings, demonstrates synthesis.	Comprehensive skills in history taking with clear logical structure. Consistently identifies key findings. When reporting findings, shows excellent synthesis.	History	Course
Examination	Very limited examination skills. Highly disorganised approach. Consistently fails to identify key findings. When reporting findings, does not attempt to synthesise.	Limited examination skills. Disorganised approach. Often fails to identify key findings. When reporting findings, shows poor synthesis.	Adequate skills in examination. Uses a structured approach. Usually identifies key findings. When reporting findings, demonstrates synthesis.	Comprehensive examination skills with clear logical structure. Consistently identifies key findings. When reporting findings, shows excellent synthesis.	Examination	Course
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.	Somewhat disorganised case presentations and discussions, with limited ability to identify core features and formulate a case-specific differential diagnosis.	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.	Highly organised and clear case presentations and discussions, that identify all core relevant features & exemplary ability to formulate comprehensive case-specific differential diagnosis.	Clinical Reasoning	Course
Participation and contribution	Does not participate in or contribute to the learning activities (e.g., patient interaction, clinical coaching, ward rounds, tutorials).	Infrequently participates in or shows limited contribution to the learning activities (e.g., patient interaction, clinical coaching, ward rounds, tutorials).	Actively participates in and regularly contributes to most learning activities (e.g., patient interaction, clinical coaching, ward rounds, tutorials).	Enthusiastic participant and outstanding contributor to all learning activities (e.g., patient interaction, clinical coaching, ward rounds, tutorials).	Professional Practice	WLP
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.	Displays inappropriate behaviour (e.g., lack of respect) to peers and/or colleagues at times.	Shows appropriate, courteous and attentive behaviour to peers and/or colleagues.	Displays great sensitivity in interaction with peers and/or colleagues.	Professional Practice	WLP
Considers and acts on feedback	Unwilling to accept feedback or to modify behaviour based on feedback.	Responds inconsistently to feedback. Sometimes reluctant to accept feedback or to modify behaviour based on feedback.	Accepts feedback, and modifies behaviour accordingly.	Proactively seeks and readily accepts feedback and modifies behaviour on that basis.	Reflective Practice	WLP
Social and cultural competence	Very limited consideration of patients' culture and/or personal circumstances (e.g. rude, aggressive or derogatory approach).	Limited consideration of patients' culture and/or personal circumstances.	Considers and respects patients' culture and/or personal circumstances.	Exemplary consideration of patients' culture and/or personal circumstances.	Social/Cultural competence and Safety	WLP
Notice of concern & notice of exemplary performance	Has demonstrated unprofessional or unsafe behaviour [eg boundary violations; cheating; causing harm to patient or colleague, inclusive of all staff] and I wish to bring this to the OME's attention.	Behaviour and professionalism are borderline and remediation may be required.	Behaviour and professionalism are satisfactory and I have no concerns with this aspect of this student's progression towards internship.	Performance, behaviour and professionalism have been exemplary in all aspects of placement and I wish to bring this to the OME's attention.		WLP

## APPENDIX 5 – MiS Assessment Summary

ASSESSMENT	COMPONENTS	DUE DATE	WEIGHTING	LEARNING OUTCOMES
CLINICAL PLACEMENT ASSESSMENT				
<i>Clinical Case</i>	Clinical Case Presentation and Discussion (CCPD)	Usually completed in Week 5 or 6	9 of 27 assessment criteria	1, 2, 3, 4, 5, 6, 7, 8, 10, 12, 13, 14
<i>In Training Assessment</i> Clinical Participation Assessment (CPA)	Clinical Participation Assessment (CPA)	Needs to be completed by the final day of clinical placement	Performance Hurdle - 4 assessment criteria	1,2,3,5,6,7,8,9,10,11,12,13,14
TUTORIAL ASSESSMENT				
<i>Tutorial exercise and discussion</i> Medicine in Society Tutorials (ViM or CiM)	<i>Understanding the Person Discussion (UTPD)</i>	According to schedule	9 of 27 assessment Criteria	1,2,3,4,9,14,15,16,17,18,19
	<i>Tutorial Participation</i>	Participation and engagement over the 6 weeks		
<i>Tutorial Exercises and discussion</i> Peer-led Teaching & Learning	<i>Tutorial tasks/exercises</i>	Completion of tasks according to schedule	5 of 27 assessment criteria	6,7,13,14,18,19
	<i>Tutorial participation</i>	Participation and engagement over the 6 weeks		



## APPENDIX 6 – General Information about the WLP course

During the year-long Workplace Learning Portfolio (WLP) course students will complete workplace-based activities that will be documented, assessed, and collected into a portfolio. Students will be responsible for managing their own portfolio as they gather evidence of standards, competencies and accomplishments reached through Phase 2 of the program. Importantly, the portfolio is expected to act as a catalyst for student reflection on academic goals and personal approaches to learning.

### The clinical learning activities that comprise the WLP

The WLP course consists of four types of activities known as mini-CEXs, DOPS, COPS and CPAs. These are described below.

Workplace-based assessments for *short* clinical-based episodes will be the mini-clinical evaluation exercises (mini-CEXs), and the direct observation of procedural skills (DOPS). *Longitudinal* assessments across the placement will be the clinical participation assessments (CPAs).

*Mini-CEX:* These are real-life episodes of care or interaction between a student and a patient or a student and a colleague, observed by the supervisor for up to 15 minutes, and rated on a standard rating form. The three main types of mini-CEX are as follows:

- *History* (e.g., chest pain, headache, weight loss, pain)
  - *Examination* (e.g., abdominal, cardiac, cranial nerve, respiratory etc.)
  - *Management* (e.g., Detailing a proposed management plan for a patient they have seen or explaining an aspect of management to a patient after discussing with their assessor first)
- 
- *Direct observation of procedural skills (DOPS).* These are assessments of technical procedures (See Appendix 7 for a list of skills). Please note that students can enter other procedural skills into the WLP under the 'other' category
  - *Compulsory Observation of Procedural Skills (COPS) – procedures which students must at least observe at some stage during phase 2 and have their attendance signed by a clinician* (Please see Appendix 7 for a list of skills) Please note that students can enter other procedural skills into the WLP under the 'other' category
  - *Clinical participation assessments (CPAs).* A CPA is a global assessment of clinical communication skills, social and cultural competence, history taking and examination techniques, professional and reflective practice. Assessment is completed by the supervisor at the end of the student placement. Ideally, students will have met with their supervisor to discuss progress mid-way through the placement. As noted previously, 4 of the assessment criteria of the CPA will contribute to MiS course assessment and the remaining criteria will contribute to the WLP course and be accumulated over the academic year.

## APPENDIX 7 – Lists of DOPS and COPS

These are the various skills that students are required to perform or observe during phase 2 of the medical program. Please consider what opportunities might be available for students on your clinical unit.

Direct Observation of Procedural Skills (DOPS)	Compulsory Observation of Procedural Skills
Hand hygiene	Nebuliser set up
PPE – demonstrate use of, including disposal	Spirometry – performance & interpretation
Venepuncture	Central venous line
Arterial Blood Gas and correct interpretation	Nasogastric tube insertion & position confirmation <i>Simulation acceptable</i>
Collection of Blood Cultures	Intercostal chest drains or pleural tap/drainage <i>Simulation acceptable</i>
Wound swab	Lumbar puncture or spinal anaesthetic <i>Simulation acceptable</i>
Intramuscular injection	Compression bandage/ stocking
Subcutaneous injection	Treatment of a burn
BGL – ward/clinic test and correct interpretation	Complex wound suturing
Urine – ward/clinic test and correct interpretation	Incision & drainage of abscess
Urine – ward/clinic pregnancy test	Debridement of a contaminated wound
Otoscopy and diagnose ear pathology (if present) correctly	Digital nerve block
ECG 12 lead – perform and interpret	Attending a theatre case involving implantation of plates, intramedullary nails, or joint replacement
Set up & commence Oxygen therapy – appropriate indication, delivery	A joint relocation or fracture reduction under regional block, procedural sedation, or GA.
Demonstrate correct asthma reliever therapy delivery, including use of spacer	A joint aspiration or injection
Scrub for sterile procedure	Abdominal paracentesis <i>Simulation acceptable</i>
Suturing – basic interrupted sutures <i>Simulation acceptable</i>	External auditory canal, irrigation, or micro-suction
Suture or wound staple removal <i>Simulation acceptable</i>	Fluorescein staining
Plaster of Paris or Synthetic Slab or Cast application; Upper Limb	Skin biopsy/excision of a lesion
Plaster of Paris or Synthetic Slab or Cast application; Lower Limb	
Urinary bladder catheterisation – female and male	
Slit lamp – demonstrate use to examine for foreign body, includes eyelid eversion	
Fundoscopy	

## APPENDIX 8 – UPDATES to the WLP Course 2022

The WLP course in 2022, the following changes have been made to the Mini-CEx, DOPS, COPS:

- The use of **electronic forms** – students will present the form on their phone/device to the preceptor
- Simplification of **rating to a global rating as follows:**
  - *At standard or*
  - *Not yet at standard*
- Text box for the assessor to provide feedback

### \* Global rating

- ☐ Not yet at standard (*Lacks expertise to competently and safely perform the procedure. The student requires considerable direction from the supervisor to assist them with the procedure*)
- ☐ At standard (*Can perform the procedure safely with indirect supervision or with the supervisor available to provide intermittent direction with occasional prompting*)

### \* Assessor Feedback:

(Specific, actionable feedback that the student can focus on to improve their performance the next time they complete the procedure)


**e.g.** *one thing you would do differently, how to better prepare for the procedure.*

- New technology for 2022 that supports a voice to text function. Assessor feedback can be provided verbally and this will be converted to text on the electronic form.

## APPENDIX 9 – CHALK & WIRE

### 1. Login to ePortfolio (Chalk and Wire)

1. Open your email from **Chalk and Wire Portfolio**. Click on the **Go to UQ ePortfolio** link.
2. Use Google Chrome, Firefox, or Safari as your web browser.
3. Type in your email address under **GUEST LOGIN**.
4. Click the top **LOGIN** button.



THE UNIVERSITY  
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AUSTRALIA

UQePortfolio

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### Work to Assess from The University of Queensland

Dear Stuart Bowker - External

Thank you for taking the time to mentor **Adam Medicene**, we appreciate you providing the benefit of your experience to our students. As a component of their course, students are required to have their performance evaluated by their external supervisor.

Your feedback can be provided by clicking through to the UQePortfolio on the below link. If you are new to the UQePortfolio, you may wish to view the [Quick Start Guide](#).

Thank you for your help in providing an evaluative educational experience for **Adam Medicene**.

Go to UQePortfolio

1

GUEST LOGIN

2

LOGIN

3

## 2. Assess the student



**Mobile phone users:** Turn your phone 90 degrees and expand rubric for ease of viewing assessment.

[illegible]

1. Check the name at the top and photo below the instructions.
2. Hover over the boxes (or click if on a phone or tablet) for criteria descriptions. Click in the box which most represents the student's characteristics. Click NEXT and assess on the next criteria.
3. **Your feedback is the most important aspect of this assessment.** Please type in the OVERALL COMMENTS box up to three strengths and three areas where this student could improve.

**EXPANDED VIEW (preferred view)**

1

2

Overall Comments

REQUEST RESUBMISSION

CREATE NEW ASSESSMENT

1. Click in the box which most represents the student's characteristics. Mark each of the five criteria.
2. Your feedback is the most important aspect of this assessment. In the Overall Comments box (or beside the criteria), please list up to three strengths and three areas where this student could improve.
  - N.B. Do not click "Request resubmission" or "Create New Assessment".

3. SAVE, final score of N/A and repeat or log out.

Click on your name to log out

1

3

MED4019/7403 Critical Care Clinical Participation Assessment

2

N/A

OPTIONAL FINAL GRADE %

1. Click on the Green Save or Save Now at the top.
2. You should see a final score of N/A and HELD which indicates that this assessment is complete. Do not add in a final grade % as it is not taken into account for this assessment. The assessments are held and then released to the students at the end of the rotation.
3. LOG OUT or assess another student: Click on the checkmark or tick (or menu icon on a phone) to view a list of your other students to assess or return to your email and start at STEP 1 again.

## APPENDIX 10 – Recorded lectures available to students

Focus	Lecturer
<b>Rehabilitation Focus</b>	
Rehabilitation Medicine - concept and multidisciplinary care	Dr Ling Lan
Traumatic Brain Injury	Dr Ryan Bell
Spinal Cord Injuries	Dr Claire Panagoda
Rehabilitation- the perspective of the patient	Dr Michelle Owens
<b>Palliative Care Focus</b>	
Emergencies in Palliative Care	Dr Nash Weir
Palliative Care- cardiovascular and neurological conditions	Dr James Stevenson
Adolescents with Life Limiting Illness	Dr Anthony Herbert
Psychiatry in Oncology	Prof Jane Turner
Spirituality in Medicine	Emeritus Prof Geoff Mitchell
<b>Geriatric Medicine Focus</b>	
The Older Person and Comprehensive Geriatric Assessment	Dr Salih Salih
The Older Person – psychiatric considerations	Prof Gerard Byrne
Role of the Physiotherapist in care of Older People	Dr Heather Batten
Role of the Occupational Therapist in the Care of Older People	Casey, OT Redland Hospital
<b>General</b>	
The Science of Whole Person Care	Dr Johanna Lynch
Dealing with Grief and Traumatic Situations	Dr Trudy Honore
Medical Care of Homeless People	A/Prof Nancy Sturman
Refugee Health	Dr Margaret Kay
Doctor's Health and Wellbeing	Dr Margaret Kay
Lessons from the Patel Litigation	Mr Liam Kelly QC
Alcohol and Drug Addiction	Dr Gillian Eastgate