

Handbook for GP Teachers



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Welcome

Welcome from the **GPCU** and thank you for participating in this important component of the Program.

We believe that all medical students can benefit from spending time in General Practice, both to learn skills that GPs are best at, such as dealing with uncertainty, and to gain an understanding of health in the primary care setting.

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

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

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

Our Team

Professor Katharine Wallis	Head, General Practice Clinical Unit and Mayne Professor of General Practice
Dr Annabel Chau annabel.chau@uq.edu.au	Academic Coordinator for the Urban LInCC Course General Practice Clinical Unit
Dr Hayley Thomas h.thomas@uq.edu.au	Academic Coordinator for the General Practice Course General Practice Clinical Unit
Ms Sandra Comer med.mdgp@uq.edu.au Ph. 07 3365 5260 Fax: 07 3346 5178	Course Administrator for the General Practice Course General Practice Clinical Unit
Ms Kim Wicks med.mdgp@uq.edu.au Ph. 07 3346 5137 Fax: 07 3346 5178	Student Coordinator for the General Practice Course General Practice Clinical Unit
Ms Natalie Best med.ul@uq.edu.au Ph: 07 3346 5136 Fax: 07 3346 5178	Student Coordinator for the Urban LInCC Course General Practice Clinical Unit

If you are unsure who to contact, please email med.mdgp@uq.edu.au, as this email is closely monitored and your enquiry can be redirected as required.

GP Placement Dates 2023	
Placement 1	16 January - 24 February
Placement 2	27 February – 7 April
Placement 3	17 April – 26 May
Placement 4	26 June – 4 August
Placement 5	7 August – 15 September
Placement 6	25 September – 3 November

Urban LInCC Placement Dates 2023	
Semester 1	13 February – 19 May
Elective	<i>Break: 27 March – 31 March</i>
Semester 2	10 July - 20 October
MEDI7280	<i>Break: 28 August – 1 September</i>

The University of Queensland Medicine Program

The current UQ Medicine Program is a four-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.

Students have an opportunity to apply to undertake a 14-week (half day per week) general practice clinical placement in Year 2, as part of the Urban LInCC selective. All students complete the 6-week (minimum 30 sessions) General Practice course in Year 3. This handbook is relevant to both Year 2 and 3 GP clinical teachers. Please note that the expected level of competence reflects the students' progress in the course.

A new UQ MD Program curriculum has commenced in 2023, with intake of the first Year 1 cohort. We are expecting to see an increased role for general practice in the second and fourth year of the new program. More details will be provided in due course.

Detailed information about the MD program can be found by going to the Faculty of Medicine's website: <https://medical-school.uq.edu.au/study/md-curriculum>.

Guidelines for GP Clinical Teachers

General advice

- Please be positive about general practice! Students are more likely to consider general practice as a career if they meet positive role models and identify the intellectual challenges of our speciality.
- Please **do not provide clinical care** to your student while they are on placement with you (except for emergency care). For reasons of both confidentiality and boundaries, we ask students not to seek placements in practices in which they or a close relative is either employed or a patient.

Welcoming the student

- We ask that you meet with your student at the beginning of the course, and **introduce** them to their GP clinical teachers, your practice staff, and your policies and procedures.
- We recommend that you ask your student to complete a **confidentiality agreement form** – which is provided to you at the commencement of the course
- Please **arrange mutually convenient times** for the student's clinical sessions.

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 GP teacher about the management of all patients;
- The ultimate management of the patient should be provided by the GP teacher.

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

Please note that students' clinical experience may be limited, especially for second year students. 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.

Expected Student Behaviour

Attendance:

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

Dress:

Students are asked to be tidy with clothing appropriate to the clinical setting and aware of personal hygiene.

Approach to patients:

Students are asked to treat all patients with respect remembering the ethical and legal requirements of clinical practice. 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.

Approach to staff:

Students are expected to treat all practice staff with respect and undertake any reasonable requests made of them by practice staff.

Student Access Plans

The University of Queensland aims to provide an inclusive environment for students who have a disability or are experiencing exceptional circumstances. These students often develop a 'Student Access Plan' in consultation with a Diversity, Disability and Inclusion advisor. The Student Access Plan is designed to assist students to equitably participate in their program by recommending reasonable adjustments in their courses to accommodate the impact of their condition or circumstance, and to facilitate discussion between the student and teachers responsible for implementing adjustments. If a student has an access plan that affects their GP placement, you may be advised of this by email from the relevant course administrator. We also advise students to raise their plan with teachers directly. **If you have any queries or concerns about the appropriate implementation of adjustments or how these may affect a student's ability to meet course requirements, please contact the academic course coordinator in the first instance (med.mdgp@uq.edu.au).** Please also note that there may be some students experiencing difficulty whom we are not aware of, and if you have any concerns about students' wellbeing, performance or professionalism please do not hesitate to let us know (med.mdgp@uq.edu.au).

Patient Consent

Consent must be obtained from your patient and recorded in the patient's chart for the student to participate in their consultation with you. This is a requirement of RACGP accreditation standards (see <https://www.racgp.org.au/download/Documents/Standards/RACGP-Standards-for-general-practices-5th-edition.pdf> for further interest). Patient consent should be obtained without the student present, for example at the time of making the appointment or when the patient checks in with reception. Please consider confirming patient consent through the consultation if it moves to more intimate or sensitive concerns.

We commend the common practice of displaying a sign introducing the student in your waiting room (a "Notice for Reception Area" is provided via email prior to the commencement of each block for you to use if you do not already have one).

Medical Indemnity

Medical Student Insurance Cover

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

GP Teacher Medico-legal Cover

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

Your responsibility to notify the University

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

Occupational exposures, practice incidents

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

In the event of any student exposures or other incidents relating to the student which affects staff, student or patient safety, please contact our team so we can provide you with any assistance needed. Contacts include the General Practice Clinical Unit 3365 5260, Dr Hayley Thomas (GP course, h.thomas@uq.edu.au), Dr Annabel Chau (Urban LInCC course, annabel.chau@uq.edu.au), Ms Sandii Comer (med.mdgp@uq.edu.au) and Prof. Katharine Wallis (GPCU Head, k.wallis@uq.edu.au). We will also contact the student to advise them on UQ protocols to be completed based on the incident. Please also ensure that the student completes a UQ Incident Report Form <https://medical-school.uq.edu.au/current-students/student-ohs> for any exposure incidents.

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>

Troubleshooting and Managing Concerns

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

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

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

- The GPCU email inbox med.mdgp@uq.edu.au is monitored regularly by the professional staff team, who will ensure your concern is managed promptly, sensitively and discreetly and forwarded to the appropriate staff member for response.

- You may also contact the Faculty of Medicine <https://medicine.uq.edu.au/files/52352/MSS-referral-contacts-A4-brochure-2page-DIGITAL.pdf> members of the medical community, including patients, can make a referral for assistance if they have concerns about a medical student.

Support for Students

UQ has a range of resources for students who are in need of support. These include a dedicated website

UQ Medical Student Support Services provide support across the Medicine Program.

Email: med.mss@uq.edu.au Ph: (07) 3365 1704; After Hours Crisis Support: 1300 851 998;

Website: <https://medicine-program.uq.edu.au/medical-student-aspirations-and-support>

There is also external support available:

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

Support for GP Teachers

Teaching Resources

The **UQ General Practice website** provides a range of teaching resources: https://medical-school.uq.edu.au/mayne-academies/general-practice#qt-uq_general_practice-foundation-tabs-2

- 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 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.

Practice Incentives Program Teaching Payments

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

CPD points

General practitioners can claim CPD hours for teaching medical students in general practice. Please find further details attached from RACGP.

RACGP will approve up to a maximum of 30 hours CPD per GP per year for involvement in teaching in general practice, allocated as 15 hours Educational Activity and 15 hours Reviewing Performance. The RACGP is required by the Australian Medical Council to audit 5% GP CPD records per year.

Tips for GP teachers on claiming CPD hours:

- The General Practice Clinical Unit, University of Queensland will provide a letter confirming practice provision of clinical placements for medical students at the end of each semester.
- Keep a log of your hours teaching and/or your practice teaching roster.
- Login to your RACGP CPD dashboard to claim your CPD hours for teaching.

- a. Educational activities (up to 15 hours per GP teacher per year for teaching):
 - Log of dates and time spent teaching where possible with a summary of key discussion points and reflections.
- b. Performance review (up to 15 hours per GP teacher per year for teaching):
 - If the teaching and/or case-based discussions prompted reflection on your own practice and performance, you could claim hours in the performance review category, keeping a log of reflective notes.
 - Log of reflective notes may consider the following questions:
 - i. What were the main topics covered?
 - ii. What were the key learnings?
 - iii. Was this activity relevant to your practice? Why/why not?
 - iv. Will you change your practice as a result of this activity? If so, how?
 - v. Are there any barriers to implementing changes to practice, and if so, how will you overcome these?

Academic Title Holder Applications

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

- Acknowledgement of your contribution; recognition of excellence through promotion
- UQ library access, including access to eTherapeutic Guidelines and the Australian Medicines Handbook
- Option to sign up for a UQ Fitness Passport, which gives access to sporting facilities around Brisbane at a reduced cost
- 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

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>

The Urban Longitudinal Integrated Community Care (Urban LInCC) Course and Elective

The Year 2 Urban LInCC placements provide students with valuable experience within the General Practice environment as well as continuity of patient care. Students must apply to participate in Urban LInCC and is not currently available to all students.

The placements are currently managed as a student work experience placement in Semester 1 and as a selective MD course (MEDI7280) in Semester 2. 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 in 2024 as the Urban LInCC project draws to a close.

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.

Timetabling and Attendance

The student will spend one half day session (not less than 3 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 time and day 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.

Learning Objectives

- 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

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.

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 Academic staff.

Year 2 Urban LInCC Assessment

GP required assessment tasks

Clinical Participation Assessment (CPA)

- To be completed and discussed with the student at the end of placement. The student may approach you halfway through their semester to see how they are progressing with regards to their CPA. This is a good learning opportunity for the student and allows them time to act on provided feedback. CPA is expected to be completed in the final 2 weeks of placement.

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.

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 is to be indicated on the Mini-CEX marking rubrics 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.

Assistance may be required in selecting a suitable patient for the student's Person-Centred Management plan. See below in "Assessment tasks to be completed by the student" for further detail on this task.

Assessment Tasks to Be Completed by the student

Person-Centred Management Plan (written report with template provided)

The aim of this written task is to demonstrate student's knowledge in regards to providing community-based care to patients with chronic illness within the context of the Australian Healthcare System.

Students are asked to formulate a person-centred mock management plan for a de-identified patient with a chronic illness they have seen during their placement. This plan is expected to envisage the next 12 months of management for the patient and written from the perspective of being the patient's mock General Practitioner. It is expected that approximately 30 minutes is spent with the patient developing this plan, seeking feedback and input from the patient along the way.

Students are expected to use the template provided on the UQ Blackboard site and submit their completed plan via the UQ Blackboard submission link. Satisfactory completion of this written report is required in order to pass the course.

Reflective Letter to the General Practitioner

An **end of semester reflection**, in the form of a letter to you as the supervising GP will complete the student's learning as they develop their skills in reflection and how this will guide their future practice.

Other Tasks for Student to Complete:

- Attendance sheet

The General Practice Course

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

Timetabling and Attendance

Students are expected to spend at least 30 sessions (half days, not less than 3 hours) in a clinical setting during the 6-week general practice block, under the supervision of their teaching GPs. They are welcome to attend for a greater number of sessions following negotiation with the practice. Practice Incentives Program (PIP) payments can be claimed for all these sessions. It is the expectation of the General Practice Clinical Unit that sessions will be spread evenly over the course UNLESS this is not convenient for the teaching practice.

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

Learning Objectives

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

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

Teaching Provided to Students by the GPCU

Each week throughout the 6-week general practice clinical placement, students meet for a 2.5–3-hour case-based tutorial facilitated by a practising GP (in which they review de-identified cases of interest from their week in general practice, discuss ethical and professional issues which have arisen, and practise their consultation skills). They have also been given a suite of recorded lectures and reading resources to study, in the times they are not assigned to clinical sessions. These resources are provided on a GP Course Blackboard site.

Student learning has been grouped into weekly themes, covering conditions and topics best suited to learning during general practice placements. It might be helpful to focus these themes in the corresponding weeks.

- Week 1 – The Australian Healthcare System, Cardiovascular and Respiratory Medicine
- Week 2 – Women's and Men's Health, Sexual Health
- Week 3 – Aboriginal and Torres Strait Islander Health, Skin Medicine, Mental Health, Fatigue.
- Week 4 – Social Determinants of Health, Paediatrics, Endocrinology
- Week 5 – Refugee Health, Aged and Palliative Care, Pain Management, Musculoskeletal Medicine
- Week 6 – GIT, Headache, Emergencies in General Practice

Year 3 General Practice Course Assessment

GP Required Assessment Tasks

Clinical Participation Assessment (CPA)

Two CPAs are to be completed and discussed with the student, one in week 3 (mid-block) and one in week 6 (end-block). Please note that both mid-block and end-block CPAs are summative assessments and that your student may fail the course based on an unsatisfactory CPA. Please discuss any students to whom you have awarded any “Unsatisfactory”, or 2 or more “Borderline”, ratings on the week 3 CPA, with the Academic Course Coordinator or your local Academic Discipline lead, so that we can provide appropriate support for you and the student. For instructions on completing the CPA, and copies of the marking rubrics, please see Appendix 1.

Assessment Tasks to Be Completed by the Student

- Multiple Choice Question (MCQ) Examination. (60%) Held at the end of the semester
- A role-played clinical case assessment (25%). Held in the last week of each block.
- In-tutorial assessment (15%). Based on tutorial participation over the block.
- Other Tasks for Student to Complete:
- Attendance sheet

Workplace Learning Portfolio (WLP)

WLP is a Year 3 and 4 course that is independent from the general practice course (with its own Academic Course Coordinator). The overarching principles of the WLP are to provide regular opportunities for students to be observed performing key clinical tasks, and to engage in contemporaneous feedback. Tasks to be completed include DOPS (Direct Observation of Procedural Skills), COPS (Compulsory Observed Procedural Skills) and Mini-CEXs (mini Clinical Evaluation Exercises). There is a minimum number of DOPS (assessed as At Standard) which a student must complete across Phase 2 (Year 3 and 4). They are able to undertake these activities on multiple occasions over the year until they can demonstrate proficiency and competency in the tasks being assessed.

Students may request that you observe and sign off on these activities during their general practice placement. These are formative assessments. Please do not hesitate to mark a student as ‘Not Yet at Standard’; this will not affect their progression in the course. Your student will open up the correct blank form on their mobile device for you to complete and sign. Sign off for DOPS may be by anyone who is credentialed to perform the procedure independently in their workplace (including, for example, GPs, GP registrars and RNs).

The Academy for Medical Education (AME) is always pleased to receive your feedback, questions and suggestions for improvement; for the WLP course, please direct these to med.wlp@uq.edu.au.

Appendix 1: Instructions for Completing CPA Assessments Online

For second year students, CPAs are paper-based and submitted by the student. For third year students, you will receive an email with the subject heading 'Work to Assess from UQePortfolio' to the email address which is registered with the General Practice Clinical Unit (typically the practice manager's address). This email contains a link to access the assessment. The main GP teacher can log in and complete the assessment using the registered email address as the login. Further instructions are available here: [Quick Start Guide for External Assessors - eLearning - University of Queensland \(uq.edu.au\)](#) When several GPs at a practice have contributed to the student's teaching and learning, it is advisable for the same GP clinical teacher to perform both CPA assessments. Please seek input as appropriate from your clinical teacher colleagues before completing the assessments.



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

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

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

ASSESSOR SIGNATURE:

ASSESSOR NAME (PLEASE PRINT): _____

DATE: _____

ASSESSOR SIGNATURE:

ASSESSOR NAME (PLEASE PRINT): _____

DATE: _____

Appendix 2: Suggested Learning Activities for Second Year (Urban LInCC) Students

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 	<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

- Examine a patient's lower limb looking at peripheral pulses, skin etc
- Examine a patient's ankle
- Examine a patient's knee
- Use an auroscope/otoscope
- Do a mini mental state examination on a patient

Procedural skills

- Use a glucometer
- Do urine dipstick testing
- Do an ECG
- Do spirometry
- Give an injection
- Assist/do suturing
- Assist/do a venesection
- Observe/do a pap smear

Discussion points

- 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
- Notifiable diseases
- Patient confidentiality issues
- Ethical issues/dilemmas
- Medico-legal situations
- Certificates/Workcover/Centrelink
- Medical lifestyle issues
- Doctors' health/treating other doctors



Contact details

General Practice Clinical Unit

T +61 7 3365 5260

E med.mdgp@uq.edu.au

W medicine.uq.edu.au

CRICOS Provider Number 00025B