

# 2024 Student Handbook Domestic & International Students



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# 1. Course Overview

Rural and Remote Medicine is a discipline based upon a unique mode of practice that is different and additional to urban practice, in the context, content and process of care<sup>1</sup>. While the knowledge and skills may be drawn from multiple areas of medicine, it is their application within the bush context, and a defined set of professional values, that mark rural and remote medical practice as different and additional.

Rural medical practitioners commonly work in one or more roles and work settings, such as hospitals, private practice, Indigenous medical services and community health centres. Clinical practice is governed by a number of common parameters such as:

1. Isolation – geographical, social, cultural – requiring health professionals to understand and deal with the patient's context
2. Professionally challenging – requiring health professionals to be confident, emotionally resilient and self-reliant
3. A focus on holistic patient care – requiring a broad generalist set of skills and knowledge
4. Team based case management – requiring an understanding of the need for inter-professional collaboration in the provision of patient focused health care.

Rural and remote medical practitioners are commonly called upon to provide continuum of care from primary presentation to resolution, plus those issues associated with public health in small communities. Their practice is both advanced and extended, as they undertake the roles that would be referred to a specialist such as: obstetrics, surgery, anaesthetics, and emergency care and do so in primary and tertiary settings. There is considerable evidence of the much greater provision of procedural, emergency and other advanced care by rural medical practitioners. These factors all increase with the degree of geographical remoteness in Australia. The more rural the doctor, the more likely they are to manage myocardial infarctions to a higher level, administer cytotoxic drugs, perform forensic examinations, stabilise multiple trauma patients pending retrieval and coordinate discharge planning<sup>2</sup>.

Rural and remote medical practice is a broad horizontal discipline that intersects many medical specialities and general practice. At the core of students' learning experience will be a structured clinical placement where students will work closely with a Preceptor who will guide and support students as they provide health care in the context of a rural and remote environment.

Students will live in the host town and the focus will be on students immersing themselves in the communities in which their clinical placement occurs. The expectation is that students, within their placement sites will be valued trainee members of the healthcare team rather than passive learners. Prior to taking a clinical placement, students will undertake a comprehensive introductory week program to prepare them for this role.

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<sup>1</sup> Smith, J.D. & Hays, R. (2004). Is Rural Medicine a Separate Discipline?. *Australian Journal of Rural Health*, 12: 67-72.

<sup>2</sup> Australian College of Rural and Remote Medicine, (2007). *Primary Curriculum*. 3<sup>rd</sup> Ed. Brisbane, Australian College of Rural and remote Medicine.

## 2. Course Information

### 2.1 Why do a Rural Placement?

Rural placements can enhance your professional development and confidence through hands-on learning, team-based patient care and opportunities for greater autonomy and responsibility<sup>3</sup>. There are opportunities to contribute to the health needs of remote and rural Australians. Australia-wide evidence shows that<sup>4</sup>:

- the health of rural people is poorer than that of their city counterparts;
- accessing primary care, dental care, allied health and specialist services is more difficult and, in many regions, requires greater time and expense on travel and accommodation;
- shortages of health professionals, including doctors, allied health professionals, become more pronounced with remoteness;
- the health of Indigenous people living in rural and remote areas is significantly worse than that of their non-Indigenous counterparts;

### 2.2 Course Aims

At the end of the Rural and Remote Medicine course students should have gained experience with a range of clinical and community health problems encountered by physicians in rural communities.

### 2.3 Learning Objectives

After successfully completing this course you should be able to:

1. Have an understanding of rural communities and rural medicine
2. Understand the principles in recognising and managing the resuscitation of the critically ill, deteriorating and injured patient
3. Gain an understanding of Aboriginal health issues and cultural safety in the rural setting
4. Develop a strategy and gain experience in the interpretation of ECGs
5. Gain an understanding of the physiology, indications, process and complications in excision and suturing techniques
6. Gain an understanding of the physiology, indications, process and complications in ICC insertion
7. Gain an understanding of the physiology, indications, process and complications in trauma in a rural setting
8. Gain an understanding and experience in forearm plastering techniques
9. Gain an understanding and experience in Intra Venous and Intraosseous cannulation
10. Gain an understanding and experience in Venepuncture
11. Gain a basic understanding of Ultrasound in the rural clinical setting
12. Gain an understanding of benign and malignant skin lesions including examination, diagnosis and treatment.
13. Gain an understanding of the diagnosis, treatment and management of snakebites in a rural setting
14. Gain an understanding of the diagnosis, treatment and management of spider, bug and marine creature bites and stings in a rural setting

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<sup>3</sup> National Rural Health Student Network, (2015) – *Rural Placement Guide*. Melbourne, Australia, National Rural Health Student Network

<sup>4</sup> National Rural Health Alliance LTD (2018). *Fact Sheet – August 2018*. Canberra, Australia, National Rural Health Alliance

15. Gain an understanding of Zoonoses and Tropical Diseases in a rural setting
16. Gain an understanding of X-ray imaging availability and use in rural and remote hospitals
17. Appreciate the limitations, challenges, communication and procedural skills required to manage trauma patients in the pre-hospital environment
18. Present a systematic review of patient history, examination and investigations to demonstrate appropriate clinical reasoning to justify a differential patient diagnosis and management plan.
19. Identify, understand and integrate relevant Population Health issues pertinent to a specific rural community and relevant clinical topic
20. Ability to identify, explore and elaborate on relevant ethical issues
21. Identify and engage with relevant health professionals, organisations, patients and/or carers in relation to health services in the rural community
22. Design and evaluate an intervention to address health related rural issues specific to the local population
23. Demonstrate professional behaviour in the clinical, tutorial and online learning

## 3. Before you go

### 3.1 Getting there

There are generally a few different ways to get to a rural placement including driving, flying or booking a coach or train. Research the different ways of travelling to your placement site. Keep in mind that not all rural locations have a daily service, and these may have been further limited due to COVID-19 travel restrictions, so you may need to adjust your accommodation and arrival/departure dates if relying on public transport. If you are not taking a vehicle, ask your local contacts about getting from the airport/station/bus stop to your accommodation.

### 3.2 Getting Around

Many rural towns are without public transport facilities or taxi services. If you are not taking your own transport, this can make getting around your community a little more difficult. Before you go on placement, find out about:

- The distance of your accommodation from your work site and other facilities, such as shops
- Local transport facilities, such as buses and taxis
- Consider alternate transport, such as bike hire (or taking your bike along with you)

### 3.3 UQ Travel Safe Guidelines

For those students who are driving to and from your rural placement - we recommend the following actions before your drive to ensure you arrive safely:

- Make sure your vehicle is safe to drive – your vehicle must be **roadworthy and registered**
- Check that you have current and appropriate **vehicle insurance** (preferably comprehensive insurance)
- **Plan your trip** <http://www.tmr.qld.gov.au/Safety/Driver-guide/Driving-safely/Planning-your-trip.aspx>
- **Print directions** – you may not have mobile phone coverage at all times on your trip (check your service provider coverage map)
- **Include rest stops** on long trips so you **don't drive tired** (<http://www.tmr.qld.gov.au/Safety/Driver-guide/Driving-safely/Driving-tired.aspx>)

- Check for **traffic updates** (<http://131940.qld.gov.au/>) and changes to road conditions (<http://www.qld.gov.au/transport/conditions/roadworks/road-closures/index.html>)
- Look at **weather forecasts** and beware of **flooded roads** (<http://www.qld.gov.au/transport/safety/road-safety/wet-weather/index.html>)
- Avoid driving at dawn or dusk, as these times have an increased risk to safety

The RACQ website is also a great source of information when you plan your trip:

<http://www.racq.com.au/cars-and-driving/safety-on-the-road/roadconditions>

Talk to your fellow students to see who is driving your way but remember to keep a safe distance if following other cars (especially in wet conditions or on unsealed/dusty roads).

Please review the [Rural Road safety advice](#) from the Faculty of Medicine.

### 3.4 Animals on the Road

Kangaroos account for 90% of crashes involving animals. Collisions are much more common in winter and the Queensland hotspots include Goondiwindi, St George, Bundaberg, Rockhampton, Blackwater, Warwick, Emerald and Toowoomba.

#### RRM Student – Semester 2 2020

IT HAD JUST GOTTEN DARK AND I WAS ABOUT 20KM FROM ROCKHAMPTON WHEN I HIT KANGAROO – I WAS OK BUT MY CAR WAS NOT. I WAS UNABLE TO GET BACK TO MY RURAL PLACEMENT WITHOUT MY CAR SO I HAD TO PAY FOR CAR HIRE ON TOP OF MY INSURANCE EXCESS – IT COST ME AROUND \$1,400.

Every year we hear the sad news that a student travelling from a rural placement has had an accident – luckily no one has been injured, but the damage can be very expensive.

While it's important to be extra vigilant during the winter months, in animal collision hotspots, and during dawn and dusk, drivers should always follow these safety tips when driving.

- Stay alert and expect the unexpected.
- Avoid driving at dawn and dusk, if possible (consider leaving early under the RRM Flexible Leave Arrangements (LINK)).
- If you see one kangaroo, expect others to be nearby.
- Do not swerve. Slow down and brake.
- If you notice roadkill, slow down and pay extra attention. It's an indicator of wildlife in the area.
- If you spot a kangaroo crossing the road, it's a sign that more roos will be following as they move in groups.
- If you're involved in a collision with an animal, stop to check its welfare, but only if it is safe to do so. If the animal is alive and injured call your local wildlife rescue service.
- If it's a dead kangaroo and it is safe to do so, check if it is a female and if there's a joey(s) in her pouch or around her. Watch out for other traffic which might not expect to see you on the road or roadside. Do not do so if it's unsafe.
- Use your peripheral vision and be aware of your surroundings, especially when travelling through forest or grassland areas where animals are not clearly visible.



## 4. 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.

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

- Public liability
- Professional liability
- Malpractice
- Personal accident
- WorkCover work experience
- Travel (intrastate travel only).

In some circumstances, you may be covered while travelling to and from your placement venue. All coverage is subject to policy terms and conditions. Please note that your personal belongings and vehicle will not be covered by the University's insurance policies – except in very limited circumstances.

**Making a claim:** Please immediately report any incidents to the Discipline staff who will contact the University's Insurance Services office. Failure to promptly notify your School may affect your insurance coverage. Please visit [Insurance for Students](#) for further information about insurance coverage relevant to students at UQ.

## 5. Accommodation

Placement block accommodation varies in type and availability and includes Queensland Health (QH) staff quarters, shared houses, designated student accommodation and homestays. These types of accommodation may give students the opportunity to mix with other health professionals, other students and/or local community members. Within the staff quarters, shared houses & homestays, students typically have their own lockable room with a bed, desk and storage, and utilise shared cooking facilities, TV room and laundry facilities.

The quality of accommodation does vary across sites. Students should consider placement accommodation the same as accommodation when travelling or backpacking – an adventure and an experience. For many rural sites there is a shortage of accommodation, even for staff – so QH accommodation is to be considered a privilege rather than an expectation.

If students have any issues with their accommodation, they are encouraged to discuss this with the RRM student coordinator as soon as possible. Any urgent issues are resolved in a timely manner. All students are asked to provide feedback on accommodation following their placement. This feedback is reviewed and acted on.

### 5.1 Accommodation confirmation

Accommodation for the six-week Rural and Remote Placement is booked by the RRM staff and provided for students at no cost. Check-in is available from the Sunday prior to the placement block start date. Checkout is by 10am on the Saturday following the placement block end date.

It is important that students call (generally within business hours) to confirm arrangements for access to the placement accommodation. You will need to discuss what is available (i.e. cooking facilities, clothes drying, cleaning supplies, towels, linen) to determine what you need to take with you - please keep in mind that



some basic supplies (shampoo, toothpaste) can be more expensive in rural areas. In general meals are not provided and it is likely that you will be sharing fridge space and cooking facilities with others. You should leave the accommodation clean and tidy, in the same or better condition than you found it.

## 6. Staying Connected

Some of the accommodation provided for students during the RRM placement have internet access, while others do not. Access to the internet is considered essential for students on placement in meeting Discipline requirements including completing assessments, online modules, attending Zoom tutorials remotely, staying in contact with support networks and independent study. Mobile phone coverage will be specific to your carrier, and not all carriers offer the same coverage.

- Students assigned to accommodation where internet is not available will be eligible for an Internet Access Subsidy of \$85 so they can manage their own internet connectivity.
- The Internet Access Subsidy (\$85) is based on the average cost of a 2-month, sim-only plan.
- Students will be informed as to the availability of Internet connectivity at the placement accommodation by the RRM staff prior to the placement.
- Students eligible to claim the Internet Access Subsidy need to decide if they wish to use their current mobile phone to [hotspot](#) to or they need to move another plan.
- Students need to review provider coverage maps to ensure that the plan/coverage is appropriate for the placement site before purchasing– see [Telstra coverage](#), [Optus coverage](#)
- Students need to read the details of the plan and be aware of the costs for exceeding the monthly data subsidy. No further support for internet access is available to cover the cost of exceeding plan limits.
- Students should review the following site for data usage reduction tips: - <https://www.telechoice.com.au/?/how-much-data-do-you-really-use>

For those who are provided internet by your accommodation, please be mindful of your usage. Data allowances are likely to be shared and internet costs can be more expensive in rural areas.

### 6.1 Mobile Coverage

Note that all carrier's coverage area can differ quite dramatically eg in Goondiwindi there is only Telstra; Optus has no service. Mobile coverage is not ubiquitous throughout Australia. Before you go check your coverage maps to confirm that your carrier operates in the area. If your carrier does not have coverage in the area you will need to:

- Contact the carrier who has coverage in the area to confirm that your handset will work. Many mobile phones may not operate on different carrier's frequencies.
- You will also need to check your mobile contract to confirm if your handset is locked to a particular carrier.
- Simply replacing a SIM card will not work if your phone is locked to a carrier

Telstra <http://www.telstra.com.au/mobile-phones/coverage-networks/our-coverage/state-coverage/>

Vodafone GSM Coverage <http://www.vodafone.com.au/tools/checker/?mboxSession=1324013908841-894964>

Optus

<https://www.optus.com.au/shop/mobile/network/coverage?sid=mobilecoverage:from:mobilenetworks:fy2018>



## 7. Community

All communities have their own cultural identity, and this varies across rural and remote Australia with its mix of mining, farming, tourism and indigenous culture. To make the most of your stay, try to find out how you can get involved in the community. A good place to start is the internet, as well as your preceptor/student contact and accommodation provider. For those going to more remote locations, you may experience significant culture shock. Please consider downloading a copy of the NRHSN *When the Cowpat Hits the Windmill* [here](#).

You will be regarded as a member of the rural community, and so will be expected to participate in a wide range of community activities, both during and after normal work hours. Join in community events, meetings, sporting activities, markets and service clubs while you are in town. Be open to social invitations from colleagues and people you meet outside of work. Take time to explore the local area and speak to locals.

## 8. Preceptor/Supervisor

A phone call to your Preceptor/Site contact to introduce yourself is a great opportunity to discuss your placement, ask questions and prepare yourself as best you can. You can ask about expected tasks, caseloads, work hours, dress code, available facilities such as a computer, whether you need to take anything with you and what is expected of you.

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### A Word about... Confidentiality in the rural environment

Health practitioners in the rural environment face additional challenges in maintaining confidentiality due to the nature of rural practice and rural community living. From the consumer's perspective, rural and remote towns are a generally discrete and small population that increases people's visibility. Unlike those living in large metropolitan areas, patients are not able to access a service in another suburb, outside their residential location. This increases the chances of being recognised as a user of the service. Even parking one's car can be an issue, most people know and recognise each other's cars. Once inside the building there is always the risk of meeting someone who is known to you and hence creating an uncomfortable situation as patients try to work out what they are willing to disclose to others. In addition, patient and health staff live in the same community hence can meet one another at the doctor's surgery, playing sport, across the fruit and vegetables at the supermarket and at social occasions.

From the student's perspective, as a member of the community, it is inevitable that you may encounter your patients outside the patient care context. This may be a one-off encounter down the street or in the supermarket – or a more frequent occurrence within a sporting club or leisure activity. You may also encounter friends and families of patients, who may enquire about their friend/ family's member's condition or progress. It can be very difficult to explain to a patient or family member that waiting in line at the deli counter is not the most appropriate time to update the worker on progress made.

It is important that you have strategies for dealing with these situations as they occur (as they will happen at some point). You should familiarize yourself with the circumstances of how confidentiality may be broken in the communities and devise a means for either addressing or circumventing those circumstances.

*Source: WA Country Health Service*

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## 9. Placement Experience

The RRM learning objectives, your preceptor and the features of the clinical placement will guide the experiential learning. Students should consider the learning objectives for their clinical placement as they encounter patient problems and conditions. While the objectives of the rural clinical placement apply irrespective of where the placement may be undertaken, the experiences of students will vary across the clinical placement sites / locations. These differences are a positive feature of the rotation, as they demonstrate the importance of the environment (industry, social capital, ethnicity, etc.) on rural health and health care delivery.

Take every opportunity to test your own judgment. In order to do this, you need to consider the following:

1. Planning the learning. You and your preceptor should discuss together your present level of knowledge and understanding and the potential learning experiences available during the clinical placement. From this, you should develop a personal educational plan.
2. You will become a member of the rural health care team and will work with all resident and visiting health care professionals; this may include the Queensland Ambulance Service, Community Nurses and Allied Health professionals. Introduce yourself to these people and inform them you are keen to be involved in the activities of the health care team. You will encounter a wide variety of clinical problems so expand your understanding of the range and variety of presentations, and the scope of decision making in all of them. Learning from generalist clinicians provides valuable perspectives on clinical problems.
3. You will have the opportunity to follow patients through the health care system – from ambulatory to inpatient, from rural to referral hospital, and return. You will be able to assess the impact of these “journeys” on the patients and the families of the patients. Following the progress of a patient from presentation through the processes of evaluation and management, and discharge or continuing care offers an invaluable learning opportunity.
4. You will conduct initial interviews with some patients independently. Students can (and should) become actively involved with the management of clinical problems and at most sites, will be given responsible roles to perform. Learning under these conditions is particularly powerful and you should make the most of it.
5. You should take the opportunity to perform common practical procedures to gain skill and confidence in a range of interpretive and operative procedures, for example under supervision:
  - a) view x-rays and learn a systematic method of interpretation. Seek out radiologists wherever they are available and join them for interpretation sessions
  - b) actively assess all types of acute presentations at the local hospital emergency department and/or in rural general practice
  - c) record and interpret ECGs and spirometries
  - d) perform as many venipunctures as possible
  - e) learn the protocols of the operating theatre and practice surgical and anesthetic assisting
  - f) be sure you understand the important issues concerning the transfer of cases from rural to larger centres
  - g) wherever possible practice minor surgical techniques.

Listed above are suggested procedural/clinical skills, but you should not be limited by this list. These learning opportunities need to be negotiated with your preceptor.

## 10. Clinical Placement Summary

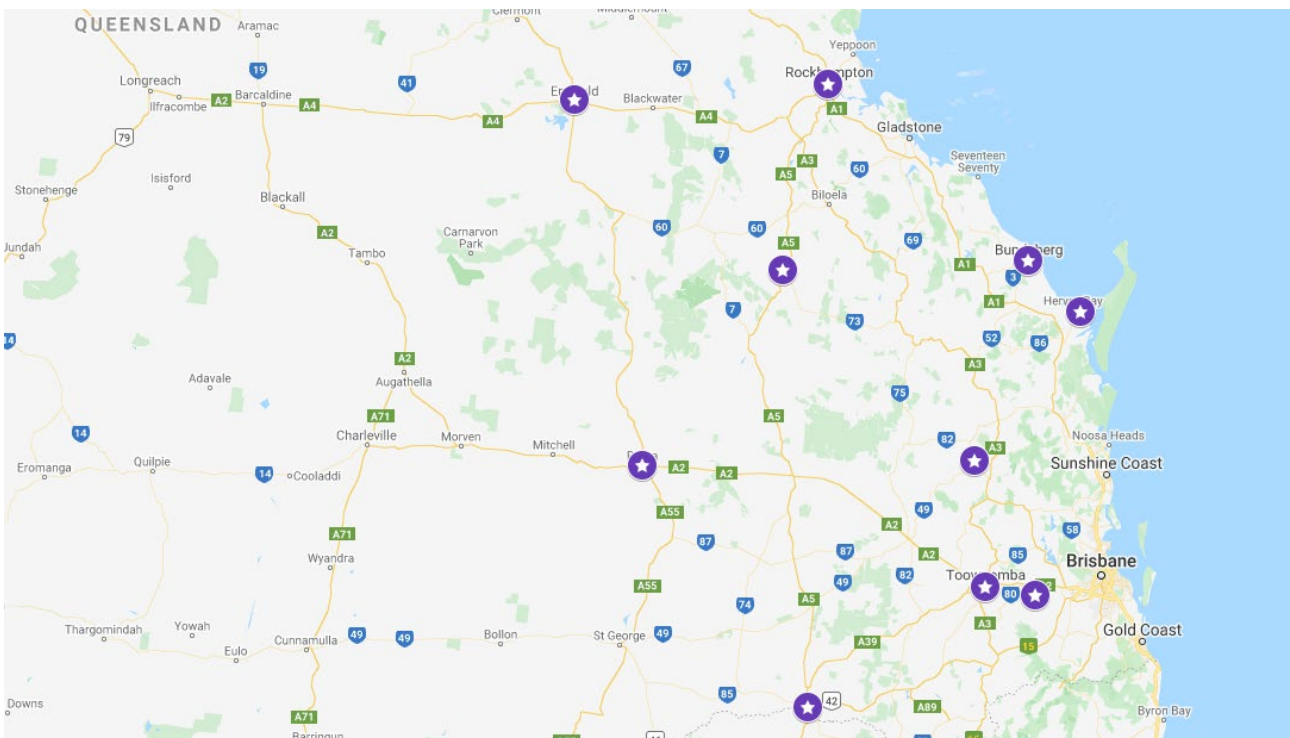
### 10.1 Introductory Week

In 2024, the RRM course will be part of either the CCP or PCP semesters, and this will include both third and fourth year students. Also, for the first time, International students will be able to undertake RRM and rural GP placements in 2024.

During the CCP/PCP Introductory Week Program you will gain an understanding of the requirements, assessments and learning resources for the CCP/PCP Semester (MEDI7315 – Rural & Remote Medicine (RRM), MEDI7312 – Mental Health, MEDI7313 – General Practice and the MEDI7316 – Year 3 Workplace Learning Portfolio). In the PCP semester, students will undertake RRM, GP and their PLC elective course.

Both Metro-based and RCS students will be required to attend all sessions in the Comprehensive Clinical Practice (CCP) Introductory Week program (Week 1) held in one of 7 Rural Sites – either at one of three of the Rural Clinical School (RCS) Sites in Bundaberg, Hervey Bay or Toowoomba (Rockhampton RCS will not be hosting Intro Week in semester 1), or in one of four smaller rural towns - Laidley, Kingaroy, Roma and Theodore.

Rural orientation is designed to introduce all students to the rural region in which they will undertake their RRM placement. In semester 1 RCS students stay at their yearlong location for Intro Week, to become familiar with the local team and facilities. So that RCS students are not disadvantaged, in semester 2 they are largely allocated for Intro Week to the site that is closest to their scheduled RRM placement, so that they can have the benefit of meeting other students who will be on placement in the various RRM regions.



Attendance of the CCP/PCP Introductory Week is mandatory. The aim of introductory week is for you to prepare for learning in your upcoming clinical placements. Details and important contacts for introductory week will be emailed from [med.rrmstudents@uq.edu.au](mailto:med.rrmstudents@uq.edu.au) by the DRRM staff to your student email account. Travel support is available to students under RRM Placement Subsidy, and more details can be found on the website for the Mayne Academy of Rural and Remote Medicine:

<https://medical-school.uq.edu.au/mayne-academies/rural-and-remote-medicine>

Due to the geographic distribution of students completing the RRM course, introductory week is the only opportunity for Discipline staff to deliver face-to-face teaching and procedural/clinical skills training. Many of the sessions are interactive, practical, or team-based activities that do not translate well to remote teaching.

## 10.2 Academic Content

The following sessions will be included in the CCP/PCP Introductory Week timetable for MEDI7315 – Rural & Remote Medicine:

- Introduction to Comprehensive Clinical Practice
- Resuscitation for the Rural Practitioner
- Aboriginal & Torres Strait Islander Cultural Activity
- Simulation scenarios

Procedural / clinical skills training include:

- Excision and suturing techniques
- Airway management
- ICC insertion
- Forearm Plastering techniques
- Intra Venous and Intraosseous cannulation
- Venepuncture
- Ultrasound / E-FAST in the rural clinical setting

In addition, students will complete the following online modules throughout their placement:

- X-Rays in a Rural Setting
- Point of Care Ultrasound in a Rural Setting
- Skin Lesions in a Rural Setting
- Bites and Stings in a Rural Setting
- Zoonoses & Tropical Diseases in a Rural Setting
- ECGs for the Rural Practitioner
- Introduction to Retrieval Medicine
- Trauma in a Rural Setting

## 10.3 Clinical Placement

Clinical placements are six weeks in duration and students will be supervised by experienced health practitioners (Preceptors) in rural and remote locations. The placement will build students' competency and confidence with procedural, communication and examination skills as well as provide students with an appreciation and understanding of the distinctive clinical practice with which they will be engaging.

## 10.4 Academic Consolidation and Debriefing

Each RRM clinical placement will conclude with participation via zoom, which allows students to debrief about their placement and revises the RRM content in preparation for the MCQ Examination. Students are also requested to complete a Placement Evaluation survey at this time. Details about dates/times will be communicated to students via email.

## 10.5 Pre-Hospital Trauma Management

Attendance at a Pre-Hospital Trauma session (workshop) will be required for RRM. Students will be notified by student email of when they are scheduled to attend.

- Metro students will be allocated to a session at the QFES site at Whyte Island either on Saturday or Sunday during the CCP semester, where you will get to take the lead in a trauma scenario. All scenarios are quite active. You will get hot and sweaty, and in some cases dirty. Sun protection is highly recommended. Most scenarios will involve lifting and moving of patient/s. Scenarios will involve manikin and/or volunteer role-players. It is advised that you wear old clothes. Appropriate personal protective equipment will be supplied. There will be no catering supplied on site, so it is recommended that you bring your own food and drinks.
- RCU students will attend a locally run session which will be facilitated by a Regional Clinical Unit, so do not need to travel to Brisbane for this.

Please note that your Pre-Hospital Trauma session will not generally be scheduled when you are on RRM placement. It is usually scheduled during your Mental Health or other placement during the CCP/PCP semester.

## 10.6 Workplace Learning Portfolio (WLP) Course

During the year-long WLP courses (MEDI7316 and MEDI7417), students will complete workplace-based activities that will be documented, assessed and collected into an online portfolio (ePortfolio). Students will be responsible for managing their own ePortfolio 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 WLP course consists of four types of activities known as mini-CEXs, COPs, DOPS and CPAs and students will be expected to complete some of these in each clinical placement. Refer to the WLP Electronic Course Profiles for more information.

## 10.7 Assessments

Rural and Remote Medicine is a pass/fail course. The following table summarises the assessment for the RRM course. More information about the assessments required for RRM is detailed on the Electronic Course Profile and on Blackboard.

### Marked Assessment

Assessment Task	Due Date	Weighting
Rural Health Project Plan	Week 2 of each RRM Placement	Required as part of the Rural Health Project Report assessment
Rural Health Project	Week 6 of RRM Placement	30%
<i>Case-based Discussion</i> RRM Case-Based Discussion	Week 6 of each RRM Placement	20%

<i>Exam – during Exam Period</i> Online MCQ Exam Paper	Examination Period	50%
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### Hurdle Assessment

Assessment Task	Due Date	Weighting
Clinical Participation Assessment (CPA)	Week 6 of each RRM Placement	Learning participation hurdle – must complete this in order to pass the course

### Essential Learning Activities

Assessment Task	Due Date	Weighting
Cultural Awareness Reflection	Week 6 of RRM Placement	It is expected that all students participate and complete these learning activities whilst on RRM clinical placement
RRM Mandatory Online Modules	End of semester	
Pre-Hospital Trauma Session	To be completed at time advised by Discipline of RRM	

## 10.8 Placement Safety

Looking after yourself on placement applies to both clinical and non-clinical situations. The following tips are designed to help:

- Make an informed assessment considering issues such as transport, accommodation, mobile phone coverage and local contacts before you go.
- Avoid walking around by yourself at night or in unlit or isolated areas.
- Ask a local about places that should be avoided for cultural or safety reasons as well as the must-see sights!
- Plan your travel to and from your placement plus any trips you take during the block. Tell someone where you are going and when you will be back, even by SMS to a friend if leaving the community for sightseeing etc.
- Always lock your accommodation
- Follow the local policies and guidelines – if you do not know what to do, ask for advice from your supervisor
- Access the QLD Government Disaster Alert page here <https://www.qld.gov.au/alerts> and subscribe to the social feed for your placement area

## 10.9 Placement OH&S

The Discipline of Rural and Remote Medicine is keen for you to have a wide range of practical experiences on your rural placement. During your placement, your safety is our priority, so please check out the following information to ensure your medical education remains safe and incident free:

<https://medicine-program.uq.edu.au/current-students/compulsory-program-requirements> It is a Queensland Health requirement that you review the [Preparing for your clinical placement](#) guidelines prior to your



placement. Please ensure that you have read and understood the requirements and completed the Clinical student Placement modules which you would have accessed at the beginning of the academic year through [iLearn@QHealth learning management system](#).<sup>12</sup>

Your Queensland Health supervisor may ask to see your certificate of completion at your placement site orientation. Please note that you may also be required to complete further local training (e.g. local site induction) once you commence your placement. Your supervisor will assess any additional training need requirements.

Non QH placements will have their own requirements, policies and guidelines. Please familiarise yourself with these as soon as possible.

## 10.10 Contaminated Sharps Injuries

UQ Medicine has a [post-contaminated sharps injury procedure](#) under *Essential UQ OHS procedures and systems* which must be followed in the event of staff, visitors or students sustaining a contaminated sharps injury. The procedure incorporates a risk assessment of the injury to ensure that the exposed person is suitably treated, counselled, and tested to minimise the effect of the potential exposure to contaminated products. You are also required to follow the local guidelines and procedures of your placement site.

Students are not to undertake procedures on high risk patients – remember to stop and seek help!

Generally, the risk of contracting an infection from a contaminated sharps injury is low and the exposed person does not need to be overly concerned. However, it is important to treat the risk seriously and to take all precautionary measures.

- A **sharps** injury is denoted as any piercing or cut injury
- A **contaminated sharps** injury is one with potential for the person sustaining the sharp injury to be exposed to an infectious or hazardous agent, i.e. the sharp is contaminated by contact with tissue, blood, body fluids, cell lines, or other potentially hazardous contaminants.

### Post-Contaminated Sharps Incident Checklist:

1. Cease procedure immediately
  - Do not continue to use the sharp involved – dispose of sharp via the appropriate sharps disposal process.
  - Notify supervisor/practitioner immediately and follow the local policies and guidelines.
  - After reporting the incident, you should be released from duty so that first aid and the risk assessment can be performed.
2. Apply first aid – wash wounds and skin sites that have been in contact with blood or body fluids with soap and water
  - Apply a sterile dressing as necessary, and apply pressure through the dressing if bleeding is still occurring
3. Seek further medical advice –
  - If you're within a hospital setting, visit the Emergency department for treatment. They will refer you to their Infection Control Clinic.
  - If you are located elsewhere follow the local guidelines and procedure. High risk incidents must be assessed by an infectious disease specialist or the incident occurs after hours please attend the nearest hospital emergency department and notify the Faculty of Medicine OHS team (0414 239 831 or [med.ohs@uq.edu.au](mailto:med.ohs@uq.edu.au)) or the UQ OHS Nurse Advisor (3365 4883 or [ohna@uq.edu.au](mailto:ohna@uq.edu.au)) as soon as possible.



4. Baseline Testing (for all exposed or potentially exposed persons as well as source person)
5. **Submit [UQ Online Incident Report](#) by Logging in to UQSafe – select Sharps – Contaminated as Agency of Injury and nominate RRM Team Lead Yvette Baker as UQ supervisor for this report.** You may also need to complete site-specific incident reports.
6. Counselling and ongoing treatment, including 3- and 6- monthly follow-up blood testing (if required).
7. If have concerns or questions:
  - Faculty of Medicine OHS team (0414 239 831 or [med.ohs@uq.edu.au](mailto:med.ohs@uq.edu.au)) or the UQ OHS Nurse Advisor (3365 4883 or [ohna@uq.edu.au](mailto:ohna@uq.edu.au))
  - The UQ Counselling and Crisis phone line 1300 851 998 is available from 4.30pm – 8.30am. This phone line will connect with counsellors who can now provide specific UQ information and importantly link students and staff (no matter what site they are at) to UQ support services after hours.

## 11. Placement Requirements

### 11.1 Expectations

The [Key guidelines](#) for Attendance and Participation outline the responsibility of the student to comply with expectations for full-time attendance and participation in all required learning activities. Any absence requires the Faculty to be advised through the submission of the online Absence Notification form. The guidelines are designed to outline expectations of attendance and participation in accordance with the [Medical Deans Australia and New Zealand \(MDANZ\) Inherent Requirements](#) and the [Medical Board Good Medical Practice: A Code of Conduct for Doctors in Australia](#).

All students are required to attend:

- All scheduled teaching, tutorial and clinical placement sessions. Students will live and work in their rural communities each weekday (it is an expectation that students are available to be rostered between the hours of 8am and 10pm, Monday to Friday (which is the designated UQ teaching period) and be **required to stay for at least two weekends** to experience the social aspect of rural living (and meet the learning objectives).
- Preceptors or their designated representative have the responsibility to co-ordinate students' learning experiences, which comprises of a minimum of 30hrs each week in a clinical environment.
- Following negotiation with the preceptor some session time may be spent working on the assessment tasks.
- It is expected that students who are not provided with such schedules will endeavour to undertake their unallocated session times working in and around their respective community, accessing allied health professionals, outreach centres, community service areas, schools etc to acquire as broad an understanding of the issues affecting rural areas.

There is room for flexibility within this arrangement however students must, at all times, meet the spirit of these requirements and negotiate all changes with their preceptor or their delegated representative.

While on placement students are expected to:

- Arrange your schedule in consultation with your Preceptor
- Develop personal learning objectives
- Address RRM learning objectives

- Observe policies and procedures of the practice / hospital
- Confer with your Preceptor about progress and problems
- Prepare for each clinical day
- Review and read about the past day's work
- Evaluate the rotation and the Preceptor
- Communicate any absences or placement concerns with the Discipline staff.

## 11.2 University - attendance requirements

The Medicine Program at UQ is a full-time, professional degree program which prepares students for safe and effective clinical practice. The program emphasises the need for students to take responsibility for their own learning, and to develop practices that support a sustainable work-life balance within a demanding profession:

- Students are expected to be punctual and attend all Clinical Placement Days, some of which may be after hours or on weekends.
- 100% attendance is expected for all Clinical Placement Days.

[Please refer to the Medical Program Attendance and Participation Requirements](#)

## 11.3 RRM – attendance flexibility arrangements

RRM has an arrangement which allows students flexibility for attendance at conferences, visiting local attractions and safe travel, to minimise potential disadvantage rural-based students may experience. Interested students will liaise with their Preceptor to plan and gain written approval of how they will meet the 30-hours per week requirement for the clinical placement.

- The form is available via *Blackboard > Course Help > Attendance Flexibility Arrangements (RRM only)*.

## 11.4 Dress code

Students are expected to dress professionally and abide by the Faculty of Medicine guidelines during all educational sessions and while in a clinical environment.

Infection control is an important issue so students should also consider:

- Aim for 'bare below the elbow'
- Roll up shirt sleeves
- Wristwatch with fitted band and simple wedding ring is acceptable
- Avoid any unnecessary jewellery on arms/hands (e.g. bangles, bracelets, rings to minimize the risk of infection)
- Keep fingernails short and clean, and no fake nails
- Wash hands before AND after visiting a patient.

## 11.5 Professionalism and professional behaviour

In Phase 2 of the MD Program, students participate in various activities in clinical settings. High standards of professional behaviour are expected of all students in these settings as well as other, non-clinical teaching settings. Acceptable standards of professional behaviour contribute to all students' clinical competence and will constitute an important component of teaching and assessment. Professionalism and professional behaviour are a criterion that is marked by the Preceptor in the Clinical Participation Assessment for the yearlong WLP course.

## 11.6 Rural Generalist Pathway Information

If you are interested in becoming a Rural Generalist, you can start your journey towards becoming a rural doctor by joining the College as a student member today. With a low one-off membership fee, you'll be able to access their support services for the length of your medical degree. These services include online learning tools, networking events, and an electronic logbook to track your clinical experiences. Once you complete your Training Program, you will be awarded Fellowship of the Australian College of Rural and Remote Medicine, or FACRRM.

Information about the Rural Generalist Pathway can be found at <http://www.health.qld.gov.au/ruralgeneralist/>  
Contact can be via phone 1800 680 291 or email [rural\\_generalist@health.qld.gov.au](mailto:rural_generalist@health.qld.gov.au) for any queries.

## 12. Contacts

### 12.1 Rural Clinical School - Student Coordinators

Bridget Lowe Team Leader – Rural & Remote Medicine  
P: +61 7 4633 9714

Jo Wakefield, Student Coordinator – Rural & Remote Medicine  
P: +61 7 4633 9708

TBA, Course Administrator – Rural & Remote Medicine  
P: +61 7 4633 9708

Email: [med.rrmstudents@uq.edu.au](mailto:med.rrmstudents@uq.edu.au)

Rural Clinical School, University of Queensland  
Locked Bag 9009 Toowoomba DC Qld 4350

### 12.2 Rural & Remote Medicine Academic Team

Professor Bruce Chater, Head of Discipline – Rural & Remote Medicine  
Email: [a.chater@uq.edu.au](mailto:a.chater@uq.edu.au) mob: +61 419 674 164

Dr John Ridler, Academic Course Coordinator  
Email: [j.ridler@uq.edu.au](mailto:j.ridler@uq.edu.au) mob: +61 0409 895 575

Dr Sally McKenzie, Lecturer  
Email: [TBA](#)

### 12.3 Health Project

Dr Lynette Hodgson  
Email: [l.hodgson@uq.edu.au](mailto:l.hodgson@uq.edu.au) mob: 0455 784 290

### 12.4 OHS injuries / incidents for example needle stick injuries

Notify Team Lead – P: +61 7 4633 9705

Faculty of Medicine OHS team (0414 239 831 or [med.ohs@uq.edu.au](mailto:med.ohs@uq.edu.au)) or the UQ OHS Nurse Advisor (3365 4883 or [ohna@uq.edu.au](mailto:ohna@uq.edu.au))

Log in to UQSafe to complete [UQ Online Incident Report](#)

## 12.5 Out of Hours Contacts

Should you have a matter of immediate concern that is out of hours please contact:

Dr John Ridler, Academic Course Coordinator

Email: [j.ridler@uq.edu.au](mailto:j.ridler@uq.edu.au) mob: +61 0409 895 575

Student counselling services

If you need to speak to someone urgently, call the 24/7 Counselling and Crisis Line: 1300 851 998. This phone line will connect students with counsellors who can now provide specific UQ information and importantly link students (no matter what site they are at) to UQ support services after hours.

### Contact details

**The RRM Team (Bridget and Jo)**

T +61 7 4633 9705

E [med.rrmstudents@uq.edu.au](mailto:med.rrmstudents@uq.edu.au)

W [uq.edu.au](http://uq.edu.au)

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