

## How does the Student Wellbeing and Success Framework work?

*Professional excellence is as essential to effective health care and research practice as academic excellence. Having a strong sense of a professional identity and understanding of professionalism will assist you to function safely and effectively in your chosen profession.*

The overarching aim is to **support you through challenges** in your life that may impact on academic progression.

This FAQ guide contains a brief summary of the process for the medical school processed to support you when you may be experiencing challenges or displaying behaviours that may warrant a notification of concern.

**“Identify a concern early, intervene appropriately and without delay, and prevent escalation”.**

## What do I do if I have been experiencing challenges?

Reach out to a trusted member of staff or those listed in the table below for help and advice.

**Table 1 Examples of the types of challenges you might experience.**

Type of concern	Example	Initial contact suggestion
<b>Personal issue</b>	Recent personal trauma/challenge; death or illness of close friend/family member; personal relationship issues; existential problems.	MSST
<b>Family problem</b>	Difficulty with a family member; abuse/harassment by family member; relationship challenges within the family.	MSST
<b>Adjustment difficulties</b>	Difficulty adapting to University; difficulty adjusting to clinical environment; international student or cultural challenges.	SH/AGL/CC/MSST
<b>Social difficulties</b>	Interpersonal difficulties within student cohort; feeling of isolation or not fitting in.	MSST
<b>Financial concerns</b>	Couch surfing, sleeping in car etc.	MSST
<b>Lifestyle problems</b>	External demands on time (elite athlete); outside work commitments impacting on study time; use/misuse of alcohol or drugs; excessive engagement with hobbies such as online gaming or addictive activities.	SH/AGL/CC/MSST
<b>Learning difficulties</b>	Struggling with academic workload; difficulty with language or study techniques; difficulty with academic teaching staff; difficulty with course requirements.	AGL/SH/CC
<b>Course challenges</b>	Confused about placements or course expectations; difficulty with mandatory requirements.	Clinical Unit /AGL/SH/CC
<b>Health concern</b>	Acute illness; previously undiagnosed chronic illness/disability; recent trauma; stress/distress related to bullying/harassment/intimidation.	MSST

MSST – Medical school student support team; AGL – academic guidance lead; SH – society head; CC – course coordinator

## What happens if a staff member has asked me to attend a meeting because they are concerned about me?

In an ideal world we would all regularly self-reflect and identify challenges in our lives and seek out strategies to manage them. In reality, we can sometimes be blind to those external stressors when we are in the middle of them and not realise the impact they are having on our performance or conduct.

Examples of behaviours that might warrant a formal/informal meeting with you are outlined in table 2.

In general, you will be invited to a meeting with your local team (this will usually be a member of the academic staff, supported by a professional team member), your wellbeing will be assessed and supported, and the potential concern discussed with you in the context of this framework. An action plan *may* be developed from this meeting and an appropriate amount of time will be allowed to ensure your understanding and allow time for redress. **This does NOT form part of your disciplinary record.** The purpose of this meeting is to educate and support you to reflect, seek help and manage any challenges in your life that may be impacting on your performance or conduct.

## Does this form part of my disciplinary record?

In most cases no, particularly those held at a local level. The aim is to educate and support you in your professional and academic progress and should be seen as a supportive feedback meeting with actions to assist you in your studies and future career.

In certain cases however, where the concern is moderate or serious, or has been repeated despite intervention, a more formal meeting with senior members of the medical school or faculty of medicine may occur and outcomes may be recorded as part of your disciplinary record.

## Will future employers know about any disciplinary action taken?

Unless the conduct requires mandatory reporting to AHPRA (see paragraph below outlining the requirements for mandatory reporting), then no, the University will not disclose confidential information to future employers. You are encouraged to discuss any personal challenges with your future employer so they can accommodate any additional needs you may have.

“A mandatory notification about a student can only be triggered by concerns about impairment. The National Law defines ‘impairment’ as ‘a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect the student’s capacity to carry out clinical training:

- as part of the approved program of study in which the student is enrolled, or
- arranged by an education provider.’

A health condition and impairment are not the same thing. An illness or condition that does not have a detrimental impact on a student’s capacity to undertake clinical training is not an impairment.

You must assess if there is a substantial risk of harm to the public when deciding whether to make a notification.

In this context, ‘the public’ means:

- the student’s patients or clients in a clinical training environment, and
- the wider community that could be put at risk of harm.

Concerns about intoxication, standards of practice or sexual misconduct cannot trigger a mandatory notification about a student. Although they are not grounds for a mandatory (or voluntary) notification under the National Law, an education provider or health service provider would typically deal with such concerns under their own policies and processes. If you have concerns about these matters you can raise them with the education provider.”

**Table 2: Examples of behaviours that may warrant a meeting with a staff member:**

Professional behaviour	Example of satisfactory behaviour	Example of unsatisfactory behaviour
<b>Commitment to professional standards and continuing improvement in self and others</b>		
<u>Attendance, participation, and engagement</u>	<ul style="list-style-type: none"> <li>Consistently attends teaching activities and placements in line with expectations.</li> <li>Consistently participates and actively engages in teaching activities and placements when present.</li> </ul>	<ul style="list-style-type: none"> <li>Attendance is inconsistent and does not align with participation and engagement requirements of the program.</li> <li>Does not actively engage or participate in teaching activities or placement when present.</li> <li>Absent or late for assigned activities; not meeting deadlines; poor initiative; general disorganisation; cutting corners; poor teamwork; language difficulties; poor participation</li> </ul>
<b>Management of communications</b>	<ul style="list-style-type: none"> <li>Monitors and keeps up to date with announcements from the University and placement providers.</li> <li>Responds in a timely manner, within 48 hours or by a stated deadline, when required.</li> </ul>	<ul style="list-style-type: none"> <li>Does not check for updates regularly, and is therefore often unaware of announcements, timetable changes or emails sent to them.</li> <li>Does not respond in a timely manner to requests.</li> </ul>
<b>Notifications of absence</b>	<ul style="list-style-type: none"> <li>Consistently notifies staff in a proactive and timely manner about absences.</li> <li>Provides required documentation.</li> <li>Appropriate notification of absences.</li> <li>Planning compensatory learning following absences.</li> </ul>	<ul style="list-style-type: none"> <li>Often fails to notify staff about absences or demonstrates significant delays in doing so.</li> <li>Does not take responsibility for notification of absences or the provision of supporting documentation.</li> <li>No or intermittent notification of absences.</li> <li>Neglecting consideration for compensatory learning following absences.</li> </ul>
<b>Preparation</b>	<ul style="list-style-type: none"> <li>Appears prepared for teaching and learning sessions.</li> <li>Consistently prepared for sessions with all equipment required and pre-session readings or work complete.</li> <li>Participates effectively in collaborative work.</li> </ul>	<ul style="list-style-type: none"> <li>Frequently arrives unprepared for sessions without the books or equipment required, pre-session preparations such as readings or organising of patients for discussion.</li> </ul>
<b>Completes all tasks in a timely manner</b>	<ul style="list-style-type: none"> <li>Demonstrates effective time management, completes all tasks on time including administrative tasks, demonstrates accountability.</li> <li>Is reliable and takes responsibility; is organised.</li> </ul>	<ul style="list-style-type: none"> <li>Tasks often not completed by the deadline.</li> <li>Requires frequent reminders to complete tasks.</li> <li>Shown to be disorganised.</li> </ul>



<p><b>Receipt of feedback</b></p>	<ul style="list-style-type: none"> <li>• Is proactive in seeking feedback.</li> <li>• Engages in respectful discussions and reflects on feedback given.</li> <li>• Can incorporate feedback into improvement of performance.</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates a failure or reluctance to accept constructive advice or feedback for learning opportunities.</li> <li>• Is hostile or argumentative in response to corrective feedback.</li> <li>• Behaves in a threatening or intimidating manner to assessors.</li> <li>• Does not seek feedback or act on feedback which has been given.</li> <li>• Blaming external factors rather than own inadequacies, not aware of own limitations</li> <li>• Lacking insight into own behaviour; not demonstrating accountability</li> </ul>
<p><b>Provision of feedback</b></p>	<ul style="list-style-type: none"> <li>• Is able, where necessary, to provide feedback in a polite, respectful manner.</li> <li>• Recognises where, in a professional setting, it is appropriate to provide feedback.</li> </ul>	<ul style="list-style-type: none"> <li>• Provides feedback in a rude or untimely fashion.</li> <li>• Provides feedback that is not constructive or appropriate for the work environment.</li> </ul>
<p><b>Reflection</b></p>	<ul style="list-style-type: none"> <li>• Shows motivation to learn and improve.</li> <li>• Demonstrates adaptability.</li> <li>• Shows reflectiveness, personal awareness, and self-assessment skills.</li> <li>• Identifies and responds to error and is aware of own limitations.</li> <li>• Demonstrates persistence when faced with academic challenges.</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrated inability to accept feedback or to recognise areas for improvement, resulting in a diminished capacity for improvement.</li> </ul>
<p><b>Interactions with Patients and their Families and Carers</b></p>		
<p><b>Patients</b></p>	<ul style="list-style-type: none"> <li>• Respects patient privacy, autonomy and dignity and is sensitive to the patient's needs, including for rest.</li> </ul>	<ul style="list-style-type: none"> <li>• Shows lack of attention to patients' needs.</li> <li>• Does not respect patient boundaries (e.g., fails to formally introduce themselves).</li> <li>• Engages in inappropriate activity while with a patient, such as texting.</li> <li>• Providing treatment or intervention to a patient without, or outside of the scope of, an approved treatment plan, appropriate supervision, and/or signed patient consent (where required)</li> </ul>
<p><b>Patients' relatives</b></p>	<ul style="list-style-type: none"> <li>• Treats relatives with respect, while maintaining patient privacy and confidentiality.</li> </ul>	<ul style="list-style-type: none"> <li>• Shows lack of empathy for relatives.</li> <li>• Fails to acknowledge relatives when reviewing patient.</li> </ul>
<p><b>Adherence to dress-code</b></p>	<ul style="list-style-type: none"> <li>• Consistently appropriately dressed and groomed.</li> </ul>	<ul style="list-style-type: none"> <li>• Dressing and grooming is not neat, clean and is not appropriate for the work being</li> </ul>

	<ul style="list-style-type: none"> <li>In clinical settings, dress should be smart casual and closed toed footwear, in accordance with clinical setting OHS.</li> <li>Seeks advice for acceptable dress if unsure.</li> </ul>	undertaken or is not in compliance with relevant organisational policy (PPE and infection control).
<b>Cultural and respectful practice</b>	<ul style="list-style-type: none"> <li>Consistently demonstrates culturally safe and respectful practice</li> </ul>	<ul style="list-style-type: none"> <li>Imposes their own cultural values, beliefs and practices on patients or discriminates against any person</li> </ul>
<b>Personal and Professional Values</b>		
<b>Maintains personal Wellbeing</b>	<ul style="list-style-type: none"> <li>Acknowledges that physical and mental health impacts their ability to function in my role with patients and staff.</li> <li>Seeks help appropriately from MSST, UQ student services, AGL and/or their local GP</li> <li>Maintains a local GP</li> </ul>	<ul style="list-style-type: none"> <li>Does not acknowledge or seek help for physical, social or personal issues</li> <li>Failure to disclose an impairment</li> </ul>
<b>Understanding confidentiality of patient information and other relevant information</b>	<ul style="list-style-type: none"> <li>Demonstrates confidentiality in dealings with all patient information, including electronic and hard copy forms.</li> <li>Disposes of patient information appropriately.</li> </ul>	<ul style="list-style-type: none"> <li>Divulges potentially identifiable patient information in their work such as presentations and e-portfolios.</li> <li>Discusses patients and reveals potentially identifiable information in public areas including on social media.</li> <li>Disposes of confidential information incorrectly.</li> </ul>
<b>Relationships with Staff and Colleagues</b>		
<b>Verbal communication</b>	<ul style="list-style-type: none"> <li>Speaks in an appropriate professional tone and manner.</li> <li>Shows courtesy, patience, and politeness.</li> <li>Modifies language to suit the audience: i.e., explains medical terminology appropriately to patients.</li> </ul>	<ul style="list-style-type: none"> <li>Uses informal or impolite language in the workplace.</li> <li>Shows an inability to modify language use for the audience.</li> <li>Is rude, interrupting, aggressive or insulting.</li> </ul>
<b>Non-verbal communication</b>	<ul style="list-style-type: none"> <li>Maintains appropriate eye-contact with colleagues and patients.</li> <li>Shows an awareness of personal space.</li> <li>Always maintains professional physicality.</li> </ul>	<ul style="list-style-type: none"> <li>Avoids eye contact, lacks awareness of body space; ignoring, inappropriate facial expressions.</li> </ul>
<b>Written communication</b>	<ul style="list-style-type: none"> <li>Writes in a professional tone and manner.</li> </ul>	<ul style="list-style-type: none"> <li>Uses very informal or impolite language.</li> </ul>



	<ul style="list-style-type: none"><li>• Demonstrates courtesy, and politeness.</li><li>• Considers the communication platform (e.g., email; discussion board etc.) and modifies language to suit the audience: i.e., explains medical terminology appropriately to patients.</li></ul>	<ul style="list-style-type: none"><li>• Shows an inability to modify language based on the audience and/or the platform being used.</li><li>• Is rude, aggressive, or insulting.</li><li>• Sends multiple follow up e-mails in a manner that could be considered harassment.</li><li>• Inappropriate use of social media</li><li>• Deficient, inaccurate or incomplete recording of patient records/reports/case notes/student logs</li></ul>
<b>Teachers, supervisors, nursing and allied health staff, non-clinical staff</b>	<ul style="list-style-type: none"><li>• Demonstrates skills in listening and expression.</li><li>• Is attentive, polite, and respectful.</li><li>• Shows appreciation for time taken to support their learning.</li><li>• Shows respect to all staff, irrespective of their role.</li><li>• Shows respect for others' workspaces.</li></ul>	<ul style="list-style-type: none"><li>• Shows lack of attention or respect, and poor listening skills (through use of electronic devices during interactions or eating or talking in sessions etc.).</li><li>• Leaves sessions early without explanation.</li><li>• Does not show respect for shared workspaces and the importance of other roles in a health care setting.</li></ul>
<b>Colleagues and peers (other students)</b>	<ul style="list-style-type: none"><li>• Shows respect for colleagues/peers from their own and different cohorts, and for colleagues/peers from different courses/programs and universities.</li><li>• Is cooperative, polite, and collegial.</li><li>• Shows sensitivity and empathy.</li></ul>	<ul style="list-style-type: none"><li>• Often criticises, undermines, or ridicules a colleague's performance or opinion.</li><li>• Withholds information, resources, patients, or details of extra teaching sessions from colleagues.</li><li>• Demonstrates a lack of sensitivity to colleagues including disruptive group behaviour, unnecessary interruptions in tutorials, other inappropriate behaviours.</li><li>• Repeated behaviour that could constitute bullying</li></ul>