THE UNIVERSITY OF QUEENSLAND
AUSTRALIA
CREATE CHANGE

2025
PRECEPTOR HANDBOOK

Last updated 24/02/2025

Dear Preceptor

Having a student provides you with an opportunity to highlight rural medicine in a rural community. Your community will be unique – you may be in a mining town, a small rural centre, an Indigenous community or a semi regional hospital. As one rural doctor from the USA says “When you have seen one rural community you have seen ONE rural community”.

Despite this diversity, you will be able to share some common experiences with your student. You can show your student how a small community functions and how medicine is practiced without all the tertiary services. As well, you can demonstrate how health care professionals work in teams and how doctors and other staff multi-skill in order to deal with the various medical situations.

At a personal and professional level, you can help your student fit into a new community, to become an active member of the health care team, to accelerate their practical skills development and to assist them to learn clinical judgment at the coalface of medicine. You can give them supervised responsibility which is rarely experienced in metropolitan settings.

We are confident you will find having a medical student an enjoyable and rewarding experience.

Professor Bruce Chater

Head of Discipline – Rural & Remote Medicine

Contents

Preceptor Checklist

Detailed below is a checklist of prompts associated with 'your responsibilities' regarding all the aspects involved in taking on a medical student.

1. Orientate student(s) to Practice/Hospital
   - Premise tour and discuss local procedures (entry & exit procedures, emergency procedure, communication and reporting procedures, safety concerns)
   - Discuss and establish your expectations and the student's expectations of the placement
   - Delegate teaching tasks clearly, e.g. a nurse to supervise venepunctures
   - Ensure internet access for students
2. Plan for an optimal learning experience
   - encourage students to conduct consultations and procedures
   - ask students to demonstrate their skills and competencies
   - have students present practice cases
   - provide regular performance feedback
   - run small tutorials or case discussions
   - schedule sessions with local health & community services
   - encourage students to interact with the local community
3. Conduct assessment
   - Case-Based Discussion (End placement)
   - Clinical Participation Assessment (End placement)
   - Workplace Based Activities (Mini-CEX & Direct Observed Procedures during placement)
4. Identify and discuss any students in need of assistance
   - Contact Rural & Remote Medicine Course Coordinator or the Student Coordinators
   - The RRM team can submit a request for Welfare Check from Medical School Student Support Team (MSSST)
5. Seek an academic appointment
   - Submit a current CV with an application form http://www.uq.edu.au/health/academic-titles
6. Submit requisite documentation by final week of placement
   - Case-based Discussion Assessment Form – Type into e-form or print then scan and email to ruralmedicine@uq.edu.au
   - Clinical Participation Assessment Form – students will generate an ePad email with web-link
   - Ensure student signs the PIP Session record (pre-certified by UQ) and submit to human services.

Contacts

Student Coordinators

Katherine Munyard, Acting Senior Administration and Engagement Officer – Rural & Remote Medicine
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Dr Robyn Cooke, Senior Lecturer – Rural & Remote Medicine (MEDI7100 / MEDI7200)

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Health Project

Dr Lynette Hodgson – Health Project Coordinator
Email: l.hodgson@uq.edu.au M: 0455 784 290

OHS injuries / incidents for example needle stick injuries

Notify RRM Team – 07 4633 9705

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

Students are to log in to UQSafe to complete UQ Online Incident Report

Out of Hours Contacts

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

Renay Marshall, Supervisor, Administration and Engagement, Rural Clinical School

M: 0457 567 451

Medical Student Support Team
Email: med.mss@uq.edu.au After hours crisis support P: 1300 851 998

1. Course Overview

The MEDI7315 Rural & Remote Medicine (RRM) Placement provides a unique opportunity for medical students to understand and experience the rewards, benefits and challenges of clinical practice amongst population groups and/or in communities that face access and equity challenges associated with health service delivery.

Rural & Remote Medicine students undertake a 6 week placement in a rural location, and during the transition from the current MD Program to the new MD Program, these will be domestic and/or international students.

2. Placement Dates 2025

2025 – MEDI7315 Rural and Remote Medicine Placements

Semester 1 13 January – 6 June	**Introductory Week**	6 Jan – 10 Jan
	Placement 1	13 Jan – 21 Feb
	Placement 2	24 Feb – 4 Apr
	Break Week	5 Apr – 13 Apr
	Placement 3	14 Apr – 23 May
	SWOTVAC	26 May – 1 Jun
	Exam Week	2 Jun – 7 Jun
Inter-Semester Break Week		9 Jun – 15 Jun
Semester 2 23 June – 14 November	**Introductory Week**	16 Jun – 20 Jun
	Placement 4	23 Jun – 1 Aug
	Placement 5	4 Aug – 12 Sep
	Break Week	15 Sep – 21 Sep
	Placement 6	22 Sep – 31 Oct
	SWOTVAC	3 Nov – 9 Nov
	Exam Week	10 Nov – 15 Nov
Year 1 Observership		*24 Nov – 5 Dec (2 weeks)* ***TBC***

3. Requirements for Students

3.1 Student Attendance

The Faculty recognises that there are legitimate reasons for non-attendance but emphasise that students have a professional responsibility to advise those affected (including supervisors and colleagues) on days when they are absent.

As soon as a student is aware that they will be absent from a Clinical Placement Day or scheduled learning activity, they should ensure that both their supervisor and the RRM Team are advised of that fact by phone and email. This is a matter of professional responsibility.

During the placement, students are expected to immerse themselves in the range of health care and community environments available.

- Students will live and work in their rural communities each weekday (Monday - Friday) and stay for at least two weekends to gain an understanding of the social and other aspects of rural communities.
- Preceptors have responsibility to coordinate students' learning experiences – **a minimum of 30 hours** per week in a clinical environment (generally 10 x 3hr session), as well as other areas of learning within the community, with some time (**approximately 10 hours per week**) put aside for Rural Health Project work or case preparation.
- For information on attendance requirements for students on the Extended Placement Program (EPP), who do a GP placement and RRM placement in the same location, there is a separate handbook for clinicians.
- Students can negotiate with their preceptor for some additional session time to be spent working on the assessment tasks.
- Students will attend the following timetabled online teaching sessions during the placement block (*Details about dates/times will be communicated to students via Blackboard and sessions where possible will be scheduled afterhours where possible)*.
  - Introduction to Rural Medicine (90-minute lecture – week 1)
  - Indigenous Cultural awareness workshop (90-minute lecture – weeks 2-5)
  - Trauma & Retrieval case discussion and placement debrief at the end of the placement
  - When learning activities are not scheduled, students are expected to gain clinical experience via indirectly supervised, student-directed clinical contact with patients and the multidisciplinary team.

3.2 RRM – attendance flexibility arrangements

In RRM, students are expected to complete 30 hours per week at your clinical environment. This may vary from week to week depending on availability and rosters. However, RRM allows students extra flexibility with their leave entitlements (to allow for attendance at conferences, visiting local attractions and safe travel that does not disadvantage rural-based students). Interested students will liaise with their Preceptor to plan and gain written approval that they will still be able to meet the 30-hour clinical hours per week required for their placement. If you have concerns about your student's attendance (or engagement), please notify us at ruralmedicine@uq.edu.au so we can follow up with the student.

3.3 Student Dress Code

Students will dress in accord with the Faculty of Medicine's dress code (i.e. clinical attire) during all educational sessions and whilst in a clinical environment.

3.4 University of Queensland – Referral for assistance

If you have a significant concern about a medical student in any of the three areas of academic progress, welfare / impairment, and conduct/behaviour and you consider this should be managed by the Faculty of Medicine, please contact the Course Coordinator in the first instance.

3.5 Rural and Remote Medicine Learning Objectives

The Faculty of Medicine has adopted the Australian Medical Council's Graduate Outcome Statements, which are organised around four domains, to establish the MD Program. The domains have been used as the basis for the themes of the MD Program:

1. Science and Scholarship - the medical graduate as scientist and scholar
2. Clinical Practice - the medical graduate as practitioner
3. Health & Society - the medical graduate as a health advocate
4. Professionalism and Leadership - the medical graduate as a professional and leader.

Focused on the above domains, by the end of the Rural & Remote Medicine placement students will be able to:

Doctor and society

- describe the context and general nature of rural and remote medical practice
- explain the diversity of conditions seen in rural practice
- recognise the unique health concerns and illness in the rural environment
- identify rural diseases including zoonoses
- appreciate the depth of clinical responsibility in rural practice
- understand technologies that support a rural practitioner (ie. telehealth, social media)

Culture

- identify the implications of rural culture, values and lifestyle for rural and remote medical practice
- develop cultural awareness of people of Indigenous background, and understand the impact on health of this heritage
- appreciate rural community activities including the importance of differences as compared to metropolitan or major urban centres

Clinical management and reasoning

- diagnose and manage common rural health practice problems
- apply clinical reasoning to balance the benefits of transfer with benefits of local treatment
- manage with raised capacity uncertainty in clinical practice

Clinical skills and procedures

- acquire experience in procedural skills
- acquire experience in consultation skills
- experience complete continuity of care in the rural context
- organise transfer out via aeromedical and road retrieval services
- develop a framework to gain and maintain confidence in performing lifesaving emergency procedures that are seldom required (defibrillation, intraosseous, chest drain)

Teamwork and ethics

- understand and appreciate inter professional health care and services in the rural environment
- appreciate the significance of the professional and ethical role of the rural doctor particularly in relation to confidentiality in the local community
- behave in ways which acknowledge the ethical complexity of practice and follows professional and ethical codes

4. Assessment

Throughout the Comprehensive Clinical Placement course, students will be completing assessment for two separate courses – RRM, and the year-long Work-based Learning Portfolio. The assessment that will require you to provide advice or assess is highlighted below. Students must pass all assessment items by 50%

Marked Assessment

Assessment Task	Due Date
Rural Health Project	Plan – End of week 2 of placement Report – Last day of RRM placement
Case-based Discussion RRM Case-Based Discussion	To be completed by end of each RRM Clinical Placement
Exam – during Exam Period Online MCQ Exam Paper	Examination Period

Hurdle Assessment

Assessment Task	Due Date
Clinical Participation Assessment	Last day of each RRM Placement

Learning Activities

Assessment Task	Due Date
Indigenous Health Reflection	Week 6 of RRM block
RRM Online Modules	End of Semester
Pre-hospital Trauma Session	To be completed at a time advised by RRM Team or local RCU

WLP – Assessment

Preceptor to mark	
Mini-CEX: History, Examination or Management	Students will seek opportunities to complete these throughout the year.
Direct Observed Procedural Skills (DOPS) & Compulsory Observed Procedural Skills (COPS)	

4.1 Assessment Details

When assessing students, it is important to be aware that your reported judgments of student achievement should be defensible, comparable, and based on sound evidence.

4.1.1 Case-based Discussion

Due Date: Friday – last week of rural placement

How to submit: Preceptor to complete the e-form or print to scan and email to ruralmedicine@uq.edu.au (copies received directly from students will not be accepted).

Where possible, the student should present a case to the Preceptor mid-placement as a formative assessment (not marked) in preparation for the final summative (marked) Clinical Case Presentation & Discussion Assessment. The mark sheet will be emailed.

The approximate recommended time allocation for this task is as follows:

15 minutes	Case Presentation	Student presents the case uninterrupted
10 minutes	Discussion	Assessor asks questions to stimulate discussion around the case
5 minutes	Feedback	Assessor provides feedback to the student

(Completion of the entire assessment task should take approximately 30 minutes.)

4.1.2 Rural Health Project Plan

Due Date: Friday – Week 2 of the RRM placement

How to submit: Students submit via Turnitin

The Rural Health Project Plan is designed to support the development of the students Rural Health Project Report and allow the Academic Coordinator to provide guidance where required.

The project aims to foster the development of the students' understanding of rural health service delivery and ability to work with others in improving health outcomes for the community where they are placed.

Students are required to submit a Rural Health Project Plan using the template provided on Blackboard.

4.1.3 Rural Health Project Report

Due Date: Last day of the RRM placement

How to submit: Students submit via Turnitin

The student should discuss their ideas and intentions on the Rural Health Project topic with their Preceptor. Please provide guidance on best-practice and advise on considerations in regard to ethical behaviour in terms of how students gather and produce health data on the local community.

The project aims to foster the development of the students' understanding of rural health service delivery and ability to work with others in improving health outcomes for the community where they are placed.

Students are to submit a written report of 2000 words summarising how the assessment criteria were met. The report must be accompanied by relevant supporting material which demonstrates what task(s) the student contributed, e.g. educational material; database construction; draft submissions; media productions; procedure templates.

The Rural Health Project focuses on quality improvement within the operational context of their health service placement; a student operates as a 'temporary member of staff' and the project should only involve tasks, methodologies and procedures which the members of local health or community services could be expected or permitted to perform and use in the normal course of their work. Students must abide by the permission processes specific to their placement. It is possible for students, working with University or clinical staff on research projects with ethics approval, to include work for that project within the rural health project, but approval must be sought as per the guidelines on Blackboard.

The project is assessed on:

- Understanding of health-related rural issues, pertinent to a specific community and a relevant clinical topic (20%)
- Involvement with relevant health professionals, organisations, patients, carers and/or community personnel (15%)
- Organisation and planning (15%)
- Outcomes, recommendations, and conclusions (20%)
- Critical analysis (15%)
- Written Academic Report (15%)

4.1.4 Clinical Participation Assessment

Due Date: Friday - last week of rural placement

How to Submit: Students will submit a CPA request to your nominated email address through ePAD/MyProgress. Please complete and submit at your earliest convenience upon receipt.

N.B. Comments and feedback are appreciated. Student will receive this feedback directly and are encouraged to self-reflect on their progression. *Please note:* As soon as you submit the CPA, the student will instantly be able to view the marking criteria and comments (so you may wish to submit this after the student has concluded placement).

4.1.5 Workplace-based Activities

Due Date: Students are required to complete 8 Mini-CEX per year

Submit to: Online electronic form, student to provide link – only use paper copy if having technical issues

Three types of Mini-CEX are included in the WLP:

- History Mini-CEX
- Examination Mini-CEX
- Management Mini-CEX

Each section contains the rubrics (descriptors of performance) for that activity. For each activity, you should observe the student and record your assessment as per the relevant rubric. Please also write comments that will help the student identify areas for improvement.

4.1.6 Direct Observed Procedural Skills & Compulsory Observed Procedural Skills

Due Date: Students are required to complete 18 DOPS & 6 COPS during the year

Submit to: Online electronic form, student to provide link – only use paper copy if having technical issues

- Direct Observed Procedural Skills
- Compulsory Observed Procedural Skills

The DOPS section contains the rubric (descriptors of performance) for that activity. For each activity, you should observe the student and record your assessment as per the relevant rubric. Please do not hesitate to mark a student as Unsatisfactory or Borderline as appropriate. This will not affect the student's progression in the course. Please also write comments that will help the student identify areas for improvement. The COPS section includes a table of procedures to be signed off as certification that the student has observed the procedure.

4.2 Learning Activities

4.2.1 Indigenous Health and History Online Lecture Series

Students are invited to attend 4 online lectures (typically across weeks 2-5) with the UQRCS Academic Lead Indigenous Health. The culmination of this is the submission of a short reflection.

4.2.2 RRM Online Modules

Online modules to be completed during the CCP semester include:

- 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

4.2.3 Pre-hospital Trauma Session

Students are scheduled to attend a pre-hospital trauma session, run either by their local clinical unit (those based at a Regional Clinical Unit – Bundaberg, Hervey Bay, Rockhampton and Toowoomba – for the year) or by the QAS (those based at the Greater Brisbane Clinical Unit). Where possible, sessions are scheduled outside of the students' RRM Placement. Due to numbers, where the travel distance to a session is less than 2 hours, students may request to return to Brisbane or their Clinical Unit to attend a trauma session during their placement.

5. Student Skills – What to Expect

In 2025, Students entering the MEDI7315 RRM Placement will be fourth-year students in the University of Queensland (UQ) Doctor of Medicine program. The four-year full-time intensive program involves:

Phase 1= 2 years foundation knowledge and skills

Year 1

Clinical Practice courses aim to equip junior medical students with a set of skills relevant to patient interactions, many of which will be employed and developed over the entire career of a medical professional. In Year 1, the teaching of Clinical Practice largely constitutes simulations, utilising peers or standardised patient actors as model patients. The following broad categories of skills will be covered in Year 1:

- History-taking skills
- Peer-physical examination skills
- Procedural skills
- Nutrition counselling
- Demonstrating professional behaviour.

Year 2

In Year 2, students in Clinical Practice courses will evolve their history-taking and examination skills, from tutorial-based peer-physical skills to bed-side patient interactions in the wards and departments of major

hospitals. Students will be expected to revise all systems-based examinations from Year 1 Clinical Practice, under the direction of hospital-based clinicians (Clinical Coaches), as well as develop new history-taking skills, examination skills and procedural skills. The following broad categories will be covered in Year 2:

- Bed-side and simulated patient history-taking skills
- Bed-side physical examination skills
- Intimate examination skills
- Introduction to specialty skills
- Procedural skills
- Demonstrating professional behaviour.

Phase 2 = 2 years clinical placements

In Years 3 and 4 clinical placements are organised around 4 Semesters delivered by clinical schools in Queensland and United States.

This is the clinical training phase of the program where students are expected to develop higher level clinical skills that move from a focus on data gathering and conducting an accurate history and examination to developing skills in synthesizing and integrating information to formulate a provisional diagnosis and initial management plan.

Students undertake this phase in a variety of clinical settings and disciplines, while also learning to work in and collaborate with clinical teams.

It is important to remember that the skill level of students will vary throughout the year and they will become more competent as they complete each of the other placements such as Medicine, Surgery, Mental Health and General Practice.

5.1 Placement Learning and Experience

All students completing an RRM placement will attend the Comprehensive Clinical Practice (CCP) Introductory Week (3 days).

Students are required to attend all sessions in the Introductory Week program. This includes theory sessions, demonstrations of skills and procedural/clinical skills training facilitated by experienced rural clinicians.

The following sessions are included in the CCP Introductory Week timetable for MEDI7315 – Rural & Remote Medicine:

- Introduction to Comprehensive Clinical Practice
- Aboriginal & Torres Strait Islander Cultural Activity
- Simulation scenarios

Demonstrations of procedural / clinical skills training include:

- Airway management
- ICC insertion
- Forearm Plastering techniques
- Ultrasound / E-FAST in the clinical setting

When on clinical placement students with your approval and under your supervision may perform a range of common practical procedures and minor surgical techniques such as:

- IM injection – baby and adult
- Venesection

- ECG
- Spirometry
- Blood Pressure Measurement
- Fingerprick BSL
- Suturing / repair of minor injuries
- Removal of a skin lesion
- Applying a plaster cast
- Tying surgical knots
- Musculoskeletal examination of shoulder, knee, lumbar & cervical spine
- Trauma management – basic airway management, application hard collar
- Assist in obstetric delivery
- Assist anaesthesia and surgical procedures
- Examination of ear/nose/throat
- Vaginal examination / pap smear

Preceptors are encouraged to build upon this repertoire of skills, knowledge and attitudes during the rural placement.

6. Preceptor Role

The honored duty to pass on knowledge and skills from one generation to the next is an important part of the medical profession's history and future development. As a Preceptor, you take on an important responsibility, which is to be a role model for the students and to ensure that students are provided with an optimal learning environment during their six-week rural placement.

The RRM Placement requires independent and self-directed learning and is characterised by fewer formal or structured learning opportunities than students are usually accustomed. While the learning objectives of RRM are a constant, the experiences of students will vary according to their rural placement site(s). This presents students with an opportunity to gain an understanding of the wide range of conditions encountered within rural medical practice, and the great diversity of skills and knowledge underpinning effective health service delivery in rural or remote locations.

Preceptors need to encourage and support students to become actively involved with the management of clinical problems for students to:

- gain practice and confidence in conducting patient consultations, history-taking and making clinical assessments
- be able to follow the progress of a patient through the continuum of care
- hone clinical reasoning skills by enabling them to reflect with yourself or other relevant health care professionals such as the practice nurse, physiotherapist, radiographer, pharmacist, social worker, indigenous health care worker etc.

Preceptors play a key role in the assessment process – refer to Section 4. The program relies on your expertise and experience to make evaluations about a student's clinical practice as well as their ethical, personal and professional conduct.

The preceptor is expected to have current clinical skills and knowledge, help students recognize their assumptions and think through their management decisions, and model effective communication with clients that emphasizes psychosocial aspects of care.

In summary, a **preceptor's role** is to:

1. **Meet with the student** preferably on the first day of the placement. Discussion should include a review of the student's goals, expectations, learning style, and past experiences. As a Preceptor, you need to share your expectations and some of your history and usual teaching style. You should describe the practice / hospital, the types of conditions cared for, any specific standards or guidelines that the site has in place governing student behaviour, need to be shared at this time.
2. **Orientate student to site, policies, and procedures** this serves two purposes firstly, it assures that students quickly develop the functional capability to work efficiently and secondly, it conveys a message that students are welcome and appreciated. Orientation should include introductions to key members of the staff, a tour of the facility, and a description of office procedures. In particular, students should know procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting. Students need to know the rules and limitations of your practice / facility.
3. **Be a positive and effective role model** to enable students to see how clinician's problem-solve clinical management issues. Modelling by the Preceptor allows the student to observe more subtle aspects of patient interaction, such as how one approaches difficult issues of potential physical abuse, problematic behaviours, developmental delays, and serious illness. Observation and modelling provide the preceptor and the student with the opportunity to share impressions, think through cases together, and develop differential diagnoses.
4. **Provide learning experiences** for the students. A preceptor can use observation of the student to determine what student skills are strong and which need particular attention during the clinical experience. Subsequently, you can ensure the student has meaningful, graduated responsibility in conducting all critical tasks in the patient visit from the initial history to the closing discussion. Additionally, you will need to allow repeated supervised practice to take place in a controlled environment to facilitate learning and confidence for students undertaking clinical procedures.
5. **Direct student's learning opportunities** which might include arranging for students to attend rounds, case conferences, or any other relevant meetings that focus on care as well as facilitating involvement with other health care professionals in the community. Additionally, students should be encouraged to ask questions.
6. **Provide on-going feedback.** This is critically important, especially with adult students whose learning is enhanced if they believe they are making progress. Effective feedback is descriptive of specific situations and skills and is given soon after the preceptor's observation of these concrete events. It reinforces what has been done correctly, reviews what needs to be improved, and corrects mistakes. Feedback is sometimes more meaningful if the student has the opportunity to do a self-assessment prior to hearing the preceptor's comments. For example, a conversation regarding the question, "How well do you think you addressed this mother's concerns?" will give the student the chance to share his or her rationale for the approach while also prompting the further discussion about the question, "How could you have done this differently?"
7. **Notify the Faculty of Medicine of concerns about student's behaviour, work, or progression.** Although the preceptorship is a positive experience for all parties the majority of the time, problems occasionally arise. A student may be frustrated, anxious, bored, overwhelmed, unprepared, distracted, ill, or otherwise having some difficulties. Even if you are not able to pinpoint specific factors, you should not hesitate to flag to the program faculty. Serious problems should be addressed that very day with a call to faculty. Notes should be made regarding the situation of concern with dates and specifics, so that the faculty can be as well informed as possible when contacted.
8. **Provide student assessment results** by the end of week six (6). Please email the Case-based Discussion documents to ruralmedicine@uq.edu.au. The Clinical Participation Assessment is completed through a web link which will be sent to the preferred email address for CPA assessment via *MyProgress.*

Students will be asked to evaluate all these aspects of their placement.

6.1 Preceptor Tips

Early in the placement, it is important to introduce the student to your hospital and/or practice and the staff of your facility. Students need to know the rules and limitations of your practice/facility.

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

- allowing students to see patients themselves and present these to you
- letting them sit in on consultations you conduct
- asking them to demonstrate their skills to you
- encouraging them to assist you with procedures
- facilitating small tutorials or case discussions.

Additionally, there are aids to teaching with patients such as the 'one-minute teacher' that you could utilise. The 'one-minute teacher' uses the following steps to direct the learner's focus to a key aspect of a case, and the clinician teaches around that issue.[1]

The clinician:

- asks the learner to outline his or her diagnosis or management plan
- questions the learner for reasoning
- gives immediate feedback to the student about what was correct about the assessment
- teaches general rules (take home points)
- provides feedback on what was done well
- corrects errors and suggests what can be improved.[2]

[1] Lake, F. R. & Ryan, G. (2006). *Teaching on the Run: Teaching Tips for Clinicians*, Strawberry Hills, Australia. Australasian Medical Publishing Company Proprietary Limited.

[2] J. Neher, K. Gordon, B. Meyer, N. Stevens (1992). A five-step "microskills" model of clinical teaching. Journal of American Board of Family Practice, 5, pp. 419–424.

Learning goal	Script	Rationale
1. The student is to make a decision regarding the case at hand	"What do you think?"	This question is helpful throughout the decision-making analysis—from making a diagnosis to working out a plan; the student is not simply providing information to the preceptor to make decisions
2. Probe for supportive findings and evaluate the critical thinking that led to the decision	"Why do you think that?" "What led you to that conclusion?" or "What else did you consider and rule out?"	Diagnose the learner's understanding—gaps and misunderstandings, poor reasoning or attitudes; do not ask for textbook knowledge
3. Tell student what was right in the conclusions and critical thinking	"Specifically, you did a good job of _____ … and this is why it is important… ."	State specifically what was done well and why it was important to reinforce excellent performance
4. Correct student errors	"You did well based on your knowledge of older children but didn't factor in the infant's development"; "I disagree with …" ; "A more efficient way…"	Specific correction will reinforce correct ideas and extinguish incorrect ones
5. Teach a general principle/ clarify the take-home lesson	"The key point I want you to remember is … ."	Point out key ideas, prioritize essential points among many details
6. Your own one-minute reflection	"What did I learn about my teaching?", "What did we learn from this?"	Place exercise into larger context of patient care and refocus for teaching episodes

Adapted from Neher, Gordon, Meyer, & Stevens, 1991.

Table 1 "Microskills" model of clinical teaching

Also, to keep in mind is the use of the principles of the positive critique which involves:

- asking the student what went well
- list the tasks you thought the student did well
- ask the student what could be improved
- add any other things you think could be improved.[3]

Appropriate delegation to other practice / hospital staff, provides access to other very valuable teaching resources who also can help the students learn many skills from relating to challenging patients through to venesection and investigations.

Remember that some students have skills from past careers that they can share with you, your facility staff and community.

It is important to encourage students to become part of the community, to join local activities, to meet your family and to experience the life of a rural doctor. The student can make a valuable contribution to the community through undertaking their rural health project which is designed to get them involved in a community project or activity.

Studies of practice education tell us that taking a student:

- allows students to bring new ideas and current thinking to your workplace
- stimulates your clinical reasoning skills
- enhances your career opportunities
- develops professional organisational skills

[3] Ibid

- provides an opportunity to share expertise with future colleagues
- creates and improves your links with universities
- enhances your reputation within the workplace
- reduces your workload
- develops your teaching skills
- is deeply rewarding for all involved.[4]

Dr Chris Hannon from Warwick said that he enjoys teaching students and that it keeps him up to date with changes in practice. "It provides me with an opportunity to watch medical students learn and enables me to fulfil my obligation of giving back to the practice of medicine," Dr Hannon said. "The most enjoyable aspect is watching students learn, make progress and having a different set of eyes to assess a situation."

7. Administrative Matters

There are a number of administrative matters involved with the rural placement. While these are of direct interest and importance to Preceptors, you may like to deal with these directly or delegate some aspects of them to hospital or practice staff.

The following section cover the following:

- Communication and support
- Assessments
- PIP claim
- PDP points (ACCRM Fellows ONLY)
- Confidential Information
- Student OHS Incidents / Injuries

7.1 Communication and Support

Student Placement requests, reminders, PIP forms and other documentation will be communicated via email. Please let us know if your contact email changes or if the documentation should be sent to an alternative contact (i.e. annual leave cover).

7.2 Practice Incentive Program (PIP) documentation

7.2.1 Eligibility

To get the Teaching Payment, practices claiming teaching sessions must:

- be registered for the Practice Incentives Program (PIP)
- meet the general eligibility requirements for PIP, and
- provide eligible teaching sessions

An eligible teaching session must satisfy **all** of the following criteria. It must be:

- provided to a student enrolled at an Australian university who is completing an undergraduate or graduate medical course accredited by the Australian Medical Council
- provided to a student enrolled in a course at an Australian-based campus, aimed at preparing the student for the Australian medical profession
- part of the student's core curriculum
- given by a GP registered in PIP at a main or additional practice location when the teaching sessions took place

[4] Neale, A. (2003). 10 Reasons for you to make Students an offer they can't refuse!. OTNow, 8-9.

- given by a GP responsible for the session, including sessions outside the practice, such as home visits and consultations in hospitals or aged care facilities
- a minimum of 3 hours in length

If your practice is not registered for the PIP, you can apply:

- Health Professional Online Services (HPOS) - your application will be submitted immediately, and you'll get an acknowledgement message that your application has been received, or
- the Practice Incentives application form - and faxing it
- Please notify us if your eligibility status changes

7.2.2 Payments and requirements

- Practices will receive $200 for each 3-hour teaching session. You can claim a maximum of 2 sessions per GP daily.
- Practices can only claim $200 for each session, regardless of how many students are in a teaching session.
- A rural loading will be added to your payment if your practice is in a rural or remote area. The loading varies based on the remoteness of your practice.

7.2.3 University Certification

- The RRM Student Coordinators will complete and sign the university certification section of the Teaching Payment claim form and provide to eligible practices **before** the student attends the teaching session at the practice.

7.2.4 Students need to sign the claim form

- the student and the GP must sign the student attendance section of the claim form every time they are present at the practice.

7.2.5 How to Claim

Practices can submit teaching payment claims using:

- HPOS, or
- the Teaching Payment claim form
- Submit it directly to Human Services – RRM does not require a copy.

Practices may contact Medicare Australia for further information about the cut off dates for claiming payments for eligible sessions.

7.3 Professional Development Documentation (where appropriate)

7.3.1 College Points

Please check with your CPD Home, to see if teaching medical students is an accredited activity. More information on the Australian College Rural & Remote Medicine (ACRRM) Continuous Professional Development framework can be found at https://www.acrrm.org.au/CPDHome/cpd-framework.

Please be advised that the University does not determine a Medical Practitioner's eligibility to participate in the CPD Program and has no responsibility to monitor the timeliness and/or accuracy of CPD credits allocated by ACRRM.

7.4 Further Information

7.4.1 Confidential Information

Preceptors may have access to a range of personal and private information in relation to students. Such information may only be used to facilitate the proper conduct of University of Queensland business.

No identifying information in relation to a student may be released to a third party (and this is inclusive of other students) without that student's permission. This includes contact information such as Email address, telephone number.

Information from an outside organisation may be sent to a student cohort only after approval has been obtained from the authorised University Officer. Where the information is of direct relevance to the students' approved program of study and/or required for the effective functioning of the University of Queensland, such approval will not normally be withheld.

7.4.2 Student Occupational Health & Safety (OHS) Incidents/Injuries

There is a requirement for students to report injuries or incidents that occur whilst on placements e.g. needle-stick injuries, car accidents and near misses, to the University of Queensland. Access to the UQ OHS Incident Reporting Database here UQ Online Incident Report

UQ Medicine has a post-contaminated sharps injury procedure (see Appendix B) 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. Students are also required to follow the local guidelines and procedures at your site.

NB. Students are not to undertake procedures on high-risk patients – students are reminded to manage risk and to stop and seek help if they need it!

7.4.3 Preceptor Feedback

The Rural & Remote Medicine Team would appreciate receiving from you any feedback/suggestions to improve the clinical placement. Any information that you provide would be tabled at the Rural and Remote Medicine evaluation meetings. Subsequent actions would be taken to provide the ideal learning environment for the students.

8. 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, Professional and Medical Malpractice Liability
The University holds these Liability Protections with Unimutual Limited. If you need to prove the nature and extent of the cover, please ask for a copy of the relevant certificate of currency.

Student Personal Accident
The University places Personal Accident Insurance through CHUBB Insurance Australia Limited. This covers currently enrolled students while they are engaged in authorised University activities including course required placements, work experience and direct travel to and from such activities.

Student Travel Insurance
This policy provides benefits including accidental injury and sickness cover (not full health insurance) for students travelling overseas.

The University's policies apply irrespective of whether the activities are conducted on a University site or elsewhere provided the activities are officially sanctioned.

Any incident that may result in a claim should be notified directly to UQ Insurance Services - insurance@uq.edu.au or phone 07 3365 3075.

Please visit Insurance for Students for further information about insurance coverage relevant to students at UQ.

9. Academic Title Holders

The University of Queensland welcomes applications for academic titles from health professionals who contribute significantly to its teaching and/or research activities and who are not paid directly or indirectly by the University.

Preceptors who provide significant and continuing student placement supervision may be eligible for academic appointment with the Faculty of Medicine.

Appointment will be offered at an academic level dependent upon the incumbent's qualifications, experience and contribution to the clinical education program.

Details of how to apply for an Academic Title can be found at: https://medicine.uq.edu.au/alumni-and-community/academic-title-holders

10. Library Services

For information on UQ Library resources available to Academic Title Holders, please go to: https://medicine.uq.edu.au/files/97863/UQ-Library-Resources-for-ATHs.pdf

The UQ Library supports Rural Preceptors in their clinical, teaching and research activities by:

- Library and database search training
- Undertaking literature searches
- Supporting research
- Troubleshooting EndNote issues
- Document delivery and alerting services
- Assistance when applying for Academic Title, in particular with setting up an ORCID identifier.

Contact details for the Librarian team:

Email librarians@library.uq.edu.au for assistance, or book an appointment through:
Contact your Faculty Services Librarians - Library - University of Queensland (uq.edu.au)
Phone: (07) 3346 4312

11. Research Information for Preceptors

The Rural Clinical School Research Centre (RCSRC) is a research facility in the Faculty of Medicine, The University of Queensland (UQ). RCSRC has a rapidly expanding research program in clinical research and epidemiology/population health. The research agenda includes a significant component of Indigenous health research, particularly programs designed to translate and improve health outcomes amongst the Indigenous population. The research team includes a Director of Research, a senior research fellow, two research assistants and an administration assistant. Moreover, the team also includes project-specific staff members such as study coordinators. The research team has a successful track record in attracting competitive

funding from agencies such as the NHMRC. Research outputs are published in peer-reviewed journals and vary from ‘Rural and Remote Health’ to ‘Nature Genetics’.

RCSRC is available to provide information, assistance and advice to all rural preceptors on the following:

1. Translating research ideas or questions into formal scientific proposals/protocols
    a. ideas/questions could be related to clinical studies, health service delivery, medical education, Indigenous health, translational research etc
2. Ethics clearance and other related administrative requirements (if applicable - e.g clinical trials)
3. Statistical inputs, analyses and publication of findings
    a. advice on appropriate study design, power and sample size calculations, data collection tools, statistical analyses, interpretation of findings and
    b. writing up of results; suggestion of potential journals and conferences to disseminate the study findings
4. Research funding
    a. advice on potential funding sources based on the proposed research area
    b. help in completing and submitting funding applications (grants and or fellowships) and grant management
    c. linkages with the industry
5. Collaboration
    a. With other clinicians and research academics working on the same topic or research area
    b. To leverage existing resources

To get an idea of the research work that is currently being supported by academics at RCSRC, please visit: https://rcs.medicine.uq.edu.au/research

If you have any questions or wish to discuss your work or research ideas, please contact:

Associate Professor Srinivas Kondalsamy-Chennakesavan
Director of Research, Rural Clinical School, Toowoomba
Email: s.kondalsamychennakes@uq.edu.au
Mobile: 0407974483

Appendix A – Assessment Item

THE UNIVERSITY OF QUEENSLAND
AUSTRALIA
CREATE CHANGE

2024 MEDI7315
Rural and Remote Medicine
CASE-BASED DISCUSSION MARKING CRITERIA

STUDENT NUMBER: _____ PLACEMENT NUMBER & SEMESTER: _____

STUDENT NAME: _____ ASSESSMENT TYPE: Summative

CASE DESCRIPTION:

INSTRUCTIONS FOR ASSESSORS: Please mark EACH of the eight criteria by ticking the appropriate rating column after an OVERALL consideration of the student's characteristics using the criterion descriptors. *Student results are calculated as the sum of the marks achieved across all the criteria.* Placement contacts are to scan and return by email to ruralmedicine@uq.edu.au by the end of Week 6 of RRM placement.

CRITERIA	WELL BELOW EXPECTATIONS (20%)	BELOW EXPECTATIONS (40%)	MEETS EXPECTATIONS (60%)	ABOVE EXPECTATIONS (80%)	WELL ABOVE EXPECTATIONS (100%)
1. History and Examination (10%)	Insufficient or incomplete assessment No systematic approach	Omits some findings in assessment Limited systematic approach	Focused and appropriate assessment Systematic approach	Focused and comprehensive assessment Systematic approach	Accurate, focused and detailed assessment Highly structured and thorough approach
2. Diagnosis & Management (inc. Investigation) (10%)	Unable to form or justify differential diagnosis Poor comprehension of management	Superficial or faulty differential diagnosis Limited comprehension of management	Forms and can justify differential diagnosis Appropriate management plan	Detailed differential diagnosis and clinical reasoning Structured, detailed management plan	High level, detailed differential diagnosis and clinical reasoning Comprehensive, detailed management plan
3. Population Health Issues (10%)	Does not identify relevant issues No evidence or faulty understanding of relevant issues	Limited understanding in identifying relevant issues Minimal integration of issues into case presentation	Identified but does not explore or elaborate on relevant issues Some integration of issues into case presentation	Identified, explored and elaborated on relevant issues Sufficiently integrated into case presentation	Thoroughly identified, explored and elaborated on relevant issues Comprehensively integrated into case presentation
4. Scientific Approach & use of Available Learning Resources (20%)	Deficiencies in discussion of relevant principles and issues Reasoning is superficial or faulty Minimal use of text and resources	Limited discussion of principles and issues Difficulties in defining and analysing issues Limited use of text and resources	Reasonable discussion of principles and issues Acceptable reasoning in defining and analysing issues Adequate use of text and resources	Detailed discussion of principles and issues Good reasoning in defining and analysing issues High level use of text and resources	Thorough discussion of principles and issues High level reasoning in defining and analysing issues. Comprehensive use of text and resources
5. Ethical Issues (10%)	Does not identify, explore or elaborate on relevant issues Not integrated into the case presentation	Limited understanding of relevant issues Insufficient integration in the case presentation	Relevant issues adequately identified and explored Adequately integrated in the case presentation	Issues well identified and explored Well integrated in the case presentation	Issues thoroughly identified, explored and elaborated on Comprehensively integrated in the case presentation
6. Personal involvement (10%)	No involvement, follow-up of patient or discussion with colleagues	Minimal involvement, follow-up of patient or discussion with colleagues	Adequate involvement, follow-up of patient or discussion with colleagues	Substantial involvement, follow-up of patient and discussion with colleagues	Comprehensive involvement, follow-up of patient and discussion with colleagues
7. Presentation of Case: Content, Structure (10%)	Serious or major shortcomings in content Unsystematic and/or illogical structure	A few non- serious shortcomings in content Slightly disorganised and/or illogical structure	Insignificant non- serious shortcomings in content Reasonably organised and/or logical structure	No serious or major shortcomings in content Very well organised and/or logical structure	Complete and focused coverage of content Thorough, systematic and logical structure
8. Presentation of Case: Presentation Style (10%)	Communication is not clear and is not engaging (the student jumps around)	Communication disorganised/incomplete and lacks clarity and engagement	Communication adequately organised and/or logical structure	Well-presented and in a logical sequence	Articulate presentation of ideas in a logical sequence
9. Rural Relevance (10%)	No evidence of rural/global relevance mentioned	Very little evidence of rural/global relevance	Reasonable evidence of rural/global relevance mentioned	Substantial evidence of rural/global relevance mentioned	Very comprehensive evidence of rural/global relevance mentioned

OTHER COMMENTS (ESPECIALLY WITH REFERENCE TO BELOW OR WELL BELOW EXPECTATIONS RATINGS, PLEASE): *In completing this form, the assessor/acknowledges that their comments may be used in external University of Queensland reports on student performance.*

ASSESSOR NAME (PLEASE PRINT): _____

ASSESSOR SIGNATURE: _____ **DATE:** _____

Appendix B – Contaminated Sharps injury management procedure

Contaminated Sharps injury management procedure

Description and definitions

This procedure must be followed in the event of anyone sustaining a contaminated sharps injury (please refer to the procedure detailed below). The procedure incorporates a risk assessment of the injury to ensure that the exposed person(s) is suitably treated, counselled and tested to reduce or eliminate the risk of developing disease.

- 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.

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.

Communication and dissemination:

This procedure must be communicated to all personnel working with or handling sharps (including sharps waste disposal).

Procedural summary:

It is important that medical advice is sought and blood samples are taken from the person sustaining the contaminated sharp injury for baseline testing as soon as possible after the injury occurs.

A blood sample should also be taken following consent from the person who is the source of the blood or body fluid on the contaminated sharp for testing for the presence of blood borne infectious diseases.

Infectious disease specialist advice must be sought asap for all incidents assessed as high risk for the transmission of blood borne viruses (BBV) as Post Exposure Prophylaxis medication (HIV prophylaxis or hepatitis B immunoglobulin) if required needs to be administered as soon as possible and within 72hrs (see expert information network contacts below).

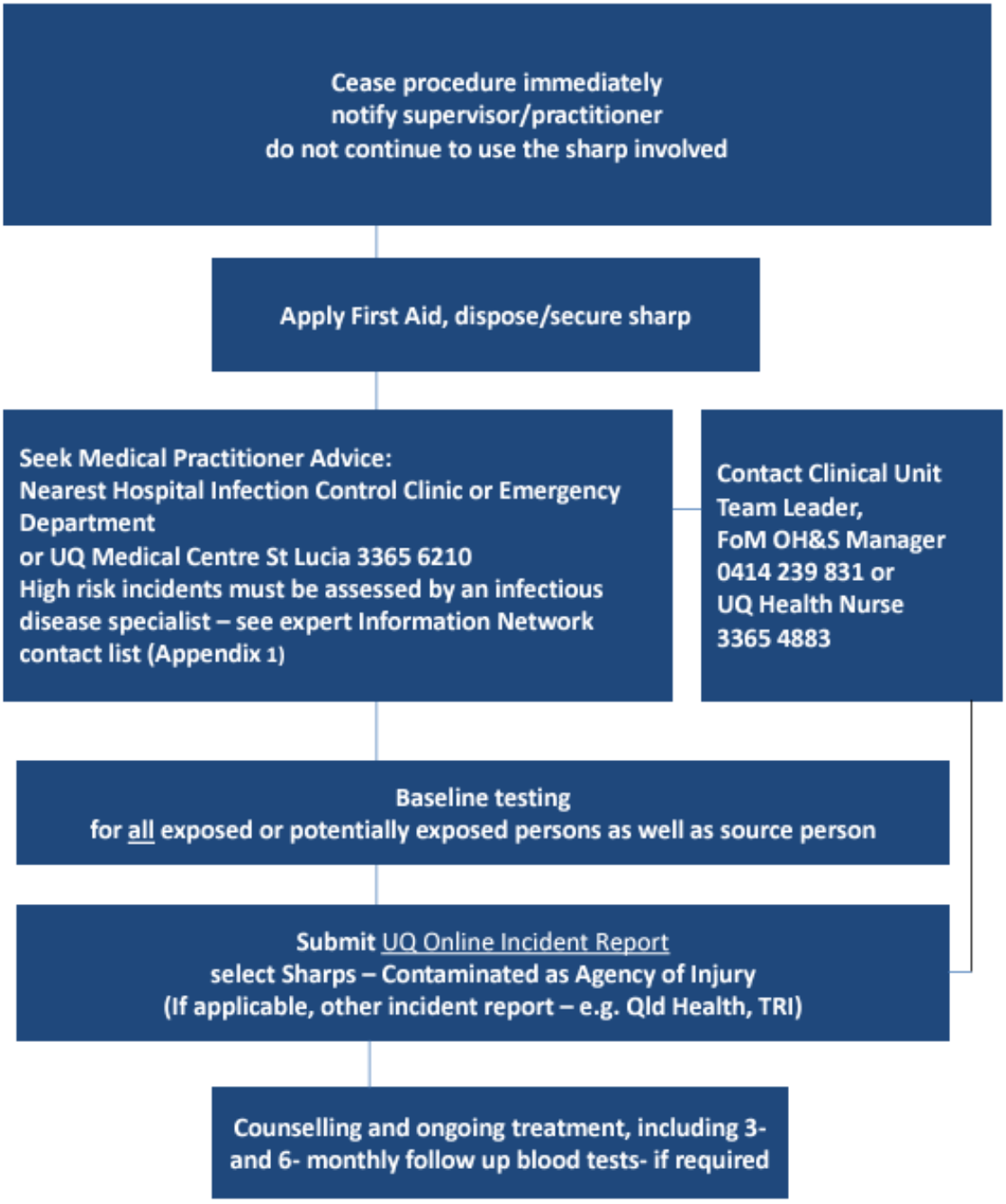
Subsequent blood testing schedules will be determined by a medical practitioner (or infectious disease specialist) taking into account the nature of the injury, health status and lifestyle factors of the persons involved or/and baseline blood test results and/or current Queensland Health contaminated sharps injury guideline advice.

Relevant associated documents (not exhaustive)

- UQ Policy and Guideline for Working Safely with Blood and Body Fluids
  https://ppl.app.uq.edu.au/content/2.60.10-working-safely-blood-and-body-fluids;
- Queensland Government Guideline for Management of occupational exposure to blood and body fluids 2017
  http://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-321-8.pdf;
- Queensland Health Centre for Healthcare Related Infection Surveillance and Protection website:
  https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection

FOM OHS Contaminated Sharps injury management procedure V1 Nov 2017, V2 August 2019

Post Contaminated Sharps Incident Procedure - Summary



FOM OHS Contaminated Sharps injury Information and Procedure Version 1 Nov 2017, V2 August 2019

PROCEDURE:

1. If there is a suspected or actual contaminated sharps injury**, notify the supervisor and cease the procedure *immediately***; ensure the contaminated sharp is removed from service and disposed of via the appropriate sharps disposal process.

   DO NOT continue to use the sharp as this presents a significant risk of infection.
   DO NOT hesitate to advise the supervisor instantly if you suspect an injury to you or anyone else.

   If you're taking part in a surgical procedure, **DO NOT** be afraid to notify the surgeon instantly - they will appreciate the warning and your adherence to infection control procedures

   It may not be immediately obvious if there is a sharps injury, but any suspected event must be treated as a genuine injury.

2. Immediately following exposure to blood or body fluids, it is recommended that the exposed person undertakes the following steps as per section 4.2 of the Queensland Health Guideline "*Management of occupational exposure to blood an body fluids 2017*" http://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-321-8.pdf
   - 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
   - do not squeeze or rub the injury site
   - if blood gets on the skin, irrespective of whether there are cuts or abrasions, wash well with soap and water
   - irrigate mucous membranes and eyes (remove contact lenses) with water or normal saline
   - if eyes are contaminated, rinse while they are open, gently but thoroughly (for at least 30 seconds) with water or normal saline
   - if blood or body fluids get in the mouth, spit them out and then rinse the mouth with water several times
   - if clothing is contaminated, remove clothing and shower if necessary.
   - When water is not available, use of non-water cleanser or antiseptic should replace the use of soap and water for washing cuts or punctures of the skin or intact skin.
   - The application of strong solutions (for example, bleach or iodine) to wounds or skin sites is not recommended.
   - For human bites, the clinical evaluation should include the possibility that both the person bitten and the person who inflicted the bite were exposed to BBVs.
   - The exposed person should inform an appropriate person (e.g. supervisor or manager) as soon as possible after the exposure so assessment and follow-up can be undertaken in a timely manner. After reporting the incident, the worker should be released from duty so that an immediate risk assessment can be performed.

3. Seek further medical advice.
   - If you're within a hospital setting, visit the Emergency department for treatment, you will be referred to their Infection Control Clinic.
   - If at UQ St Lucia, contact the UQ Health Care Medical Centre St Lucia campus on 3365 6210.
   - If at UQ Gatton, contact the UQ Health Care Medical Centre Gatton campus on 5460 1396.
   - If you are located elsewhere or the incident occurs after hours please attend the nearest hospital Emergency Department, notify as soon as possible
     Faculty of Medicine OHS team 0414 239 831 or med.ohs@uq.edu.au
     UQ OHS Nurse Advisor 3365 4883 or ohna@uq.edu.au

4. Blood test request forms
   - If you're working in a non-Queensland Health placement, immediately contact the Faculty of Medicine OHS team 0414 239 831 or med.ohs@uq.edu.au or the UQ OHS Nurse Advisor 3365 4883 or ohna@uq.edu.au who will provide you with QML blood test request paperwork by email to get your blood work done, as well as a UQ Health Care registration form.
   - The completed UQHS registration forms should be scanned and emailed to the OHS Nurse Advisor OHNA, on the day of the incident in the OHNA's absence please email the UQ Health Care-healthservice@uq.edu.au

5. All parties exposed to contaminated sharps must have a baseline blood test as soon as possible. Depending upon the level of risk assessed by the medical practitioner the subsequent testing program will vary.

   If you wish to visit a doctor of your choice be aware they may not bulk bill you and hence you will be responsible for the gap amount (this amount cannot be reimbursed through UQ Insurance). However, this should not be considered as an obstacle to prevent or delay you seeking appropriate medical advice.

   Please Note: Student pathology expenses will be covered by bulk-billing Medicare at UQ Health Care, while international students may receive a rebate from their Overseas Student Health Cover. Invoices for blood testing of FoM staff will be supported by FoM and costs of other treatment may be subject to claims through UQ Work Injury Management.

6. If the source of the sharp is another person (e.g. a patient), this person will also need to be referred (with their consent) obtained by the supervisor/treating practitioner) for testing to adequately assess the risk to the exposed person.

7. If the injury is assessed as high risk the exposed person must be referred to a specialist infectious diseases doctor via the network numbers displayed in Appendix 1.

8. Ensure that a detailed report is submitted ASAP using the UQ online incident reporting database (http://www.uq.edu.au/ohs/index.html?page=141331). Ensure the clinical unit team leader is informed of the incident and the incident report number. If you have a copy of any partner incident reports (Q-Health, TRI, Mater, Wesley, etc.) or related photos or documents please scan and upload these to your UQ report.

9. Staff may be eligible to claim treatment and rehabilitation expenses under the University Work Injury Management program.
Contact the Work Injury Management Team (wimteam@uq.edu.au) for specific advice.
Counselling is available to staff via the Employee Assistance Program (http://www.hr.uq.edu.au/eap)
Students counselling via UQ Student Services (http://www.uq.edu.au/student-services/counselling-services).

Staff, student and /or Patient privacy /confidentiality must be maintained at all times

Appendix 1:

Expert Information Network - advice is available24/7 by the Infection Diseases Physician on call. Contactable through the switch board at the following Facilities		
Brisbane	Princess Alexandra Hospital	07 31762111
	Mater Health service	07 31638111
	Royal Brisbane & Women's Hospital	07 31638111
Gold Coast	Gold Coast University Hospital	1300 744 284
Nambour	Nambour General Hospital	07 54706600
Townsville	Townsville Hospital	07 44331111

Additional Information

For further Faculty of Medicine OHS team can be contacted at med.ohs@uq.edu.au

THE UNIVERSITY OF QUEENSLAND
AUSTRALIA
CREATE CHANGE

Contact details

E: ruralmedicine@uq.edu.au
W: uq.edu.au

CRICOS Provider Number 00025B