

# Society and Health Handbook 2009

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**Clinical Supervisor's and Course  
Tutor's Version  
Course: MFAC2501**

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Updated 13/11/2008

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# Contents

<b>Introduction</b>	1
Course Aim	1
Course Outcomes	1
Course Overview	2
Access to UNSW IT services	2
Campus Learning Activities	2
Clinical Attachments	4
Course Tutor Sessions	4
Supervisors of Clinical Attachments – Guidelines and Suggestions	5
Course Tutors – Guidelines and Suggestions	7
Textbooks	10
Weekly Schedule	
Week 1	11
Week 2	11
Week 3	12
Week 4	12
Week 5	13
Week 6	13
Week 7	14
Week 8	14
Assessment	15
Staff Contact Details	17
 <b>Appendices:</b>	
1. Task List for Students - Clinical Attachments	18
2. Project Requirements	20
3. Clinical Attachment Task Log	27
4. End of Attachment Assessment	29
5. Score Sheet for Course Tutorials	31



## Introduction

Society and Health 3 (SH3) is one of the four clinical courses that form Phase 2 of the new (3802) Medical Program at UNSW.

This handbook describes the Society and Health course for students in the new (3802) Medical Program who commence their phase 2 courses from teaching period one 2008 onwards.

## Course Aim

The course aims to teach students a community and population health perspective on the provision of health care in Australia.

## Course Outcomes

The outcomes for this course are to enable students to:

- Enhance their skills in patient assessment and management in the context of community clinical settings
- Integrate knowledge of social determinants of health into clinical practice
- Describe health care provision in community contexts
- Identify and use aspects of population health in clinical practice
- Evaluate population health interventions
- Interpret and use scientific evidence in clinical practice
- Explain how a health system balances differing needs and priorities when allocating resources
- Develop skills in teamwork, ethical practice and reflective practice within the context of community health care

## Access to UNSW IT services

New in 2009

Course tutors and clinical supervisors who would like access to the online student materials, the UNSW library and a UNSW email account are invited to lodge an application. Please contact

Susan Zhang  
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## Course Overview

The **eight-week term** is organised in weekly themes.

1. Screening and Prevention;
2. Drugs and Violence;
3. Mental Health and Well-being;
4. Environmental Health;
5. Evidence Based Public Health;
6. Cross cultural and Indigenous health;
7. Occupational health;
8. Refugees and Migrants.

Weeks 1-6 are spent partly in campus teaching (Monday and Friday) and partly in community based clinical settings (Tuesday, Wednesday and Thursday). Weeks 7 and 8 are spent on campus attending lectures, workshops and practical sessions and working on assessment tasks. Students who have missed earlier clinical sessions may use these last two weeks to catch up with clinical experience if acceptable to the individual attachment supervisor.

**Campus learning activities** consist of lectures, tutorials, workshops and a “Case Method Tutorial” on Friday (see section on ‘Campus Learning Activities’ over page for more details).

Off-campus learning activities consist of a **community clinical attachment** and **course tutor sessions**. Students have been allocated to a **clinical attachment** in a clinical area that they have indicated a particular interest in (where possible). They are expected to complete a range of activities during these clinical attachments (see Appendix 1). They also participate in a fortnightly **tutorial group** under the supervision of a course tutor.

## Campus Learning Activities

Weekly schedules can be found from pages 9 - 12. These outline the topics for the campus learning activities. More information about the content of these activities can be accessed by students on e-med: <http://emed.med.unsw.edu.au/>

Lectures will provide an overview of the topic, key learning outcomes and introduce material that will be used in tutorials.

Campus based tutorials and workshops are designed for groups of approximately ten students to work together, with the assistance of an experienced tutor to achieve a set task. The tasks contribute to the learning outcomes for that week and will assist students to develop skills for later clinical practice.

Case Method Tutorials (CMT) are conducted in a large group and are designed to integrate clinical experiences with the course material for the week. The Case Method Tutorial is an opportunity to have a detailed discussion of a pre-prepared case, assisted by a facilitator and a content expert.

Students receive the case a week in advance for discussion on the following Friday (so there is a week to prepare each case). Preparation involves thinking about the questions, discussing the case with clinical supervisors and tutorial group and relating it to issues from the cases seen in clinical attachments.

Several students each week may be allocated to a “student resource panel”. These students will be expected to do some additional reading and preparation for the tutorial and to contribute more to the discussion. They will be asked to answer questions from their colleagues and also to clarify any misunderstandings during the discussion.

On-line Tutorials are provided to support some of the lectures and tutorials on Evidence-based Medicine and Quality Medical Practice. The completion of these tutorials contributes to the course assessment. The online tutorial includes a mini-audit to be conducted during the clinical attachment.

## Clinical Attachments

The clinical attachments should enable students to interact with patients under the supervision of clinicians (medical and non-medical). Students should develop individual clinical skills in the special interest area of the service and explore the provision of health care in the community. The three days of the clinical attachment should also allow time for personal study, project work and a course tutorial session every fortnight (see next page).

During the attachment students are expected to complete a range of tasks (see Appendix 1) which provide the clinical context for the campus activities. Performance of these tasks contributes to course assessment.

Please refer to p 5 for further details.

## Course Tutor Sessions

Tutorial sessions are based off-campus on Wednesday or Thursday afternoons during weeks 1, 3, 5 and 7 of the course. Tutorial groups consist of approx 6-12 students from 3 to 5 different SH3 clinical attachments in the same geographical area. The group will meet with a course tutor at a time and location determined by the tutor.

The aims of these tutorial sessions are to-

1. Share clinical experiences across the group
2. Explore the weekly themes in the context of each clinical placement
3. Discuss cases and their relationship to the topic of the Case Method Tutorials (on campus on Fridays)
4. Provide support for project groups if required (help with resources, solving difficulties, feedback on progress from peers etc)

Students will be expected to present cases from their clinical attachments once or twice during the course. The cases will be related to the weekly themes discussed in the course tutorials. Students attached to the same clinical service may work on these together.

Please refer to p 7 for further details.

# Supervisors of Clinical Attachments - Guidelines and Suggestions

## The role of the supervisor of the clinical attachment

These community attachments enable students to understand the context of patient health and illness and to develop patient assessment and management skills under the supervision of a suitable community-based clinician.

Students have a number of forms and booklets that specify the course requirements. Supervisors should discuss these documents with students and suggest to students how they can use the attachment to meet the course requirements.

- **Task List for Clinical Attachments (Appendix 1).** Students should try to complete as many of these tasks as is feasible for the attachment, noting that not all tasks are relevant/appropriate to every attachment. Please assist your student/s to organise experiences that enable them to complete these tasks.
- **Clinical Attachment Task Log (Appendix 3).** Students should keep a list of the tasks and activities they complete during their clinical attachment. Please review this record each week. Either you or your staff should sign to confirm completion of specific activities. Please comment on overall student performance and sign page 2 of the task log at the end of the attachment.
- **Clinical Attachment performance record (Appendix 4).** Please use the **new** form to assess student performance mid-attachment (around week 3) and at the end of the attachment (Appendix 4). Please complete the mid-attachment form and discuss with the student - no need to fax back to UNSW. It is simply to facilitate a discussion with the student. The end-of-attachment form should be completed in the final week and faxed back to UNSW.
- **Clinical and Communication Skills handbook** outlines the skills students should practice in preparation for their Phase 2 clinical examination. (This exam occurs at the end of the four Phase 2 clinical courses). Please review this booklet with your student/s and assist them to organise experiences that enable them to practise these skills.

New in 2009

- **Mini-Audit.** The mini-audit is to be carried out during the clinical attachment in weeks 1 to 6 of the course. The aim of this activity is for students to learn more about the principles and process of audit and the value of clinical practice guidelines. Please assist students to identify an appropriate clinical guideline for your service and the most appropriate method for data collection.

### **Student participation and attendance at clinical attachments**

Tuesday, Wednesday and Thursday have been allocated for clinical attachments. Students are expected to spend at least two days each week in weeks 1 to 6.

Students have activities on campus on Monday and Friday each week. Please do not expect students to attend their clinical placement on these days.

Students' participation and attendance in their clinical attachment contributes to their satisfactory completion of their course. Students should attend regularly and be punctual and courteous to all members of staff and clients. If they are late or sick etc they should contact the relevant staff member and make alternative arrangements. Weeks 7 and 8 have no scheduled clinical attachment activities. If students have missed earlier sessions they may make up this time in these weeks if it is convenient to your service.

If you have concerns about a student's attendance and/ or participation please contact the course convenor as soon as possible.

## Course Tutors – Guidelines and Suggestions

Your students have been asked to contact you approximately a week before the commencement of the teaching period. However, they may not contact you until Monday of week 1 of the course to arrange a time and place for your tutorials.

Please read the aims and general outline of the **Course Tutor Sessions** on page 4.

Please endeavour to schedule these sessions on **Thursday afternoons**. If not possible, Wednesday afternoon is an alternative. Please arrange **four tutorials** during the course- **ideally in weeks one, three, five and seven**. Each tutorial should last for two hours.

Please maintain attendance records and sign-off on attendance and participation using the following form:

- **Score Sheet for UNSW Phase 2 medical student attendance and participation in a course tutorial (Appendix 5)**. Use this sheet to record both attendance and quality of student contributions at the fortnightly course tutor sessions. The score sheet is double sided. One side contains instructions about scoring and the other side is for the student names and scores.
- **Return the score sheet to the SPHCM Undergraduate Office at the end of each tutorial (FAX 9313 6185)**.
- Students are expected to attend and participate in all four clinical tutorials. **If you are concerned about a student's participation/ attendance please contact the course convenor.**

On the following pages there are suggestions for activities for each course tutor session. Please note that **Case Presentations** should be the main focus of the course tutor sessions. Students should prepare a presentation of a case from their clinical attachment. At least two cases should be discussed each week- ideally from different clinical attachments. Cases should be chosen with advice from clinical supervisors and should be exemplars of the weekly theme.

### **Tutorial 1: Introduction (in week 1)**

1. Introductions
2. Fill in names on the score sheet for UNSW Phase 2 medical student attendance and participation in a clinical tutorial (Appendix 5).
3. Establish group processes/ rules
4. Each student to provide an outline/ summary about their clinical attachment
5. Assist students to relate each clinical attachment to at least one of the course themes
6. Plan student presentations for the next three tutorials- allocate students from appropriate clinical attachments to present in the relevant weekly themes. Each student should ideally present a case at least once. If you have a small group then students should present twice. If you have a large group you may have to organise for students to present as a pair (from same clinical attachment).
7. Check on students' progress with project planning (see Appendix 2 for project requirements). Students should divide into groups of between 3 and 7 for their group project. Help groups decide on topics and to develop work plans and timelines.
8. Use the guidelines on the score sheet (appendix 5) to score each student and **return the score sheet to the SPHCM Undergraduate Office at the end of each tutorial (FAX 9313 6185).**

### **Tutorial 2: Drugs, Violence and Mental Health (in week 3)**

1. Fill in names on the Score sheet for UNSW Phase 2 medical student attendance and participation in a clinical tutorial (Appendix 5).
2. At least two case presentations - one related to drugs/ violence and the second related to mental health.
3. Assist students to relate cases to the course themes and case method tutorials if relevant
4. Check on project progress - ask for a progress report from each group and provide feedback and advice as required.
5. Use the guidelines on the score sheet (appendix 5) to score each student and **return the score sheet to the SPHCM Undergraduate Office at the end of the course (FAX 9313 6185).**

### **Tutorial 3: Environmental health and evidence-based public health (in week 5)**

1. Fill in names on the Score sheet for UNSW Phase 2 medical student attendance and participation in a clinical tutorial (Appendix 5).
2. At least two case presentations. Use this tutorial for cases from clinical attachments that may not be directly related to one of the course themes. Focus discussion on the broad social determinants of health and how these relate to the presented cases. A second focus should be on the evidence for any interventions (eg. dietary advice, patient education etc) received by the patients and expected outcomes (and how you might evaluate these).
3. Check on project progress. Students may wish to practise their formal progress presentation (Friday, week 5 on campus) and receive feedback. Progress reports should be focused on methods-search strategy, decisions about interviews, research questions, debates and controversies
4. Use the guidelines on the score sheet (Appendix 5) to score each student and **return the score sheet to the SPHCM Undergraduate Office at the end of each tutorial (FAX 9313 6185).**

### **Tutorial 4: Cross-cultural, indigenous and occupational health (in week 7)**

1. Fill in names on the Score sheet for UNSW Phase 2 medical student attendance and participation in a clinical tutorial (Appendix 5).
2. At least two case presentations- one related to cross- cultural health issues; one to Indigenous health and one to occupational health. Students presenting on occupational health can use an occupational injury (if attached to an occupational health clinic) or can investigate the particular OHS risks in their attachment workplace and what measures are in place to minimise / eliminate these risks.
3. Assist student to relate cases to the course themes and case method tutorials if relevant
4. Check on project progress. Students may wish to practise their formal poster presentation (Thursday, week 8 on campus) and receive feedback. Poster presentations should be five minutes in length and highlight key aspects of the project findings.
5. Use the guidelines on the score sheet (Appendix 5) to score each student and **return the score sheet to the SPHCM Undergraduate Office at the end of each tutorial (FAX 9313 6185).**

## Textbooks

### **Required Text:**

*Population Health Concepts and Methods*, T Kue Young, Second Edition, Oxford University Press, 2005

This text is available from the University Bookshop.

### **Recommended Reading:**

*Hands on Health Promotion*, Edited by R Moodie and A Hulme, IP Communications, Melbourne, 2004

## Weekly Schedules

The weekly schedule may change and students will receive individual timetables prior to the commencement of each term. NB: If Monday or Friday are **Public Holidays** campus activities are rescheduled to the closest day, i.e., Tuesday or Thursday. If a Course Tutorial falls on a Public Holiday, course tutors should reschedule to another convenient day.

### Week 1: Screening and Prevention

Dates	Time	Lecture/Tutorial
Mon	9 am – 10 am	Lecture: Society and Health Course Overview
	10 am – 11 am	Lecture: Who should be screened?
	11 am – 12 pm	Lecture: Inequalities in access to preventative care
	12 pm – 1 pm	BREAK
	1 pm- 2 pm	Lecture: Health Economics
	3 pm – 5 pm	Tutorial: Health Promotion Workshop
	9 am – 5 pm	Clinic work
Tues		Clinical attachment
Wed		Clinical attachment
Thurs	PM – 2hrs	Course Tutor- 1: Introductions; each student to describe their clinical attachment; Project planning; case Presentation planning
Fri	10 am – 12 pm	Case Method Tutorial: Screening early detection – dilemmas for the clinician
	12 am – 1 pm	Lecture: ACVR assessment and early intervention
	1 pm –2 pm	BREAK
	2 pm- 3 pm	Lecture: Project and Mini Audit Planning
	3 pm – 5 pm	Pathology Museum- Linking Screening with Pathology

### Week 2: Drugs and Violence

Dates	Time	Lecture/Tutorial
Monday	9 am – 10 am	Lecture: Illicit Drug Use
	10 am – 11 am	Lecture: Harm Minimisation
	11 am – 12 pm	Lecture: Toxic effects of drugs
	12 pm – 1 pm	BREAK
	1 pm – 2 pm	Lecture: Violence Recognition and Prevention
	2 pm –4 pm	Tutorial: Violence and Injury – individual and population health responses
Tues, Wed, Thurs	9am – 5pm	Clinic work, Project work; No course tutor session this week. On-line QMP tutorial/ Mini-audit
Friday	9am – 5pm	Clinic work, Project work; No course tutor session on-line QMP tutorial/Mini audit
	10 am – 12 pm	Case Method Tutorial: Population-based strategies to reduce harm from illicit drug use
	12 pm – 1 pm	Lecture: Pharmacological treatment of drug and alcohol addictions
	1 pm – 2 pm	BREAK
	2 pm – 3 pm	Lecture: Quality use of medicines
	3 pm – 5 pm	Tutorial: Therapeutics – writing a script/ registration and access to medicines

### Week 3: Mental Health and Wellbeing

Dates	Time	Lecture/Tutorial
Mon	9 am – 10 am	Lecture: Depression-the misery distress disorder
	10 am – 11 am	Lecture: GAD &PTDS- the anxious distress disorders
	11 am – 12 pm	Lecture: Phobias- the fear disorders
	12 pm – 1 pm	BREAK
	1 pm –3 pm	Communication Tutorial: Depression and anxiety assessment
	3 pm – 5 pm	Lecture: Pharmacology for Depression, anxiety and Psychosis
Tues, Wed, Thur	9am – 5pm Thurs- PM :2 hours	Clinic work, Course Tutor- 2: Project progress – review Case Presentations and discussion related to weeks 2-3 (selected students to present) On-line QMP tutorial/ Mini-audit
Fri	10 am – 12 pm	CMT: Suicide Prevention
	12 pm – 1 pm	Tutorial: CBT
	1 pm – 2 pm	BREAK
	2 pm – 5 pm	Tutorial: CBT

### Week 4: Environmental Health

Dates	Time	Lecture/Tutorial
Mon	9 am – 10 am	Lecture: Environmental Health
	10 am – 11 am	Lecture: Ethics in Population Health
	11 am – 1 pm	Tutorial: Driving Guidelines – general and commercial (case studies)
	1 pm – 2 pm	BREAK
	2 pm - 4 pm	Tutorial: Public Health Ethics
Tues, Wed, Thur	9am – 5pm	Clinic work; No course tutor session On-line QMP tutorial/ Mini audit
Fri	9 am – 5 pm	Clinic work; No course tutor session On-line QMP tutorial/Mini audit
	10 am – 12 pm	Case Method Tutorial: Health Impact Assessment
	12 pm – 1 pm	Lecture: Changing the social, environmental and economic determinants of health
	1 pm – 2 pm	BREAK
	2 pm – 3 pm	Lecture: Environmental Lung Disease
	3 pm – 5 pm	Pathology of Chronic Respiratory Disease

## Week 5: Evidence-based Public Health

Dates	Time	Lecture/Tutorial
Mon	9 am – 10 am	Lecture: Economics of Prevention
	10 am – 11 am	Lecture: Primary Care (Mental Health Focus)
	11 am – 12 pm	Lecture: Preventive Care Guidelines
	12 pm – 1 pm	BREAK
	1 pm – 3 pm	Tutorial: Public Health Investigations
Tues, Wed, Thur	9am – 5pm Thurs PM: 2 hours	Clinic work, Course Tutor- 3: Project progress – review Case Presentations and discussion related to weeks 4-5 (selected students to present) On-line QMP tutorial/ Mini-audit
Fri	9 am – 11 am	Case Method Tutorial: Chronic Disease Prevention
	11 am – 2 pm (break included)	Tutorial: Progress Reports for projects

## Week 6: Indigenous and Cross-Cultural Health

Dates	Time	Lecture/Tutorial
Mon	10 am – 11 am	Lecture: Microbiology –Skin infections
	11 am – 12 pm	Lecture: Indigenous Health
	12 pm – 1 pm	BREAK
	1 pm – 3 pm	Tutorial: Cultural Training- Communicating with Indigenous patients
	3 pm – 5 pm	Tutorial: Microbiology – Skin infections and antibiotics
Tues, Wed, Thur	9am – 5pm	Clinic work, No course tutor session On-line QMP tutorial
Fri	10 am – 12 pm	Case Method Tutorial: Indigenous health
	12 am – 1 pm	BREAK
	1 pm – 3 pm	Tutorial: Cross cultural communication

## Week 7: Occupational Health

Dates	Time	Lecture/Tutorial
Monday	9 am – 10 am	Lecture: Occupational Health
	10 am – 11 am	Lecture: Epidemiology and prevention of musculoskeletal disease
	11 am – 12 pm	Lecture: Epidemiology and prevention of unintentional injury
	12 pm – 1 pm	BREAK
	1 pm - 3 pm	Tutorial: Toxicology of common occupational and environmental problems – pesticides, herbicides, volatile chemicals etc
	3 pm –5 pm	Tutorial: Anatomy (Foot and ankle)
Tues, Wed, Thur	9am – 5pm Thurs PM- 2hours	Catch- up clinical time only; Project Interviews and visits  Course Tutor- 4: Project progress – review Case Presentations and discussion related to weeks 6-7 (selected students to present)
Friday	10 am – 12 pm	Case Method Tutorial: Occupational Health
	12 pm- 1 pm	Lecture: Unemployment and Health
	1 pm – 2 pm	BREAK
	2 pm – 5 pm	Tutorial:Anatomy- Face/ Scalp/ TMJ

## Week 8: Global Health

Dates	Time	Lecture/Tutorial
Mon	9 am – 10 am	Lecture: Primary care in developing countries
	10 am – 12 pm	Tutorial: Refugees and asylum seekers
	12 pm – 1 pm	BREAK
	1 pm – 2.30 pm	Lecture: Tropical Disease
	2.30 pm – 4 pm	Tutorial: Tropical Disease
Tues, Wed	9am – 5pm	Project Work
Thur	10 am – 12 pm	Case Method Tutorial: Prevention an often missed opportunity
	12 pm – 1 pm	Lecture: Audit and CPG
	1 pm – 2 pm	BREAK
	2 pm – 4 pm	Project presentation
Friday	9am – 5pm	Finalise and submit project

## Assessment

Students are expected to attend all scheduled learning activities. This includes both clinical and campus activities. Attendance and participation records will be kept for clinical attachments, campus tutorials, community/ course tutorial sessions and case method tutorials. Students must also complete their clinical attachment tasks to satisfactorily complete term requirements.

Assessment components are:

- **Group Project** (Appendix 2)
- **Clinical Supervisor Assessment** (attendance and participation) – graded satisfactory/ unsatisfactory
- **Course Tutorial Sessions** (attendance and participation)- graded satisfactory/ unsatisfactory
- **Case Method Tutorials** (attendance and participation)- graded satisfactory/ unsatisfactory
- **Campus Lectures and Tutorials** (attendance and participation)- graded satisfactory/ unsatisfactory
- **On-line QMP Tutorial** (completion of activities)- graded satisfactory/ unsatisfactory

Students must receive a Satisfactory Grade for all individual components to achieve a Satisfactory Grade for the course.

### Group Project

The project for this course is best completed in a small group of between 3 and 7 students. Each member of the group is expected to contribute to the project and each member of the group will receive the same mark.

### Course Tutorials

Both attendance and participation contribute to the grade for this component. Course Tutors should keep an attendance and participation record for each tutorial (Appendix 5). Students should attend all scheduled tutorials. Attendance at less than three of the scheduled four tutorials indicates unsatisfactory attendance. Preparation and presentation of case/s for the allocated tutorial/s, contribution to the discussion of their own cases and those of their colleagues, asking appropriate questions and exploring relevant concepts / issues contribute to the participation component of this assessment.

### **Case Method Tutorials**

Facilitators will keep an attendance list for each tutorial. Students should attend all scheduled tutorials. Attendance at less than six of the scheduled eight tutorials indicates unsatisfactory attendance. Students are also expected to participate in the tutorial by responding appropriately to questions, contributing relevant material to the discussion, and being thoroughly prepared for their allocated student resource panel.

### **On-line Quality Medical Practice Tutorial**

Students should complete the tutorial, undertake all the required tasks (which include a clinical audit during their clinical attachment) and attend the QMP lecture in week 8.

### **Clinical Attachments**

New in 2009

We have introduced a form for assessing student performance in mid attachment (week 3) and at the end of the clinical attachments (Appendix 4). Please complete the mid-attachment form and discuss with the student. There is no need to fax this form back to UNSW. It is simply to facilitate a discussion with the student about their performance. The end-of-attachment form should be completed in the final week and faxed back to UNSW.

Clinical supervisors should review and sign the student task log (Appendix 3) each week. Supervisors should comment on student's level of engagement with patients/ clients, interaction with other staff members, self- direction and appropriate discussion of cases and learning experiences.

#### **Please return forms to:**

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## Staff Contact Details

### Course convenors

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## Appendix 1: Task List for Clinical Attachments

### Clinical Skills

- Patient assessment and management skills appropriate for the clinical attachment (see Phase 2 Clinical and Communication Skills guide)
- Develop communication skills in focus areas for Phase 2 (cross-cultural; difficult patients-aggressive, anxious, depressed; motivational interviewing; patient education)
- Physical examination skills as appropriate to the clinical attachment (see Phase 2 Clinical and Communication Skills Guide)
- Case presentation and discussion with supervisor
- Preparation of a detailed case presentation for course tutor (one/ two per term)

**Attend the following range of health related services: (to observe roles and skills of the multidisciplinary health care team and to practice appropriate clinical and communication skills under supervision)**

- Medical / Nursing / Other Health Care Clinics
- Allied health clinics eg. Physiotherapy, Podiatry, OT, Psychology
- Home visits
- Community outreach services
- Patient education programs
- Other services as appropriate to the attachment

### Team Meetings and/ or Case Conferences

- Team meetings
- Case conferences
- Observe the types of cases / issues discussed; the roles of various team members; access of services; outcomes of planning

## **Population Serviced – Discuss the following aspects of health care provision with your supervisor**

- Identify the characteristics of the population who attend the clinical service
- Consider the access to this service- facilitators and barriers (patient interview, discuss with supervisor, other team members)
- What are the costs of the various investigations, referrals, case management and follow-up provided for patients who attend this service?
- Who funds the service?
- What programs or interventions are provided by the service-
- Why were they chosen (consider cost-effectiveness, impact on health outcomes);
- What is the evidence that supports the particular programs/interventions;
- How effective are these programs/interventions compared to similar programs reported in the literature?

## **Other Activities**

- Mini Audit
- As appropriate to the service- supervisors can set a number of additional tasks to be completed during the attachment.
- It may be appropriate to negotiate alternative activities to those listed but alternative tasks should have similar learning outcomes.

## **Appendix 2: Society and Health Project Requirements**

### **Group Project: Analysis of a Health Problem in a Local Population**

#### **Due dates:**

- Progress report presentation – Friday Week 5
- Conference presentation - Thursday Week 8
- Written report hardcopy and submit to eMed - Friday Week 8

#### **Project aim**

Research a health problem in a local population, relevant to your clinical attachment/s during the Society and Health course. Interview relevant health workers and review the literature on factors contributing to the problem and the effectiveness and impact of interventions to deal with this problem in the nominated population. Reflect on how doing the project has enhanced your understanding of at least one of the major themes of the Society and Health Course.

This project contributes to meeting the assessment requirements for Phase 2.

#### **How to do this project**

This is a group project for between 3-7 students. Your project group is based on the geographical location of your clinical attachments.

In addition to the Course Guide, refer to Chapter 9 of your textbook for guidance on how to organise your project.

1. Select one of the following population groups that is relevant to the clinical attachments of at least some of your project group members:
  - Indigenous Australians
  - Prisoners
  - Refugees/ Migrants
  - Middle Aged Men
  - Marginalised Women
  - Disadvantaged Children **or** Youth
  - Sex Workers
  - Unemployed
  - People living with Chronic Disease
  - Homeless
  - Manual/Blue Collar Workers
  - Illicit Drug Users
  - Other population groups may be considered but need prior approval from the Course Convenor
2. Describe the demographic characteristics and major health problems of the selected population group in the local area of your clinical attachments. Use all available data sources - interviews, published articles and unpublished reports.
3. Choose one problem and explain its impact on the selected population.
4. Provide up to three likely causes for this problem for this population in this location, citing evidence from your research. The causes may include biological causes (from List A) or social causes (from List B). Describe any competing theories or views about the causes in this population. Consider how and why they might be different for other populations.
5. Based on your interviews and other research, describe up to three interventions that are used to minimise or address the health problem for this population in this location. The interventions may include biomedical interventions (from List A) or social/behavioural interventions (from List B). Provide evidence for the effectiveness of these interventions based on interviews and other research.
6. Analyse the impact of the suggested interventions on this population, the local health system and health care workers. Evidence should come from the interviews and other research.
7. Discuss the reasons for this impact or lack of it using one of the following theoretical frameworks:
  - Health Behaviour Theories
  - Ottawa Charter of Health Promotion

- Chronic Care Model
- Harm Minimisation
- Other framework relevant to your topic.

8. Based on your discussion in step 7, make at least two suggestions for improving the impact of the interventions in this population.

9. When considering perspectives to be addressed, choose ONE (1) from List A and THREE (3) from List B.

### Perspectives to be addressed in group projects

<b>List A</b>	<b>List B</b>
Relevant normal anatomy and its use in interpretation of clinical manifestations and findings on imaging <b>Using Basic and Clinical Sciences</b>	Social, cultural, economic and behavioural factors contributing to the health problem or issue <b>Social &amp; Cultural Aspects of Health</b>
Relevant normal physiology or biochemistry and its use in interpretation of clinical manifestations and investigative findings <b>Using Basic and Clinical Sciences</b>	Screening programs for disease and/or how the problem can be prevented or identified early in the community <b>Social &amp; Cultural Aspects of Health</b>
A critical analysis of diagnostic tests performed and the way in which their results influence management <b>Using Basic and Clinical Sciences</b>	Ethical issues in the particular clinical setting <b>Ethics and Legal Responsibilities</b>
Relevant microbiology and its correlation with clinical manifestations <b>Using Basic and Clinical Sciences</b>	Impact on the individual patient or the community <b>Social &amp; Cultural Aspects of Health</b>
Underlying pathological processes and their correlation with clinical manifestations <b>Using Basic and Clinical Sciences</b>	Healthcare policy issues in the particular clinical setting <b>Social &amp; Cultural Aspects of Health</b>
Relevant pharmacology and/or complementary or alternative medicine, and its correlation with approaches to management <b>Using Basic and Clinical Sciences</b>	Role of nursing, allied health and other professionals in the management of the problem <b>Teamwork</b>

## Required Research

### Interviews

Interview a variety of professionals from health and/or welfare services. At least one interview for each group member should be conducted (either alone or in pairs), with a minimum of four interviews conducted.

Variety is important, to gain a range of views on the significance of the problem, likely causes and impact of particular interventions. Interviews should incorporate views from different types of professionals, in different organisations/service providers and may include a consumer view from a Representative Consumer Group. Interviews should not be conducted with an individual patient/s or member/s of the general public.

Information from the interviews should supplement material from the literature. Interviews will enable you to comment on the relevance of the literature to the local context.

Interviews should be recorded (with permission), de-identified and submitted with your project report. Recordings must be **clearly audible** at normal volume and at normal speed. Recordings should be recorded CD as one of the following digital audio file formats only: CD audio file (.cda), Wave audio file (.wav) or MPEG/MP3 audio file (.mp3). A one-page summary of each interview should be included in Appendix B.

### Literature Review

Find and review texts, and relevant reports and articles from the health, medical and socio-cultural literature.

Describe your literature search strategy in detail in the Methods section of the report.

## Presenting and submitting the project

Present your project in three formats: (1) progress report, (2) conference format and (3) written report. These are described below. All group members must be present for both the progress report and the conference presentation. Your group should submit a hard copy of the project, including appendixes on the Friday of week 8 of the course.

### Progress Report

This is a ten-minute oral presentation supplemented by a PowerPoint slide presentation. The aim of the presentation is to introduce your topic BRIEFLY, present your progress and receive comments on your methodology. Aspects of methodology to present might include your

research questions, your search strategies, your interview material who you have interviewed and plans for project completion. **Please refrain from presenting your findings to date.**

## **Conference Presentation**

This is an oral presentation, supported by a **single page** e-poster that summarises your project (this is not a PowerPoint slide presentation). Prepare the e-poster for projection using PowerPoint or as a PDF. The audience is your peers. All members of the group must attend. You may choose how many people contribute to the oral presentation but all should contribute to the poster and be prepared to answer questions. You must do the presentation to be able to submit the project for marking. You must also be present for other groups' presentations and provide constructive feedback to your peers.

Print A4 copies of the poster for the audience (your peers – one copy per person).

Timing will be strict (as it is for a conference): maximum of 5 minutes followed by 5-minute question time.

You will receive formative feedback on your conference presentation, which you may choose to act on before submitting the written report.

### **Feedback will be given according to these criteria:**

- Clarity and coherence of the poster – how well does it communicate the key messages
- Clarity, logic and coherence of oral presentation
- Convincing explanation of why the problem is significant
- Analysis of the cause/s of the health problem
- Convincing justification of interventions
- Analysis of the impact of the interventions

## **The written report**

The report should be typewritten, maximum 3000 words (excluding reference list, graphs, tables, figures and appendices). Approximately 9-12 double-spaced A4 pages, 12 point font, with 10-15 of the references that the whole group considers most relevant. The report should have several sections:

**Section A** should be organised in a conventional report format with the aim, method and findings of the research and should be fully referenced. This is the bulk of the report (2000 words). The text may refer to relevant

graphs, tables and figures. It should supplement and not merely duplicate the information on the e-poster.

**Section B** should explain the judgements your group made about producing the poster and preparing the oral presentation (i.e., what did you include/omit and why). (500 words).

**Section C** is about teamwork. It should summarise the way the group worked together, problems encountered, solutions found (or not found). If the group deviated from the plan, you should describe how and why this happened. This should be a reflective report looking at what happened in your team and the impact this has had on the team members and the final outcome (project report etc). This section should be supported by Appendixes showing the original project plan and project task allocations. (500 words).

**Appendixes** do not fall within the 3000 word limit and should include:

- a) the e-poster;
- b) one page summary of each interview outlining key findings and their relevance to the project; the role and location of the interviewee (de-identified), the date and time of interview and the number of student interviewer/s should be included;
- c) project plan and timelines;
- d) list of project tasks undertaken by each group member;
- e) individual reflective reports, which should be individual reflections from each group member on how doing the project deepened your understanding of at least one of the weekly themes in Society and Health 3 (500 words each student).

Use the eMed Teamwork system to comment on the contribution of project team members to the project.

### **Assessment criteria**

The project will be marked on the extent to which the report addresses *each* of the six capabilities listed below. Each capability will be marked using the F/P-/P/P+ grading system. The overall mark for the project will be determined by an algorithm based on weighting of the six capabilities. The final mark will be expressed as a numerical score.

*Focus capability of Using Basic and Clinical Science:* A summary of the health problem in the population and locality on which the project is focused (steps 2 and 3 of the project requirements) and discussion of one perspective from List A.

*Focus capability of Social and Cultural Aspects of Health:* A discussion of social causes and possible social/behavioural interventions for the health problem based on the perspectives in List B. Three perspectives from List B should be discussed.

*Focus capability of Effective Communication:* Interviews with health and welfare professionals, poster presentation:

- Planned and focused interviews with professionals from health and/or welfare services (as described in “Required Research” section).
- Degree to which the interviews with health and welfare professionals contributed to the project.
- Clarity and coherence of the poster - how well does it communicate the key messages.

*Generic capability of Effective Communication*

- Clarity (clear, simple, grammatical language, terms explained).
- Logical structure.
- Appropriate language, length, style and format for the intended audience.
- Appropriate use of media (visuals, graphs, video, etc).
- Clarity, logic, coherence and professionalism of the oral presentation.

*Generic capability of Self Directed Learning and Critical Evaluation*

For the written report

- Sources (range, citation standards, quality, relevance, search strategy, people consulted).
- Scope (addresses all requirements of the project).
- Critical thinking (evidence of awareness of bias in sources, others’ viewpoints, own views, logical argument).

Contribution to the poster presentation session

- asking relevant questions about peers’ presentations
- listening attentively to peers’ poster presentations

*Generic capability of Reflective Practitioner*

- Personal critical reflection (individual reflection on how doing the project deepened your understanding of at least one of the weekly themes of the course).
- Critical reflection about others (teamwork reflection as specified in project outline).
- Critical reflection on judgments made when preparing poster and presentation (as specified in project outline).

### Appendix 3: Clinical Attachment Task Log

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Attachment: \_\_\_\_\_

Supervisor: \_\_\_\_\_

	Activity	Date	Supervisor's Signature
<b>WEEK 1</b>			
<b>WEEK 2</b>			
<b>WEEK 3</b>			

Please return form to Undergraduate Administration, SPHCM, UNSW.  
**Hand deliver to** Level 3, Samuels Building **or fax to** 9313 6185.

**Appendix 3 cont: Clinical Attachment Task Log**

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

	Activity	Date	Supervisor's Signature
<b>WEEK 4</b>			
<b>WEEK 5</b>			
<b>WEEK 6</b>			

**Clinical supervisor comments:** *(level of engagement with patients/clients, interaction with staff, self-direction, discussion of cases and learning experiences)*

**Clinical supervisor's signature:** \_\_\_\_\_

**Appendix 4**

To be used by Clinical Supervisors

**Mid-attachment Assessment of Student Performance**Please complete and discuss with student in **week 3** of the attachment. **No need to send it back to UNSW.**

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

	Yes	No	Can't assess	Comments
<b>Attendance:</b> is it in accordance with supervisor expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Punctuality:</b> arrives on time or, if late, has notified in advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Teamwork:</b> does the student fit in well with and even assist the health service team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Initiative and self-direction:</b> does the student show independence in following up suggestions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Communication:</b> is the student communicating effectively with patients and with staff inside and outside your health service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Professionalism:</b> is the student's conduct appropriate for a health professional-in-training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Supervisor's goals for the attachment:</b> is the student on track for meeting these?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Students goals for the attachment:</b> is the student on track for meeting these?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Links with campus activities:</b> does the student show evidence of linking attachment activities to SH3 weekly themes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Further Comments:**

**Appendix 4: contd**

To be used by Clinical Supervisors

**End-of-attachment Assessment of Student Performance**

Please complete and discuss with student in the final week of the attachment

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

	Yes	No	Can't assess	Comments
<b>Attendance:</b> is it in accordance with supervisor expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Punctuality:</b> arrives on time or, if late, has notified in advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Teamwork:</b> does the student fit in well with and even assist the health service team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Initiative and self-direction:</b> does the student show independence in following up suggestions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Communication:</b> is the student communicating effectively with patients and with staff inside and outside your health service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Professionalism:</b> is the student's conduct appropriate for a health professional-in-training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Supervisor's goals for the attachment:</b> is the student on track for meeting these?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Students goals for the attachment:</b> is the student on track for meeting these?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Links with campus activities:</b> does the student show evidence of linking attachment activities to SH3 weekly themes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Further Comments:**

**FAX to Susan Zhang, School of Public Health and Community Medicine, UNSW Fax: (02) 9313 6185**

## Appendix 5: SCORE SHEET for COURSE TUTORS to assess UNSW student attendance & participation in a tutorial

### INSTRUCTIONS:

- This document has 2 pages which should be printed back-to-back.
- The columns are numbered 1-4 and are to be used for the 4 weekly tutorial sessions
- The REVERSE side is a FORM to be used by TUTORS to score students' participation and attendance.
- This side contains the scoring instructions
- Return the form to the SPHCM Undergraduate Office at end of the course : FAX 9313 6185

### STUDENT ATTENDANCE (all students should be scored)

A: present

B: present but arrived late

C: absent with notification and/or medical certificate

D: absent

### STUDENTS WHO MAKE A PRESENTATION (score only those students who make a presentation)

- A:** Gathers, categorises and prioritises relevant, accurate, biomedical, clinical and psychosocial data; evaluates options; proposes course of action that follows logically from evaluation of data. Recognises multiple perspectives which may affect personal view point Communicates in a clear, concise, well structured manner. Demonstrates responsibility in research and/or presentation process and clearly distinguishes authorship: identifies own work and acknowledges work of others.
- B:** Data gathering could be more accurate, complete or relevant; evaluation of options could be more thorough; course of action basically sound but not well justified in terms of data presented. Limited ability to see alternative perspectives. Communication could be clearer, more concise, better structured. Responsibility for research process and/or authorship not clearly defined
- C:** Poor data gathering; poor organisation of information. Little explanation of how the final outcome/choices were made OR no indication of final outcome/choices. Fails to recognise alternative perspectives. Communication is unstructured and unfocussed. Little evidence of responsibility taken for a structured research process.

### STUDENT CONTRIBUTION TO THE GROUP DISCUSSION (all students should be scored)

- A** Interacts well without dominating. Offers information, asks questions, recognises and assesses alternative options. Respects diverse perspectives and other contributions.
- B** Interacts moderately well. May tend either to dominate or to avoid interaction. Limited acknowledgement and inclusion of others
- C** Avoids interaction unless prompted OR contributes or contributes inappropriately. Inhibits discussion or demonstrates disrespect to others or for their perspectives.

**PLEASE TURN OVER FOR THE SCORING SHEET**

