



UNSW
THE UNIVERSITY OF NEW SOUTH WALES
FACULTY OF MEDICINE

General Practice Primary Care

Phase 3

Course Outline 2009

MFAC 3504



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INTRODUCTION

Welcome to the General Practice / Primary Care Course in Phase 3 of the medicine program. We trust that you enjoy this course, gain some understanding of clinical medicine outside the confines of teaching hospitals and continue to develop your clinical skills. Overall, 85% of the population see a GP at least once a year, and nearly half of the medical clinician workforce in Australia works in primary care.

We aim to promote active learning and we discourage passive observation and simple acquisition of information. What we want you to learn is directly relevant to your professional role as a doctor caring for patients.

We expect you to build on your prior learning in biomedical sciences and clinical studies in Phases 1 and 2, and other courses in Phase 3, and to apply your knowledge to real situations. We focus also on the processes of care and how you should use these processes when you apply your clinical knowledge to manage patients' problems.

You will spend considerable time in individual clinical placements in general practices. You will also be expected to engage constructively in tutorials and workshops that help you to learn from each other and so broaden the experience of the group as a whole.

This outline sets out the course objectives, how they relate to the Phase 3 Graduate Capabilities, how our teaching activities will help you to achieve them, and how the assessment of the course relates to them. It also provides important administrative information.

You will gain most from the course if you take responsibility for your own learning. We suggest you read this outline thoroughly to become familiar with the course objectives, learning methods and assessment tasks.

COURSE STAFF

School of Public Health and Community Medicine, 3rd Floor, Samuels Building, UNSW Kensington campus.

<i>Telephone:</i>	<i>(02) 9385 2520</i>
Dr Meredith Makeham	Course Convenor, Senior Lecturer in General Practice
Dr Suzanne McKenzie	Senior Lecturer in General Practice
Professor Nicholas Zwar	Professor of General Practice
Ms Susan Zhang	Undergraduate Coordinator

Enquiries should be directed initially to the Undergraduate Coordinator / Undergraduate Administrative Assistant:
by e-mail at undergrad-sphcm@unsw.edu.au

or by phone at the number above

or in person at Level 3 Samuels Building.

Course staff are available for consultation by appointment at any mutually convenient time.

General Practice Unit, Fairfield Hospital, Cnr Polding Street & Prairievale Road, Wetherill Park.

<i>Telephone:</i>	<i>(02) 9616 8520</i>
Dr Sanjyot Vagholkar	Staff Specialist in General Practice
Dr Jeremy Bunker	Staff Specialist in General Practice
Ms Barbara Novak	Administration Officer

Some students attend the mid-course tutorial at the Department of General Practice, Fairfield Hospital.



COURSE OBJECTIVES

General Practice is the medical discipline within Primary Care in Australia. It is a distinct clinical discipline with its own knowledge and skill base. It is different in important ways from specialist and hospital based medicine. The essence of General Practice is comprehensive, coordinated, continuing medical care, drawing on biomedical, psychological, social and environmental understandings of health.

The course aims to help students learn:

The responsibilities of a doctor in general practice

Graduate capability: Self-directed Learning and Critical Evaluation

How to conduct patient-centred consultations that:

- demonstrate effective interpersonal communication in eliciting information, explaining health matters, negotiating management and counselling regarding health-related behaviours
Graduate capability: Effective Communication
- identify relevant biopsychosocial problems of patients, including current acute, ongoing chronic and preventive concerns of all health-related problems
Graduate capabilities: Social and Cultural Aspects of Health and Disease; Patient Assessment and Management
- apply knowledge and skills in assessment and management of the following conditions (note: you will not see all of these during the attachment, but you should be able to apply prior learning about these conditions):
 - a) Cardiovascular disease including IHD, hypertension, cardiac failure, PVD, CVD, TIA and stroke;
 - b) Chronic illnesses including asthma, diabetes, COPD;
 - c) Community infections including URTI, pneumonia, pharyngitis, otitis media, gastroenteritis, hepatitis, sexually transmitted illnesses, UTI and viral exanthems;
 - d) Undifferentiated illness including headache, tiredness, chest pain, malaise, and endocrine disorders such as hyperthyroidism;
 - e) Gastrointestinal illness including peptic ulcer, reflux, IBD, irritable bowel syndrome, PR bleeding and hepatitis;
 - f) Musculoskeletal conditions (both acute and chronic) including low back pain, osteoarthritis, rheumatoid arthritis, muscle strains, osteoporosis and acute gout;
 - g) Cancers including bowel, breast, lung, stomach, prostate, skin;
 - h) Psychological conditions including anxiety, depression, psychosomatic complaints, grief;
 - i) Risk behaviours including the SNAP factors (smoking, nutrition, alcohol, physical activity);
 - j) Acute and chronic pain.
 Graduate capability: Patient Assessment and Management
- demonstrate sound clinical reasoning, including in the context of undifferentiated illness
Graduate capability: Patient Assessment and Management
- outline rational further investigations in the context of primary care
Graduate capabilities: Using Basic and Clinical Sciences; Patient Assessment and Management
- negotiate appropriate management strategies.
Graduate capabilities: Social and Cultural Determinants of Health and disease; Patient Assessment and Management; Effective Communication

Planning and evaluation of team care by diverse health care professional for patients with chronic and complex conditions

Graduate capabilities: Social and Cultural Aspects of Health and Disease; Patient Assessment and Management; Team Work

Ongoing self-directed learning in the context of the breadth of presentations experienced in primary care

Graduate capability: Self Directed Learning and Critical Evaluation



TEACHING STRATEGIES AND LEARNING ACTIVITIES

As in other Phase 3 courses, learning in the Primary Care Course is based on an individual student learning plan (see pages 5&6 for more details). The course learning objectives form part of this, but each student has the potential to negotiate additional activities towards meeting the graduate capabilities for Phase 3. There will be an opportunity for a limited number of students to report on such activities at a "Grand Rounds" presentation at the final campus-based tutorial day, where they can also receive an assessment for the portfolio.

General Practice placements

Your clinical placements are the core activity to help you to achieve the course objectives. You should talk to the GP supervisor, ideally before your placement starts, about what you need to learn, based on your learning plan.

Your experience in the placements should provide not only general practice education, but also consolidate your general medical and clinical expertise. Since General Practice covers the broad range of medical disciplines you need to revise constantly your prior learning during your GP Course. You should take the opportunity to test your biomedical knowledge for each condition you encounter during your placements, and refresh the relevant details of presentation, natural history, assessment and management as you go. You may be able to use information resources available in the practice eg, texts, journals, internet. The minimum attendance requirement of 50 half-day sessions (at least 4 sessions each week) for the placement allows substantial time for independent study.

Remember that the learning outcomes emphasise consulting and communication skills and you will not learn these entirely from textbooks.

Activities likely to help you achieve the course aims

- Sit in with the practitioner initially to see a range of patients. This will help you understand common general practice conditions and early stages of disorders which you may, up to now, have met at a much more advanced stage.
- When sitting in with the GP, observe communication critically – identify strategies that are effective and think about how you might use them, and analyse any communication problems you observe and reflect on how these might be avoided or overcome.
- Test your clinical reasoning by deciding whether you can make a full assessment on what you observe, and then talk to the GP about how they reached their conclusion.
- Take note of consultations where a clear diagnosis does not seem possible and talk to the GP about how they manage this uncertainty.
- Take every opportunity to talk to patients to practice patient-centred history-taking and assessment and present these cases to your supervising GP.
- Ask for opportunities to explain conditions and/or management to patients.
- Ask the GP to observe you doing all/part of consultations and give you feedback using the Clinical Skills Assessment form.
- Go with the GP on home visits or nursing home visits to get a broader understanding of patient management in the community. Follow-up home visits for patients you have seen in the surgery helps you to see the progress of a particular illness and whether the patient has been able to comply with treatment etc.
- Visit other services (eg pharmacy, diagnostic, community health, allied health, self-help groups, etc) to learn how these contribute to patient management, particularly in team care of patients with chronic illness.
- Discuss practice organisation and teamwork with the GPs and other staff to see how each contributes to patient care, particularly for patients with chronic illness.

Lectures

The lectures/workshops at the beginning of each Teaching Period provide an overview of general practice and introduce important concepts. The major focus is on providing a framework for you to learn and practice consulting skills. This includes analysis of the structure of GP consultations, clinical reasoning, interpersonal communication and patient-centred management. There is also a focus on teamwork and on managing uncertainty in clinical practice.



Consulting skills workshop

You have the opportunity to practise consulting skills and receive feedback, becoming familiar with the assessment criteria for consulting skills used throughout the GP course. The format is similar to the Consulting Skills Role-Play Assessment and to the General Practice component of the Phase 3 Focused Clinical Examination.

After an initial demonstration role-play and evaluation, you break into groups of three and each take turns to play the role of a general practitioner, while your colleagues play the role of a typical patient and the observing evaluator. Your peers evaluate your performance using the Clinical Skills Assessment Form for General Practice and provide supportive feedback. You rotate through all three roles during the workshop.

The role plays provide practical experience to relate to the theory of the lectures and help you to identify areas you may need to focus on during your GP placements.

Team care workshop

The 3 hour workshop introduces both theory and practical tools used in primary care to help you develop a framework for understanding multidisciplinary care and teamwork in managing chronic illness.

Mid-course campus day

You attend a consulting skills role play assessment on the Friday of week 4 of the Teaching Period. Some students will have this assessment at the Department of General Practice, Fairfield Hospital (see page 2).

You will be advised by email in week two of the teaching period the time and location of your assessment. You will be advised to arrive at the specified location 10 minutes prior to the start of the assessment, and then complete the assessment task (see page 7). You will be asked to wait outside the assessment room for 5 minutes, and then you will be asked back in and have an opportunity to discuss aspects of the case and your performance with the GP assessor immediately after you have completed the role play. We ask throughout the morning that you do not discuss the case with other students who are yet to complete their assessment.

The course convenor will be available in the afternoon to discuss any queries about your practice placements, assignments or other issues that might have arisen during the term.

End-course campus day

The final day of the Teaching period features a morning "Grand Rounds" for students to present individual learning projects for additional graduate capabilities and receive formal and peer assessment and feedback.

In the afternoon there is tutorial session to review achievement of the course objectives, to reflect on comparisons and contrasts between primary care / secondary and tertiary care and to discuss team care in general practice.



ASSESSMENT

The final mark for the Primary Care course is based on the following assessments:

Course convenor's overall grade based on the generic Learning Plan	50%
Team care assignment	30%
Consultation skills role-play	20%

A fail in the course is determined as:

Combined weighted mark of the above assessments <50%

AND / OR

An overall course supervisor's grade of Fail for the generic Learning Plan

AND / OR

Unsatisfactory attendance

Learning Plan

The Learning Plan in Primary Care addresses three generic capabilities: *Patient Assessment and Management*, *Teamwork* and *Self-Directed Learning and Critical Evaluation*; and one focused capability: *Effective communication*. A grade of at least P- in the generic learning plan is essential for satisfactory completion of the course.

If you wish to add any additional objectives to develop your portfolio, you should negotiate this with the course convenor in the first two campus days and discuss it with your GP Supervisor(s) early in the clinical placement(s).

Attendance

You must attend at least 50 half-day sessions of your GP placement, with a minimum of 4 sessions each week. Sessions include home visits, practice meetings, and visits organised by the practice (eg to community / primary care health services).

Your attendance is assessed using the GP Placement Attendance Record at Appendix 3, which must be signed by the GP Supervisor and submitted at the final campus tutorial at the end of the Teaching Period.

You must also attend at least 80% of all scheduled campus activities including lectures, tutorials and workshops.

If you fail to meet this requirement your grade for the course would be unsatisfactory and you would be required to repeat the course.

Performance during the clinical placement

You are expected to be an active learner in your general practice placement. At or before the start of your placement(s) you should negotiate with your GP Supervisor how you will participate in practice activities to meet the attendance requirements and course aims while fitting in with the smooth work of the practice.

Learning Plan

You will be expected to demonstrate satisfactory performance in your placements according to your Learning Plan. This will be reported by the GP supervisor(s) – in consultation with other GPs and practice staff – using the GP Placement Supervisor Report available on WebCT (which maps directly to the Learning Plan).

The development of effective consultation skills will be evaluated continuously during your placement(s) through your routine interactions with patients and by at least 2 completed GP Clinical Assessment Forms (available on WebCT) for each 4 week placement period. This is similar to the Mini-CEX used for clinical skills assessment in other Phase 3 courses. These assessments by GP clinical teachers (as well as your peers and campus-based tutors) will provide a wide range of clinical scenarios and opportunities for ongoing feedback. They will form the basis for the final assessment of this element of your learning plan.

Your self-directed learning will be evaluated through general case discussions with your GP teachers and by a log of specific cases (one each week of the placement) where you identify a deficit in clinical knowledge and seek



to correct this through access to appropriate evidence-based resources (eg Therapeutic Guidelines, Clinical Evidence. etc). The outline for your Clinical Case Log is also available on WebCT.

The final assessment of your Learning Plan will be by the Course convenor, based on the GP Supervisor's Report(s), Clinical Skills Assessment forms and Case Log.

Team care planning and evaluation assignment

Due for submission: Monday 8am week 6

Aims

This assignment is designed to help you develop understanding and skills for working with other health professionals in providing multidisciplinary care for patients with chronic and complex conditions.

Task description

In week 1 or 2 of your placement you identify a patient with a long-term condition and complex care needs. They may have a formal care plan or team care arrangement, but this is not essential. You review the care plan and/or overall patient management in the notes, and then arrange a series of conversations with the patient, their GP and other health professionals involved in their care (eg practice nurse, dietician, physiotherapist, exercise physiologist, pharmacist, etc).

Your task is to evaluate critically the care (planned or otherwise) and teamwork for this patient. The Team care workshop in Week 1 will provide a theoretical framework for this task.

Report requirements

The assignment should be maximum 1500 words, excluding references and tables. Note that appendices outside the 1500 word count will not be considered, and use of tables and figures will be analysed critically for value in communication rather than a vehicle to exceed the word count. Please include a word count on the front sheet.

Your report should state clearly who was interviewed for the project, and address the issue of patient confidentiality.

The report must be submitted to eMed by 8am on the Monday in Week 6 of the course.

Assessment criteria

Assessment is based on each of the six capabilities listed below. Each will be marked using the F/P-/P/P+ grading system. An 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 Patient Assessment and Management:

- Level of understanding of patient's medical problem(s), perceptions of illness, expectations of care, and appropriate best-practice management strategies
- Analysis of patient-centeredness of planned care

Focus capability of Social and Cultural Aspects of Health:

- Identification of relevant sociocultural factors (relating to both patient and the community) influencing the patient's illness and management
- Analysis of how the plan for care takes account of these sociocultural factors

Focus capability of Teamwork:

- Identification of appropriate health care providers for collaboration in care of the patient, their contribution, the role of the GP in the team and expected outcomes
- Analysis and level of understanding of the perceptions of team members and patient
- Depth of evaluation of processes of teamwork and their impact on the patient's health outcomes

Generic capability of Effective Communication

- Clarity (clear, simple, grammatical language, terms explained).



- Logical structure.
- Appropriate language, length, style and format for the intended audience.

Generic capability of Self Directed Learning and Critical Evaluation

- 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).

Generic capability of Reflective Practitioner

- Level of insight into other's viewpoints.
- Evaluation of own response and future learning needs in planning team care and participating in multidisciplinary teams

Consultation skills role-play

Date of assessment: ***Campus or Fairfield GP Unit, Friday week 4***

This is an individual assessment in which you participate in a 20-minute role-play of a typical General Practice case. You take the role of the GP and an experienced GP tutor / examiner or actor plays the role of a patient, from whom you take a focussed history, obtain the results of a focussed physical examination and any usual GP office tests (eg urinalysis, glucometer). You then make an assessment of the patient's problem(s), explain this to the patient and outline (and possibly negotiate) management, including any further investigations.

Assessment is based on:

Interpersonal communication – establishing rapport, listening, non-verbal communication, use of appropriate language, patient-centredness.

Patient assessment – history of presenting complaint, relevant positive and negative history, past history and preventive health checks, sociocultural context, focussed physical examination, relevant positive and negative findings, relevant office tests.

Clinical reasoning and problems-solving – appropriate diagnosis/differential diagnosis, identification of problems relevant to management, evaluation of urgency and prioritisation.

Further investigation – including knowledge of relevant biomedical sciences such as anatomy, physiology, pathology, pharmacology and of clinical diagnostic investigations

Systematic management – clarity of explanation, clarification of management goals, appropriate drug and non-drug treatment, effective lifestyle counselling where appropriate, use of continuity of care and management of own uncertainty.



ACADEMIC HONESTY AND PLAGIARISM

What is Plagiarism?

Plagiarism is the presentation of the thoughts or work of another as one's own.* Examples include:

- direct duplication of the thoughts or work of another, including by copying material, ideas or concepts from a book, article, report or other written document (whether published or unpublished), composition, artwork, design, drawing, circuitry, computer program or software, web site, Internet, other electronic resource, or another person's assignment without appropriate acknowledgement;
- paraphrasing another person's work with very minor changes keeping the meaning, form and/or progression of ideas of the original;
- piecing together sections of the work of others into a new whole;
- presenting an assessment item as independent work when it has been produced in whole or part in collusion with other people, for example, another student or a tutor; and
- claiming credit for a proportion a work contributed to a group assessment item that is greater than that actually contributed.†

For the purposes of this policy, submitting an assessment item that has already been submitted for academic credit elsewhere may be considered plagiarism.

Knowingly permitting your work to be copied by another student may also be considered to be plagiarism.

Note that an assessment item produced in oral, not written, form, or involving live presentation, may similarly contain plagiarised material.

The inclusion of the thoughts or work of another with attribution appropriate to the academic discipline does **not** amount to plagiarism.

The Learning Centre website is main repository for resources for staff and students on plagiarism and academic honesty. These resources can be located via:

www.lc.unsw.edu.au/plagiarism

The Learning Centre also provides substantial educational written materials, workshops, and tutorials to aid students, for example, in:

correct referencing practices;
paraphrasing, summarising, essay writing, and time management;
appropriate use of, and attribution for, a range of materials including text, images, formulae and concepts.

Individual assistance is available on request from The Learning Centre.

Students are also reminded that careful time management is an important part of study and one of the identified causes of plagiarism is poor time management. Students should allow sufficient time for research, drafting, and the proper referencing of sources in preparing all assessment items.

* Based on that proposed to the University of Newcastle by the St James Ethics Centre. Used with kind permission from the University of Newcastle

† Adapted with kind permission from the University of Melbourne.



COURSE SCHEDULE

Structure of each Teaching Period

Students are allocated to one of three groups, which have different arrangements for clinical placements as shown in the following table.

You must not swap groups without the prior approval of the Course Convenor.

Teaching Period Week	Group 1	Group 2	Group 3
1	Rural placement	Urban placement	Urban placement [1 x 8 week OR 2 x 4 week]
2			
3			
4			
5	Urban placement	Rural placement	
6			
7			
8			

RECOMMENDED RESOURCES FOR STUDENTS

Refer to the Primary Care subject guide available at

<http://subjectguides.library.unsw.edu.au/content.php?pid=13242&sid=175232>

Murtagh J. (2007). *General Practice* (4th edition). Sydney: McGraw-Hill
(A companion to *General Practice* is available in Paper Back)

Stewart M, Brown JB, Weston WW, McWhinney IR, McWilliam CL & Freeman TR. (2003). *Patient-Centered Medicine: Transforming the clinical method* (2nd edition). Abingdon, Oxon UK: Radcliffe Medical Press.

Diabetes Australia. *Diabetes Management in General Practice 2007/2008*.

Distributed to students at beginning of course and available at www.racgp.org.au/guidelines

Direct your GP supervisor to the Clinical Teacher's Support page on the SPHCM website, where copies of various useful forms and further teaching and learning resources are available at <http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/page/PCClinicalTeachers>

CONTINUAL COURSE IMPROVEMENT

We request your cooperation and feedback in the following ways to contribute to course evaluation and continuous improvement:

Evaluation of general practice placements – eMed

We ask you to rate the supervisors and practice according to criteria that research has identified as important for community-based medical teaching.

UNSW Course and Teaching Evaluation and Improvement (CATEI)

At the end of one teaching period we use the UNSW CATEI process to evaluate the whole course.



ADMINISTRATIVE MATTERS FOR GP PLACEMENTS

Your General Practice placement allocations will be emailed to you prior to the beginning of the Teaching Period.

Arrangements for GP placements

You will have one or two clinical placements with different general practices/GP Supervisors. You **must** contact the practice and GP Supervisor at least a week before starting your clinical placements in order to:

- Confirm the date, time and place of your arrival;
- Discuss available accommodation options for rural placements;
- Check the practice requirements regarding dress, the hours that the practice is open and the times you are expected to attend; and
- Discuss with your supervisor, if possible, your learning needs and learning plan for the placement.

Rural GP placements

All HECS students are required to complete a minimum period in rural placements during the medicine program, and you will meet this requirement either in the GP Primary Care course or another core course in Phase 3.

Criminal Records Check

The New South Wales Department of Health policy that all students must undergo a criminal record clearance prior to placement the NSW Health System includes rural hospitals. Students are required to take proof of their clearance when attending placements. For any problems in this matter, contact the Office of the Dean.

Travel assistance and reimbursement

Limited funding is provided by the Commonwealth and NSW Health Departments to reimburse HECS students for **some** travel and accommodation costs for rural placements. To be eligible for reimbursement, you must submit a travel claim form (with **original** receipts, tax invoices and tickets attached) and the NSW Rural Doctors Network Student Rural Placement Evaluation Questionnaire, within 2 weeks of the completion of your placement.

Forms, questionnaires and rules for reimbursement are available from the Rural Clinical School, Sydney Campus Office, Level 3 Samuels Building, and can be downloaded at <http://ruralreimbursement.med.unsw.edu.au>

You should check this information before you finalise your travel and accommodation arrangements.

Occupational Health and Safety

You should apply your hospital training about occupational health and safety in all your clinical placements – General Practices, private doctors' rooms and outpatient clinics.

Standard precautions

The term *Standard precautions* applies to work practices that assume that all blood and body substances are potentially infectious and should be used as a first line approach to infection control. *Standard precautions* include regular hand washing/drying before and after patient contact, use of protective barriers (which may include gloves, gowns, plastic aprons, masks, eye protection), appropriate handling and disposal of sharps and other contaminated or infectious waste, and use of aseptic techniques.

Additional precautions

Additional precautions apply in those situations where standard precautions may be insufficient to prevent transmission of infection and are used in addition to standard precautions. Additional precautions are used for patients known or suspected to be infected or colonised with epidemiologically important or highly transmissible pathogens that can cause infection.

Before finishing each General Practice placement

Complete GP placement supervisor report

The GP Supervisor must sign this report. It is essential for your learning plan assessment. It is available on WebCT Phase 3 Primary Care Assessment.

**Ensure you have the required number of Clinical Skills Assessment Forms**

Each assessment form must be signed by a GP teacher from your practice. The Clinical Skills Assessment Form is available on WebCT Phase 3 Primary Care Assessment.

Ensure you have the required number of cases for your Clinical Case Log

Each Clinical Case Log case record must be signed by a GP teacher from your practice. The template for case records is available on WebCT Phase 3 Primary Care Assessment.

Complete GP Placement Attendance Record (Appendix 1)

The doctor must sign this form. It is necessary for your own assessment and for the doctor to receive Professional Development Points for each doctor you spend time with, and Practice Incentive Payments (PIP) from the Health Insurance Commission for each 3-hour session – with a maximum of 2 sessions on any one day.

When recording this information please record any sessions organised by the doctor outside of the practice.

Complete Student Feedback Questionnaire(s) on GP placements (Appendix 2)

These are important to give the School feedback on the quality of your learning experience during your GP placements so we can continually work with GP Supervisors to improve the quality of teaching opportunities.

APPENDICES

Forms used in the term

GP Placement Supervisor Report – 1 form for each practice as required

Clinical Case Log

Clinical Skills Assessment Form

GP Placement Attendance Record



GP PLACEMENT SUPERVISOR REPORT PHASE 3 GENERAL PRACTICE / PRIMARY CARE

Practice:

Student: GP Supervisor:

Date: Signature:

Rating scale for student performance

F Fail represents clearly inadequate performance, the student needs further work in this area

P- Pass minus represents basic pass, performance is adequate, even though some aspects are poor

P Pass represents sound performance in all aspects of performance in this area

P+ Pass plus represents superior performance, well above expectations for a student at this stage

Patient Assessment and Management

F P-- P P+

What should you consider for this rating?

Think about the student's overall interaction with patients – talk to other GPs in the practice who have been involved in teaching the student in consulting.

Look at the student's Clinical Skills Assessment Forms – have they improved over the course of the placement?

Teamwork

F P-- P P+

What should you consider for this rating?

Has the student talked to the members of the practice team and found out their role in helping patients in the practice – what is the feedback from other members of the practice team?

Has the student visited other primary and community health services eg pharmacy, physiotherapy, primary care nurses, residential aged care, ACAT team, mental health team? What did they learn from these visits?

Responsibility of a doctor in practice

F P-- P P+

What should you consider for this rating?

Has the student participated in practice learning activities and visits to other health services outside the practice as expected? Have they arrived on time and with any preparation completed? If they have been absent, did they have valid reasons and notify the practice about unplanned absences.

Self-directed learning

F P-- P P+

What should you consider for this rating?

Has the student identified deficits in their clinical knowledge as they see a range of patients through the day?

Have they followed these up for at least one patient per week, and reported back on their learning from appropriate evidence-based sources (eg Therapeutic Guidelines, Clinical Evidence, Australian Medicines Handbook, etc). Has their clinical case log-book covered a reasonable range of cases?

Comments

.....

.....



GP PLACEMENT SUPERVISOR REPORT PHASE 3 GENERAL PRACTICE / PRIMARY CARE

Practice:

Student: GP Supervisor:

Date: Signature:

Rating scale for student performance

- F Fail represents clearly inadequate performance, the student needs further work in this area
- P- Pass minus represents basic pass, performance is adequate, even though some aspects are poor
- P Pass represents sound performance in all aspects of performance in this area
- P+ Pass plus represents superior performance, well above expectations for a student at this stage

Patient Assessment and Management

F P-- P P+

What should you consider for this rating?

Think about the student's overall interaction with patients – talk to other GPs in the practice who have been involved in teaching the student in consulting.

Look at the student's Clinical Skills Assessment Forms – have they improved over the course of the placement?

Teamwork

F P-- P P+

What should you consider for this rating?

Has the student talked to the members of the practice team and found out their role in helping patients in the practice – what is the feedback from other members of the practice team?

Has the student visited other primary and community health services eg pharmacy, physiotherapy, primary care nurses, residential aged care, ACAT team, mental health team? What did they learn from these visits?

Responsibility of a doctor in practice

F P-- P P+

What should you consider for this rating?

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Self-directed learning

F P-- P P+

What should you consider for this rating?

Has the student identified deficits in their clinical knowledge as they see a range of patients through the day?

Have they followed these up for at least one patient per week, and reported back on their learning from appropriate evidence-based sources (eg Therapeutic Guidelines, Clinical Evidence, Australian Medicines Handbook, etc). Has their clinical case log-book covered a reasonable range of cases?

Comments

.....

.....



CLINICAL SKILLS ASSESSMENT FORM PHASE 3 GENERAL PRACTICE / PRIMARY CARE

Date:	Location:.....
Evaluator:	Signature:
Student:	Yr 5 <input type="checkbox"/> Yr 6 <input type="checkbox"/>
Patient:	Age:..... Sex: New <input type="checkbox"/> Old <input type="checkbox"/>
Problem(s):	
Complexity: Low <input type="checkbox"/>	Moderate <input type="checkbox"/>
	High <input type="checkbox"/>

The rating form offers a continuum between examples of two extremes of performance for each clinical skills criterion. We are seeking your assessment of where along this continuum the student falls *for this consultation*. It is normal for students at the beginning of Phase 3 to be on the left of the continuum. Your objective rating helps them focus on where they need to improve.

Interpersonal communication *(please tick at appropriate point on line)*

Not observed

0-----0-----0-----0-----0-----0-----0-----0	0-----0-----0-----0-----0-----0-----0-----0
<i>Poor rapport, mainly closed questions, interrupts patient, uses medical jargon, follows own agenda, ignores patient concerns</i>	<i>Excellent rapport, uses open & closed questions appropriately, listens actively, balances own agenda & patient concerns</i>

Patient assessment *(please tick at appropriate point on line)*

Not observed

0-----0-----0-----0-----0-----0-----0-----0	0-----0-----0-----0-----0-----0-----0-----0
<i>Inaccurate/inadequate/disorganised history (presenting/past, preventive, sociocultural) & examination, inefficient, illogical sequence</i>	<i>Complete, relevant history (presenting/ past, preventive, sociocultural) & examination, well focused, well organised, efficient</i>

Clinical reasoning *(please tick at appropriate point on line)*

Not observed

0-----0-----0-----0-----0-----0-----0-----0	0-----0-----0-----0-----0-----0-----0-----0
<i>Misses diagnosis / doesn't consider major differentials, ignores important patient problems, misses seriousness or urgency of problems</i>	<i>Correct diagnosis & major differentials, identifies all problems, evaluates seriousness/urgency, prioritises accordingly</i>

Further investigation *(please tick at appropriate point on line)*

Not observed

0-----0-----0-----0-----0-----0-----0-----0	0-----0-----0-----0-----0-----0-----0-----0
<i>Orders inappropriate/excessive inadequate investigations, doesn't consider risks/costs/benefits</i>	<i>Selectively orders appropriate diagnostic studies, balances risks/costs/benefits</i>

Management *(please tick at appropriate point on line)*

Not observed

0-----0-----0-----0-----0-----0-----0-----0	0-----0-----0-----0-----0-----0-----0-----0
<i>No (or overly detailed) patient education, doctor-centred goal setting, inappropriate/ dangerous drug/non-drug treatments, no lifestyle counselling when needed, no follow-up</i>	<i>Makes sense of illness for patient, negotiates management goals, appropriate non-drug/ drug treatment, lifestyle counselling when appropriate, well-timed follow-up</i>

Comments

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CLINICAL SKILLS ASSESSMENT FORM PHASE 3 GENERAL PRACTICE / PRIMARY CARE

Date:	Location:.....
Evaluator:	Signature:
Student:	Yr 5 <input type="checkbox"/> Yr 6 <input type="checkbox"/>
Patient:	Age:..... Sex: New <input type="checkbox"/> Old <input type="checkbox"/>
Problem(s):	
Complexity: Low <input type="checkbox"/>	Moderate <input type="checkbox"/> High <input type="checkbox"/>

The rating form offers a continuum between examples of two extremes of performance for each clinical skills criterion. We are seeking your assessment of where along this continuum the student falls *for this consultation*. It is normal for students at the beginning of Phase 3 to be on the left of the continuum. Your objective rating helps them focus on where they need to improve.

Interpersonal communication *(please tick at appropriate point on line)*

Not observed

0-----0-----0-----0-----0-----0-----0-----0

Poor rapport, mainly closed questions, interrupts patient, uses medical jargon, follows own agenda, ignores patient concerns

Excellent rapport, uses open & closed questions appropriately, listens actively, balances own agenda & patient concerns

Patient assessment *(please tick at appropriate point on line)*

Not observed

0-----0-----0-----0-----0-----0-----0-----0

Inaccurate/inadequate/disorganised history (presenting/past, preventive, sociocultural) & examination, inefficient, illogical sequence

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Clinical reasoning *(please tick at appropriate point on line)*

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Further investigation *(please tick at appropriate point on line)*

Not observed

0-----0-----0-----0-----0-----0-----0-----0

Orders inappropriate/excessive inadequate investigations, doesn't consider risks/costs/benefits

Selectively orders appropriate diagnostic studies, balances risks/costs/benefits

Management *(please tick at appropriate point on line)*

Not observed

0-----0-----0-----0-----0-----0-----0-----0

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Comments

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CLINICAL SKILLS ASSESSMENT FORM PHASE 3 GENERAL PRACTICE / PRIMARY CARE

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Evaluator:	Signature:
Student:	Yr 5 <input type="checkbox"/> Yr 6 <input type="checkbox"/>
Patient:	Age: Sex: New <input type="checkbox"/> Old <input type="checkbox"/>
Problem(s):	
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Comments

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CLINICAL SKILLS ASSESSMENT FORM PHASE 3 GENERAL PRACTICE / PRIMARY CARE

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