

We would like to welcome you to UNSW as a Primary Care Clinical Teacher in General Practice. We appreciate the important role that General Practitioners like you play in the education of future generation of doctors.

You will find in this guide information about the Primary Care course that may be helpful to your practice and teaching, information relating to your role as a GP supervisor and information on opportunities for professional development as a clinical teacher. This guide and other useful links and resources can be found at:

<http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/page/PCClinicalTeachers>

About Us

You will be pleased to know that UNSW's undergraduate Medicine program's Primary Care (General Practice) course is taught and run by General Practitioners. The course is convened by Dr Joel Rhee. Other campus-based GP teachers in the course include Professor Nick Zwar, Dr Michael Tam, Dr Nicole Clancy and Dr Peter Harris. Prof. Siaw Teng-Liaw and Dr Sanjyot Vagholkar are based at the Fairfield GP Unit, where students may attend tutorials. Ms Sarah Jacob & Ms Deliana Freky play an important role providing administrative support for the course.

About the UNSW Medicine program

Medicine at UNSW is a six-year undergraduate degree, divided into three phases, each of approximately two years duration. Learning and teaching in each phase is organized broadly around the human life cycle. This is reflected in the four fundamental domains of the program – Beginnings Growth & Development, Health Maintenance, Ageings & Endings, and Society & Health. Students study both proactive and reactive approaches to health issues in both individuals and populations. The content is organized into content streams – the biomedical sciences, the social and psychological aspects of health and illness, and medical practice.

GPs have a significant role in all Phases of the Program – as small group facilitators and clinical tutors in Phase 1 (scenario-based learning) and in Society & Health in Phase 2, as well as in the Primary Care (General Practice) course in Phase 3.

About the Primary Care course

Primary Care is a compulsory 8-week course in Phase 3 (Years 5 and 6) of the undergraduate Medicine program at UNSW. While some teaching is delivered through formal lectures and tutorials, most of the learning takes place through student's general practice attachments. Students are required to attend at least 50 half-day general practice sessions during the course. Some students attend two practices for four weeks each, and others stay with one practice for 8 weeks. There are a wide variety of rural and urban GP placements currently available for students.

Formal campus-based teaching and assessment activities

Lectures

The lectures at the beginning of each Teaching Period provide an overview of Primary Care and General Practice and introduce important concepts. The major focus is on providing a framework for students 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

This provides an opportunity to students to practice consulting skills and to receive feedback. They also become 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 Primary Care component of the End-of-Phase 3 Clinical Skills Examination.

After an initial demonstration role-play and evaluation, students break into groups of three and each take turns to play the role of a GP, while a colleague plays the role of a patient and the other colleague the observing evaluator. Students evaluate each other's performance using the Clinical Skills Assessment Form for General Practice and provide supportive feedback. Students rotate through all three roles during the workshop. Additional feedback and comments are provided by GPs who circulate among the groups of students.

Team care workshop

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

Mid-course campus day

Students attend a consulting skills role-play assessment on the Friday of week 4 of the Teaching Period. Students are given 20 minutes to conduct a GP consultation with a simulated patient (usually an actor). They are then provided a feedback on their performance by an observing GP examiner.

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. There is also a 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.

Primary Care course in 2012

The teaching periods for 2012 are as follows:

UNSW Teaching Period	Placement dates	
Summer Teaching Period	18 January – 8 March	
	18 January – 9 February	
		13 February – 8 March
Teaching Period 1	14 March – 10 May	
	14 March – 5 April	
		16 April – 10 May
Teaching Period 2	16 May – 5 July	
	16 May – 7 June	
		12 June – 5 July
Teaching Period 3	18 July – 6 September	
	18 July – 9 August	
		13 August - 6 September
Teaching Period 4	19 September – 8 November	
	19 September – 11 October	
		15 October – 8 November

What is involved in being a GP supervisor at UNSW?

You will be supervising Phase 3 medical students (years 5 and 6 of the 6-year curriculum) undertaking an 8-week Primary Care term (or 4 week part thereof). During this time students will have to complete 50 half-day sessions (25 sessions per four week block) in clinical general practice as well as attending a variety of teaching sessions on campus.

On average, a student will be under your supervision for approximately 3-3½ days per week throughout the term. This can include time spent with other GPs (including registrars) in your practice, practice nurses and a few sessions visiting some of your local allied health and specialist colleagues.

Your feedback will be highly valued on how the student has performed in areas such as their knowledge about patient assessment and management, their approach to teamwork, the level of responsibility they have displayed as a member of your practice and their ability to undertake self-directed learning.

What are some activities that I could undertake with my student?

- Ask the student to sit in with you initially to see a range of patients. This will help them to understand common general practice conditions and early stages of disorders which up to now, they have met at a much more advanced stage.
- As the term progresses, students should progress to more responsibility and autonomy in clinical activities during the attachment.

Inside the practice.

- Observation and critical analysis of the GP at work, with discussion after selected consultations of key aspects of the case – for example, early stages of disease, undifferentiated illness, communication styles, managing uncertainty/complex problems, using continuity of care.
- Practice consulting skills – history taking and assessment (followed by presentation of cases to the GP) and explanation of conditions/management to patients.
- Self-directed learning – encourage students to test their biomedical knowledge for each condition they encounter and refresh relevant details of presentation, natural history, assessment and management as they go, following up any areas where they have a deficit.
- Undertake consultations – conduct consultations (all or part) while being observed by the GP and then receive feedback, and conduct consultations alone in another room, present to the GP and then receive feedback. How this is organised may differ from practice to practice, and on a number of factors including the availability of a spare consulting room and the student's level of knowledge and their skillset.
- Team care –review a patient with a complex or long-standing condition, possibly using a health assessment etc under the supervision of the practice nurse and GP, and then develop or update a care plan for this patient.
- Discussions with practice manager and practice nurse – to assess how practice management is organised to improve patient care.

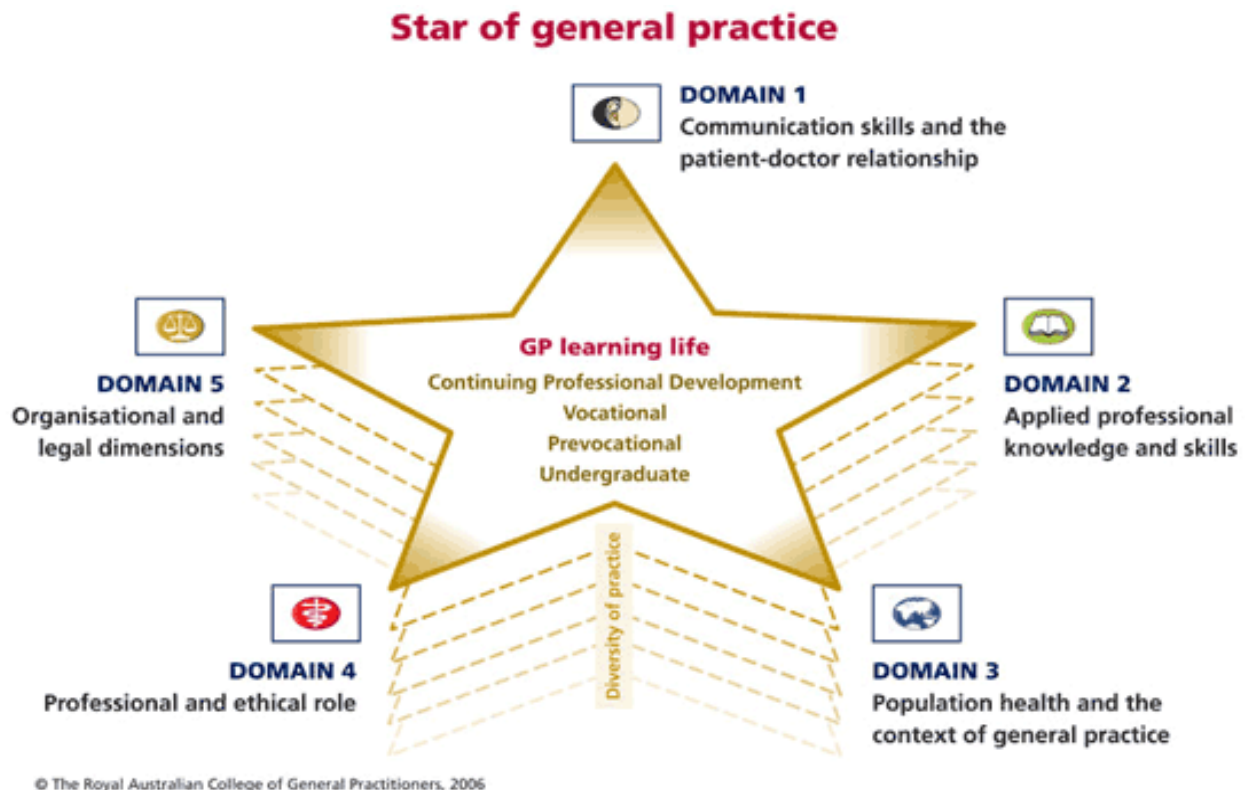
Outside the practice

- Home visits – accompany GP on home visits and nursing home visits and re-visit patients seen at home or in practice to follow-up and report their progress
- Local health service teams – participate in local health service teams (e.g. ACAT, primary health nurses, Home and community Care, Diabetes service, Drug & Alcohol) and observe or participate in care planning, case conferencing, home assessment and other relevant activities, then discuss this with the GP
- Visit other community services –such as pharmacy, community health/nursing, allied health, self-help groups (e.g. dementia, arthritis), to learn how these contribute to patient management, and discuss with the GP the role/s of each service they visit.

What should the students learn during their clinical attachment?

Five domains of general practice

The Royal Australian College of General Practitioners has identified five domains of knowledge and skills that are relevant to general practice (see below).



The five domains of general practice can be mapped to the main graduate capabilities in the Medicine program:

- Communication skills and the patient-doctor relationship: Effective Communication;
- Applied professional knowledge and skills: Using Basic and Clinical sciences; Patient Assessment and Management;
- Population health and the context of general practice: Social and Cultural Determinants in health and disease; Teamwork;
- Professional and ethical role: Self Directed Learning and Critical Evaluation; Ethics and Legal responsibilities; Reflective Practitioner
- Organisational and legal dimensions: Self Directed Learning and Critical Evaluation, Teamwork; Ethics and Legal responsibilities

Common and important presentations and conditions *(This is not an exhaustive list, but is provided as a guide to the range of conditions and illnesses that students will be expected to cover during the term. *Adapted from the RACGP curriculum)*

- Aboriginal and Torres Strait Islander health including understanding of Aboriginal and Torres Strait Islander culture; culturally appropriate care; multidisciplinary care involving Aboriginal and Torres Strait Islander health worker, liaison officer and other health workers; assessment and management of common biological, psychological or social issues in patients from Aboriginal and / or Torres Strait Islander background
- Acute and serious illness including initial assessment, diagnosis and management of common and important illnesses (e.g. eye and ENT problems, chest pain, collapsed patient, anaphylaxis, acute abdominal pain, respiratory problems (e.g. asthma), trauma (e.g. face and spine) and common fractures)
- Aged care including assessment and management of mental health and cognitive issues in the elderly; management of polypharmacy; multi-morbidities
- Chronic diseases including assessment, diagnosis, management and monitoring (e.g. diabetes, hypertension, ischaemic heart disease, cardiac failure, PVD, CVA, TIA, COPD, asthma); physical and mental state of patients with chronic conditions; use of tools to assess readiness to change and techniques that motivate, educate and facilitate behaviour change for chronic disease control
- Community infections (e.g. URTI, pneumonia, pharyngitis, otitis media, gastroenteritis, hepatitis, sexually transmitted illnesses, UTI, viral exanthem); childhood, other routine and travel vaccinations
- Complementary medicines including their use and general safety
- Dermatology including history, examination, investigations and treatment of common skin disorders (e.g. eczema, psoriasis, seborrhoeic dermatitis, acne, impetigo, skin infections, skin cancers, scabies, viral exanthem, drug rash); understanding of common topical and systemic therapy, especially topical steroids
- Disability including proactive management and preventative health strategies for people with a disability
- Doctor's health including physical and mental health issues in GPs and other health professionals
- Drug and alcohol including assessment of drug and alcohol use; management of common drug and alcohol problems
- Eye and ENT including assessment of common and serious eye and ENT problems (e.g. acute glaucoma; anterior uveitis; corneal ulcer; keratitis; retinal detachment; eye trauma; conjunctivitis; URTI; otitis media, otitis externa; pharyngitis); screening procedures for common eye and ENT problems
- Gastrointestinal illness (e.g. peptic ulcer, GORD, inflammatory bowel disease, irritable bowel syndrome, PR bleeding, hepatitis)
- Informatics including electronic health records and its role in health care; reminder and recall systems; role of IT in preventative care
- Men's health including acute presentations (e.g. testicular torsion); common presentations (e.g. erectile dysfunction, prostate cancer screening; testicular lump or pain, hair loss); issues that often affect men including unemployment, sexuality, lifestyle diseases

- Mental health including assessment and management of common psychiatric syndromes and disorders; effective mental health care planning; understanding of multidisciplinary care in mental health; understanding of the common risk factors and, physical and mental health impact of common mental disorders; principles of treatment for substance misuse
- Multicultural health including understanding of prevalent health problems in culturally and linguistically diverse communities; role of culture in the context of medical interview and health care
- Musculoskeletal medicine including assessment, investigations and management of common musculoskeletal problems (e.g. low back pain, arthritis, gout, tendinitis, sports injuries); understanding of red and yellow flags; role of biopsychosocial model in chronic pain; common medications and modalities used in treatment of musculoskeletal problems including complementary therapies; understanding of chronic disease self-management
- Occupational health and safety including workplace injuries and the Workcover system; work-related stress; occupational exposure to noxious substances
- Oncology including assessment of symptoms commonly associated with cancer; understanding of national cancer screening programs; risk assessment of common cancers
- Pain management including assessment and management of a person presenting with acute and chronic pain; common medications used in pain management; understanding of psychosocial aspects of pain
- Palliative care including communicating difficult news; concept of caring verses curing and prioritising quality of life
- Population health and public health including national health priorities; social determinants of health; principles of screening for important diseases
- Primary Health Care system including the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS); compensation programs for work and traffic injuries; regulations and laws that apply to medical practitioners;
- Risky health behaviours management including SNAP, recreational drugs and obesity
- Rural general practice including socio-economic and environmental factors that are unique to rural and remote area practice; public health issues relevant to rural communities
- Sexual health including diagnosis and management of common STI and genital infections (e.g. chlamydia, gonorrhoea, syphilis, herpes, genital warts, vaginal discharge); contact tracing; ethical and legal responsibilities in sexual health and communicable diseases
- Undifferentiated illness (e.g. headache, tiredness, chest pain, malaise, and endocrine disorders such as hyperthyroidism)
- Women's health including assessment and management of common health problems (e.g. breast lumps, vaginal discharge, period irregularities, pelvic pain, pregnancy and breast-feeding related issues, STI screening, mental health issues, relationship and social issues); breast cancer and cervical cancer screening; issues around adolescence, pregnancy, breast feeding, parenting, menopause and ageing; impact of abuse including physical, sexual, emotional, financial, psychological.

Student assessments done by supervisors

- **End-of-term Supervisor's Report.**

This is completed at the end of the student's attachment. If a student spent all their eight weeks with one practice, then we only require one assessment form; if a student spent four weeks in one practice and four weeks in another then we require two assessment forms – one from each supervisor.

- **Clinical Skills Assessment Form.**

This should be done every two weeks during the term (two forms for every four weeks of the attachment). This is the supervisor's rating that is based on a direct observation of the student's consultation with a patient including history taking, physical examination, diagnosis and management.

- **Clinical Case Logs.**

These are logs of specific cases (minimum of one each week of the placement) where in consultation with the supervisor, the student identifies a deficit in their clinical knowledge based on a specific case that they saw during the week. They then seek to correct this through access to appropriate evidence-based resources (e.g. Therapeutic Guidelines, Clinical Evidence, etc). Each week, the student should present these to you to be reviewed and signed off. The student should not build these up and present to you all at once at end of the term.

You should be given all the necessary paperwork by your student. You can also download the forms on the website in the section called 'useful forms and documents'

www.sphcm.med.unsw.edu.au/sphcmweb.nsf/page/PCClinicalTeachingDocs

Student assessments done by campus based teachers

- **Team care planning and evaluation assignment (due Monday, week 6)**

- This assignment is designed to help the students to develop understanding and skills for working with other health professionals in providing multidisciplinary care for patients with chronic and complex conditions.
- In week 1 or 2 of the student's placement they identify a patient (often with the help of their supervisor) with long-term condition(s) with complex care needs. They may have a formal care plan or team care arrangement, but this is not essential. The student should then 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 (e.g. practice nurse, dietician, physiotherapist, exercise physiologist, pharmacist, etc). The student's task is to critically evaluate the care (planned or otherwise) and teamwork for this patient. The team care workshop given during the campus lecture days will provide a theoretical framework for this task.
- The report should have a maximum of 1500 words, excluding references and tables. The report should state clearly who was interviewed for the project, and address the issue of patient confidentiality.

- **Consultation skills role-play (Friday, week 4)**

- This is an individual assessment in which the student participates in a 20-minute simulated GP consultation. The student takes the role of the GP and an actor or an experienced GP tutor / examiner plays the role of a patient, from whom the student takes a focused history, obtain the results of a focused physical examination and any office tests (e.g. urinalysis, glucometer, spirometry, ECG). The student then makes the diagnosis, communicates this diagnosis to the patient and outlines any necessary investigations and advice on management.

What are the benefits of being a GP supervisor at UNSW?

- You get to pass on your experience to the next generation of doctors, many of whom will enter General Practice.
- You can provide students with invaluable insights into the rewards and challenges of a general practice career.
- Your personal and professional satisfaction in knowing that you have enhanced a medical student's clinical and communication skills, and an appreciation of whole patient care and general practice.
- Teaching practices are eligible for PIP payments (currently \$100 per session or \$5000 for an eight-week placement).
- You can apply for and obtain Conjoint Academic Titles that provides access to privileges associated with UNSW, such as library (physical and online access), discounts on staff parking, invitations to seminars and other campus events.
- You will be invited to GP supervisors' training workshops and networking dinners to meet your colleagues and enhance your skills in teaching and in practice.

How do I apply to become a Conjoint Academic?

We realize that this process can be a bit complicated so we are more than happy to assist you if you wish to apply to become a conjoint academic with us at the School of Public Health and Community Medicine.

There is a section to guide you through this on the Primary Care Clinical Teachers Support website under 'important forms and documents' at

www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/page/PCClinicalTeachers

Please e-mail **Ms Sarah Jacob** (undergrad-sphcm@unsw.edu.au) if you are interested and we will do our best to assist you through this process.

Contact Us

If you have any comments, issues or queries, then please feel free to contact us.

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