



*Rural
Clinical School*

MBBS
Undergraduate
Rural Clinical
Programme
2019

Year 4 & 5

GP Supervisor

Guidelines

Introduction

Thank you for being involved with the Rural Clinical School (RCS) Primary Care Programme (PCP) in 2019.

The Primary Care Programme is part of the **5 Years MBBS Undergraduate Rural Clinical Programme at the University of Tasmania College of Health & Medicine**. The MBBS is now a 5 years course and the Year 5 is the final year.

Outline of General Practice experience at University of Tasmania, College of Health & Medicine

The first three years are spent in Hobart and the clinical years are spent in Burnie, Launceston or Hobart.

Year 1-3 visits to General Practice- based in Hobart

Year 1 and 2

Students in years 1 and 2 attend practices for a few hours or a day. These visits are an introduction to General Practice and to meet members of the Primary Health Care Team. The students are undertaking a variety of other community based activities to introduce them to the North West Coast and the Burnie campus. In Year 1, students spend 1 week on NW coast. During that time they are involved in the team building activities, various clinical scenarios and visits to the Rural Clinical School and other places in the NW coast. In year 2, along with attending General Practices, they stay in the community, that gives them opportunity to enhance their understanding of living in a rural community.

Year 3

Third year students spend two weeks in General Practice. This allows students their first clinical experience in General Practice and many students use this opportunity to see if they would like to transfer to the RCS campus for their clinical years. These students have a workbook that needs to be completed and concentrates on basic clinical skills and diabetes management (needs to work up a case on diabetes during this visit).

Year 4

As part of their clinical rotation in Fourth year students spend 1 day a week for a whole year in General Practice . These students are based at the Burnie Campus and undertake clinical rotations at Mersey Hospital Latrobe and North West Regional Hospital Burnie for the rest of the week.

Year 5

As part of their clinical rotation in Final year students spend five weeks in rural and remote practices like Smithton, King Island, Queenstown etc.

Course Content

The Learning Objectives are set out in "Learning Objectives for the Year 4 & 5 Clinical Attachments 2019" which are in the student handbook. These Objectives outline to students and teachers what students need to know and form a basis for student assessment.

The PCP takes advantage of the wealth of clinical experience available in the rural and remote practices. Students will learn about longitudinal patient care and the care of chronic and acute diseases and preventative health in the community. Students learn best when they are actively involved in patient care and feel part of the team.

Course Delivery

How practices manage, the students will vary according to their teaching resources and style. We encourage students active involvement in the consultation and prefer practices to use the wave model.

Students should be punctual and appropriately dressed.

Student breaks, ie when the students will not be in practice are outlined in **Appendix 1 – RCS Calendar**. Holidays are highlighted yellow.

If they are unable to attend they must contact the practice manager and Karen Lowe at the RCS on 03 6430 1668.

If you are interested in further advice on teaching and supporting medical students in general practice, or if you have any concerns or issues please contact Karen Lowe via email: rca.gp@utas.edu.au or 03 6430 1668 or Dr Lizzi Shires, Dr Satish Kumar, or Dr Rosemary Ramsay via Karen Lowe.

Fourth Year GP rotation

Fourth Year is the first full Clinical Year. The aim of the 4th year General Practice rotation is to develop core clinical skills and apply their lecture-based knowledge in the clinical context.

The aim of the 5th year General Practice rotation is to focus on gaining relevant knowledge and skills to be able to practice medicine in preparation for the intern year. Final year students are expected to develop their skills with differential diagnosis and management and play a role in the community

hospital. This should include the management of patients with chronic disease, multi morbidity and preventative health.

Junior Medical Officers tutorials and other learning opportunities are available via video link at remote and rural sites.

We have given a suggested schedule in **Appendix 3**, which may help with initial placements. We have also developed a Practice Managers and Nurses Guide and a Guide for Community Hospital Staff to assist with student placements. (These can be obtained contacting Karen Lowe via email: rca.gp@utas.edu.au or 03 6430 1668.)

Details on consulting skills activities are included in the Teaching and Learning resources booklet, which is provided to each student.

Students may work with one, or *across a team* of, GPs but the nominated GP supervisor will act as a mentor, responsible for all activities to do with Primary Care teaching and learning, including undertaking MiniCEX, reviewing student clinical logbooks and written primary care tasks, completing the Clinical Attachment assessment (half-yearly), and marking the complex long case presentation. Any supervising Doctor can sign the MiniCEX.

Team Work

Teamwork is an essential part of all medical practice. Students should be encouraged to work with other members of the practice and community team.

Time spent with receptionists to develop an understanding of how practice works and how patients present to non-clinical staff and role of non clinical staff in patient management.

Working with the practice nurse and other members of the team: Activities could include blood taking, immunisation clinics, dressings, developing GP management plans, practical skills INR testing, BSL, spirometry, health checks etc.

Skills

There should be a particular focus on skill development so students can develop their consultation and procedural skills with the GP and practice nurse. Some of these skills are mentioned in **Appendix 2**.

Interprofessional Education

Allied Health - Interprofessional learning is vital for our medical student's education. Each practice and area offers a wide variety of learning opportunities.

Visiting specialist and allied health will offer important educational opportunities for medical students.

Sessions should be undertaken with the community nurses, Community child health nurses and pharmacy.

Other sessions can be negotiated with yourself according to local opportunities and the students learning needs. If you have problems arranging these please contact Karen Lowe on 03 6430 1668.

Community Liaison

General Practitioners play an important role in their communities. We would like the students to experience some aspects of this wider role. Activities such as working with school groups and voluntary organisations are important learning experiences. We would like medical students to participate in teaching or patient education in the community. If the practice has links that would facilitate this could be undertaken on a Tuesday. If there are difficulties arranging this then we can arrange.

Other Learning Tasks

Visit nursing homes or undertake home visits with other GP's,

Attend home medication reviews,

Follow up their complex rural long cases,

Research on the conditions or medications they see in consultations.

Attend placements where student has identified a need.

Audit

Local Health Care Attachments

Students have a list of attachments they could attend.

It is for the student to negotiate with the practice the best time for these attachments and the type of attachments that are available in the area. Other sessions can be negotiated with the practice according to local opportunities and your learning needs. If there are any problems arranging these, please contact Karen Lowe on 03 6430 1668.

Electronic Log Book

The students have an electronic logbook. The list of skills and activities that can be undertaken in Primary Care are included in the logbook and are summarised for this handbook below, Students should show the electronic log to their supervisor.

Course Assessment

Clinical Attachment Report

At the beginning of each General Practice placement, students should discuss their learning objectives with their GP Supervisor. These should reflect the MBBS objectives, students' interests, strengths and weaknesses.

Supervisor feedback should be given to the student before completion of the attachment. At the end of each GP placement, students must submit an attachment report from the GP supervisor, which assesses the student on a variety of professional and personal attributes these in the student handbook.

Longitudinal Case

These cases could be selected from those patients seen in General Practice or in the community hospital. Early in their attachment, students should discuss with their supervisor a suitable patient and ask if they can be followed up on the day that the student is in the practice. The patient should have a chronic illness, whether physical or psychological. In final year, it is expected that these patients will have many co morbidities and some therapeutic challenges.

Case Presentation

In fourth year, this case is presented in the practice to the practice members and local GP tutor.

In final year, the case is also presented to their peers as part of the formal teaching programme.

Clinical Log Book

Students are required to maintain a clinical logbook in each discipline to which they are attached. An example can be seen in the student handbook. Students are not expected to record every case they have seen, rather only those cases in which they have had *substantial* involvement. As a general guide, students would be expected to record at least three cases from each day in general practice and these cases should cover a broad range of primary care issues, and the degree of detail recorded should enable the student to make a brief case presentation using those notes. Progress of student logbooks should be reviewed by GP supervisors on a regular basis

Consultation and Procedural Skills

Students are required to be assessed across a wide range of consultation and procedural skills, many of which will be encountered in General Practice. These should be recorded in the clinical logbook (see **Appendix 2** for list of skills).

Many of these skills can be taught and developed under the supervision of the practice nurse. We have developed a guide for practice nurses that lists these skills.

We have found that some students have had difficulty getting sufficient exposure to some procedural skills e.g. performing vaginal examination and taking a cervical smear test. The opportunity for students to work with other GPs in the practice and the practice nurses will usually ensure exposure to the full range of general practice procedures.

Students are required to undertake formative Mini Cex assessments and DOPS assessments as part of their work based assessment. Details of these forms are in the **Appendix 5**.

Summative Assessment

Students undergo a formal assessment through Objective Structured Clinical Examination (OSCE) stations. This is organised and delivered by the UTAS School of Medicine. Local GPs and specialists who participate in student teaching are encouraged to participate as examiners for the OSCEs and are invited to submit OSCE stations and written questions for the MCQ/EMQ exams. Please contact the Associate Professor Dr Lizzi Shires if you would like to know more about this process via the academic admin team rcsstudent.enquiries@utas.edu.au

Appendix 1 – 2019 Calendar

RCS MBBS Year 4 & 5 Complete Calendar - 2019

Week Beginning	Year 4		Year 5		Week ending	Public Holidays	MBBS Program	4/5 Statewide Timelines	UTAS & Community Engagement Events		
	RCS		HCS, LCS & RCS								
31-Dec					4-Jan					Tasmanian Primary and Secondary School Terms 2019 ↓	
07-Jan					11-Jan	Devonport Cup - Wednesday 9th January					
14-Jan					18-Jan						
21-Jan					25-Jan						
28-Jan	Orientation Week				1-Feb	Australia Day - Monday 28th January					0
04-Feb		GLP 1		1	8-Feb					1	
11-Feb		2		2	15-Feb	Royal Hobart Regatta - Monday 11th February				2	
18-Feb	Attachment 1	3	Attachment 1	3	22-Feb				HR+ GP Taster Weekend Friday 22 - Sunday 24 February	3	
25-Feb		4		4	1-Mar	Launceston Cup - Wednesday 27th February					4
04-Mar		5		5	8-Mar	King Island Show - Tuesday 5th March	Rural Year 3 Program				5
11-Mar		6		GLW 1	15-Mar	Eight Hours Day - Monday 11th March	Rural Year 3 Program				6
18-Mar		GLP 2		1	22-Mar					7	
25-Mar		2		2	29-Mar					8	
01-Apr	Attachment 2	3	Attachment 2	3	5-Apr					9	
08-Apr		4		4	12-Apr						10
15-Apr		5		5	19-Apr	Good Friday - Friday 19th April					11
22-Apr		Easter Student Break 19th to 26th April 2019		Easter Student Break 19th to 26th April 2019	26-Apr	Easter Monday & Tuesday - 22nd & 23rd April ANZAC Day - 25th April				12	
29-Apr		6		GLW 2	3-May	Agfest (Circular Head Only) - Friday 3rd May	Monday 29 April - Friday 3 May - Year 1 Rural Week (Camp Clayton)			13	
06-May		GLP 3		1	10-May		Rural Year 3 Program			14	
13-May		2		2	17-May		Rural Year 3 Program			15	
20-May	Attachment 3	3	Attachment 3	3	24-May					16	
27-May		4		4	31-May						17
03-Jun		5		5	7-Jun						18
10-Jun		6		GLW 3	14-Jun	Queen's Birthday - Monday 10th June					19
										20	

Tasmanian Primary and Secondary School Terms 2019



TERM 1
4/2/19 to 12/4/19

School Holidays
15/04/19 - 26/04/19

TERM 2
29/04/19 to 05/07/19

17-Jun	Attachment 4	GLP 4	Year 5 Mid Year Break	21-Jun					21
24-Jun	Attachment 4	2	1	28-Jun					22
01-Jul	Attachment 4	3	2	5-Jul					23
08-Jul	Year 4 Mid Year Break		3	12-Jul				AMSA Convention, Hobart 7th - 13th July 2019	24
15-Jul	Attachment 4	4	4	19-Jul					25
22-Jul	Attachment 4	5	5	26-Jul		Rural Year 3 Program			26
29-Jul	GLP 5		Year 5 SWOT Vac	2-Aug		Rural Year 3 Program			27
05-Aug	2	Exam Period	EXAM PERIOD	9-Aug		Year 5 Summative OSCE Tuesday 9th August Year 5 Prize Exams Thurs 8th & Fri 9th Aug			27
12-Aug	Attachment 5	3	1	16-Aug					29
19-Aug	Attachment 5	4	2	23-Aug					30
26-Aug	Attachment 5	5	3	30-Aug					31
02-Sep	Attachment 5	6	4	6-Sep					32
09-Sep	GLP 6		5	13-Sep					33
16-Sep	Attachment 6	2	GLW 4	20-Sep		16 - 20 September - Year 2 Rural Week Year 5 Portfolio Interviews			34
23-Sep	Attachment 6	3	1	27-Sep		Rural Year 3 Program			35
30-Sep	Attachment 6	4	2	4-Oct	Burnie Show Day - Friday 4th October	Rural Year 3 Program			36
07-Oct	Attachment 6	5	3	11-Oct	Royal Launceston Show - Thursday 10th October				37
14-Oct	Attachment 6	6	4	18-Oct	Flinders Island Show Day - Friday 18th October	Year 5 SUPP OSCEs Tuesday 15th & Sup Portfolios tbc October			38
21-Oct	Year 4 SWOT Vac		5	25-Oct	Royal Hobart Show Day - Thursday 24th October				39
28-Oct	EXAM PERIOD		Intern Ready Week	1-Nov		Year 4 Summative OSCE Tuesday 29th October Year 4 MCG 31st Oct Year 4 EMG 1st Nov			40
04-Nov	Break		Break	8-Nov	Recreation Day - Monday 4th November				41
11-Nov	Break		Break	15-Nov					42
18-Nov	Break		Break	22-Nov					43
25-Nov	Break		Break	29-Nov	Devonport Show Day - Friday 29th November				44
02-Dec	Elective		Break	6-Dec					45
09-Dec	Elective		Break	13-Dec		TBC Year 4 SUPP Exams Tuesday 10th December			46
16-Dec	Elective		Break	20-Dec		Year 5 Graduation (Hobart) Wed 18th December			47

Appendix 2 - Clinical Skills for General Practice from School of Medicine handbook

GENERAL DOCTOR & PATIENT

History, Examination and Management of common acute and chronic conditions	Subcutaneous and IM Injections including Immunisations
Oral Communication skills: case presentation	IV cannulation (including set up and IV fluid administration)
Written Communication: Note writing, referrals, GPMP, Mental Health care Plans	Venepuncture for venous blood sample
Consultation skills: History taking, explaining, shared negotiation, Motivational interviewing	Measures blood glucose levels and INR using finger prick testing
Investigations skills: Advice and interpretation of investigation , organize paperwork	Administering local anaesthesia
Management skills: Advice and organize paperwork for appropriate management	Ophthalmoscopy Fluorescein - staining of cornea, Slit lamp use, Eyelid eversion
Mini-mental state examination, Mental state examination, Suicide risk assessment	Eye foreign body removal including padding as appropriate
Medication management: IN clinic, Home medication review, Over 75 check	Foreign body removal - ear & nose
Admission and inpatient management of patients in community hospitals or nursing homes	External auditory canal irrigation, External auditory canal ear wick insertion
Observation of breaking bad news	Preparation for sterile procedures including hand washing.
Intimate examination skills: Breast Examination, Vaginal examination and swabs/ pap smear, DRE	Wound Care and Dressings
Samples, analyses and reads urinary dipsticks	Simple skin lesion excision and Cryotherapy
Blood pressure , Height ,weight and BMI measurement in adults and children	Surgical knots & simple suturing
ECG, Hearing test	Suture removal
Peak flow meter function testing, Spirometry, inhaler technique	Simple swab using different types of microbial collection swabs

Appendix 3 - Getting Ready for Students

- ✓ Induction - students should have the same induction as any new staff.

- ✓ Students needs access to the computes and familiarisation to the software used in practice for patient management.
- ✓ Timetabling - Practices will have either 2 or 4 students. Each student will usually have one consulting session and one non-consulting session.
- ✓ Give student a timetable. Sample in Practice Managers' Guidelines.
- ✓ Most practices use Wave Consulting. This requires students to see patients independently and then present to their supervisor GP. To do this effectively patients need to be scheduled for the student and the student has their own password access to the computer. Receptionist need to be trained to offer and to explain to patients about the medical student appointments.

Ideally, at least one patient could be booked in with the condition of the CBL topic –

Appointment Schedule for Wave Consulting

	Teacher schedule	Student schedule
9.00	See patient X	Review notes of patient A
9.15	See patient Y	See patient A
9.30	See patient A	Present patient A
9.45	See patient Z	Write up notes on patient A
	Repeat cycle	Repeat cycle for patient B

I am not sure if we need that or Modified with out dates

SAMPLE ROSTER FOR MEDICAL STUDENT

(RURAL CLINICAL SCHOOL GP 4th YEAR ATTACHMENTS 2016)

21st June – 25th October 2016

Student ZIPPER

(Student mobile number 0000 111 222)

Dr S (mentor) Dr E, Dr P,

21/06/16	9.00am	Induction
	11.30am	Patients with S for am session
	2.00pm	Non-consulting activities- nurses
28/6/16	9.00am	Non-consulting activities - nurses
	1.30pm	Patients with E for pm session
05/07/16	9.00am	Patients with S for am session
	2.00pm	Non-consulting activities- nurses
12/07/16	9.00am	Non-consulting activities- nurses
	1.30pm	Patients with S for pm session
19/07/16	9.00am	Patients with P for am session
	2.00pm	Non-consulting activities- nurses
26/07/16	9.00am	Non-consulting activities- nurses
	1.30pm	Patients with E for pm session
02/08/16	9.00am	Patients with S for am session
	2.00pm	Non-consulting activities- visit Community nurse
09/08/16	9.00am	Non-consulting activities- visit Pharmacist
	1.30pm	Patients with E for pm session
16/08/16	9.00am	Patients with P for am session
	2.00pm	Non-consulting activities- Child health Nurse

STUDENT LONG CASE PRESENTATIONS BOOKED FOR

Tuesday XX XX 2016 AT 8:00AM

2019 Year 5 RCS Task Allocation in Primary Care

GLW	Date	Start Time	End Time	Session
Orientation	Tuesday, 29 th January 2019			Professional Practice Case notes (Callum Norris, Jamie Nguyen) Concise Presentations & Handovers (Wes Saunders, Hamish Walker) Conflict Management & Difficult Colleagues (Harriet Morris-Baguley, Kavita Dilip) Introduction to the DMR – Year 4's with Year 5's
1	Tuesday, 12 th March 2019	8:30	12:00	GP Rural & Remote Presentations & Professional Practice Work related Illness & Injuries – Tom Rimmelzwaan (Malcolm Braddock) Workers Comp – Genevieve Stather (Edith Lightfoot) Driving and the law – Emma Shoemaker (Abbey Godden) Sick Notes – Cam Davis (Frank Rusli)
	Wednesday 13 th March 2019	14:00	17:00	GP CBL Complex Multi-Morbidity – Summary Sheet and use of case – Grace Waring & Sandon Lowe (Jasmine Ark & Alex Rahel) Polypharmacy – Summary sheet & DOCES deprescribing and explaining – Nina Reid & Ashley Brown (Daniel Aualiitia & Samaa Daim)
2	Friday, 3 May 2019	9:00	12:00	GP Rural & Remote Presentations & Professional Practice Discharge Planning Task Handout & DOCES – Alex Davies (Grace Cumming) Discharge Letters written task – Vincent Horton (Michael Assenheimer) Discharge against Advice Summary sheet & DOCES – Kade Lynd (Jamie Nguyen) Angry Patients Summary sheet & DOCES – Sophie Sanderson (Kavita Dilip)
	Friday, 3 May 2019	13:30	17:00	GP CBL – Palliative Care Palliative Care Advanced Care Directives summary sheet – Nick Bien (Frank Rusli) Chronic Pain summary sheet – Emily Duncombe (Edith Lightfoot) DOCES explaining chronic pain – Henry Johnston (Abbey Godden) Someone has Died - What do you do? Summary sheet & DOCES – Conor Lees (Malcolm Braddock) (need mannequins)
3	Tuesday, 11 June 2019	9:00	12:00	GP Rural & Remote Presentations & Professional Practice Managing Uncertainty – Alex Johnston (Hamish Walker) MUS – Khezia Chalwe (Hannah Cunningham) Managing Mistakes, Complaints & Open Disclosure – Elle Maulder (Carlos Santini) Reducing Mistakes – Adil Mubarak Ali (Ria Mittal)

	Wednesday, 12 June 2019	13:30	17:00	<p>GP CBL</p> <p>Sleep Disorders – Rosemary Ramsay Long Term Disability-Acquired Brain Injury – Tom Rimmelzwaan (Kavita Dilip)</p> <p>Communication Strategies with Disabled People – Genevieve Stather (Grace Cumming)</p> <p>Falls (Summary handout and DOCES) – Emma Shoemaker (Jamie Nguyen)</p> <p>Dementia (Summary handout and DOCES) – Cam Davis (Michael Assenheimer)</p>
4	Tuesday, 17 th September 2019	09:00	13:00	<p>GP Rural & Remote Presentations & Professional Practice</p> <p>Drug Companies – Alex Davies (Harriet Morris-Baguley) - question on Domain 4 with Model Answers and References Professional Boundaries – Vincent Horton (Emma Buckner) - question on Domain 4 with Model Answers and References EBM – Kade Lynd (Huan Doan) - question on Domain 1 with Model Answers and References</p>
4	Tuesday, 17 th September 2019	09:00	13:00	<p>Sophie Sanderson (Callum Norris) - question on Domain 3 with Model Answers and References Frankie Williams (Wes Saunders) - question on Domain 2 Acute with Model Answers and References</p> <p>Angus Ewing (Daniel Herbert) - question on Domain 2 Acute with Model Answers and References Alice McComiskie (Emma Brown) - question on Domain 2 Chronic with Model Answers and References</p> <p>Sharnna Li (no student from 2018) - question on Domain 2 Chronic with Model Answers and References</p>
Intern week	Wednesday 30 th October 2019	9.00	13.00	<p>GP Rural & Remote Presentations & Professional Practice intern week</p> <p>Over Investigation – Frankie Williams (Callum Norris) Over Treatment – Angus Ewing (Jasmine Ark) Teamwork – Alice McComiskie (Samaa Daim)</p> <p>Preparing for Difficult Situations as an Intern – Frankie Williams, Angus Ewing, Alice McComiskie, Sharnna Li (Alex Rahel Daniel Aualiitia, Huan Doan, Harriet Morris-Baguley, Emma Buckner)</p>

2019 Year 4 RCS Task Allocation in Primary Care

Orientation Wednesday, 30 January 2019	9:00:00	12:30:00	CBL Activities - 4th & 5th Years Combined <u>Professional Practice</u> Case Notes Concise Presentations and Handovers Conflict Management and Difficult Colleagues Introduction to the DMR - Year 4s with Year 5s
PCP-1 Tuesday, 5 February 2019	8:30:00	12:30:00	Defensive Driving Course - Groups 1, 2 & 4
	8:30:00	15:00:00	De-Escalating Violence - Groups 3, 5 & 6
PCP-2 Wednesday, 6 February 2019	9:00:00	10:30:00	Shared Negotiations - Group B
	10:30:00	12:00:00	Presentation Skills - Group B
	13:00:00	14:30:00	Shared Negotiations - Group A
	14:30:00	16:00:00	Presentation Skills - Group A
PCP-3 Tuesday, 12 February 2019	9:00:00	12:00:00	PCP - Intimate Examinations & Screening - Pap, Breast and Rectal - Group A
	13:00:00	16:00:00	PCP - Intimate Examinations & Screening- Pap, Breast and Rectal - Group B
PCP-4 Tuesday, 19 February 2019	9:00:00	12:00:00	PCP - Common Skin Conditions (Eczema, Acne, Shingles) & Eyes Scenarios - Group B
	13:00:00	16:00:00	PCP - Common Skin Conditions (Eczema, Acne, Shingles) & Eyes Scenarios - Group A
PCP-5 Tuesday, 26 February 2019	10:00:00	13:00:00	Group A CBL - Chronic Disease Management & Explanation - Asthma - COPD - Diabetes - Cardiovascular Disease
	14:00:00	17:00:00	Group B CBL - Chronic Disease Management & Explanation - Asthma - COPD - Diabetes - Cardiovascular Disease
GLP2	9:00:00	10:30:00	GP Skills - Formative DOCES - Attachment 2 - Group B

Wednesday, 20 March 2019	11:00:00	12:30:00	GP Skills - Formative DOCES - Attachment 2 - Group A
	13:30:00	15:00:00	GP CBL - Preventative Health - Group A Men's Health Summary Sheet / Presentation - Josephine Painter (Henry Johnston) Erectile Dysfunction DOCES/HTS - Schyler Walker (Nina Reid) Motivational Interviewing on any health promotional aspect of mens health DOCES - Serina Seah (Nick Bien) Explaining task DOCES 1 - presentation & Risk Factors in Men's Health - Claire Finlay
	13:30:00	15:00:00	Breaking Bad News & Talking to Relatives - Group B
	15:30:00	17:00:00	GP CBL - Preventative Health - Group B Men's Health Summary Sheet / Presentation - Josephine Painter (Henry Johnston) Erectile Dysfunction DOCES/HTS - Schyler Walker (Nina Reid) Motivational Interviewing on any health promotional aspect of mens health DOCES - Serina Seah (Nick Bien) Explaining task DOCES 1 - presentation & Risk Factors in Men's Health - Claire Finlay
GLP3 Wednesday, 8 May 2019	9:00:00	10:30:00	GP Skills - Formative DOCES - Attachment 3 - Group A
	11:00:00	12:30:00	GP Skills - Formative DOCES - Attachment 3 - Group B
	14:00:00	17:00:00	GP CBL - Headache & Back Pain History Taking DOCES/Headache - Sarah Crawford (Grace Waring) Summary sheet on the common types of Headache and Management - Ellie Wivell (Sophie Sanderson) Headache DOCES/Explaining - Laura Verasdonck (Cameron Marshall) Back Pain DOCES/HTS - Jiwoo Lee (Alexander Johnson) Examination DOCES - William Howcroft (Akaash Swaris)
GLP4 Wednesday, 19 June 2019	9:00:00	10:30:00	GP Skills - Formative DOCES - Attachment 4 - Group B
	11:00:00	12:30:00	GP Skills - Formative DOCES - Attachment 4 - Group A
	14:00:00	15:30:00	GP CBL - Women's Health - Contraception & Menopause - CBL Group 3 Summary Sheet / Presentation - Hannah Steele (Emma Shoemaker) DOCES - Georgina Walker (Ashley Brown)
	15:30:00	17:00:00	GP CBL - Sexual Health - CBL Group 3 Summary Sheet / Presentation - Heather Kelly (Cameron Davis) DOCES history taking - Alexandra Kear (Sharnna Li)
	11:00:00	16:30:00	PCP - Adolescent Skills
GLP5 Wednesday, 31 July 2019	11:00:00	12:30:00	GP Skills - Formative DOCES - Attachment 5 - Group B
	14:00:00	15:15:00	GP CBL - Dizziness - CBL Group 4 Summary Sheet / Presentation - Jacob Rundle (Elle Maulder) DOCES 1 - Jeremy Tay (Genevieve Stather) DOCES 2 - Sarah Grace (Khezia Chalwe)

	15:30:00	17:00:00	GP CBL - Disability - CBL Group 4 Summary Sheet / Presentation - Eve Taylor (Vincent Horton) DOCES - TBA (Conor Lees)
GLP6 Wednesday, 11 September 2019	9:00:00	10:30:00	GP Skills - Formative DOCES - Attachment 6 - Group B
	11:00:00	12:30:00	GP Skills - Formative DOCES - Attachment 6 - Group A
	14:00:00	17:00:00	GP CBL - Tired All The Time & Self Care - CBL Group 5 Summary Sheet: Safe history taking, common causes - Sidonie Matthew (Alice McComiskie) Summary sheet: management of tiredness (with no organic cause) - Chester James-Smith (Frankie Williams) DOCES 1 HTS - Shaye Davies (Adil Mubarak Ali) DOCES 2 Explaining - Ana Mamic (Rebecca Pilgrim) DOCES 3 Examination - TBA (Tom Rimmelzwaan)

Learning Outcomes – Primary Care 2019 Clinical Disciplines Handbook



UNIVERSITY of
TASMANIA

**College of Health
& Medicine**

General Practice

The following learning outcomes and discipline-related topics apply mainly to year 5 clinical rotations. They are included here for information as some areas will be encountered by students during their year 4 clinical rotations. This particularly applies to students at RCS undertaking the Longitudinal Integrated Placement in Rural General Practice and attachments to the Department of Emergency Medicine. Students will see most presentations from other disciplines in General Practice and will learn how to manage preventative care, uncertainty and multimorbidity.

<i>Common Presentations for this rotation (2.1)</i>	<i>Common Clinical Conditions for investigation and management on this rotation (2.7-2.13)</i>
Acute and Chronic presentations of all the other disciplines	Acute and ongoing management of most conditions listed in all disciplines
<ul style="list-style-type: none"> • The nurse said my blood pressure was high • My chest feels tight • I've got heartburn • I get out of breath easily • I feel tired all the time • I feel useless • I feel stressed • I need something to help me sleep • I've had a headache for the last 2 days • I want to lose weight • I feel dizzy • My joints hurt • I'd like to go on the pill • It stings when I go to the toilet • My back hurts • I'm losing weight; I'm still coughing; I've got a pain, I have to go to the toilet all the time; I've found a lump in my breast • Can you check my skin • I've got a sore throat • My ear hurts • I've got diarrhoea • Can I have a check up • I need a repeat script • Do I need all these tablets • I have 4 chronic diseases • This pain won't go away • Can I have a sick note • I hurt myself at work 	<ul style="list-style-type: none"> • Hypertension • Asthma, angina • Gastro-oesophageal reflux & alcohol dependence • Chronic obstructive pulmonary disease (COPD), heart failure & smoking • Undifferentiated conditions Diabetes, anaemia, hypothyroidism, insomnia, depression, early pregnancy, chronic fatigue syndrome • Depression • anxiety • insomnia • Migraine, tension headache • Arthritis • Contraception • Urinary tract infection, chlamydia & common STDs • Mechanical low back pain • Early presentations of common cancers: lung, bowel, prostate & breast • Eczema, Acne, psoriasis, fungal infections, skin cancer, sun damage, systemic features of disease. • Viral sore throat, glandular fever, tonsillitis • Otitis media & externa • Gastroenteritis • Screening, immunisation and health checks • Management of chronic disease • Polypharmacy • Multimorbidity GP management plan • Chronic Pain

Common GP Problems

Adapted from Bristol Medical School hand book using BEACH data

Problem	Presentation	Learning objectives
Hypertension	The nurse said my blood pressure was high	Demonstrate how to diagnose and manage hypertension.
Asthma, angina	My chest feels tight	Describe how to diagnose asthma & angina, how to manage these chronic conditions.
Gastro-oesophageal reflux & alcohol dependence	I've got heartburn	Describe investigation & management of heartburn. Demonstrate ability to recognize alcohol dependence & offer help with stopping drinking.
Chronic obstructive pulmonary disease (COPD), heart failure & smoking	I get out of breath easily	Describe how to diagnose & manage COPD and heart failure. Demonstrate ability to help someone to stop smoking.
Diabetes, anaemia, hypothyroidism, insomnia, depression, early pregnancy, chronic fatigue syndrome	I feel tired all the time	List differential diagnosis of tiredness. Describe how to investigate anaemia. Describe presentation, investigation & management of each of these conditions.
Depression	I feel useless	Be alert to possibility of depression and use skillful questioning to confirm diagnosis. Be familiar with at least one antidepressant drug.
Migraine, tension headache	I've had a headache for the last 2 days	Demonstrate how to assess a patient with a headache. Discuss treatment & prophylaxis for migraine.
Contraception	I'd like to go on the pill	Be familiar with at least one combined oral contraceptive pill. Demonstrate how to assess a patient before starting her on the pill and how to follow her up. Discuss methods of post-coital contraception.
Urinary tract infection, chlamydia & common STDs	It stings when I go to the toilet	Demonstrate how to manage simple UTIs and be alert to possibility of prostatic hypertrophy/cancer in men. Be alert to possibility of STDs causing dysuria. Feel confident in taking a sexual history.
Mechanical low back pain	My back hurts	Demonstrate management of back pain & discuss when investigation is warranted.
Common cancers: lung, bowel, prostate & breast	I'm losing weight; I'm still coughing; I've got a pain, I have to go to the toilet all the time; I've found a lump in my breast	Describe how these 4 common cancers might present and know how to reach a definite diagnosis. Describe how to manage a patient who is terminally ill as the result of any of these cancers.
Eczema	I've got this itchy rash	Recognise & demonstrate how to manage eczema.
Viral sore throat, glandular fever, tonsillitis	I've got a sore throat	Discuss management options for each of these conditions. Communicate the potential benefits & disadvantages to the patient.
Otitis media & externa	My ear hurts	List differential diagnosis of earache & management options for otitis media & externa.
Gastroenteritis	I've got diarrhoea	Describe management of food poisoning & oral rehydration.
Screening and health checks	Can I have a check up	Evidence base for health checks in different age groups and populations – 4 year old, 45-49, over 75 and item numbers Screening programmes for breast, cervix, bowel, cancer and diabetes Shared negotiation around non-screening tests eg PSA testing.
Skin damage, cancer	Can you check my skin	Common skin conditions and their management

Supervisor Feedback**Areas of Strength:**

--

Areas for improvement:

--

Overall assessment of student's performance during the placement:

SATISFACTORY TO PROGRESS
 HAS NOT MET REQUIREMENTS TO PROGRESS
(please specify reasons below)

Reasons why student has not met requirement:

--

The following submissions should be attached to assist in making an assessment:

- 2 Mini-CEX
- Logbook briefly evidencing at least 10 patients seen per week

Have you provided this feedback to your student? YES NO

Student Signature		Date	
Assessors Signature		Date	

If Supervisors or Assessors have any queries or concerns, please make contact to discuss:

Hobart Clinical School: Hobart.clinical.school@utas.edu.au

Launceston Clinical School: lcs.admin@utas.edu.au

Rural Clinical School: rcsstudent.enquiries@utas.edu.au



Year 4 - Complex Rural Longitudinal Case Presentation (GP) Oral Presentation Assessment (RCS Only)

This case should be of a patient with a chronic disease that the student has followed up over the months in practice

Case Identification					
Student name					
Assessor/s Name					
Date / GP Semester I or II					
	Performed Competently	Performed but not yet fully competent	Not performed competently	Not performed	N/A
Domain 1 Science and Scholarship: The medical graduate as scientist and scholar					
Domain 2 Clinical Practice: The medical graduate as practitioner					
A. DEMONSTRATES AN UNDERSTANDING OF THE UNDERLYING CLINICAL CONDITIONS AND Evidence based practice management for Chronic Diseases					
Demonstrates ability to present patients history succinctly History including initials, sex, age, chronic disease, history of chronic disease, other co-morbidities, past / ongoing medical history, family history, drug history, social history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates appropriate knowledge of evidence based care for management of one of the chronic disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequately describes and discusses the management plan for the main issue for this patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discusses differences in care from recommendations and why this has occurred Demonstrates an understanding of decision analyses e.g. medications, investigations for this patient; NNT and NNH for medications; Multi morbidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain 3 Health & Society: The medical graduate as a health advocate					
B. DEMONSTRATES AN UNDERSTANDING OF ISSUES RELATING TO THE RURAL CONTEXT: These can be positive or negative but should comment on at least one of the following aspects:					
Impact on patient of living in a Rural Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes the follow-up process in which the student has engaged e.g., home visits, attendance at community based specialists, hospital admission / visits and GP Appointments and what they learnt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes patients issues with their health and their self-management strategies and what impacts on these	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates how patients psychosocial situation impacts on the management of their disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Includes a summary GP management plan of all the patients conditions in table form as a hand out for patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain 4 Professionalism and Leadership: The medical graduate as a professional and leader.					
C. DEMONSTRATES WELL DEVELOPED written and oral COMMUNICATIONS SKILLS:					
Provides useful summary of current research and its impact on ideas about best practice re rural context and clinical management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated professional values through presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses communication tools effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaged audience in effective and relevant discussion issues raised by the case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept to time, the presentation should be no longer than 15 minutes, with 10 minutes for discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment Feedback:					
OVERALL ASSESSMENT RESULT:	<input type="checkbox"/> <i>Excellent</i>	<input type="checkbox"/> <i>Good</i>	<input type="checkbox"/> <i>Satisfactory</i>	<input type="checkbox"/> <i>Unsatisfactory</i>	

Year 5 Assessment Forms



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**College of Health
& Medicine**

Year 5 - Chronic Illness Longitudinal Case including Complex Therapeutics
Long Case History Assessment Form (3,000 words)

Student name:	Rotation:
Assessor name:	Date:

Criterion	<i>Demonstrated Competence</i>	<i>Demonstrated but not yet fully competent</i>	<i>Not demonstrated competently</i>	<i>Not Demonstrated</i>
Domain 1: Science and Scholarship: The medical graduate as scientist and scholar				
Relevant literature appropriately integrated, acknowledged and referenced with VANCOUVER style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain 2: Clinical Practice: The medical graduate as practitioner				
Case Summary: Succinct summary which could be used in patient hand over or referral letter 250 word limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History including initials, sex, age, chronic disease, history of chronic disease, other co-morbidities, past / ongoing medical history, family history, drug history, social history. Written in a format to reflect clinical note taking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Disease Management for diseases having significant impact on patient Relevant history, examination, investigations and patient goals. Relevant interventions / treatments are outlined with evidence to support them and compared to patient's actual treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Issues For medications include NNT and NN to harm if available. Best practice vs actual practice for this patient and reasons for differences. Prescribing modifications required due to comorbidities and other factors such as patient disease, compliance, costs, drug interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain 3: Health & Society: The medical graduate as a health advocate				
Patient Self Management Demonstrates an assessment and engagement with the patient's health literacy level Patients understanding of condition and self management. Has explained patients ability to self manage: supportive factors and barriers to this How other co-morbidities / personal / socio-economic / rural factors influenced management Involvement of other team members: Options available and options taken up. Students role in supporting patient self management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix: 1/2 page Summary Management plan which addresses all chronic disease, co-morbidity, includes medications, follow-up and Patients Goals of care for each condition. This should be in table form and patient centred ie no medical terminology. See example	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain 4: Professionalism and Leadership: The medical graduate as a professional and leader				
Written work demonstrates professional approach. Report is legible with correct use of written English (except in the parts of the history and examination where conventional note form is appropriate) and is largely free of spelling errors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessment Feedback:		
OVERALL ASSESSMENT RESULT:	<input type="checkbox"/> <i>Satisfactory</i>	<input type="checkbox"/> <i>Unsatisfactory</i>

<input type="checkbox"/> REQUIRES RESUBMIT	DUE DATE OF RESUBMISSION:	
<input type="checkbox"/> NEW CASE REQUIRED	DUE DATE OF NEW CASE:	



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Year 4 & 5 Mini-CEX Assessment Form *(to be completed by Clinical Supervisor)*

Student Name:				Date of Assessment			
Year of Study:	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5		Student No:			
Assessor:				Assessor's Position:	<input type="checkbox"/> JMO	<input type="checkbox"/> Registrar	<input type="checkbox"/> Consultant
Patient Problem:				Speciality:			
Case Complexity:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Patient Age:
Focus of Assessment:	<input type="checkbox"/> History Taking <input type="checkbox"/> Examination <input type="checkbox"/> Diagnostic Reasoning <input type="checkbox"/> Management <input type="checkbox"/> Explanation						
Setting:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency <input type="checkbox"/> General practice <input type="checkbox"/> Other (please specify)						

ASSESSMENT	<i>To ensure safe, efficient and effective care on this aspect</i>									
	<i>Requires Significant Input from Supervisor</i>	<i>Requires some Input from Supervisor</i>			<i>Performs Task Independently</i>			<i>Unable to Assess</i>		
Medical interviewing skills	<i>Interacts well with patient; Directs questions at key problems; Uses second order of questioning to refine focus; Integrates information from questions; Observes and responds appropriately to non-verbal cues; Considers a range of diagnostic options; Takes a history appropriate to the clinical situation</i>									
	1	2	3	4	5	6	7	8	9	UTA
Physical examination skills	<i>Conducts a systematic and structured physical examination; Shows sensitivity to patient's comfort and modesty; Detects abnormal signs when present and assesses the significance of these findings; Gets informed consent; Focuses the examination on the most important components; Integrates findings on examination with other information to clarify diagnosis</i>									
	1	2	3	4	5	6	7	8	9	UTA
Professional qualities/communication	<i>Shows respect for patient; Explains as well as asks; Listens as well as tells; Aware of potentially embarrassing or painful components of interaction; Respects patient confidentiality; Able to adapt questioning and examination to patient's responses; Presents clinical information in a clear and coherent manner</i>									
	1	2	3	4	5	6	7	8	9	UTA
Patient education	<i>Displays skills to enhance patient health literacy as explains rationale test/treatment; Provides information in a way that is clear and tailored to the patient's needs; Responds to patient and modifies or repeats information when appropriate; Listens to patient's wishes; Avoids personal opinion and bias. Demonstrates teach back.</i>									
	1	2	3	4	5	6	7	8	9	UTA
Clinical judgement	<i>Weighs importance of potentially conflicting clinical data; Determines appropriate choice of investigations and management; Relates management options to the patient's own wishes or context; Considers the risks and benefits of the chosen management/ treatment options; Comes to a firm decision based on available evidence</i>									
	1	2	3	4	5	6	7	8	9	UTA
Organisation/efficiency	<i>Synthesises a collection of data quickly and efficiently; Uses appropriate judgement and synthesis; Demonstrates optimal use of time in collection of clinical and investigational data</i>									
	1	2	3	4	5	6	7	8	9	UTA
OVERALL PERFORMANCE FOR THIS PROCEDURE										
What level of supervision did the student require for THIS procedure (please tick):	<i>Requires Significant Input from Supervisor</i>		<i>Requires some Input from Supervisor</i>			<i>Performs Task Independently</i>				
	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>				

GLOBAL PERFORMANCE FOR THIS PROCEDURE *(please tick)***Requires Remediation**

Gaps in knowledge or skills that you would not expect at this stage of the course. Concern about professional and patient safety.

Satisfactory

Standard you would expect for a student at this level at this stage of the course. Generally clinical competent with satisfactory communication skills and professionalism.

Excellent

Performing well above the student's expected level. No concerns about their clinical method, professionalism, organization, communication etc.

TIME TAKEN FOR OBSERVATION:**TIME TAKEN FOR FEEDBACK:****Assessor's Comments on the Student's Strengths:****Assessor's Suggestions for Student's Area of Improvement:**

Student's Signature:		Date	
Assessor's Signature:		Date	



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**College of Health
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**Direct Observation of Procedural Skills (DOPS)
INTRAVENOUS CANNULATION**

Summative Requirement: All DOPS must be completed in Simulation in MBBS Year 4 prior to student performing procedures on patients. MBBS Year 4 to also achieve this DOPS in Clinical Setting. MBBS Year 5 to achieve in Clinical Setting (if achieved in clinical setting in Year 4, DOPS does not need to be repeated in Year 5).

Student Name:					Date of Assessment:					
Year of Study:	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5	<input type="checkbox"/> Other			Student No:				
Assessor:					Assessor's Position:					
Setting:	<input type="checkbox"/> Real Patient	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Emergency	<input type="checkbox"/> General practice	<input type="checkbox"/> Other				
	<input type="checkbox"/> Simulation	<input type="checkbox"/> Role Player	<input type="checkbox"/> Manikin/Part Task Trainer							

ASSESSMENT	To ensure safe, efficient and effective care on this aspect									
	Requires Significant Input from Supervisor			Requires some Input from Supervisor			Performs Procedure Independently			Unable to Assess
Appropriate introduction (throughout procedure adhere to 5 Moments of Hand Hygiene)	Name, role, correct patient, correct indication									
	1	2	3	4	5	6	7	8	9	UTA
Explains procedure and obtains consent	Contraindications include lymph node clearance, AV fistula, site infection. Explain indications, benefit and risks, warns patient of some discomfort, bruising, possible infection, possibility of more than one attempt. Opportunity to observe and palpate veins, clip hair if required.									
	1	2	3	4	5	6	7	8	9	UTA
Understands basic venous anatomy and vein selection	Avoids veins over joints, dorsum hand, cubital fossa for emergency large cannula.									
	1	2	3	4	5	6	7	8	9	UTA
Collects and opens appropriate equipment while maintaining aseptic field for procedure	Clean trolley, Perform hand hygiene , collect IV/Dressing pack, sterile gloves, Chlorhexidine in 70% Alcohol preparation or pre packed chlorhexidine swabs, underpad, tourniquet, bung/extension-loop, 10ml normal saline, 10ml syringe, blunt drawing up needle, IV cannula of appropriate size for indication (20G cannula most common). Transparent occlusive dressing, goggles.									
	1	2	3	4	5	6	7	8	9	UTA
Demonstrates technical proficiency using Aseptic Non Touch Technique (ANTT)	Dons protective eye wear, place underpad and tourniquet, vein selection. Perform hand hygiene , don sterile gloves if palpating vein after area is disinfected. Draw up Saline with blunt drawing up needle, discard needle and prime extension loop. Warn patient of sharp prickle, insert cannula with correct angle of insertion 30°, recognition of flash-back, decrease angle and advance cannula plastic into vein until hub at skin, release tourniquet, withdraw/retract needle (sharps disposal), digital pressure, attach bung/primed extension-loop, N Saline pulsate the flush to check patency, secure with occlusive dressing, record date and time on dressing tape supplied.									
	1	2	3	4	5	6	7	8	9	UTA
Demonstrates aseptic non-touch technique as appropriate to the clinical situation. Demonstrates hand hygiene throughout procedure	Does not touch area of insertion once prepared unless wearing sterile gloves. Maintains aseptic field.									
	1	2	3	4	5	6	7	8	9	UTA
Demonstrates safe disposal of sharps	Use of yellow sharps bin									
	1	2	3	4	5	6	7	8	9	UTA
Demonstrates correct placement of the dressing	Cannula secure and insertion site covered, date recorded on dressing. Dispose of equipment, perform hand hygiene									
	1	2	3	4	5	6	7	8	9	UTA
Documents insertion	In patient records: Date and time, site, cannula size, plan/indication, your name									
	1	2	3	4	5	6	7	8	9	UTA
Communication Skills	Provides reassurance, checks for discomfort, addresses patient concerns, gives advice to keep site dry. Ensure adequately secured for patients need.									
	1	2	3	4	5	6	7	8	9	UTA
Seeks help when appropriate	One attempt before asking for help									
	1	2	3	4	5	6	7	8	9	UTA

Please turn over page...

OVERALL PERFORMANCE FOR THIS PROCEDURE			
What level of supervision did the student require for THIS procedure (please tick):	Observed in Simulation environment	Competent in the clinical environment under structured supervision	Competent in the clinical environment with minimal supervision
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessor's Comments on the Student's Performance:

Student's Comments on their Performance:

Student's Signature:		Date	
Assessor's Signature:		Date	



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**College of Health
& Medicine**

**Direct Observation of Procedural Skills (DOPS)
VENEPUNCTURE**

Summative Requirement: All DOPS must be completed in Simulation in MBBS Year 4 prior to student performing procedures on patients. MBBS Year 4 to also achieve this DOPS in Clinical Setting. MBBS Year 5 to achieve in Clinical Setting (if achieved in clinical setting in Year 4, DOPS does not need to be repeated in Year 5).

Student Name:					Date of Assessment:					
Year of Study:	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5	<input type="checkbox"/> Other		Student No:					
Assessor:					Assessor's Position:					
Setting:	<input type="checkbox"/> Real Patient	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Emergency	<input type="checkbox"/> General practice	<input type="checkbox"/> Other				
	<input type="checkbox"/> Simulation	<input type="checkbox"/> Role Player	<input type="checkbox"/> Manikin/Part Task Trainer							

ASSESSMENT	<i>To ensure safe, efficient and effective care on this aspect</i>									
	Requires Significant Input from Supervisor			Requires some Input from Supervisor			Performs Procedure Independently			Unable to Assess
Appropriate introduction (throughout procedure adhere to 5 Moments of Hand Hygiene)	<i>Name, role, correct patient, correct indication</i>									
	1	2	3	4	5	6	7	8	9	UTA
Explains procedure and obtains consent	<i>Contraindications include lymph node clearance, AV fistula, and site infection. Warns patient of bruising and some discomfort on insertion</i>									
	1	2	3	4	5	6	7	8	9	UTA
Determines what investigations need to be obtained	<i>Fills out the blood request form appropriately with correct patient details</i>									
	1	2	3	4	5	6	7	8	9	UTA
Collects appropriate equipment for procedure	<i>Alcohol wipes, tape, cotton wool, tourniquet, appropriate needle, vacutainer and appropriate blood bottles for tests required</i>									
	1	2	3	4	5	6	7	8	9	UTA
Demonstrates technical proficiency	Perform hand hygiene , puts on non sterile gloves, rests patient arm on pillow, tourniquet placement, vein selection, cleans area with alcohol wipes and allows to dry, puts traction on skin to stabilise vein, warns patient of sharp prickle, correct angle of insertion, fills the appropriate blood bottles to the level in order of draw without losing vein, release tourniquet, withdrawal of needle, apply pressure with a swab. Gently mix blood in tube									
	1	2	3	4	5	6	7	8	9	UTA
Demonstrates aseptic sterile technique	<i>Does not touch area of insertion once prepped</i>									
	1	2	3	4	5	6	7	8	9	UTA
Demonstrates safe disposal of sharps	<i>Use of yellow sharps bin</i>									
	1	2	3	4	5	6	7	8	9	UTA
Demonstrates correct placement of the dressing	<i>Place cotton bud on wound site and tapes in place. Dispose of used items. Performs hand hygiene</i>									
	1	2	3	4	5	6	7	8	9	UTA
Documents insertion	<i>Labels blood bottles clearly and legibly with correct patient details (at the bedside, asking direct confirmation of details from patient), places the blood bottles with the blood form in a clear plastic bag</i>									
	1	2	3	4	5	6	7	8	9	UTA
Communication Skills	<i>Provides reassurance, checks for discomfort, check site for bleeding, addresses patient concerns, advises sample will be sent to the biochemistry/haematology laboratory</i>									
	1	2	3	4	5	6	7	8	9	UTA
Seeks help when appropriate	<i>One attempt before asking for help</i>									
	1	2	3	4	5	6	7	8	9	UTA

Please turn over page....

OVERALL PERFORMANCE FOR THIS PROCEDURE			
What level of supervision did the student require for THIS procedure (please tick):	Observed in Simulation environment	Competent in the clinical environment <u>under structured supervision</u>	Competent in the clinical environment with <u>minimal supervision</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessor's Comments on the Student's Performance:

Student's Comments on their Performance:

Student's Signature:		Date	
Assessor's Signature:		Date	

YOUR GP MANAGEMENT PLAN

NAME: Mr John Zipper Test Patient DOB: 01/01/2011
 DATE OF PLAN: 13/07/2012 Review plan 6 months following original completion

CHRONIC NEED	PROVIDER DETAILS	AGREED MANAGEMENT GOALS	REVIEW MONTH
	Dr Elizabeth Shires 6 Patrick Street Ulverstone 7315 0364251611	<p>Goals to keep healthy</p> <p>Stop smoking Quit line support www.quitnow.gov.au Phone 131848/ 137848</p> <p>Weight Aim for normal weight Your Weight Your Goal Review</p> <p>Diet: Less: foods high in cholesterol or animal fat, drinks cordials, fruit juice alcohol</p> <p>More: Fruit, Vegetables, Fibre, Fish,</p> <p>Your Goal -Reduce portion size, stop snacks, Drink water, Five portions a day of fresh fruit& veg</p> <p>Alcohol- no more than 2 drinks per day preferably less.</p> <p>Salt Lower salt intake: cut use of salt in cooking avoid high salt prepackaged foods,</p> <p>Exercise - Take regular exercise Goal Brisk walking for 30 minutes per day.</p> <p>More advice available from your GP or www.betterhealth.vic.gov.au</p>	<p>Pap due</p> <p>Mammogram phone 132050</p> <p>Immunisations annual flu vax</p> <p>Bowel Cancer screening due from 50</p> <p>Diabetes Screening due from 45</p> <p>Family history of disease ask GP about screening</p>
Asthma		<p>Asthma Goal : Self manage to become Symptom Free through Asthma Action Plan</p> <p>Asthma information from Asthma Australia www.asthmaaustralia.org.au/intro/index.php</p> <ul style="list-style-type: none"> •Take inhalers as prescribed, use spacer •PF or symptom monitoring for adjusting dose •Avoid triggers eg smoke, animals, dust, consider pillow and bed protectors •Avoid meds that make it worse eg NSAID's and aspirin <p>Keep physically active</p> <p>Attend GP if symptoms not controlled: Annual review with spirometry before due</p>	
Vitamin b12		<p>Low Vitamin B12 :Goal: maintain normal Levels</p> <p>Iron and folate status Underlying cause</p> <p>1 mg hydroxocobalamin IM, on alternate days for 2 weeks then 1 mg IM, once every 3 months.</p> <p>Consider oral B12 if underlying absorption issues gets better annual review due</p>	
Breast Cancer		<p>Breast Cancer follow up Goals: Prevention of complications and early detection. Well being and activity goals maintained</p> <p>Annual reveiw due:</p> <p>Mammogram and U/S scan & Bloods and CA125 or tumour marker before review appointment</p> <p>Maintain Bones: Vitamin D and Ca supplements consider dexa screening</p>	
COPD		<p>COPD Goal: Reduce symptoms recognise and treat infections early</p> <ul style="list-style-type: none"> •Take inhalers and medication as prescribed •Keep active, consider physio •Attend GP if increasing symptoms •Annual Spirometry next due •Self help materials available through the lung foundation <p>http://www.lungfoundation.com.au/images/stories/docs/education/save_your_breath/save_your_breath.pdf</p>	

YOUR GP MANAGEMENT PLAN Template

NAME:

DOB:

DATE OF PLAN:

Review plan 6 months following original completion

CHRONIC NEED	PROVIDER DETAILS	AGREED MANAGEMENT GOALS	REVIEW MONTH



***Rural
Clinical School***