

WESTERN SYDNEY
UNIVERSITY



General Practice

School of Medicine



Clinical Attachment Descriptor

2019-2020

UNIT DETAILS			
Attachment:	General Practice	Area:	Bathurst Rural Clinical School University Centre for Rural Health – North Coast Metro Rotations, Department of General Practice
Level:	4	Contact hours per week:	Variable
Year	5		

STAFF		
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Table of Contents

Table of Contents.....	1
1. About General Practice Attachments	1
1.1 Student FAQ's	1
1.2 Overview of General Practice Teaching Program	4
1.3 Learning in General Practice Attachments	9
1.4 Who to Contact.....	16
2. Assessment	18
2.1. Assessment summary	18
2.2. Assessment Details	21
A. GP self-evaluation core learning checklist & Learning Plan (satisfactory completion of both required to pass rotation).....	21
B. Mini-CEX: x 4 (Pass or fail only - marks not counted in graded assessment).....	22
C. Practice Based Learning Activities x 3 (50% of graded assessment).....	25
D. Clinical Attachment Assessment (50%).....	36
E. Year 5 Written Assessment.....	37
3. Evaluation	38
3.1. Student Evaluation Forms.....	38
Western Sydney GP Self-Evaluation Core Learning Checklist.....	39
General Practice Attachment Learning Plan.....	42
Health Professional Practice Visits.....	44
Mini-CEX – Assessment Task	46
Mini-CEX – Prescribing Task	48
Mini-CEX – Referral Task	50
Year 5 Metro and Rural GP Clinical Attachment Assessment	52
General Practice Attachment – Online Student Evaluation	54

APPENDIX A	55
<i>General Practice Curriculum Map.....</i>	<i>55</i>
<i>Broach sensitive topics and deal with situations appropriate to GP.....</i>	<i>56</i>
<i>Appropriately support and affirm patients in difficult circumstances (psychological first aid, trauma sensitive care)</i>	<i>56</i>
<i>Year 5 written assessment.....</i>	<i>60</i>
<i>Year 1 & 2 Lectures: Motivational interviewing.....</i>	<i>62</i>
APPENDIX B	66
APPENDIX C	67
<i>Information for General Practitioner Supervision</i>	<i>67</i>

1. About General Practice Attachments

1.1 Student FAQ's

Why do I need to learn about General Practice?

The aim of these attachments is to gain experience of the many roles of general practitioners in primary care, and of their central contribution to a well- functioning health care system. As medical graduates, it is expected that you will be able to apply understanding of the principles of General Practice and the roles of GPs to ensure that your patients experience well-coordinated and integrated care. This is just as important for students who don't wish to pursue General Practice as a specialty. GPs coordinate care of patients seen by other specialists and interaction with GPs through referrals and management is a daily part of non-GP specialist work.

How are the placements organised?

In Year 5, students undertake a 5-week General Practice placement that consists of a minimum of 30 half-day sessions in General Practice, and 4 half-day sessions with other Health Professionals including Dermatology experience. Each session should last three hours or more. There are also 3 'Back to Base' sessions during the five-week placement. You are expected to organize 3 health professional visits (see page 13 for suggestions). Ask your GP supervisor for suggestions about who you can contact within his or her referral network in order to provide you with useful learning opportunities.

Can I choose my own GP supervisor?

Yes, within reason. Appendix B in the Clinical Attachment Descriptor (CAD) describes the process.

What if I get the same GP supervisor?

You would ideally experience a range of practices in your three GP placements in Year 3 and 5. Contact the GP administrative officer as soon as possible if you would prefer a different placement.

What am I meant to learn during my GP placements?

Learning outcomes are detailed in the Year 5 CAD (page 5, and Curriculum map Appendix A). Your GP assessments will reflect these outcomes so you are advised to review this information carefully. You are also encouraged to consider your own learning goals and to discuss these with your supervisor early in your placement.

The RACGP Domains of General Practice provide a guide to all the learning opportunities available in your General Practice placement. The Five Domains are:

- Communication skills and the doctor patient relationship
- Applied professional knowledge and skills
- Population health and the context of general practice
- Professional and ethical role
- Organisational and legal dimensions

What do I do during the GP placements?

Prior to the placement

You are expected to contact your supervisor one week before the placement begins to confirm your attendance and clarify their expectations of you, particularly in terms of dress and equipment as well as transport and parking.

Day One

On the first day of placement the supervisor will orient you to the practice. Please discuss your learning plan with your supervisor (page 25 of the CAD) - outlining any goals for the term and agree on what placement activities would help achieve these goals. Your learning plan may well evolve during the placement as you develop an understanding of common problems seen at your practice.

During the term

You are encouraged to gain experience in all 5 domains of General Practice. Learning **activities** are described in the CAD p6-14, and may include: (depending on skill level and availability)

- History taking;
- Physical examination;
- Documenting in medical notes and records;
- Administration of medications, including oral, intramuscular and subcutaneous injections;
- Basic clinical skills such as BP measurement, urinalysis, peak flow, spirometry, measurement of height, weight and temperature, measurement of BSL using a glucometer, venipuncture, ECG;
- Formulation and discussion of diagnostic and management plans;
- Visits to other health professionals in the community; and
- Procedures such as cervical screening, skin biopsies and excisions, joint aspirations etc. as available.

As well as seeing patients, it is beneficial to spend time with practice nurses, registrars and other practice staff. Try to spread out your Mini-CEX assessment tasks throughout the term if possible rather than saving them all for the last week.

Final week

Ask your GP to complete your Clinical Attachment Assessment (CAA) and submit this together with a copy of the signed and stamped PIP form, and all the other term documentation (see page 47) to the Department of General Practice on the last day of term.

What if I miss a day of GP placement?

100% attendance is expected (including 'Back to Base' sessions and allied health visits) and any absence must be reported to the GP supervisor and the General Practice course coordinator (see CAD p10). It is expected that extra sessions will be attended to make up any absences.

Days lost due to public holidays are not required to be made up. However, you are encouraged to arrange additional learning opportunities by discussing these with your supervisor. Where possible, absences because of compulsory assessment activities should be made up in discussion with the supervisor.

How do I pass the GP placement?

GP supervisors will review your progress regularly and provide feedback during the term. A CAA is completed at the end of the term. Three written Practice Based Learning Activities (PBLAs – see pg 32-45) will be marked by GP academics. PBLAs are an excellent opportunity to practice your academic writing skills applying findings from the wider literature to your specific patient or practice. Attendance and other requirements for satisfactory completion of your General Practice placement are detailed in the CAD (pp 10 and 18-20).

Who do I contact if I have more questions?

Sharon Lawrence – 4620 3933 or s.lawrence@westernsydney.edu.au or GPdept@WesternSydney.edu.au

1.2 Overview of General Practice Teaching Program

Welcome

Welcome to the General Practice Teaching Program! We hope you find your time in General Practice a rewarding and relevant experience. A good understanding of General Practice will assist you to provide better care for your patients, no matter which specialty you choose in the future.

General Practice offers a distinctive approach to medical practice that is largely practiced in the community. It is characterised by the following principles:

- **Continuity of care:** the doctor-patient relationship is maintained over time and through different states of health and illness.
- **Patient centred care:** focus on the patient as a person first and foremost.
- **Family and community centred care:** care that recognises that the patient is a member of a family and of a community.
- **Comprehensive care:** port of first call for persons seeking healthcare in the community, assessment of undifferentiated presentations, care of acute, chronic and complex problems, disease prevention and health promotion across all age groups.
- **Coordination of care:** especially care provided by interdisciplinary teams
- A practical clinical approach to the **management of uncertainty**
- **Advocacy** for individuals and communities
- **Organisational and practice management** skills
- **Professionalism** focused on the doctor-patient relationship, reflective practice and ongoing learning
- A **rigorous approach to research and use of evidence**

Your understanding of these principles which underpin improvement in health outcomes across all health care systems and your ability to apply them to clinical practice are key to the General Practice program.

In keeping with the WSU Medical Program philosophy, we have focused on experiential learning, with guidance. There are core and selective parts to the program so you can choose areas that interest you, or that you need to address. A 5 week attachment cannot give you a comprehensive view of General Practice, but should give you a good opportunity to consolidate clinical skills in a new setting, as well as learn about the realities – and rewards – of community engaged medical practice.

We welcome your feedback as we will be regularly reviewing the program to ensure that it remains interesting and relevant. You are encouraged to contribute to the formal evaluation (see page 44), and/or to contact staff at any time (see page 12).

Program Aims

Across the 5 years of the program at WSU, we aim to give you a broad understanding of the many roles of general practitioners in primary care and of their central contribution to a well functioning health care system. As graduates, you should be able to:

- Apply a sound understanding of the principles of General Practice and of the roles of general practitioners to benefit the care of your patients, and
- Work collegially with general practitioners to ensure that your patients experience well coordinated and integrated care.

General practice teaching at WSU is organized using the Royal Australian College of General Practitioners' (RACGP) five domains of general practice as an organizing framework. The following are some broad **learning outcomes** for Year 4/5 students, with more detail available in the GP curriculum map in Appendix A.

Domain 1: Demonstrate effective use of communication and consultation skills in a General Practice setting with diverse patient groups.

Domain 2: Apply relevant professional knowledge and skills in a General Practice setting (eg. ability to assess and manage common presentations).

Domain 3: Demonstrate understanding of population health needs including social determinants of health and the ability to apply this in their practice of medicine.

Domain 4: Work respectfully with other health professionals, patients and communities being mindful of the student's own strengths and areas for improvement.

Domain 5: Describe unique characteristics of General Practice (eg. the differences between hospital and GP medicine) and approaches to quality, safety and legal issues.

These outcomes will be achieved through the following approaches to learning:

Guided experiential learning:

- Clinical attachments in General Practice
- Visits to other health professionals within the GP's referral network
- Mini-CEXs
- Practice based learning activities (PBLAs)

Formal structured learning:

- “Back to base” sessions during your clinical attachment
- Campus Based learning and Conference Weeks

Self-directed and student selected components:

- An individualised Learning Plan
- Practice based learning activities (PBLAs)
- Online resources such as the Dermatology and National Prescribing Service modules
- Reading and reflection
- Your own ideas!

Learning activities in metro and rural sites

A range of learning opportunities will be offered:

GP Attachment: Metro sites

- Experiential learning over 5 weeks with 3 days per week (6 sessions) in General Practices under the supervision of a GP Supervisor. Some metro students will have the opportunity to undertake this placement in a special interest attachment such as Justice Health or Aged Care, combined with a broader General Practice attachment. Your learning will be guided by your Learning Plan and clinical activities such as mini-CEX that you will complete with your Supervisor.
- Structured sessions. There will be 3 “back to base” sessions including (1) key clinical learning and to introduce key principles in General Practice (2) review your progress and present a case study, and (3) review your learning outcomes and plans for future learning.
- Practice based learning activities (PBLAs). These are short written activities based on patients or practices. You will choose one PBLA that best suits your Learning Plan, from each of 3 different groups of PBLAs (see pages 32-45).

GP Attachment: Rural Clinical Schools

FOR NORTH COAST STUDENTS

- Experiential learning mostly over 4-8 weeks with 2- 4 days per week in a General Practice being supervised by a GP Supervisor and approximately half day per week with other health professionals. For most rotations your attachment will be integrated with Indigenous Health.
- Structured sessions, to be scheduled by North Coast University Centre for Rural Health.
- Practice based learning activities, as above.

FOR BATHURST STUDENTS

- Experiential learning over 4 weeks with 4 days per week in a General Practice being supervised by a GP Supervisor and approximately half a day per week with other health professionals.
- Structured sessions, to be scheduled by Bathurst Rural Clinical School.
- Practice based learning activities, as above.

Campus-based learning and Conference Weeks

GP teaching is provided in Campus-based learning in Year 4 and Conference Weeks in Year 5. These are opportunities for standardised and assessable teaching to be delivered to your whole year cohort. The Department of General Practice provides conference week teaching in a postgraduate conference format, with shorter and more interactive sessions and hands-on practical workshops to assist you to achieve the General Practice learning outcomes. Presenters are often invited experts in their field. Although lectures are recorded, it is expected and greatly to your advantage that you attend all sessions, as some key learning points may not appear on slide presentations, or may be inaudible on recordings. These learning points could well form the basis of a future assessment.

Dermatology teaching

As skin conditions commonly present in general practice, students are often asked to examine and discuss skin conditions during their general practice attachments. Dermatology is incorporated into the General Practice teaching program, and includes:

- Half-day Conference Week workshop, including a lecture and hands-on practice in skin biopsies, suturing and topical medications.
- Clinical experience, including:
 - Metro students: compulsory 1/2-day visit to a skin clinic
 - Rural students: attachments in rural general practices with opportunities to observe and assist in procedural dermatology.

- Online Skin and Cancer Foundation dermatology modules on vUWS. All students are required to complete these during their GP term.
- Dermatology competition and prize in Year 5

Assumed prior learning

The Year 5 General Practice teaching program was informed by what you have already learnt, General Practice curriculum standards, and consultation with GPs, students and the community. It assumes that you have acquired the following knowledge, skills and experiences:

- Sound knowledge of basic sciences required for clinical assessment and management of common presenting conditions in General Practice
- Good knowledge of, and many hospital based opportunities to practice basic clinical skills, including history taking, physical examination, common procedures and investigations.
- Practice in advanced communication skills with simulated patients.
- Better knowledge in some specialties where you've had clinical attachments.
- Good knowledge about working in the community and an understanding of the patient experience.
- Good knowledge of the epidemiology and management of health risks, including national priority areas such as hypertension, diabetes, obesity, cancer, dementia, mental health, asthma and chronic obstructive respiratory disease.
- Some knowledge of diseases and conditions across the lifespan - from birth, childhood, pregnancy, aged care and death; and common preventive health activities such as antenatal care, childhood immunisation and women's health check- ups.
- Limited opportunities to independently assess and formulate management plans for patients.

In particular, the Year 5 program aims to build on your Year 3 MiC General Practice placement and lectures when you should have:

- Been introduced to the range of General Practice presentations and the skills required to assess and manage them
- Started to identify ways in which General Practice differs from hospital- based practice in the approach to diagnosis, investigation, treatment and follow up.
- Observed how GPs engage and interact with community services
- Started to appreciate the many roles that GPs can have in the community
- Learnt about the role of General Practice in primary health care, and the place of primary care in a well-functioning health care system.

1.3 Learning in General Practice Attachments

As your time in General Practice will be short, it is important to use your time well.

Student responsibilities

Before your first day

- Contact your GP Supervisor at least one week before the attachment begins and confirm your arrival time, practice location, transport and other practical issues such as expected dress, identification, documentation, and equipment to bring, as practices can vary in style. Failure to make timely contact demonstrates a lack of professionalism and the practice may assume you will not be attending.
- Think back to your previous experiences of General Practice and community based healthcare, then complete the GP self-evaluation core learning checklist on page 22.
- From your self-evaluation of core learning needs about General Practice, think of at least 3 learning outcomes that you would like to achieve during this General Practice attachment? Write these in your Learning Plan (see page 25). You may modify or add to your learning plan as your placement progresses.
- Familiarise yourself with Online GP resources and websites in particular:
 - Murtagh's General Practice
<http://ezproxy.uws.edu.au/login?url=http://murtagh.mhmedical.com/book.aspx?bookid=1522>
 - Textbook of Family Medicine by McWhinney I and Freeman T.
<http://ezproxy.uws.edu.au/login?url=http://ebookcentral.proquest.com/lib/uwsau/detail.action?docID=4310794>
 - Oxford Handbook of General Practice by Simon C, Everitt H, Kendrick
<http://ezproxy.uws.edu.au/login?url=http://ebookcentral.proquest.com/lib/uwsau/detail.action?docID=1685682>
 - The RACGP site and the GP Companion produced by the GP Student Network.
<http://www.racgp.org.au/>
 - National Prescribing Curriculum modules (login information will be provided on vUWS)
 - Health Pathways from the Western Sydney Primary Health Network
<https://westernsydney.healthpathways.org.au> (Login : uni; Password: medic) and South Western Sydney Primary Health Network sws.healthpathways.org.au (Login: Macarthur; Password: network).

These resources have essential clinical information to assist you in your practice attachments and PBLAs. Check the **GP Resources webpage** [see General Practice Reading and Resources folder in vUWS] for more.

On your first day

- First impressions count. Students gain much from hands-on learning, so help your Supervisor know that you can be trusted to see their patients.
- Be punctual and dress respectfully.
- Introduce yourself to all staff members and understand their roles.
- **Meet with your GP Supervisor:**
 - Make time in the first week to discuss your Learning Plan and strategies to address your learning goals.
 - Ask your supervisor to suggest other health professionals in the GP's referral network (see p13).
 - Ask about continuing professional educational events such as those organised by the Primary Health Network or GP Synergy that you can attend.
 - Confirm attendance times and days as per attendance requirements.

Minimum attendance requirements:

- General Practice:
 - Metro sites: 6 sessions per week over 5 weeks. North Coast: 4 sessions per week over 8 weeks or 8 sessions a week over 4 weeks.
 - Bathurst: 8 sessions a week over 4 weeks
 - [One session = one half-day (at least 3 hours) in General Practice. **Only two sessions a day can be counted. This is important when considering make up sessions.**]
- Attendance at other Health Professional visits is counted separately (see pages 13 and 27).
- Attendance at 3 "back to base" sessions is counted separately.
- A written record for **any** absence (> 1 hour) is required, submitted on the **notification of Absence** form to the Department of General Practice as per the current Attendance Policy
- See also the policy for 'Wellness day' absence
- You will need to inform your GP Supervisor if you are absent and arrange to make up the missed time.

You are encouraged to attend for more than the minimum requirement where it adds to your learning. Your attendance is documented on the PIP form.

Handy Tips during your attachment

What you get out of this attachment is directly related to the effort you put in. Being actively engaged in this GP learning experience will not only enable you to achieve your learning outcomes but will confirm our reputation for students of high calibre both academically and professionally.

Some of the following advice originates from students and student sources.

- Ask questions and offer to perform tasks - don't be the invisible student sitting in the corner!
- If not introduced to the patient, introduce yourself, as appropriate.
- Critically observe, rather than just "sitting in on" consultations. For example:
 - Consider how continuity of care influences what is covered, and not covered, in each consultation. Note how the GP and patient prioritise what is addressed in this consultation.
 - Consider the impact of multiple physical, psychological and socio-economic factors on the patient's health.
 - Note effective communication strategies, for example, in cross-cultural communication.
 - Make the most of the opportunity to learn about practicing in a cross-cultural setting if the consultation is being conducted in a language you don't understand. You may be able to ask your supervisor to teach you some phrases, learn from the non-verbal communication, offer to type the consultation notes, or ask your supervisor permission to use a speech-to-text app to interpret the consultation. See "[Learning in Linguistically-Diverse GP placements](#)" on vUWS for more ideas.
 - Apply diagnostic skills to the presenting problem and compare your conclusions by asking the GP how they arrived at their diagnosis.
 - Note patient presentations representing early stages of conditions that you have seen in the hospital setting.
 - Note symptoms or issues that concern patients who have "stable" chronic conditions.
 - Note differences between the patient perspective and the biomedical perspective and how this is taken into account in the management plan.
 - Ask the GP about how they manage uncertainty in consultations where a clear diagnosis or management plan is not apparent.
 - Think about the way the consultation process itself is managed –layout of the room, use of the computer, use of time, balance of listening and talking. Discuss this with your GP.

- Be careful about what you say in front of patients that could alarm them unnecessarily, or be seen to be disrespectful to the staff. Save your questions to ask the GP after the consultation. You can discuss any issues with the GP academics at the back-to-base debriefing sessions. You can contact the GP Department with urgent concerns at any time (contact details on page 16).
- Offer to accompany the GP on home visits and nursing home visits.
- Offer to assist, or carry out procedures if you have already learnt them in skills sessions.
- Offer to assist with care planning, medication reviews and practice audits.
- Ask the GP to observe you consulting, including explaining diagnoses and management to patients, and to give you feedback using the mini-CEX form.
- If there is no spare consulting room, ask if there is a private area to practice patient- centred history taking and present your findings to the GP.
- Ask to sit in with the registrar or other doctors in the practice. Note different consultation styles and professional interests, and how this results in different patient lists and approaches to care.
- Spend time with the practice manager, practice nurse, receptionist and other staff. Ask about what they do and how they contribute to patient care. Compare this with other practices that you have experienced.

Learning point

How might carrying out these student responsibilities help you both in your GP attachment and after you graduate?

GP Supervisor roles

The GP Supervisor will:

- Guide your learning by reviewing your Learning Plan and supervising your contact with patients and staff.
- Orient and provide you with access to many aspects of their practice.
- When possible, provide you with opportunities to be directly involved in patient care.
- Provide you with contact details for other Health Professionals in the community and practice referral network.
- Provide opportunistic clinical teaching, and where possible teaching on relevant topics.
- Discuss your Practice Based Learning Activities.
- Conduct or delegate to another clinician your mini-CEX assessments.
- Complete your Clinical Attachment Assessment (see page 45 and Appendix D).
- Be invited to give evaluation feedback on their experience with Western Sydney students.

Other Health Professionals

General Practitioners work with other health professionals in managing patients. These people may be part of the team within a practice or located elsewhere. Your GP will have a network of such professionals to whom they refer. You are required to visit 4 different health professionals (HPs) during your General Practice term. Each HP visit should last 1 session (at least 3 hours). For metro students, a one-day visit to a skin clinic will be scheduled as one of the four required HP visits. You will need to organise visits to three other HPs in your GP's network. For some rural students, HP visits will be organised for you. For students at justice health and aged care placements, your HP visits are included within the placement.

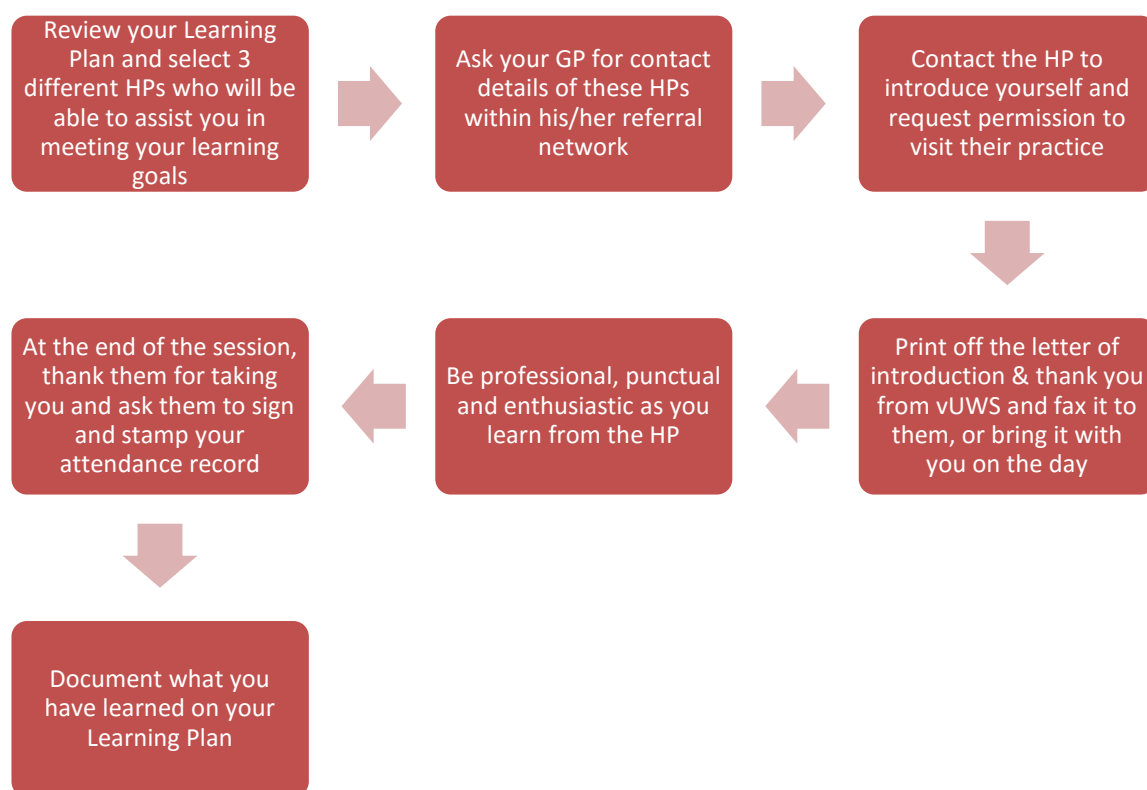
Metro students should organise their first HP visit in the first week of the attachment. Use the Letter of Introduction in the forms folder within the General Practice section in vUWS. During your visits, make the most of the HPs' expertise to achieve your objectives on your Learning Plan. Students have benefited from visiting health professionals such as a pharmacist, radiologist, dietitian, physiotherapist, speech therapist. It is very worthwhile spending time with the practice nurse but this does not count as an HP visit, nor does time spent with the pathology collector.

Ask them:

- About the services that they provide
- What they consider to be appropriate and inappropriate referrals
- How they communicate with GPs and other community health providers
- To teach you specific knowledge or skills related to your Learning Plan

When obtaining sign-offs for your Health Professional Practice Visits form (see page 27), please ensure you note their name, profession and contact details so we can confirm your visit if required.

Flowchart for Metro HP Visits



See the attendance register in Appendix D for an example of a sample week in General Practice. You are required to complete this register for each week of your placement. Ask your supervisor to confirm your attendance and submit it with your end-of-term documentation.

Schedule of Activities in Metro (5 week) General Practice Attachments

Wk	Student Learning Activities	GP Supervisor Teaching Roles	Clinical School “Back to Base” Session
1	<ul style="list-style-type: none"> Participate in orientation to practice With GP supervisor, complete Learning Plan and discuss Visit a Health Professional #1 Participate in “back to base” session Attempt a formative mini- CEX 	<ul style="list-style-type: none"> Orient student to practice and negotiate attendance days and times Discuss learning plan and suggest strategies Suggest Health Professionals for visits 	Introductory session: Workshop on: <ul style="list-style-type: none"> Principles of General Practice Other topics relevant to Learning Outcomes Review your Learning Plan
2	<ul style="list-style-type: none"> Formative and summative mini-CEX #1 Commence work on PBLA #1 Visit a Health Professional 	<ul style="list-style-type: none"> Supervise a mini-CEX (student to initiate) 	
3	<ul style="list-style-type: none"> Review progress against your Learning Plan with your GP supervisor Visit Skin Clinic #3 Participate in “back to base” session Formative and summative mini-CEX #2 Submit Practice Based Learning Activity #1 	<ul style="list-style-type: none"> Supervise a mini-CEX (student to initiate) Meet with student and discuss Learning Plan progress, suggest modifications if necessary 	Mid-session ; Workshop on: <ul style="list-style-type: none"> Student presentations of GP cases (to be scheduled) Other topics relevant to Learning Outcomes Review on progress with learning activities, HP visits and assessments
4	<ul style="list-style-type: none"> Formative and summative mini-CEX #3 Submit Practice Based Learning Activity #2 Visit a Health Professional #4 	<ul style="list-style-type: none"> Supervise a mini-CEX (student to initiate) 	
5	<ul style="list-style-type: none"> Submit Practice Based Learning Activity #3 Formative and summative mini-CEX #4 Ensure completion of all assessments and activities and obtain required sign- offs from your supervisor Participate in “back to base” session 	<ul style="list-style-type: none"> Supervise a mini-CEX (student to initiate) Complete the Clinical Attachment Assessment form, and sign off GP Supervisor’s checklist including attendance form and PIP 	Wrap up session: Workshop on: <ul style="list-style-type: none"> Student “reflective practice in GP” presentations Other topics relevant to Learning Outcomes Reflection: What have you learnt from your attachment that you can apply to your next term and as an intern? Evaluation of attachment

1.4 Who to Contact

If you have any queries, concerns or suggestions about your General Practice learning experience, please contact:

Metro Students	Sharon Lawrence Administrative Officer Placements	s.lawrence@westernsydney.edu.au GPdept@WesternSydney.edu.au	02 4620 3933
North Coast	Elizabeth Kelly Student Coordinator	elizabeth.kelly@sydney.edu.au	02 6620 7276
Bathurst Students	Bronwyn Bauer Student Coordinator	b.bauer@westernsydney.edu.au	02 9685 9979

Department of General Practice

The Department of General Practice is responsible for curriculum development and implementing the teaching program, including GP attachments at urban sites and Conference Week. Department staff will be overseeing the online component of the Practice Based Learning Activities through vUWS.

Jenny Reath	Professor and Chair	j.reath@westernsydney.edu.au
Miriam Brooks	Senior Lecturer (Year 5 Course Coordinator)	miriam.brooks@westernsydney.edu.au
Lawrence Tan	Senior Lecturer (Year 5 Course Coordinator)	lawrence.tan@westernsydney.edu.au
Sharon Lawrence	Administrative Officer Placements	s.lawrence@westernsydney.edu.au GPdept@westernsydney.edu.au

Rural Clinical Placements

The Rural Clinical Schools are responsible for implementing the teaching program at the rural sites, including organisation of clinical attachments, community visits and back to base sessions.

University Centre for Rural Health – North Coast

Associate Professor Ellen McGirr	Academic Lead Medicine	ellen.mcgirr@sydney.edu.au
Dr Amy Scott	Western Sydney University Clinical Sub-Dean	ascott@oncnorthcoast.com.au
Dr Janes Burges	Snr Lecturer General Practice	jane.burges@ucr.edu.au
Dr Linda Brown	GP Senior Lecturer	linda.m.brown@sydney.edu.au
Elizabeth Kelly	Student Coordinator	elizabeth.kelly@sydney.edu.au

Bathurst Rural Clinical School

Dr Tim McCrossin	Clinical Dean – Associate Professor	t.mccrossin@westernsydney.edu.au
Dr Kam Wong	Bathurst GP Course Convenor	k.wong@westernsydney.edu.au
Bronwyn Bauer	Student Coordinator	b.bauer@westernsydney.edu.au

2. Assessment

2.1. Assessment summary

There are 5 assessment items in General Practice, designed to enable you to demonstrate that you have achieved the learning outcomes. Completion and submission of all assessment items which have been designated as mandatory or compulsory is essential to receive a passing grade.

ASSESSMENT ITEM		DUE DATE	WEIGHTING	FEEDBACK	
				MODE	DATE
A	GP Self-evaluation core learning checklist & learning plan	By final week of attachment	Satisfactory / Unsatisfactory	Verbal feedback from GP supervisor	Usually within 2 weeks of due date
B	Mini-CEX x 4		Satisfactory / Unsatisfactory	Verbal feedback by supervisor	
C	Practice Based Learning Activities x 3	Weeks 3, 4 & 5 (or varied for rural)	50%	Returned work via vUWS with comments if required	Usually within one weeks of due date
D	Clinical Attachment Assessment	Last day of the placement	50%	Verbal and written feedback from supervisor	End of placement
E	Year 5 Written Assessment Approx 20% of exam questions	Exam period	N/A	Formal grade release	Post examinations

Satisfactory Assessment and Grading

To pass your General Practice attachment, you must:

- 1) Attend all scheduled sessions and attachments - 100% attendance is expected.

As per Western Sydney policy, you are not required to make up GP sessions when they occur on a public holiday, however you are encouraged to seek every learning opportunity in general practice by negotiating with your GP supervisor to attend on an alternate day.

- 2) Attend Conference Week – 100% attendance is expected.
- 3) Submit a written record for any absence of greater than 1 hour, including Wellbeing Day absences, as per Western Sydney policy, using the Notification of Absence form, to the Department of General Practice (metro placements) or Clinical School (rural placements). Both GP supervisor and the university should be notified and a remediation plan agreed.

-
- 4) Satisfactorily complete and submit **all** assessments and required learning activities according to the assessment criteria. These include:
- 1) Western Sydney University GP self-evaluation core learning checklist
 - 2) Learning Plan
 - 3) At least FOUR mini-CEXs
 - 4) Clinical Attachment Assessment (2 CAA's if on Justice Health or Aged Care placement)
 - 5) THREE Practice Based Learning Activities
- 5) As a record of your attendance, you are also required to submit the following completed forms:
- Health Professional Practice Visits (minimum 4 sign offs including the skin clinic visit)
 - **PIP – Practice Incentive Payment form**
 - WSU administrative staff will authorise and complete the university certification section on the PIP forms prior to the student placement. These will be sent to the practice with the student confirmation.
 - Student and the General Practitioner providing the teaching sessions, are required to sign the claim form to verify the training sessions have occurred. *Students do not submit a PIP for the Justice Health or Aged Care component of their placement.*
 - *The student must be provided with a copy of the completed paperwork to return to the University for their Records on the final day of placement. The University is not required to do anything further.*
 - Online GP Attachment Evaluation

Assessments which are graded will be at the following levels of achievement: non- submission or plagiarism (0%), further work required (25-49%), good (50-74%) and excellent (75-100%). If your assignment has been found to be unsatisfactory or to require further work, you may be asked to revise and re-submit. You will have seven days from the date of notification in which to do so, and you may re-submit the assignment only once. A maximum of 50% (8/16) will be awarded for a re-submitted assessment.

PBLA assignments should be submitted by **9am** on the due date (Metro Placements: Monday of weeks 3, 4, 5; Rural students see separate schedule). Unless there has been **prior** agreement with the GP Course Coordinator or delegate, students who lodge their PBLAs after the due time will be penalised by 10% of the total possible mark per calendar day (see page 16 for contact details).

In the event of borderline or unsatisfactory performance, non-graded learning activities and attendance will be taken into account. It is therefore recommended that you attend all activities, make a good

attempt at all required activities and submit all your work, including formative attempts at mini-CEX, to document your learning.

In order to pass the GP attachment term, you are required to pass both the CAA and PBLA components, with no other outstanding concerns regarding your clinical performance and professional behaviour. In the event of failure to pass all components of the teaching program remediation may be offered following consultation with the relevant Curriculum Committees.

In summary, students will fail their GP placement if **any** of the following occurs:

- a) Unsatisfactory performance in your PBLAs as evidenced by any of the following:
 - 1. Score less than 8/16 in all three PBLAs on your **first** attempt;
 - 2. Score less than 8/16 on your **first** attempt for two out of three PBLAs AND fail to pass a fourth PBLA set as remediation;
 - 3. Score less than 24/48 in your **final** mark across the first three submitted PBLAs
- b) Score under 50% for your Clinical Attachment Assessment mark.
- c) Unresolved professional issues including unsatisfactory attendance or failure to lodge the required documents by the due date.

Final marks are awarded following standard setting. Based on their overall GP placement mark, high-achieving students may be considered for the award of GP prizes at the end of the year.

All Attachment forms (see Checklist page 47) should be signed off by your GP Supervisor and submitted in ONE folder, either in person to:

- Sharon Lawrence, Department of General Practice for metro attachments, or
- Libby Kelly, for North Coast Clinical School, or
- Bronwyn Bauer, for Bathurst Clinical School

by 5pm of the last day of your GP attachment

or returned by post with the envelope postmarked no later than the last day of your attachment. No reminders will be sent if your forms are not received. Students will not progress until such time that all documents have been submitted.

All Practice Based Learning Activities must be submitted by the due date via Turnitin on vUWS.

2.2. Assessment Details

A. GP self-evaluation core learning checklist & Learning Plan (satisfactory completion of both required to pass rotation)

Due Date: submitted in final week of attachment

Length: See below

Submission Details: Discuss your learning plan with your supervisor in week 1, modify and add to it during your placement, and submit the final version at the end of your final week.

Feedback Details: verbal feedback provided by GP supervisor during placement.

RATIONALE

To self-evaluate learning needs

TASK

You should discuss and agree with your GP Supervisor on at least 3 initial learning goals and learning strategies **in the first week** of your attachment. The GP self- evaluation core learning checklist will guide the development of your Learning Plan, which has three parts (see pages 25 - 26):

1. Learning goals. These may be revised or added to during the attachment.
2. Strategies for achieving these goals.
3. Evaluation of progress against your goals and next steps.

RESOURCES

B. Mini-CEX: x 4 (Pass or fail only - marks not counted in graded assessment)

Due Date: By the end of the final week of placement

Length: See below

Submission Details: To be submitted with end-of-term paperwork

Feedback Details: Provided by GP supervisor at the end of each Mini-CEX

RATIONALE

To demonstrate competence in common clinical skills in a GP setting

TASK

To satisfactorily complete the mini-CEX, the assessment criteria on the form must be met. You may make as many attempts as required to pass.

See the Curriculum map (appendix A) and GP self-evaluation core learning checklist (page 22) for a list of common presentations, procedures and processes; and the General Practice mini-CEX instructions and examples (page 29) for criteria for satisfactory completion. The mini-CEX may be conducted by any doctor in your practice attachment, at the discretion of your GP Supervisor. Mini-CEXs on procedures often performed by practice nurses, counselling patients about health promotion or disease prevention may be supervised by the practice nurse.

What is a mini-CEX?

The mini-CEX (mini-Clinical Evaluation Exercise) is an assessment tool for testing how students interact with actual patients. It focuses on core skills required in routine patient encounters. With the exception of the writing of a referral letter and a prescription, each mini-CEX requires observation of a student/patient interaction over 10 minutes and immediate feedback to the student for 5-10 minutes. Research shows that over time, multiple mini-CEX are a valid, reliable measure of students' clinical performance. ***The student may make as many attempts as required to reach a satisfactory standard.***

How to carry out a mini-CEX

Setting up	<ul style="list-style-type: none"> • Select a patient who has consented to participate • The student is examined as in a short case. For example, "examine Mrs Smith's abdomen", or "take a history from Mr. Lee about his chest pain", or "perform spirometry on Ms. Emad". • Give the student some background information about the presenting problem. • Ask the student to relate to the patient as if they would in an actual consultation.
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Observation (approx 10 minutes)	<ul style="list-style-type: none"> • Silently observe the interaction. • Do not prompt except in exceptional circumstances.
Feedback (5-10 minutes)	<ul style="list-style-type: none"> • Ask the patient for feedback, if appropriate. • As soon as practicable, give feedback to the student (generally away from the patient if possible). You may ask the student to report their findings, clinical reasoning, and management. • Complete the mini-CEX form and give the form to the student.

RECOMMENDED MINI-CEX ACTIVITIES

Required: The following two mini-CEX are compulsory (may be completed after the observed consultation):

- Provide a mock prescription for a medication for a patient whose consultation you have observed (below).
- Write a referral letter for a patient whose consultation you have observed (below).

Selected: At least two different mini-CEX can be chosen from the following list:

- Take a patient centred history as part of an assessment of a common presentation.
- Perform a focused physical examination as part of an assessment of a common presentation.
- Explain to a patient a diagnostic or management plan for a common presentation.
- Safely perform a common practice procedure.
- Counsel a patient about a selected health promotion or disease prevention activity.

CRITERIA FOR SATISFACTORY LEVEL OF ACHIEVEMENT IN MINI-CEX

Prescription³:	<ul style="list-style-type: none"> ✓ Patient details correct, date ✓ Prescriber details correct, including prescriber number ✓ Correct drug selection including consideration of possible interactions and adverse reactions ✓ Drug name (generic), dose and form ✓ Correct drug dose, frequency, quantity and route of administration <ul style="list-style-type: none"> ✓ No abbreviations or decimal points ✓ Student should provide relevant information to the patient regarding adherence to the medication, instructions on how to take the medication, and common side-effects
<p><i>Other factors to discuss:</i> drug selection, non-pharmacological management, contraindications, drug interactions, likely side effects, cost and convenience for patient.</p>	
Referral letter⁴:	<ul style="list-style-type: none"> ✓ Patient details correct ✓ Referrer details correct, including provider number and practice details ✓ Consultant details correct ✓ Date <ul style="list-style-type: none"> ✓ Purpose of referral clearly stated ✓ Relevant patient history: current symptoms and medical conditions, relevant previous medical history, medications, investigations and prior treatments. Family, social, other history as appropriate.
<p><i>Other factors to discuss:</i> urgency of referral, referrer's opinion, use of professional language</p>	
Other mini-CEX:	<p><i>History:</i> Facilitates patient's telling of story, elicits concerns and uses questions effectively to obtain accurate and adequate information. Responds appropriately to non-verbal cues.</p> <p><i>Physical Exam:</i> Follows efficient, logical sequence. Informs patient and is sensitive to patient's comfort.</p> <p><i>Communication:</i> Clearly explains natural history, prognosis, treatment options and rationale for recommended course of action. Elicits patient perspective. Obtains consent and explains required follow-up. Demonstrates strategies for ensuring that the patient understands.</p> <p><i>Procedural skill:</i> Clearly explains why procedure is needed and what to expect. Obtains consent. Prepares for procedure appropriately, including handwashing, conducts procedure and manages equipment safely, provides post-procedure advice to patient.</p> <p><i>Clinical Judgement:</i> Considers risks, benefits, evidence, patient preferences and practical constraints when ordering and interpreting tests, and formulating diagnoses and management plans</p> <p><i>Professionalism:</i> Shows respect, compassion and empathy. Establishes trust and attends to patient's needs. Considers patient safety and maintains patient confidentiality.</p>

C. Practice Based Learning Activities x 3 (50% of graded assessment)

Due Date: Weeks 3, 4, & 5, Monday by **9am** in metro attachments (see schedule for rural sites in Year 4>Rural Clinical Schools>General Practice>Assessment Dropboxes)

Length: 800 words

Submission Details: Via dropbox on vUWS

Feedback Details: Returned work with comments within two weeks of the submission cut-off.

RATIONALE

To gain deeper understanding of the issues underlying an observed patient consultation or general practice processes/ organisation with reference to the literature.

TASK

You are to complete **3** PBLAs, selecting one each of the following groups:

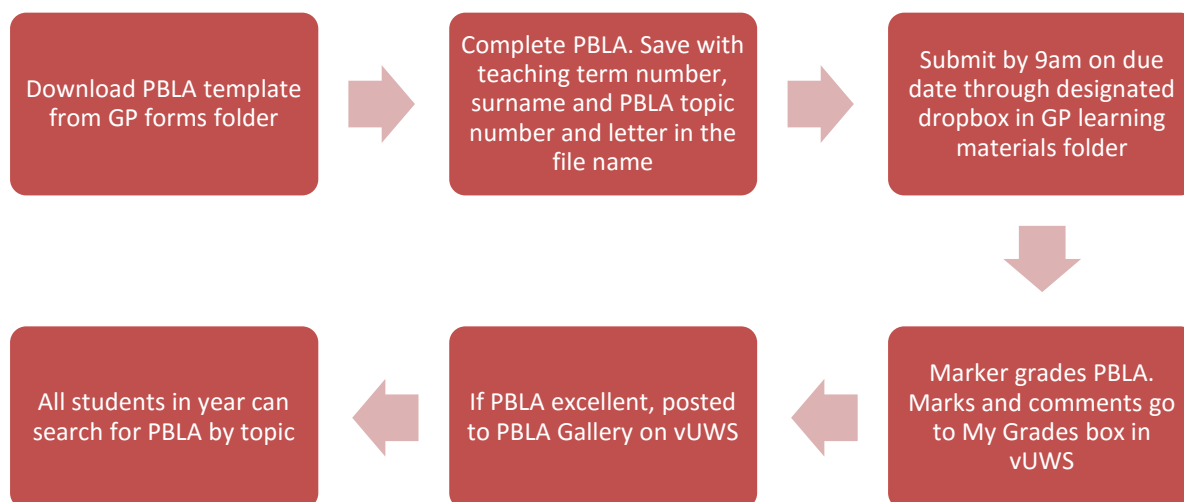
- Chronic and Complex Care;
- Primary Care Systems and Procedures;
- Principles of General Practice.

They may be completed in any order.

Your answers should relate directly to the actual patient or practice you describe and should show evidence that you have read and appraised the related literature (all PBLAs should have at least 4 references; an excellent PBLA will have more). Diagrams, tables and images may be used². The maximum length for each PBLA is 800 words (not including references, tables, figures and background patient information). PBLAs will be marked by experienced GPs who will be able to appreciate the genuine nature of the case described. Supervisors or students may be contacted to verify the authenticity of the patient consultation. Marks will be deducted for late submission unless prior arrangement with the GP Course Coordinator or delegate has been made. Use the request for extension form available on vUWS.

To enable sharing across topics selected highly graded PBLAs will be posted to the PBLA Gallery in vUWS. Your marks and comments will go to My Grades box and will not be accessible to other students. We strongly recommend you review the marking criteria (p43) and access the vUWS gallery to see high scoring PBLAs submitted by previous students.

Flowchart for completion, submission, marking and review of PBLA:



² Please observe confidentiality and privacy and obtain informed consent if you decide to include images that may potentially identify patients.

RESOURCES

PRACTICE BASED LEARNING ACTIVITY QUESTIONS

- Select one PBLA from each of the following groups in any order (complete three in total):
 - I. Chronic and Complex Care
 - II. Primary Care Systems and Procedures
 - III. Principles of General Practice.
- Use the PBLA Template (page 44). A Word version of the Template can be downloaded from vUWS: **vUWS>Learning Materials>Clinical and Community Attachments>General Practice>Forms**. Please save your assignment with the file name [Teaching term]_[surname]_PBLA [topic number and topic letter] so that it may be identified easily (eg. UR3.2 Smith_PBLA_III_B).
- Ensure that you answer all parts of each question
- Include references to any literature or clinical information that you use on your answer. These should be cited at the end of your PBLA using the Vancouver style (http://library.westernsydney.edu.au/main/sites/default/files/cite_Vancouver.pdf). It is important that your PBLA reflects evidence based and referenced insight.
- Your PBLA is marked according to the rubric on page 43
- Please adhere to the 800-word limit. References, tables and figures, and patient

background information are NOT included in the word count

- See the GP Online Resources at **vUWS>Reading & Resources>General Practice** and GP Conference Week Study Guide at **vUWS>Conference Weeks** to assist with your research on particular topics. There are also examples posted on vUWS in the PBLA Gallery
- Submit your Activity through the vUWS dropbox by 9am for each due date
- PLEASE ENSURE YOU RECEIVE A RECEIPT FROM TURNITIN WHEN SUBMITTING YOUR ASSIGNMENTS TO ENSURE THEY HAVE BEEN UPLOADED CORRECTLY.

I CHRONIC AND COMPLEX CARE

a) Patient experience of continuity of care

Interview a patient with chronic condition(s) and review their health record. For this patient:

1. Describe the role(s) of all healthcare providers who have been involved in the care of the patient's current conditions. Include other general practitioners and primary health care providers whom the patient may have consulted.
2. Evaluate whether the care provided is well coordinated from the patient's perspective. Include any miscommunications, adverse events, gaps or duplication in care that have arisen from a lack of coordination and continuity.
3. What strategies could improve the patient's experience of continuity of care?

b) Patient experience of chronic disease self-management

Interview a patient with chronic condition(s) about a recent presentation with a new symptom or exacerbation of their chronic condition(s).

1. Document this recent presentation and its management, as well as any resulting change in the ongoing management of their concurrent conditions.
2. Describe the patient's role in making decisions about the management of the recent presentation and of the concurrent conditions.
3. How does the patient's experience compare with models of chronic disease self-management and shared decision-making?

c) Multimorbidity in General Practice

Interview a patient with multiple chronic conditions requiring ongoing multidisciplinary care coordinated by their GP.

1. Document the patient's multiple conditions and briefly describe how each one is currently managed.
2. What are the patient's priorities for their health?
3. Discuss how your patient's multiple conditions and their individual treatments may interact and at times conflict. What are the strategies used by the patient and their GP to manage any conflicting management priorities?

d) Guidelines for referral processes in general practice

Identify a complex patient whose care involves referral to other agencies or specialists. Using your local Primary Health Network HealthPathways (login details on page 9) answer the following questions:

1. Describe the current GP management as well as the other services to which this patient has been referred
2. Compare the patient's referral criteria and process with that recommended in the HealthPathways guidelines and discuss any differences in approaches.
3. Reflect on the importance of evidence based referral processes in general practice and consider ways in which this can be supported.

II PRIMARY CARE SYSTEMS AND PROCEDURES

a) Quality and safety in clinical procedures

1. Outline the usual procedures for performing one of the common clinical procedures in the practice where you are based, as applied to a patient.
2. How does the GP ensure the patient is adequately informed to provide consent for the procedure?
3. What processes and systems are in place to ensure the quality and safety of the procedure? Issues to consider include infection control, handling of equipment and specimens, processes for handling of results and staff training.

b) Medication review and quality use of medicines (QUM)

For a patient with co-morbidities who is on multiple regular medications:

1. Document all of the patient's prescribed and non-prescribed medications.
2. Undertake a Medication review, using, for example, [http://www.health.gov.au/internet/main/publishing.nsf/Content/A3BFC217BCE04B0ECA257BF0001CAA6F/\\$File/Sample%20DMMR%20Plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/A3BFC217BCE04B0ECA257BF0001CAA6F/$File/Sample%20DMMR%20Plan.pdf), the NO TEARS tool <https://www.bmj.com/content/329/7463/434> or other QUM tool and
3. Suggest how any medication issues may be addressed.

c) Information management in General Practice

Examine how information is managed in the practice where you are based.

1. Describe the types of clinical information collected and managed by the practice.
2. How is this information stored? Which staff are able to assess different types of information?
3. How do practice systems for information management assist with continuity of care, practice audits and meet medico-legal requirements?

d) Quality of discharge letters

For a patient who has recently been discharged from hospital:

1. Describe the content and quality of the communication received by the GP.
2. Ask the GP how helpful this communication was for their ongoing care of this patient and document their response.
3. Formulate a list of the types of information that GPs require when patients are discharged. How and when should this information be delivered to the GP?

e) Clinical practice guidelines in chronic and complex care

For a patient presenting with multiple chronic condition(s) and co-morbidities:

1. Identify clinical practice guidelines concerning at least one of their conditions.

Summarise and appraise the recent guidelines for the condition, and assess the quality of evidence used to develop them. (The AGREE tool is one possible resource to use for this - <http://www.agreetrust.org/wp->

[content/uploads/2013/06/AGREE_II_Users_Manual_and_23-item_Instrument_ENGLISH.pdf](#)?

- 2 Review the guidelines with the GP later (and the patient if appropriate) to consider how applicable they were to the care of this particular patient. Did the guidelines meet their individual needs and preferences? How do these guidelines impact on other conditions the patient has?

f) Clinical practice variation in General Practice

Comparison of local practice with national General Practice data (BEACH survey)

1. Document 25 consecutive consultations, including the reason(s) for the presentation and problems managed.
2. Compare this list with the “top 10” list of reasons for presentations and problems managed in the most recent BEACH survey
https://ses.library.usyd.edu.au/bitstream/2123/13765/4/9781743324530_ONLINE.pdf.
3. What factors might lead to differences between the two lists?
4. How has the GP adapted his/her practice to cater for particular features of the local community?

g) Practice profile and staffing

1. *Organise time to interview the practice manager and/or practice staff (and if available, ask for access to any practice audit information).*
Describe the features of the practice where you are based, including (a) staffing and the roles of each staff member, (b) fees and billing arrangements, including how the level of fees is decided and whether to bulk bill patients (c) the range of services provided, including after hours services and home visits, and (d) the age and demographic features of patients who typically attend this practice.
2. How do the features of the practice match with the needs of the patients who choose to attend this practice?

h) Advanced Care Directives (ACDs)

If you have either observed a consultation with your GP or nurse, or been involved in the preparation, or consideration of an ACD:

1. Outline the consultation you have observed. Why was an ACD considered? How did the patient / family react to the proposal / completion of an ACD?
2. What are the potential implications and medico-legal issues for the family and patient once it is prepared? How might this impact on health personnel?
3. After discussion with your supervisor and researching the subject, when might it be important to consider using an ACD in practice?

III PRINCIPLES OF GENERAL PRACTICE.

a) Case comparison with hospital based approach

For a consultation for one of the common presentations listed in the learning outcomes:

1. Document the steps taken in the consultation to diagnose and manage the presenting problem(s).
2. Compare these with a clinical practice guideline or diagnostic and management algorithm for an equivalent presentation(s) to an Emergency Department or to a hospital specialist outpatient clinic
3. Describe and explain the reasons for the similarities and differences between the observed steps and the hospital based guideline.

b) Cross cultural consultations

For a consultation involving a patient whose first language is not English:

1. Describe the steps that were taken to ensure that communication was effective.
2. What cross-cultural issues could arise with this patient and their family?
3. When formulating diagnostic and management plans how can these communication and cultural issues be taken into account?

c) Motivational interviewing practice

For a patient who requires counselling for one of the key lifestyle risk factors (smoking, nutrition, alcohol or physical activity):

1. Practice motivational interviewing with this patient, addressing one of the risk factors. Obtain consent from the patient to contact them at least 2 weeks later to ask how they have progressed.
2. Document your counselling session and the results of your followup.
3. Reflect on the success or otherwise of your counselling session and the factors that make lifestyle counselling more effective. How did your outcomes compare with those described in the literature?

d) Analysis of difficult or uncertain encounter

For a consultation where the presenting problem was vague and the diagnosis and/or management difficult or unclear:

1. Document the steps taken in the consultation to diagnose and manage the presenting problem(s).
2. Compare the steps taken to a “textbook” diagnostic and management approach for the same presenting symptom(s). What factors made the presentation vague and the consultation difficult or unclear?
3. What strategies did the GP use to manage uncertainty in the consultation?

e) Identifying Serious illness

For a consultation concerning an acute presentation that could be an early stage of serious illness:

1. Document the steps taken in the consultation to diagnose and manage the presenting problem(s).
2. What steps were taken to identify and manage the risk of serious illness?
3. How applicable are hospital guidelines for the recognition of serious illness in adults and children to general practice?

f) Evidence based practice

For a consultation where a clinical question requiring further information was raised:

1. Formulate a searchable PICO (Problem Intervention Comparison Outcome) question.
2. Locate and appraise a paper that answers this question.
3. Apply the evidence you have found to the clinical consultation that triggered the

question by presenting your findings to your Supervisor. Ask your Supervisor what factors make this evidence (a) useful, and (b) not useful for this consultation and their clinical practice and document them.

g) Ethical dilemmas in General Practice

For an encounter between patients, health professionals or staff that you observed which raised ethical, professional or legal issues or dilemmas:

1. Briefly describe what happened and who was involved in the encounter.
2. Use an ethical framework to discuss the ethical, professional and/or legal issues this encounter raised?
3. How does the General Practice or community setting influence the issues raised and the possible responses?

h) Screening and Prevention in General Practice

Interview a patient undergoing a screening or preventative activity:

1. Ask about the patient's understanding of the screening or preventative activity?
2. Describe the evidence-based rationale for the screening or preventive activity in this particular patient with respect to age, frequency with which it should be undertaken and scientific basis for the activity. Does this fit with your patient's presentation and understanding?
3. Discuss the role of informed decision-making in health promotion, screening and preventative activities in general practice.

i) Interprofessional Collaboration

For a patient you have seen on your health professional visit, or seen together with the practice nurse.

1. Outline the role of the health professional.
2. Discuss with the health professional a list of their goals and priorities for this patient.
3. What are the GP's goals and priorities? Discuss the differences and similarities between the two lists.
4. Identify strategies to improve communication and coordination between GPs and allied health professionals involved in patient care.

Rubrics: Practice Based Learning Activities (A maximum of 16 points can be awarded for each Activity.)

	Unsatisfactory = 1 point	Borderline (Further work required) = 2 points	Good = 3	Excellent = 4
Research & use of evidence	Little or no evidence of reading or reference to literature. Relies on non-reviewed internet sources.	Uses and refers to key resources and references. Little or no reference to other sources.	As well as using key resources, uses and demonstrates understanding of information from other sources.	As well as meeting criteria for Good, use of wide ranging information sources relevant to the topic. Appraises the strength of the evidence and information found. Suggestions for further research required.
Relevance to practice or patient	Unclear description of patient or practice. No attempt to link concepts to patient or practice example.	Basic description of the patient or practice. Partial application of concepts to patient or practice example.	Clearly describes patient or practice, provides more detail where relevant. Relates answer to patient or practice.	As well as meeting criteria for Good, addresses broader principles of patient care and practice management.
Knowledge & Application of concepts	Does not answer all parts of the question. Incomplete or incorrect description of key concepts or clinical knowledge relevant to the topic. Does not address related learning outcomes as	Partial answers to the questions. Basic description of key concepts and/or relevant clinical knowledge. Partially addresses related learning outcomes as per GP Curriculum map.	Answers all parts of the questions. Demonstrates sound understanding of key concepts and relevant clinical knowledge, for example by explaining in own words. Addresses all related learning outcomes.	As well as meeting criteria for Good, evaluates concepts for their value and applicability. Considers additional perspectives. Makes original points.
Professional writing style	Sequence of material is difficult to follow, no apparent structure or connection between different parts of answer. Exceeds word limit by more than 10%. Incomplete or incorrect referencing. Inappropriate language for academic or clinical audience. Repeated spelling or grammatical errors	Sequence of material is able to be followed, some connection between different parts of answer. Most sources referenced using Vancouver style. Appropriate language for audience. Occasional spelling or grammatical errors.	Material is presented in a logical sequence. Original tables and figures may be used effectively to communicate points. Professional communication and discussion of patient information. Negligible spelling or grammatical errors. Referencing all standard.	As well as meeting criteria for Good, material tells a focused and coherent story and is presented creatively. Adheres to word limit. Referencing all standard.

PRACTICE BASED LEARNING ACTIVITY (PBLA) TEMPLATE

Student Name: (please enter)

Student ID No: (please enter)

Supervisor Name: (please enter)

Practice Name: (please enter)

This is my first /second /third PBLA (delete as applicable)

Word count: (please enter)

(Maximum 800 words, not counting patient background Information, tables and figures, and references)

By submitting this Learning Activity, I agree that:

- Any persons reported upon in this activity have given consent for their personal information to be included and understands that they will not be identifiable.
- I hold a copy of this assignment if the original is lost or damaged.
- I certify that no part of this assignment has been fabricated, or copied from any other student's work or from any other source except where due acknowledgement is made in the assignment.
- No part of the assignment/product has been written or produced for me by any other person except where collaboration has been authorised by the Course Coordinator
- I am aware that this work may be reproduced and submitted to plagiarism detection software programs for the purpose of detecting possible plagiarism, which may retain a copy on its database for future plagiarism checking.
- Copies of this work will be retained by the School of Medicine and may be made available via vUWS to other students after it has been marked as satisfactory.

TOPIC LETTER AND NAME: (please enter)

PATIENT INFORMATION (where applicable)

Patient's Age:

Gender:

Relevant background information:

Presenting problem(s):

Answers to questions:

1.

2.

4. (where applicable)

D. Clinical Attachment Assessment (50%)

Due Date: End of final week of placement

Length: As below

Submission Details: Submit on original forms provided to the Department of General Practice

Feedback Details: Verbal and written feedback provided on the day.

RATIONALE

Global assessment of clinical competencies during GP placement

TASK

Your GP Supervisor's assessment of your performance during the attachment will be documented in the Clinical Attachment Assessment, using the marking criteria on the form that will be provided to you during your first Back-to Base session (see Appendix D for an exemplar). Present this to your GP Supervisor at the beginning of your final week to enable them the time and space to complete the form accurately. Students with 2 supervisors (e.g. Justice Health and Aged Care placements) should submit a CAA from each supervisor and these scores will be averaged.

RESOURCES

E. Year 5 Written Assessment

RATIONALE

To demonstrate a sound understanding of the principles of general practice and primary care medicine.

TASK

In the Year 5 Written Assessment, approximately 20% of all questions in a range of specialty areas will be based in General Practice and primary care settings.

3. Evaluation

3.1. Student Evaluation Forms

Students and Supervisors are encouraged to evaluate their experiences and contribute to the ongoing improvement of the teaching program. A student evaluation form should be submitted online at the end of each rotation. The survey is de-identified and only aggregated feedback is returned periodically to GP Supervisors. Supervisors will also be asked to evaluate their teaching experience with Western Sydney University students. Students and Supervisors are also welcome to contact the Department of General Practice and/or Rural Clinical School at any time with queries and suggestions (see page 16) for contact details

By 5pm of the last day of your GP attachment...

- ✓ Have you included the following *completed* forms in ONE folder to be submitted?
 - ☐ GP Self-evaluation Core Learning Checklist
 - ☐ Learning Plan
 - ☐ Health Professional Practice Visits Record
 - ☐ At least FOUR mini-CEX
 - ☐ Clinical Attachment Assessment form (2 CAA's if attending Justice Health /Aged Care placement)
 - ☐ PiP Teaching Incentive form

This form is emailed to the practice with your student confirmation notification. This form will be signed by us and stamped prior to the commencement of the placement. Students must sign this form at the end of the placement to verify the information on the form is correct. Please ensure that you receive a photocopy of the completed form after it has been signed off by the practice. The practice submits this directly to Medicare for processing.

Please note that this does not include Health Professional Practice Visits.
 - ☐ GP Attachment Student Evaluation (link to online survey in vUWS)
- ✓ Have you submitted at least **three** Practice Based Learning Activities through vUWS?
- ✓ It would be wise to keep a photocopy of these forms if submitted by mail

Western Sydney GP Self-Evaluation Core Learning Checklist

The following list of key GP competencies has been adapted from the Went West Confidence Self- Assessment Grid (WeCSAG) used by GP registrars to guide their training. Please mark with an “x” your level of confidence on the corresponding scales prior to the GP placement, use these results to formulate your learning plan, ask your GP to help you improve in these areas, then rate your confidence with a “✓” on each of the scales at the end of your placement. Use this placement as an opportunity to build on skills you have been developing throughout your medical training, including what you learned during your Year 3 GP placement. Submit this form together with your end-of- term documentation. You may wish to keep a copy for yourself for future learning opportunities.

Domains	Before placement X	After placement ✓
1: Communication Skills and the Patient Doctor Relationship		
Consultation skills	Not confident _____ Very confident	Very confident
Communication skills	Not confident _____ Very confident	Very confident
Motivating change	Not confident _____ Very confident	Very confident
2: Applied Professional Knowledge and Skills		
Diagnosis and management of cough	Not confident _____ Very confident	Very confident
Diagnosis and management of shortness of breath	Not confident _____ Very confident	Very confident
Diagnosis and management of low back pain	Not confident _____ Very confident	Very confident
Diagnosis and management of joint pain	Not confident _____ Very confident	Very confident
Diagnosis and management of sprains and strains	Not confident _____ Very confident	Very confident
Diagnosis and management of eczema	Not confident _____ Very confident	Very confident
Perform a skin check for suspected skin cancers	Not confident _____ Very confident	Very confident
Diagnosis and management of hypertension	Not confident _____ Very confident	Very confident
Diagnosis and management of chest pain	Not confident _____ Very confident	Very confident
Assessment and management of cardiovascular risk	Not confident _____ Very confident	Very confident
Diagnosis and management of diabetes	Not confident _____ Very confident	Very confident
Diagnosis and management of depression	Not confident _____ Very confident	Very confident
Diagnosis and management of anxiety disorders	Not confident _____ Very confident	Very confident
Diagnosis and management of sleep disorders	Not confident _____ Very confident	Very confident

Diagnosis and management of abdominal pain	Not confident	_____	Very confident
Diagnosis and management of vomiting and diarrhea	Not confident	_____	Very confident
Perform a women's health check including breast examination and pap smear	Not confident	_____	Very confident
Discussion of contraceptive options with a patient	Not confident	_____	Very confident
Perform a men's health check including sexual health and appropriate prostate screening	Not confident	_____	Very confident
Perform an ENT examination	Not confident	_____	Very confident
Diagnosis and management of red eye	Not confident	_____	Very confident
Diagnosis and management of headache	Not confident	_____	Very confident
Diagnosis and management of dysuria	Not confident	_____	Very confident
Explain the role of chronic disease care plans	Not confident	_____	Very confident
Prescribing in general practice	Not confident	_____	Very confident
Resuscitation skills	Not confident	_____	Very confident
Assess a patient for possible dementia	Not confident	_____	Very confident
Perform a well-child check-up	Not confident	_____	Very confident
Explain and administer immunisations as per current schedule	Not confident	_____	Very confident
3: Population Health and the Context of General Practice			
Respond to special needs of the practice population	Not confident	_____	Very confident
Effective identification and use of referral networks	Not confident	_____	Very confident
4: Professional and Ethical Role			
Respect patients' culture and values	Not confident	_____	Very confident
Application of ethical guidelines (e.g. RACGP, AMA, state registration boards)	Not confident	_____	Very confident
Appropriate patient-doctor relationships	Not confident	_____	Very confident
Find evidence-based answers to clinical questions	Not confident	_____	Very confident
Describe the GP's role in the primary care team	Not confident	_____	Very confident
5: Organisational and Legal Dimensions			
Understand principles of practice management	Not confident	_____	Very confident
Understand social security services and worker's compensation	Not confident	_____	Very confident

Use of practice information systems (management, clinical and resource)	Not confident	_____	Very confident
Describe models of paying for health care	Not confident	_____	Very confident

Student Name: _____ ID: _____

Student Signature: _____ Date: _____

General Practice Attachment Learning Plan

Student ID No: _____

Student Name: _____

Supervisor Name: _____

Practice Name: _____ Dates of attachment: _____

The Student and GP Supervisor should discuss and agree on 3 initial learning goals and learning strategies in the **first week** of the attachment. Progress against the Plan should be reviewed during and at the end of the attachment.

Learning goals should be SMART: Specific, Measurable, Achievable, Relevant and Time Limited. For example, “Learn about diabetes management” is not as SMART as “Give initial dietary advice to diabetic patients, and know when to refer to dietitians.”

	By the end of this attachment, I will be able to:	To achieve these goals, I will:	How have I achieved these goals? What are my next steps?
e.g.	Give initial dietary advice to diabetic patients, and know when to refer to dietitians	Visit a dietitian who sees diabetic patients and interview the dietitian about appropriate referrals.	I observed a dietitian give advice to a diabetic patient and noted the referral indications we discussed. I have arranged with my Supervisor to practice taking a dietary history and discuss management with a patient.
1.			
2.			
3.			

	By the end of this attachment, I will be able to:	To achieve these goals, I will:	How have I achieved these goals? What are my next steps?
4.			
5.			
6.			
7.			
8.			

The Learning Plan has been discussed and reviewed throughout the attachment.

Yes ☐

No ☐

Supervisor Signature: _____

Student Signature: _____ Date: _____

Health Professional Practice Visits

Student Name: _____

Student ID No: _____

Attachment Dates: _____

Details of Practice Visits (please copy and attach more pages if required)

Please ensure that names and contact details are correct

Date of visit		
Practice Name and Profession of HP		Practice Stamp
Practice Address		
Telephone number		
Health Professional	(Please print name)	(Signature)

Date of visit		
Practice Name and Profession of HP		Practice Stamp
Practice Address		
Telephone number		
Health Professional	(Please print name)	(Signature)

Date of visit		
Practice Name and Profession of HP		Practice Stamp
Practice Address		
Telephone number		
Health Professional	(Please print name)	(Signature)

Date of visit		
Practice Name and Profession of HP		Practice Stamp
Practice Address		
Telephone number		
Health Professional	(Please print name)	(Signature)

Date of visit		
Practice Name and Profession of HP		Practice Stamp
Practice Address		
Telephone number		
Health Professional	(Please print name)	(Signature)

Date of visit		
Practice Name and Profession of HP		Practice Stamp
Practice Address		
Telephone number		
Health Professional	(Please print name)	(Signature)

Thank you - your contribution to student teaching is much appreciated. If you have any questions, comments or other feedback about the student or the teaching experience, please do not hesitate to contact the Department of General Practice:

Sharon Lawrence via email at s.lawrence@westernsydney.edu.au or by telephone on 4620 3933.

Mini-CEX – Assessment Task

WSU Mini-CEX Year 4 / 5 General Practice Clinical Assessment TaskPlease complete **each** section by **filling in only ONE** appropriate circle for your assessment of this student.

e.g. ① ① ② ● ④ with black or blue pen.

STUDENT & ASSESSOR DETAILS

Please PRINT FULL NAMES

STUDENT NAME: _____

SUPERVISOR NAME: _____

ASSESSOR POSITION:	REG	GP	Other
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DETAILS OF OTHER: _____

TEACHING SESSION: ① ② ③ ④ ⑤ ⑥ ⑦

FULL STUDENT ID (e.g. 200312345)									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Instructions

A student will initiate this Mini-CEX as instructed in their clinical attachment descriptor. Assessors can be a GP, GP registrar or for some tasks e.g. immunisation or wound care, a practice nurse.

The process should take no longer than 30 minutes, observation 10-15 mins and feedback 10-15mins. Students are asked to undertake a clinical activity. In Year 3 this should be history &/or examination, but in later years it can include a procedure, patient counselling or education, etc. Judge the student's performance against your expectations of a student at their stage of training – the majority will be "MEETS EXPECTATIONS" with a few "OUTSTANDING". Only complete items that can be commented on.

PLEASE REMEMBER TO COMPLETE THE OVERALL COMPETENCE SCALE.

CLINICAL ENCOUNTER (To be completed by ASSESSOR)

PRESENTING PROBLEM _____

COMPLEXITY OF PATIENT CASE	LOW	MODERATE	HIGH
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TASK MAIN FOCUS *Can be multiple	PROF BEHAVIOUR	HISTORY	EXAMINATION	COMMUNICATION	CLINICAL JUDGEMENT
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WSU Mini-CEX Year 4 / 5 General Practice Clinical Assessment TaskPlease complete **each** section by **filling in only ONE** appropriate circle for your assessment of this student.

e.g. ① ① ② ● ④ with black or blue pen.

	BELOW EXPECTATIONS	MEETS EXPECTATIONS	OUTSTANDING	NOT APPLICABLE
History taking skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical or mental state examination skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OVERALL CLINICAL COMPETENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any scores at below expectations means that the student should repeat the Mini CEX until a meets expectations score is achieved.

COMMENTS:

Concerns about student progress

Yes	No
<input type="radio"/>	<input type="radio"/>

SUPERVISOR SIGNATURE: _____

DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

Mini-CEX – Prescribing Task

WSU Mini-CEX Year 4 / 5 General Practice Prescribing Task

Please complete **each** section by **filling in only ONE** appropriate circle for your assessment of this student.
e.g. ① ② ③ ● ④ with black or blue pen.

STUDENT & ASSESSOR DETAILS

Please PRINT FULL NAMES

STUDENT NAME: _____

SUPERVISOR NAME: _____

ASSESSOR POSITION:	REG	GP	Other
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DETAILS OF OTHER: _____

TEACHING SESSION: ① ② ③ ④ ⑤ ⑥ ⑦

FULL STUDENT ID (e.g. 200312345)									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Instructions

A student will initiate an assessment using the Mini-CEX as instructed in their clinical attachment descriptor. For the prescribing task, the assessor must be a GP or GP registrar. The process should take no longer than 30 minutes: observation 10-15 mins and 10-15 mins feedback. During the General Practice rotation, we are particularly interested in assessing students' safe prescribing skills. This includes clinically sound management, as well as communicating with patients: role of this medication, exploring concerns, explaining side effects, and thus increasing likelihood of adherence. Judge the student's performance against your expectations of a final year student – the majority will be "MEETS EXPECTATIONS" with only a few "OUTSTANDING". You only need to complete those items you can comment on.

CLINICAL ENCOUNTER (To be completed by ASSESSOR)

PRESENTING PROBLEM _____

COMPLEXITY OF PATIENT CASE	LOW	MODERATE	HIGH
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WSU Mini-CEX Year 4 / 5 General Practice Prescribing Task

Please complete **each** section by **filling in only ONE** appropriate circle for your assessment of this student.
e.g. ① ① ② ● ④ with black or blue pen.

Based on my direct observation of this student's performance, I have graded them as follows:

	BELOW EXPECTATIONS	MEETS EXPECTATIONS	OUTSTANDING	NOT APPLICABLE
Correct indication for prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selection of medication, dosage and duration of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consideration of factors that would promote adherence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consideration of possible side effects and interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation to patient and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Safety netting" & follow-up arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OVERALL CLINICAL COMPETENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Any scores at below expectations means that the student should repeat the Mini CEX until a meets expectations score is achieved.

COMMENTS:

Concerns about student progress

Yes

No

☐

☐

SUPERVISOR SIGNATURE: _____

DATE: _____

STUDENT SIGNATURE: _____

DATE: _____

Mini-CEX – Referral Task

WSU Mini-CEX Year 4 / 5 General Practice Referral TaskPlease complete **each** section by **filling in only ONE** appropriate circle for your assessment of this student.

e.g. ① ② ③ ● ④ with black or blue pen.

STUDENT & ASSESSOR DETAILS

Please PRINT FULL NAMES

STUDENT NAME: _____

SUPERVISOR NAME: _____

ASSESSOR POSITION:	REG	GP	Other
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DETAILS OF OTHER: _____

TEACHING SESSION: ① ② ③ ④ ⑤ ⑥ ⑦

FULL STUDENT ID (e.g. 200312345)									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Instructions

A student will initiate an assessment using the Mini-CEX as instructed in their clinical attachment descriptor. For the Referral task, the assessor must be a doctor of registrar level or higher. The process should take 30 minutes, 10-15 minutes observing student and 10-15mins feedback. During the General Practice rotation, we are particularly interested in assessing students' ability to write useful referral letters. Important data such as identification details, current medications and allergies may be generated automatically by the computer software, but the student should demonstrate the ability to communicate succinctly all relevant information. Judge the student's performance against your expectations of a final year student – the majority will be "MEETS EXPECTATIONS" with only a few "OUTSTANDING". You only need to complete items that can be commented on.

PLEASE REMEMBER TO COMPLETE THE OVERALL COMPETENCE SCALE.

CLINICAL ENCOUNTER (To be completed by ASSESSOR)

PRESENTING PROBLEM _____

COMPLEXITY OF PATIENT CASE	LOW	MODERATE	HIGH
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WSU Mini-CEX Year 4 / 5 General Practice Referral Task

Please complete **each** section by **filling in only ONE** appropriate circle for your assessment of this student.

e.g. ① ② ③ ● ④ with black or blue pen.

Based on my direct observation of this student's performance, I have graded them as follows:

	BELOW EXPECTATIONS	MEETS EXPECTATIONS	OUTSTANDING	NOT APPLICABLE
Reason for referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provisional diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concise medical history and clinical findings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant background information (including social and family situation, smoking, drug etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant investigation results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OVERALL CLINICAL COMPETENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Any scores at below expectations means that the student should repeat the Mini CEX until a meets expectations score is achieved.

COMMENTS:

Concerns about student progress

Yes	No
<input type="radio"/>	<input type="radio"/>

SUPERVISOR SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

Year 5 Metro and Rural GP Clinical Attachment Assessment

Year 5 Metro and Rural GP - WSU Clinical Attachment Assessment**Metro 2020 - Rural Jul 2019 to Jun 2020**Please complete **each** section by filling in only **ONE** appropriate circle for your assessment of this student. e.g. ① ① ② ● ④**STUDENT & ASSESSOR DETAILS**

Please PRINT FULL NAMES

STUDENT
NAME: _____SUPERVISOR
NAME: _____

TEACHING SESSION:

① ② ③ ④ ⑤ ⑥ ⑦

Remediation - Repeat Assessment ☐ (Yes) Leave
blank if not applicable

Please fill in the circle that is appropriate to the student's level of performance. If you are unable to assess a criterion please note in the comments section below.

FULL STUDENT ID (e.g. 200312345)

①	①	①	①	①	①	①	①	①
②	②	②	②	②	②	②	②	②
③	③	③	③	③	③	③	③	③
④	④	④	④	④	④	④	④	④
⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

Unacceptable**Room for
Improvement****Acceptable****Above expectation
(within top 25%)****Outstanding
(Top 5 %)****1. LEVEL AND APPLICATION OF KNOWLEDGE AND UNDERSTANDING OF DISEASE MECHANISMS**

①

②

③

④

⑤

Inadequate knowledge
&/or understanding of
disease mechanisms.Has limited overall
knowledge base, but
shows ability in
applicationSolid level of knowledge
& understanding of
disease mechanisms for
common conditionsSolid level of knowledge
& understanding of disease
mechanisms, with frequent
demonstrable ability to apply
this knowledgeOutstanding level of
knowledge and
understanding of disease
mechanisms with excellent
ability to apply to case
material**2. COMMUNICATION SKILLS**

①

②

③

④

⑤

Very poor communication
skills. Not aware of
patient's agenda, cues or
emotions. No empathy.Poor communication
skills. Limited awareness
of patient related issues.
Relates poorly to
patients.Good communication
skills with the good
historianCompetent communication
skills. Good listener and
develops positive
relationships with patients.Outstanding communication
skills**3. HISTORY AND EXAMINATION**

①

②

③

④

⑤

History & examination
disorganised,
unstructured and not able
to elicit basic information.
Findings presented
without thought or
organisationAble to take a structured
history and perform an
appropriate examination,
but not able to respond to
unexpected or complex
issues. Presentation of
findings disorganised.Can demonstrate the
techniques but
sometimes not able to
interpret the findingsCompetent sound history
& examination, but some
trouble with difficult patients.
Findings
presented in a structured
and organised mannerOutstanding history &
examination even with the
most difficult of patients.
Detailed succinct
presentations incorporating
investigations and
management.

Unacceptable	Room for Improvement	Acceptable	Above expectation (within top 25%)	Outstanding (Top 5 %)
--------------	----------------------	------------	------------------------------------	-----------------------

4. PROBLEM FORMULATION AND DIAGNOSIS

0	1	2	3	4
Implausible problem list or provisional diagnosis. No link between clinical findings and diagnosis.	Plausible provisional diagnosis. Limited or incomplete problem formulation.	Reasonable provisional diagnosis. Considers plausible differential diagnoses. Sound link between findings and diagnoses.	In addition to Acceptable, comprehensive problem formulation, including psychosocial aspects of presentation.	A comprehensive patient-centred consideration of all existing and potential health problems and a mature approach to dealing with uncertainty

5. INVESTIGATIONS AND MANAGEMENT PLAN

0	1	2	3	4
Does not consider investigation and management options. Chooses almost any option	Aware of investigation and management options, but unable to develop a coherent plan	Safe management, but lacks ability to explore all options	Considers most important investigation and management options. Patient preferences considered	Well thought through and presented patient-centred investigation and management options.

6. PROCEDURAL SKILLS

0	1	2	3	4
Very limited ability to carry out simple technical skills	Only able to undertake basic technical skills	Performs basic procedures competently,	Able to undertake most technical activities	High level of dexterity.

7. FEEDBACK FROM PRACTICE TEAM

0	1	2	3	4
Insensitive to needs, feelings and wishes of others. Poorly integrated into practice team	Sometimes has difficulty relating to other group members	Relates well with peers, but difficulty with other members of team	Relates well to most of the group, most of the time. Functions well within practice team	Highly integrated and outstanding in respecting feelings, needs and wishes of other practice staff

8. PROFESSIONAL BEHAVIOUR

0	1	2	3	4
Unreliable, uncaring, at times verging on abusive	Professional in approach most, but not all of the time	Behaves in a professional manner the majority of the time	Professional in approach. Very occasional lapse in behaviour	Highly professional in all aspects

9. ATTENDANCE MANDATORY COMPONENT

UNSATISFACTORY	SATISFACTORY
Rarely seen at the practice / Attends most days when specific activities planned, but not at other times	Attends regularly including when activities not planned / Informs of absences / Makes self available outside regular hours

COMMENTS & FEEDBACK

	<table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>	Yes	No	<input type="radio"/>	<input type="radio"/>
Yes	No				
<input type="radio"/>	<input type="radio"/>				

Concerns about student progress

GP Supervisor Signature: _____ Date: _____

General Practice Attachment – Online Student Evaluation

GP and Practice Name: Location:

PLEASE NOTE: Only de-identified and aggregated results will be returned to Supervisors.

PLEASE TICK the appropriate box	Strongly Agree	Agree	Don't know	Disagree	Strongly Disagree
The GP attachment met the learning outcomes for attachments in the Clinical Attachment Descriptor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can see the relevance of the health professional visits to my medical training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Clinical School Back-to-Base sessions helped my learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The online resources helped my learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I was adequately oriented to the practice and introduced to practice staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had sufficient opportunities to practice my clinical skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received useful feedback on my learning from my GP Supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The GP Supervisor was a good role model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please describe the best aspects of your GP attachment.					
In what ways have the assessment tasks (PBLAs, mini-CEX, CAA) helped your learning?					
Describe the most useful insight or skill you have learnt during the GP placement that you will be able to use in your future profession:					
Please suggest what could have been done differently to better support your learning.					
I would recommend the practice where I was attached to other students YES <input type="checkbox"/> NO <input type="checkbox"/>					

THANK YOU – Your feedback will be used to review and improve General Practice attachments. Evaluation results are returned to the WSU SoM Evaluation Committee to improve the MBBS program.

APPENDIX A

General Practice Curriculum Map

The following table provides specific content and objectives in each of the 5 domains of General Practice, and relates them to teaching and learning activities, and to assessment.

	Learning outcome	Teaching and learning activities	Assessment Type
Domain 1: Communication skills and the doctor-patient relationship	Demonstrate effective use of communication and consultation skills in a General Practice setting with diverse patient groups		
YEAR 1/2			
a.	Describe the key components of a General Practice patient consultation and demonstrate an understanding of communication and consultation techniques	Large Group presentation	SAQ
b.	Discuss the theory behind and evidence for motivational interviewing (MI) and demonstrate MI techniques in case study discussions/ role plays	Flipped Classroom	SAQ
YEAR 3			
a.	Apply principles of motivational interviewing in patient consultations	Large group presentation	SAQ, OSCE
b.	Consultation Skills	MiC GP attachment	CAA

	Learning outcome	Teaching and learning activities	Assessment Type
YEAR 4/5			
a.	Apply consultation skills and selected consultation models appropriate to patient-centered care	General Practice Clinical Attachment Formative mini-CEX Conference Weeks Years 3-5 Prior assumed learning: Year 4:Paediatrics, O&G, Mental Health, Oncology, “The GP consultation” flipped classroom Attachments Year 3:MiC GP attachment and communication skills sessions Year 3:Medicine & Surgery Clinical Attachments Year 1 & 2: ICM Tutorials: Year 1 “The patient consultation” lecture	Other Mini-CEX: communication
b.	Broach sensitive topics and deal with situations appropriate to GP		Practice based learning activities: III E Identifying Serious Illness
c.	Appropriately support and affirm patients in difficult circumstances (psychological first aid, trauma sensitive care)		III B Cross cultural consultations III G Ethical dilemmas in General Practice Clinical attachment assessment Year 5 written assessment
Domain 2: Applied professional knowledge and skills	Apply relevant professional knowledge and skills in a General Practice setting.		
YEAR 1/2			
	Discuss the interrelationship between mental and physical health and disease	Large group presentation	SAQ
YEAR 3			
a.	Demonstrate appropriate knowledge of common medical conditions and appropriate	MiC GP placement	CAA, written assessment

	Learning outcome	Teaching and learning activities	Assessment Type
	skills to perform basic information gathering and clinical examination for their stage of learning.		
b.	Describe common GP presentations	Top 10 presentations in general practice lecture	
YEAR 4/5			
a.	<p>Safely perform an initial assessment of common primary care presentations, and formulate a diagnostic and management plan appropriate to General Practice.</p> <p><i>Common presentations include:</i></p> <p><u>General</u></p> <p>Fever</p> <p>Tiredness</p> <p><u>Respiratory</u></p> <p>Cough</p> <p>Throat discomfort or pain</p> <p>Wheeze, shortness of breath</p> <p>Sneezing and nasal congestion</p> <p><u>Musculoskeletal</u></p> <p>Back pain</p> <p>Joint pain</p> <p><u>Skin</u></p> <p>Skin rash</p>	<p>This learning outcome requires you to integrate the clinical skills and knowledge you have learnt throughout the course and apply them to a General Practice setting, using a patient centred approach. You should also start to independently formulate diagnostic and management plans. See the “Core Learning Checklist” in the Year 4/5 CAD for specific examples of clinical skills you may be able to acquire during the GP placement</p> <p>General Practice Clinical Attachment</p> <p>Formative mini-CEX</p> <p>Structured Back to Base sessions</p> <p>Conference Week years 3-5</p> <p><i>Prior assumed learning:</i></p> <p><i>Year 4: Paediatrics, O&G, Mental Health, Oncology</i></p> <p><i>Year 3: MiC GP attachment</i></p> <p><i>Year 3 Scientific Streams</i></p>	<p>Summative mini-CEX: history, examination, clinical judgement, communication</p> <p>Practice based learning activity:</p> <p>III A Case comparison with hospital based Approach</p> <p>I D Referral Pathways</p> <p>Clinical attachment assessment</p> <p>Year 5 written assessment</p>

	Learning outcome	Teaching and learning activities	Assessment Type
	<p><u>Cardiovascular</u></p> <p>Hypertension</p> <p>Chest pain</p> <p><u>GIT and Renal</u></p> <p>Abdominal or pelvic pain and discomfort</p> <p>Diarrhoea/change in bowel habit</p> <p>Nausea/vomiting</p> <p>Urinary frequency/dysuria</p> <p><u>Psychological</u></p> <p>Depression</p> <p>Anxiety</p> <p>Drug and alcohol issues</p>	<p><i>Critical Care, Medicine & Surgery clinical attachments</i></p> <p><i>Year 1 & 2: ICM Tutorials</i></p>	
	<p><u>Endocrine</u></p> <ul style="list-style-type: none"> • Diabetes • Thyroid disorders <p><u>Women's Health</u></p> <ul style="list-style-type: none"> • Menstrual problems • Vaginal/urethral discharge • Contraception and sexual health • Antenatal and postnatal care <p><u>Men's Health</u></p> <ul style="list-style-type: none"> • Prostate disorders • Sexual health <p><u>Neurology</u></p> <ul style="list-style-type: none"> • Headaches • Vertigo/dizziness 		

	Learning outcome	Teaching and learning activities	Assessment Type
	<u>Ear</u> <ul style="list-style-type: none"> • Earache 		
b.	<p>Safely perform common clinical procedures and associated processes, including deciding when they are indicated, explaining results and follow up information to patients.</p> <p><i>Common clinical procedures include:</i> <i>General diagnostic skills</i></p> <ul style="list-style-type: none"> • Aseptic technique and handwashing • Measuring vital signs, assessing hydration, BMI • Using otoscope, ophthalmoscope • Cervical screening and breast examination 	<p>This learning outcome requires you to consolidate learning from your procedural skills sessions and clinical attachments and to apply them to a General Practice setting. You should be able to demonstrate how you decide that a procedure is necessary, what should be communicated to patients and how it should be communicated and followed up.</p> <p>General Practice Clinical Attachment Formative Mini-CEX</p>	<p>Summative mini-CEX:</p> <p>Write a PBS script (compulsory)</p> <p>Selected mini-CEX: Procedures, clinical judgement, communication</p> <p>PBLA II A Quality and safety in clinical procedures</p>
	<p><i>Practical procedures</i></p> <ul style="list-style-type: none"> • Basic life support and airway management • Simple dressings and wound care • Wound, throat and skin swabs • skin biopsies • Suturing of simple wound • Application and removal of forearm plasters 	<p>Conference Weeks Years 3-5 including Year 5 dermatology workshop, prescribing workshops and presentations, ophthalmology workshop</p> <p><i>Prior assumed learning:</i> <i>Year 4: Paediatrics, O&G, Oncology Clinical Attachments</i> <i>Year 3: Medicine & Surgery Clinical Attachments</i> <i>Year 3: Conference Week</i> <i>Respiratory SCORPIO,</i> <i>Rational ordering of lab tests</i> <i>ENT skills MiC</i></p>	
c.	<p>Demonstrate the application of the principles of GP in the management of common chronic conditions and mental and physical co-morbidities.</p>	<p><i>Year 2 & 3: Procedural Skills sessions</i> General Practice Clinical Attachment</p> <p>“Back to base” sessions Conference Weeks Yr 3-5 <i>Year 1: Lecture physical & mental health</i></p>	<p>Practice based learning activity: I B Patient experience of chronic disease self-management.</p> <p>III E Identifying serious illness I C Multimorbidity in General Practice</p>

	Learning outcome	Teaching and learning activities	Assessment Type
		Year 5: Lecture multimorbidity	Year 5 written assessment
d.	Search for high quality evidence and evaluate its applicability to the needs and preferences of individual patients.	General Practice Clinical Attachment <i>Prior assumed learning:</i> Year 1-3: Population Health teaching program, including evidence based medicine lectures, Year 3: MiC teaching Year 4: Community Research project	Practice based learning activity: III F Evidence based practice Year 5 written assessment
e.	Develop strategies for managing uncertainty in primary care. <ul style="list-style-type: none"> Define a clinical approach to presentations with vague and medically unexplained symptoms Appreciate the range of normal and self-limiting presentations and how they may be differentiated from the abnormal and early presentations of serious illness Use strategies such as 'red flags', time, follow up, patient communication and partnership, appropriate referral and informal consultation. 	General Practice Clinical Attachment Structured "back to base" sessions Conference Weeks Years 3-5 "Dealing with uncertainty" flipped classroom, "Day In a Life of a GP" PBL	Practice based learning activity: III E Identifying serious illness III A Case comparison with hospital approach Year 5 written assessment
f.	Effectively identify and use referral networks for interdisciplinary care coordination	To achieve this learning outcome you should be able to apply the principles of continuity of care, triage, multidisciplinary teamwork, effective communication, chronic disease self- management and shared decision making, disease prevention and health promotion to a General Practice setting	Practice based learning activity: I A Patient experience of continuity of care I B Patient experience of chronic disease self-management I D Referral pathways

	Learning outcome	Teaching and learning activities	Assessment Type
		General Practice Clinical Attachment Health professional visits Structured back-to-base sessions Years 4 Flipped classroom “Transitions in health care” presentations Prior assumed learning: <i>Year 3: Preventative Health Care, Disasters</i> <i>MiC: GP attachment</i> <i>Year 4: Mental Health, Oncology</i>	Summative MiniCEX “Write a Referral” Clinical attachment assessment Year 5 written assessment
Domain 3: Population health and the context of General Practice	Demonstrate understanding of population health needs including social determinants of health and ability to apply this in their practice of medicine		
YEAR 1/2			
a.	Define illness behavior and the sick role’s model of societal expectations on patient and doctor	Large group presentation	SAQ
b.	Describe how patients access care within the health care system, explain the roles of Medicare and the PBS	Large group presentation	SAQ
YEAR 3			
a.	Review how the social determinants of health contribute to health outcomes of individuals and communities of Western Sydney	MiC tutorials and placement	MiC final assignment

	Learning outcome	Teaching and learning activities	Assessment Type
b.	Critically examine community based health services and social determinants of health in the light of the academic literature	MiC tutorials and placement	MiC final assignment

YEAR 4/5

a.	Discuss how strong Primary Health Care foundations contribute to an effective health system	Conference Weeks Years 3-5: Preventive health, primary care reform. Aged care, justice health, refugee health presentations Prior assumed learning: <i>Year 3: MiC Community and General Practice attachment; Year 3 "GPs in disasters" presentation</i> <i>Scientific Streams: CV Risk, Nutrition</i> <i>Year 1 & 2 Lectures: Motivational interviewing</i>	Practice based learning activity: I C Patient experience of chronic disease self-management. I E Clinical practice guidelines in chronic and complex care I C Motivational interviewing practice III H Screening and prevention in General Practice Year 5 written assessment SAQs
b.	Describe the diversity of roles of GPs		
c.	Advocate for the health and wellbeing of individuals and populations with particular attention to high risk populations (including Western Sydney, Aboriginal and Torres Strait Islander, and rural)		
d.	Analyze epidemiological patterns of disease within communities and develop an ability to engage in a community based response		
e.	Describe preventive activities across the life span: from infancy, childhood and adolescence, adulthood and the aged. This includes assisting patients to achieve well-being, reduce the risk of disease and minimize the effects of disability and chronic disease.		

Domain 4: Professional and ethical roles

Work respectfully and ethically with other health professionals, patients and communities being mindful of the student's own strengths and areas and areas for improvement

	Learning outcome	Teaching and learning activities	Assessment Type
YEAR 1/2			
	Identify and manage sources of stress	Large group presentation	SAQs
YEAR 3			
	Utilize learning experiences in community organizations and General Practice to identify personal strengths and areas for improvement.	MiC placement and tutorials	Self-assessment
YEAR 4/5			
a.	Identify areas of stress in clinical practice and strategies for managing them in the consulting room, workplace and career	General Practice Clinical Attachment Structured “back to base” sessions	Self-assessment
b.	<p>Analyze how role conflicts and professional boundary issues may arise in General Practice and describe how they may be addressed in the following areas:</p> <ul style="list-style-type: none"> i. Relationships with individual patients ii. Balancing the needs of the individual against those of their family and community iii. Advocacy for individual patients versus the role of the GP as gatekeeper of public resources iv. Relationships with commercial interests such as the pharmaceutical industry and other health service providers. v. Safe prescribing of opioids and drugs of addiction vi. Practicing within your level of 	<p>General Practice Clinical Attachment Structured “back to base” sessions</p> <p>Year 5 Conference Week “Ethical issues in General Practice “and “Drug and Alcohol” presentations, “Opioids” flipped classroom</p> <p>Prior assumed learning: Year 1: PBL “The teacher” Year 1-2 PPD Year 4: O & G ethics tutorials, PPD</p>	<p>Practice based learning activity:</p> <p>III E Identifying serious illness III G Ethical dilemmas in General Practice</p> <p>Year 5 written assessment</p>

	Learning outcome	Teaching and learning activities	Assessment Type
	competency		
c.	Reflect on your experiences with patients and colleagues to identify personal strengths and skills, and areas where attention is required. Plan and carry out learning strategies for your ongoing professional development.	Learning plan: GP placement Back to base sessions Prior assumed learning: Year 4: PPD Learning Journal Year 3: Medicine, Surgery and MiC attachments	Self-assessment checklist: Learning plan Clinical attachment assessment Peer review Practice Based Learning Activity
Domain 5: Organizational and legal dimensions	Describe unique characteristics of General Practice and approaches to quality, safety and legal issues		
YEAR 3			
	Describe differences between the provision of health care in the community through General Practice compared with the hospital	MiC placement and tutorials	SAQs
YEAR 4/5			
a.	Apply key principles of General Practice to individual patients and to population groups (e.g. persons over 65 years within a practice).	General Practice Clinical Attachment Conference Week	Practice based learning activity: II C Information management in General Practice. II F Clinical practice variation in General Practice. II G Practice profile and staffing
b.	Evaluate primary health care systems and clinical responsibility for ordering investigations and follow up of abnormal results and referrals.	Prior assumed learning: Year 1-2: Health care systems lectures, PPD tutorials	

	Learning outcome	Teaching and learning activities	Assessment Type
c.	Describe the use of General Practice software and its applications, and discuss pitfalls to avoid when using information technology in clinical practice.	<p><i>Year 3: MiC O and R week</i> <i>Year 4: Paediatrics, O&G Conference Week, Flipped classroom on GP consultation skills;</i> <i>PPD Year 5: "Ethical issues in General practice", "sexual abuse" presentations</i></p>	<p>III G Ethical dilemmas in General Practice</p> <p>MiniCEX Clinical procedure</p> <p>Year 5 written assessment</p>
d.	<p>Explain the doctor's role and responsibilities in common General Practice medico-legal issues:</p> <ul style="list-style-type: none"> • Maintaining privacy and confidentiality • Consent to medical treatment in certain patient groups, such as adolescents, people with disabilities or mental illness, and the elderly • Doctors' certificates • Documentation of Workcover, Centrelink and compensation cases • Assessment of fitness to drive • Mandatory reporting of suspected child abuse, infectious diseases, other public health concerns 		
e.	<p>Describe the impact of the following organisational factors on clinical practice in the primary care setting, including:</p> <ul style="list-style-type: none"> • Practice population, • Practice management and staffing, • Health system factors such as financing, traditional and newer models of primary care. 		

APPENDIX B

Self-placement process for Year 5 GP Attachment

Criteria for acceptable General Practice placements for Year 5 include the following:

- Placement at the proposed practice will provide educational value for the student.
- The General Practice is located in a suitable area and is available for student teaching sessions at a time that enables the student to fulfil the other requirements of their Year 5 rotation, including attendance at Back to Base sessions.
- The nominated GP supervisor is registered to practice as a General Practitioner in Australia.
- The nominated GP Supervisor is not the personal GP of the student or any of their family members nor a family member or friend of the applicant.
- Neither the student nor their family members have been patients or employees at the proposed practice.
- The nominated GP Supervisor has read and understood the requirements for supervision of a Year 5 student and signed the relevant form (See Appendix C).
- The final decision rests with the Head of the Department of General Practice.

Prior to the Rotation

1. Student provides the proposed GP supervisor details to the Dept. GP Placement Officer at least 8 weeks prior to placement
2. The Placement Officer will check to see whether the practice is already on our database, in which case we will endeavour to place the student there, taking into account supervisor availability and the locations of other students during that rotation.
3. If the supervisor is not on our database, the student will be notified and asked to approach the GP and have them complete and sign "Appendix C"
4. The student returns Appendix C to the Placement Officer, who will liaise with the appropriate GP academic to make contact with the supervisor prior to the placement
5. The GP academic will notify the placement officer that the placement has been approved, who will then notify the student and GP according to usual procedures.
6. Self-nominations will be processed one at a time to avoid appointing supervisors that end up not being used.

APPENDIX C

Information for General Practitioner Supervision

Year 5 Western Sydney University Medical Student

Thank you for considering supervising a Year 5 Western Sydney university student in your practice. We look forward to supporting you in this important role. As a GP Supervisor of Western Sydney University, you are a valued member of our team. We do however respect your relationships with other Universities and are grateful even if your teaching role extends only to one student requesting placement at your practice. Should you choose to supervise other WSU Medical Students in the future, you can apply for a Conjoint Lecturer appointment with access to the extensive collection of on-line resources available through our library as well as our ongoing support in your teaching and research activities.

We ask that GP Supervisors of Year 5 students fulfil the following criteria and responsibilities and ask that you sign this form to indicate your agreement. On our acceptance of this form we will contact you to discuss your teaching role and answer any questions you may have in this regard.

As a GP Supervisor of a Year 5 Student I agree that:

- I am fully registered to practice as a General Practitioner in NSW
- I am not related to the student, nor the personal GP of the student or any of their family members.
- I am willing for the student to be physically located in my General Practice for three days a week over a 5-week period. (This time can include home and nursing home visits and time spent with other practice staff.)
- I will provide the student with a stimulating learning environment including opportunities to take patient histories, undertake examinations and practical procedures according to the student level of competence.
- I will review the Clinical Attachment Descriptor for this rotation and complete the required assessment forms.
- If my practice is accredited and therefore eligible for PIP payments of \$200/half-day session, I will complete the required paperwork in this regard.

Student Name: _____

Rotation Dates: _____

GP Supervisor Name: _____

Practice Address: _____

Email Address: _____

Telephone Number: _____

GP Signature: _____ Date: _____



January, 2019

Information for Health Professionals

Thank you for considering a request to visit your practice from one of our final year medical students. Western Sydney University offers a 5 year undergraduate MBBS program and as part of their final year General Practice attachment, we ask that students visit community based Health Professionals, so that they can better understand the range of services and learn from those with particular areas of expertise in the community.

Your practice has been chosen as it is part of their GP Supervisor's referral network, and they may be following a patient who has been referred to your practice from the GP.

During their time in your practice, we expect the students to find out more about the services that you provide, as well as to:

- Ask you to teach them specific skills in your area of expertise, according to the learning needs they have identified
- Discuss issues surrounding appropriate and inappropriate referrals and how communication between health professionals could be improved
- Discuss Team Care Arrangements and factors that may facilitate or hinder the implementation of these GP management plans
- Where appropriate to be able to practice clinical skills under your supervision (e.g. history taking, physical examination, procedural skills)

We understand that any interaction with patients will require consent.

Thank you again for your support of medical student teaching in the community – it is very much appreciated!

If you require further information, please feel free to contact Sharon Lawrence at the Department of General Practice via Tel: 4620 3933 or Email: s.lawrence@westernsydney.edu.au

Yours Sincerely

Professor Jenny Reath
Peter Brennan Chair of General Practice