



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

**General Practice
Rotation
2016**

**Information Booklet for
GP Clinical Teachers**

The following pages outline information which we hope will assist you in your time with the medical students during their General Practice (GP) Rotation, and enrich the teaching and learning experience for you, your practice staff and the students.

Thank you very much for your interest and involvement in the training of University of Queensland medical students. We hope that you find the experience enjoyable and rewarding.

We encourage to visit the Discipline of General Practice website at <http://www.som.uq.edu.au/about/academic-disciplines/general-practice.aspx> and explore the Our Teaching and Our Research sections in particular. We also produce regular GP Teacher Newsletters which are emailed to our teaching practices, and are also available on our website.

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GP Rotation Dates 2016:

Rotation 1	Monday 11th January - Friday 4th March
Rotation 2	Monday 14th March - Friday 6th May
Rotation 3	Monday 16th May - Friday 8th July
Rotation 4	Monday 18th July - Friday 9th September
Rotation 5	Monday 19th September - Friday 11th November

1. Background information about The University of Queensland's Medical Program

The University of Queensland's 4-year post-graduate MBBS medical program was introduced in 1997. The program is now transitioning to a MD, with the first intake of MD students in 2015.

Detailed information about the MBBS program can be found by going to the School of Medicine's website: www.som.uq.edu.au and clicking on "Future Students". Principles upon which the design of the MBBS program is based include an emphasis on:

- Problem-based and case-based learning in a clinical context;
- Self-directed, life-long learning;
- Critical evaluation of the scientific basis of medicine;
- Integration of basic and clinical sciences;
- Bio-psychosocial approach to medicine; and
- Personal and professional development.

Key features of the program include:

- an emphasis on the teaching of communication skills and the
- incorporation of ethics and professional development as an integral part of the curriculum.

The curriculum has been planned to capture the enthusiasm and maturity of its graduate entrants and help them develop into highly-skilled medical graduates capable of entering the wide variety of career options open to them worldwide.

Years 3 and 4 of the MBBS are known as Phase 2 of the Program, and are largely spent doing clinical rotations. These 8-week rotations occur in a range of locations in and around Brisbane, rural locations in Queensland, Ipswich, the Sunshine Coast, New Orleans and Brunei. The General Practice Rotation is an 8-week clinical rotation in Year 3. Other rotations in Year 3 are Mental Health, Medicine, Surgery and Medicine in Society.

2. General Information about the General Practice Rotation

The General Practice Rotation affords students the opportunity to see and participate in the delivery of health care to patients with a large range of biopsychosocial problems. Additionally, through exploring the community context of health and illness, students will learn about people's experiences and everyday management of health and health problems.

The rotation encourages students to become active learners in their assigned practices and, under the supervision of their general practitioner (GP) clinical teachers, to conduct as many components of the consultation as practical and as agreed upon with their GP clinical teachers. This includes history taking, physical examination, developing management plans, surgery tests and minor procedures. Students are encouraged to be enthusiastic and inquisitive, to become familiar with the everyday procedures involved in the workings of the general practice, and to function as a member of the healthcare team. Students are expected to use evidence-based medicine skills to answer clinical questions as they arise, thus providing a benefit to their GP as well as to their own learning. Additionally, students are requested to work up illustrative cases to contribute at weekly small group, case-based tutorials. They are also advised to be polite and punctual at all times, and to ensure that they always observe patient confidentiality.

The General Practice Core Clinical Rotation should provide for students:

- Learning about the discipline of general practice;
- Learning about primary care and its community context;
- Access to a broad spectrum of clinical problems over the typical range of general practice work;
- Learning by active involvement in the diagnosis and management of common and important problems presenting in general practice; and
- Learning a critical attitude towards the assessment of clinical problems, evidence, and the role of primary care practitioners.

Student Learning Objectives

By the end of the Rotation, students should be able to:

1. Demonstrate knowledge of the epidemiology, pathophysiology, clinical features and management of (a) *common*, and (b) *serious / important presentations* in general practice;
2. Demonstrate competency in the clinical skills required to diagnose and manage patient presentations in general practice (i.e. communication skills, history-taking, physical examination, ordering and interpreting relevant office and laboratory investigations, and performing minor procedures) ;
3. Demonstrate competency in clinical reasoning and the ability to formulate a diagnosis (and/or differential diagnosis) and problem list, for patients presenting in general practice;
4. Demonstrate competency in developing management plans with patients and carers presenting in general practice;
5. Demonstrate an understanding of factors influencing a patient's experience of illness and health;

6. Demonstrate competency in recognising and appropriately negotiating relevant ethical and professional issues which arise in clinical and collegiate/ professional encounters;
7. Demonstrate competency in incorporating prevention and health promotion into clinical encounters where appropriate;
8. Demonstrate competency in incorporating evidence-based medicine into clinical encounters where appropriate; and
9. Demonstrate a sound understanding of the role and responsibilities of general practitioners in the Australian health care system.

3. Requested Assistance of GP Clinical Teachers

- Please be positive about general practice! Students are more likely to consider General Practice as a career if they meet positive role models, and identify the intellectual challenges of our specialty.
- Kindly facilitate students participating in consultations and home visits to learn about general practice problems.
- Kindly facilitate students interviewing and examining patients
The students are keen to take as many opportunities as possible to interview patients prior to, during, or after your consultation with them. We suggest that students interview at least one patient per session, and present patient histories to you at a convenient time. This may be when you join the patient and the student to complete the consultation. The students also need to gain experience in performing clinical examinations. Consider giving students a small task to complete, for example checking the patient's smoking status is recorded, or examining the rhythm of the pulse, in most consultations.
- Please provide opportunities for students to undertake common general practice procedures including:
 - Performance and interpretation of ECG recordings
 - Use of peak flow meter and spirometer
 - Urine dip stick testing and pregnancy testing
 - Use of glucometer
 - Measuring vital signs
 - Venesection
 - Giving injections
 - Infiltration of local anaesthetic
 - Suturing wounds and simple excisions of skin lesions
 - Demonstrating use of MDI puffers and spacer devices
 - Set up and use a nebuliser
 - Ophthalmoscopy and otoscopy
 - Vision testing
 - Baby measurements e.g. length, weight and head circumference
 - Use of cardiovascular disease risk calculators.
 - Use of patient information material
 - Use of chronic disease management plans and mental health plans
 - Use of recall systems and other preventive health tools
- Please arrange times for your student to discuss with you clinical and ethical issues arising in your teaching consultations. Typical ethical or professional issues which students raise in their tutorials include:
 - Confidentiality (contact tracing, relatives' enquiries, requests for medical records etc)
 - Difficult patients (angry, mental health issues, special needs, heartsink, non-concordant etc)
 - Complex consultations (interpreter present, relative present etc)
 - Referrals and investigations (thresholds for referring to another specialist or investigating patients etc)

- Colleagues (treating colleagues, error, clinical disagreement etc)
- Alternative/complementary approaches including to vaccination
- Drug-seeking patients
- Certificates
- GP remuneration (long consultations, fees etc)
- Navigating the health system (waiting lists, private insurance etc)
- Boundaries (accepting gifts, treating family and friends etc)
- Self-care
- Career and training decisions

You may like to discuss some of these issues with your students.

- Kindly facilitate the acquisition of knowledge of common and important conditions encountered in general practice
- Kindly facilitate the use of evidence
The students have been taught to search for evidence and to appraise what they have found. Encourage them to do this. For example, if a case does not have a clear treatment available, ask them to search the literature for you and discuss it later. The students have a tutorial with a medical librarian in week 3 or week 4 when they are guided through a search for evidence to answer a clinical question which their GP teacher has asked them to provide. Please ask the student to report back to you about their findings.
- Please provide students with an opportunity to talk with other practice staff about issues relating to practice management
- We suggest that you ask students to develop their own management plans for your patients and present them to you
- Consider supervising students with the following additional tasks:
 - Notify an adverse drug reaction to ADRAC using the form available at: <http://www.tga.gov.au/adr/bluecard.pdf>
 - Perform an assessment on a patient (e.g. a mini mental state examination)
 - Draft a certificate or referral letter for a patient.
 - Instruct (or check) a patient's use of a delivery device (e.g. a metered dose inhaler) or a monitoring device (e.g. a glucometer).
 - Update a patient's current medication record.
 - Perform a travel medicine plan e.g. vaccinations required, medication and patient education & advice.
 - Check the Medicare Benefits Schedule for the correct item number and definition for a procedure undertaken on a patient.
 - Collect and record the complete medical and social history for a patient new to the practice, including allergies, medications etc.
 - Locate and apply an evidence-based guideline to the management of a patient seen in general practice.
 - Record consultation notes in a patient's medical record.

SPECIFIC WEEKLY TASKS:

IN WEEK 1:

- We ask that you meet with your student at the beginning of the rotation to introduce the student to your practice staff, policies and procedures.
- We recommend that you ask your student to complete a confidentiality agreement form – which is provided to you at the commencement of the rotation.
- Please arrange mutually convenient times for the student's GP sessions.
- Please discuss the student's learning contract with him/her. Each student has been asked to develop a learning contract for the rotation, in which he/she documents specific learning objectives that he/she would like to achieve. Students are asked to discuss this learning contract with you in Week 1, and then throughout the rotation on a regular basis.
- Please arrange a time and date to meet with your student in Week 4 to give him / her formative mid-term assessment (based on the marking sheet that will be provided to you) and again in Week 8 to complete and provide feedback based on the end-of-term summative assessment form.

When several GPs at a practice have contributed to the student's teaching and learning, it is advisable for the same GP clinical teacher to perform both assessments, and to seek input from his or her clinical teacher colleagues before completing the assessment forms.

IN WEEK 4:

- Undertake a mid-term review with your student and complete the mid-term formative assessment marking sheet (the Clinical Participation Assessment). Please discuss your comments directly with the student and suggest strategies to improve upon any areas of weakness. This completed form should be returned to the Discipline of General Practice at the end of Week 8.

Please contact Dr David King on d.king@som.uq.edu.au in regard to any student about whom you have concerns at this stage of the Rotation.

IN WEEK 8:

- Undertake the end of term review with your student, and complete the end-of-term summative Clinical Teacher Assessment Form. Please provide constructive feedback to your student when discussing your assessment and comments directly with him / her.
- **Return the complete Booklet of Assessment and Administration Forms.**

Please contact Dr David King on d.king@som.uq.edu.au in regard to any student who has an unsatisfactory assessment.

4. Supervision, consent, confidentiality and other issues relating to student placements in General Practice

Supervision of Students

Our students enjoy developing their consultation and physical examination skills under your guidance, and being taught procedural skills such as injections and excisions. We encourage you to afford them as many opportunities as practical, within the business and busyness of your general practice. Of course, as the general practitioner you have the direct and principle responsibility for the patient:

“The student should consult the supervisor about the management of all patients”¹;

“The ultimate management of the patient should be provided by the supervisor”¹.

We strongly recommend that you “be physically present at the workplace at all times whilst the student is providing clinical care”¹. If you are absent “doctors with general or full unconditional registration should oversee the student.”¹ Students should only go on home visits to patients with the supervisor present, and “may elicit histories and examine patients in their homes only under direct supervision”.¹

In many practices, other practice staff members, especially practice managers and nurses, assist in teaching your medical students. Students often regard this teaching as very beneficial.

Patient Consent

Consent must be obtained from your patient for the student to participate in their consultation with you.

“The permission of the patient must be obtained prior to the consultation if undergraduate students . . . are to be involved in the consultation, whether through direct observation, interview or examination. Ideally, permission needs to be sought when the patient makes an appointment, or failing that, when they arrive at reception. It is not acceptable to ask permission in the consulting room, as some patients may feel ‘ambushed’ and unable to refuse.”¹

We commend the common practice of displaying a sign introducing the student in your waiting room. (A laminated sign is included in this mail-out for you to use if you do not already have one.) When your patients arrive at the surgery, we recommend having the receptionist:

- a. ask your patients if they are happy for a medical student to be involved in the consultation; and
- b. communicate each patient’s response to you PRIOR to the patient being called into the consultation room.

In this way, the student can be requested to leave the room BEFORE you call in any patients who prefer not to have a student present.

An alternative process is to have the student seek consent in the waiting room from the patient for student participation in the consultation.

Our practice visits indicate that most teaching practices report that over 90% patients agree to see medical students.

While written consent from patients might be ideal, we do not see that this is practical, although some practices do ask new patients, at the time of their registration at the practice, to indicate on a written form whether they consent to medical student teaching in their consultations. It is advisable for consent to be documented in patient records.

Patient Confidentiality

Students should sign a Patient Confidentiality document with you. Students are aware that there are very serious penalties if they breach patient confidentiality. A suggested proforma is attached. Students should also be aware of your practice's Privacy Policy.

Student Cover

Medical students are insured by The University of Queensland for the duration of the approved rotation, but not for any extra sessions with your practice outside of their GP Rotation. Your student must obtain approval from the Discipline of General Practice before starting any such extra sessions. Please also note that if the student receives any payment from your practice during their attachment, their status changes to an employee and the University policy does not cover them.

GP Teacher Medico-legal Cover

Please confirm with your Medical Defence Organisation your cover for healthcare incidents where the healthcare is provided by someone you are observing, supervising, mentoring or teaching. It is our understanding that complaints relating to medical students in general practices are extremely uncommon.

Student competence

Some GPs have asked us to provide information regarding the level of competence to expect from medical students undertaking their General Practice Rotation. All students participating in the General Practice Rotation have completed at least two years of medical education, most at the University of Queensland Medical School. They have been exposed to problem-based learning in normal structure and function, and pathology; to lectures and seminars; and to clinical coaching tutorials, including a session with a clinical teaching associate who assists them to conduct a pelvic examination, PAP smear and breast check. Students who completed their first two years of medical education at other Universities, e.g. the University of Malaysia, will inevitably have had somewhat different experience.

Students rotate in groups through the five third-year rotations: mental health, general practice, medicine, rural/medicine in society and surgery. Needless to say, students undertaking their first rotation in 3rd year will inevitably have much less clinical experience than students undertaking their final rotation for 3rd year. Each week throughout the 8-week rotation, students meet for a 2 - 3 hour case-based tutorial (in which they review de-identified cases of interest from their week in general practice, discuss ethical and professional issues which have arisen, and practise their consultation skills).

As a general rule, we suggest that all students should be competent to assist with the history-taking and examination of your patients, and to be taught basic procedural skills such as performing ECGs, spirometry, immunisations, simple excisions and biopsies, under your supervision.

PIP Payment for Teaching

If your practice is accredited and you are registered with the Practice Incentive Program (PIP), you are eligible to apply for teaching payments from the Medicare Australia PIP teaching incentives Program. Payments are currently \$200 per half-day teaching session (with a maximum of 2 sessions per day, and 1 student claimed per session).

PROPOSED SAMPLE CONFIDENTIALITY AGREEMENT FOR MEDICAL STUDENTS TO SIGN

Adapted from RACGP agreement available at:
<http://www.racgp.org.au/Content/NavigationMenu/PracticeSupport/Privacy/Generalpracticepolicy/20030206staffconfidentiality.doc>
(This sample draft undertaking may be used by GPs to ensure that practice staff and other persons working in this practice who may have access to confidential patient data or other business information, comply with privacy and security of information as required under legislation, including the Privacy Act 1988 (amended)).

I, *(student name)* _____

understand that as a condition of placement during my General Practice rotation at this General Practice: *(name and address of doctor / medical centre)*

I shall, neither during nor after the period of engagement with the practice, except in the proper course of my duties or as permitted by the practice or as required by law, divulge to any person any confidential information concerning:

- patient personal, health and financial information;
- the business or financial arrangements or position of this practice or any related company; and
- any of the dealings, transactions or affairs of the practice or any related company.

The contractual arrangement between this practice and its employees/contractors is founded on trust. I undertake not to knowingly access any confidential information about the business of the practice, patients or patient medical information, unless such information is essential for me to properly and efficiently perform my duties. I am aware that these conditions extend to unnecessary discussion of confidential information within the practice. I understand that any breach of this trust will render me liable to disciplinary action, termination of placement and/or civil proceedings.

I further undertake to inform my supervisor immediately if I become aware of any breach of privacy or security relating to the information I access in the course of my duties.

This restriction ceases to apply to any information or knowledge, which subsequently comes into the public domain by way of authorised disclosure.

All confidential records, documents and other papers together with any copies or extracts thereof in my possession will be returned to the practice on the termination of my employment.

Signature: _____

Date: _____

In the presence of:

(name)

(signature)

(position)

5. Components of the General Practice Rotation

Scheduled Components of the Rotation

The rotation is structured to allow students to have exposure to several different avenues of learning. The components of the rotation are as follows:

1. Regular attendance at a general practitioner's practice

GP clinical teachers are asked to provide students with 28 half-day sessions during the 8-week rotation, with each session usually somewhere between 3 and 5 hours duration. Days and times of sessions are negotiated between individual students and their clinical teachers.

It is the expectation of the Discipline of General Practice that sessions will be spread evenly over the Rotation UNLESS this is not convenient for the teaching practice. Students who are keen to attend additional sessions during the Rotation are advised that this must be negotiated with their GP teachers, and that some GPs may be unable to provide additional contact time.

A small number of face-to-face symposia are offered, in week 1 and/or 2 of the Rotation. Other learning materials are delivered in Voice Over Powerpoint or other formats, and are available to students on their General Practice Rotation DVD, for personal study. We are happy to provide this DVD for our GP Clinical Teachers. Please email Dr King d.king@som.uq.edu.au if you would like a copy.

2. Regular attendance at Case-based tutorials

There are seven scheduled Case-Based tutorials. Each week has a designated a "theme" and students are asked to present clinical cases during these tutorials based on patients they have seen in general practice.

WEEKLY THEMES

- Week 1 - Australian Healthcare System and Preventative Care
- Week 2 - Women's and Men's Health and Public Health
- Week 3 – Mental Health and Musculoskeletal
- Week 4 - Gastroenterology and Dermatology
- Week 5 - Neurology, Emergencies, Paediatrics
- Week 6 - Endocrinology, Chronic Disease and Palliative Care
- Week 7 - Cardiovascular and Respiratory

Attendance at the above sessions is compulsory.

3. Optional attendance at a Musculoskeletal Pain Clinic and a Skin Cancer Clinic – for those students interested in gaining further exposure to the diagnosis and management of musculoskeletal problems, and dermatoscopy. (Available in Brisbane)
4. Further optional educational sessions may be offered to Brisbane-based students during their GP Rotation. Details regarding these sessions will be made available to students when they are available. They include "Teddy Bears' Hospital" visits. These visits are organised by the UQMS (University of Queensland Medical Students' Society)
5. A selection of learning materials and other resources are provided to students at the beginning of each rotation. These resources are provided on a GP Rotation DVD.

6. Assessment in the GP Rotation

There are four assessment components for the General Practice Rotation.

1. Multiple Choice Question (MCQ) Examination
2. Diagnostic Clinical Case Examination
3. Management Clinical Case Examination
4. GP Clinical Participation Assessment (graded Pass or Fail)

Additionally

Satisfactory attendance at the designated core curricular activities (GP visits and Case-based Tutorials) is a requirement for passing the rotation.

GP Clinical Teachers are requested to complete two GP Clinical Participation Assessment forms during the GP Rotation:

1. Mid-term – Formative assessment only (Does not contribute to the student's final results for the rotation); and
2. End-term (in Week 8 of the Rotation).

These assessment forms are provided in the Booklet of Assessment and Administration Forms which is sent to all GP clinical teachers at the beginning of the rotation for their student attachment. We ask clinical teachers to discuss these assessments with their students and provide constructive feedback to students at mid-term and end of rotation.

When several GPs at a practice have contributed to the student's teaching and learning, it is advisable for the same GP clinical teacher to perform both assessments, and to seek input from his or her clinical teacher colleagues before completing the assessment forms.

7. Student Exposure to Blood and Body Fluids

Students are encouraged to inform you and/or your practice staff in the event of any exposure to blood or body fluids.

Thank you kindly for taking care of the student, and managing this event as per your practice policies.

The RACGP Infection Prevention and Control Standards include the following summary:

Management of an occupational exposure ensures:

- **immediate decontamination of the exposed area**
- **rapid testing of the exposed person and the source**
- **timely administration of Post Exposure Prophylaxis when appropriate**
- **full documentation of the incident to enable investigation**
- **counselling of the exposed person and source**
- **analysis of the cause of the exposure incident and modification of procedures as required to reduce the risk of recurrence**
- **staff education as required.**

We also recommend the Queensland Health **Guideline for the management of occupational exposure to blood and body fluids**, available online at <https://www.health.qld.gov.au/qhpolicy/docs/qdl/qh-gdl-321-8.pdf>. This site is also recommended to students, and includes Queensland Health contacts for further information.

Thank you for contacting the Discipline of General Practice in the event of any significant or high risk exposure (Heather McMaster on 3365 5260, Dr David King on d.king@som.uq.edu.au or Professor Mieke van Driel on m.vandriel@uq.edu.au).