

A very warm welcome to UNSW Medicine as a Primary Care clinical supervisor.

This guide contains information about:

- The UNSW Medicine program
- The Primary Care course
- Your role as a Primary Care clinical supervisor
- Opportunities for professional development as a clinical supervisor

A copy of this guide and other useful links and resources can be found at:

<http://sphcm.med.unsw.edu.au/staff/learning-and-teaching/primary-care-clinical-teachers-support>

About Us

You will be pleased to know that UNSW Medicine's Primary Care course is taught and run by general practitioners (GPs). The course is convened by Dr Kylie Vuong at Sydney campus, Dr David Chessor at Port Macquarie campus, Drs Janet McLachlan and John Kramer at Coffs Harbour campus, Dr Catherine Orr at Albury campus and Dr Marietjie van der Merwe at Wagga Wagga campus. Other GPs who teach in the course include Professor John Hall, Prof Siaw Teng-Liaw, Dr Andrew Knight and Dr Michael Tam. Ms Sarah Jacob plays an important role providing administrative support for the course at Sydney campus.

The UNSW Medicine program

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

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

The Primary Care course

Primary Care is a core discipline in Phase 3 (the final 5th and 6th year) of the Medicine program. While some teaching is delivered through formal lectures, tutorials and online modules, most of the learning takes place through the students' general practice attachments. Students are attached to two practices of 4 week each during the 8 week course, and they are required to complete at least 50 half-day general practice sessions. We have a wide variety of urban and rural general practice placements currently available for students.

Campus learning and assessment activities

Lectures (Week 1, Monday and Tuesday)

The lectures provide an overview to primary health care and general practice. The major focus is on providing a framework for students to learn and practice consulting skills. This includes an analysis of the structure of general practice consultations, clinical reasoning, interpersonal communication and patient-centred management and teamwork.

Peer group consulting skills workshop (Week 1, Tuesday)

This workshop provides an opportunity for students to practice consulting skills and to receive feedback. They also become familiar with the assessment criteria for consulting skills used throughout the Primary Care course. Students break into groups of three and take turns to play the role of the GP, patient and examiner. The students evaluate each other's performance using the and provide peer feedback, with additional feedback provided by the GP tutor.

Blended learning modules (Week 1-4, Week 5-8)

Blended learning modules have been developed in order to assist with the student's learning during the attachments. The modules, with online and face-to-face components, cover the assessment and management of hypertension and CV risk factors, and the management of difficult patient presentations.

Consulting skills role-play assessment (Week 4, Friday)

Students conduct a consultation with a simulated patient (usually an actor) and provided with feedback on their performance by a GP tutor.

Negotiated capability presentations (Week 8, Friday)

Students have an opportunity to do a presentation on an individual learning project in the Primary Care course and receive feedback. Previously students have presented on patient cases, clinical audits, clinical ethics and comparative studies related to primary care and general practice.

Primary Care course in 2018

The teaching periods for 2018 are as follows:

UNSW Teaching Period	Dates	
Summer Teaching Period	<i>Weeks 1 - 4</i>	9 January – 2 February
	<i>Weeks 5 - 8</i>	5 February – 2 March
Teaching Period 1	<i>Weeks 1 - 4</i>	5 March – 30 March
	<i>Weeks 5 - 8</i>	9 April – 4 May
Teaching Period 2	<i>Weeks 1 - 4</i>	7 May – 1 June
	<i>Weeks 5 - 8</i>	4 June – 29 June
Teaching Period 3	<i>Weeks 1 - 4</i>	9 July – 3 August
	<i>Weeks 5 - 8</i>	6 August – 31 August
Teaching Period 4	<i>Weeks 1 - 4</i>	10 September – 5 October
	<i>Weeks 5 - 8</i>	8 October – 2 November

What is involved in being a UNSW Primary Care clinical supervisor?

You will be supervising in Primary Care students in Phase 3 (the final 5th and 6th year) of the Medicine program. Students are attached to two practices of 4 week each during the 8 week Primary Care course, and they are required to complete at least 50 half-day general practice sessions (i.e. 25 sessions per 4 week per general practice) as well as attend a variety of teaching sessions on campus.

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

Students undertake a variety of activities at the practice to help them understand common general practice conditions, and should progress to more responsibilities and autonomy in clinical activities during the attachment.

Requirements to becoming a UNSW Primary Care clinical supervisor?

First, we expect that you will be an excellent GP who provides good quality care for patients with an **active interest in medical students**.

Second, we require all our supervisors to be an **unconditionally vocationally registered GP** who is actively involved in continuing professional development.

Third, you will need to provide a safe and high-quality environment for the education and training of medical students. This requirement is partially met by the fact that you are a high-quality clinician with **medical indemnity insurance that covers teaching of medical students** in your practice. However, it is also important that you are working in an **accredited general practice** with demonstrated high standards for patient care, workplace health and safety and established protocols for dealing with needle-stick injuries, body fluid exposures and behavioural emergencies.

Finally, UNSW Primary Care clinical supervisors are expected to **regularly update their clinical teaching skills**. This involves attendance at our annual clinical supervisors' workshops or completion of online teaching modules developed by UNSW (<https://www.clinsupervisor.com/modules/medicine/unsw-medicine-primary-care/>). Alternatively, you may choose to up-skill your teaching skills by attending sessions organised by other organisations such as GP regional training providers, other medical schools and universities, the RACGP, ACRRM, HETI and others.

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

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

Inside the practice

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

Outside the practice

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

What should the students learn during their attachment?

Primary health care and general practice is the foundation of the Australian health care system. For medical students, an understanding of the responsibilities of a general practitioner and the role of primary health care is important. The UNSW Medicine programs main graduate capabilities (see Appendix) align well with the five domains of general practice.

UNSW Medicine graduate capabilities	Domains of general practice ¹
Effective communication	Communication skills and the patient-doctor relationship
Using basic and clinical sciences Patient assessment and management	Applied professional knowledge and skills:
Social and cultural determinants in health and disease Teamwork	Population health and the context of general practice
Self-directed learning and critical evaluation Ethics and legal responsibilities Reflective practitioner	Professional and ethical role:
Self-directed learning and critical evaluation Ethics and legal responsibilities Reflective practitioner	Organisational and legal dimensions

We aim for students to:

- Understand the responsibilities of a general practitioner and the role of primary health care teams
- Develop skills in patient-centred consultations, including effective communication, patient assessment and management, across the breadth of presentations experienced by people and populations in primary health care
- Develop skills in self-directed learning critical evaluation and reflection.

¹RACGP. The RACGP curriculum for Australian general practice. South Melbourne; 2011.

Student assessments done by Primary Care clinical supervisors

Supervisor's Report

One report is completed by the GP at the end of the student's 4 week attachment (one report per 4 week attachment)

Clinical Skills Assessment Form

One clinical skills assessment form is completed **every two weeks during the attachment** (two forms per 4 week attachment). This is the supervisor's rating that is based on a direct observation of the student's consultation with a patient including history taking, physical examination, diagnosis and management.

Clinical Case Logs

One clinical case log is completed **every week during the attachment** (four forms per 4 week attachment). Each week, in consultation with the supervisor, the student identifies a deficit in their clinical knowledge based on a specific case that they saw during the week. They then seek to correct this through access to appropriate evidence-based resources.

You should be given all the necessary paperwork by your student. You can also download the forms from our website under 'useful forms and documents': <http://sphcm.med.unsw.edu.au/staff/learning-and-teaching/primary-care-clinical-teachers-support/forms-and-documents>

Student assessments done by campus GPs

Team care planning and evaluation assignment (due Week 6, Monday)

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

In Weeks 1 or 2 of the student's placement, they identify a patient (often with the help of their supervisor) with long-term condition(s) with complex care needs. They may have a formal care plan or team care arrangement, but this is not essential. The student should then review the care plan and/or overall patient management in the notes, and then arrange a series of conversations with the patient; their GP and other health professionals involved in their care (e.g., practice nurse, dietician, physiotherapist, exercise physiologist, pharmacist, etc). The student's task is to critically evaluate the care (planned or otherwise) and teamwork for this patient. The team care workshop given during the campus lecture days will provide a theoretical framework for this task.

The report should have a maximum of 1,500 words, excluding references and tables. It should state clearly who was interviewed for the project, and address the issue of patient confidentiality.

Consultation skills role-play assessment (Week 4, Friday)

Students conduct a consultation with a simulated patient (usually an actor). The student takes the role of the GP and an actor plays the role of a patient, from whom the student takes a focused history, obtain the results of a focused physical examination and any office tests (e.g., urinalysis, glucometer, spirometry, ECG). The student then makes the diagnosis, communicates this diagnosis to the patient and outlines any necessary investigations and advice on management. The student's performance is assessed and feedback is provided by a GP tutor.

Important information on Workplace Health and Safety

Workplace health and safety of students is the combined responsibility of all parties involved. This includes the student, Primary Care clinical supervisor, the practice and the University. Under the new legislation, students on their practical attachments are considered as workers.

The following procedures are in place to ensure that our students are sufficiently protected:

- The students are briefed on important workplace health and safety issues by the course convenor at the beginning of the term.
- The course guide for students contains important workplace health and safety information. This includes:
 - **'A Guide to Inducting Medical Students to your Practice'**. This document has been designed to serve as a guide for the supervisors and practice managers to ensure that they adequately cover most of the important issues when inducting new medical students into the practice. The students have been briefed to give a copy to their supervisor at the beginning of each clinical placement. Please note that this document is a guide only and not intended to replace existing practice policies and manuals on inducting new employees.
 - **'Workplace Health and Safety Guide for Medical Students (Primary Care)'**. Students are required to complete this self-checklist (ideally in the first few days) to ensure that they have adequately been made aware of all the safety issues around the practice. Since they are self-assessments, students are NOT expected to hand in the forms to the practices or to the University unless they have concerns about safety issues not being adequately addressed.

The University carries insurance that covers the student's liabilities that may arise during their practical placement. However, we strongly encourage you to also check with your medical indemnity insurer to ensure that your insurance covers teaching activities in the practice.

It is also important that the correct procedures are followed if any incidents occur during the student's placement involving bodily or psychological injuries. An example is a needlestick injury or body fluid exposure. In such situations the student must report the incident to their supervisor / or a delegated staff member who is responsible for this. The practice policy on any injuries or body fluid exposure must then be followed. The student should also be reminded to report the incident to the University (they are made aware of this at the start of the term). It is important that the practice policies are up to date and consistent with current best practice. Here is a link to the RACGP guideline (Appendix 6 is particularly relevant):

<http://www.racgp.org.au/download/Documents/Standards/infectionpreventionandcontrolstandards.pdf>

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

- You pass on your experience to the next generation of doctors, many of whom will enter general practice.
- You can provide students with invaluable insights into the rewards and challenges of a general practice career.
- Personal and professional satisfaction in knowing that you have enhanced a medical student's clinical and communication skills, and an appreciation of whole patient care and general practice.
- Accredited teaching general practices are eligible for PIP payments (\$200 per session or approximately \$5,000 for a four-week placement).
- You can apply to become a conjoint academic, this provides access to privileges associated with UNSW, such as library (physical and online access), discounts on staff parking, discounts on computer software and hardware, learning and teaching courses, invitations to seminars and other campus events.
- You will be invited to the Primary Care clinical supervisors' workshops to meet your colleagues and enhance your skills in teaching.

How do I apply to become a Conjoint Academic?

We are happy to assist you if you wish to apply to become a conjoint academic with us at the School of Public Health and Community Medicine. Please e-mail undergrad-sphcm@unsw.edu.au if you are interested and we will do our best to assist.

Contact Us

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

Student Services Office

Phone: **(02) 9385 2520**

Email: undergrad-sphcm@unsw.edu.au

APPENDIX: PHASE THREE EXPECTATIONS FOR THE GRADUATE CAPABILITIES:

3.1: Using Basic and Clinical Sciences	3.2: Social and Cultural Aspects of Health and Disease	3.3: Patient Assessment and Management	3.4: Effective Communication
<p>Mechanisms of Health and Disease 3.1.1 Explains the patho-physiological basis of common clinical presentations. 3.1.2 Anticipates possible complications and their patho physiological basis, as well as measures for prevention and treatment (i.e. work out other courses that the disease process could have taken, and other management options).</p> <p>Diagnostic Investigations 3.1.3 Plans and justifies a series of rational and appropriate investigations and / or screening test options, using EBM skills to take cost-effectiveness, benefit and test accuracy into consideration.</p> <p>Approaches to Management 3.1.4 Predicts likely outcomes of disease and prioritises approaches to individuals with multiple diseases or multi-system diseases, based upon principles of basic/medical science</p> <p>Communication of Understanding 3.1.5 Teaches/explains in some depth, principles of basic science to more junior colleagues and patients.</p>	<p>Social Determinants of Health and Disease 3.2.1 Plans health care with patients' lifestyle, culture and resources in mind. 3.2.2 Understands the current health status and health care needs of populations, including Indigenous people and other disadvantaged groups. 3.2.3 Recognises major public health problems and describes their determinants, distribution and prevention strategies; Identifies individuals at risk.</p> <p>Improving Health by Social Approaches 3.2.4 Develops management plans that take account of social, cultural and lifestyle factors relevant to the patient's problems. 3.2.5 Familiar with the range of health and other social support services in the community and able to refer patients and collaborate appropriately. 3.2.6 Collaborates with other health professionals in health promotion and disease prevention.</p>	<p>Assessment 3.3.1 Elicits the patient's history of current therapies (including OTC, complementary/alternative therapies) and any complications /adverse events from the condition and its treatment. 3.3.2 Handles unexpected findings and prolonged uncertainty appropriately. 3.3.3 Conducts proficient examination related to patient's presentation. 3.3.4 Selects and justifies appropriate investigations and interprets the results appropriately.</p> <p>Procedural Skills 3.3.5 Skills listed for Phase 3.</p> <p>Clinical Reasoning 3.3.6 Demonstrates sound clinical reasoning in responding to clinical problems. 3.3.7 Recognises typical and atypical features of a presentation. 3.3.8 Identifies an agreed problem list with the patient that takes social, cultural, occupational and economic circumstances into account.</p> <p>Management 3.3.9 Applies appropriate management strategies to patient problems, taking account of best available evidence and patients' circumstances. 3.3.10 Collaborates with other health professional in management of patients with chronic and complex conditions, including Indigenous people.</p> <p>Quality and Safety 3.3.11 Understands the part that clinical practice improvement processes (CPI), audit and clinical guidelines play in improving clinical quality and safety. 3.3.12 Demonstrates safe prescribing and quality use of medicines.</p>	<p>Communicates Effectively with Patients and their Families 3.4.1 Conducts a proficient in-depth consultation with a patient. 3.4.2 Explains the likely progress of a disease to a patient. 3.4.3 Finds common ground with the patient in identifying the problem list, negotiating an evidence-based management plan and agreeing roles and responsibilities. 3.4.4 Communicates bad news sensitively.</p> <p>Communicates Effectively with Peers and Tutors 3.4.5 Communicates effectively across a clinical team including accurate and pertinent documentation.</p> <p>Communicates with Communities 3.4.6 Writes or critiques a piece of medical journalism.</p>

APPENDIX: PHASE THREE EXPECTATIONS FOR THE GRADUATE CAPABILITIES:

3.5: Team Work	3.6: Self Directed Learning and Critical Evaluation	3.7: Ethics and Legal Responsibilities	3.8: Reflective Practitioner
<p>Participates Effectively in Health Care Teams Groups might include medical teams with members of varying levels of skill and experience or multi-disciplinary groups of health care professionals.</p> <p>3.5.1 Recognises the significant features of a team, including roles, responsibilities, personalities and power relations.</p> <p>3.5.2 Defines an appropriate role for him or her self.</p> <p>3.5.3 Understands events in a team from others' viewpoints, including identifying their goals and recognising their feelings.</p> <p>3.5.4 Analyses and solves problems collaboratively.</p> <p>3.5.5 Behaves pro-actively, taking action and responsibility when necessary.</p> <p>3.5.6 Makes appropriate referrals when necessary.</p> <p>3.5.7 Assesses own performance.</p>	<p>Evidence of continued and routine self-directed learning as defined for level two, plus</p> <p>Learning Projects</p> <p>3.6.1 Initiates (as opposed to selecting and negotiating) learning projects, in all blocks in this phase.</p> <p>Self Development</p> <p>3.6.2 Critically evaluates own performances.</p> <p>3.6.3 Undertakes appropriate formal and informal educational activities routinely.</p> <p>3.6.4 Identifies future postgraduate learning needs, environments and challenges.</p> <p>3.6.5 Plans self-care and time-management strategies to facilitate transition to subsequent training.</p>	<p>Developing a Personal Value System</p> <p>3.7.1 Articulates personal and professional values and can demonstrate the manner in which these support the well-being of patients and others.</p> <p>Clinical Ethics</p> <p>3.7.2 Recognises and responds appropriately to ethical issues in clinical medicine including complex interactions involving patients, their families and other care providers.</p> <p>3.7.3 Can identify inappropriate behaviour of self and others—from ethical and legal standpoints—and identify effective goals and strategies for overcoming these difficulties.</p> <p>3.7.4 Can analyse the extent to which systemic factors support equitable and compassionate health care.</p> <p>Legal Responsibilities</p> <p>3.7.5 Understands the law relating to health care, and applies this in a way that supports effective clinical practice.</p>	<p>As for phases one and two, with all elements now frequent, plus...</p> <p>Reflective Practitioner</p> <p>3.8.1 Recognises the influence of contextual, social, political and cultural factors on situations and takes these into account when acting and justifying actions.</p> <p>3.8.2 Recognises the viewpoints of others (peers, patients, allied health staff, family members...) and takes these into account when formulating and justifying clinical plans and actions.</p> <p>3.8.3 Develops plans for action and for coping in potentially difficult and/or stressful situations.</p> <p>3.8.4 Responds flexibly to changing and uncertain situations.</p> <p>Recognising Limits</p> <p>3.8.5 Recognises the limits of his/her own knowledge and skill, and seeks appropriate and timely assistance.</p> <p>3.8.6 Acknowledges his/her limitations and mistakes and reflects on them so as to develop both personally and professionally.</p>