



Bond University Medical Program

General Practice Rotation

Clinician Guide

ITA and MiniCEX

YEAR 5

Introduction

Students in the final year of the Bond University Medical Program have 6 rotations to train in a broad array of medical, surgical, and other specialities.

These Rotations are made up from one of each of:

- Anaesthetics, Critical Care, and orthopaedics (2 weeks of each)
- Elective or Capstone
- Emergency Medicine,
- Flexible/End of year elective
- General Practice,
- Selective

The capstone, elective, flexible and selective rotations provide students' a choice of interest area, or speciality placement, to gain additional clinical experience on top of specified clinical curriculum placements.

The learning priorities for all clinical specialities are to gain insight and understanding of the most common presentations and conditions encountered. It is anticipated that all students will have opportunities to enhance their skills in history taking and clinical examination. Students should also be encouraged to translate the information from patient interactions into commonly used formats by interns, such as *ISOBAR (Introduction, Observation, Situation, Background, Assessment, Recommendation)*

Additional specific procedural skills development is welcomed

Year 5 Learning Outcomes

- Apply current medical and scientific knowledge to individual patients, populations and health systems. (S1)
- Demonstrate cognitive, technical and interpretive skills in undertaking an accurate, detailed system focussed history from a range of patients within a variety of clinical settings. (P1)
- Perform an accurate and complete physical examination in any body system including mental state examination. (P2)
- Use knowledge of common and important conditions, the patient history and physical examination findings, and clinical data, to undertake clinical reasoning and formulate probable and differential diagnoses. (P3)
- Recognise and assess deteriorating and critically unwell patients who require immediate care. Perform common emergency and life support procedures. (P4)
- Safely perform a range of common procedures including safe, effective and economic prescribing. (P5)
- Select and justify common investigations, with regard to the pathological basis of disease, utility, safety and cost effectiveness, and interpret their results. (P6)
- Formulate an initial management plan in consultation with patients, family and carers across a variety of clinical settings considering psychosocial and cultural aspects that may influence management. (P7)
- Integrate prevention, early detection, health maintenance and chronic disease management into clinical practice. (H1)
- Discuss and critically reflect on population health issues applicable to the relevant clinical and community setting. (H2)
- Demonstrate knowledge and a critical understanding of medico-legal and ethical issues that impact on patient management. (H3)
- Demonstrate an ability to clerk a case across a range of patients and from a variety of clinical settings. (H4)

- Comply with organisational policies regarding timely and accurate documentation. (H5)
- Discuss the complex interactions between healthcare environment, doctor and patient, promoting risk awareness and reporting risks in the workplace. (H6)
- Demonstrate an ability to work as an effective team member, understanding and respecting the variety of roles within the clinical setting whilst acknowledging the professional responsibilities relevant to their position. (H7)
- Communicate effectively in wider roles including health advocacy, teaching and assessing and appraising. (H8)
- Integrate the practice of evidence based medicine in the care of patients. (S2)
- Uphold the standards and values of the medical profession and perform clinical activities in accordance with 'Good Medical Practice for Doctors in Australia'. (H9)
- Plan and execute a substantial research- based project, OR capstone experience and/or professionally focused project and write up (S3)
- Self-evaluate their own professional practice, and know when and how to refer patients (H10)
- Demonstrate life-long learning behaviours (H11)

S= Scientist and Scholar, P=Practitioner, H= Health advocate and professional

5.3 General Practice (GP) Rotation

It is expected that the student will contact the GP or their Practice Manager 1-2 weeks before their GP placement is to start, to enquire about the allocated sessions/ times to attend.

GP Rotation University Teaching

The first Monday of each GP Block is a **mandatory Introduction day** for Bond and Griffith Students
Most of the Wednesdays are **mandatory** teaching days either at Bond University or for "on-line" activities

What is General Practice?

In Australia, the definition of General Practice states: *"General practice is the provision of patient centred, continuing, comprehensive, coordinated primary care to individuals, families and communities."*

It is the first (and often the only) point of contact with the health care system, where patients present with a wide range of undifferentiated problems.

During the rotation in General Practice students will be able to experience many aspects of primary care. Students can build upon these experiences to expand their communication, clinical, and procedural skills.

General Practice Learning Outcomes (aligned to GP activities, teaching, and assessment)

To demonstrate, evaluate, and practice:

1. Patient centredness, advocacy, empowerment, and support
2. Provision of care in the home and the community
3. General practice clinical management (chronic disease, multimorbidity, and polypharmacy)
4. Rational prescribing & Quality use of medicines
5. Health promotion & disease prevention
6. Clear communications: With patients, documents, and other health professionals
7. Evidence based medicine/practice (underpins ALL these activities)

These learning outcomes relate strongly to the Core competencies or RACGP Curriculum.

Ethical, medicolegal, and professional responsibilities are expected during all clinical placements.

They are listed in the clinical years' learning outcomes and are an expected competency of all medical graduates.

Additional secondary Learning Outcomes

- *Develop an overview of the health issues that affect patients in the community;*
- *Develop a balanced view of management and prevention of health needs in the community;*
- *Develop an insight into the harms and benefits of interventions;*
- *Develop an understanding of the use of “watchful waiting”;*
- *Develop an understanding of the importance of continuous quality improvement and of clinical audit;*
- *Demonstrate understanding of medico-legal implications of certificates in General Practice;*
- *Describe the role of the GP in the palliative care setting and within a multidisciplinary framework to provide palliative care to patients from a holistic, psychosocial and spiritual perspective;*
- *Develop an awareness of the health services available to patients in the community;*
- *Demonstrate knowledge of the use of electronic health records in primary care and the classification systems used- e.g. (ICPC, SNOMED)*
- *Demonstrate understanding of the specific health related issues of Aboriginal and Torres Strait Islander communities and the delivery of primary health care for these communities*

Clinical Activities

ALL Students will need to complete these mandatory activities during the “core” GP rotation: These activities are for the Students to do for themselves, without creating extra work for the GP

1. One Patient centred case report with POEM (patient orientated evidence that matters)
2. One Carer Interview in the home (with a carer of someone disabled)
3. One Medication Review in the home (with a pharmacist)
4. Two “Brief behavior change interviews” with 2 different patients regarding smoking, nutrition, alcohol/drugs, physical activity or weight
5. Complete at least one Health assessment or Health check, or Chronic Disease Management Plan, or Mental Health Management Plan. (To be discussed at Bond)
6. Identify Example cases for “case discussion” and “prevention” group presentations
7. Attend Wednesday Teaching seminars at Bond
8. Two mini CEXes (GP can choose what they should do for these)

Supervising GPs are expected to verify that students have done the above listed activities and factor this into their “In Training Assessment” (ITA) see page 9. The students are to share all information about your patients with you

- Case presentations and or Case discussions should happen throughout the clinical rotation to reinforce and enhance their learning. These may vary throughout the placement.
- During the clinical placement, in addition to the main GP supervisor, students may be supervised by other GPs, GP registrars, nurses and allied health professionals active in the GP team.

Mind Map of GP Rotation Activities



Core Topics General Practice Rotation

Symptom Based Approach	Description/examples
Common presentations	
Cough	Bronchitis
Diarrhoea and/or vomiting	Gastroenteritis
Fear of sexually transmitted diseases	Tests are rarely positive
Feeling agitated and nervous	Anxiety & Panic
Fever	URTI
Indigestion	Oesophageal reflux
Insomnia	Depression, anxiety
Itch	Eczema, insect bites.
Low mood	Depression
Musculoskeletal pain	Rotator cuff injuries
Rash	Eczema
Red eye	Conjunctivitis
Skin sores	Impetigo
Sort throat and/or earache	Tonsillitis, Otitis media/externa
Sports injuries	Knee injuries- e.g. meniscal tears
Swollen ankles	Heart failure
Upper abdominal pain	Gastritis
Vertigo/dizziness	Postural hypotension
Weakness/tiredness	Post viral fatigue
Wheezing	Asthma

Chronic Health Problems	
Asthma and COPD	
Chronic low back pain	
Diabetes	
Heart failure	
Hypertension	
Ischemic heart disease	
Mental Health conditions	
Obesity	
Osteoarthritis	

Preventive Medicine / Health Promotion	
Abuse	<ul style="list-style-type: none"> • Physical • Psychological • Sexual
Cancer screening e.g. PAP smear program	
Chronic disease prevention	
Developmental assessment	
Family planning	
Immunisations	
Pre-pregnancy and antenatal care	
Social problems	

Acute	Description/examples
Acute abdominal pain	Appendicitis
Acute breathing difficulties	Respiratory failure from: <ul style="list-style-type: none"> • Asthma • COPD • Pneumonia
Acute confusion	Psychosis Delerium
Acute paralysis	Stroke or TIA
Anaphylaxis and /or angioedema	Insect bites Food reactions
Chest pain	Acute coronary syndrome
Collapse	Vaso-vagal or arrhythmia
Fitting/seizure	Febrile convulsions Epilepsy
Haemorrhage	Miscarriage Gastrointestinal bleed
Lacerations and fractures	Fracture of neck of femur or radius Dog bite
Painful red eye and/or visual loss	Herpes simplex Keratitis Glaucoma
Racing or irregular heart beats	Supra Ventricular Tachycardia (SVT) Atrial fibrillation
Severe skin rashes	Cellulitis, erysipelas, Herpes simplex, or zoster

Students should also be aware of the **Australian National Health Priorities** for prevention, early detection and management of the following:

- Cardiovascular disease
- Cancer
- Injury
- Mental Health disorders
- Diabetes
- Asthma
- Arthritis and musculoskeletal conditions
- Obesity

Procedural Skills for General Practice

Skill	Description
History and Communication	
History taking	Take a focused history about any body system
Clinical Reasoning	Application of clinical reasoning in primary care for joint decision making with the patient to develop a management plan
Documentation/Information Management	Demonstrate clear concise clinical notes
Explain to a patient	<ul style="list-style-type: none"> • Common conditions • Investigations and how they are performed • How the results of investigations will influence management

	<ul style="list-style-type: none"> • Common treatments • Risks and benefits
Physical Examination (to observe or perform)	
General physical examination	Examine all body parts across all ages
Breast examination	Examine the breast
Vital signs	<ul style="list-style-type: none"> • Temperature • Pulse • Blood pressure • Respiratory rate • Weight • Waist and BMI
Vaginal examination and/or PAP test	<ul style="list-style-type: none"> • Inspect external genitalia (vulva), • perform a vaginal examination, • perform a bimanual and speculum examination • Take a PAP smear • Take a swab
Pregnant abdomen	Examine the pregnant abdomen
Male reproductive organs	Examine male reproductive organs- <ul style="list-style-type: none"> • testes • penis • prostate
Health Assessment	Perform a health assessment/GP management plan
Mental Health Assessment	Use and interpret tools in a GP mental health plan or assessment (K10 or MMSE)
Urine analysis	Perform and interpret a urine dipstick analysis
Urine pregnancy test	Perform and interpret a urine pregnancy test
Procedures (to observe or perform)	
Injections	Give injections/vaccinations
Wound management	Swab, clean, debride, manage a wound and apply sutures
Spirometry	Perform and interpret results of spirometry
Inhaler/spacer/nebuliser	Teach a patient how to use these devices
Investigations	Order and interpret GP relevant blood tests
ECG	Perform and interpret an ECG for common conditions: <ul style="list-style-type: none"> • Cardiac ischemia • Arrhythmias

Timetable and Contacts

Students are expected to be present on a daily basis during their rotation, and this includes signing on and off, so that the university can monitor attendance. If students are unable to attend for any reason, they are required to advise the clinician, hospital co-ordinator (where available) and the

Placements Team at Bond University, please refer to student guide for clarification on attendance requirements (this is a minimum of 4 sessions a week for the core GP rotation plus time to complete the additional mandatory activities)

Student involvement in the day-to-day care and management of patients provides the best opportunity for learning. Students will be able to learn the most through interviewing and examining patients and being involved in clinical decision making.

As well as clinical knowledge, students must display other professional skills such as working well within the multidisciplinary team, considering the psychological and social impact of the illness on the patient and the family, being honest, empathetic, and respectful with regard to the patient's choices and decisions.

It is also important for students to recognise their own limitations, competencies, and scope of practice associated with their stage of training.

Clinical Supervision and Assessment

The END of Rotation summative assessment:

TWO(2) mini CEX, should be assessed by the Supervising GP

ONE(1) In Training Assessment (ITA) form to reflect:

The student's clinical history taking and examination skills.

1. The student's performance and professional conduct during the rotation
2. The completion of activities expected of each student as listed in page 4
3. Two mini CEXes and any case presentations
4. The GPs opinion on things that have been done well or that need to improve

Assessment is completed on Bond University's Osler App/website. The student requests the supervisor to review their assessment via Osler. Paper versions are available on request via the student.

Please contact osler@bond.edu.au for further information or to be set up as a user on Osler.

GP supervisor needs to complete

- **One ITA**
- **Two MiniCEXes**

Students need to submit one POEM case report, one Medication Review, two mini CEXes, a supervisor signed copy of the GP PIP attendance form, and one ITA to BOND

**If you have any concerns regarding any aspect of student behaviour and/or performance
Please contact the GP Lead, Dr Jane Smith (07 5595 4499) or MED Placement Team (0420
928 125 or MED-Placements@bond.edu.au) ASAP.**



Medical Student In-Training Assessment Form

The information on this form contributes to progression decisions about medical students from Bond Universities during clinical placement and provides students with feedback on their performance and professional development. **This form should be completed by the student's clinical supervisor at the end of each block/rotation**

Student's Name: _____

General Practice: _____

CRITERIA	PLEASE WRITE COMMENTS:	
	Did well	Needs to improve
CLINICAL Knowledge base Clinical Skills History/Examination skills Clinical reasoning skills Procedural skills		
COMMUNICATION Patient, Family, Carers, Doctors and Clinical Team Members. Medical records/clinical documentation		
PERSONAL AND PROFESSIONAL Professional responsibility Attendance - Time management skills - Teamwork		

OVERALL ROTATION PERFORMANCE		
<input type="radio"/> EXCEPTIONAL	<input type="radio"/> AT EXPECTED LEVEL	<input type="radio"/> NOT YET AT EXPECTED LEVEL

Comments / Recommended Actions (*Supervisor must make some comment*)

Please give specific examples, where possible. If a student's performance is assessed as 'not yet at expected level' for their Year of Program, comments by the clinical supervisor are required above.

Supervisor Name (please print)	
Position	
Signature	
Date	

ITA standards for CRITERIA in more detail:

Instructions:

- Clinical Supervisor/s to write comments in boxes.
- Where a student's performance needs to improve, please make recommendations on actions required.

CLINICAL	Knowledge base	Has comprehensive knowledge of common medical conditions and some awareness of rare but important topics; has good background knowledge of clinical sciences.
	Clinical skills/ History/ Examination skills	Able to take comprehensive history for common medical conditions and has systematic approach for rarer ones; performs competent clinical examinations in accordance with the list of clinical skills competencies for the program relevant to the block.
	Clinical reasoning skills	Organises and synthesises information; is able to apply knowledge base.
	Procedural skills	Able to perform clinical procedures relevant to block from the clinical skills list; has safe efficient approach.
COMMUNICATION	Patient, Family/Carer, Doctors and Clinical Team Members	Communicates clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals.
	Medical records/clinical documentation	Writes clear, comprehensive medical records; accurately reflects clinical situation; shows awareness of sensitivities regarding privacy and confidentiality.
PERSONAL AND PROFESSIONAL	Professional responsibility	Is punctual, reliable, honest; displays appropriate attitudes and behaviours; wears appropriate attire and shows adequate self-care.
	Attendance	Meets minimum attendance requirements as stipulated in the Participation Policy for Clinical Placements in the Medical Program.
	Time management skills	Is organised; prioritises tasks efficiently; completes tasks in timely manner.
	Teamwork	Contributes to peer-group learning; provides expected role within clinical team.
OVERALL ROTATION PERFORMANCE	At expected level	Meets requirements for practice approaching intern level.
	Not yet at expected level	Does not meet the requirements of expected year level.

If you have any questions, concerns or wish to discuss a student's results, please contact

MED Placements Team at Bond University

Med-placements@bond.edu.au

07 5595 4476

Student's Name

Assessor's Name..... **Position**

Task **Date**

Task Complexity Low Moderate High (*see back of page for levels)

Instructions: Clinical Supervisor/s to circle appropriate numbers for student's performance as assessed. (**see back of page for rating standards) If a domain is not relevant to the task please tick (not observed) and do not score.

	Extremely Poor	Outstanding
1. History Taking Skills (<input type="checkbox"/> Not observed)		
1	2	3
4	5	6
7	8	9
2. Physical Examination/Procedural Skills (<input type="checkbox"/> Not observed)		
1	2	3
4	5	6
7	8	9
3. Professionalism/Humanistic Qualities		
1	2	3
4	5	6
7	8	9
4. Counselling Skills (<input type="checkbox"/> Not observed)		
1	2	3
4	5	6
7	8	9
5. Clinical Judgment (<input type="checkbox"/> Not observed)		
1	2	3
4	5	6
7	8	9
6. Organisation/Efficiency		
1	2	3
4	5	6
7	8	9
7. Overall Competence		
1	2	3
4	5	6
7	8	9

Pass
 Borderline
 Fail

Comments: On Student's Performance (Describe what was effective and ineffective, and your overall impression)

.....
Student Signature

.....
Assessor Signature

*** TASK COMPLEXITY**

LOW	MODERATE	HIGH
History or examination of a common medical condition; coherent co-operative patient; ideal setting; standard clinical task.	History or examination of a less common medical condition; slightly difficult patient or situation; unusual clinical task. Simple counselling/advice.	History or examination of a rare medical condition; demented or psychologically disturbed patient; complicated setting; high level clinical task; Complex counselling/advice.

****FINAL YEAR MINI-CEX STANDARDS**

1 - 3	4 - 6	7 - 9
1. History Taking Skills		
Mainly uses closed questions; fails to obtain pertinent clarification; obtains insufficient information to formulate an opinion; insensitive to affect and non-verbal cues; is rude or inappropriate during interaction.	Uses open ended questions to facilitate patient's telling of the story; uses directed questions to add detail; obtains adequate information to formulate an opinion; responds appropriately to non-verbal cues; may have a few errors of omission or odd awkward moment.	Allows patient to relate an accurate story with minimal cuing or questions; yields additional (previously unknown) information; obtains sufficient information to provide a diagnosis; responds very well to non-verbal cues.
2. Physical Examination/ Procedural Skills		
Fails to make introductions; does not obtain consent or fails to inform patient of procedure; disorganised sequence to examination; misses major clinical signs.	Makes pleasant introduction and obtains consent to examination/ procedure; performs standard screening examination; may make a few errors of omission, but overall obtains sufficient clinical information to formulate an opinion/ or perform a safe procedure .	Very good bed side manner; obtains consent; informs patient regarding examination/procedural process; balances screening versus diagnostic steps; obtains sufficient information to confirm a diagnosis, or maximise a safe performance of procedure.
3. Professionalism/Humanistic Qualities		
Is disrespectful or rude; fails to establish trust; inattentive to patient's comfort or modesty; hurts patient; breaches confidentiality; untidy appearance or inappropriate attire.	Shows respect, compassion, empathy; establishes trust; is sensitive to patient's comfort and modesty; manages confidential issues; may have occasional awkward moment; adequate appearance.	Is very respectful, compassionate, empathetic; easily establishes trust; is very considerate of patient's comfort and modesty; deals sensitively with confidential issues; appropriately dressed.
4. Counselling Skills		
Has a poor understanding of test or treatment proposed; fails to educate or counsel appropriately; makes major factual errors or omissions that may be unsafe.	Explains basis for a test or treatment; obtains consent; educates or counsels appropriately regarding management; may make some factual errors or omissions but overall skills are safe.	Explains rationale for a test or treatment well; obtains fully informed consent; educates or counsels appropriately regarding management without deficiencies.
5. Clinical Judgement		
Suggests unreasonable or unlikely diagnoses; has little or no understanding of the clinical problem; suggests inappropriate or potentially hazardous investigations or management options; unsafe approach to emergency or critical situations.	Suggests reasonable diagnosis or formulation of problem; suggests appropriate investigation or further avenues of information gathering; balances risks/benefits of management strategy; safe approach to emergency or critical situations.	Spot on diagnosis/differential; structured approach to appropriate investigation; clear consideration of risks/benefits for management options; textbook approach to emergency or critical situations.
6. Organisation/Efficiency		
Inefficient, illogical approach; disorganised; unduly slow; rambling or incoherent.	Efficient, logical approach; sensible approach to prioritisation; timely; may be a little discursive but generally keeps on track.	Highly efficient and logical approach; well organised; succinct and accurate.
7. Overall Competence		
Makes errors or omissions which would be dangerous; unable to synthesise issues; uncaring.	Able to synthesise issues; effective and caring; may make minor/non-critical omissions or errors.	High level synthesis; very effective and caring; makes few or no omissions or errors; level of functioning exceeds expectations.