THIRD YEAR ORIENTATION GUIDE

Griffith UNIVERSITY

2017

Welcome

Third Year Orientation Booklet

GUMS Welcome

Congratulations on reaching the clinical years of medicine!

So far we have trudged our way through unending lectures, anatomy labs and PBL, counting the days until we could actually be part of a clinical team.

As exciting as reaching this day may be, it is also a daunting prospect. I continue to grapple with the idea that my skills and knowledge will influence the level of care a person will receive, possibly determining whether they live or die.

While it's unlikely that we will encounter this in our days as students, knowing this is the reality of our future careers is important. **Every day in a hospital is another chance to learn something that may save a life in the future.**

This book is a collaborative effort of GUMS and the Griffith School of Medicine. It aims to ease the transition into clinical years and help you hit the ground running. We hope it will be a useful resource, written in a simple, student-friendly format, to guide your way through all things year three. It summarises a lot of information available at Learning@Griffith, and while it shouldn't be used a replacement, we hope it provides a brief and helpful overview.

The handbook will provide key staff contact details, a summary of assessments, and additional important information covering the process of seeking feedback as well as attendance expectations. We have also included tips from staff, previous students and registrars. If you have feedback on how to improve the handbook for the future, please send me an email at k.whitmore@gums.org.au or email Lisa Amey at l.amey@griffith.edu.au.

I hope that over the next twelve months, you will get to see and do incredible things, and astound yourself at what you can achieve. Support one another in what we all know will be a long year, and have the courage to make the most of this wonderful opportunity and privilege.

Kirsty Whitmore
2017 GUMS President

School of Medicine Welcome

Like Kirsty we wish to extend our congratulations on completing the pre-clinical years. The next year will be busy, challenging, and daunting at times. You will learn a great deal, and we want to ensure that you maximise your learning opportunities but also enjoy your time as a student.

This year, to improve staff-student communication, working with GUMS, we will be introducing a Communication Hour, in which you will be able to regularly discuss any concerns regarding placements, curriculum, and assessment with the Year 3 & 4 Academic Team.

We look forward to regular visits across all of the zones, and getting to know each and every one of you as you complete the year.

Dr Lisa Amey and A/Professor Andrew Teodorczuk
Year 3 & 4 Academic Team

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Important Contacts

Important Contacts and Rotations

Clinical Coordinators

Clinical Coordinators accept all assessment documents and NPC Module Certificates. They are also involved in student allocations, timetabling and absence records.

(Please note, you must inform your team as well as your clinical coordinator of any absences each block).

Gold Coast Clinical Coordinator	Mrs Sarah Sheehy	s.sheehy@griffith.edu.au	07 5678 0781
Gold Coast Medical Education Coordinator	Ms Christine Sly	Christine.sly@health.qld.gov.au	07 5687 0351 0403 602 212
Logan Clinical Coordinator	Ms Karen Leworthy	k.leworthy@griffith.edu.au	07 3299 9591
Rural Chief Operating Officer	Ms Megan O'Shannessy	m.oshannessy@qrme.org.au	07 4638 7999 0427 693 823
Rural Clinical Coordinator (Tue–Thu)	Ms Julie Dillon	j.dillon@qrme.org.au	07 4638 7999
Tweed (Year 3) Clinical Coordinator	Ms Melissa Johnston	melissa.johnston@ncahs.health.nsw.gov.au	07 5506 7660
Tweed (Year 4) Clinical Coordinator (Mon–Thu)	Ms Kelly Jenkings	tweedstudentcoordinator@ncahs.health.nsw.gov.au	07 5506 7797
Queen Elizabeth II Clinical Coordinator	TBA		

Clinical Sub Deans

Sub Deans are responsible for the delivery of undergraduate education within their respective zone.

They work closely with the Academic Manager to help ensure a high quality and equitable student experience. They would also be the first port of call together with the clinical coordinators for student issues.

Gold Coast	Professor Harry McConnell	h.mcconnell@gmail.com	07 5678 0756
Logan	Professor Rick Jackson	rickjackson@health.qld.gov.au	
Rural	Professor Scott Kitchener	s.kitchener@qrme.org.au	
Tweed	Dr Joe Ogg	joeogg@bigpond.com	
Queen Elizabeth II	Praga Pillay	Praga.Pillay@health.qld.gov.au	

Placement Queries

Placement officers and coordinators deal with zone allocations, as well as NSW compliance requirements. They also offer guidance in regards to general concerns, as well as the submission of assessment items and modules. Contact Trish for advice regarding year 4 electives, and Debbie for advice about any placement paperwork such as police checks.

Clinical Placements Officer	Ms Trish Lane	t.lane@griffith.edu.au	07 5678 0776
Fit for Placement Officer	Ms Debbie Lynch	fitforplacement@griffith.edu.au	07 5552 9480
GP Rotation Clinical Coordinator	Mr Peter Northcott	clinicalplacements@gcphn.com.au	07 5612 5419

Administration and Management

Contact your Program Support Officer if you would like to make an appointment with the Academic Manager or if you need an official letter from the school (not relating to Elective applications). The Program Support Officer is also a good first point of contact for any general queries you're not sure who to approach.

Admin Support Years 3 & 4	Ms Ruth Davmor	mededsupporty3y4@griffith.edu.au	07 5678 0315
Academic Manager Years 3 & 4	A/Professor Andrew Teodorczuk	a.teodorczuk@griffith.edu.au	07 5678 0891
Associate Academic Manager Years 3 & 4	Dr Lisa Amey	l.amey@griffith.edu.au	07 5678 0758
Director of Medical Studies	Professor Ray Tedman	r.tedman@griffith.edu.au	07 5678 0317

GUMS Team

President	Kirsty Whitmore	k.whitmore@gums.org.au	0449 755 558
Advocacy Officer	Nathan Hui	nathan.hui@griffithuni.edu.au	0432 300 685
Year 3 Advocacy Representative	Nicholas McKay-Parry	nicholas.mckayparry@griffithuni.edu.au	0432 846 398
Year 4 Advocacy Representative	Maddi Taylor	m.taylor@gums.org.au	0419 048 901

There are also **Clinical Leads** who are hospital-based specialists that have a part-time role with the School of Medicine. They are responsible for teaching in their own discipline areas. They direct curriculum and education in their field of specialty. You will encounter many of them during your clinical training. Contact them through your zone Sub Dean if required.

Rotations

Important Contacts and Rotations

In all zones except for Rural, students spend seven weeks in each rotation "block" in a set pattern allocated at the beginning of the year. In the rural zones students undertake an integrated clerkship model of learning.

In year three, these rotations are:

- General Medicine
- Surgery
- Aged and Cancer Care
- Women's Health
- Child Health
- Mental Health

During Aged Care/Cancer Care rotation, students will have their 4th week of the rotation based at Gold Coast campus for CLEIMS (see CLEIMS section for more information).

Example	**Year 3**	**Year 4**
Block 1	Children's Health	Critical Care, Anaesthetics, Orthopaedics
Block 2	General Medicine	Elective
Block 3	Surgery	Emergency
Study week with Progress Test		
Break week		
Block 4	Aged and Cancer Care (CLEIMS)	Selective
Block 5	Women's Health	General Practice
Study week with Progress Test		
Block 6	Mental Health	Exam week for DHC, DLEPP and D&P exams
Exam week for DHC, DLEPP and D&P exams		

Please note that this handbook does not cover the rotation or assessment schedule for students in Longlook. Students in this zone will be provided with orientation resources specific to Longlook.

Assessment Overview

Assessment and Feedback

In-Training Assessment	
What is it?	An ITA is a **general assessment of** your **performance**.
When is it submitted?	It should be signed in the **last week of** your **rotation**. **Submit** it **at the end of your rotation.**
Who marks it?	It should be marked by your **consultant**. In certain cases, it can be marked by your registrar (co-signed by your consultant).
How many do I need to do?	Usually **one per rotation** (2 required for ACC rotation)

OSCARS	
What is it?	OSCARs are **Case Reports**.
When is it submitted?	They are **completed over the rotation**. **Submit at the end** of the rotation.
Who marks it?	The **consultant or registrar** marks it.
How many do I need to do?	**3 Formative** OSCARs (per rotation) **1 Summative** OSCAR (per rotation)

Mini-CEX	
What is it?	It is an assessment of **history taking**, **examination** or **procedural skills**
When is it submitted?	It can be completed at any time in each rotation. Week 5-7 is advised. Submit by the end.
Who marks it?	The **consultant or registrar** marks it.
How many do I need to do?	Two per rotation

Other Assessment
CLEIMS and Inter-professional Leaning
NPS Modules
Learning Objectives and Progress Testing
D & P
DHC
DLEPP

Assessment:
IN-TRAINING ASSESSMENTS

What is an ITA?

An ITA (In-Training Assessment) assesses three criteria:

- The Clinical Criteria - encompasses Knowledge base, Clinical Skills, Clinical reasoning and Procedural skills.
- Communication Criteria - involves patient and family interaction, and medical record documentation.
- The Personal and Professionalism criteria - includes Professional responsibility, attendance, time management skills and teamwork.

There is 1 ITA form per rotation to be signed per rotation (the exception being Aged and Cancer Care which has 2 forms for the two separate areas).

An ITA must be passed for the rotation to be passed. There is an overall Pass, Fail or Borderline result on the ITA.

In-Training Assessment	
What is it?	An ITA is a **general assessment of** your **performance**.
When is it submitted?	It should be signed in the **last week of** your **rotation**. **Submit** it **at the end of your rotation.**
Who marks it?	It should be marked by your **consultant**. In certain cases, it can be marked by your registrar (co-signed by your consultant).
How many do I need to do?	Usually **one per rotation** (2 required for ACC rotation)

How is an ITA marked?

An ITA is to be marked by your consultant - not the registrar or resident. If you have more than one consultant or team over the rotation, ask the consultant whom you believe you have spent the most cumulative time with or who knows you the best.

One of the criteria of the ITA is to assess your engagement and attendance. If you feel as though you have spent very little time with the consultant who is marking your ITA (due to their research, administration or private clinic commitments), do not stress. Take the ITA to the registrar on the team, explain the situation and get them to sign off on your ITA and then take this to the consultant and ask them to co-sign the form. This way if you have spent a great deal of time with the team and registrar it is fairer to have them mark you on attendance and engagement.

How and when do I submit my ITA?

Your ITA should be signed in the last week of your block and it should be submitted with your other assessment forms (OSCARs and mini-CEXs) by dropping it into your Clinical Site Supervisor.

On L@G there is a formative ITA form which you can print out and use. We would encourage you to use the formative ITA for every rotation. However, there are certain circumstances when it is most valuable, for example if you are struggling to receive feedback or feel that you may not be performing to the standard your constant expects. The formative ITA can be given to your supervisor or consultant in the middle of a rotation, so that you have clear feedback on how to improve and demonstrate a proactive approach to learning. You do not have to submit the formative ITA to anyone. It is purely for your benefit to start a dialogue with the consultant.

A printable formative ITA can found at L@G→ Year 3→ Assessment→ Formative→ Mid-block (formative) ITA.

For more information, please see ***How to seek feedback***.

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STUD0249

Student ID

EXAMPLE ONLY Medical Student In-Training Assessment Form – Final Year

The information on this form contributes to progression decisions about medical students from Griffith and 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 (with input from other members of the team where appropriate).**

Instructions

- Clinical Supervisor/s to tick (✓) appropriate boxes in columns provided.
- Where a student's performance is assessed as below the level expected for their Year of Program (*1st column), comments by the clinical supervisor on this form are required.
- Although not required, comments by clinical supervisors are encouraged for all other grades of assessment.

Student Photo

Student's Name: _____

☑ Griffith University

☐ Bond University

Block / rotation: _____ Zone: _____

CRITERIA	* Below level expected for Year of Program	Borderline satisfactory for Year of Program	Performance satisfactory for Year of Program	Above expected for Year of Program	Not observed
CLINICAL					
Knowledge base - Demonstrates adequate knowledge of basic and clinical sciences					
Clinical skills - Elicits accurate, complete history and clinical examination findings					
Clinical reasoning skills - Organises and synthesises information and applies knowledge base					
Procedural skills - Performs procedures to standard specified in the program guidelines					
COMMUNICATION					
Patient and family - Interacts effectively and sensitively with patients and families/care givers					
Medical records/clinical documentation - Provides clear, comprehensive and accurate records					
PERSONAL AND PROFESSIONAL					
Professional responsibility - Demonstrates punctuality, reliability, honesty, appropriate attitudes and behaviours, and self-care					
Attendance - Attends as required by the university program					
Time management skills - Organises and prioritises tasks to be undertaken					
Teamwork - Contributes effectively to peer-group learning and to the clinical team					

OVERALL ROTATION GRADE	○ PASS	○ BORDERLINE	○ FAIL

Comments:

*Please give specific examples, where possible. If a student's performance is assessed as below the level expected for their Year of Program (*1st column), comments by the clinical supervisor are required above.*

Supervisor Name (please print)	
Position	
Signature	
Date	

Assessment:
OSCARS

What is an OSCAR?

The **O**nline **S**tudent **Ca**se **R**eport **S**ystem is a style of case-based learning, where you will present and write a report based on a case you have seen during that rotation.

In year 3, there are **3 formative OSCARs and 1 summative (final) OSCAR, per rotation.** All of these (including formative OSCARs) must be viewed and marked by your clinical supervisor (see below for more details) and submitted to your clinical site supervisor.

OSCARs should always be based on your own history and exam, and while it is useful to look at the patient's records, information should not be directly copied from them. The case report should be a succinct and accurate depiction of the patient's condition and management.

OSCARS	
What is it?	OSCARs are **Case Reports**.
When is it submitted?	They are **completed over the rotation**. **Submit at the end** of the rotation.
Who marks it?	The **consultant or registrar** marks it.
How many do I need to do?	**3 Formative** OSCARs (per rotation) **1 Summative** OSCAR (per rotation)

How is an OSCAR marked?

You should present your completed OSCARs to your supervising clinician as you complete them. Aim to do one/week for weeks 2-5 - not all at the end of the rotation and seek feedback on how to improve them. Registrars and consultants can both sign OSCARs. The OSCARs are a simple pass-fail assessment. If you fail a formative OSCAR that is okay - it is formative - just make sure you get an appropriate level of feedback to improve next time. **The summative OSCAR is a must-pass assessment.** If there is an issue and it does not pass, you are able to resubmit a new OSCAR or an improved version - as long as the clinical supervisor is happy that you have presented a quality case.

How and when do I submit my OSCAR?

The OSCARs should be done progressively throughout the rotation. Don't try to rush through all of them in the first or last week; this is not an effective style of learning. It is best to do a case in the first or second week and then most weeks thereafter, leaving your mini CEX till weeks 6 and 7. As with other assessment forms, once they have been signed off, drop them into the clinical site supervisor.

Try to pick an interesting case and challenge yourself every now and again on a particularly complicated patient. There is also great value in finding a 'classical' presentation case such as someone on GenMed who is in hospital after an MI, or after stroke on ACC or appendicitis on GenSurg. These are the presentations, diagnoses and management plans you are expected to know as an intern.

To see examples of OSCARS, see **Learning@Griffith→ Year 3→ Other Year 3 Resources→ Sample OSCARS and Guidelines**.

Key Considerations – for OSCARS

Patient Profile – Write in a de-identified format with no initials, names, address or date of birth.

Precis (Summary) – Summarise the case in in 1-2 sentences. Aim to orientate a busy senior colleague to the patient's problem and background so differential diagnoses can be developed. The SBAR approach can also be used.
SBAR: Situation, Background, Assessment, Recommendations

History – Demonstrate good history taking skills. Usually this section includes the following components:

Presenting Complaint	Other Active Medical Issues	Family History
History of Presenting Complaint	Past Medical and Surgical History	Social History
	Medication History	Systems Review

Sloppy histories can lead you down the wrong diagnostic track. An approach which starts with open questions whilst gradually asking more focussed questions can ensure the appropriate differential diagnoses can be explored.

Examination – Provide clinically significant positive and negative findings of the following:

General Inspection	Vital Signs	Primary System(s) Involved	Systems Review

Taking observations yourself ensures that you have a record of how the patient was when you saw them. Compare your findings with those on the obs chart to ascertain if the patient's condition is stable or changing.
Do not include investigation results here.

Formulations/Problem List – List the diagnostic and management problems, organised by priority (urgent to non-urgent).

Differential Diagnosis/Diagnoses – List clinically appropriate differential diagnoses using tools such as VINDICATE and anatomical models (which are particularly useful during SURG blocks). Ensure that red flag conditions are not omitted and the patient's circumstances, sex and age etc. are considered. Epidemiology can also assist differential diagnosis priority.

Investigations – Include systematically categorised tests. Investigations include:

Bedside Tests	Microbiology	Pathology	Radiology
Blood Tests	Cytology		Other Tests (spirometry, endoscopy etc.)

Justify each test and include expected results relevant to your differentials.

Most Likely Working Diagnosis – State after considering history, examinations and investigation results.

Rationale for Working Diagnosis – Explain why diagnosis fits the patient's case based on history, exam and investigations. Failure to develop this skill leads to lack of progression through years 3 and 4. Discuss in bullet points or a paragraph.

Management – Consider emergency, short-term and long-term management issues.
Ensure conservative options (lifestyle and pharmacological changes) as well as surgical options are considered.
Use Guidelines such as the BMJ Best practice to assist, as well as the ETG, which is essential for drug dosage information.

Ethical/Legal/Professionalism Issues – Identify relevant issues affecting the patient, doctor, healthcare organisation and society. Demonstrate understanding of the implications of such issues.

Psychosocial/Public Health/Cultural Issues – Focus on risk factors, social determinants and epidemiology.
Discuss implications and possible resolutions/management, incorporating a multidisciplinary approach.
Explain the importance of other professionals in the patient's management.
Consider specifics such as drug dependence, sex, age, or First People's status, which lend themselves to specific support networks.

Assessment:
Mini-CEXs

What is a Mini-CEX?

The Mini CEX is a **mini Clinical Examination**. The Mini-CEX is a test of your clinical skills which can include history taking, consenting, counselling, physical examinations or procedures. Each rotation has a different list of recommended mini-CEX tasks. **You must complete two mini-CEX forms per rotation** - usually it is beneficial to do one on a history/counselling task and the other on an exam/procedure.

The mini CEX has criteria which assesses communication skills, clinical skills, clinical reasoning and professionalism, as well as clarity and competence. Not all these domains can be observed at once so the consultant may tick not observed. These domains come with a graded scale of 1 to 9. The mini-CEX does count towards your overall mark for D&P (20 marks out of total 160). So even though your OSCE is a 'must pass assessment', doing well on your mini-CEX can bring your D&P grade up considerably.

Mini-CEX	
What is it?	It is an assessment of **history taking**, **examination** or **procedural skills**
When is it submitted?	It can be completed at any time in each rotation. Week 5-7 is advised. Submit by the end.
Who marks it?	The **consultant or registrar** marks it.
How many do I need to do?	Two per rotation

How is a Mini-CEX marked?

The mini-CEX can be marked by your registrar OR consultant. It is best to let them know perhaps at the start of the week that you are keen to do a mini-CEX at some point soon, and they may select a time or patient in advance. Sometimes the consultant might already have someone in mind and whisk you away to complete one as soon as you ask, so be prepared to perform. Being so busy, you may have to remind supervisors a couple of times - this is just the nature of the system which requires your persistence and patience.

The mini-CEX can be a great opportunity to learn and it is very important that you get your assessor to give you feedback. The marking criteria is quite subjective; not all consultants have the same expectations of students and sometimes you will have gelled better with a team than others. All of these factors come into play with a subjective assessment such as this, so keep in mind they will not make or break your D&P score.

How and when do I submit my Mini-CEX?

We would recommend that if your department/team/consultant doesn't have a set time frame for completing a mini-CEX, complete them towards the end of the block (weeks 5-7). This will have given you a few weeks to watch, observe and have some hands on teaching to get your techniques right before you are assessed on these tasks. As with all other assessments, Mini-CEXs should be submitted to the clinical co-ordinator no later than one week after the block ends.

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STUD0250

Student ID

EXAMPLE ONLY Medical Student Mini-CEX Assessment Form

Student's Name: _____

Block / Rotation: _____ Zone: _____

Assessor: _____ ☐ Consultant ☐ Registrar

(please print name)

Student Photo

Task: .....

Instructions: Clinical Supervisor/s to circle appropriate numbers for student's performance as assessed. If a domain is not relevant to the task please tick "Not observed" and do not score.

	Extremely Poor								Outstanding
1. History Taking Skills (☐ Not observed)	1	2	3	4	5	6	7	8	9
2. Physical Exam / Procedural Skill (☐ Not observed)	1	2	3	4	5	6	7	8	9
3. Counselling Skills (☐ Not observed)	1	2	3	4	5	6	7	8	9
4. Clinical Judgment (☐ Not observed)	1	2	3	4	5	6	7	8	9
5. Professionalism/Humanistic Qualities	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

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

Supervisor Name (please print)			
Position			
Supervisor Signature		**Student's Signature**	
Date			

Assessment:
CLEIMS and Inter-Professional Learning

CLEIMS (**C**linical **L**earning through **E**xtended **I**mmersion in **M**edical **S**imulation) is a week-long inter-professional simulation which teaches you vital skills and helps you to start to understand how decisions are made in a clinical environment. It is a fantastic week where you are put in teams and full day simulations with workshops throughout the week. Students from other disciplines also take part, allowing you to learn to develop the skills to work effectively in a multi-disciplinary team.

Attendance of CLEIMS is compulsory, and academic penalties will apply for absences as outlined in the MD Participation Guidelines. As a fundamental part of the curriculum (and valuable experience), students should make every effort to make the most of this week. In addition, there is some assessment attached to CLEIMS with some mini-OSCE style assessments on fundamental prescribing skills and basic life support, and reflective writing reports.

That is as much that we will divulge for now. The secrecy surrounding CLEIMS is 100% necessary and being somewhat unprepared for it really does improve the learning experience as a whole - just trust in the process.

For a related inter-professional education journal article by Griffith Staff, see the link:

https://experts.griffith.edu.au/publication/n9ba91b71624c156d0a0d815041635b2a

Assessment:
OTHER SUMMATIVE ASSESSMENT

There is a variety of other assessment to be done throughout the year for each theme. Further information about this can be found in the Assessment Document at Learning@Griffith.

In addition, throughout the year (and continuing into fourth year), you are required to complete a number of **National Prescribing Curriculum Modules** (http://learn.nps.org.au). Each rotation will have modules to complete on prescribing for common and important conditions. **These must be completed within 1 week of beginning the rotation**, and handed in to the clinical co-ordinator.

Assessment:
LEARNING OBJECTIVES and Progress Tests

Learning Objectives

At the beginning of Year 3, you will get access to all learning objectives for the remainder of the course. These are accessible on Learning@Griffith under the Curriculum sub-heading in a spreadsheet format. LOs are assigned a score of importance, from 1 being most important, to 4 being least important. All LOs are important to your learning, but the scoring gives you an idea about what you should be proficient at answering and what you should know a little bit about.

LOs are broken down using a number of other criteria in the spreadsheet. These include classification by rotation, by theme and by primarily discipline (such as clinical skills, cardiology, rheumatology, gynaecology etc). There is also a useful set of columns which show which LOs overlap rotations.

The majority of LOs have the stem, 'To have knowledge of the typical presenting features, physical signs and investigation results seen in X condition and to have some knowledge of the underlying pathology, aetiology and management.' As you can see this is quite broad so it is important to find a time efficient way of studying clinical year content. A method that students used in the past was to read about each topic in the Oxford handbooks, if available. Also, useful resources include MedScape and BMJ as their layout of information is actually very similar to the structure of the LO.

Another important tip for learning all of the LOs is to ensure you look up anything you saw during your day at rotation to try and cement in your mind a particular disease presentation. This will help consolidate your knowledge.

Students approach LOs in different ways. Many students break up the LOs into clinical rotations and complete them as they go. Others attempt to complete as many LOs in the first half of the year to attempt to pass the mid-year progress test. Find an approach that works for you.

Progress Tests

There are two progress tests- one in the middle of the year (between block 3 and 4), and one at the end of the year (between block 5 and 6). Progress tests consist solely of MCQ questions, and only assesses DKHI knowledge.

Notionally, the MCQs are broken down like this:

- 25 questions on Year 1 and 2 content
- 90 questions on Year 3 content
- 45 questions on Year 4 content

There are approximately 15 marks per rotation. The Sum of Minima for the progress tests varies as per your previous experience in the pre-clinical years. Year 3 and 4 students sit the same exam, but have different SoM.

Assessment:
Additional Assessment

If you are unsuccessful in meeting the sum of minima in one or more of the D&P, DHC or DLEPP themes the Assessment Panel may choose to provide you with an option to sit additional assessment. **Note: It is important that you read the MD Assessment and Progression guidelines especially in relation to additional assessment as the MD program does not offer supplementary assessment**; see **Learning@Griffith→ Program Information→ Policies, Forms and Guidelines→ MD Guidelines.** Students who do not pass at least one of the progress tests will be offered additional assessment related to the DKHI content covered in Year 3. Additional assessment allows students another opportunity to demonstrate they are competent to proceed into the next year of the course. In D&P, students can complete an additional OSCE.

As stated above, there are two progress tests that assess DKHI. Your best score from the two progress tests will be used to determine your final DKHI result, taking into consideration any differences in the passing score between the two tests. If you pass the first progress test, you can choose to sit the second test (and potentially improve your score), however this is not a requirement. If you failed the first progress test, you must sit the second test. If you have not reached the passing score in either of the progress tests, you may be offered additional assessment, which is a short-answer exam.

Formative SAQ assessments are available on Learning@Griffith and students are encouraged to familiarise themselves with this type of assessment early.

How to Seek FEEDBACK

Seeking and giving feedback is a vital skill that allows you to seek areas for improvement, learn from peers and supervisors, and help others to improve. Seeking feedback allows you to get clear instruction on how to improve your performance and skills as a doctor. Giving feedback to your supervisors on what you need gets you the most out of your time on rotation. This will be an ongoing process throughout your career, and seeking feedback is definitely a skill that needs to be honed.

One of the best times to seek feedback is immediately after doing a task, for example, after presenting a case, or performing a supervised clinical exam. The supervisor has a clear memory of how you perform, and can give you practice tips immediately. Asking for feedback every time you perform a skill causes the supervisor to focus more closely on your performance, as they will come to expect you to ask. For example, the first time you ask, you may get a "Yeah, fine," response. However, if the clinician knows you are likely to ask for feedback, they will watch more closely and give a more constructive response next time. Remember, general questions get general answers, and often supervisors are still learning themselves how to give constructive feedback. This is a great time to ask for specific pointers: for example, "was my percussion technique correct?", or "how would you have gone about asking Mr X about his medication history?".

No student should be surprised by the result of their ITA when they reach the end of their rotation, but this requires both students AND clinicians to actively seek and provide feedback throughout the clinical placement. There is no 'one-size-fits-all' approach for this. It can be useful to let your supervisor know that you'd like to have a chat, and to line up a time to discuss this without distractions, maybe over a coffee. Many students find it easiest to have a relaxed conversation with their supervisor. We recommend keeping your ITA marking criteria in mind as prompts about what to discuss. Other clinicians may find it helpful if you provide a formative ITA (available in this document or at Learning@Griffith) for them to mark and give back. This does not need to be submitted to the School, but does form a useful tool to ask specific questions about how to improve. This is also handy for students who may be borderline passing or struggling, as it provides evidence of your effort to seek feedback and to demonstrate how you have improved over the course of your rotation.

Attendance and Absences

Academic Information

Attendance Requirements

In clinical years, the attendance requirements are quite different from years 1 and 2. These are outlined in the *MD Participation Guidelines*, available on **Learning@Griffith→ Program Information→ Policies, Forms and Guidelines→ MD Guidelines.**

While this handbook provides a brief summary, it is important that you understand the requirements and expectations to get the most out of your placements. Also, attendance assessed in the ITAs. Please bring any questions to Orientation Day, or contact the Year 3 / 4 Academic Team or one of the GUMS team.

- **It's important to attend all days of placement and to let your team know if you can't be there for whatever reason**
- **While there is a maximum of five days' absence per rotation, this is not an entitlement, and includes sick days**
- **You can fail a rotation if your consultant thinks you have missed too many important events even if you take less than five days**
- **You can receive academic penalties if you miss more than one clinical teaching session or day of CLEIMS**
- **You can apply for conference leave during certain times of the year, which will require approval by the Academic Manager**

Absences

The MD Guidelines states that students are required to attend all clinical placements, with an absolute limit of **five working days (or one week) of absence per rotation**. **This includes leave for illness and family reasons.** If a student exceeds the limit, they may not pass their rotation, and may be required to repeat this rotation during the Year 4 Elective Block, and maintain an attendance log.

Even if a student does not exceed this limit, **the clinical supervisor may award an unsatisfactory mark for the ITA**, if they feel the student has missed an unacceptable number of clinical events. Students who will be absent should notify their supervisor and clinical coordinator as soon as possible and obtain a medical certificate, which can be used for consideration when their clinical supervisor completes their ITA. A set of attendance standards have been outlined by the School of Medicine, with input from students via GUMS. These standards aim to give students a clear understanding of attendance expectations, and will be attached to each ITA to guide the supervisor when marking.

Throughout the semester there are also designated clinical teaching sessions, and CLEIMS. If a student is absent from more than one of these session without a medical certificate, they will accrue academic penalties for each absence. Please review the MD Guidelines for further details.

Clinical year students that are in good academic standing are able to apply for **conference leave** on application to the Year 3/4 Academic Manager (A/Professor Teodorczuk). There are certain weeks when leave will not be approved including during CLEIMS weeks, and certain weeks during Aged Care/Cancer Care Block, or Intensive Care/Anaesthetics/Orthopaedics block. Approval is required at least 60 days in advance of the conference, and students should apply for leave prior to purchasing tickets or flights to an event.

"There's nothing to do!"

Every student has been in this situation:

Ward round has finished and you've been finishing the intern's paperwork. You find that the rest of the team went off for coffee without telling you, and you are sitting there twiddling your thumbs.

Here is our ultimate list on what to do next:

1) **Examine a patient**- this is a great opportunity to practice a respiratory assessment, or take a social history. Hone those OSCE skills! Most patients are as bored as you are and would love some company.

2) **Pick a patient to present on tomorrow's ward round**- you will get the undivided attention of your reg and consultant to get that feedback you need to improve. Look at the patient, their bloods, their scans, their notes- do they need any referrals or tests? Has something been missed? Just be sure to ask your team before you leave that day.

3) **Check the ward call/jobs list**- often there are cannulas or bloods that need doing.

4) **Shadow the allied health staff**- What does a speech path/OT/dietician/physio/social worker ACTUALLY do? This is best organised a day or two ahead to ensure the allied staff are happy to have you tag along, and your team knows where you will be.

5) **Ask the nurse** - Some people hesitate to ask a nurse out of fear they will get asked to shower Mrs B in bed 9. Don't worry- nurses know what you are interested in- they might have a fascinating patient to see, be removing pericardial drains, setting up for a paracentesis, doing a vacuum dressing or placing a catheter.... Just be prepare to help with anything.

6) **Observe an investigation**- Your patient is going for an echo/USS/PET/CT/MRI at 1300. Check with your team, and call the department (often medical imaging) to ask if you can come and observe.

7) **Attend training:** This can be intern training, grand round, multi-disciplinary team meetings, or even nursing in-services (these are usually on practical skills and only go for half an hour).

8) **Go to the hospital library**- just make sure someone knows where you are and have your phone number if they need you.

As long as your team knows where you are, and you aren't getting in the way of other student's opportunities who are on other rotations, then the options are endless. If you need more ideas, talk to your clinical coordinator or Sub Dean about other opportunities at your clinical site.

Communication Hour & SEMINAR SERIES

Academic Information

Every two months, the Academic Managers will be visiting a different zone to meet with students. During this time, they will be available to discuss any issues you may be having related to the curriculum, called **Communication Hour**. Questions can be sent prior to the day to mededsupporty3y4@griffith.edu.au or may be forwarded through your GUMS representatives. We hope this time will help to improve communication between students and the staff, and to manage any concerns proactively.

In the afternoon on the same day as Communication Hour, we will be introducing the **Seminar Series**. Students can nominate topics or areas of interest in advance that they would like to learn more about, to the clinical sub dean. An expert in the field will present a seminar on the selected topic. In addition, a student from that zone will present on a topic of interest. The Seminar Series will be teleconferenced to all clinical zones.

Provisional Dates:

Tuesday, 7th February: Logan Hospital

Tuesday, 4th April: Gold Coast

Tuesday, 6th June: TBC

Tuesday, 1st August: TBC

Tuesday, 3rd October: TBC

Appeals and Complaints

Academic Information

Your student experience at Griffith should be a positive one, so the university regularly seeks feedback on services, the quality of our teachers and courses. Students can learn more about what the university expects of its staff, and of its students in the Student Charter. Griffith is committed to promoting a 'complaints friendly culture' so that complaints can both address student concerns and offer useful information to improve services. There are various support services within the university including the Student Welfare and Liaison Officer, and Student Ombudsman, as well the GUMS Advocacy Officer or year representatives. More information can be found online at https://www.griffith.edu.au/students/student-complaints.

The five most relevant documents are:

- Assessment Policy
- Student Review and Appeals Policy
- Student Review and Appeals Procedures
- Student Complaints Policy
- Student Complaints Procedures

Harassment & BULLYING

Health and Wellbeing

It is a sad reality that medical students in Australia are, at times, subject to bullying and harassment on clinical placements. This may be by clinical staff, administrative staff, university staff, or other students. This is rare, but it can have devastating impacts on everyone involved. Often things aren't black and white, and you may not be sure if a certain behaviour is acceptable. Maybe someone has made you uncomfortable with a sexually suggestive comment, or they yelled at you during ward round for not having the path forms ready. Maybe you have a colleague who is being repeatedly ridiculed, or has asked you for help. Regardless of the circumstance, we are here to help you figure out how to deal with the situation, and what to do next. There are several ways you can seek help.

1) **The School of Medicine**- For any concerns, these are best directed to your site clinical coordinator, or secondly to the site sub dean. If you feel like you aren't getting the support you need, or aren't comfortable speaking with them, you can contact Andy or Lisa who are always happy to help. Ultimately, students are encouraged to contact any member of staff that they trust and feel able to confide in.

2) **Doctors Health Advisory Service**- This is a confidential service run by doctors, which provides a 24/7 phone service to provide support and advice in any circumstance, including bullying and harassment, mental or physical illness, and substance use.

3) **GUMS Advocacy Officer**-Students can speak with the advocacy officer or year level representative, particularly if they are not sure where to go next. While it is always preferred to let us know who you are so we can get in touch with you, anonymous concerns can be reported through GUMS Help, which go directly to the Advocacy Officer, who can then discuss these with the academic managers. (http://bit.do/gumshelp)

4) **Griffith University Contact Officers-** these are trained staff employed for the university who are available to speak with students who can provide advice and support. They are able to help with issues with clinical or academic staff. (https://www.griffith.edu.au/equity/harassment-discrimination-bullying)

5) **Hospital Human Resource Department-** For the purpose of bullying and harassment, students are classed as 'employees' under policy. This means they are entitled to and able to access to same support and complaints pathway. Workplace Equity and Harassment Officers can provide advice and support, and can be contacted through QHEPS. While this is generally not the first choice, this is an option, particularly if there are serious concerns.

   (See https://www.health.qld.gov.au/nonconsumer_complaint/docs/res_complaints.pdf)

The School of Medicine takes a zero tolerance approach towards bullying and harassment and will actively assist any student who seeks support, regardless of whether they would like to make a formal complaint if this is required. Ultimately, we are here to keep you safe and well throughout every placement- even if you aren't sure, we are here to help.

STRESS MANAGEMENT & Wellbeing

Health and Wellbeing

We all know how incredibly important wellbeing is when it comes to surviving medicine. This only becomes more important in clinical years, and as we continue into our careers. To provide unique insight, we have interviewed staff about the ways they've managed stress.

Staff Stress Management Tips
"Listening to other people's conversations, and getting out of my own head for 50 minutes, via the ABC radio"
"Just knuckle down and do the thing I'm avoiding/stressing about- doing the work reduces the stress" *"Identifying, owning and then managing my part in the stress being experience"* *"Putting it into perspective- Being grateful for the abundance of good- that is far bigger than the stress- in my life"* *"Restoring the balance- laughing with friends"*
"Noticing my own needs and in Kwong's words 'being kind to myself'. This sometimes means eating Lindt zesty lime chocolate (always a great way to bribe me) and also means a great belly laugh with people I care about and I know care about me. Laughing with friends diffuses a stressful situation and turns it back into a 'doable challenge'. Creative writing also helps me regain perspective."
"Whenever I feel anxiety coming on, I detach from events and think that whatever is going on to precipitate stress, it is more fun to be a spectator than a participant. Looking at the whole situation from a remote perspective has an immediate, anxiolytic effect."
"What restores me most though, is to connect with my bush backyard (akin to the Japanese practice of Shinrin yoku) - helps to put things in perspective. And, I know I'm predictable, but of course I journal!"

Entering third year may mean your support networks have changed, and friends and family may no longer be as close. This does not mean you need to do it alone. Please speak with anyone of the **GUMS team**, or speak with whoever on staff you feel most comfortable with. **Lisa Amey** can be contacted at l.amey@griffith.edu.au. **GUMSHelp** is an online form that directs straight to the GUMS Wellbeing Officer, and can be used without providing personal details. If you would prefer to speak to someone outside of Griffith, finding a local GP is a great source of support and can refer you for additional help. You can contact **Beyond Blue on 1300 22 4636**, or the **DHASQ** (a 24-hour confidential service provided by doctors for doctors) **on 07 3833 4352.**

Tips from STUDENTS & REGISTRARS

Health and Wellbeing

Tips from Students

"Stick to your timetabling and plans, procrastination is my worst enemy and if I just force myself to do the reasonable goals I have set out then I feel better."

"I talked about my stress, actually cooked food for myself in advance, and had study buddies that helped cheer me up and pull me through exams."

"Don't freak out; just take each day as it comes."

"Take snacks on the gen med ward rounds because they never end."

"Try to prepare before each block- do some reading so that you know a little of what to expect so you can hit the ground running, and not look like an idiot."

"Show up and show interest- this is when people will start teaching you."

"Don't wait to be asked to do things- just get in, look for opportunities to get involved."

"Keep a list everyday of what you are learning or seeing, what you don't know enough about, or what was totally new- then go home and learn about these. I focused on this rather than the learning issues."

"Practice every MCQ you can get your hands on before the progress test."

"There is loads of teaching if you know where to look- intern training, residents training, grand rounds, uni seminars. Team-based teaching can be variable so branch out."

"Befriend midwifes, nurses and allied health staff."

Tips from Registrars

"Be proactive"

"Be organised"

"Carry forms for pathology/radiology/referrals with you on ward round"

"Volunteer to document on ward rounds"

"Actively help your intern/resident with daily tasks"

"If your Registrar is admitting a patient, ask if you can watch/learn/listen the first time, then take the history and examine the patient the first time"

"Practice summarising patient histories and reporting them to your peers"

"Put your hand up for any procedural opportunities that arise"

"Ask questions of all members of your team"

"Tell your team when you have teaching or are otherwise not available"

"Engage as an active team member"

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