

GRIFFITH UNIVERSITY 2020

# THIRD YEAR ORIENTATION GUIDE

A COLLABORATION BETWEEN  
GRIFFITH UNIVERSITY MEDICAL SCHOOL  
AND GRIFFITH UNIVERSITY MEDICAL SOCIETY

# Welcome



## Third Year Orientation Booklet

### GUMS Welcome

Congratulations on reaching the clinical years of medicine - this is a big milestone and where you really start to see what your future career will be like! So far we have battled our way through lectures, anatomy labs and PBL, counting down the days until we would be part of a clinical team. That day is finally upon us and as exciting as reaching this point may be, for many of us it may be a daunting prospect. The year is long and tough, but it has the potential to be the most rewarding one yet!

The hospital is filled with learning opportunities - many patients for you to see, unlimited images and blood tests to interpret - it's whatever you make of it! Each day of your placement, you will keep improving and learn the skill set you will need to be a good doctor. So make the most of every opportunity and experience!

This guide 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 format, to guide your way through third year. It summarises a lot of information available at [Learning@Griffith](mailto:Learning@Griffith), and while it should not be used as 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 [wadie.rassam@griffithuni.edu.au](mailto:wadie.rassam@griffithuni.edu.au) or to Lisa Amey at [l.amey@griffith.edu.au](mailto:l.amey@griffith.edu.au).

I hope that the next twelve months are rewarding and will make you more keen for what's to come. In saying that, there will be ups and downs and there will be days that test your commitment. Because of this, you have to always look out for each other, share the weird and wonderful experiences you will all have and seize this year as much as you can - it will go by before you know it. All the best and please keep in touch!

Wadie Rassam 2020 GUMS President.

### School of Medicine Welcome

Like Wadie, 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.

In 2018, to improve staff-student communication, working with GUMS, we consolidated the Communication Hour, in which students were able to regularly discuss any concerns regarding placements, curriculum, and assessment with the Year 3 & 4 Academic Team. The Communication Hours were considered a success and will be continued for 2020.

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

Professor Andrew Teodorczuk, A/Prof. Chris Anstey & Dr Lisa Amey.  
Year 3 & 4 Academic Team

**This Guide is a brief summary to help equip you for third year. It must be read in conjunction with the Course Booklets and Course Profile, found on [Learning@Griffith](mailto:Learning@Griffith).**

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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).*

<b>Gold Coast Clinical Coordinator</b>	Mrs Sarah Sheehy/ Mrs Suzanne McKay	<a href="mailto:medgcclinicalcoordinator@griffith.edu.au">medgcclinicalcoordinator@griffith.edu.au</a>	07 5678 0781
<b>Gold Coast Medical Education Coordinator</b>	Ms Christine Sly Ms Taryn Gallop	<a href="mailto:Christine.sly@health.qld.gov.au">Christine.sly@health.qld.gov.au</a> <a href="mailto:Taryn.gallop@health.qld.gov.au">Taryn.gallop@health.qld.gov.au</a>	07 5687 0351 0403 602 212
<b>Logan Clinical Coordinator</b>	Ms Karen Leworthy	<a href="mailto:k.leworthy@griffith.edu.au">k.leworthy@griffith.edu.au</a>	07 3299 9591
<b>Rural Chief Operating Officer</b>	Ms Megan O'Shannessy	<a href="mailto:m.oshannessy@qrme.org.au">m.oshannessy@qrme.org.au</a>	07 4638 7999 0427 693 823
<b>Rural Clinical Coordinator Year 3</b>	Ms Bernadette Purcell	<a href="mailto:b.purcell@qrme.org.au">b.purcell@qrme.org.au</a>	07 4638 7999
<b>Rural Clinical Coordinator Year 4</b>	Ms Kaitlyn Anderson	<a href="mailto:k.anderson@qrme.org.au">k.anderson@qrme.org.au</a>	07 4638 7999
<b>Tweed (Year 3) Clinical Coordinator</b>	Ms Melissa Johnston	<a href="mailto:NNSWLHD-TWE-StudentCoordinator@health.nsw.gov.au">NNSWLHD-TWE-StudentCoordinator@health.nsw.gov.au</a>	07 5506 7660
<b>Tweed (Year 4) Clinical Coordinator (Mon–Thu)</b>	Ms Kelly Jenkins	<a href="mailto:NNSWLHD-TWE-StudentCoordinator@health.nsw.gov.au">NNSWLHD-TWE-StudentCoordinator@health.nsw.gov.au</a>	07 5506 7797
<b>Queen Elizabeth II Clinical Coordinator</b>	Ms Nicola Hughes	<a href="mailto:nicola.hughes3@health.qld.gov.au">nicola.hughes3@health.qld.gov.au</a>	07 3182 6337
<b>Sunshine Coast Clinical Coordinator</b>	Ms Judith Walmsley	<a href="mailto:j.walmsley@griffith.edu.au">j.walmsley@griffith.edu.au</a>	TBC

### 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 coordinator for student issues.*

<b>Gold Coast</b>	Professor Harry McConnell	<a href="mailto:h.mcconnell@gmail.com">h.mcconnell@gmail.com</a>
<b>Logan</b>	TBC	TBC
<b>Rural</b>	Dr Kay Brumpton	<a href="mailto:k.brumpton@qrme.org.au">k.brumpton@qrme.org.au</a>
<b>Tweed</b>	Dr Joe Ogg	<a href="mailto:joeogg@bigpond.com">joeogg@bigpond.com</a>
<b>Queen Elizabeth II</b>	A/Prof. Praga Pillay	<a href="mailto:Praga.Pillay@health.qld.gov.au">Praga.Pillay@health.qld.gov.au</a>
<b>Sunshine Coast</b>	A/Prof. Ted Weaver	<a href="mailto:t.weaver@griffith.edu.au">t.weaver@griffith.edu.au</a>

## 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.

<b>Clinical Placements Officer</b>	Ms Karen Wilson	<a href="mailto:medclinicalplacements@griffith.edu.au">medclinicalplacements@griffith.edu.au</a>	07 5678 0776
<b>Fit for Placement Officer</b>	Ms Meg Lindley	<a href="mailto:fitforplacement@griffith.edu.au">fitforplacement@griffith.edu.au</a>	07 5552 9480
<b>GP Rotation Clinical Coordinator</b>	Mr Peter Northcott	<a href="mailto:clinicalplacements@gcphn.com.au">clinicalplacements@gcphn.com.au</a>	07 5612 5419

**PLEASE NOTE:** THERE IS A FORMAL SPECIAL CONSIDERATION PROCESS THAT APPLIES TO PREFERENCING OF ZONES AND THE ASSOCIATED SONIA PROCESS. THERE IS NO FORMAL SPECIAL CONSIDERATION PROCESS FOR GP SELECTIONS. THESE ARE DEALT WITH ON A CASE BY CASE BASIS VIA THE ACADEMIC MANAGER. Please be familiar with the deadlines for the special consideration processes, as applied to Sonia zone preferencing.

## 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.

<b>Admin Support Years 3 &amp; 4</b>	Mr Lester Norris	<a href="mailto:mededsupporty3y4@griffith.edu.au">mededsupporty3y4@griffith.edu.au</a>	07 5678 0315
<b>Academic Lead Years 3 &amp; 4</b>	Professor Andrew Teodorczuk	<a href="mailto:a.teodorczuk@griffith.edu.au">a.teodorczuk@griffith.edu.au</a>	07 5678 0891
<b>Associate Academic Lead Years 3 &amp; 4 (Sunshine Coast)</b>	A/Prof. Chris Anstey	<a href="mailto:c.anstey@griffith.edu.au">c.anstey@griffith.edu.au</a>	07 5202 0333
<b>Associate Academic Lead Years 3 &amp; 4</b>	Dr Lisa Amey	<a href="mailto:l.amey@griffith.edu.au">l.amey@griffith.edu.au</a>	07 5678 0864
<b>Director of Medical Studies</b>	Professor Ray Tedman	<a href="mailto:r.tedman@griffith.edu.au">r.tedman@griffith.edu.au</a>	07 5678 0317

There are also **Clinical Leads** who are hospital-based specialists who have a part-time role with the School of Medicine and 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.

## GUMS Team

<b>President</b>	Wadie Rassam	<a href="mailto:Wadie.rassam@griffithuni.edu.au">Wadie.rassam@griffithuni.edu.au</a>
<b>Vice Presidents (Gold Coast)</b>	Gayatri Bhagwat	<a href="mailto:Gayatri.bhagwat@griffithuni.edu.au">Gayatri.bhagwat@griffithuni.edu.au</a>
	Lachlan Paterson	<a href="mailto:lachlan.paterson2@griffithuni.edu.au">lachlan.paterson2@griffithuni.edu.au</a>
<b>Vice President (Sunshine Coast)</b>	Janis Fernandes	<a href="mailto:j.fernandes@griffithuni.edu.au">j.fernandes@griffithuni.edu.au</a>
<b>Immediate Past President</b>	Rhys Harris	<a href="mailto:rhys.harris@gums.org.au">rhys.harris@gums.org.au</a>
<b>Year 3 Advocacy Rep</b>	Emily D’Arcy	<a href="mailto:Emily.darcy@griffithuni.edu.au">Emily.darcy@griffithuni.edu.au</a>

<b>GCUH Representative</b>	Emily D’Arcy
<b>Logan Representatives</b>	Melissa Braun
<b>Tweed Representative</b>	Maddie Dick Thaddeus McFarlane
<b>Year 3 Rural Representatives</b>	Grace Hocking
<b>SCUH Rep</b>	Marie Nguyen
<b>QEI Representative</b>	Shireen Pandher
<b>International Student Representative</b>	Deepti Rajguru

The full GUMS team list can be viewed at : <http://gums.org.au/site/about/2020-team/>

# 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).

At the end of every rotation, you will be asked to complete a **Rotation Evaluation Form**. These are vitally important to provide useful feedback to improve your learning experience, and are submitted online. In addition, students are encouraged to complete the **biannual SEC and SET** responses. Student feedback is vital to improving the student experience and curriculum. **Your constructive feedback is invaluable**, and we would appreciate your input.

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 DKHI MCQ Exam Year 3 DHC Written Exam		Study week with DKHI MCQ Exam
Break week		
Block 4	Aged and Cancer Care (CLEIMS)	Selective
Block 5	Women’s Health	General Practice
Block 6	Mental Health	Study Week Assessment Period
Study Week Assessment period		

Please note that this handbook does not cover the rotation 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 <b>general assessment of your performance</b> .
When is it submitted?	To be signed in the <b>last week of your rotation</b> . Submit it at the end of your rotation.
Who marks it?	It must be marked by your <b>consultant</b> . In certain cases, it can be marked by your registrar and co-signed by your consultant.
How many do I need to do?	Usually <b>one per rotation (two in Aged Care-Cancer Care Rotation)</b>

### OSCARS

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

### Mini-CEX

What is it?	It is an assessment of <b>history taking, examination or procedural skills</b>
When is it submitted?	It can be completed at any time in each rotation. Week 5-7 is advised. Submit at the end of the rotation
Who marks it?	The <b>consultant or registrar</b>
How many do I need to do?	<b>Two</b> per rotation (1 formative & 1 summative)

### Other Assessment

CLEIMS  
and  
Inter-professional Learning

NPS Modules

Learning Objectives  
and  
Progress Testing

D & P

DHC

DLEPP



# Assessment: IN-TRAINING ASSESSMENTS



## What is an ITA?

An ITA (In-Training Assessment) is a form that assesses:

- Clinical Criteria - encompassing Knowledge base, Clinical Skills, Clinical reasoning and Procedural skills
- Communication Criteria - involving patient and family interaction, medical record documentation
- Personal and Professionalism criteria, which 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 <b>general assessment of your performance.</b>
When is it submitted?	To be signed in the <b>last week of your rotation.</b> Submit it at the end of your rotation.
Who marks it?	It must be marked by your <b>consultant.</b> In certain cases, it can be marked by your registrar (co-signed by your consultant).
How many do I need to do?	Usually <b>one per rotation (two in Aged Care-Cancer Care Rotation)</b>

## 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 is to be signed in the last week of your block and be submitted with your other assessment forms (OSCARs and mini-CEXs) by dropping it into your Clinical Site Supervisor. On rare occasions, you may have your ITA completed prior to your final week – for example, if you change teams late during your rotation. If this occurs, you **must have the attendance section of the ITA co-signed in the final week of your rotation.**

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 from 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.***

## 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 (\*1<sup>st</sup> 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's Name: \_\_\_\_\_

☒ Griffith University

☐ Bond University

Block / rotation: \_\_\_\_\_ Zone: \_\_\_\_\_

Student Photo

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
<b>CLINICAL</b>					
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					
<b>COMMUNICATION</b>					
Patient and family - Interacts effectively and sensitively with patients and families/care givers					
Medical records/clinical documentation - Provides clear, comprehensive and accurate records					
<b>PERSONAL AND PROFESSIONAL</b>					
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					

<b>OVERALL ROTATION GRADE</b>	<input type="radio"/> PASS	<input type="radio"/> BORDERLINE	<input type="radio"/> FAIL
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Comments:

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

Supervisor Name (please print)	
Position	
Signature	
Date	

# Assessment: OSCARS



## What is an OSCAR?

Online Student Case Report System is a style of case-based learning, where the student will present and write a report based on a case they 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. The School conducts random checks for plagiarism in OSCARS.

Please note, in Aged Care Cancer Care, there are **2 Formative and 2 Summative OSCARS** (one in each block).

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

## How is an OSCAR marked?

You are to present your completed OSCARS to your supervising clinician as you complete them (not all at the end of the rotation, aim to do one/week for weeks 2-5) and seek feedback on how to improve them. Registrars and consultants can both sign OSCARS. At some sites, you will present OSCARS as part of CBL (e.g. GCUH). 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 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
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Taking observations, yourself ensures that you have a record of how the patient was when you saw them. Compare 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 present 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 examination or a procedure. Each rotation has a different list of recommended mini-CEX tasks. **You must complete two mini-CEX forms per rotation** – 1 formative and 1 summative 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.

Mini-CEX	
What is it?	It is an assessment of <b>history taking, examination or procedural skills</b>
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 <b>consultant or registrar</b> marks it.
How many do I need to do?	Two per rotation (1 formative & 1 summative)

## 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 them a couple of times - this is just the nature of the system and 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, and Mini-CEXs should be submitted to the clinical co-ordinator, no later than one week after the block ends.

# **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 ( <input type="checkbox"/> Not observed )	1	2	3	4	5	6	7	8	9
2. Physical Exam / Procedural Skill ( <input type="checkbox"/> Not observed )	1	2	3	4	5	6	7	8	9
3. Counselling Skills ( <input type="checkbox"/> Not observed )	1	2	3	4	5	6	7	8	9
4. Clinical Judgment ( <input type="checkbox"/> 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 (Clinical Learning through Extended Immersion in Medical Simulation) 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 paired in teams and full day simulations with workshops throughout the week. Students from other disciplines also take part and you learn to develop the skills to work effectively in a multi-disciplinary team.

Attendance at CLEIMS is compulsory. As a fundamental part of the curriculum (not to mention the value of the 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 skills of prescribing 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.

All students, from each of the hospital sites, will attend CLEIMS on the Gold Coast in 2020.

Any CLEIMS- related questions should be directed to Jennifer Witney at [j.witney@griffith.edu.au](mailto:j.witney@griffith.edu.au)

For a related inter-professional education journal article by Griffith Staff:

<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](mailto: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 (usually three) to complete on prescribing for common and important conditions. **These must be completed within 1 week of beginning the rotation**, by emailing the *Certificate of Completion* and *Drug Formulary* to your clinical coordinator.



# Assessment: LEARNING OBJECTIVES and Written Exams



## 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 learn something about, but the scoring gives you an idea about what you should be proficient at answering versus what you should know a little bit about a topic. Students need to study for all outcomes even when they have not received teaching on them, as all can be assessed.

LOs can also be broken down using a number of other criteria which are included in the spreadsheet. This includes by rotation, by theme and by primary discipline (such as clinical skill, cardiology, rheumatology, gynaecology etc). There is also a useful set of columns which show which LO's 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. Methods students have used in the past is reading about each topic in the Oxford handbooks if available to you. Also useful 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.

## DKHI MCQ Exams

There are two DKHI MCQ exams- one in the middle of the year (between block 3 and 4), and one at the end of the year (after block 6). These exams consist solely of MCQ questions, and assess DKHI knowledge. Questions will cover:

- Some Year 1 and 2 content
- Predominantly Year 3 content in Year 3
- Predominantly Years 3 & 4 content in Year 4

There is division of marks across each discipline.

## Assessment: Supplementary Assessment



If you are unsuccessful in meeting the sum of minima in one or more of the themes you may be provided with the opportunity to sit supplementary assessment. This is dependent on score being within the supplementary range, as set out in the Course Profile. **Note: It is important that you read the MD Assessment and Progression guidelines as these have recently been updated;** see **Learning@Griffith→ Program Information→ Policies, Forms and Guidelines→ MD Guidelines**. Supplementary assessment allows students another opportunity to demonstrate they are competent to proceed into the next year of the course. Supplementary assessment can take varying forms. In D&P, students will complete an additional 12 station OSCE. In DKHI, students complete a short-answer paper, if they do not meet passing score of the MCQ exams.

Students who sit supplementary assessment are not able to achieve a grade greater than 4.

Students will be provided with feedback prior to supplementary assessment to assist them in preparing for their exam. It is important that **students are available to meet over the exam period** for this process.

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

## Assessment: Special Consideration



Students can apply for Special Consideration for assessments if you feel that your performance was seriously affected, or were seriously disadvantaged when the assessment item was attempted. Special consideration can be considered for **illness, accident, disability, bereavement, and compassionate circumstances**. Evidence should be provided with the application. Applications for special consideration must be lodged online no later than **three working days after the date** of the examination or the due date of the assessment item.

If a special consideration application is approved, the student may be offered an alternative assessment (in lieu of a supplementary assessment).

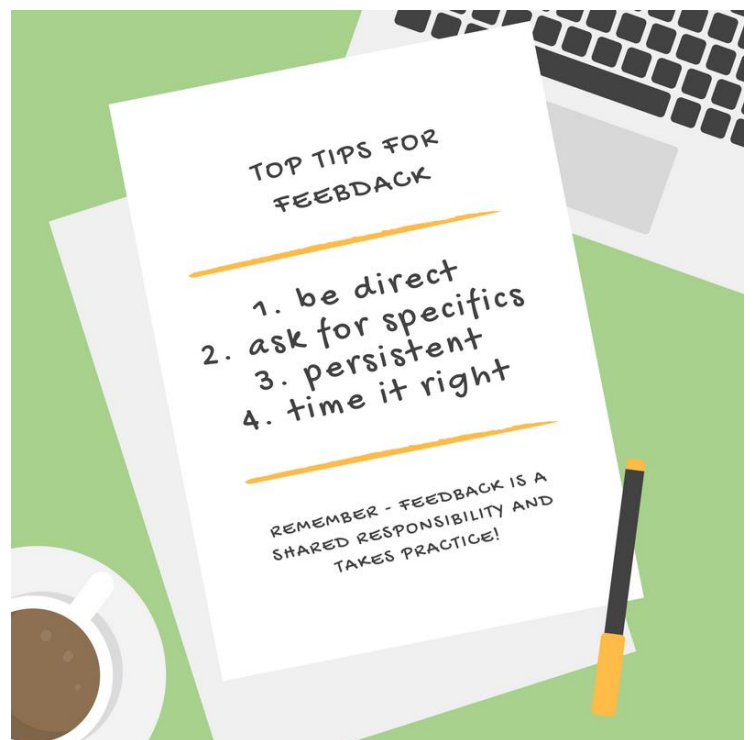
Students are welcome to speak with the Year 3 / 4 Academic Manager or Associate Managers if they require further information. Further information and the application form can be found at <https://www.griffith.edu.au/students/assessment-exams-grades/special-consideration>

# 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. It allows you to get clear instruction on how to improve your performance and skills as a doctor, and to give feedback to your supervisors on what you need to get 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](mailto: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, but also as this is 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**

All students should be guided by the **Griffith Health Code of Professional Practice** (<https://policies.griffith.edu.au/pdf/Griffith-Health-Code-of-Professional-Practice.pdf>) which addresses the standards of professional behaviour expected of students, including professional conduct, performance, compliance and fitness to practice.

### 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, or 20 working days across the year. 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 can apply for **conference leave** on application to the relevant Sub Dean. 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. When leave is not approved, this means that the School believes there is an education risk to taking the leave.

**For full details, please refer to the *Attendance Standards* and *Conference Leave Policy* can both be found at Learning@Griffith → Program Information → Policies, Forms and Guidelines → MD Guideline**

# "BUT THERE'S NOTHING TO DO!"

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



## 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, placing a catheter...
- 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 rounds, 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 & SEMINARS



## Academic Information

Approximately every six weeks, the Academic Managers and other key Academic staff (e.g. theme leads) will be visiting a different clinical site 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](mailto: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.

On the same day as Communication Hour, students will attend the **Seminar Series**. Students can nominate topics or areas of interest in advance that they would like to learn more about, to the clinical subdean. An expert in the field will present a seminar on the selected topic. In addition, a student from that clinical site will present on a topic of interest. Seminar Series may be teleconferenced to all clinical zones.

# 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-** Students can speak with their relevant Sub Dean as a first port of call. There are several other staff that students can speak with. **Eve De Silva** is the School Contact Officer. The role of a Contact Officer is to facilitate early resolution of incidents by providing a first point of contact for staff and students who are being subjected to behaviour that is upsetting to them. This enables individuals to seek confidential and private support as well as information on the options available to them. All discussions with Eve are strictly confidential, and meeting with Eve does not mean you are taking action or making any decisions. In addition to this Eve is also a primary contact for all students in relation to any matter which is causing them distress in the workplace or areas of study. This is not intended to replace the normal relationships between students and course convenors, but it does ensure that anyone who is not feeling their best at work or study within the school, for whatever reason, can access someone who will provide support and give advice about other services that can be accessed. She can be contacted at [e.desilva@griffith.edu.au](mailto:e.desilva@griffith.edu.au) or **07 5678 8024**. You can also speak with your site clinical coordinator, or site subdean. You can also contact the Year 3 / 4 Academic Lead or Associate Leads 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.
- 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 can 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](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

Entering third year may mean your support networks have changed, and friends and family may no longer be as close by. This does not mean you need to do it alone. **Griffith provides free counselling** to students, including teleconferencing for rural students and at the Logan campus. You can also speak with any person on the staff, including your clinical sub dean. **Eve de Silva** provides confidential support to students and is not involved in any academic processes. She can be contacted at 56788024 or at [e.desilva@griffith.edu.au](mailto:e.desilva@griffith.edu.au). Students are welcome to speak with any member of the GUMS team to help connect with support. 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**. Griffith has a **Crisis Support Service** that can be contacted by phone on 1300 785 442 or text on 0488 868 742.



## Student Bundle on Learning@Griffith

This tool has been designed to connect you quickly and easily with the wide range of services and support on offer across the university to assist you throughout your studies.



Link can be found on Learning@Griffith → My Organisations → Wellness STUDENT Toolkit Health



### 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 cooked food for myself in advance, and had study buddies that helped cheer me up"*

*"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 every day 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 midwives, nurses and allied health staff."*

# Tips from STAFF & REGISTRARS



## Health and Wellbeing

### Staff Stress Management Tips

*Listening to other people's conversations, and getting out of my own head for 50 minutes, via the ABC radio*

*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*

Just knuckle down and do the thing I'm stressing about- doing the work reduces the stress

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 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!*

### Tips from Registrars

*Be proactive and organised*

*Volunteer to document on ward round*

*Actively help your intern/resident with daily task*

*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 second 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"*

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

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