



UNSW MEDICINE & HEALTH

# Medicine and Arts/Medicine Phase 3 Guide for Students, 2022

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## Welcome



Welcome to Phase 3 of the UNSW Medicine Program.

P3 is a challenging couple of years, which leads on to you becoming a fully-fledged junior doctor capable of undertaking intern clinical responsibilities. P3 marks a departure from the more familiar university grounds to being fully embedded in the clinical workplace. Each of you has done significant groundwork to get to this point. P1 and P2 have given you a firm foundation in the biomedical sciences and you have gained some proficiency in clinical assessment and management. After years sampling a variety of clinical environments in P3 the immersion is more complete. While there will be less didactic teaching, you will learn from your patients, all health care professionals and each other within the workplace. There will be patient journeys you will never forget and a long list of clinicians, doctors as well as nurses and allied health staff, who will be your guides and role models.

Each clinical experience invites you to integrate your knowledge with practice. Read up daily on those challenging cases. Discuss them with your peers and with experienced clinicians. The learning habits you develop now will stand you in good stead throughout your professional careers. Above all, take every opportunity to immerse yourselves and be involved in the day-to-day work of the health care teams. You will find contributing as valued and valuable members of the health care community immensely more rewarding than passivity.

This guide and the course guides will outline activities and expectations of assessment. Further information and learning resources will be available in the Phase 3 module in Moodle. Announcements of any changes will be made in Moodle so it is important that you regularly log in.

Everyone has a different journey through P3, and this is especially so since all of you will have had your learning affected by the pandemic in some way. P3 is an exciting but transient part of your education, the last chance to ensure you are confident as you begin your professional careers as junior doctors.. We urge you take full advantage of your privileged roles as senior medical students at UNSW's teaching hospitals, in our communities, and in the world.

A/Prof Arvin Damodaran and Dr Melanie Fentoullis  
Phase 3 Convenors

## Structure of Phase 3: Independent reflective learning

Phase 3 consists of ten 8-week courses over Years 5 and 6. You will be required to complete seven core courses in the major disciplines. Emergency Medicine / Critical Care requires successful completion of a minimum 4-week emergency department placement.

Assessments will consist of course assessments and phase assessments including a final review of your portfolio.

### *Courses in Phase 3*

Detailed information on each of the core courses will be provided in the relevant course guides.

#### **Core courses:**

Medicine [MFAC 3501]

Surgery [MFAC 3502]

Psychiatry [MFAC 3503]

Primary Care (General Practice) [MFAC 3504]

Obstetrics & Gynaecology [MFAC 3505]

Children's Health (Paediatrics) [MFAC 3506]

Emergency/Critical Care [MFAC 3508]

#### **Other Phase 3 courses (not included for WAM/Distinction consideration):**

Clinical Transition Course [MFAC 2507]

Elective [MFAC 3514]

Selective [MFAC 3509]

Preparation for Internship (PRINT) [MFAC 3515]

All courses in Phase 3 are 10 UOC, except for the Clinical Transition course (2507) which is 6 UOC and the Elective (3514) and PRINT (3515) courses which are 8 UOC. It is your responsibility to enrol in the correct courses. You are also required to enrol in the Biomedical Sciences Viva in Year 5 and the final examinations in Year 6. Failure to enrol in these examinations can result in late fees imposed by the University or exclusion from the exams.

### Sequencing of courses in Phase 3

The sequence of courses will be fixed for each student. There are 8 possible sequences.

	A	B	C	D	E	F	G	H
4TP4	CTC							
5STP	Med	Surg	Children's	O&G	Med	Surg	Primary Care	Psych
5TP1	Surg	Med	Psych	Children's	Surg	Med	O&G	Primary Care
5TP2	Psych	Primary Care	Med	Surg	Children's	O&G	Med	Surg
5TP3	Children's	O&G	Surg	Med	Psych	Primary Care	Surg	Med
5TP4	O&G	Children's	ED/Selective	ED/Selective	Primary Care	Children's	Psych	O&G
6STP	Elective							
6TP1	ED/Selective	ED/Selective	Primary Care	Psych	O&G	Selective	Children's	Selective
6TP2	Selective	Selective	O&G	Primary Care	ED/Selective	Psych	ED/Selective	Children's
6TP3	Primary Care	Psych	Selective	Selective	Selective	ED/Selective	Selective	ED/Selective

All students will complete core courses in Medicine and Surgery in Year 5. Note that Medicine and Surgery courses are not offered in TP4 in Year 5 as these clinical services will be fully utilised for PRINT in Year 6.

All students will complete at least 4 of the 6 core courses in Year 5. The remaining core course(s) will be completed in Year 6.

For students within the Rural Clinical Schools the sequencing of courses will vary depending on the campus.

### Elective course

The elective course may be taken outside of UNSW affiliated teaching sites.

Traditionally many students have completed their elective overseas. Unfortunately, with the COVID-19 pandemic, elective registrations for overseas are currently **not approved** in view of the official world-wide travel ban. UNSW will not approve or indemnify students for an overseas elective placement whilst there is an official travel ban in place.

Students are encouraged to register **domestic** elective placements. Students need to consider, however, that interstate electives may also be impacted on by interstate travel restrictions.

As with other courses, the elective may consist of 2 x 4-week clerkships. You will need to register all intended elective placements in eMed by beginning of Aug 2022 (<https://medprogram.med.unsw.edu.au/elective>). Ensure you are familiar with the requirements of applying for your elective well ahead of time. You **must** have your Elective approved prior to commencement of the course. Failure to meet these requirements may mean that your elective will not be approved. If you proceed with the elective without approval, it will not be credited and you will need to repeat it.

### Selective course

You will have the opportunity to choose clerkships in any discipline in the Selective course. This choice may reflect an interest in a particular discipline or a need to gain more experience in a particular discipline.

The Selective course can only be taken in UNSW affiliated teaching sites including metropolitan and rural hospitals and general practices. You may request to take a selective course at any affiliated site. Preference for placements in selective courses will go to students already allocated to the clinical school.

Some students may be exempted from the Selective course in the following circumstances:

- Students who commence Phase 3 in TP1 having been delayed in completing Phase 2.
- Students who fail a course in Phase 3 and are required to repeat the course.
- Students who are unable to complete a course in Phase 3 because of Special Consideration.

Exemption from the Selective course is conditional on subsequent uninterrupted satisfactory progress in Phase 3. If a student's progress is subsequently delayed for whatever reason, the exemption from the Selective course may be revoked.

The core course Emergency / Critical care requires you to complete a 4-week attachment in an Emergency Department. Depending on how the Emergency/Selective course is organised at your clinical school, you may also have a choice in a clinical placement in the remaining 4-week period. However, your clinical school may organise this course to include Critical Care and/or Anaesthetics.

### Allocation to Clinical Environments

You will be allocated to clinical sites according to the Faculty's Allocation to Clinical Environments Policy (see Program Guide).

You will complete the Medicine, Surgery, Emergency and PRINT courses at your principal clinical school, unless allocated to a rural setting (see below). You may request to complete your other selective attachments at a different site depending on availability of places.

Allocation to clinical sites for Children's Health and O&G will be determined by the School of Women's and Children's Health and will not be dependent on your primary clinical school allocation. Similarly, the School of Psychiatry will determine allocations for this course. The School of Public Health and Community Medicine will determine general practice allocations for the Primary Care course.

### Rural setting requirement

Students have the opportunity to complete a minimum of 4-weeks clinical placement in a rural setting. Rural placement may involve:

- A rural hospital attachment in one of the other core courses.
- A rural GP attachment during the Primary Care course.
- A rural attachment during the elective course – note this must be in Australia and subject to approval by the Rural Clinical School.
- A rural attachment in any discipline in a selective course.

For general enquiries about the rural setting placements, please contact the Rural Clinical Schools at:  
MED RCS PortMacAdmin < [rcspggadmin@unsw.edu.au](mailto:rcspggadmin@unsw.edu.au) >;  
MED RCS Wagga Admin < [rcswgaadmin@unsw.edu.au](mailto:rcswgaadmin@unsw.edu.au) >;  
MED RCS Albury Admin < [RCSabxAdmin@unsw.edu.au](mailto:RCSabxAdmin@unsw.edu.au) >  
MED RCS Coffs Harbour < [rcscfsadmin@unsw.edu.au](mailto:rcscfsadmin@unsw.edu.au) >

### Phase 3 in the Rural Clinical School

The learning objectives, coursework and assessments for each course in Phase 3 are the same in the Rural Clinical School and the metropolitan clinical schools. However, the sequencing of courses within the Rural Clinical Schools will vary depending on the campus.

### NSW Health requirements

It is your responsibility to ensure that you are compliant with the requirements of NSW Health prior to a clinical placement. Medical students must be compliant with NSW Health policy requirements (including current compliance with National Criminal Record Check, NSW Health Code of Conduct and Immunisations). Compliance and placements are registered with NSW Health ClinConnect. For more information see <http://www.heti.nsw.gov.au/clinconnect>.

Students will be excluded from clinical placements if they are not compliant. The Faculty cannot override this action. Accordingly, you would not be able to complete the course thereby delaying your graduation.

## Personal Protective Equipment (PPE) – what are my rights and responsibilities?

The safety of our students is a priority at all times. Medical students, as with all health care providers, are all exposed to the risk of transmission of infectious diseases. Mitigating and managing this risk is part of training as a health care professional as it is a key element of clinical practice.

A module on PPE (Personal Protective Equipment) has been developed, available through Moodle <https://moodle.telt.unsw.edu.au/mod/scorm/view.php?id=4239487> , to enable you to understand how to safely and confidently use PPE in any clinical setting.

All students must complete the two mandatory HETI infection control modules prior to commencement of their clinical placements:

- Infection Prevention and Control Practices - Clinical (Course Code: 46777047)
- Personal Protective Equipment for Combined Transmission Based Precautions (Course Code: 294450660)

The PPE online module **must be completed prior to your first clinical attachment**. This module, in addition to Practical PPE training within your clinical school, are requirements for sign off in your Phase 3 clinical skills acquisition logbook\

In all circumstances:

- Students must wear the prescribed or recommended PPE as instructed.
- Students must not undertake tasks or clinical interactions requiring PPE if the PPE is not available for use.
- Any student who is concerned about their safety must raise their concerns with their Clinical Supervisor and the Course Convenor or Clinical School Administrator.

## Enrolment and class-registration

Accurate enrolment and class-registration for each teaching period in Phase 3 for the courses and exams are a student's responsibility.

Students who do not enrol and register correctly may:

- be removed from the term's clinical placement,
- delay program completion and graduation due to incorrect/missing enrolments.

## Being absent and taking leave in Phase 3

If you expect to be absent from part of a course, you must inform the Course Convenors as per the Faculty Policy on Extracurricular activities affecting attendance. You should read this before making any plans which may result in being absent from a course. The policy is under "Current Students" on the Faculty website - [https://medprogram.med.unsw.edu.au/sites/default/files/local\\_upload/others/Extra-Curricular\\_Guidelines\\_2018\\_Finalv2.pdf](https://medprogram.med.unsw.edu.au/sites/default/files/local_upload/others/Extra-Curricular_Guidelines_2018_Finalv2.pdf)

Even if your reasons for being absent during a course are valid, you will not be able to complete the course if your attendance is not deemed satisfactory. It is not possible to make up absences by working afterhours as this is not part of the supervised time of a course.

If you request leave in Phase 3 you should understand that this will delay completion and affect when you commence internship. The Phase 3 Integrated Clinical Examination is only held once in the year after TP3. In most cases if you take leave, you will not be able to sit the exams until the following year. It is important for you to understand that even if there are valid reasons for taking leave and leave is approved, this does not mean that you will be able to sit the exams if you have not completed all the core courses.

If you have completed the seven core courses, you may be allowed to sit the exams at the scheduled time, but you will be required to complete any outstanding courses including the Elective, Emergency/Selective and Selective courses. These courses will need to be completed after the exams and again will delay graduation and internship. Note that students are not exempted from the Selective course because of leave.

As taking leave will impact on when you finish the program, you should seek advice from the Faculty Office.

## Enrolment in other courses during Phase 3

Students may not enrol in other courses during Phase 3. All students should have completed the General Education requirements (and Arts courses if enrolled in the combined Medicine/Arts program) by the end of Phase 2. If you have outstanding requirements, you will be required to take leave from Medicine to complete these. Please note that failure to complete these requirements can delay graduation and internship.

Students interested in completing a Masters degree must take leave from Medicine for a year. It is strongly advised that this be taken prior to commencing Phase 3. Students who take leave but are unable to complete the requirements of the Masters degree within the year will either have to delay resumption of Medicine or defer completing the Masters degree until after they graduate from Medicine.

## Approach to Learning in Phase 3

In Phase 3, you will be attached to clinical teams where you will learn by doing and by pursuing learning objectives related to the team's work and to the settings they are located in. The settings will include hospital and community health care settings. In this Phase, much of your work will be negotiated with your clinical supervisors.

Phase 3 embraces the principles of what is commonly referred to as 'clinical clerkship'. We expect you to have opportunities to take responsibility for tasks as part of a health-care team and under appropriate supervision. Through these experiences, you'll develop an understanding and approach to working with patients and other healthcare professionals in managing patients' illnesses.

You should approach your learning in Phase 3 in two ways:

- Based on your clinical experiences, i.e. learn around the patients that you see each day. This approach has the advantage that you will better understand what you are learning if you can relate it to real clinical practice. However, the disadvantages are that it is "opportunistic" and unplanned. Your learning may be skewed by the limited range of patients that you see. This is especially a problem in the teaching hospitals where you are likely to encounter uncommon and very complex cases. Your clinical experiences will also be limited by the range of clinical placements in Phase 3.
- Structure your learning around a "syllabus". The course guides will assist in outlining a range of topics that you'll need to learn. However, you are expected to determine your own learning objectives. This approach should ensure that you cover the gaps in your clinical experiences.

In both cases, you should aim to understand how to approach a clinical presentation as well as the underlying disease(s) within your patient's context. It is not possible to cover all topics in medicine in depth prior to graduating, or indeed in any single career. In determining your learning objectives, it is important that you focus on 'common, critical and classical' clinical presentations:

- Common clinical presentations and diseases. You will be expected to know how to diagnose and manage common clinical presentations and diseases.
- Life-threatening and serious clinical presentations and underlying diseases. You will be expected to know how to recognise life-threatening and serious presentations and diseases and initiate early management.
- Clinical presentations and diseases which illustrate important concepts. You will be expected to understand the important concepts.

Your clinical experiences, course guides, teachers, textbooks and other resources will assist in identifying these presentations and diseases.

## Clinical Practice

Each course will be 8 weeks, except PRINT. This can be split into 2 x 4-week clinical clerkships in different clinical services. Shorter periods of attachment in clinical services are not recommended.

The expectations of you in a clinical service will differ depending on the course and your stage in Phase 3. As you progress through Phase 3 and gain more experience in clinical services, you should seek more engagement and responsibility. The more passive and observant you are, the less you will gain from the placement.

## Patient Log-Book

There is an expectation that by Phase 3 your skills in Self-Directed Learning will be well developed. You are encouraged, and in some courses expected, to keep a log of patients. If the course does not stipulate a specific form, there is a common clinical case log-sheet available on Moodle for you to record details of patients. You are expected to be familiar with the specific details of patients – do not record patients whose care you were not involved with. Noting your involvement in the patient's care and which graduate capabilities were illustrated may be helpful in preparing for your portfolio exam.

It is not expected that you will keep a log of all patients. You should record patients whose clinical presentations were particularly enlightening and stimulated your learning. You should note what issues/questions were raised by the case and how these issues were resolved.

Your supervisor may discuss some of these cases with you and you would be expected to demonstrate what you learnt from the clinical experience as well as your subsequent study relating to the case.

## Clinical and Communication Skills

Your clinical experiences should assist you in:

- Improving and refining your communication skills in dealing with patients and families including skills in consultation, explanation and counselling and dealing with specific situations and patient contexts. Through experience, you should learn to adapt your communication style appropriately according to the nature of clinical practice in hospital and community healthcare settings.
- Consolidating your skills in physical examination and increasing your ability to detect a variety of clinical abnormalities.
- Developing your skills in clinical reasoning and pattern recognition across a broad range of clinical problems. You should become increasingly confident in diagnosing common and important conditions.

You will also be expected to become proficient in a range of clinical procedural skills as outlined in the *Clinical Procedural Skills Acquisition Logbook*.

### *Consent for Intimate Examinations:*

It is important that students seek verbal consent from patients for any form of examination. For intimate examinations, informed consent is mandatory. Intimate examinations include the following:

- Vaginal examination (also dealt with separately in the Obstetrics and Gynaecology guide)
- Rectal examination
- Examination of external genitalia
- Breast examination
- Any other examination that might embarrass patients through the removal of clothes, particularly those examinations that might expose external genitalia or breasts

As well as gaining explicit consent in advance, there should always be a chaperone in attendance for any such examinations. For examinations of the breasts, external genitalia, vagina and rectum, we recommend that students are supervised by a healthcare professional (usually a doctor) with experience of carrying out that examination. For other examinations that might embarrass patients through the removal of clothes, it is acceptable for another student to act as a chaperone provided that the patient agrees that this is acceptable to them.

Students are also expected to be aware of any cultural issues that may make more sensitive a physical examination that would normally be considered 'standard'. They should always ask their supervisor if they are unsure about what is appropriate.

For examinations of any anaesthetised patients, intimate examinations by medical students should be restricted to situations where there are genuine educational benefits, and the patient has given written consent to the named student to conduct a specified examination whilst they are under anaesthetic.

Wherever possible, vulnerable adults should be included in any discussion that involves examination or procedures being performed by a student. Generally, the main carers should be involved in any discussion and if

there is any concern or doubt it is recommended that students should not examine the patient. All health professionals and students should work in the best interests of the patient.

## Ethics

Phase 3 includes formal teaching modules for clinical ethics. These are blended modules, with online, clinical and reflective components. There are activities that will involve collaboration with peers and peer assessment. The aim is that these activities are fully integrated with clinical learning. Ideally, each ethics module will be done whilst doing the relevant clinical term. In each course, ethical issues will be relevant to the management of specific patients and there will also usually be broader issues relevant to the nature of the course. For example, in psychiatry, issues such as competence, autonomy versus paternalism, management of mature minors, enforcing treatment, patient compliance and many more, will frequently be pivotal to patient management. Ethics is an integral part of clinical decision making in medical practice and these modules will help you become more sophisticated in that process.

Completion of the Phase 3 ethics modules is compulsory and you will be issued with a statement of completion via Moodle once all modules have been completed satisfactorily. While assessments within the modules will be formative, discussion of personal case examples can be used in the end of phase Portfolio Examination. When you use your patient logbook, some cases may be interesting particularly because of a focus on the ethical issues they raise. These should be documented and can be used to demonstrate your exploration of the specific graduate capabilities for ethics and law in Phase 3. You will be able to do this within the Ethics modules once they become available. You may also include an exploration of the ethical issues (if relevant) in some of the written assignments and oral presentations undertaken.

As with all other aspects of learning in Phase 3, your learning should be based around your clinical experiences. In addressing ethical issues relevant to patient management, you may need to re-visit the ethical theory taught in previous phases. All students should self-enrol in the 'Ethics in Medicine' course within Moodle. This is available to all medical students in all phases and contains a wide range of resources, and also the 'Ethics Cube' (which has replaced the Ethics Wheel), a useful first line reference tool. Support for your learning of ethics and law in this phase will be available in many formats. Discussions with clinical tutors, course supervisors, clinicians and peers may also be helpful.

In the PRINT course, some of the ethical and legal issues may relate specifically to your changing role as you become an intern. For example, you will need to learn how to certify that a patient is deceased, contact the guardianship board, write or respond to a 'do not resuscitate order' in patient notes, respond to police requests.

Assessment of this component will also occur in many formats. The online ethics modules will contain quizzes, peer assessments and have reflective components. As mentioned, ethical issues may be relevant to written or oral presentations in the different courses. Ethical issues and questions relating to professional practice, clinical medicine and patient care may also be included in any other formal assessments throughout the phase, most commonly in the Integrated Clinical Examination. You will also need to provide specific evidence from the above of how you have addressed the ethics/law graduate capabilities in the portfolio. A well-prepared patient logbook will be very useful for this.

## Professionalism and Professionalism Feedback

Professionalism standards are addressed at many points in the UNSW medicine program, and specifically in the Clinical Transition Course as they relate to clinical practice. Please ensure that you are familiar with the Medical student code of conduct and the procedure for dealing with any issues relating to Professional conduct.

UNSW Medicine has developed a system for reporting significant events that relate to a student's professional behaviour. These can be either positive or negative. The Professionalism criteria listed on eMed are:

1. Act with integrity in academic work
2. Behave ethically and safely
3. Attend punctually and participate in learning sessions
4. Observe standards of equity and respect for others
5. Use social networking responsibly
6. Treat patients, their families and staff politely and considerately

7. Respect the dignity and privacy of patients
8. Maintain confidentiality of patient information
9. Clearly inform patients of their role and the purpose and nature of any proposed interaction with them
10. Check that the patient understands their request and obtain their consent

Feedback will typically relate to one or more of the above criteria.

Reporting occurs via eMed and is located in the Feedback section under Professionalism. Comments added to the feedback section will appear in the student's portfolio summary.

For constructive feedback relating to student negative professional behaviour, - it needs to be emphasised that this is part of a learning process and is not intended to be punitive. Students will have the opportunity to reply to faculty comments with evidence of how they addressed the issues raised. Such comments will also need to be addressed in the Portfolio Examination at the end of the Phase.

If, however, the incident is deemed to be serious misconduct and/or requires confidential management, information regarding these events will be forwarded to the Medicine Program Authority or Senior Vice Dean (Education).

### Quality of Medical Practice

There is less formal teaching of Evidence-Based Medicine in Phase 3. By this stage, you are expected to apply the EBM knowledge and skills that you have gained in Phases 1 and 2 in your learning within the clinical clerkships. You should see an evidence-based approach to teaching and practice in clinical tutorials, ward rounds, department meetings, school tutorials and hospital grand rounds. These are opportunities for you to further develop your own skills.

There are opportunities for you to submit work showing use of specific skills such as critical appraisal and interpretation of data as well as the standard EBM applications.

- Written case reports and oral presentations can provide evidence of EBM skills (under the generic 'Self-directed learning and critical evaluation' capability).
- During the Obstetrics & Gynaecology course, there is a compulsory assessment comprising a literature search or review of a scientific paper or EBM Guideline assessed as an oral presentation.
- Additional objectives with a focus on clinical application of EBM and 'Self-directed learning and critical evaluation' as the main focus capability can be negotiated as a part of your learning plan (e.g. journal article appraisal).

Quality and Safety in medicine will be covered through various compulsory activities.

- The National Prescribing Curriculum modules will teach you about the quality use of medicines (QUM).
- There is a compulsory individual assignment on QUM based on an individual patient case involving polypharmacy.
- One of the cases discussed in the Biomedical Sciences campus day course emphasises QUM (prescribing of intravenous fluids and analgesia) and also investigates issues surrounding hospital acquired infections and rational prescribing of antibiotics.
- There is also a major emphasis on quality and safety in the formal teaching in PRINT, touching on: medical error and open disclosure; teamwork and communication issues; and safe prescribing.

Both EBM knowledge and skills and Quality & Safety (particularly the QUM) will be integrated into the questions in the Phase 3 Integrated Clinical Examination.

### Coursework

All the core courses will provide some lectures and/or tutorials. However, it is important that you understand that this will be deliberately limited as it is essential that you spend your time seeing patients rather than sitting in tutorial rooms.

In all courses except Medicine and Surgery, the coursework will be common for all students. During the Medicine and Surgery courses, you will attend a series of tutorials as part of the Biomedical Sciences teaching program.

## Investigative Medicine and Biomedical Sciences

Diagnostic investigations are a major component of the assessment and management of patients, requiring a rational approach to the selection of investigations and a critical interpretation of the results. As in other areas of Medicine, knowledge of the underlying Biomedical Sciences is essential. During Phase 3, you are expected to continue to build on your knowledge of the Biomedical Sciences in the context of clinical problems. The focus is on clinical presentations, and an approach to diagnosis and management in terms of the underlying anatomical structures and pathophysiological processes that affect those structures.

To assist in your development of a sound approach to diagnosis and management based upon knowledge of the Biomedical Sciences, a series of hospital-based and campus-based teaching sessions will cover many of the important topics for study. This will build upon the material learned in Phase 1 and Phase 2. Topics that were comprehensively covered in earlier Phases are assumed knowledge in Phase 3 and will not be dealt with in detail again. Note that the Biomedical Sciences Viva at the end of 5th Year may include references to knowledge from all Phases.

A separate Student Manual for the Biomedical Sciences program is available on Moodle. This describes in detail the aims and objectives of the teaching program. This information provides a useful guide to the depth of knowledge and understanding that you are expected to achieve. It will also serve to remind you about material covered in earlier Phases that is included within the scope of knowledge expected by the end of 5th Year.

Formal teaching in the Biomedical Sciences is NOT comprehensive. There are some disease entities about which you are expected to inform yourselves that are not covered in the teaching sessions in any detail. Some of these may be dealt with in the Campus Day program. Others that you may wish to review are listed in the Manual.

Medical Imaging Seminars are also incorporated into the Phase 3 Biomedical Sciences program. These seminars will be delivered by experts in the field and are based on the following themes:

- Chest imaging
- Head and spinal imaging
- Abdominal imaging
- Cancer imaging

The timetable for the Campus Day program and Medical Imaging Seminars is available in the Biomedical Sciences Student Manual and on eMed. Due to COVID-19, the first two Medical Imaging Seminars in February, as well as the first Campus Day will be hosted online via Teams. Depending on the COVID situation, we are hoping to offer the remainder of the Campus Days and Medical Imaging Seminars as hybrid sessions (i.e. combined face-to-face and online teaching in one class). The hybrid sessions will be held in WW LG03, which is currently being upgraded to a so-called hybrid learning space. An updated timetable will be made available in February.

During your Medicine and Surgery courses, you are also required to complete several laboratory visits to give you some insight into the provision of diagnostic pathology services, which underpin the majority of health care services provided to patients. These activities are detailed in the Student Manual. You will be required to have your attendance recorded in the *Clinical Procedural Skills Acquisition Logbook*, and you will be examined on your laboratory visits in the *Biomedical Sciences Viva examination*. Again, we are hopeful that students will be able to attend the pathology laboratories in person from mid-February, if possible, depending on local arrangements at your hospital; however, should COVID-19-related restrictions preclude students from attending laboratories in person, a number of online interactive 'virtual laboratory visits' will be held instead; details of these will be made available in February.

In addition to Campus Day sessions, Medical Imaging Seminars and hospital-based tutorials, a range of resources are available to support students:

- Resources from Phase 1 and 2, including prescribed textbooks and lecture materials, which are available on eMed;

- Learning objectives, case protocols and reference materials in the Student Manual;
- A series of self-learning modules contained in the Phase 3 Biomedical Science Modules in Moodle – self-enrolment is required; via the following link: <http://moodle.telt.unsw.edu.au/course/view.php?id=14483> (Student enrolment key: P3BMS);
- A series of adaptive tutorials and formative assessments on Diagnostic Imaging, which are available in the Phase 3 Moodle module. The adaptive tutorials cover chest X-rays, CT scans, MRI, ultrasound and molecular imaging;
- The “Images of Disease” collection, which is available online, accessible at <http://iod.med.unsw.edu.au> or via the BEST Network at <https://slice.best.edu.au> – zID and zPass are required to access these;
- eDiagnostic – a series of interactive case studies where students can compare their approach to rational cost-effective ordering and interpretation of investigations to that of an expert in the field (access via eMed Homepage Quick Links);
- Videos of macroscopic Pathology demonstrations, available via the Phase 3 Moodle module;
- The Royal College of Pathologists of Australasia (RCPA) Manual - <http://rcpamanual.edu.au/>;
- SydPath – instructions for collection and handling specimens, as well as reference ranges for a wide variety of laboratory tests - [http://www.syddpath.stvincents.com.au/spec\\_db/](http://www.syddpath.stvincents.com.au/spec_db/).

At the end of Year 5, you will be required to pass the Biomedical Sciences Viva examination. The intention of this barrier examination is to test your understanding of the biomedical sciences in the context of clinical scenarios.

Note that the resources listed above are useful in all courses and for your preparation for the Phase 3 Integrated Clinical Examination.

## Clinical Pharmacology & Therapeutics

Therapeutics is a vital component of the practice of medicine. The goal of the program in Clinical Pharmacology and Therapeutics is to assist you to acquire the knowledge, attitudes and skills to become a safe and effective prescriber of medicines and to be able to maintain these attributes once in practice by appropriate continuing education.

Systematic pharmacology and clinical pharmacology that is taught in Phases 1 & 2 is the foundation on which therapeutics is based.

As therapeutics is common to all Phase 3 courses, you should aim to address the therapeutics relevant to the discipline during each course. As these will often overlap, information and resources on therapeutics is provided in the Discipline-specific section in the Phase 3 Moodle module. This includes an outline of the knowledge and skills you are expected to acquire by the end of Phase 3.

You will be required to complete an assignment on the quality use of medications during any of the 6 core courses. The assignment should be submitted in the course you choose to complete the assignment e.g. medicine, paediatrics, psychiatry etc. The assignment must be uploaded on eMed by to the end of TP2 in year 6 to enable your Portfolio to be accepted for assessment.

A Prescribing Skills Assessment will be held in Year 6 to help to prepare you to prescribe safely following graduation. This online, invigilated examination is mandatory, but is formative, i.e. your mark will not affect your academic standing, but feedback will be provided.

## National Prescribing Service

An important resource to assist you in learning therapeutics is the NPS Medicinewise website (<http://www.nps.org.au>). This site provides useful information and links to other sites on therapeutics.

One of the services offered by the NPS is the National Prescribing Curriculum which includes a series of training modules for medical students. The modules have been designed and constructed around cases and situations that you will encounter as an intern. They are case-based and interactive. The Clinical Pharmacology & Therapeutics section on Moodle provides more information about the National Prescribing Curriculum.

You will need to register with the NPS – instructions are provided on Moodle.

You must **complete all modules**, including the Antimicrobial Modules, **before the Integrated Clinical Examination** in Year 6. Working through the modules will allow you to develop your own formulary that you can access any time. You will be required to present this formulary in the final examinations.

You will have completed the National Standard Medication Charts module and uploaded the Statement of Completion to eMed as an Upload Assessment for your Portfolio during the CTC. (<http://learn.nps.org.au/mod/page/view.php?id=4278>)

## Evaluation (Feedback from You)

It is important that you continue to provide feedback to improve the Medicine program. There will be opportunities using the MyExperience surveys for feedback on courses. We encourage you to complete the MyExperience surveys as your feedback is valuable to us and will be used to make improvements in the future.

Importantly you can contact your school coordinators and course convenors (listed in the course guides) to provide feedback during the courses.

You may also contact Phase 3 admin and/ or the Phase 3 Convenors on any issues relating to Phase 3.

## Assessment in Phase 3

As a general rule, no single assessment can assess all the desired outcomes, i.e. knowledge, skills and attributes. Hence assessment in Phase 3 includes multiple components which are intended to be complementary.

Each Phase 3 course will include a range of different assessment tasks. A common feature of assessment in all Phase 3 courses is the Learning Plan. Your performance in meeting the objectives of the course learning plan will contribute to your portfolio.

There are some additional assessment tasks that you will be required to complete over Phase 3 that are not aligned to a specific course. You will also have opportunities to negotiate additional assessments if these are necessary to develop your portfolio.

At the end of Year 5 you will be required to pass the Biomedical Sciences Viva examination.

Prior to the completion of Phase 3 and before PRINT, there will be the Phase 3 Integrated Clinical Examinations to assess your clinical skills and your knowledge in the management of common clinical problems in each of the seven core disciplines. You must have passed the seven core courses to be eligible to sit the Phase 3 ICE. You will be required to achieve an overall pass in the examination as well as a pass in each of the seven core disciplines.

Unless otherwise specified, assessments will in general use the grade scales and numeric conversion common to the medical program:

### Grade scales

F	P-	P	P+
30	50	70	90

An exception is the final Portfolio Examination in Year 6. In the Phase 3 Portfolio Examination you must receive a P grade or higher in each of the eight graduate capabilities in order to pass this barrier examination (there are no P- grades in this examination).

Note that you must enrol in the examinations including the Biomedical Sciences Viva Examination, Integrated Clinical Examination and Portfolio Examination. Failure to do so will incur a fee.

## Course Assessments

There are three broad aims in the course assessments:

1. Assess how you apply your knowledge and skills and display appropriate attributes in a real work-place environment. In every course, you are placed in a clinical service to provide this opportunity. The Learning Plan is the tool used to capture this assessment.
2. Assess your ability to develop your learning based on real clinical experiences. The case reports and case presentations are the methods used here.
3. Assess your clinical skills relating to the discipline. To provide feedback on how your clinical skills are developing there is a requirement for you to complete at least one observed clinical assessment in every clinical course. The mini-CEX forms (or other tools depending on the course) are used for this purpose. It should be emphasised that this is not intended to limit the number of occasions for you to get feedback on your clinical skills.

All courses will require a satisfactory completion of the course learning plan as well satisfactory completion of other assessments that will vary for each course. The details of the course assessments are included in the course guides. You should note the weighting of the different assessment components for the course.

The type of assessments for each course will vary but will consist of one or more of the following:

**Written Assignment**

The course assessment may include a case-based report (as in Phase 2) or a topic-based assignment. Marking will be done by the clerkship supervisor or a clinical teacher, and the marked assignment may be submitted as evidence towards one or more graduate capabilities in eMed. The course guide will provide further information on the requirements of the written assignment.

**Oral Presentation**

The course assessment may require that you deliver an oral presentation at a department meeting or other forum during the course. The presentation could be case-based or topic-based as for written assignments. The course guide will provide further information on the requirements of the oral presentation.

**Observed Clinical Assessments**

The course assessment may require that you demonstrate satisfactory clinical skills in an observed assessment of a patient. There should be many opportunities for you to seek feedback on your clinical and communication skills during a clerkship. The course will stipulate the requirement for a summative assessment.

**Knowledge-based Assessments**

You may be required to complete an assessment of your knowledge relating to the course. This could be in the form of a written paper or online quiz. Each course guide will provide further information. Furthermore, the Phase Integrated Clinical Examination will also provide the opportunity to assess your ability to integrate knowledge from the different disciplines

**Learning Plans**

The course learning plan will outline the expectations of the clinical clerkship to which you are attached. All learning plans for every course will include the same three generic capabilities relevant to any clerkship:

- *Patient Assessment and Management*
- *Teamwork*
- *Self-directed Learning and Critical Evaluation.*

The learning plan for each course will describe the expectations and assessments aligned to these capabilities for the course irrespective of when you do the course. At the end of the clerkship, the supervisor will complete the learning plan, reporting on how well you met its requirements.

The assessment will relate to your usual daily activities associated with the clerkship and is separate to the other course assessments. Your performance in meeting these expectations will be determined by the clerkship supervisor – this may be done in consultation with other staff including other medical staff (junior and senior), nursing staff and other healthcare professionals. The supervisor may also seek feedback from patients.

All learning plans will require that you attend all scheduled activities included in the clerkship. If you fail to meet this requirement your grade for the course would be unsatisfactory and you would be required to repeat the course. It is especially important that attendance is maintained in courses prior to examinations. Students who fail to attend a course because they are preparing for examinations will be required to repeat the course.

It is important to note that for all courses, an unsatisfactory completion of the learning plan will result in a Fail irrespective of the results obtained with the other components of assessment.

### Patient Assessment and Management

In all the Phase 3 courses, you will be expected to contribute to the assessment and management of patients in the relevant setting. You will be assessed by the knowledge and skills that you demonstrate in assessing a patient's presentation and your approach to the management of the patient. You may be given some responsibilities depending on the clinical service and it is essential that you fulfill these safely and reliably.

Speak to your clinical supervisors about clinical roles you can undertake as early as possible when you join clinical rotations to understand where you may be of most use to your team. In most clinical units, you will be expected to "clerk" patients. This may involve:

- Assessing new patients around the time of admission. It is important that you aim to assess a new patient independently and discuss your findings/diagnoses with the RMO, registrar or consultant. If the patient's admission has not been written in the records, then you should do this but ensure that the RMO/registrar checks this.
- Reviewing patient's progress. You should review the patient's progress and record this in the medical record under the supervision of the treating team. Ideally you should see your patients first so as you can independently make your own assessment of their progress and then compare this to the assessment and plan of the team.
- Reporting on patient's progress to the treating team during ward rounds. Be prepared to provide information about the patient's progress and to record the assessment and management plan in the patient's medical record during the ward round.
- Providing patients with education and good quality resources. After the ward round you may go back and explain what is happening to the patient –the patient may be uncertain about what was discussed during the ward round and you can assist in taking time to answer their questions and explain the clinical interaction, assessment and management plan. You should not give advice or provide information to patients and family members which is beyond your level of knowledge and expertise. You should, however, listen attentively to the patient, and advise them that you will direct these concerns to the JMO or consultant in your team.
- Completing tasks assigned to you, and under the supervision of, the treating team – for example, chasing the results of investigations and reporting these back to the team, performing procedures (e.g. IV cannulation) once you've mastered these using simulated models, accompanying patients to diagnostic services (e.g. bronchoscopy), completing a patient's discharge summary/ clinical handover to their community health care providers. Remember as an intern, you will be responsible for all these tasks in the day-to-day care of the patient. You need to learn how to manage the common issues affecting most patients e.g. fluid balance, pain control, communicating with family, monitoring pathology results etc. Review patients' medication charts and consider possible side effects of their treatment or potential interactions with their drugs. Don't just focus on the presenting problem – often the patient's comorbidities are more relevant.

While your responsibilities will be limited, it is important that you contribute to the patient's care. As such you are a valuable member of the team and, under the supervision of your team, you should be actively involved in patient care – but always working appropriately within your level of experience and knowledge and with an understanding of the limitations of your role. You should not just passively observe what is happening.

### Teamwork

You will be interacting with a range of health care professionals in all the clinical settings in Phase 3. You will be expected to develop an understanding of the roles of all health care professionals and demonstrate an ability to communicate and work effectively with all members of the health care team. This should be evident in your day-to-day interactions or in team meetings. You should also understand that as a student, you must be responsive to the requests/orders of any staff in the setting where you are working.

As a member of the medical team, you will be expected to fulfill certain responsibilities as described above. Being absent without notice from activities such as ward rounds, clinics or OT sessions when you are expected to attend is a clear failure of your responsibilities.

In fulfilling your responsibilities, you should aim to demonstrate the following expectations of you as a member of the team:

- Communicate the needs and concerns expressed by the patient.
- Communicate effectively and respectfully with all health professionals involved in the patient's care.
- Communicate with team members respectfully and with appropriate assertiveness.
- Accept responsibility for completion of tasks allocated to you by your team within your role.
- Recognise and work within your limitations in all clinical situations.
- Succinctly present the clinical information relevant for the patient's care.
- Admit own errors and omissions in the patient's care honestly and in a timely fashion.
- Recognise and effectively communicate significant changes in the patient's condition.
- Express concern and urgency appropriate to the clinical situation and escalate concerns appropriately.
- Check back on all proposed clinical decisions with your team member/s prior to implementation.
- Proactively seek information and advice.

### Self-directed learning and critical evaluation

As discussed in the section "Approach to Learning in Phase 3", you will need to apply your skills in self-directed learning in Phase 3. You will be expected to demonstrate your learning during the course. This may be assessed formally by case presentations or discussion of a log of patients that you've clerked. However, your learning will be primarily assessed informally during discussions about patients' progress on ward rounds or in team meetings, during department meetings or tutorials and at the patient's bedside. You will be expected to demonstrate what you've learnt about a patient's presentation, diagnosis or treatment between rounds. At the minimum, you should be able to demonstrate what you've learnt after being unable to do so previously. Ideally you should be pro-active in your learning and anticipate what you need to know about a patient's condition.

Your supervisor will not be able to judge what you know if you are silent. You should ensure you ask questions and clarify what you do not know – and ensure you follow up this information to further expand on your knowledge.

### Submitting learning plans to eMed

At the beginning of each course, you are required to register your learning plan to eMed Portfolio. If you are planning to complete an optional capability during the course, you need to discuss this first with your supervisor before submitting your learning plan.

You need to register a learning plan in eMed for each attachment that you complete in the Phase 3 courses. If your course is organised as a single 8-week course, then you only need to submit one learning plan. If your course is split into two 4-week attachments, you'll need two. You must print off your learning plan for each supervisor to complete. On (or before) the last Friday of each course, you will need to deliver your completed learning plans to the School's administrator. The School will enter your grades and comments into eMed.

Your course result will be based on the grades from both attachments and your portfolio will include a learning plan for each attachment.

If you fail to register a learning plan on eMed during the eight-week period of the course or fail to submit the signed forms by the last Friday of each course, the course result will be capped at 50% (assuming the supervisor has given you an overall grade of Satisfactory for the learning plan). In addition, you will not be eligible to sit the Phase 3 Portfolio Examination.

### Submitting course assessment forms

Depending on the course requirements, you will have completed various course assessment forms e.g. mini-CEX forms, case assessment forms. It is your responsibility to ensure that all course assessment forms are submitted to the appropriate platform and on time.

Failure to submit course assessment forms within four weeks of completing the course will exclude these results from the calculation of your course result which may result in a Fail.

You should retain a copy of all assessments. You may wish to submit them as supportive evidence in your portfolio.

## Health Records and Information Privacy

When reporting on the clinical details of (a) patient(s) in a written assignment or case presentation, you are required to protect the patient's privacy. The Health Records and Information Privacy Act 2002 (NSW) aims to "promote fair and responsible handling of health information" by protecting the privacy of an individual's health information. It allows for the use of an individual's health information including its use in teaching under specified conditions.

You should always seek to obtain a patient's permission to report their details in a case report. If the patient is no longer available to give permission, you may proceed to use the information you have obtained. You must not photocopy or remove medical records from the hospital – non-adherence to this requirement will result in severe sanctions.

You must not include any identifying information in the report. Do not include the patient's name or any specific identifying feature, e.g. patient is the manager of a "named" company. Use initials; quote age, not date of birth (unless particularly relevant); avoid specifics in describing where they live or work.

To verify the authenticity of the patient and prevent duplication of another student's work, you are required to include a specific identifying feature (e.g. medical record number), which will be submitted separately to the assignment.

Further information on this is available on the Faculty website - <http://med.unsw.edu.au/policies>

## Feedback to You

There should be plenty of opportunities for you to obtain feedback on your performance during Phase 3.

Learning plans should inform the discussion you have with your supervisor at **orientation**: this is your best opportunity to ensure that your expectations of the term align with the team's expectations of your performance. You should discuss your progress in achieving your learning plan objectives with your supervisor at the **midpoint** of the clerkship, especially if you wish to get feedback on any additional objectives. This will give you the opportunity to address any performance issues prior to the final course assessment. At the **completion** of the term, your supervisor will assess your achievement against the learning plan criteria and should be able to provide constructive feedback.

Written case reports and oral presentations will provide opportunities for feedback on your ability to communicate clinical information and on your ability to integrate and interpret clinical information. Discussing reviews of relevant evidence-based resources and medical literature will assist you in gauging whether the scope and depth of your learning is adequate. You should aim to do additional reports and presentations for the benefit of your learning.

You should seek feedback on your clinical skills and practice at every opportunity. It is not necessary to "perform" as in a clinical examination. Whenever you complete a clinical task (e.g. taking a history, a limited physical examination) in front of someone else, ask them for feedback. You should aim to complete as many observed clinical assessments, using the appropriate feedback forms such as the Mini-CEX Evaluation Exercise, as you can.

Participating in tutorials and department meetings will help you in assessing your level of knowledge and will also assist your supervisor in observing your clinical presentations and providing you with feedback.

Formative online quizzes to test your knowledge are available in the Phase 3 Moodle module.

## Phase Assessments

In addition to the prescribed examinations, there are some additional compulsory assessment tasks which must be completed during Phase 3. You may also need to negotiate additional assessment tasks to further develop your Phase 3 portfolio.

### Prescribing Skills Assessment (PSA)

Prescribing is a fundamental activity for junior doctors in the Australian healthcare systems. As a medical graduate you will be expected to safely prescribe as outlined by the Australian Medical Council which states that on entry to professional practice graduates will be able to: “Prescribe medications safely, effectively and economically using objective evidence” and “Safely administer other therapeutic agents including fluid, electrolytes, blood products and selected inhalational agents”.

The Prescribing Skills Assessment (PSA) MCQ examination has been included in the program so that your practical prescribing knowledge can be assessed and remediated if necessary before you become a junior doctor.

Sitting the PSA in P3 is compulsory but remains a formative assessment.

### NPC Modules

You are required to complete the training modules on the National Prescribing Curriculum website during Phase 3. Further details on the NPC are available on the Phase 3 Moodle module in the **Specific Disciplines** section under “Clinical Pharmacology and Therapeutics”.

### Phase 3 Clinical Procedural Skills

The Phase 3 Clinical Procedural Skills Acquisition Logbook must be completed during Phase 3. This requires sign-off for all required skills by designated tutors. This book must be returned completed to your Clinical School by the end of the sixth week in TP3 in Year 6. You will also be required to bring your logbook to the Biomedical Sciences Viva examination.

Non-completion of the book according to the above conditions, or sign-off by non-designated staff, may prevent you from sitting the end of Phase 3 examinations.

### Optional capabilities and negotiated assignments

As there are fewer compulsory assignments in Phase 3 to document your achievements in the graduate capabilities, you may find it necessary to negotiate additional activities to provide evidence. This is particularly important if there were identified weaknesses in your Phase 2 portfolio.

There are two mechanisms by which you can provide additional formal evidence for your portfolio:

1. Optional capability in the course learning plan
2. Negotiated assignment

#### *Optional capability in the course learning plan*

The course learning plan is a means by which your learning needs may be addressed. You may add one additional objective to your learning plan with a focus on any graduate capability (including the three generic capabilities). These would be determined by your needs and the opportunities provided by the course.

It is important that the task is manageable for you and for the supervisor in addition to the course requirements. This is not expected to place an undue additional burden on either you or your supervisor. The objective and the assessment should be readily addressed within the activities available in the course.

To provide evidence for an additional capability you are required to:

- Discuss any additional learning needs with your clerkship supervisor. Together you should determine the objectives, learning activities and strategies and assessment.
- Once you have agreed on the task with the supervisor, you are required to enter this information into your learning plan in eMed. It is preferable to wait to register your learning plan until you have completed these discussions with your supervisor.
- You must complete the task, including the assessment, within the period of the clerkship.
- Your supervisor will enter a separate grade and comments for the optional capability when completing your learning plan.

You are not required to submit a written report or other evidence to eMed. However, you may choose to submit a supporting document e.g. PowerPoint presentation as supportive evidence.

Please note that your result for the optional capability will not contribute directly to the course result. It is a separate item of evidence which contributes to your portfolio.

Some examples of tasks which would be suitable for this purpose include:

- Presenting a brief review of a topic at a clinical unit's regular meeting.
- Critically reviewing a publication in a journal club meeting.
- Providing an in-service tutorial for nursing staff on a clinical unit.
- Participating in a quality improvement activity (e.g. morbidity/ mortality review meeting) for a clinical unit.
- Presenting at the final Student Presentation session in the Primary Care course.

### *Negotiated assignment*

You may propose a negotiated written assignment related to your course. This is intended to represent a more substantive body of work than the task associated with an additional capability in a learning plan. It will require more effort on your part as well as the examiner. In view of this you may need to negotiate an assignment with the course convenor if your clerkship supervisor is unable to assess the assignment.

You are not required to complete a negotiated assignment – these should only be required if you are unable to provide sufficient evidence for a capability, especially one for which you need to demonstrate improvement.

To complete a negotiated assignment, you are required to:

- Discuss the proposal with your clerkship supervisor or the course convenor. In the case of a negotiated assignment relating to Medicine or Surgery, you should discuss this with your clinical school coordinator. These discussions must determine who will assess the assignment and the date of submission.
- The assignment must focus on two capabilities. Unlike the negotiated assignments in Phase 1, the assignment does not have to focus on *Self-directed Learning and Critical Evaluation*.
- As in Phase 1, you are required to propose the objectives, activities and strategies to achieve the objectives and the assessment criteria. These are to be included as a supporting document with your written report.
- The word limit is 2,000 words.
- Once completed, the report is submitted to eMed as a Negotiated Assignment. You must provide the submission number to the person with whom you negotiated to mark the assignment. The assignment will not be marked if you have not organised an assessor.

Please note that your result for a negotiated assignment will not contribute directly to the course result. It is a separate item of evidence which contributes to your portfolio.

Some examples of tasks which would be suitable for this purpose include:

- Report of a series of cases seen during the course. Note a report based on a single case is not acceptable.
- Report of a mini-project conducted during the course. This could include a quality improvement activity such as a drug audit, compliance with clinical guidelines, review of adverse events etc.
- Review of a published clinical study relevant to the course with a detailed discussion of the study using EBM guidelines and a review of the specific disease or treatment modality which was the focus of the study.
- Discussion of ethical or legal issues relevant to the practice of the clinical discipline.

## Biomedical Sciences Viva

The intention of this barrier examination is to test your understanding of the Biomedical Sciences in the context of clinical scenarios. Assessment of knowledge of material covered in macroscopic pathology demonstrations and laboratory visits will comprise part of the examination. Anatomical, pathological, microbiological specimens and imaging investigations may also be used as a focus of discussion during the viva voce examination.

Further information about the examination is provided in the Student Manual.

The examination will be held in November at the end of Year 5 and will be replicated at the main campuses of the Rural Clinical School. This may be either online or face-to-face (or a hybrid of both) depending on the COVID risk at the time of the examinations. Students are required to sit this examination at the end of Year 5 irrespective of their performance in courses during Year 5. Students who fail the November exam will sit the supplementary examination in May in Year 6.

## Phase 3 Integrated Clinical Examination

The final examination in the Medicine program will be a multi-component examination designed to assess your knowledge and skills in all the clinical disciplines addressed during Phase 3.

As with previous end-of-phase examinations, the examination will aim to assess your ability to integrate learning across the Phase. It will not be structured according to discipline, i.e. each component of the examination will assess knowledge and/or skills across all disciplines.

However, you will need to demonstrate satisfactory performance in each of the seven core disciplines. Unsatisfactory performance in one of the core disciplines in the examination cannot be compensated by satisfactory performance in the remaining disciplines and will result in a fail in the discipline(s).

All components of the examination will be held after TP3 and before PRINT.

### Components of the Examination

- **Written Examination (30% weighting)**
  - This will cover all seven core disciplines.  
Some questions relating to Emergency Medicine, Clinical Pharmacology & Therapeutics, Quality/Safety of Medical Practice and Ethics will be included. These topics will relate to the core clinical disciplines, e.g. a question may address ethical issues in the care of a child with an intellectual disability.
  - The questions will be based on descriptions of clinical scenarios and may include additional information such as clinical images, x-rays etc.
  - The examination will consist of single best answer multiple choice questions
- **Clinical Skills Examination (40% weighting)**
  - The examination will be similar in structure to the clinical skills stations in Phases 1 and 2.
  - The stations will cover all seven core disciplines. Each discipline will have at least one station.
  - Each station will focus on assessment of either communication skills (history-taking, explanation of diagnosis or treatment, counselling) or physical examination. Stations may involve real patients, simulated patients or mannequins. Videos may also be used to present clinical features.
- **Structured Oral Examination (30% weighting)**
  - A viva examination primarily to focus on management of common clinical problems.
  - Stations will cover all seven core disciplines and Clinical Pharmacology & Therapeutics.
  - The station to assess Clinical Pharmacology and Therapeutics will be based on the NPC modules. You will be expected to have developed a personal formulary based on the modules.

Further information on the Phase 3 Integrated Clinical Examination, including examples of written questions and viva stations, is available on Moodle.

## Portfolio Examination

In the Phase 3 Portfolio Examination, you are required to reflect on how your course work has contributed to your achievement of the graduate capability indicators for Phase 3. You are expected to demonstrate an ability to recognise and relate the graduate capabilities to your clinical experiences as well as describe what you did to develop in these capabilities.

To be **eligible** to sit the Phase 3 Portfolio Examination, prior to the due date for submission of the Portfolio Report you must have submitted to eMed:

- all the required learning plans for Phase 3 courses
- Elective Course report
- QUM assignment by the end of TP2 in Year 6
- Classic modules completion certificate.

The Phase 3 Portfolio Examination will include:

- Review of the portfolio developed over Phase 3, including your Elective Course report, learning plans and negotiated assignments
- A written Portfolio Report which you are required to submit prior to the interview
- An interview, which is held after TP3 in the same examination period as the Phase 3 Integrated Clinical Examination. The Portfolio interview will be conducted online.

### Portfolio preparation

- The portfolio will be assessed on the body of evidence that you accumulate over Phase 3. It is essential that your portfolio covers all the graduate capabilities and that there is sufficient evidence.
- The portfolio examiners will be looking for evidence that you have addressed any deficiencies identified in your Phase 2 portfolio. It is important that you focus on any capability for which you received a P- grade in the Phase 2 Portfolio Examination. The examiners will be able to read your portfolio from Phases 1 and 2 and if you received feedback or stated that you needed to develop a capability in Phase 3, you must demonstrate how you have achieved this.
- Aim to repeat any focus capability for which you received a P- or F grade in a previous course, to demonstrate improvement.
- If you have received a comment regarding a lapse in professionalism during Phase 3, this should be addressed in your Portfolio unless you have specifically been advised that this is not required.
- The learning plans from each course in Phase 3 will record your performance in the three Phase 3 generic capabilities – Patient Assessment and Management, Teamwork and Self-directed Learning and Critical Evaluation. Some courses also include Effective Communication as a capability.
- There are both course-based and phase-based assignments which will give you opportunities to gain evidence for graduate capabilities. These may be submitted to eMed as part of your portfolio. You must have completed all compulsory assignments in Phase 3.
- In Phase 3 you are expected to initiate additional activities, including optional capabilities in your learning plans or negotiated assignments, to develop your portfolio. You will need to negotiate these with your clerkship supervisor or clinical school.
- You may also submit **Supportive Evidence**. This refers to assessment tasks which you submit for your course results but are not routinely submitted to eMed by the clinical school. These include case presentations and case reports. If a Mini-CEX is assessed on paper, you will need to upload it as supportive evidence. (For those who use a mobile app for the Mini-CEX, the result will automatically appear in your portfolio.) You may choose to submit some of these assessments and the related report to support your development in a capability. Do not submit a single assessment multiple times for several capabilities – select the **most relevant** capability. It is essential that you keep the original assessment forms.
- As in Phases 1 and 2, you may submit informal evidence to support your performance in a capability. This may relate to curricular or extra-curricular activities. This should be submitted to eMed: Portfolio as an **Evidence of Achievement** record. This may be particularly important where evidence from assignments is limited or unsatisfactory. However, you should not rely on informal evidence alone. Evidence of achievement and supportive evidence should be pertinent to a graduate capability. It is the quality of the evidence as well

as the quantity that is important. Carefully selected relevant evidence will be more highly regarded than excessive documentation that does not clearly demonstrate your development.

- You should keep a log of patient cases during Phase 3. Record comments about cases which promoted your understanding of the capability statements, noting what you learned from these cases. For example, seeing a child whose presentation raised the possibility of abuse may have directed you to learn about your legal responsibilities in this situation. This log is not submitted as part of your Portfolio Examination but may be used to develop your written Portfolio Report and for reference during your interview.
- The Phase 3 Coordinator in your clinical school is able to provide advice on how to prepare your portfolio. Please note that they may not comment specifically on your draft Portfolio Report.

### Portfolio Report

- The Phase 3 written Portfolio Report is intended to demonstrate your understanding of the capability statements as well as your ability to relate these capabilities to your daily practice.
- The report must reflect on **three** capabilities only. It is not intended to be written capability by capability, so the format will differ from that recommended for the Phase 1 and Phase 2 Portfolio Examinations.
- The report should be based on your clinical experiences in one or more courses, including the Elective course, during Phase 3. Although your report could focus on one patient, it is unlikely that encounters with a single patient will provide sufficient depth or breadth to allow you to comment on three graduate capabilities. It would be more appropriate to select a range of experiences. It is important that the selected events illustrate what you learned from the experience and ideally refer to evidence in your portfolio to demonstrate your development.
- The report may also refer to a community or public health issue which was influential in your learning.
- There are too many indicators for you to be able to address all of them adequately or separately. The examiners are not viewing the graduate capability indicators as a checklist, but rather as a broad indication of the expected performance.
- You may exchange your draft with a fellow student for peer feedback. You must not collude with another student to write your reports. The report will be checked by plagiarism detection software.
- The report will be **no more than 1,200 words** and will be submitted to eMed at the end of TP3. All evidence must be submitted to eMed, prior to submission of your written Portfolio Report.

### Portfolio Interview

- The interview will be online
- Prior to the interview, two portfolio examiners will review your written Portfolio Report, Elective Course report and your portfolio summary, noting your performance in Phase 3 based on the available evidence that you have submitted. The portfolio summary is automatically generated by eMed; you do not need to submit it. The examiners have access to ALL your grades and comments from your supervisors and assessors of assignments.
- The interview will last approximately **30 minutes**. The interview will commence with you giving an oral presentation for **no more than 7 minutes**. You are expected to discuss the same capabilities addressed in your written Portfolio Report, expanding on the written material or discussing different examples or illustrations. The two examiners will follow up with questions for clarification of your presentation and of the submitted evidence
- The examiners will then explore any of the other capabilities that were not covered in the written report or your presentation, particularly those with limited evidence or shortcomings in the portfolio summary document.
- The portfolio examiners will look for evidence that you have developed in each capability to the scope and depth of the indicator statements in the Phase 3 Graduate Capability document. You should relate your comments on your progress to the indicator statements, which are the broad assessment criteria for the Portfolio Examination. You will not have time and are not expected to address every indicator statement.
- It should not be assumed that passing grades (P or P+) in courses and/ or assignments for a particular capability will ensure a pass grade in the Portfolio Examination. The final grade will also depend on the Portfolio Report and interview.

- When discussing your portfolio, do not ignore any poor grades from supervisors or examiners — consider their comments, reflect on why your grade was low, and demonstrate how you have addressed this.
- Do not focus solely on your performance in learning plans and assignments. The interview is an opportunity for personal reflection on your development. Use your clinical experiences to illustrate how you have developed. You may refer to clinical cases recorded in your log to describe situations which assisted in your development of the capabilities.
- A recording of a mock interview is available via Moodle.

### Grading the Portfolio

- At the Portfolio Examination each capability will receive a grade of F, P or P+. In this scheme P grade indicates a performance that meets all expectations, P+ grade exceeds expectations and F grade indicates a failure to meet expectations.
- The final grade for each graduate capability in the Portfolio Examination is based on a combination of the capability grades in the evidence submitted in your portfolio, your written Portfolio Report AND your performance in the interview. **You must pass all capabilities to pass the Phase 3 Portfolio Examination.**
- All capabilities are weighted equally.
- There is an additional grade to reflect the preparation, effort and level of evidence (including optional capabilities and negotiated assignments) in the portfolio and presentation in the interview.
- The final numerical result for the portfolio is based on the distribution of grades in the Portfolio Examination.
- Disappointment with a result or that no feedback is available are not grounds for appeal.

### Supplementary Portfolio Examination

- Students who receive an overall F grade at the Portfolio Examination will be offered a supplementary assessment. The format of the supplementary assessment and any remedial work will be determined by the Phase 3 Assessment Review Group.

## Progression

Details on the Rules of Progression are available on the Medicine website.

Note that all students are expected to complete the requirements of Phase 3 within 15 teaching periods (i.e. 3 years), excluding periods of approved leave or leave for Special Consideration. This means that a student can repeat Year 6 only once following failure in the P3 end-of-phase exams. In the event of a student being delayed in Phase 3 because of course failures who then fails the P3 exams, including the supplementary examination, the student may be allowed to repeat Year 6 once. The student will be required to show cause as to why they should be allowed to repeat Year 6.

### Failing the course assessment

If you fail the course assessment (based on either combined weighted mark or unsatisfactory completion of learning plan), you will be required to repeat the course. The timing of a repeat course will depend on your course sequence.

If you are required to repeat only one course, you will forfeit your Selective Course. Accordingly, you would still complete Phase 3 at the scheduled time.

If you fail more than one course or fail a course for the second time, your progress in Phase 3 will be delayed and you will not be able to sit the end-of-phase examinations at the scheduled time. This will delay your graduation and commencement of internship.

## Failing the Phase 3 Biomedical Sciences Viva Examination

If you fail only one station at the first attempt, you will be offered a supplementary (remedial) examination as soon as practicable, focussing on the area of demonstrated weakness.

If you fail more than one station or the early supplementary (remedial) station, you will be given a supplementary examination at the end of TP1 of the following year. You would be encouraged to attend the Biomedical Sciences teaching in STP and TP1 of the following year.

You will not be permitted to graduate until you have successfully completed this examination.

## Failing the Phase 3 Integrated Clinical Examination

If you fail in only one discipline, you will be offered an early supplementary examination, generally in week 4 of the examination period. The format of this examination will be viva only (i.e. both clinical skills and oral structured examination stations) and will assess both knowledge and clinical skills. Please note that if you are required to sit an early supplementary examination in this week but you are absent, this will be recorded as a Fail.

If you fail in two disciplines or fail the early supplementary examination, you will be offered supplementary exams later in the year. These later supplementary exams will include all three examination components. If you are required to sit the second round of supplementary exams, you are still expected to continue attending PRINT in anticipation of your passing the supplementary exams.

If you fail three or more disciplines, you will be required to re-sit the full Phase 3 Integrated Clinical Examination in the following year after completing courses related to the failed disciplines. You will also be required to sit the Portfolio Examination again.

## Failing the Phase 3 Portfolio Examination

Students who fail the Portfolio Examination will be required to undertake additional work with a focus on the area(s) of weakness, and then complete a supplementary assessment. The nature of the additional work and the further assessment will be determined by the Phase 3 Assessment Review Group.

## Graduation

To graduate, you must pass:

- All specified courses [MFAC 2507 and MFAC 3501 - 3515]; and
- The Phase 3 Biomedical Sciences Viva Examination; and
- The Phase 3 Integrated Clinical Examination in all disciplines; and
- The Phase 3 Portfolio Examination.

Students will be given sufficient opportunities to meet these requirements in accordance with the University's Academic Standing Rules. The Faculty Assessment Review Group will also take into account the feasibility of commencing internship when determining the timing of remedial courses and supplementary assessments. Students whose progress is significantly delayed will be required to wait until the next round of scheduled end-of-phase examinations.

Students who fail the Phase 3 assessments (Integrated Clinical Examination or the Portfolio Examination) after repeating year 6 will exit the Medicine program (but may be conferred the BSc(Med) if successfully completed).

## Internship

Internship is managed by the Health Education and Training Institute (HETI) in NSW Health and other state government health departments. The University does not have any direct role in internships. You will be notified by the Medical Education and Student Office of the process for applying for internship in Year 6. The Office will also provide any documentation that you require.

The application process for internships in NSW commences in May. It is your responsibility to apply so ensure you review the HETI website (<http://www.heti.nsw.gov.au/>) for information about dates, the priority policy and provisional registration. If you are applying interstate or overseas and need advice or documentation, please contact Medicine Education and Student Office ([phase3@unsw.edu.au](mailto:phase3@unsw.edu.au)).

NSW Health does not guarantee internships for international students and they are placed in category 3.1 of the priority list. The Australian Commonwealth government has implemented a scheme that provides additional internships for international students.

For those international students planning to return home or go to another country for internship, the Faculty appreciates that there may be specific expectations of internship elsewhere that have not been adequately addressed in our program. For this reason, the Faculty will consider requests from international students who are applying for internship in another country to complete their Selective course in that country. This would depend on the proposed placements to be undertaken and arrangements for supervision. It is also dependent on the feasibility of the arrangement considering the scheduling of courses and the final exams. Please note that this option is only applicable to international students who can provide evidence of applying for internship overseas.

It is important that you understand that delayed progression in Phase 3 may delay graduation and commencement of internship. The University holds graduation ceremonies for Medicine in December and June. NSW Health only officially allows interns to commence in January though students who will be delayed should contact HETI about the possibility of late internships.

If your progress in Phase 3 is delayed by more than one teaching period, you should contact the Phase 3 Administrator in the Office.

## Phase 3 Course Convenors

**Dr Melanie Fentoullis**

*Convenor - Clinical Transition Course*

Office of Medical Education

Email: [m.fentoulli@unsw.edu.au](mailto:m.fentoulli@unsw.edu.au)

**Associate Professor George Mangos**

*Convenor – Medicine and PRINT*

St George and Sutherland Clinical School

Email: [g.mangos@unsw.edu.au](mailto:g.mangos@unsw.edu.au)

**Dr Shing Wong**

*Convenor- Surgery*

Prince of Wales Clinical School

Email: [sw.wong@unsw.edu.au](mailto:sw.wong@unsw.edu.au)

**Dr Megan Kalucy**

*Convenor- Psychiatry*

School of Psychiatry

Email: [m.kalucy@unsw.edu.au](mailto:m.kalucy@unsw.edu.au)

**Associate Professor Joel Rhee**

*Convenor- Primary Care*

School of Public Health and Community Medicine

Phone:

Email: [j.rhee@unsw.edu.au](mailto:j.rhee@unsw.edu.au)

**Dr Daniella Susic / Dr Rebecca Deans**

*Convenor- Obstetrics & Gynaecology*

School of Women's and Children's Health

Email: [d.susic@unsw.edu.au](mailto:d.susic@unsw.edu.au) / [r.deans@unsw.edu.au](mailto:r.deans@unsw.edu.au)

**Dr Sandra Chuang**

*Convenor- Children's Health (Paediatrics)*

School of Women's & Children's Health

Email: [sandra.chuang@unsw.edu.au](mailto:sandra.chuang@unsw.edu.au)

**Dr Mark Nicholls**

*Convenor – Emergency / Critical Care*

Email: [m.nicholls@unsw.edu.au](mailto:m.nicholls@unsw.edu.au)

## School Administrators

When you are attached to clinical services in the teaching hospitals, each school will have administrator(s) to assist you. They will be listed in the relevant course guides. They will be able to assist you with information about your clerkship supervisor, where to meet on the first day of the course, timetables for any coursework being delivered by the school and other issues pertinent to the local school.

## Medicine Education and Student Office

For general enquiries about student issues or enquiries about the administration of Phase 3, contact the Phase 3 Administrator:

Phone: 02 9065 7109.

Email: [phase3@med.unsw.edu.au](mailto:phase3@med.unsw.edu.au)

## Student Wellbeing

Wellbeing is more than mental health. It is a complex combination of many factors that are strongly linked to our happiness and overall life satisfaction. UNSW Medicine is committed to supporting its students to thrive and stay healthy. The nature of Phase 3, more than earlier phases in the program, may make you feel disconnected and isolated. You will have to adjust to the many different settings and agendas of the various teams you are assigned to. This is not easy and requires flexibility and some proactivity on your part to ensure you get the most out of your placements. Your work in the hospitals will also present you with challenging human and clinical situations that may be very confronting.

Top Tips:

- Seeking support early is key.
- Every medicine student should prioritise finding a GP they trust.
- It's normal to experience difficulties and it's ok to ask for help and support.

There are several ways that you can obtain support for challenges related to your studies or personal issues that may impact upon your ability to optimise your learning in the Medicine program:

Refer to the UNSW Wellbeing site for relevant information and contacts.

<https://www.student.unsw.edu.au/wellbeing/services>

If students are unsure of what service is most appropriate they can contact the Faculty Wellbeing Officer for advice: [MedFWO@unsw.edu.au](mailto:MedFWO@unsw.edu.au)

The below links and additional services can be found on the [faculty wellbeing page](#).

### Rural Students

UNSW Medicine now partner with the [Rural Adversity Mental Health Program](#) (RAMHP). Contact the Local Co-Ordinator who can provide you with local referral options.

- [Crana Plus](#) offers unlimited 24/7 Bush Support Telehealth Counselling 1800 805 391

### Central Services:

- [UNSW Health Service](#)
- [Counselling and Psychological Service](#) (CAPS)– psychological and counselling support to manage mental health and wellbeing
- [Student Support and Success](#) - finance, housing, study skills support, time management or personal issues such as stress and anxiety.
- [Equitable Learning Service](#) – practical educational adjustments to assist me to manage my studies and my disability, medical condition and / or mental health condition.
- [International Student Support](#) – finance, housing, visa, study skills support, time management or personal issues such as stress and anxiety

### Support in the Community

- [Beyond Blue](#) 1300 22 4636
- Make an appointment with a local [Bulk Billed General Practitioner](#) (GP)
- [Drs4Drs](#) 1300 374 377
- [Doctor's Health Advisory Service \(dhas\)](#) 02 9437 6552
- [Lifeline](#) 13 11 14
- [Medical Benevolent Society of NSW](#)

You can also access the Employee Assistance Program (EAP) which is completely free and confidential at all NSW Health Hospitals.

### Where to Access Self-help

- The [Black Dog Institute](#) provides free online mental health programs such as [myCompass](#). This can be accessed through [Black Dog Institute Online Clinic](#).
- [Mindspot](#) provides free online screening tools and mental health programs for anxiety and depression.
- [This Way Up](#) provides free and low-cost online cognitive behavioural therapy programs for anxiety and depression and stress management.

## UNSW Medicine Clinical Mentoring Scheme (CMS)

The **UNSW Medicine Clinical Mentoring Scheme (CMS)** is an important initiative to assist medical students in Years 3 through 6 develop their clinical and professional skills, and confidence as they progress through the Medicine program in preparation for their internship and future independent practice. Mentors are experienced clinicians who share their professional knowledge, skills and experiences with mentees, thereby enhancing students' learning and development, career confidence and employability.

The CMS aims to connect current students in their clinical years (Years 3 to 6) with a broad range of clinicians. Each mentee establishes a range of goals that they work to achieve with the support and advice of their mentor. The aim is for students to develop valuable insights into the world of medical practice in hospital and other settings, focus on their personal and professional development, as well as to reflect on their course progression and employability skills.

Phase 2 and 3 students can join the program and invite one of the Scheme's clinicians to be their mentor by going to the CMS website at <https://mentoring.unsw.edu.au/p/p8/about>.

More information is available on the website by clicking on Help Resources and Articles.

## Work Health and Safety

As most of your time in Phase 3 is spent off-campus, you need to be aware of procedures that you need to follow if you are involved in a work-place incident e.g. needlestick injury.

All incidents must be reported to ensure that any immediate or delayed injury that you receive will be appropriately covered and also to inform the facility so that work-place safety can be improved.

You must report the incident both to the University and the health facility where you are based.

- Incidents are reported to the University through MyUNSW. Information on reporting incidents via MyUNSW is available on Moodle.
- Incidents are reported in NSW Health facilities using the IMMS reporting system – you must seek advice and support from your supervisor.

## Resources in Phase 3

### UNSW Library Resources

#### Medicine Subject guides

The UNSW Library has a number of subject guides covering various medical disciplines and topics bringing together the most useful print and online resources. The subject guides offer a quick and easy pathway to locating resources in your subject area (e.g. Medicine, Psychiatry, etc.).

<http://subjectguides.library.unsw.edu.au/>

Many of the relevant clinical resources can also be accessed from mobile devices. More information is under the "Medicine mobile content" section of the Medicine subject guide or at:

<http://subjectguides.library.unsw.edu.au/medicinemobile>

#### Clinical Resources

Phase 3 students should be aware of the following resources which are relevant to clinical practice.

##### Best Practice

The resource from BMJ publishing combines the latest research evidence, guidelines and expert opinion – presented in a step-by-step approach, covering prevention, diagnosis, treatment and prognosis.

[https://primoa.library.unsw.edu.au/permalink/f/jhud33/UNSW\\_ALMA61158503210001731](https://primoa.library.unsw.edu.au/permalink/f/jhud33/UNSW_ALMA61158503210001731)

##### BMJ Learning

BMJ Learning offers high-quality continuing medical education for doctors and other healthcare professionals. It features over 500 modules of accredited, peer-reviewed learning modules in text, video, and audio formats. The learning modules provided by BMJ Learning deal with everyday issues in primary care and hospital medicine and provide quick up to date facts on evidence-based conditions. Most modules take around an hour to complete.

BMJ Learning is closely integrated with BMJ Portfolio and you will be required to register with BMJ Learning. Once registered you will have a confidential record of all the modules undertaken. Certificates can be downloaded or printed upon module completion and submitted as supportive evidence to your portfolio.

When you sign in to BMJ Learning, a personal homepage will display modules tailored to your profession, specialty and location.

You will need to register and create a personal profile before being able to sign in and use BMJ Learning. If you already have an existing BMJ login you can use it.

[https://primoa.library.unsw.edu.au/permalink/f/238ui7/UNSW\\_ALMA61158882620001731](https://primoa.library.unsw.edu.au/permalink/f/238ui7/UNSW_ALMA61158882620001731)

##### AccessMedicine

As well as providing access to many clinical medicine and surgery online textbooks, AccessMedicine includes an extensive multimedia collection, differential diagnosis tools, clinical case files, self-assessment and other relevant resources for medical students. There is also a mobile app available.

<https://accessmedicine-mhmedical-com.wwwproxy1.library.unsw.edu.au/ss/About.aspx>

##### Bates' Visual Guide to Physical Examination

Covers head-to-toe and systems-based physical examination techniques, featuring more than 8 hours of reshot video content and clinical skills videos.

<http://er1.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=https://batesvisualguide.com/index.aspx>

#### Off Campus registration form

Phase 3 students can register for Off Campus services to order Library content to be sent directly to them.

Register at: <https://www.library.unsw.edu.au/study/off-campus-borrowers>

## **Moodle**

In Phase 3, there is one online course module, which includes a section for all Phase 3 courses. You will have access to this module for the duration of Phase 3.

The Phase 3 module also contains a section for the Biomedical Sciences Program, as well as discipline-based guides and resources for specialties such as Clinical Pharmacology and Therapeutics, Ophthalmology, Dermatology and ENT.

Information and resources relating to Procedural Skills for Phase 3 are located in the Clinical Skills module for the undergraduate medicine program.

Access to Moodle is via <https://moodle.telt.unsw.edu.au/>

## **CIAP (NSW Health Clinical Information Access Project)**

CIAP provides access to clinical information and resources to support evidence-based practice at the point of care. This resource is available to medical students attached to teaching hospitals. It contains an extensive range of resources including some resources not available through UNSW Library. These resources include:

- Australian Medicines Handbook
- Therapeutic Guidelines
- UpToDate – Users need to need to register from within a hospital but can then access UpToDate as an app on mobile devices.
- MIMS – including mobile access via iMIMS

## COVID and Clinical Attachments - FAQs

### *Can I avoid Face to Face clinical learning to reduce my chances of getting COVID-19?*

It must be emphasized that students are expected to continue to engage in ALL face to face clinical learning, attendance is compulsory and any absence must be justified and reasons for absence must be communicated to your clinical placement site and supervisor.

**Students on clinical attachments are advised not to participate in clinical encounters with patients with suspected or confirmed COVID-19.**

Any student who feels they are being placed at unreasonable risk by an individual patient interaction can freely choose to withdraw from participation prior to or during the interaction. They should discuss the risk with their supervisor and explore strategies to mitigate future risk.

You will otherwise be expected to undertake the same face to face clinical learning as everyone else unless you have a medical reason (see below) to be excluded from the experience. Like all other clinical personnel, you will be expected to apply social distancing and careful hygiene principles and you will need to undertake training in the appropriate and recommended use of Personal Protective Equipment (PPE). The university and health services are committed to protecting staff and students from harm whilst recognizing that you are in the final stages of training to be health professionals and as such need to learn to operate in clinically challenging environments.

In all circumstances:

- Students must wear the prescribed or recommended PPE as instructed
- Students must not undertake tasks or clinical interactions requiring PPE if the PPE is not available for use
- Any student who is concerned about their safety must raise their concerns with their Clinical Supervisor and the Course Convenor or Clinical School Administrator.

### *How can I keep my family safe after my day learning in the clinical environment?*

The possibility of exposure to COVID-19 positive patients can create anxiety amongst health professionals who may worry they might carry the virus home to their families and loved ones.

Recommendations to keep your family safe may include:

- Take the right precautions in the hospital / clinic environment (see above information re: PPE)
- Washing your hands immediately after leaving the workplace (you may want to keep some hand gel in your bag)
- Change your clothes either at the hospital / clinic at the end of your day or immediately when you get home
- There is currently no evidence for benefit of separate laundry - but it won't hurt!
- When you get home, leave your shoes at the door
- Wash your hands again first thing when you enter your house or if you catch public transport, when you get off the bus or train
- Avoid touching your face (especially whilst travelling on public transport)
- If you have any symptoms, get tested and isolate whilst awaiting result
- Further info: <https://www.ama-assn.org/practice-management/physician-health/how-doctors-can-keep-their-families-safe-after-providing-covid>

### *What if I have a medical illness or I am pregnant?*

Any student who is at increased risk of infection (e.g. pregnancy, immunosuppression, chronic health condition) will not be required to participate in clinical care, but should contact Faculty staff ASAP to discuss personalised learning plans.

### *What happens if I get sick?*

Students are advised that if they have a fever, cough or any symptoms suggestive of an upper respiratory tract infection (URTI), they MUST NOT attend clinical placements. There can be no exceptions to that rule under the current circumstances. Students are required to contact their clinical term supervisor and clinical school manager to notify of their absence.

### *What happens if I get COVID-19 or have to go into isolation or quarantine?*

Students should follow the current advice on contacts and isolation as if they were a medical practitioner/health care worker. These are publicly available <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector#when-you-can-and-cannot-work>

Further information from NSW Health for health professionals is available at <https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus-update.aspx>

If a student is absent for a prolonged period due to illness or self-isolation while awaiting the results of COVID-19 testing, they may apply for [Special Consideration](#) (students should please inform the Course and Phase Convenor when doing so).

If students are absent for face to face clinical learning, and they are well enough, they may be assigned alternative individualized self-directed learning activities in lieu of attendance.

If a student misses more than two weeks of a course, where feasible, pre-graduation 'catch up' training may be made available – where the student will have the opportunity or will be required to make up time in a subsequent rotation – including PRINT.

Course requirements will be reviewed and may be modified by Convenors over the pandemic period. Students who have not been able to meet course requirements due to the COVID pandemic should discuss this ASAP with their Term Supervisor. Students together with their Clinical School Coordinators should also register this information with Phase 3 admin.

Where students have been unable to meet course requirements due to the COVID pandemic, these students will be eligible to sit ICE.

All course requirements must be satisfactorily completed prior to end of program (either in subsequent rotations or in PRINT).

### *I'm feeling stressed, what should I do?*

This is normal and important to acknowledge. Sometimes we don't even realise that we are actually feeling anxious or worried at the moment (and we are). The way COVID-19 has dramatically changed all our lives, including the way we learn, has been very stressful.

It is a great idea to talk to someone professional (as well as your friends and family) about how you are feeling. The faculty has a Wellbeing Officer, Catherine Marley, who you can contact via email on: [medfwo@unsw.edu.au](mailto:medfwo@unsw.edu.au). She will organise a time to talk to you and can also refer you on as appropriate.

Some other useful resources that you can use anytime include: <https://www.wellbeing.unsw.edu.au/Covid19> and the UNSW Health and Wellbeing in the Online Space <https://student.unsw.edu.au/help/mindhub> including the COVID-19 mind and body resources