



UNSW Medicine

# Phase 2 Student Guide 2019

## Medicine and Medicine / Arts

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## Welcome to Phase 2



Dear Students,  
Welcome to Phase 2 Medicine!  
This will be an exciting stage of your medical training.

You will embark on **clinical courses** which bring you into regular contact with patients and health workers. Your learning will continue to be interspersed with teaching in the biomedical and social sciences relevant to your clinical experiences.

The clinical courses are based around **weekly themes**, which are addressed at multiple levels in various settings with a variety of teaching styles. Each teaching week culminates in a **Case Method Tutorial**, which serves to bring together all aspects of the week in a unifying teaching session in which active student participation and preparation are required.

In addition, you will gain an in depth understanding of how research contributes to our medical knowledge and practice, through your participation in an **Independent Learning Project**. These are focused research projects during which you will analyse the literature, collect data and report on your results in a highly detailed fashion.

During Phase 2, most of you will also undertake UNSW **courses external to UNSW Medicine**, which will be an important and mandatory component of your broader education.

In order to maximise your Phase 2 experience, you will need to immerse yourself fully in the novel teaching and learning aspects of this intermediate stage of your undergraduate medical degree. We encourage you to be proactive in your learning, participate and enjoy the myriad of opportunities available to you.

We wish you every success for your Phase 2 studies.

Dr Sean Kennedy & Dr Chinthaka Balasooriya  
Phase 2 Co-convenors

## IMPORTANT: NSW Health Compliance

From 2013, all students have been listed on ClinConnect which is a NSW Health database for managing all clinical training placements in public hospitals in NSW. The information about you includes a check showing your compliance with NSW Health policies.

To be confirmed as fully compliant, you need to provide necessary documentation relating to immunisations, a National Police Certificate\* and you will be required to sign a CCYP Student Declaration form stating that you are not a prohibited person under the Commission for Children and Young People Act 1998. This will be checked by staff from NSW Health.

If you are not fully compliant, we will not be able to place you in a clinical site during this term. Please note you will not be able to complete clinical training placements in other Phase 2 courses, and hence your progress in the UMP will be delayed.

*\*You must retain the NPC for the duration of enrolment in Medicine as you may be required to present it whenever attending a clinical placement in a NSW Health facility. Note that for students commencing since 2011, this certificate is valid for three years only and it will need to be replaced prior to Year 4.*

If you encounter any problems, please contact the Medicine Education and Student Office (MESO).

## Structure of Phase 2: Practice based learning

During Phase 2, real clinical experiences will form the context for your learning and you will spend more time in clinical placements. You will use your clinical experiences to refine your developing medical knowledge. You will be able to pursue topics of interest through assignments and group projects. Small group tutorials and case method tutorials are used to help you combine the acquisition of clinical skills with continued learning about the social and scientific mechanisms underlying health and disease.

## Courses in Phase 2

Students commence Phase 2 clinical coursework courses (MFAC2514-2516) in Year 3. After passing the Phase 2 Integrated Clinical Examination (ICE) at the end of Year 3, students then enrol in the ILP courses (MFAC4521-4523) and 12 units of credit of courses from another Faculty during Year 4. The ILP is followed by a 4-week Clinical Transition Course (MFAC2507). The Phase 2 Portfolio Examination takes place around May in Year 4.

Year 3 of Phase 2 consists of three courses, corresponding to the 3 main UNSW terms. During these courses you will undertake 6 clinical terms, the order of these will depend on your allocated sequence for phase 2 (Sequence 1-4). The order of the clinical terms may be different for rural students depending on the location.

In year 4, you will study General Education courses, courses from other Faculties, and complete the Independent Learning Project, followed by a Clinical Transition Course.

The three Phase 2 coursework courses and the phase 2 clinical terms are listed below:

### **Integrated Clinical Studies 1 [MFAC2514]; 2 [MFAC2515]; 3 [MFAC2516]**

ICS – Adult Health 2 term

ICS – Aged Care and Rehabilitation term

ICS – Beginnings, Growth and Development term

ICS – Adult Health 1 term

ICS – Oncology and Palliative Care term

ICS – Society and Health term

In each of the clinical terms, you will spend 3 days per week in clinical environments and 2 days per week at the UNSW Kensington campus. In each clinical term, learning is organised around weekly themes. Each week ends with a case method tutorial to bring together the week's activities.

Further information on each clinical term will be provided to you in the relevant term guides.

### General Education

By the end of Phase 2, you **must** have completed the General Education requirement for 12 units of credit. This is to encourage you to explore academic areas beyond Medicine to broaden your educational experience.

To meet the 12 units of credit General Education requirement, students may take up to 12 units of General Education courses or mainstream courses from another Faculty / Faculties.

Information on General Education courses and courses from other Faculties is available in the Faculty handbook and in the Virtual Handbook in the [Handbook: General Education Courses 2019](#) myUNSW section of the University's website.

Unless otherwise negotiated, you should enrol in these courses **concurrent with your enrolment in the Independent Learning Project (ILP)**, which is explicitly designed to provide the time for this. Students completing Honours in Year 4 will **not** be allowed to concurrently enrol in General Education courses.

You should be aware that you cannot enrol in some General Education or extra-Faculty elective courses offered by other Faculties – especially Science – as these overlap with your medical studies. Contact the Medicine Education and Student Office (MESO) before enrolling if you are uncertain.

## Independent Learning Project (ILP) / Honours

[MFAC 4521-4523]

During year 4, all students complete a 30 UoC medical research project over 3-terms. A minimum of 25 hours per-week, for a total of 30 weeks, of independent research and related activities is required.

During the ILP year, students undertake research in an approved ILP. The ILP includes online research modules and activities that are designed to enhance the students research capabilities.

[MDCN7007]

There is the opportunity for some students to participate in the BSc (Med) Hons program instead of undertaking the ILP. The BSc (Med) Hons program is a one-year (34 weeks) supervised research program leading to the award of the degree of Bachelor of Science (Medicine) Honours. A minimum of 35 hours per-week of research and related activities is required. The Honours program will provide a more in-depth research experience than the ILP. Numbers for the Honours program are capped at 30, and students with the highest Phase 1 WAM will be invited into the program. . More details can be found at: <https://medprogram.med.unsw.edu.au/independent-learning-project-ilp>

## Workplace Health and Safety (WHS)

Clinical attachments during Phase 2 occur in a diverse range of health services - based across hospital and community settings with government, private and non-government organisations. Hence, you should apply your prior knowledge and training on Workplace Health and Safety (WHS) to the environment of your clinical attachment – whether it is in hospitals, community health, patient's homes, etc.

You must have a discussion with your clinical supervisor at the commencement of each attachment about WHS issues specific to that health service. Please refer to the table below, which is a guide only and not intended to replace the WHS protocols and policies of the health facility.

Tasks	Potential Hazards	Potential consequences	Risk controls
Consulting with patients	<ul style="list-style-type: none"> <li>Physical violence</li> <li>Emotional intimidation (from patients or staff)</li> </ul>	<ul style="list-style-type: none"> <li>Physical or emotional injury</li> <li>Malicious damage</li> </ul>	<ul style="list-style-type: none"> <li>Students should not be left alone in the health facility</li> <li>Facility's policy on managing aggressive patients</li> <li>Use duress alarms (if available)</li> <li>Report to management/UNSW about staff who inflicts emotional intimidation/bullying</li> </ul>
Performing physical examinations and office tests	<ul style="list-style-type: none"> <li>Manual handling</li> </ul>	<ul style="list-style-type: none"> <li>Physical injury</li> </ul>	<ul style="list-style-type: none"> <li>Follow safe manual handling techniques</li> <li>Allow patients to do most of their moving/lifting</li> </ul>
Medical procedures	<ul style="list-style-type: none"> <li>Exposure to body fluids and sharp instruments</li> </ul>	<ul style="list-style-type: none"> <li>Contracting blood borne diseases</li> </ul>	<ul style="list-style-type: none"> <li>Ensure immunisations are up to date with (as per NSW Ministry of Health guidelines)</li> <li>Thorough handwashing and drying before and after all patient encounters and procedures</li> <li>Use protective barriers (e.g. gloves, gowns, plastic aprons, masks, eye protection)</li> <li>Perform medical procedures only under supervision/ training, using aseptic techniques</li> <li>Appropriate handling and disposal of sharps and other contaminated/infectious waste</li> <li>Ready access to running water and viricidal antiseptic for first aid</li> <li>Follow facility's protocols for reporting and treating needlestick injuries/exposure to body fluids</li> </ul>

## Clinical Skills

During Phase 2 you will be expected to develop your Clinical Skills to the standards articulated in the Graduate Capabilities of Patient Assessment and Management, and Effective Communication. Based on the relevant capability statements, students will:

- Be expected to further develop your communication skills in dealing with patients and families, including skills in consultation, explanation and counselling and dealing with specific situations.
- Be expected to be able to conduct a reasonably comprehensive physical examination. You will be expected to elicit and interpret abnormal findings on physical examinations, specifically in relation to the themes addressed in each course.
- Develop your skills in clinical reasoning, through an understanding of the differential value of specific clinical features (symptoms and signs) in the inclusion and exclusion of diagnostic possibilities.
- Begin to understand how pattern recognition influences clinical reasoning. Recognising how certain signs and symptoms go together – with greater or lesser degrees of variability – greatly assists in drawing up your differential diagnoses, and thinking about what diagnostic tests might assist in diagnosis.
- Develop skills in communicating your clinical assessment of patients in case presentations and case reports.

A supplementary guide for Phase 2 Clinical Skills is available in the Clinical Skills module in Moodle.

<https://moodle.telt.unsw.edu.au/course/view.php?id=7698>

## Ethics

Ethics is integrated within each term during Phase 2.

In addition, for each course you could expect to attend:

- an ethics lecture (1 hour)
- an ethics tutorial (2 hours)

These will be offered by ethicists or by clinicians with a particular interest and expertise in ethics.

Ethics theories that you have been introduced to during Phase 1 will be explored further in lectures, prescribed readings and tutorial discussions. The aim is to further develop your appreciation of ethics frameworks and theories, and also develop your analytical skills in applying those theories and frameworks to population health and public health policy.

You should also expect to be invited to discuss ethics related issues in clinical tutorials and case method tutorials. Practical ethical aspects of clinical interactions such as explaining management options, informed consent and confidentiality will be discussed.

In order to achieve the Ethics graduate capabilities in Phase 2, you must undertake an individual assignment with ethics issues (from List B) as a chosen perspective. Ethics questions can be included in the Phase 2 Integrated Clinical Examination. <https://moodle.telt.unsw.edu.au/course/view.php?id=29809>

## Quality of Medical Practice (QMP)

The objective in Phase 2 is to build on knowledge gained in Phase 1, by learning how to apply skills in Evidence Based Practice to clinical situations. Key evidence-based practice topics will be covered across the year in various learning activities: screening, audit, clinical practice guidelines, and critical appraisals of clinical scenarios based on actual evidence. Within the Adult Health 1 (AH1) term and the Clinical Transition Course, the focus is on Quality and Safety, with interactive activities that deal with the theory of medical error and how quality and safety of practice can be maximised within the clinical environment. This content links closely with ethics teaching on professionalism also timetabled within the AH1 term.

### Assessment

QMP learning activities and assessments are currently being revised for 2019. We are changing the format from problem-based learning ITP sessions to a structured team-based learning (TBL) format. Please take note of the announcements and detail about these new activities as both QMP and Ethics content learned in these new TBL activities will be formally assessed, based on participation and attendance. Comments of Satisfactory/Unsatisfactory will be made in the eMed general feedback area and these will be visible within your portfolio assessment. You will also be able to comment in eMed general feedback about your learning.

For more information on TBL, please see: <http://www.teambasedlearning.org/> or watch this video to see how it is being used at Sydney University (this is similar to how we plan to use it, but we only have 3 sessions across the year): <https://youtu.be/rDaf-WpPBAU>

All QMP assessments in Phase 2 will be part of the clinical course continuous assessment, and your evidence-based practice skills will be assessed in each of the individual assignments and projects as part of the generic capability of 'Self-Directed Learning and Critical Evaluation'. QMP will be examined within both parts of the Phase 2 Integrated Clinical Examination (the clinical skills and the online written components).

### Self-enrolment to QMP Moodle module

You should already have access to the QMP module in Moodle, but if you do not have access (e.g. IMU or graduate entry students), please access via the link below and enter the self-enrolment key provided:

URL: <http://moodle.telt.unsw.edu.au/course/view.php?id=7699>

Self-enrolment key: QMP\_Student

## Attendance at Classes

You are expected to attend all classes and it is to your advantage to do so. Please see the university policy on Class Attendance. <https://student.unsw.edu.au/attendance>

UNSW Medicine expects students to attend all scheduled activities. Each course assessment includes attendance and engagement. It is important that you contact your course convenor or MESO if you need to allow for illness or misadventure. You are also expected to be punctual for all classes. If you fail to comply with the attendance requirements for a course or term, you may be awarded an Unsatisfactory Fail (even if you pass the end of course examination).

Tutors will keep attendance records in scenario group sessions, Clinical Skills sessions, practical classes and Ethics tutorials.

It is your responsibility to frequently check the Timetable for assigned classes and any changes. Ignorance of classes, which are scheduled in the Timetable, is not an acceptable excuse for non-attendance.

You can only attend classes to which you are allocated. You may not attend practicals or other classes at different times to your timetable. Staff may ask you to leave if you are not in the correct class.

You are expected to be punctual in attendance at all classes.

## Student Code of Conduct

Students and staff are governed by the normal laws that regulate our daily lives, but in addition the University has its own code of rules and conduct expressed through its policies and procedures. Good conduct and academic honesty are fundamental to the mission of the University as an institution devoted to the pursuit of excellence in scholarship and research, and to the service of society. These principles apply to the whole University community, including students and staff and have been developed over many years.

In addition, medical students are expected by their colleagues and the public to demonstrate a high degree of professionalism and these expectations are outlined in the document, Professionalism in Medicine: [A Student Code of Conduct](#) and [\\_](#). The consequences for unprofessional behaviour can range from a warning, a comment placed by Course or Phase Convenors in the student's portfolio, or an allegation of student misconduct. All students should familiarise themselves with information relating to the code of conduct on the medicine website, and other associated policies. Further information is available at: <https://medprogram.med.unsw.edu.au/phase-one> and <https://student.unsw.edu.au/policy>

## Close the Loop – myExperience Survey Feedback

The Faculty is committed to working with students to continuously improve the Medicine program. In response to requests from MedSoc for greater transparency regarding the Faculty's response to feedback obtained from student surveys such as myExperience and MedSEQ, we have created a website at:

<https://medprogram.med.unsw.edu.au/survey-feedback-phase-2> (zID and zPass required), which contains:

1. A summary of the myExperience feedback for the most recent iteration of each course in the Medicine program;
2. A summary of the intended actions and/or action taken in response to myExperience feedback;
3. A link to the report on the most recent MedSEQ survey, which includes intended actions in relation to issues raised by students; and
4. A link to provide real-time anonymous feedback to the Faculty on current issues, outside of the regular myExperience surveys (please note that providing real-time feedback does not substitute for completing a myExperience survey at the end of each course).

Your input is valued and leads to changes intended to improve your learning experience.

## Assessment in Phase 2

During the clinical terms in Phase 2 coursework courses (MFAC2514-2516), you will be required to submit individual assignments and a group project report, demonstrating integration/correlation of prior and current learning. **You will address three focus capabilities and three generic capabilities in each assignment and project**, except for the ICS – Beginnings, Growth and Development term assignment (two focus capabilities and three generic capabilities) and mini-audit (one focus capability and three generic capabilities).

In addition, your clinical performance during each course will be graded as 'Satisfactory' or 'Unsatisfactory'. You must obtain a 'Satisfactory' grade in your clinical work in order to pass each course.

The Independent Learning Project is assessed by the submission of a literature review, satisfactory progress reports from your supervisor and the project report.

If you are required to do the 12 UoC General Education Courses you will be required to pass the assessment requirements of the courses that you undertake in other Faculties in Phase 2.

You will also be required to pass the Integrated Clinical Examination (ICE) after completion of the three Phase 2 clinical courses. The Integrated Clinical Examination comprises of two components: a written examination to assess your knowledge of the biomedical, QMP, social and clinical sciences, and a clinical skills component. You will need to pass both components. The final grade for the Integrated Clinical Examination will consist of 50% from the written component and 50% from the clinical component.

Another barrier assessment of the clinical course work year of Phase 2 is the Portfolio Examination, in which you are required to submit a portfolio essay addressing at least two capabilities. These capabilities will be determined by your results in the Phase 1 Portfolio examination and your results in assignments and the group project during Phase 2.

**Students need to submit all Phase 2 assignments/group projects in order to be eligible to have their Phase 2 Portfolios examined.**

**Students who have not submitted all Phase 2 assignments/group projects by the end of Year 4 will be referred to the Phase 2 Assessment Review Group, where their progress in the Medicine program will be reviewed.**

## Course Assessments

Your performance during each Phase 2 course (MFAC2514-2516, MFAC4521-MFAC4523) will be determined from a range of continuous assessments including attendance, participation and contribution to learning activities. You will be assessed on your preparedness and participation in learning activities and you will be expected to demonstrate learning from these experiences and from self-directed activities.

The continuous assessment will be graded as Satisfactory/Unsatisfactory by the course tutor(s) or community clinical tutors (where relevant to that course). This assessment will be the reported result for the course. A Satisfactory grade in the continuous assessment is required in order to pass each course.

Attendance at all scheduled teaching activities on campus and in the clinical schools is expected and it is part of student engagement and your developing professional practice. Illness or misadventure is taken into account and if it impacts on your attendance the Clinical School or Course Convenor should be notified and an application for Special Consideration must be completed.

Where a significant absence is anticipated during course time (such as conference attendance, important cultural or personal commitments) it is imperative that the student contact the Faculty as soon as possible so that leave of absence can be considered and alternative arrangements for study/assessment put into place. Failure to provide sufficient notice may result in an Unsatisfactory Fail grade for that course. Failure to attend teaching sessions may be recorded in your Phase 2 Portfolio.

If a student is absent from any learning activity it is their responsibility to learn the material they missed independently. If a student fails a course they cannot use absences from learning activities, for any reason, as grounds for appeal.

## Assignments and Projects

The requirement for an individual assignment and/or a group project is different for each clinical term. Refer to the relevant term guide for details. An overview is available on the website:

<http://medprogram.med.unsw.edu.au/assignments-and-projects-phase-2>

### *Images/Copies of Patient Notes in Assignments and Projects*

We follow the NSW Health Policy which states that students are not permitted to photocopy or take photos of notes, records and images for privacy reasons even if they de-identify them.

What we do recommend to students is that they source and cite a similar image from the internet which has already been de-identified and made public.

In the **ICS – Society and Health** term, you are required to complete a group project and a *critical reflection journal* on cultural competence relating to Aboriginal and Torres Strait Islander peoples, as specified in the term guide. The project consists of an oral presentation and written report, both of which are required in week 6.

In the **ICS – Beginnings, Growth and Development** term, you are required to present two cases and linked individual assignments over the course of the term – one with a women's health focus and the other with a paediatric focus, as specified in the term guide.

In the **ICS – Adult Health 1** term, you are required to complete an individual assignment based on an individual patient you have assessed during the term. The assignment must focus on either a medical presentation or a surgical presentation. If you chose a medical presentation, then you are required to do a surgical presentation in AH2, and vice versa. The assignment must be submitted to eMed by the end of week 6. In AH1, you are also required to do the Mini-Audit Group Project.

In the **ICS – Adult Health 2** term, you are required to complete an individual assignment based on an individual patient you have assessed during the term. The assignment must focus on either a medical presentation or a surgical presentation, depending on which presentation you did during AH1. The assignment must be submitted to eMed by the end of week 6.

In the **ICS – Aged Care and Rehabilitation** term, you are required to complete an individual assignment based on an individual patient you have assessed during the term. This assignment must focus on an aged care patient **in the context of a visit to their home**. The assignment must be submitted by Friday 3pm at the end of week 4.

In the **ICS – Oncology and Palliative Care** term, you are required to complete an individual assignment based on an individual patient you have assessed during the term. The assignment must focus on a patient with a malignancy. The assignment must be submitted by **Monday 8am after the term has completed**.

The individual assignments and group project will address three focus capabilities and three generic capabilities, except for the ICS – Beginnings, Growth and Development assignments (two focus and three generic capabilities) a mini-audit (one focus and three generic capabilities). Within the focus capabilities, you are also required to choose a perspective as outlined in the table at the end of this section. There are two lists of perspectives: List A covers different disciplines within the capability of *Using Basic and Clinical Sciences*. List B covers different perspectives of the other capabilities.

**At the start of the year, you should plan your individual assignments prospectively and carefully – allowing for the different term requirements – as not all perspectives may be relevant in some terms.**

For Example:

For the ICS – Oncology and Palliative Care assignment, discussion should focus of one of the following List A perspectives: critical analysis of diagnostic tests; relevant microbiology; underlying pathological processes; relevant pharmacology. Use of another List A perspective must first be agreed with the Term Coordinator.

For the ICS – Aged Care and Rehabilitation assignment, one emphasised perspective from focus capabilities in List B. A detailed discussion, directly relevant to the patient reviewed, of one the perspectives from List B: social, cultural, economic and behavioural facts; ethical issues, the role of nursing, allied health and other professionals in the management of the situation (teamwork). Unless you have already discussed ethical issues in an earlier Phase 2 written assignment, you must select ethical issues in the aged care home visit case discussion. Use of another List B perspective must first be agreed with the Term Coordinator.

Whilst you are not expected to address all these perspectives over Phase 2, your assignments should each cover different perspectives from each list. You may NOT choose the same perspective from either List A or List B more than once in your individual assignments. However, there are two exemptions to this rule relating to List B perspectives:

1. The ICS – Society and Health term group project may include a List B perspective/s that you have covered in an individual assignment
2. The surgical case study assignment (AH1 or AH2) may include a List B perspective/s that you have covered in another individual assignment

In all assignments and the group project, you will be expected to demonstrate an integration/correlation of your prior and current learning.

You must pass the required assignment(s) or project for each term. For each capability in the assignments and project, your performance will be graded using the standard F/P-/P/P+ system and will be reported in your Portfolio.

The overall grade for the assignments and project will be expressed as a numerical mark determined by an algorithm based on weighting of the various capabilities. The numerical result is based on the following conversion of the standard F/P-/P/P+ system to a mark: F=0%; P-=50%; P=60%; P+=90%. The overall grade does not contribute to the course result, but does contribute to the determination of Honours in the Medicine program.

Assignments and projects must be submitted with a statement that **the patient has consented to the use of their clinical details in an assignment or project**. To verify the authenticity of the patient and prevent duplication of another student's work, **students are required to complete a Generic Submission Form (available from Moodle) for each case study assignment, and submit the form to their Clinical Schools (note NOT to MESO) before or on the same submission due date of the assignment**. On the form, students are to record the patient's identifying medical record number (MRN) as well as the List A and B perspectives addressed in the report. **Subsequently, students are specifically requested NOT to record the patient's MRN in their reports and/or upload the information onto eMed**. Failing to comply with the requirement will result in a penalty, i.e. the grade may be marked down. As much as possible, patients are not to be used by more than one student per course.

Examples of exemplary assignments are available in each term module on Moodle.

## Individual Assignments

Each individual assignment will address three focus capabilities and three generic capabilities, except for the ICS – Beginnings, Growth and Development assignments (two focus and three generic capabilities) an mini-audit (one focus and three generic capabilities), as well as the three generic capabilities of 'Effective Communication', 'Self Directed Learning and Critical Evaluation' and 'Reflective Practitioner'. The assignment will be marked on the basis of the extent to which the report addresses each of the six objectives listed below:

**Focus capabilities:**

- 1) *Patient Assessment and Management: A summary of the clinical presentation on which the assignment is focused.*  
The report may include an appendix containing details of the patient's history, physical examination findings and results of investigations. The appendix will be assessed, but will not be included in the word count.
- 2) *Using Basic and Clinical Science: A detailed discussion of one perspective from List A.*  
(Note that each individual assignment must address a different perspective from this list)
- 3) *Understanding Social & Cultural Aspects of Health:*  
A detailed discussion of one perspective from List B with their respective **focus** capability.  
(Note that each individual assignment must address a different perspective from this list – except for the surgical case presentation assignment (AH1 or AH2))

**Generic capabilities:**

- 1) *Effective Communication*
- 2) *Self-Directed Learning and Critical Evaluation*
- 3) *Reflective Practitioner*

Details of the Individual Assignment generic capabilities are available at the following website:

<http://medprogram.med.unsw.edu.au/assignments-and-projects-phase-2#tab-303400311>

Students should discuss the suitability of the case/topic they have chosen and the approach to presentation with one or more of their tutors.

Submitted assignments must be typewritten, **no longer than 2,000 words** (i.e. approximately 6-7 double-spaced A4 pages in a 12 point font) and should include a bibliography of no more than 10-15 relevant references. Exceptions to this rule are the following assignments:

- each BGD assignment should be no longer than 1,200 words
- the AH1 or AH2 **medical or surgical** assignment may be up to 2,500 words

Ensure that all clinically relevant material is included in the main text. Strategies to get under the word count (e.g. using white coloured hyphens; moving text material out into tables and appendices) will be penalised. Over-length assignments will also be penalised. Assignments will be checked by plagiarism detection software, such as Turnitin.

**Society & Health - Group Project**

The group project in the **ICS – Society and Health** term is designed for 4 to 6 students. Group project report and oral presentation should present a coherent and focused response to the project tasks, rather than a mere compilation of the individual reports of group members.

The project will be marked on the basis of the extent to which the report addresses the six capabilities listed below:

**Focus capabilities:**

- 1) *Social and Cultural Aspects of Health:* A discussion of a health problem; its relevance to a focus population; the public health significance and impact of the problem; the social, cultural, economic and behavioural factors (List B) contributing to the problem; relevant health promotion intervention, how well it addresses best practice health promotion principles and suggested improvements.
- 2) *Effective Communication:* Informal discussions with health and welfare professionals. Integration of informal discussion data into project presentation.
- 3) *Teamwork:* Describe the functions of ideal health team members that should be involved in implementing the intervention; explore the challenges and strategies to enhance teamwork and discuss how learning from project informs students' future medical practice and their capacity to become effective and collaborative members of clinical teams.

**Generic capabilities:**

- 1) *Effective Communication*
- 2) *Self-Directed Learning and Critical Evaluation*
- 3) *Reflective Practitioner*

Details of the Group Project generic capabilities are available at the following website:

<http://medprogram.med.unsw.edu.au/assignments-and-projects-phase-2#tab-303400312>

Students should discuss with their term tutor the suitability of the health problem and selected population they have chosen, and the approach to presentation.

The submitted project report should be typewritten, no longer than 2,500 words (i.e. approximately 9-11 double-spaced A4 pages in a 12 point font) and should include a bibliography of no more than 25 relevant references. Over-length projects will be penalised. Group projects will be checked by plagiarism detection software.

All students are expected to be present at the project presentations. Students not attending project presentations without prior approval from course convenor will get an F for focus capabilities of Effective Communication and Teamwork.

Students are also expected to provide peer comments on the contribution of project team members to the project, using the eMed Feedback system.

### Perspectives to be addressed in individual assignments and the group project

(NB: the group project only requires List B perspective)

List A	List B
Relevant normal anatomy and its use in interpretation of clinical manifestations and findings on imaging <b>Using Basic and Clinical Sciences</b>	Social, cultural, economic and behavioural factors contributing to the health problem or issue <b>Social &amp; Cultural Aspects of Health</b>
Relevant normal physiology or biochemistry and its use in interpretation of clinical manifestations and investigative findings <b>Using Basic and Clinical Sciences</b>	Screening programs for disease and/or how the problem can be prevented or identified early in the community <b>Social &amp; Cultural Aspects of Health</b>
A critical analysis of diagnostic tests performed and the way in which their results influence management <b>Using Basic and Clinical Sciences</b>	Ethical issues in the particular clinical setting <b>Ethics and Legal Responsibilities</b>
Relevant microbiology and its correlation with clinical manifestations <b>Using Basic and Clinical Sciences</b>	Impact on the individual patient or the community <b>Social &amp; Cultural Aspects of Health</b>
Underlying pathological processes and their correlation with clinical manifestations <b>Using Basic and Clinical Sciences</b>	Healthcare policy issues in the particular clinical setting <b>Social &amp; Cultural Aspects of Health</b>
Relevant pharmacology and/or complementary or alternative medicine, and its correlation with approaches to management <b>Using Basic and Clinical Sciences</b>	Role of nursing, allied health and other professionals in the management of the problem <b>Teamwork</b>

### Procedure of Applying for an Extension

Students who wish to apply for an extension for assignments need to email their requests along with supporting documents (if available) to the Term Convenor prior to the submission due date. If an extension is granted, please then forward the approval to [phase2@unsw.edu.au](mailto:phase2@unsw.edu.au) while the late submission access will be arranged.

## Suggested Media and Formats

*All submissions must be made using the eMed Portfolio system*

As far as possible, all student work will be stored electronically. For ease of access by multiple users, written reports should be submitted in Word, RTF or PDF format. Patient education materials such as brochures and booklets may be developed using other programs, but should be submitted as PDFs.

Written report: Word, RTF or PDF

Poster: Powerpoint or PDF

Video (digital format): AVI, MPEG or Quicktime

Patient education materials: PDF

Webpage: HTML

## Academic Honesty and Plagiarism

Students should be familiar with the UNSW Student Conduct Policy and the policies relating to code of conduct - particularly relating to academic misconduct and plagiarism: <https://student.unsw.edu.au/conduct>

UNSW Medicine regards the maintenance of academic integrity by staff and students as a matter of the highest priority. Problems in regard to essay and case study writing frequently arise with indiscriminate use of cut-and-paste methodology, which should always be avoided. The Faculty participates in the University's use of the similarity detection software **Turnitin** (see <http://www.turnitin.com>). Students work submitted to the eMed Portfolio system will be compared to other items in the eMed system, to material on the Internet, electronic publications and to items in the Turnitin database.

You can check your own assignments and projects against Turnitin before you submit it to eMed Portfolio by using the link in the Moodle for this term located under "Assessment Activities". The Learning Centre website is the main repository for resources for staff and students on plagiarism and academic honesty. These resources are located at: <https://student.unsw.edu.au/plagiarism>

Assistance with assignments or group project is available at the Student Life website: (<http://www.studentlifelearning.unsw.edu.au/>), and resources are available on the student support website: <https://student.unsw.edu.au/essay-and-assignment-writing>.

Plagiarism may be the consequence of poor organisation and time management, resulting in rushing as the deadline approaches and desperation to copy material from other sources. The 10 types of unoriginal work have been identified from a worldwide survey, students can view these at the following site:

[http://www.turnitin.com/assets/en\\_us/media/plagiarism\\_spectrum.php](http://www.turnitin.com/assets/en_us/media/plagiarism_spectrum.php).

**Do not be tempted to plagiarise other people's work for your assignments. In recent years, many Phase 2 students who committed plagiarism were identified – and suffered the consequences of their actions including having their names recorded in UNSW's Plagiarism Register.**

## Health Records and Information Privacy

The following considerations apply to patients and interviewees:

**Patients:** When reporting on the clinical details of a patient/s, 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 presentations, case reports, projects and assignments. The patient must be able to give consent and be aware that their information will be in a submitted assessment. Patients must be de-identified in all presentations, case reports, projects and assignments. You must not photocopy or remove medical records including electronic records or images from the hospital or other health facility – non-adherence to this requirement could result in severe penalties.

You must not include any identifying information in the report. Do not include names 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. Remember that a cluster of particular facts in a history may clearly identify a given patient, even without stating their name.

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.**

**Interviewees:** The privacy of interviewees should also be protected. Identify them by their initials and profession or interview number and profession, e.g. XX, colorectal surgeon or Interviewee 1, cardiology registrar.

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

## Assessment of the ILP

The components that contribute to the assessment of the ILP are:

- Undertaking research required for the approved ILP research project
- Literature Review (3000 words)
- Final Project Report (5000 words)
- Research Presentation(s)
  - Poster
  - 3 Minute Thesis (3MT)
- Research Performance
  - Term 1
  - Term 3
- Completing Online Research Integrity Modules
- Attending Compulsory Online Course Tutorials
  -

Further details on the assessment of the ILP are on the Program website. A full guide with details of requirements will be provided at the beginning of the ILP year.

## Assessment of the BSc (Med) Hons

The components that contribute to the assessment of Honours are:

- Undertaking research required for the approved Honours research project
- Literature Review (300 words)
- Final Report (7000 words)
- Research Presentations
  - Introductory Seminar (10 minutes plus 5 minutes questions)
  - Final Seminar (15 minutes plus 5 minutes questions)
- Research Performance
  - Term 1
  - Term 2
- Completing Online Research Integrity Modules
- Attending Compulsory Online Course Tutorials

Further details on the assessment of Honours are on the Program website. A full guide with details of requirements will be provided at the beginning of the Honours year.

## Phase Assessments

### Clinical Procedural Skills

You are required to address the procedural clinical skills listed for Phase 2 (refer to the Phase 2 Clinical Skills Guide).

For most of the skills listed, you will be required to get sign off by designated tutors at your Clinical School. The tutor will sign you off only when satisfied that you can perform the skill or procedure, and have completed the skill or procedure according to the instructions outlined. There is no limit to the number of times that you may repeat the skill or procedure.

Sign off for these skills is by use of the Clinical Workplace-based Assessment app (CWAapp) or Workbook. The app can be downloaded from your app store for either iOS or Android devices. If you do not have a compatible device, you may borrow an iPad from your clinical school. Instructions for use of the app (student and assessor) are found in the Clinical Skills module in Moodle.

Failure to complete the Ph2 Clinical Skills Log CWAapp / workbook, or sign-off by non-designated staff, may prevent you from sitting the end of Phase 2 Integrated Clinical Examination.

### Integrated Clinical Examination (ICE)

Your level of achievement in the Phase 2 clinical courses will be assessed in the Integrated Clinical Examination (ICE), which has two components. Students are required to pass the examination overall, as well as pass both components of the examination i.e. the clinical skills component and the written component.

The clinical skills examination component will consist of multiple stations at which you will be required to demonstrate competency in clinical and communication skills, and procedural skills. All content taught during Phase 2 including campus-based teaching can be examined in the clinical component of this examination. All knowledge and skills taught in Phase 1 is presumed and therefore can also be examined in this exam. More details on this examination are provided in the Phase 2 Clinical Skills guide.

You will also need to demonstrate knowledge in the basic and social sciences in the written examination. Further details on the written examination – including examples of questions – are available on Moodle.

The ICE will be held following completion of the Phase 2 Clinical Course, at the end of Semester 2.

### Mini-CEX Formative Assessments in Phase 2

The Mini-Clinical Evaluation Exercise (mini-CEX) is a workplace clinical assessment used to evaluate a student's clinical performance in real clinical settings. The mini-CEX aims to guide your learning and improve clinical performance through structured feedback from an appropriate assessor. It can help identify ways for you to improve your practice in areas such as communication, history taking, physical examination and professional practice. Whilst Faculty initially introduced this assessment to be used formatively, it is now a mandatory component since it emphasises how important it is for students to see patients on the wards by themselves (or in pairs/small groups), not just during scheduled teaching time. Completed mini-CEX forms will provide evidence of your clinical learning for the Phase 2 Portfolio assessment.

At least six mini-CEX assessments are required to be done across Phase 2, with three required prior to the start of the mid-year recess and another three during the rest of the year. It is also recommended that students complete at least one mini-CEX per clinical term. All requirements stated are minimums – students can and should complete more mini-CEX assessments where feedback/grades suggest that more practice and development of skills is required. mini-CEX completions will be tracked by Faculty, and students not compliant with requirements will be advised in a mid-year audit – thereafter completion of these tasks are your responsibility. Students are advised that failure to complete the required number of mini-CEX assessments appropriately across the year will make them ineligible for the Phase 2 Integrated Clinical Examination (clinical component).

**During a Mini-CEX assessment**, an assessor observes a student consultation with a patient in a clinical setting. The assessor then gives the student feedback after the observation, and will rate the student's performance using the CWA app and provide an overall graded rating of the encounter, as well as specific parts thereof. Your assessor will provide constructive feedback on your performance, and discuss possible improvement strategies.

You can complete encounters on a range of cases, with each focussing on one or more specific parts of the clinical encounter, including: History taking; Physical examination skills; Synthesis of information; Explanation, and Professionalism. Students should note that recent Phase 2 ICE (clinical component) results show that, of those students who fail this examination, a majority do so in physical examination stations. Hence, students might wish to focus at least a proportion of their miniCEX's on physical examination skills, and combine this with e.g. Explanation, or Professionalism as another focus. However, students can and should complete miniCEX's in areas that they feel most need further development, given feedback and assessments previously received.

### How do I complete a Mini-CEX?

Students need to arrange to do a mini-CEX with an appropriate assessor. The mini-CEX is a self-directed assessment – it is up to you to initiate and complete these assessments. You and your assessor must discuss and agree on areas in your skills that require focus. Together, you will then choose an appropriate consultation. You must then provide your assessor with the mini-CEX digital form on a mobile device using the CWAapp.

- Open and 'Set Up' the form ready for assessment in the UNSW Clinical Workplace Assessment application (CWAapp) The app can be downloaded from your app store for either iOS or Android devices. If you do not have a compatible device, you may borrow an iPad from your clinical school.

Instructions for use of the app (student and assessor) are found in the Clinical Skills module in Moodle. You undertake a patient consultation while being observed by your assessor (10-15 minutes). Your assessor completes the mini-CEX form on the CWAapp and provides you with feedback (10-15 minutes). The digital form completed in the CWA app will automatically be submitted to eMed and appear in eMed under the Results section and also in your Portfolio summary document.

Mini-CEX assessments will provide valuable evidence toward your Portfolio, most particularly any gaps that you consider may be evident therein.

## Portfolio Examination

All students doing ILP or Honours will submit their Portfolio in May, during their ILP/Honours year.

In the Phase 2 portfolio examination, you are required to reflect on how you are developing and how your course work and assessments have contributed to your achievement of the capability indicators for Phase 2. Your clinical experiences during the Phase 2 courses, ILP project and work undertaken in extra-Faculty elective courses can also be offered as evidence of achievement.

You are required to submit a portfolio with a reflective essay that addresses at least **two (2) capabilities**. Most students will be required to address only two (2) capabilities. Depending on your Phase 1 Portfolio Examination results and your results during Phase 2, you may need to address more than two capabilities.

- If you received one or more P- grades in your Phase 1 portfolio review, you will be expected to submit a portfolio essay that discusses the capability(ies) for which you received the P- grade(s), documenting your progress in those capabilities during Phase 2.
- If you received an F grade for any capability(ies) in any Phase 2 assignment or project, you are required to address that capability(ies) in the essay.
- If at least half of your grades for any capability (either focus or generic) are P-, then you are advised to address this capability in your reflective essay.
  - If you received a grade of P or P+ for all capabilities in the Phase 1 portfolio review and no F grades in Phase 2, you should focus on 2 capabilities that were your weakest during Phase 2, based either on assignment marks or limited available evidence.
- If you do not have any grades from Phase 2 for a capability (as either focus or generic capability), you are advised NOT to address this capability in your reflective essay.

**For students who entered the Medicine program at the beginning of Phase 2, you are required to submit a full portfolio addressing all eight capabilities at the end of your coursework year.**

### Preparing your portfolio

- Review the Graduate Capabilities statements for Phase 2. These are available on the Program website.
- Your portfolio examiner will be looking for evidence that you have addressed any deficiencies from your Phase 1 portfolio. It is important that you focus on any capability for which you received a P- grade in the Phase 1 Portfolio Examination.
- Try to repeat any focus capability for which you get an F or P- in any previous assignment or project. It is important to demonstrate improvement.
- If you get a P- or F in Phase 2 and do not have the opportunity to address the deficiency in another assignment, you will need to describe how you plan to address this during Phase 3 in your portfolio essay. It is not sufficient to say that you will do better next time.
- While focusing on capabilities that had received a P- or F, ensure that your assignments and projects represent a spread across capabilities.
- Make sure members of your group project (including you) provide peer feedback comments on Teamwork. The Program Guide provides examples of the type of feedback you should be giving.
- Collect informal evidence from other activities, especially clinical activities.

## Phase 2 Expectations for the Graduate Capabilities

2.1: Using Basic and Clinical Sciences	2.2: Social and Cultural Aspects of Health and Disease	2.3: Patient Assessment and Management	2.4: Effective Communication
<p><b>Mechanisms of Health and Disease</b> 2.1.1 Applies knowledge of clinical presentations, scientific principles and mechanisms of disease to understand and explain health problems that they encounter in the list of designated cases and conditions for Phase 2.</p> <p><b>Diagnostic Investigations</b> 2.1.2 From a range of options, rationally selects and interprets diagnostic investigations that are appropriate for cases and conditions encountered in Phase 2.</p> <p><b>Approaches to Management</b> 2.1.3 Explains how management strategies effectively interrupt or alter the process leading to disease or illness. 2.1.4 Explains pharmacological properties and mechanisms of standard treatments, with recognition of the diversity of responses to medication.</p>	<p><b>Social Determinants of Health and Disease</b> 2.2.1 Identifies environmental, psychological, social and cultural issues that contribute to health problems seen in clinical and community settings. 2.2.2 Continues to develop understanding of how environmental, psychological, social and cultural issues affect the health of individuals and populations and how they might be mediated, while respecting diversity.</p> <p><b>Measuring Health Status</b> 2.2.3 Describes the principles and rationale for screening procedures, including costs &amp; benefits, sensitivity, specificity and adverse impacts.</p> <p><b>Improving Health by Population Health Approaches</b> 2.2.4 Describes and critically analyses population health interventions, identifying reasons for health problems in the target community, evaluating the selection of a particular intervention, its reach and effectiveness.</p> <p><b>Health Care Systems</b> 2.2.5 Understands that the health system must balance differing needs and priorities in the way it manages use of health resources and access to health care.</p>	<p><b>Consultation</b> 2.3.1 Conducts a detailed consultation with a patient and their family/carer that is efficient, focussed and culturally sensitive for the conditions listed in the Phase 2 Clinical Skills Guide. 2.3.2 Elicits individual risk factors related to lifestyle, occupation, family and social background and identifies social, cultural and psychological factors affecting a patient, and describes their effect on the patient's health.</p> <p><b>Physical Examination</b> 2.3.3 Conducts a physical examination of the child, adult and elderly patient (to the standard described in the Phase 2 Clinical Skills Guide), taking into account their age, level of comfort and physical condition.</p> <p><b>Procedural Skills</b> 2.3.4 Can satisfactorily perform procedural skills listed in the Phase 2 Clinical Procedural Skills Log.</p> <p><b>Clinical Reasoning</b> 2.3.5 Begins to use pattern recognition and understand the value of specific clinical features in developing differential diagnoses. 2.3.6 Employs clinical reasoning skills in developing management plans that encompass the multiple aspects of the health issue(s) in view, identifying clinical features that necessitate urgent action. 2.3.7 Identifies the longitudinal impact of illness on patients and their families / carers.</p> <p><b>Quality &amp; Safety</b> 2.3.8 Recognises the concepts of risk and error in the healthcare system and understands the importance of quality medical care and the principles of adverse event reporting and of Open Disclosure. 2.3.9 Applies evidence-based principles to clinical problems and understands the quality of use of medicines.</p>	<p><b>Communicates Effectively with Patients and their Families</b> 2.4.1 Effectively applies the principles of good communication in a clinical setting with an awareness of language and cultural issues and the need to explain procedures and obtain informed consent. 2.4.2 Communicates appropriately with difficult or aggressive patients. 2.4.3 <i>Explores lifestyle behaviour with patients, and has an awareness of a range of useful information, programs and services to address any issues identified.</i> 2.4.4 <i>Demonstrates awareness of the sensitivity required when dealing with dying patients and their families, including in situations of sudden and unexpected deaths.</i></p> <p><b>Communicates Effectively with Peers and Tutors</b> 2.4.5 Demonstrates effective communication with a range of health care professionals. 2.4.6 Presents cases effectively to groups of peers and tutors.</p> <p>Communicates with Communities 2.4.7 <i>Develops an awareness of the range of effective health promotion messages that are appropriate to specific target groups within the community.</i></p>

## Phase 2 Expectations for the Graduate Capabilities

2.5: Team Work	2.6: Self-Directed Learning and Critical Evaluation	2.7: Ethics and Legal Responsibilities	2.8: Reflective Practitioner
<p><b>Participates Effectively in Peer Groups</b></p> <p>2.5.1 Participates appropriately in group planning to identify goals and constraints, and to develop a process for achieving goals on time.</p> <p>2.5.2 Encourages wide participation and develops strategies to address conflicts and difficulties in group work.</p> <p>2.5.3 Identifies teamwork strengths and deficiencies in self and others and shows evidence of improvement.</p> <p>2.5.4 Assists peers and other junior colleagues with their learning through formal and informal teaching activities, and peer mentoring.</p> <p><b>Participates Effectively in Health Care Teams</b></p> <p>2.5.5 Observes and analyses roles and functions of other health professionals and community members.</p>	<p><b>Directing own learning</b></p> <p>2.6.1 Identifies questions and learning needs arising from clinical interactions.</p> <p>2.6.2 Uses a variety of self-directed learning activities (including clinical work and literature searches) to extend learning beyond the prescribed coursework.</p> <p>2.6.3 Efficiently organises own time and activities to complete Independent Learning Project /Honours and other set assignments.</p> <p><b>Finding, Evaluating and Synthesising Evidence</b></p> <p>2.6.4 Reviews and evaluates evidence from a range of sources, including published research and opinion. Articulates a considered critical analysis.</p> <p>2.6.5 Uses Evidence-Based Medicine skills to examine and address clinical and research learning questions.</p>	<p><b>Developing a Personal Value System</b></p> <p>2.7.1 Articulates personal and professional values, can distinguish between these, and can appropriately incorporate these into clinical practice.</p> <p><b>Clinical Ethics</b></p> <p>2.7.2 Develops the capacity to care for others and practises clinical skills with consideration for patients and their responses.</p> <p>2.7.3 Recognises and responds appropriately to ethical aspects of clinical interactions including explaining management options and telling the truth.</p> <p>2.7.4 Recognises and responds appropriately to the complexity of ethical issues throughout all stages of life, particularly at the beginning and end of life.</p> <p><b>Legal Responsibilities</b></p> <p>2.7.5 Understands the professional and legal responsibilities of medical professionals, especially in relation to duty of care, confidentiality, notification, informed consent, and the requirements of relevant legislation.</p> <p><b>Academic and Professional Conduct</b></p> <p>2.7.6 Articulates the importance of honesty and integrity in academic conduct and professional contexts.</p> <p><b>Research Ethics</b></p> <p>2.7.7 Recognises administrative and legal responsibilities in the planning and conduct of research, and demonstrates knowledge of appropriate ethics guidelines for research practice.</p>	<p><b>Engages in reflection with peers based on clinical experiences</b></p> <p>Self and Peer Assessment</p> <p>2.8.1 Develops an array of self-assessment skills to reflect on own strengths and weaknesses.</p> <p>2.8.2 Seeks feedback on own performances from tutors, peers and patients.</p> <p>2.8.3 Supports the reflective processes of peers (e.g. asks questions, provides constructive feedback).</p> <p>2.8.4 Acts to resolve issues identified in feedback or by reflection.</p> <p><b>Reflective Practitioner</b></p> <p>2.8.5 Provides a rationale for own actions and considers alternate courses of action in discussion with others.</p> <p>2.8.6 Recognises and takes into account the viewpoints of others.</p> <p>2.8.7 Identifies how emotions, stressors, reactions and beliefs affect one's own performance and considers relevant coping strategies.</p> <p>Recognising Limits</p> <p>2.8.8 Recognises and acknowledges limits of self and peers with regard to knowledge, skills and abilities.</p>

### Writing your portfolio essay

- Structure your portfolio using the selected capabilities as sub-headings.
- The portfolio examiner has access to **all** your grades and examiners' comments from the assignments and projects in both Phases 1 and 2. There is no need to include these grades or comments – simply refer to them if you wish.
- The portfolio examiner will be looking for evidence that you have developed in the capabilities to the extent that your performance approximates the relevant Phase 2 capability indicator statements in scope and depth. Try and relate your comments on your progress to the indicator statements.  
Do not claim to have addressed each of these indicators without any evidence to support this – use the evidence that you have to demonstrate your progress in the relevant indicators.
- Clearly, there are too many indicators for you to be able to address all of them adequately or separately. The examiners are not looking to the graduate capabilities as a checklist, but rather as a broad indication of the types of performances of which you should be capable.
- It should not be assumed that passing grades (P) or better (P+) in assignments and/or projects for a particular capability would ensure a pass grade in the portfolio examination. The final grade will also depend on the reflective essay. It is unlikely that a student would perform so poorly in the essay as to negate good grades in the assignments and project – but this could occur.
- Conversely, a very good performance in the reflective essay may offset poor performance in the assignments and project.
- Do not ignore a poor grade from an assignment or project when writing the reflective essay – take on board the examiner's comments, reflect on why your mark was low, and show what you have done.
- Do not use your reflective essay to argue or defend a poor grade in an assignment or project.
- If you have no grade evidence of a capability, then it will be graded NG (Not Graded). You will be expected to gather evidence for this capability during Phase 3.
- Use informal evidence to support your performance in a capability. This should first be submitted to eMed: Portfolio as an 'Evidence of Achievement' record and referred to in your reflective essay. This may be particularly important where evidence from assignments and projects is limited or unsatisfactory. However, you cannot rely on informal evidence alone.
- Do not focus solely on your performance in assignments and projects. The portfolio essay is intended to be a personal reflection on your development. Use your experiences in the course – especially your clinical experiences – to illustrate how you have developed. You will have had sufficient experiences over the two years to draw upon.
- The final grade for each capability in the portfolio examination is based on both the capability grades in the assignments and project and, if an essay is required, how that capability is addressed in the reflective essay in the portfolio.
- A single F or 2 P- grades constitutes an overall failure (F) for the examination.
- All other results, including a single P- grade, will be considered satisfactory. Students with a Satisfactory grade for the portfolio will be deemed to have passed the portfolio examination requirement, for progression to Phase 3.
- Do not use your reflective essay to provide general feedback on the Medicine program.
- Examples of Phase 2 portfolios from past students are available on the website;  
<https://medprogram.med.unsw.edu.au/portfolio-examination-phase-2>

### Getting help with your portfolio

- The Phase 2 coordinator in your clinical school, term convenor or term tutor may be able to advise you on how to prepare your portfolio.
- Your portfolio advisor can assist in determining what may be suitable informal evidence for your portfolio.
- Your portfolio advisor cannot give you feedback on a draft version of your portfolio essay. Exchange your draft with a fellow student for peer feedback. Clearly, you must not collude with another student to write your portfolios. The portfolio – like any other work of assessment – will be checked by plagiarism detection software.

- If you fail the portfolio examination, your portfolio advisor will help you to identify areas to be addressed prior to resubmission.

### Submitting your portfolio

The portfolio is submitted in electronic format. The full portfolio seen by the examiners includes:

- 1) A listing of all the assignments and projects you have completed in Phases 1 and 2, together with their grades and capability focus. These projects will also be listed by capability and the grades and comments you have received will be included. The comments you give to your peers, and that you receive from your peers on teamwork contributions will be included as evidence towards your achievement of the Teamwork capability. You can also submit self-assessment comments on your teamwork, and these will also be listed. These lists are automatically generated by the eMed: Portfolio and Teamwork systems, so you do not need to submit them.
- 2) A reflective essay which should be **no more than 600 words per capability** in length (maximum of 3,500 words if more than five capabilities). This essay must refer to your assignments and project and also to significant relevant experiences such as critical incidents which occurred in scheduled classes, cross-cultural encounters, clinical experiences and extra-curricular activities. Your essay must show how your work in the program has contributed to your achievement of each capability, and you must demonstrate your ability to reflect on your learning during Phase 2.
- 3) You may present other evidence of achievement relevant to the graduate capabilities from your extra-Faculty elective courses. This should first be submitted to eMed: Portfolio as an 'Evidence of Achievement' record and referred to in your reflective essay. If final results for assessments for these courses are not available at the time of submission of the portfolio, you may still reflect on how they have influenced your learning. You may not rely solely on informal 'evidence of achievement' for any capability.
- 4) You may also present informal evidence of achievement from clinical placement activities and extra-curricular activities (e.g. an extra case report or presentation, or a publication from your ILP research). This should first be submitted to eMed: Portfolio as a 'Supportive Evidence' and referred to in your reflective essay. This informal evidence should be clearly referenced with the name and contact details of a person who can verify its authenticity when it is submitted.

### Repeating the portfolio

- Students who receive an overall Unsatisfactory grade at the portfolio examination will be required to submit a revised portfolio for supplementary examination. They may also be asked to submit an additional assignment in the capabilities contributing to this F.

### Grading the portfolio

- The final result for the portfolio will be graded Unsatisfactory/Satisfactory.

### Portfolio examination for Graduate Entry and new students in Phase 2

Students who commenced Medicine in Phase 2 following BSc(Med) or who transferred from another medical school are required to submit a portfolio essay addressing all eight capabilities. This will be submitted at the end of the clinical year, prior to commencing Phase 3. The above comments are relevant to your portfolio – with the following differences:

- While aiming to cover as many capabilities as possible in your assignments and project, it is acknowledged that you will not be able to cover all capabilities as focus capabilities.
- In your essay, you may also reflect on learning experiences in your previous program which may be relevant to the graduate capabilities.
- You will have the opportunity to submit a draft portfolio covering some capabilities for feedback before the portfolio submission date.
- The maximum length of your portfolio is 3,500 words.
- Your portfolio will be examined separately from other students and the examiners will be informed that you have only completed the two clinical semesters in Phase 2.
- The criteria for determining your progress in Phase 2 and the grades awarded per capability are the same as for all students. Accordingly, a single F or 2 P- grades constitutes an overall failure (F) for the examination.

## Progression

Details on the Rules of Progression are available on the Medicine website. Please note, there are time limits for the completion of Phase 2 and these are detailed on the website as an appendix to the rules of progression.

### Failing continuous course assessment

No supplementary assessment will be given where there is unsatisfactory continuous assessment in MFAC2514-MFAC2516. You will be required to repeat the course(s), including the required assignment(s) or project. If you have unsatisfactory continuous assessment in any of the individual clinical terms during the Phase 2 Coursework Courses, you will be required to repeat that term including the required assignment or project.

Students cannot sit the Integrated Clinical Examination until they have successfully completed the three Phase 2 clinical courses.

### Failing an Assignment or Project

If you fail the project or an assignment – but you have achieved satisfactory continuous assessment – you will be given a (EC (Enrolment Continuing) result. You will be required to do additional assessment following discussion with the relevant term convenor and completion of any required remedial action. Students who fail the additional assessment may be required to repeat the clinical course or term.

### Failing the ILP

Students will be deemed to have failed the ILP if they receive a combined mark of less than 50, or do not receive 50% for their final report. At its discretion, the committee may review the reports and comments and, in consultation with the project supervisor and examiner, order appropriate remedial work to be performed and completed to their satisfaction. Depending on the circumstances, the student may be required to repeat the ILP year.

### Failing the Integrated Clinical Examination

If you fail this assessment, you will be required to do further assessment. The nature of the further assessment will be determined by the Phase 2 Assessment Review Group.

Students who do not achieve a satisfactory level of performance in the supplementary assessment for the Phase 2 Integrated Clinical Examination will be required to repeat both Phase 2 clinical courses and re-sit the Integrated Clinical Examination. Students who do not achieve a satisfactory level of performance in the Integrated Clinical Examination after repeating the Phase 2 clinical courses will exit from the Medicine Program. There will be no further supplementary assessment.

### Failing the Portfolio Examination

Students who fail the Portfolio Examination overall will be required to undertake a supplementary assessment. The nature of the supplementary assessment will be determined by the Phase 2 Assessment Review Group. This will usually be assessed during semester 2 of the ILP/Honours year. Students who entered the program in Phase 2 may be allowed to commence Phase 3 while completing the requirements of any supplementary Portfolio examination. If students do not achieve a satisfactory level of performance in the supplementary Portfolio Examination, they will be withdrawn from Phase 3.

## Preparing for Phase 3

In Year 4, you will have the opportunity to submit preferences for Phase 3. The Program website contains detailed information on Phase 3. You will need to think about where you would prefer to complete your clinical courses in Phase 3, and in which order.

In considering which course sequence you would prefer, you should note the following:

- If you commenced Phase 2 late or if your progress has been delayed, you will not be able to commence Phase 3 until you have completed Phase 2. Most students in this situation will only be delayed by one teaching period and they will commence Phase 3 in TP1. It is important that if you are in this situation that you choose a course sequence which has the Medicine and Surgery courses in TP2 and TP3.
- Students who are in the advanced standing program for the Royal College of Pathologists must choose a course sequence (F or H) in which the Selective course is taken in TP1 in Year 6..

During Phase 3, all local students are required to complete four weeks in a rural setting. At the time that you submit preferences for Phase 3 courses, you will be asked to submit preferences for when you wish to complete this requirement i.e. during which course.

In Year 6, you will also complete an Elective course when you can continue your clinical studies outside UNSW. Many students take this opportunity to work overseas. However, overseas placements typically require a long time to organise. You should be thinking about and, if necessary, start to organise this during Year 4. The Faculty website, <http://medprogram.med.unsw.edu.au/elective> provides detailed information on applying for your Elective course.

If you are considering taking leave between Phase 2 and Phase 3, you must discuss this with the Faculty Office. Leave periods of less than one year may delay commencement of internship after you graduate, for up to a year.

## Clinical Transition Course

The Clinical Transition Course (MFAC2507) (CTC) consists of a 4-week course (6 UoC). Whilst occurring at the end of ILP in Year 4, the CTC is the first course of Phase 3, and ***student attendance and performance contributes to Phase 3 assessment.***

The objectives of this course are to prepare for learning and assessment activities in Phase 3 clinical attachments, following interruption to clinical practice during the ILP; to understand the approach to clinical reasoning; and to develop skills in clinical reasoning. This course will also help students understand the roles and expectations of students in clinical attachments which differ from experiences in Phase 2 clinical courses.

More details about this course are contained in the Course Guide.

## Self-Care and Support Services

The nature of Phase 2 - more so than Phase 1 - can make you feel less connected. You will have to adjust to the different settings and agendas of the various hospital teams you are assigned to. This is not always easy and requires flexibility and some ingenuity on your part to figure out how you can get the most out of your clinical placements. During Phase 2, we will be exploring topics which some students may find confronting and creating distress. Your hospital placements will also present you with difficult human and clinical situations that may be very confronting.

Juggling your studies with other commitments (employment; extracurricular activities; personal relationships; etc.) and managing one's physical and mental health issues can be challenging and stressful at times. It can be easy for students to get so focused in their studies that they neglect looking after themselves.

There are several ways that you can obtain support for problems related to your studies or personal issues that may impact upon you getting the best out of your time in the Medicine program.

If you are experiencing difficulties with your studies of an **administrative or academic nature**, please contact Ms Leila Zhu, Phase 2 Coordinator ASAP. She can then assist you to direct your enquiry to either the relevant Term Convenor or Phase 2 Convenors.

The Student Wellbeing Advisor for UNSW Medicine provides a 'first port of call' for students who experience difficulties of a **personal, psychological, psychiatric or medical nature**. The Advisor's role is to provide support and assistance to students; to advocate for students in their interactions with Faculty, and to liaise with medical and support services outside UNSW, if needed. The Advisor can recommend the most appropriate form of support, especially if you feeling stressed or depressed.

Health problems unrelated to your studies can be a major stress and the Advisor can assist with advice about where to seek help and the possible impact of a health problem for studying and practising medicine. Further information about the Advisor is available in the Current Students section on the Faculty website: <http://med.unsw.edu.au/student-wellbeing-advisor>

Student support services on campus which can assist you with any health, personal or family problems include:

- UNSW Health service: <http://www.healthservices.unsw.edu.au/>
- UNSW Counselling and Psychological Service: <https://www.counselling.unsw.edu.au/>
- The Learning Centre: <http://www.lc.unsw.edu.au/>
- UNSW support and development services for:
  - Students with a health condition, learning disability or have personal circumstances that impact on studies: Student Equity and Disabilities Unit (SEADU) <http://www.studentequity.unsw.edu.au/>
  - International Students: <https://student.unsw.edu.au/international>
  - Remote, Rural or Indigenous Students: <https://student.unsw.edu.au/remote-rural-and-indigenous-students>
  - Lesbian, Gay, Bi-sexual, Transgender, Queer or Intersex (LGBTI): <https://student.unsw.edu.au/ally-network-lgbtqi-students>
  - Elite Athletes and Performers Support Program: <https://student.unsw.edu.au/athletes>

When attending the Clinical Schools, students can approach the Clinical School Administrators who have had training in mental health first aid for students. Students can contact confidential and free Employee Assistance Programs which are available in all teaching hospitals.

The Faculty may also require a student to see the Student Wellbeing Advisor or the Counselling and Psychological Services, if there are concerns about academic progress or fitness to practice.

Should you contemplate needing to take leave from your studies, please contact Ms Leila Zhu, Phase 2 Coordinator.

## Phase 2 Convenor and Term Convenors

**Dr Husna Razee** B.Sc MPH PhD  
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**Dr Therese Foran** MB BS, FACSHP  
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**Dr Sean Kennedy**  
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**Professor Arun Krishnan**  
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**Dr Louise Baird** BScMed MBBS(Hons) FRACP Grad Cert ULT  
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**Dr Chinthaka Balasooriya** MBBS PhD FANZAHPE  
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**Dr Silas Taylor** BSc MBChB Med SFHEA

Convenor – Clinical Skills

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Email: [silas.taylor@unsw.edu.au](mailto:silas.taylor@unsw.edu.au) (academic) or [phase2@unsw.edu.au](mailto:phase2@unsw.edu.au) (administration matters)**Dr Greg Smith**

Convenor and Coordinator – ILP and Honours

Phone: 9385 8075

Email: [g.smith@unsw.edu.au](mailto:g.smith@unsw.edu.au) or [ILP@unsw.edu.au](mailto:ILP@unsw.edu.au)**Dr Melanie Fentoullis** BSc (Med) MBBS DCH MMedEd FRACP

Convenor – Clinical Transition Course, &amp; Graduate Entry Bridging Course

Senior Lecturer (Clinical Education Fellow)

Office of Medical Education

Email: [m.fentoullis@unsw.edu.au](mailto:m.fentoullis@unsw.edu.au)**Professor Anthony O'Sullivan**

Program Authority – Medicine

St George Clinical School

Phone: 9113 2019

Email: [a.osullivan@unsw.edu.au](mailto:a.osullivan@unsw.edu.au)**Dr Rachel Thompson** MB ChB, BMed Sci (Hons), MPH, GCULT

Convenor – Quality of Medical Practice

Office of Medical Education

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## Phase 2 and ILP Administrators

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Phase 2 Coordinator

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Email: [phase2@unsw.edu.au](mailto:phase2@unsw.edu.au)**Ms Khanh Vo**

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

## Phase 2 Clinical Coursework Suggested Contact List

Questions Topics	1 <sup>st</sup> resource	2 <sup>nd</sup> resource
<b>Learning Activities</b>		
Learning activities at <i>clinical school</i> <ul style="list-style-type: none"> <li>tutor/supervisor not attend</li> <li>Issues with teaching</li> </ul>	Clinical School Administrator	Term Convenor for term affected and Clinical Skills Convenor
Learning activities at <i>UNSW campus</i> <ul style="list-style-type: none"> <li>lecturer/tutor not attend</li> <li>Issues with teaching</li> </ul>	<ul style="list-style-type: none"> <li>Phase 2 Coordinator</li> <li>Administration Manager, Timetabling</li> </ul>	Term Convenor for term affected
<i>Moodle or eMed</i> : problems with access or submissions		Learning Resources Support Officer

<b>Assessment Activities</b>		
<i>Term assignments</i> : <ul style="list-style-type: none"> <li>clarification of requirements</li> <li>seek extension (personal issues)</li> <li>clarification of grades/feedback; seek remark or appeal</li> </ul>	Specific term and assessment guide	<ul style="list-style-type: none"> <li>Term Convenor for term affected</li> <li>In Convenor's absence, Phase 2 Coordinator</li> </ul>
<i>Phase 2 Portfolio</i> : clarification of requirements	<ul style="list-style-type: none"> <li>Phase 2 program guide</li> <li>Phase 2 Portfolio video recording 2014 (in Moodle)</li> </ul>	<ul style="list-style-type: none"> <li>Phase 2 Portfolio advisor</li> <li>In Portfolio Advisor's absence, Phase 2 Coordinator</li> </ul>
<i>Phase 2 ICE</i> : clinical or written components: clarification of requirements; results	Phase 2 Guide and Clinical Skills Guide  Moodle: <ul style="list-style-type: none"> <li>Clinical Skills module</li> <li>Phase 2 ICE Clinical &amp; Written Components [Powerpoints]</li> <li>Phase 2 ICE Seminar video recording 2014</li> </ul>	Phase 2 Convenors and Clinical Skills Convenor
Formal application for <i>Special Consideration</i>	<ul style="list-style-type: none"> <li>Phase 2 program guide</li> <li>MyUNSW</li> </ul>	Phase 2 Coordinator

<b>Student Issues</b>		
<i>Absences from term</i> : either planned or unexpected	<i>Policy on extra-curricular activities affecting attendance in MBBS and BMed/MD Program</i>	<ul style="list-style-type: none"> <li>Term Convenor for term affected</li> <li>Clinical School Administrator</li> <li>Phase 2 Coordinator</li> </ul>
Formal application for <i>Program Leave / Discontinuation</i>	<ul style="list-style-type: none"> <li>MyUNSW</li> <li>Phase 2 program guide</li> </ul>	<ul style="list-style-type: none"> <li>Phase 2 Coordinator</li> <li>Student Services Manager</li> </ul>
Encounter <i>personal issues</i> (e.g. illness; family/relationship; financial stress; bullying)	<ul style="list-style-type: none"> <li>Phase 2 program guide</li> <li>Specific term guide</li> </ul>	<ul style="list-style-type: none"> <li>Term Convenor for term affected</li> <li>Phase 2 Coordinator</li> <li>UNSW Medicine's Student Wellbeing Advisor</li> </ul>
Request <i>Proof of Enrolment</i> (e.g. supporting document for scholarship / award application)	MyUNSW Statements Service	Phase 2 Coordinator

## Prescribed Textbooks for Phase 2

Students are expected to purchase the prescribed texts. Other recommended texts are optional. As part of the Investigative Medicine stream within the Medicine program, the following textbook is recommended:

Kellerman, G. (2011). *Abnormal laboratory results*. (3rd ed.) North Ryde, N.S.W.: McGraw-Hill

Additional relevant resources are available in the Phase 2 [Moodle](#) and [Ethics Textbook](#) web sites.

### ICS A – Adult Health 1

- Williams, N.S., Bulstrode, C.J.K. & O’Connell, P.R.(Eds.) (2013). *Bailey & Love’s Short Practice of Surgery* (26th ed.). London: Hodder Arnold. [[Electronic access via UNSW Library](#)]
- Walker, B.R., Colledge, N.R., Ralston, S.H. & Penman, I. (Eds.) (2014). *Davidson’s Principles & Practice of Medicine* (22nd ed.). Edinburgh ; New York: Churchill Livingstone/ Elsevier. [[Electronic access via UNSW Library](#)]
- How to Treat section. *Australian Doctor*. <http://www.australiandoctor.com.au>
- Guidelines and Update sections. *Medical Observer*. <http://www.medicalobserver.com.au/clinical-review/update>
- Hampton, J.R. (2008). *The ECG Made Easy*. (7<sup>th</sup> ed.) Churchill Livingstone / Elsevier [[Electronic access via UNSW Library](#)]
- Gunderman, R.B. (2014). *Essential Radiology Clinical Presentation, Pathophysiology, Imaging*. (3rd ed.). Stuttgart Georg Thieme Verlag. <http://er1.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://dx.doi.org/10.1055/b-002-92682>
- Chen, M.Y.M, Pope, T.L and Ott, D.J. (2011). *Basic Radiology*. (2<sup>nd</sup> ed.). McGraw-Hill Professional Publishing. <http://er1.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://accessmedicine.mhmedical.com/book.aspx?bookid=360>

### ICS B – Adult Health 2

#### Adult Health 2 textbooks:

- Williams, N.S., Bulstrode, C.J.K. & O’Connell, P.R.(Eds.) (2013). *Bailey & Love’s Short Practice of Surgery* (26th ed.). London: Hodder Arnold. [[Electronic access via UNSW Library](#)]
- Walker, B.R., Colledge, N.R., Ralston, S.H. & Penman, I. (Eds.) (2014). *Davidson’s Principles & Practice of Medicine* (22nd ed.). Edinburgh ; New York: Churchill Livingstone/ Elsevier. [[Electronic access via UNSW Library](#)]
- How to Treat section. *Australian Doctor*. <http://www.australiandoctor.com.au>
- Guidelines and Update sections. *Medical Observer*. <http://www.medicalobserver.com.au/clinical-review/update>
- Patten, J. (1996). *Neurological differential diagnosis*. (2<sup>nd</sup> ed.). Springer; London, New York
- Ropper, A.H., Samuels, M.A. and Klein, J.P. (2014). *Adams and Victor’s Principles of Neurology*. (10th ed.). New York: McGraw-Hill [[Electronic access via UNSW Library](#)]
- Klippel, J. H., Stone, J. H., Crofford, L. J. & White, P. H. (Eds.) (2008). *Primer on the Rheumatic Diseases*. (13th ed.). New York, NY, Springer and Arthritis Foundation. [[Electronic access via UNSW Library](#)].
- Also available Klippel, J.H. (2010). *Pocket primer on the rheumatic diseases*. New York; London: Springer. [[Electronic access via UNSW Library](#)]

### ICS B – Aged Care & Rehabilitation

- Kellerman, G. (2011). *Abnormal laboratory results*. (3rd ed.) North Ryde, N.S.W.: McGraw-Hill
- Caplan, G. (2014). *Geriatric Medicine, an Introduction*. Research: IP Communications. [[Electronic access via UNSW Library](#)]
- Chan, D. (2009). *Chan’s Practical Geriatrics* (2nd ed.). Available from the Medsoc bookshop.
- Cooper N., Forrest K., Mulley G. (2009). *ABC of Geriatric Medicine* (1st ed.) John Wiley & sons. [[Electronic access via UNSW Library](#)]
- Fillit, H.M., Rockwood, K. & Woodhouse, K. (2010). *Brocklehurst’s Textbook of Geriatric Medicine and Gerontology*. (7th ed.). Elsevier Saunders. [[Electronic access via UNSW Library](#)]
- Cifu, D.X. (2016) *Braddom’s Physical Medicine and Rehabilitation* (5th ed.) Elsevier Saunders: Ovid Technologies. [[Electronic access via UNSW Library](#)]



## ICS B – Beginnings, Growth and Development

### Women's Health

#### Recommended Textbook

Abbott, J., Bowyer, L., & Finn, M. (2013). *Obstetrics & Gynaecology: An Evidence-based Guide* (2nd ed.). Sydney: Elsevier Mosby. [[Electronic access via UNSW Library](#)]

The following textbook may provide useful additional resource material

Hacker, N. & Moore, J. & Gambone, J.C. (2009). *Hacker and Moore's Essentials of Obstetrics & Gynaecology* (5th ed.). Philadelphia, Pa: Saunders. [[Electronic access via UNSW Library](#)]

#### Other Resources:

- Deskside Manners via Moodle:  
<http://moodle.telt.unsw.edu.au/mod/page/view.php?id=1110756> - 2017

### Children's Health

The recommended textbook for paediatrics covering both medicine and surgery is either:

Lissauer, T. and Clayden, G. (2011). *Illustrated Textbook of Paediatrics*, (4th ed.). Edinburgh: Mosby. [[Electronic access via UNSW Library](#)]

OR

South, M. & Isaacs, D. (Eds) (2012). *Practical Paediatrics* (7th ed.). Edinburgh: Churchill/Livingstone. [[Electronic access via UNSW Library](#)]

Some students may also decide to purchase:

Gill, D. & O'Brien, N. (2007). *Paediatric Clinical Examination made easy* (5th ed.). Edinburgh; New York: Churchill Livingstone.

#### Other Resources

- Child Growth & Development CD-ROMs available from paediatric sites and UNSW library in high use collection.
- Kindy Kids scorm online activity [[Electronic access via Moodle](#) - 2017]

## ICS A – Oncology & Palliative Care

- Doyle, D. et al. (Eds.) (2010). *Oxford textbook of palliative medicine* (4th ed.). New York, N.Y.: Ovid Technologies, Inc. [[Electronic access via UNSW Library](#)]
- Souhami, R.L. et.al. (Eds.) (2002). *Oxford textbook of oncology* (2nd ed.). New York, N.Y.: Ovid Technologies, Inc. [[Electronic access via UNSW Library](#)]
- Cherny, N. (2010). *Oxford textbook of palliative medicine* (5th ed.). New York, N.Y.: Ovid Technologies, Inc. [[Electronic access via UNSW Library](#)]
- DeVita, Jr., V.T.; Lawrence, T.S. and Rosenberg, S.A. (Eds.) (2011). *DeVita, Hellman, and Rosenberg's Cancer: principles and practice of oncology* (10th ed.). New York, N.Y. : Ovid Technologies, Inc. [[Electronic access via UNSW Library](#)]
- eviQ Cancer Treatments Online, Cancer Institute NSW. Available from <https://www.eviq.org.au/>

## ICS A – Society and Health

### Required Text:

Young, T.K. (2005). *Population Health: concepts and methods* (2nd ed.). New York: Oxford University Press. [[Electronic access via UNSW Library](#)]

### Recommended Reading:

Moodie, R. & Hulme, A. (2004). *Hands on Health Promotion*. East Hawthorn, Vic.: IP Communications.

### ***Clinical Skills and Clinical Transition Course***

#### **Recommended Reading:**

- Talley, N.J. and O'Connor, S. (2010) *Clinical Examination: A Systematic Guide to Physical Diagnosis*. (6<sup>th</sup> ed.) Elsevier: Australia
- Duthie, E.H. Jnr, Katz, P.R. and Malone, M. (2012) *Evidence-Based Diagnosis*. (3<sup>rd</sup> ed.) Elsevier: Philadelphia. <http://www.sciencedirect.com/science/book/9781437722079#ancp8>
- Epstein, O., Perkin, G.D., Cookson, J. and deBono, D. (2008). *Clinical Examination* (4th ed.). Edinburgh; New York: Mosby. [[Electronic access via UNSW Library](#)]
- Silverman, J., Kurtz, S. and Draper, J. (2013). *Skills for Communicating with Patients* (3rd ed.). Abingdon, Oxon, UK; New York: Radcliffe Medical Press.

Additional relevant resources are available through Moodle in the Phase 2 and [Ethics](#) textbooks list.