UNSW Medicine & Health

Phase 2 Student Guide 2023

Medicine and Medicine / Arts

January 2023

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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, peers 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 or Honours 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 and Health**, 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 Kerry Uebel
Prof Tony O'Sullivan
Phase 2 Co-Convenors

IMPORTANT: NSW Health Compliance

All medical students studying in the UNSW Medicine program are listed on ClinConnect which is a NSW Health database for managing all clinical training placements in public hospitals and facilities 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, including COVID-19, 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 (or at least granted temporary compliance), 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 Phase 2 courses, and hence your progress in the Medicine program will be delayed. In certain circumstances, temporary compliance is granted by NSW Health. However, it is **your responsibility to fulfil the requirements for full compliance** as soon as it is feasible. Should you fail to do so, you will revert to non-compliant and face sanctions as described.

**You must retain the National Police Certificate (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 2018, this certificate is valid for five years only and it will need to be replaced prior to Year 6 assuming you progress through the medical program without delays.*

If you encounter any problems with compliance issues, please contact Medicine & Health WIL Team mh.wil@unsw.edu.au and/or the relevant email contact supplied directly by NSW Health.

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 Honours Program (Research or Coursework intensive – 3831 – entry requirements apply) OR the Independent Learning project (ILP) and 12 units of credit of courses (general education) from another Faculty during Year 4 (More details on page 5). Both ILP and Honours students will complete a compulsory multi-term course called Value-Based Health Care in Clinical Practice (VBHC; MFAC4001) during Year 4. The ILP or Honours course is followed by a 4-week Clinical Transition Course (MFAC2507). The Phase 2 Portfolio Examination takes place during Year 4.

Year 3 of Phase 2 consists of three courses, corresponding to the 3 main UNSW terms. During these courses you will undertake six 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.

The Phase 2 clinical terms are listed: **Integrated Clinical Studies 1 [MFAC2514]; 2 [MFAC2515]; 3 [MFAC2516]**

- ICS – Adult Health 2 term
- ICS – Adult Health 1 term
- ICS – Aged Care and Rehabilitation term
- ICS – Oncology and Palliative Care term
- ICS – Beginnings, Growth and Development 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 or your rural campus. The clinical and campus days vary in each of the terms and occasionally, you may have both clinical and campus activities on the same day. 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 Handbook: General Education Courses 2020 myUNSW section of the University's website.

Unless otherwise negotiated, you should enrol in these courses **concurrently with your enrolment in the Independent Learning Project (ILP)**, which is explicitly designed to provide the time for this. If you are considering Honours in Year 4, you must complete your General Education before term 1 of Honours. Students who have not completed 12 UoC in General Education subjects before Term 1 of Year 4 will **not** be eligible to enrol in Honours.

You should be aware that you cannot enrol in certain General Education or extra-Faculty elective courses offered by other Faculties – especially Science – that overlap with your medical studies, containing content you have learnt or will learn in future years. Contact the team at BMedMD@unsw.edu.au if you are unsure. If you do complete a General Education Course with content overlapping teaching in the Medicine program, you will be required to do an additional General Education Course.

Independent Learning Project (ILP) / BSc (Med) Hons

During Year 4, all students are required to complete either an ILP or a BSc (Med) Hon course.

ILP MFAC 4999

For the ILP, students will complete a 24 UoC medical research project, and 6 UoC of VBHC (MFAC4001) over 3-terms. A minimum of 21 hours per week, for a total of 30 weeks, of independent research and related activities is required. Students are also required to complete their 12 UoC general education before the end of term 2.

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 student's research capabilities.

For students starting ILP in 2023, the Year 4 Medicine Information Guide 2023 is included in this guide.

BSc (Med) Hons (program 3831)

The BSc (Med) Hons program is a one-year (34 weeks) supervised research/coursework integrated program leading to the award of the degree of Bachelor of Science (Medicine) Honours. We have two main options 1) Research intensive or 2) Coursework intensive, to allow students to build a program based on interests and future work capabilities. A minimum of 35 hours per week of research and related activities is required (entry requirements apply).

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, patients' 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	Hazards	Potential consequences	Risk controls
Consulting with patients	Physical violence	Physical or emotional injury	**1.** *I understand that I should never be left alone in the practice / facility* **2.** *The practice or facility policy on managing aggressive patients has been explained to me* **3.** *The use of duress alarms (if available) has been explained to me*
	Emotional intimidation	Malicious damage	
	Infection control	Risk of transmission of respiratory infections	**1.** *I will follow safe infection control practices such as hand washing, cough hygiene, using PPE and staying at home if I have any symptoms of a respiratory infection* **2.** *I understand that I will have access to appropriate PPE as necessary*
Performing physical examinations and office tests	Manual handling	Physical injury	**1.** *I will follow safe manual handling techniques, as taught to me during the hospital workplace safety induction sessions* **2.** *I understand the importance of letting patients do most of their own moving and lifting*
Medical procedures	Exposure to body fluids and sharp instruments	Contracting blood borne disease	**1.** *I am immunised in accordance with the NSW Ministry of Health guidelines* **2.** *Protective gloves are available* **3.** *I will wash my hands thoroughly before and after any procedures or patient encounters* **4.** *There is access to running water and viricidal antiseptic for first aid* **5.** *The practice or policy protocols for reporting and treating needlestick injuries or exposure to body fluids have been explained to me* **6.** *I understand the importance of performing medical procedures only after training and when sufficiently supervised*
Handling liquid nitrogen and the spray gun (cross out if not applicable)	Exposure to liquid nitrogen	Cold burn	**1.** *Protective gloves available for use while decanting* **2.** *There is access to running water for first aid* **3.** *Procedures for the safe handling of liquid nitrogen has been explained to me*

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, you will:

1. 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.
2. 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.
3. 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.
4. 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 tests might assist in diagnosis.
5. Develop skills in communicating your clinical assessment of patients in case presentations and case reports.

A supplementary guide for Phase 2 Clinical Skills which provides more detail on these expectations is available in the self-enrolment Clinical Skills module in Moodle:
https://moodle.telt.unsw.edu.au/course/view.php?id=7698
Enrolment key: CS_Student

Ethics

Ethics is integrated within each term during Phase 2.
In addition, for each course you can expect to attend tuition in ethics through different modalities, including:

- an ethics lecture (1 hour)
- an ethics tutorial (2 hours) Population health and ethics
- a module in Professionalism comprising a 1-hour online activity and a 2.5hr team-based-learning exercise to be completed in class
- online activities

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 applied during these tutorials and through the activities you will participate in. You will also be required to prepare through further pre-reading allocated prior to attending your tutorials and class work. The aim is to further develop your appreciation of ethics by applying theories learned, principles and professional codes of conduct to a variety of scenarios.

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 evidence for the Ethics graduate capability 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.

Self-enrolment to Ethics Moodle module

You may have already self-enrolled to access to the Ethics module in Moodle, but if you do not have access, please access via the link below and enter the self-enrolment key provided:
https://moodle.telt.unsw.edu.au/course/view.php?id=29809
Self-enrolment key: Ethics_Student

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 were revised in 2019. Learning activities were changed from problem-based learning ITP sessions to a structured team-based learning (TBL) format. Please take note of the announcements and detail about these activities as both QMP and Ethics content learned in these TBL activities will be formally assessed within the final phase exams and your participation and attendance for these classes will be monitored.

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 use it, but we only have 3 sessions across the year): https://youtu.be/rDaf-WpPBAU

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'. In addition, QMP will be examined within both parts of the Phase 2 Integrated Clinical Examination (the clinical skills and the written components).

Self-enrolment to QMP Moodle module

You may have already self-enrolled to access to the Ethics module in Moodle, but if you do not have access, 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

UNSW Medicine expects students to attend and participate in all scheduled activities and be punctual, and it is to your advantage to do so. Please see the university policy on Class Attendance at https://student.unsw.edu.au/attendance. Each course assessment includes participation and engagement. Tutors or Clinical Teaching Unit staff will keep attendance records in tutorials, CMTs, Clinical Skills sessions, practical classes and Ethics tutorials. Please note that, due to the specialised nature of the ethics tuition and activities, it is unlikely you will be able to complete alternative assessments should you miss class activities.

It is important that you contact your Term Convenor or MED BMedMD Teaching Support BMed.PM@unsw.edu.au if you need allowance for illness or misadventure which impacts on attendance or engagement. Students should also apply for Special Consideration through myUNSW. 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 Phase examination).

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.

Signing the attendance roll for a colleague who is absent is unacceptable; both students may receive professionalism comments in their portfolios.
You can attend only 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.

Clinical Mentoring Scheme Years 3-6

The UNSW Medicine Clinical Mentoring Scheme (CMS) supports medical students in Years 3 - 6 to develop their clinical skills and confidence as they progress through the degree in preparation for their internship and beyond. Mentors share their professional knowledge, skills and experiences, thereby enhancing students' learning and development, career confidence and employability. The CMS aims to connect current students in their clinical years (Years 3 to 6) with a broad range of clinicians whereby each mentee establishes a range of goals that they work to achieve with the support and advice of their mentor. Students gain valuable insights into the world of medical practice in hospital and other settings, focus on their personal and professional development as well as reflect on their course progression and develop career ready skills.

Since 2019, students who have participated in the CMS have reported very positive outcomes and many benefits from having a supportive mentor. Join the CMS by logging your details on this website https://mentoring.unsw.edu.au/p/p8/about and then sending an invitation to your preferred mentor. There are more than 150 mentors who are participating in the CMS, so there will be someone who is a good fit with your mentoring needs. If you need any assistance, please contact the CMS Leader, Judy Kell j.kell@unsw.edu.au

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. NSW Health also has policies which include rules and conduct for staff and students when attending NSW Health Facilities. Please see the Program Guide for more information

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: Student Code of Conduct. The consequences for unprofessional behaviour can range from a warning, a professionalism comment placed by Course or Phase Convenor in the student's portfolio that requires a student to respond and reflect on the comment, 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://medprogram.med.unsw.edu.au/getting-started-0

It is your responsibility to be aware of these policies, and abide by their rules and codes.

Closing 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 and the Society and Health Group project (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 or term will be graded as 'Satisfactory' or 'Unsatisfactory'. You must obtain a 'Satisfactory' grade in your clinical work in order to pass each course or term and be eligible for the Integrated Clinical Examination (ICE). Failure to pass a course or term will delay your progress.

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

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

Mini-CEX assessments are a requirement for demonstrating suitable clinical learning. Each student is required to complete at least six mini-CEXs during the Phase 2 Clinical Courses. In order to support (and demonstrate) development of competence in clinical skills, these should be completed throughout the year with at least three of these prior to the mid-year break. See below for more detail.

Students need to submit a minimum of six mini-CEX in order to be eligible for the Phase 2 ICE (clinical) examination (see Phase 2 Clinical Skills Guide for more detail). The Mini-CEXs appear in your portfolio as evidence of development in Patient Assessment and Management.

Another barrier assessment 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. There are more details on the Phase 2 Portfolio Examination later in this guide.

Students need to submit all Phase 2 assignments, group projects and complete their oral presentations to be eligible for the Integrated Clinical Examination (ICE) and to have their Phase 2 Portfolios examined. If an assignment, oral presentation, group project or other term requirements is graded unsatisfactory, students will be required to repeat the assessment until a satisfactory grade is awarded.

Students who have not submitted all Phase 2 assignments, group projects and completed their oral presentations by the end of coursework year 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, MDCN8001, MFAC 4888) will be determined from a range of continuous assessments, including 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 Term 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 as a comment regarding a lapse in professional behaviour in your Phase 2 Portfolio.

As seen in recent years, students' clinical learning can be unexpectedly disrupted by public health events such as the COVID-19 pandemic. Attendance and participation in teaching activities will always be governed by the relevant guidelines and regulations from NSW Health, local facilities &/or UNSW.

For up-to-date NSW Health COVID-19 information see https://www.health.nsw.gov.au/Infectious/covid-19/Pages/default.aspx

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, oral presentations and group projects

The requirement for an individual assignment, oral presentation, 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

Students must take their own patient histories from patients they meet in the wards for case studies in their assignments. Copying patient histories and examinations from the medical notes and presenting the information as your own assessment is plagiarism. It is also very important to comply with the NSW Health Policy which states that, for privacy reasons, students are not permitted to photocopy or take photos of notes, records and images, even if they de-identify them. Students must not print identifiable eMR (electronic medical record) entries or results and remove them from the hospital for the purpose of preparing their assignments, and students should not copy and paste eMR notes or discharge summaries into their assignments as this information from eMR should be synthesised by the student, not directly copied. Cutting and pasting from eMR is classified as plagiarism.

If you wish to use a medical image (e.g. X-ray) in your assignments, we recommend that you source and cite a similar non-copyrighted image from the internet, which has already been de-identified and made public. Interpreting X-rays and CT scans etc. is an important part of your learning, and bringing these images to a tutorial where you are presenting a case enables these images to be reviewed in the context of the case and with a tutor.

In the **ICS – Society and Health** term, you are required to complete a group project and a *critical reflection assessment* on cultural competence relating to Aboriginal and Torres Strait Islander peoples, as specified in the term guide. The report on the group project is in the form of an oral presentation in week 6 with submission of slides to eMed also 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 or an oral presentation in either AH1 or AH2, based on an individual patient you have assessed during the term. The assignment or presentation must focus on either a medical presentation or a surgical presentation. If you choose a medical presentation, then you are required to do a surgical presentation in AH2, and vice versa. If you choose an oral presentation, then you are required to do a written presentation in AH2, and vice versa. The assignment or oral presentation 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 or an oral presentation based on an individual patient you have assessed during the term. The assignment or presentation must focus on either a medical presentation or a surgical presentation, depending on which presentation you did during AH1. The assignment or oral presentation 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 aged care patient **who is an inpatient on either the acute aged care or rehabilitation wards who you have assessed during the term**. 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 will address three focus capabilities and three generic capabilities, except for the ICS – Beginnings, Growth and Development assignments (two focus and three generic capabilities) and the mini-audit group project (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. If you select a list A topic for the Women's Health component of the BGD assignment, you should select a list B topic for the Child Health component, or vice versa.

The ICS – Society and Health group project will address two focus capabilities and three generic capabilities which are described in the Society and Health Student guide.
It is important for your learning, and for your Phase 2 Portfolio, that you address all graduate capabilities and a broad mix of list A/B perspectives in assignments during Year 3. 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 perspective 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 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 oral presentation or project for each term. For each capability in the assignments, presentation 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 assignments, presentations 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: Non submission 0%; F=30%; P-=50%; P=70%; P+=90%. The overall grade does not contribute to the course result, but does contribute to the determination of Pass with Distinction for the BMed component of the Medicine program.

Assignments, presentations and projects must be submitted with a statement that **the patient has consented to the use of their clinical details in an assignment, presentation or project**. Written consent from the patient is not required. 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 campus (note NOT to** MED BMedMD Teaching Support**) before or on the submission due date of the assignment or presentation**. 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. **Students must NOT to record the patient's MRN in their reports and/or upload the information onto eMed**. Failing to comply with this 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.

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 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 with this requirement will 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 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

Individual Assignments

Each individual assignment or oral presentation will address three focus capabilities and three generic capabilities, except for the ICS – Beginnings, Growth and Development assignments (two focus and three generic capabilities) and mini-audit (one focus and three generic capabilities). The three generic capabilities are '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:

- *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.
- *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)
- *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, double-spaced in a 12 point font and should include a bibliography of no more than 10-15 relevant references. Specific word limits are as follows:

1. Each BGD assignment should be no longer than **1,200 words**
2. The AH1 or AH2 **medical or surgical** written assignment should be no longer than **2,500 words. Details of the oral presentation are included in the AH1 and AH2 Guides**
3. OPC and ACR assignments should be no longer than **2,000 words**

Reports that are more than 10% above the permitted word count will be penalised in the grading. A single table may be used to list the current medications that the patient is receiving. Any figures that appear in the assignment must be referenced. Figures and figure legends will not, however, contribute to the word count. The bibliography of references will also not count towards the word count. 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. 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. The group project 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 five capabilities listed below:

Focus capabilities:

1. *Social and Cultural Aspects of Health and Disease:* 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 contributing to the problem; a description of a relevant health promotion intervention the group has identified; how well it addresses best practice health promotion principles, and suggested improvements.
2. *Teamwork:* Describe the functions of existing team members in the selected health promotion intervention and describe any additional health team members that should be involved in implementing the intervention and how these would address social, cultural, economic and behavioural factors identified above; and demonstrate coherent teamwork in content and form of the oral presentation.

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. Slides for the oral presentation need to be submitted on eMed before the oral presentation so that marking can be completed timeously.

All students are expected to be present at the project presentations. Students not attending project presentations without prior approval from the Term Convenor will get an F for the focus capability of 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

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

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 BMed.PM@unsw.edu.au so that 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 regarding 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 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: (https://student.unsw.edu.au/support), 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 ten 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.

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

Assessment of the ILP

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

5. Undertaking research required for the approved ILP research project
6. Literature Review (3000 words)
7. Project Manuscript (3000 - 4000 words)
8. Research Presentation(s)
   - 3 Minute Thesis (3MT)
9. Research Performance
   - Term 3 (supervisor mark)
10. Completing Online Research Integrity Modules
11. Attending compulsory Online Course Tutorials

Further details on the assessment of the ILP are on the Program website. A Student/Supervisor Course Outline 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:

12. Undertaking research required for the approved Honours research project
13. Literature Review (3000 words)
14. Project Manuscript (4000-5000 words (3000-4000 for Coursework intensive))
15. Research Presentations
    - Final Seminar (6 minutes plus 4 minutes questions)
16. Research Performance
    - Term 3 (supervisor mark)
17. Completing Online Research Integrity Modules
18. Attending Compulsory Online Course Tutorials

Further details on the assessment of Honours can be found in the Year 4 Medicine Course Outline.

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 required for the Phase 2 Clinical Skills Logbook, which is supplied separately. **Failure to complete the Phase 2 Clinical Skills Logbook, or sign-off by non-designated staff, may prevent you from sitting the end of Phase 2 Integrated Clinical Examination.**

Mini-CEX Assessments in Phase 2

The mini-CEX is an example of a clinical workplace assessment, used to evaluate a student's clinical performance in real clinical settings. It provides an opportunity for students to be observed during their interactions with patients. The mini-CEX aims to guide student learning and improve their clinical performance through structured feedback from an appropriate assessor. It can help the student recognise their strengths and to also identify strategies for them to improve their clinical practice in areas such as communication, history taking, physical examination and professional practice. The mini-CEX also provides a learning opportunity where the assessor can share with students their own knowledge and experience. Students are encouraged to complete, submit and reflect on as many mini-CEX assessments as possible – the more mini-CEX assessments completed, the more opportunities a student will have to reflect on and plan their learning, and therefore to improve their clinical skills and practice.

However, it is a mandatory requirement for a minimum of six mini-CEX assessments to be done in Phase 2 clinical coursework. The due date for the minimum six submissions is Friday 22nd September 2023. It is also recommended that students complete at least one, and preferably two mini CEX assessments per clinical term prior to the start of the mid-year recess. Audits will be conducted during the year to assess whether students are on track to complete their mini-CEXs, but it is each student's responsibility to meet the minimum requirements.

All requirements stated are minimums – students can and should complete more mini-CEX assessments, especially where feedback/grades suggest that more practice and development of skills is required. Mini-CEX completions will be tracked by Faculty, but the primary responsibility for monitoring compliance with the mini-CEX requirements lies with you. **Students are advised that failure to complete the required number (6) of mini-CEX assessments by the deadline will make you ineligible for the Phase 2 Integrated Clinical Examination (clinical component).**

See the Phase 2 Clinical Skills Guide for more detail on the nature and process of mini-CEX assessments, along with video resources to support your completion of these assessments.

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 mini-CEXs on physical examination skills, and combine this with e.g. explanation, or professionalism as another focus. However, students can and should complete mini-CEXs in areas that they feel most need further development, given feedback and assessments previously received.

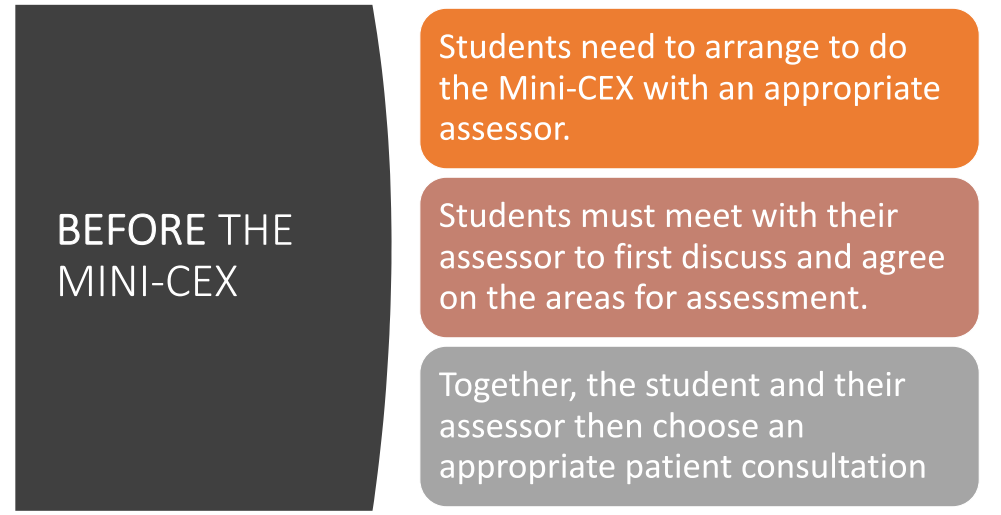
How do I complete a Mini-CEX?

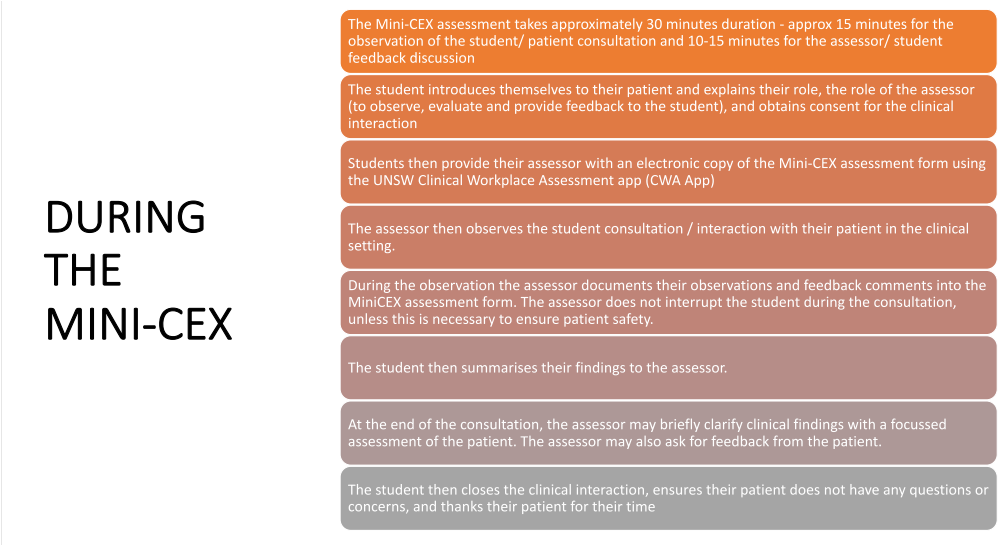
Students need to arrange to do a mini-CEX with an appropriate assessor. The mini-CEX is a self-directed assessment – it is up to you to initiate and complete these assessments. You and your assessor must discuss and agree on areas in your skills that require focus. Together, you will then choose an appropriate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

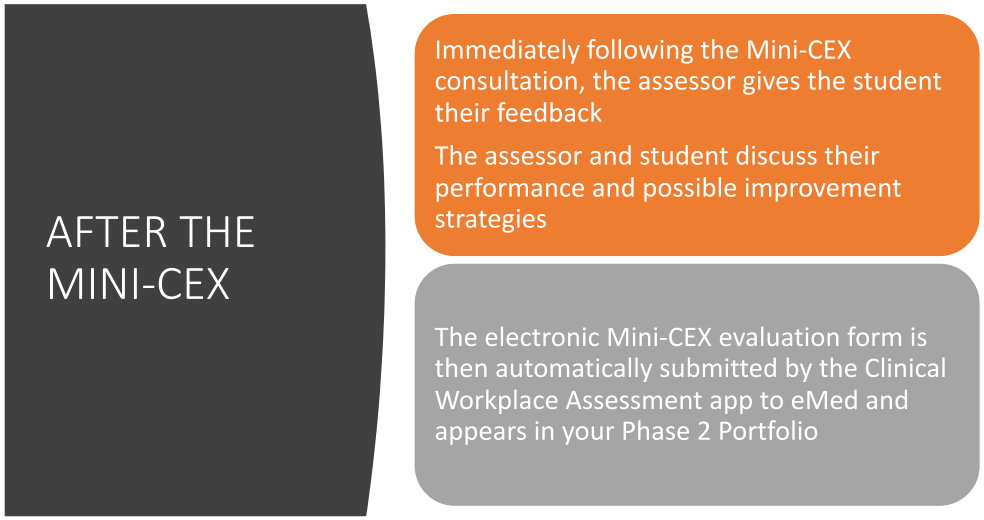
- Open and 'Set Up' the form ready for assessment in the UNSW Clinical Workplace Assessment application (CWAapp) The app can be downloaded from your app store for either iOS or Android devices. If you do not have a compatible device, you may borrow an iPad from your clinical school. Instructions for 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 for the graduate capability of Patient Assessment and Management, particularly for any gaps that you consider may be evident therein.







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, found in the Clinical Skills Moodle module.

You will also need to demonstrate knowledge in the basic and social sciences in the written examination (MCQs and key feature identification questions). 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 Term 3.

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
Mechanisms of Health and Disease 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. ***Diagnostic Investigations*** 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. ***Approaches to Management*** 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.	**Social Determinants of Health and Disease** 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. **Measuring Health Status** 2.2.3 Describes the principles and rationale for screening procedures, including costs & benefits, sensitivity, specificity and adverse impacts. **Improving Health by Population Health Approaches** 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. **Health Care Systems** 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.	**Consultation** 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. **Physical Examination** 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. **Procedural Skills** 2.3.4 Can satisfactorily perform procedural skills listed in the Phase 2 Clinical Procedural Skills Log. **Clinical Reasoning** 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. **Quality & Safety** 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.	**Communicates Effectively with Patients and their Families** 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. *1. Explores lifestyle behaviour with patients, and has an awareness of a range of useful information, programs and services to address any issues identified.* *2. Demonstrates awareness of the sensitivity required when dealing with dying patients and their families, including in situations of sudden and unexpected deaths.* **Communicates Effectively with Peers and Tutors** 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. Communicates with Communities *2.4.7 Develops an awareness of the range of effective health promotion messages that are appropriate to specific target groups within the community.*

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
Participates Effectively in Peer Groups 2.5.1 Participates appropriately in group planning to identify goals and constraints, and to develop a process for achieving goals on time. 2.5.2 Encourages wide participation and develops strategies to address conflicts and difficulties in group work. 2.5.3 Identifies teamwork strengths and deficiencies in self and others and shows evidence of improvement. 2.5.4 Assists peers and other junior colleagues with their learning through formal and informal teaching activities, and peer mentoring. **Participates Effectively in Health Care Teams** 2.5.5 Observes and analyses roles and functions of other health professionals and community members.	**Directing own learning** 2.6.1 Identifies questions and learning needs arising from clinical interactions. 2.6.2 Uses a variety of self-directed learning activities (including clinical work and literature searches) to extend learning beyond the prescribed coursework. 2.6.3 Efficiently organises own time and activities to complete Independent Learning Project /Honours and other set assignments. **Finding, Evaluating and Synthesising Evidence** 2.6.4 Reviews and evaluates evidence from a range of sources, including published research and opinion. Articulates a considered critical analysis. 2.6.5 Uses Evidence-Based Medicine skills to examine and address clinical and research learning questions.	**Developing a Personal Value System** 1. Articulates personal and professional values, can distinguish between these, and can appropriately incorporate these into clinical practice. **Clinical Ethics** 2. Develops the capacity to care for others and practises clinical skills with consideration for patients and their responses. 3. Recognises and responds appropriately to ethical aspects of clinical interactions including explaining management options and telling the truth. 4. Recognises and responds appropriately to the complexity of ethical issues throughout all stages of life, particularly at the beginning and end of life. **Legal Responsibilities** 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. **Academic and Professional Conduct** 1. 2.7.6 Articulates the importance of honesty and integrity in academic conduct and professional contexts. **Research Ethics** 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.	**Engages in reflection with peers based on clinical experiences** Self and Peer Assessment 2.8.1 Develops an array of self-assessment skills to reflect on own strengths and weaknesses. 2.8.2 Seeks feedback on own performances from tutors, peers and patients. 2.8.3 Supports the reflective processes of peers (e.g. asks questions, provides constructive feedback). 2.8.4 Acts to resolve issues identified in feedback or by reflection. **Reflective Practitioner** 2.8.5 Provides a rationale for own actions and considers alternate courses of action in discussion with others. 2.8.6 Recognises and takes into account the viewpoints of others. 2.8.7 Identifies how emotions, stressors, reactions and beliefs affect one's own performance and considers relevant coping strategies. Recognising Limits 2.8.8 Recognises and acknowledges limits of self and peers with regard to knowledge, skills and abilities.

Portfolio Examination

All students doing ILP or Honours will submit their Phase 2 Portfolio 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, your ILP project and work undertaken in extra-Faculty elective courses can also be offered as evidence of achievement.

Portfolio preparation

- Review the Expectations for Graduate Capabilities indicator statements for Phase 2. These are available on the Program website and in this guide.
- Throughout Phase 2, address any deficiencies identified in your Phase 1 Portfolio Examination. It is important that you show development in any capability for which you received a poor grade in the Phase 1 Portfolio Examination.
- Try to repeat any focus capability for which you receive a P- or F grade in a Phase 2 assignment or project, so that you can demonstrate improvement. If you get a P- or F grade in Phase 2 and do not have the opportunity to address the deficiency in another Phase 2 assessment, you will need to describe in your portfolio essay how you will address it during Phase 3. It is not sufficient to say that you 'will do better next time'. You need to provide a detailed plan that identifies the issues that led to the poor result and indicates how you intend to address them. You may also consider how you will evaluate whether your proposed changes are successful.
- **Ensure that you have at least one grade from Phase 2 for every capability (either focus or generic). This may be in an assignment or project.** While focusing on capabilities that have received a P- or F grade, your assignments and project should represent a spread across the eight graduate capabilities.
- For your project, ensure that you and other members of your group provide peer feedback on teamwork. The Program Guide provides examples of the type of feedback that should be given. Failure to engage in this activity in eMed may be reflected in your Portfolio grade for the Teamwork capability, even if you do not write about this graduate capability in your essay.
- Collect informal evidence from other activities, especially clinical activities, to support your performance in a capability. This should be submitted to eMed: Portfolio as 'Evidence of Achievement' indicating for which **single** capability you wish it to be considered as evidence, and should be referenced with the contact details of a person who can verify its authenticity. Refer to the informal evidence in your reflective essay. You should not rely on informal evidence alone and it should only be presented if it is **relevant** to a graduate capability.

Writing your portfolio essay

Determine how many capabilities you are required to address, based on your performance in the Phase 1 Portfolio Examination and during Phase 2:

Number Of Capabilities To Address:

- Most students are required to submit a portfolio with a reflective essay that addresses **two (2) graduate capabilities** only.
- If you received a grade of P or P+ for all capabilities in the Phase 1 portfolio review and no F or P- grades in Phase 2, you should focus on the two capabilities that were your weakest during Phase 2, based on grades and feedback. Addressing your weaker capabilities provides an opportunity for you to show further development. If you ignore what is obviously one of your weaker two capabilities or do not address specific feedback from Phase 1 Portfolio recommending action in Phase 2, this may be reflected in your Portfolio result.
- In certain circumstances, there is a requirement to address a specific capability:
  1. **If you received a P- or F grade for a graduate capability in your Phase 1 portfolio review, you must address that capability in your essay, documenting your progress during Phase 2.**
  2. **If you received F grade for any capability in any Phase 2 assignment or project, you must address that capability in the essay.**

3. **If ≥ half of your Phase 2 assignment and project grades for any capability (either focus or generic) are P-, you must address that capability in the essay. (Note, this includes the situation of only one grade if it is P-).**
4. **If you have received a Professionalism comment regarding a lapse in professional behaviour in Phase 2, you must address the comment and behaviour under the most relevant graduate capability (unless specifically instructed in the comment that this is not required).**

Any graduate capability addressed due to the requirements stated in (1) – (4) above counts towards the two graduate capabilities on which all students must reflect.

- If there is one capability from these categories, you need to also discuss one other graduate capability which you consider to be the weakest of the remaining seven capabilities.
- If there are two capabilities from these categories, this meets the Portfolio Examination requirements. You are not required to address other capabilities if they are not in these four categories.
- If there are more than two graduate capabilities that must be addressed because of Phase 1 Portfolio results, Phase 2 grades or a Professionalism comment, then this will be the number of graduate capabilities that you are expected to discuss in your essay. This also fulfils the minimum requirement of addressing two graduate capabilities – you do not have to address two graduate capabilities in addition to those required by these categories.

Failure to address a capability **when required to do so based on criteria (1) - (4)** will result in a fail grade for that capability.

If not required to do so based on these criteria (1) – (4), do **not** address more than two graduate capabilities. Because an 'Unsatisfactory' overall Portfolio result is determined by how many capabilities receive a P- or F grade, submitting a reflection on extra capabilities when not required paradoxically increases the possibility of failing.

Essay Structure:

- No introduction or conclusion.
- Use headings of the selected capabilities to structure your essay.
- The essay should be no more than 600 words for each capability (maximum of 3,500 words if more than five capabilities). **No** leeway in word count is allowed for Portfolio essays.

Essay Content:

- The essay should refer to your assignments, projects and other relevant experiences such as critical incidents which occurred during scheduled classes, cross-cultural encounters, clinical experiences and extra-curricular activities. It should reflect on your learning during Phase 2 and demonstrate how your work in the Medicine Program has contributed to your achievement of a capability.
- The portfolio examiner has access to your Phase 1 portfolio and to grades and examiners' comments from the assignments and projects in Phases 1 and 2; do **not** use up your word count by repeating the feedback.
- The portfolio examiner will look for evidence that your performance approximates the relevant Phase 2 capability indicator statements in scope and depth.
- There are too many indicators for you to be able to address all of them adequately or separately. The examiner is not looking at the indicator statements as a checklist, but rather as a broad indication of the types of performances of which you should be capable. You should try to provide evidence of your development and progress in relation to **2 or 3 indicator statements for each graduate capability discussed in your reflective essay.** If you discuss too many aspects of a capability within the word limit, it is likely that your reflection will be too superficial.
- Do not claim to have addressed indicators without any evidence to support this.
- The final grade for each capability in the Portfolio Examination is based on the capability grades in the assignments/projects, other evidence including Mini-CEXs and Teamwork feedback and, if addressed in the reflective essay, your performance there.
- It should not be assumed that grades of P or P+ in assignments and projects for a particular capability will ensure a pass grade in the Portfolio Examination. The final grade will also depend on the reflective essay and other evidence. It is unlikely that a student's poor performance in the essay will negate good grades in the

assignments and projects, but this can occur. Conversely, a very good performance in the reflective essay may offset a poor performance in assignments and projects. For this reason, you should reflect on your weaker graduate capabilities in your essay.

- Do not ignore a poor grade from an assignment or project if writing about that capability in the reflective essay. Take note of the examiner's comments, reflect on why your mark was low and discuss what you have done to address it.
- 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.
- Do not use your reflective essay to
  - discuss end-of-Phase assessments (e.g. ICE)
  - argue or defend a poor grade in an assignment or project
  - provide general feedback on the Medicine program.

Assistance with your Portfolio

- The Portfolio Advisor at your clinical site can provide advice on portfolio preparation.
- Your Portfolio Advisor will **not** give you feedback on a draft version of your portfolio essay.
- You must not collude with another student to write your portfolios. The portfolio 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 a supplementary assessment.

Clinical Site Portfolio Advisors:

Clinical Site	P2 Portfolio Advisor
Coffs Harbour	Dr Chris Mostert
Port Macquarie	Dr Aiveen Bannan
Albury	Dr Mira Kapur
Wagga Wagga	Dr Megan Suthern
St Vincent's	Dr Rohan Gett
South Western Sydney	Dr Kelly Mok
St George	Professor Tony O'Sullivan
Sutherland	A/Prof Peter Gonski
Prince of Wales	Dr Melvin Chin

Portfolio submission in eMed - due by 10:00 a.m. on Tuesday 2 May 2023

The full Phase 2 Portfolio seen by the examiner includes:

- A list of all the assignments and projects that you completed in Phase 1, including grades for each capability.
- Phase 1 Portfolio results (grades and feedback).
- A list of all the assignments and projects that you have completed in Phase 2, including grades and feedback for each capability.
- The feedback that you give to, and receive from, your peers for group projects is available as evidence towards your achievement of the Teamwork capability. You can also submit self-assessment comments on your teamwork. This information is visible to your Portfolio Examiner.
- Mini-CEX completed on the CWA App will appear under the Patient Assessment and Management capability. It is likely that some aspects of these clinical interactions will also provide evidence of Effective Communication.
- Other submitted Evidence of Achievement relevant to a graduate capability from:
  - your extra-Faculty elective courses
  - clinical placement activities and extra-curricular activities (e.g. an extra case report, presentation for your clinical team or a publication from your ILP research)
- Comments regarding professionalism
- Your reflective essay

Portfolio Examination Result

- The overall result for the Portfolio Examination is graded Unsatisfactory/Satisfactory. A satisfactory result is required for progression to Phase 3.
- A single P- grade, with all other grades P and P+, allows progression to Phase 3. A focus on the capability graded as P-, and demonstration of significant improvement, is expected during Phase 3.
- A single F or two P- grades results in an overall Unsatisfactory result for the Portfolio Examination. Students who receive an Unsatisfactory grade are offered a supplementary examination. This includes an opportunity to submit a revised portfolio. Additional evidence may be requested.

Portfolio Examination for Graduate Entry and Students Transferring into Phase 2

- Students who commence Medicine in Phase 2 following BSc(Med) or who transfer from another medical school are required to submit a portfolio essay addressing all **eight** capabilities (maximum 3500 words). This is submitted at the end of the clinical year, prior to commencement of Phase 3.
- Most of the information above is also relevant to your portfolio preparation.
- In your essay, you may also reflect on learning experiences in your previous program which are relevant to the graduate capabilities.
- Examiners will be aware that you commenced in Phase 2 of the UNSW Medicine program.

Progression

Details on the Rules of Progression are available on the Medicine program 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.
https://medprogram.med.unsw.edu.au/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 six Phase 2 clinical courses.

Failing an Assignment, oral presentation or Project

If you fail the project, presentation or an assignment – but you have achieved satisfactory continuous assessment – you will be given a pending (PE) 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/BSc (Med) Hons

Students will be deemed to have failed the ILP/Honours if they receive a combined mark of less than 50, or do not receive 50% for their Project Manuscript. At its discretion, the Year 4 Medicine 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 Year 4 Research 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 all 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 will be offered a supplementary assessment. The nature of the supplementary assessment will be determined by the Phase 2 Assessment Review Group.

Students who entered the Medicine Program in Phase 2 may be allowed to commence Phase 3 while completing the requirements of a 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.

Year 4 Medicine Information 2023

Year 4 Medicine Objectives

The main objective of Year 4 Medicine is to introduce undergraduate medical students to research. Students will undertake a supervised research project that places emphasis on advanced disciplinary knowledge, the use of specialised techniques/ methodology relevant to their chosen research area, critical thinking, and scientific communication. Students gain experience in scientific writing and oral presentation. The course is comprised of compulsory online Research Skills Modules (via Moodle), and Departmental/Research Institute/Lab Group seminars (all year round) and advanced coursework.

Subject to entry requirements, we have **three** research streams students can select:

1. The ILP is a one-year supervised research program (24 Units of Credit).
2. The BSc (Med) Hons (research-intensive) is a one-year supervised research program, with an advanced course work (48 Units of Credit). Within the BSc (Med) Hons, students will select an appropriate Specialisation based on the research and coursework selected.
3. The BSc (Med) Hons (coursework-intensive) is a one-year supervised research/coursework program, with a focus on specialised coursework course work (48 Units of Credit). Within the BSc (Med) Hons, students will select an appropriate Specialisation based on the research and coursework selected.

The research project is designed by the supervisor (that meets our criteria for supervision) whose responsibility is also to obtain the appropriate ethical approval, if applicable, for the project prior to data collection and no later than the end of the 4th week of Term 1. The supervisor is also responsible for providing the student with the appropriate training and support for the project (including but not limited to health and safety, methodology, scientific/clinical knowledge and other relevant research skills). Such training could be provided to the student by the supervisor directly or by other resources such as the co-supervisor, other members of the research team or other resources available within the medicine program and the university. The supervisor is responsible for providing the student with an appropriate, safe and well-resourced research environment.

It is required that the student attends the research environment (excluding coursework requirements like lectures, tutorials, and exams) where the project is conducted for approximately **21 hours per week**, for 30 weeks (**ILP**) or approximately **28 hours per week (research-intensive), or 14 hours per week (coursework-intensive) for 34 weeks (BSc (Med) Hons)**. The time allocated is inclusive of all research assessment preparation (e.g., literature review preparation) and other research associated activities (e.g., data collection). The student is not permitted to work from home for any significant length of time (maximum of 20%) and must be engaged with the research environment, attending research and supervisor meetings, seminars and other training opportunities negotiated with the supervisor(s).

By the end of the ILP and/or Honours the student is expected to:

1. Demonstrate effective oral and written communication skills in clear and concise presentation of research information that is appropriately referenced.
2. Demonstrate an understanding of relevant research methodologies by applying them appropriately to the research project.
3. Collect, analyse and interpret qualitative and/or quantitative data, and reach appropriate conclusions that are supported by evidence.
4. Interpret and critically evaluate research literature, to formulate hypotheses or research questions and then to justify discussion, comparisons or conclusions from the research performed.
5. Demonstrate professional skills in planning, time management, teamwork and research integrity.
6. Design future experiments and studies based on knowledge and research skills developed through the research project, with an emphasis on improving Indigenous health outcomes (assessment covered in MFAC 4001).

Research Project Information

The research must address research aim(s) and hypotheses or research question(s) using scientific inquiry. The research must generate and/or analyse primary or secondary data in a systematic manner. It is expected that the final research report would meet the criteria set for a manuscript to be published in an indexed peer reviewed academic journal in the field.

The study design of the Year 4 Medicine Research Project may vary across the program and disciplines and below is a non-exhaustive list of examples of what would be considered appropriate, or not, for a project.

A few examples of projects that could be considered appropriate:

- Preclinical (animal studies, tissue analysis) or clinical projects testing a hypothesis.
- A qualitative inquiry of documents addressing clear research questions and using an established qualitative research framework/theory.
- A case-control study involving a very small number of participants/subjects due to objective limitations of such a study.
- A secondary analysis of an existing dataset provided it addresses research questions not asked before for that particular (or very similar) data set.
- A systematic review that included a meta-analysis of a relevant scientific topic, which follows the conventional method(s) in the field.

Some additional considerations:

An extension of a previous ILP/Honours project using an extended dataset (more participants/subjects and/or more variables) is acceptable provided the research questions /hypotheses already consider the findings of the previous project and aim to add some new knowledge. The new project must require new analysis and hypothesis testing or new research questions.

A few examples that are NOT appropriate projects:

- A descriptive audit report.
- A case report.
- A thematic or systematic review which does not include meta-analysis.
- A replica of a previous ILP/Honours project that uses the same data set.

Supervision Requirements And Responsibilities

Primary supervisors of Year 4 medical students must have an academic appointment through UNSW. Co-supervisors or associate supervisors may be appointed to play a role in the training and supervision of the student in the research environment. This role can be undertaken by postdoctoral staff or other suitable qualified members of the research team. Primary/Co/Associate supervisors in a close personal relationship must declare this to the Year 4 Convenor, who will then appoint an additional independent faculty supervisor.

Criteria for Primary Supervisor and Co-supervisor

- The primary supervisor and co-supervisor must be a UNSW staff member OR have a conjoint, adjunct, or visiting appointment with UNSW for the duration of the Year 4 project. There are no exceptions to this rule.
- The primary supervisor and co-supervisor must have a Masters degree by research or PhD or medical degree (unless specifically exempted by the Committee).
- The primary supervisor and co-supervisor should have academic/medical qualifications relevant to the project.

Additional criteria for the Primary Supervisor

- The primary supervisor must have had at least 1 publication in a peer reviewed journal in the previous 3 years.
- The primary supervisor must have supervised (to completion) research students (ILP, Honours, Masters or PhD) previously.

Given the time and energy commitments needed to effectively supervise students, supervisors will be limited to a total of 4 medical students (i.e. a total of 4 from either ILP and/or BSc (Med) Hons) in one year (inclusive of joint or co-supervision). Supervisors are required to confirm, prior to the commencement of the project, that they are financially able to support the project for the duration of the research year and that all ethics and other approvals required for the project have been obtained prior to the start of the research project.

Supervisors should bear in mind three important points when proposing a Year 4 medicine project: firstly, ILP/BSc (Med) Hons is only an introduction to research so expectations should be realistic; secondly, the proposed project needs to yield results within the period of the ILP/BSc (Med) Hons "year"; and finally, the ILP/BSc (Med) Hons year is, in fact, not a full year but only 6 months of research activity plus approximately 2 months to produce and submit a Literature Review and a Project Manuscript.

Supervisors are responsible for ensuring that their student(s) meet the assessment deadlines of the program, including ensuring attendance at the seminars and timely submission of the Literature Review and Project Manuscript, for which late submission penalties apply. Supervisors should ensure that their student(s) attend the School/Department/Institute/hospital research seminars (throughout the year). Supervisors should also regularly check up on the students' laboratory/data collection books to ensure that experimental details and protocols are being effectively recorded.

Supervisors are required to assess their student(s) performance during the ILP/BSc (Med) Hons. Marking criteria and guides will be provided.

Primary supervisors maybe asked to be an Examiner of another ILP/BSc (Med) Hons student, and this role is part of the responsibility of supervision of an ILP/BSc (Med) Hons student. Supervisors who refuse to participate in examination of other students or who do not complete examination of those students in a timely fashion may be barred from future supervision of ILP/BSc (med) Hons students.

Examiner Requirements and Responsibilities

Each student will have one examiner for the Literature Review and one-two for the Project Manuscript (two for Honours). Examiner 1 will be nominated by the supervisor for approval by the Year 4 Medicine Committee (External Examiner). Examiner 2 will be appointed/confirmed by the Year 4 Medicine Committee (Faculty Examiner).

Guidelines for nominating an examiner

- The examiner cannot be the supervisor, co supervisor or someone with a significant involvement with the project in question but can be from the same department.
- The examiner should have expertise relevant to the project being examined.
- The examiner should have a PhD and/or an appropriate degree (e.g. MD or MBBS, or MBChB).
- There should be no conflicts of interest that would compromise the integrity of the examination process.
- Any exceptions to these rules need to be approved by the committee.

Examiners with readily identifiable conflicts of interest should not be nominated. Examiners are asked to declare that they have no conflict of interest with the candidate, supervisor, or the project. Potential examiners who should be excluded include those who: (i) have a current collaboration with the supervisor on the research area of the project or have published in the last three years or currently hold a grant with the supervisor on the research area of the project, or (ii) have substantial direct involvement in the student's work or (iii) have a current or previous personal relationship with the supervisor or student. Those potential examiners who have collaborations/publication/grants with the supervisor in a different area of research to that of the student's project may be an examiner, but they will be asked to declare this conflict. The appropriateness of the examiner will then be assessed by the Year 4 Medicine Committee.

Examiners are expected to attend an online examiner induction each year.

Examiners are required to complete the assessment forms, on each occasion of providing their grades, for the Literature Review and Project Manuscript. Feedback regarding the Literature Review should be provided for the student to use in their writing of the Project Manuscript.

To standardise assessment, examiners are asked to grade students using the rubric assessment tables provided. They circle or mark the relevant levels attained for each criterion and base their score on these levels. They are asked to provide feedback for the Literature Review and Project Manuscript by giving specific comments on strengths, weaknesses, and suggestions for improvement.

The average of the 2 independent examiners mark will determine the grade for the Literature Review and Project Manuscript. If a 10-mark difference between the examiners occurs, a third examiner will be selected and the average of the 3 independent examiners will determine the final mark for that assessment. A faculty assessor will also review all grades and comments and make additional comments if needed.

Research Stream Entry Requirements

1. For ILPs, students who have completed year 3 clinical coursework requirements are eligible.
2. The entry requirements for the BSc (Med) Hons are listed below.

Students with a WAM of ≥ 65 (see WAM calculation below) and have completed 12 Units of Credit (UOC) General Education before Term 1 in year 4, are eligible to apply.

WAM Calculation

The WAM is calculated from the following courses:

- MFAC 1521 Beginnings, Growth and Development A
- MFAC 1522 Beginnings, Growth and Development B
- MFAC 1523 Health Maintenance A
- MFAC 1524 Health Maintenance B
- MFAC 1525 Ageing and Endings A
- MFAC 1526 Ageing and Endings B
- MFAC 1527 Society & Health

In addition, students are required to pass the following courses (including passing subsequent supplementary exams, but if a student fails a course then they will be ineligible):

1. MFAC 1501 Foundations
2. MFAC 1511 Phase 1 Portfolio
3. MFAC 1512 End of Phase Examination
4. MFAC 1513 Clinical and Communication Skills Examination
5. MFAC 2514 Integrated Clinical Studies 1
6. MFAC 2515 Integrated Clinical Studies 2
7. MFAC 2516 Integrated Clinical Studies 3
8. MFAC 2511 Phase 2 Portfolio
9. MFAC 2512 Integrated Clinical Examination

Enrollment Requirements

1. For the ILP, students must enrol the following:
   - MFAC 4999 (24 units of credit (UoC), multi-term course)
   - MFAC 4001 (2 UoC, multi-term course)
   - In terms 1 and 2, complete 12 UoC of general education

2. For the **research-intensive** BSc (Med) Hons, students must enrol/adhere to the following:
   - MDCN 8889 (14 UoC) in terms 1 or 2. Compulsory in term 3.
   - MDCN 8888 (8 UoC) in terms 1 or 2.
   - MFAC 4001 (2 UoC, multi-term course)
   - Advanced Course (6 UoC) in terms 1 or 2, from list below.
   - Undertake a maximum of 16 UoC in terms 1 and 2.

3. For the c**oursework-intensive** BSc (Med) Hons, students must enrol/adhere to the following:
   - MDCN 8000 (6 UoC, multi-term course)
   - MFAC 4001 (2 UoC, multi-term course)

   PLUS

   Select a specialisation below:

   1. **Clinical Artificial Intelligence (Clinical AI)**
      - HDAT 9100 Context of Health Data Science (T1, 6 UoC)
      - HDAT 9300 Computing for Health (T1, 6 UoC)
      - HDAT 9500 Machine Learning (T2, 6 UoC)
      - HDAT 9000 Clinical AL (T2, 6 UoC)

   2. **Environmental Health Data Science#**
      - HDAT 9200 Statistical Foundations for Health Data Science (T1, 6 UoC)
      - GEOS 9017 Advanced Geographic Information Systems (T1, 6 UoC)
      - PHCM 9612 Environmental Health (T2, 6 UoC)
      - PHCM 9794 Foundations of Epidemiology (T2, 6 UoC)

#The Honours specialisation – Environmental Health Data Science – is subject to full UNSW approval in 2022.

Following the successful completion of the ILP or BSc (Med) Hons) Program in Term 3, all students are required to complete MFAC 2507 (Clinical Transition, 6 UoC) in preparation for clinical placements in the following year.

Advanced Courses For Bsc (Med) Hons Only (6uoc)

BSc (Med) Hons students must choose a 6 UOC Advanced Course from the following list. Please note that some courses will have limited number of places available and in some cases might not be run in a particular year.

Table 1. List of advanced courses to compliment the research project. Please consult with your supervisor on the suitability of the course before formally enrolling.

School of Public Health and Community Medicine		
PHCM9794	Foundations to Epidemiology	T2
PHCM9795	Foundations of Biostatistics	T2
PHCM9630	Public Health Perspectives of Indigenous Health	T1
PHCM9120	Qualitative Research Methods	T2
PHCM9615	Principles and Practice of Primary Health Care Services in the Community	T2
PHCM9785	Predictive Modelling in Public Health	T2
PHCM9391	Strategy Policy and Change	T1
PHCM9701	Health Leadership and Workforce Management	T2
PHCM9612	Environmental Health	T2

School of Medical Sciences		
PHAR9101	Introduction to the Therapeutics Industry	T1
PHAR9117	Cancer Therapeutics	T2
NEUR4411	Behavioural Perspectives in Neuroscience	T1
NEUR4421	Biomedical Perspectives in Neuroscience	T2
PHAR3102	Molecular Pharmacology	T1
PATH3205	Molecular Basis of Disease	T1
PATH3206	Cancer Pathology	T2
ANAT3121	Visceral Anatomy, Correlated with Medical Imaging	T1
ANAT3411	Neuroanatomy	T1
ANAT3131	Head and Neck Anatomy	T2
NEUR3121	Molecular & Cellular Neuroscience	T1

Centre for Big Data Research in Health		
HDAT9200	Statistical Foundations for Health Data Science	T1
HDAT9100	Context of Health Data Science	T1
HDAT9400	Management and Curation of Health Data	T2

School of Psychiatry		
PSYC9914	Families, Children & Adolescence	T1
PSCY9904	Administration, Inst & Service	T1
PSCY9911	Mental Disorders, Personality Disorders & Crime	T2
PSCY9902	Psychiatry and Criminal Law	T2

School of Women's and Children's Health		
SWCH9017	Applied Reproductive Anatomy and Physiology	T1
SWCH9011	Reproductive, Perinatal Epidemiology and Biostatistics	T1

School of Biotechnology and Biomolecular Sciences		
BABS3151	Human Genetics	T2

School of Health Sciences		
HESC4501	Research Seminars	T1
HESC4502	Workplace Assessment and Rehabilitation	T1

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, a number of students (other than those who are allocated to Rural Clinical campuses for a year or Phase) will have the opportunity to complete short-term placements (four weeks) in a rural setting. At the time that you submit preferences for Phase 3 courses, you will be asked to submit bids and preferences (i.e., during which course) if you wish to undertake such placements.

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/Honours 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/Honours; 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 CTC 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 to which you are assigned. 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 Medicine Teaching Support Team (BMed.PM@unsw.edu.au or md.research@unsw.edu.au). The team can then assist you to direct your enquiry to either the relevant Term Convenor or Phase Convenor.

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.

Self-Care Days

UNSW Medicine & Health values students' wellbeing and acknowledges the need for effective processes to facilitate self-care. The Faculty acknowledges that from time to time, medical students may need to take a day of leave to maintain good health and wellbeing. The Faculty also expects students to behave professionally and responsibly, as well as being accountable for their actions. These are important aspects of professionalism in Medicine.

Students are reminded to follow the process (see below) detailed in the Self-Care Day Guidelines (see link) when applying for a self-care day:

- Discuss with the relevant Term Convenor, facilitator, Clinical Teaching Unit or supervisor their intention to utilise a self-care day at least 24 hours prior to taking leave. Discussing leave with a supervisor is part of your professional responsibility and you will be required to have these discussions regularly when you graduate;
- Each self-care day needs to be recorded. Register the date of your self-care day online utilising eMed Portfolio (https://emed.med.unsw.edu.au/Portfolio.nsf) at least 24 hours prior to taking leave;
- You may not take a self care day on the day of an assessment or a day of critical learning identified by your Term convenor. This is why it is critical that you inform your term convenor of your planned Self-Care Day more than 24 hours before, so they can inform you if you would miss critical learning and therefore advise you not to miss it.
- If you are suffering from health problems or an illness then you can apply for Special Consideration through myUNSW. You are not expected to take a Self-Care Day if you have an illness.
- You may take up to 8 days in the whole year with no more than 2 days in a 6-week term and no more than one day in a 4-week term.
- Advise peers, teachers, research or clinical team members who might be affected by your absence; and ensure your absence will not negatively affect others (e.g. make sure someone else covers your duties for the day);
- Ensure that you will catch up on learning following the self-care day;
- If a student accumulates more self-care days than recommended during a course or across the academic year, the relevant Phase or Course Convenor and the Faculty Wellbeing Officer will be notified, as the student might require additional support.
- **Retrospective application is NOT acceptable. Students who fail to register their self-care day in advance will be held accountable for the absence.**

Student Wellbeing

Wellbeing is more than mental health. It is a complex combination of many factors that are strongly linked to our happiness and overall life satisfaction. UNSW Medicine is committed to supporting its students to thrive and stay healthy.

Top Tips:

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

There are several ways that you can obtain support for 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 having difficulty with your studies please speak to the relevant course convenor, or phase convenor if the problem is related to more than one course, as an initial step.

Students should prioritise registering with a GP as soon as is practicable

Refer to the UNSW Wellbeing site for relevant information and contacts.
https://www.student.unsw.edu.au/wellbeing/services

The below links and additional services can be found on the faculty wellbeing page.

Rural Students Medicine Program Rural Wellness Advisors:
Port Macquarie – Amanda Graham a.graham@unsw.edu.au
Wagga Wagga – Esther Petrie e.petrie@unsw.edu.au

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

- Crana Plus offers unlimited 24/7 Bush Support Telehealth Counselling 1800 805 391
- Central Services can be accessed by students at Kensington or at the Rural Campus
- UNSW Health Service
- Mental Health Connect– psychological and counselling support to manage mental health and wellbeing
- Student Support and Success - finance, visas, housing, study skills support, time management or personal issues such as stress and anxiety.
- Equitable Learning Service – practical educational adjustments to assist to manage studies, disability, medical condition and / or mental health condition.

If you experience problems in accessing these services and feel that you require additional support, please get in contact with the Faculty Wellbeing Officer. The officer can: assess the student's problem and needs; provide advice; co-ordinate appropriate help both on and off campus if required; and act as an advocate for the student in their interaction with the Faculty, as needed. Accessing support through the Faculty Wellbeing Officer is not intended to be on a long-term basis. Given the high demand for support services, the Faculty Wellbeing Officer provides short-term assistance on as needs basis. Where more intensive or long-term support is needed, the Faculty Wellbeing Officer can assist you in accessing the external support services outlined above.

Faculty Wellbeing Officer
Catherine Marley
E: c.marley@unsw.edu.au
Faculty Wellbeing Website

Information given to the Faculty Wellbeing Officer will be regarded as confidential.

Should you contemplate needing to take leave from your studies, please contact BMed.PM@unsw.edu.au

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Phase 2 and ILP/Honours Administrators

Phase 2 -BMed/MD Teaching Support Team
Email: BMed.PM@unsw.edu.au
ILP
Email: md.research@unsw.edu.au

Phase 2 Clinical Coursework Suggested Contact List

Questions Topics	1st resource	2nd resource
Learning Activities		
Learning activities at *clinical* site • tutor/supervisor not attend • Issues with teaching	Clinical Teaching Unit Administrator	Term Convenor for term affected and Clinical Skills Convenor
Learning activities at *UNSW campus* • lecturer/tutor not attend • Issues with teaching	• BMed/MD Teaching Support Team • Administration Manager, Timetabling	Term Convenor for term affected
Moodle or eMed: problems with access or submissions		Learning Resources Support Officer

Assessment Activities		
Term assignments: • clarification of requirements • seek extension (personal issues) • clarification of grades/feedback; seek remark or appeal	Specific term and assessment guide	• Term Convenor for term affected • In Convenor's absence, Phase 2 Coordinator
Phase 2 Portfolio: clarification of requirements	Phase 2 Student Guide	• Submission requirements – Phase 2 Coordinator • Academic requirements/ preparation – Academic advisor at your clinical site Issues that are not resolved by Phase 2 Coordinator or Academic Advisor – Portfolio Assessment Convenor
Phase 2 ICE: clinical or written components: clarification of requirements; results	Phase 2 Guide and Clinical Skills Guide Moodle: Clinical Skills module Phase 2 ICE Clinical & Written Components [Powerpoints] Phase 2 ICE Seminar video recording 2014	Phase 2 Convenor and Clinical Skills Convenor
Formal application for *Special Consideration*	• Phase 2 program guide • MyUNSW	Phase 2 Coordinator

Student Issues		
Absences from term: either planned or unexpected	*Policy on extra-curricular activities affecting attendance in MBBS and BMed/MD Program*	• Term Convenor for term affected • Clinical School Administrator • Phase 2 Coordinator
Formal application for *Program Leave / Discontinuation*	• MyUNSW • Phase 2 Guide	• Student Support

Questions Topics	1st resource	2nd resource
Encounter *personal issues* (e.g. illness; family/relationship; financial stress; bullying)	• Phase 2 Guide • Specific term guide	• Term Convenor for term affected • BMed/MD Teaching Support Team • UNSW Medicine's Student Wellbeing Advisor
Request *Proof of Enrolment* (e.g. supporting document for scholarship / award application)	MyUNSW https://portal.insight.unsw.edu.au/web-forms/	Student Support Team

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 – 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]
- Hampton, J.R. (2008). The ECG Made Easy. (7th 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. (2nd 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 – 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]
- Patten, J. (1996). Neurological differential diagnosis. (2nd 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 – 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 – 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. (2018). Illustrated Textbook of Paediatrics, (5th 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.

ICS – Oncology & Palliative Care

- 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]
- 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/
- CareSearch Palliative Care Knowledge Network https://www.caresearch.com.au/
- Therapeutic Guidelines: Palliative Care Available via CIAP

ICS – 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. (2022) Clinical Examination: A Systematic Guide to Physical Diagnosis. (9th ed.) Elsevier: Australia https://unsw.alma.exlibrisgroup.com/leganto/public/61UNSW_INST/citation/53298946030001731?auth=SAML
- Duthie, E.H. Jnr, Katz, P.R. and Malone, M. (2012) Evidence-Based Diagnosis. (3rd 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.