



UNSW Medicine & Health

Phase 2 Student Guide 2026

Medicine and Medicine / Arts

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Aboriginal and Torres Strait Islander Acknowledgement and Commitment

The UNSW Medicine Program acknowledges the Traditional Custodianship of the unceded lands on which the University of New South Wales campuses stand. We acknowledge those who have cared and continue to care for Country. We pay our deep respects to the people, the cultures, and the Elders past and present.

We are committed to improving the health and life outcomes for Aboriginal and Torres Strait Islander people through growing the Aboriginal and Torres Strait Islander medical workforce. We aim to promote a culturally safe learning environment for Aboriginal and Torres Strait Islander students, doctors and service delivery to patients.

We commit to strengthening our relationship with Aboriginal and Torres Strait Islander communities and the community-controlled health sector in guiding our culturally safe practice in teaching, learning and research.

Welcome to Phase 2

Dear Students,

Welcome to Phase 2 Medicine!

This will be an exciting and challenging stage of your medical training, however very rewarding.

You will embark on **clinical courses** (terms) which bring you into regular contact with patients, peers, junior and senior doctors 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 terms 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. Also in Year 4 you will be completing your **GP Longitudinal Placement** for one day a week over 30 weeks. This is a new and exciting course implemented for the first time in 2027 as part of the rollout of the Medical curriculum. You will receive more details of this during the year.

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 and transitional stage of your undergraduate medical degree. We encourage you to be proactive in your learning, participate and enjoy the myriad opportunities available to you.

We wish you every success for your Phase 2 studies.

A/Prof Kerry Uebel
Prof Tony O'Sullivan

Phase 2 Co-Convenors



Cultural Safety and Racism

Cultural safety is an endorsed philosophy of the Medical Program that ensures all staff and students are treated with regard to their unique cultural needs and differences.

Cultural safety is defined by an environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening.¹

We reaffirm our commitment to cultural safety and will work toward the vision of “a culturally safe teaching, learning and research environment.”

We will strive to demonstrate and facilitate cultural safety through our professional practice, by examining our own cultural identities and attitudes and being open-minded and flexible in our attitudes towards people from cultures other than our own.

We will not tolerate racism, prejudice or harassment. We reject racially prejudiced attitudes, actions and ideologies that impede culturally inclusive relationships.

[UNSW Anti-Racism and Anti-Religious Vilification Policy](#)

¹ Williams, R ‘Cultural Safety – what does it mean for our work practice?’ (1999) 23(2) Australian and New Zealand Journal of Public Health 213, p 213.

Objectives and overview of your courses (terms) and clinical learning in Phase 2

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 and clinical skills. The main objectives of Phase 2 Year 3 are to further develop your knowledge, understanding and critical thinking in the basic and social sciences, ethics, quality medical practice, population health and professionalism and integrate this knowledge within the clinical environment. You will use this knowledge to understand how these important concepts and theories underpin clinical medicine. In parallel, you will continue to develop your clinical, communication and physical examination skills as well as clinical reasoning. Over Year 3, it is not possible to comprehensively cover all the diseases that affect the systems reviewed in the terms and you will re-visit these diseases in Phase 3. It is therefore important that students concentrate on common diseases, including their pathophysiological basis and social context. More specific aims and objectives are contained in the individual terms' Guides.

You will have ample opportunities with your clinical tutors to improve your clinical skills including the ability to take a focused history, use clinical reasoning to explore differential diagnoses, and perform focused physical examinations and elicit and interpret abnormal findings. 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. The courses will enable students to explore and gain understanding of medical and surgical practices through experience in the hospital.

You will also have an opportunity to develop in-depth knowledge of the skills and attributes required for your research as detailed below.

MFAC2514, 2515, and 2516 with six terms

Students complete Phase 2 Clinical coursework (MFAC2514-2516) over the course of Year 3.

Clinical Coursework in Year 3 of Phase 2 consists of three official courses that you need to enrol in, Integrated clinical studies 1, 2, and 3 (MFAC2514, 2515, and 2516), corresponding to the UNSW trimesters. 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; as illustrated in the diagram in the Appendix). 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 1

ICS – Adult Health 2

ICS – Aged Care and Rehabilitation

ICS – Oncology and Palliative Care

ICS – Beginnings, Growth and Development

ICS – Society and Health

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 courses

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 must take General Education courses or mainstream courses from another Faculty / Faculties. Information on General Education courses and courses

from other Faculties is available in the [Faculty handbook](#) and in the Virtual Handbook in the [Handbook: General Education Courses 2026](#) 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. Students with a WAM ≥ 80 can apply to undertake General Education course(s) during year 2 of Phase 1 and/or Year 3 of the medicine teaching periods via fully online delivery mode only, subject to Phase Convenor approval.

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 BMed.PM@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.

Advanced Study and MD Research

During Year 4, all students are required to complete either an ILP or a BSc (Med) Hons course. Please see the ILP and Hons Course Guides for more detail: <https://medprogram.med.unsw.edu.au/year-4-medicine-research-project>.

ILP MFAC 4999

For the ILP, students will complete a medical research project, and Value-Based Health Care (VBHC; MFAC4001) over 3 terms. 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.

BSc (Med) Hons (program 3831)

The BSc (Med) Hons program is a one-year supervised research/coursework integrated program leading to the award of the degree of Bachelor of Science (Medicine) Honours. Students also need to complete Value-Based Health Care (VBHC; MFAC4001) over the year. There are two main options 1) Research intensive or 2) Coursework intensive, to allow students to build a program based on interests and future work capabilities. **Entry requirements for acceptance into Honours apply.**

Clinical Skills

Although not officially a separate course, Clinical Skills runs as a domain right through your learning in Phase 2. You will be expected to develop your Clinical Skills and professionalism to the standards articulated in the Graduate Capabilities of Patient Assessment and Management, Effective Communication and Ethical and Legal Responsibilities. Based on the relevant capability indicator statements, you will:

1. Be expected to further develop your communication and history-taking 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 generating differential diagnoses and considering what tests might assist in diagnosis.
5. Develop skills in communicating your clinical assessment of patients in case presentations and case reports.

For all interactions with a patient (even a virtual patient), you must obtain **appropriate consent from the person**, who has capacity to consent, and the patient must understand that you are a medical student.

In all contact with patients you must remember the importance of infection control and must adhere to the **Bare Below the Elbows policy** and the **5 Moments for Hand Hygiene**. If you are unable to perform hand hygiene properly (e.g., you are wearing a cast on your arm), you are not allowed to be in direct contact with patients (see Appendix 3, [Phase 2 Clinical Skills Guide](#)).

For intimate examinations and examinations of vulnerable adults there are very specific requirements for students and staff, detailed in the Program Guide and relevant Phase Clinical Skills guides. Please refer to this information. A supplementary guide for Phase 2 Clinical Skills which provides more detail on Clinical Skills expectations is available in the self-enrolment Clinical Skills module in Moodle:

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

Self-enrolment key: CS_Student

Ethics

Your learning in 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 2.5 hour 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 to which you have been introduced during Phase 1 will be applied during these tutorials and through the activities you will participate in. You will also be required to prepare for your tutorials and class work through allocated pre-reading. 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

Please access the Ethics module in Moodle via the link below and enter the self-enrolment key provided:

URL: <https://moodle.telt.unsw.edu.au/course/view.php?id=29809>

Self-enrolment key: Ethics_Student

Quality of Medical Practice (QMP)

Your learning in Quality Medical Practice is also integrated throughout Phase 2. 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 phase 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 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

Learning activities are structured as team-based learning (TBL). Your attendance and participation 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 have only 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 the clinical skills and written components of Phase 2 Integrated Clinical Examination.

Self-enrolment to QMP Moodle module

Please access the QMP module in Moodle 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

Developing Your Professional Skills

Mentoring program

The UNSW Medicine Clinical Mentoring Scheme (CMS) is an exciting opportunity to develop your professional identity. It 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 range of clinicians and teachers, whereby each mentee establishes 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.

We encourage all students in Year 3 to take up this opportunity!

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 sending an invitation to your preferred mentor. There are more than 150 mentors 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 [Professionalism Student Code of Conduct](#) document. 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.

Attendance at Classes and Communication

A critical component of professionalism is attendance, and communication around times when you cannot attend. All your teachers and UNSW professional staff work to give you the best experience to become good doctors. Attendance demonstrates that you respect what they are doing and will be a reliable team member when you are a qualified doctor.

UNSW Medicine expects students to **attend and participate in all scheduled activities and be punctual, engaged and professional in your behaviour**. Please see the university policy on class attendance at <https://student.unsw.edu.au/attendance>. It is your responsibility to frequently **check the timetable** for assigned classes and for any changes. Ignorance of scheduled classes is not an acceptable excuse for non-attendance.

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.

If a student is absent from any learning activity, it is not only courteous but also their **professional responsibility to timeously inform the tutor, the course convenor, and the CTU staff (for clinical teaching)**. Failure to notify relevant staff of your inability to attend learning activities may result in a comment regarding a **lapse in professional behaviour in your Phase 2 Portfolio**.

If you are absent **due to illness for more than one day** you will also be required to provide a **medical certificate** (<https://www.student.unsw.edu.au/attendance>). If you are ill on an assessment day, you will need a medical certificate and should apply for Special Consideration. If you are required to supply a medical certificate, you should be reviewed by a doctor either through video health or face to face. Medical certificates that are generated by filling in a form on the internet, and not being reviewed by a doctor either through video health or face to face, will not be accepted.

If a student is going to be absent for a prolonged period due to illness or other urgent matters, it is critical that they contact the Term Convenor or MED BMedMD Teaching Support (bmed.pm@unsw.edu.au). Students should also apply for Special Consideration with relevant documentation of their circumstances through myUNSW.

Signing the attendance roll for a colleague who is absent or photographing the QR code and sharing it with a student who is absent is fraudulent practice; both students may receive professionalism comments in their portfolios and/or be subject to investigation of Student Misconduct.

If you fail to satisfactorily comply with the attendance requirements for a course or term you will be awarded an Unsatisfactory Fail for that term or course, you will not be eligible for End of Phase Integrated Clinical Exam (ICE) and you will be required to repeat that Term in the following year.

Please see further comments under Term assessments on Page 16.

Feedback – myExperience

Giving constructive feedback to your teachers is also part of your developing professionalism.

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 actions 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
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 valued input leads to changes intended to improve your own and your peers' learning experiences.

Compliance in Your Clinical Placements

A critical component of your clinical training in Phase 2 is your placement in clinical facilities. You will be spending 60% of your time (3 days a week) in either your home hospital or a Women's or Children's hospital or, for Society and Health, in a community clinic or community-oriented service.

There are various requirements that you must fulfil to be able to learn in these facilities. **If you do not comply, you will not be allowed to attend these facilities** and if you miss critical training, you may not be able to complete coursework and will not be allowed to complete the Integrated Clinical Exams (ICE).

IMPORTANT: NSW Health Compliance

All students studying in the UNSW Medicine program must meet NSW Health compliance requirements to access NSW Health facilities as part of their learning. More information on the NSW Health compliance requirements can be found on the HETI Student Compliance page. Compliance information is managed in the NSW Health clinical placement database, ClinConnect.

Please be aware that remaining compliant to attend NSW Health facilities is a NSW Health rule and therefore appealing to the Phase 2 Committee, Program Director or the Faculty of Medicine and Health will not result in your compliance requirements being altered or overlooked.

To be confirmed as **fully** compliant, you need to provide necessary documentation relating to vaccinations, Blood Borne Viruses, 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. Please note the annual current influenza vaccination is mandatory for all students when attending a placement between 1 June and 30 September each year, and evidence must be received by NSW Health one week prior to 1 June to remain compliant. NSW Health's verification timelines may vary during peak periods.

Students are required to email all documents directly to NSW Health on SESLHD-StudentCompliance@health.nsw.gov.au for verification and updating in ClinConnect. All emails must be sent from your UNSW Student ID email.

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. 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, please contact the Medicine & Health WIL Team on mh.wil@unsw.edu.au and/or the relevant direct email contact supplied by NSW Health.

NSW Health HETI Training Modules

NSW Health also requires students entering clinical placements to have completed mandatory HETI My Health Learning training modules. More information on the modules can be found on the HETI My Health Learning page.

My Health Learning modules only become available for completion **13 days prior** to the start date of your hospital placement. The WIL team will notify students if they have not completed these modules and the timeline for completion, but it is students' responsibility to complete modules in a timely manner. Some modules must be

repeated periodically, for example, the Hand Hygiene and Infection Prevention and Control modules need to be repeated every 5 years and the Cyber Security module needs to be repeated every year.

Non-completion of the mandatory modules at any stage of a student's training may result in sanctions, including being prohibited from attending a hospital placement.

Please note the HETI My Health Training modules are different to the training modules you are required to complete in Moodle, and both sets of modules MUST be completed as part of your program requirements.

Access To NSW Health Medical Records

Students must be aware of their responsibilities when on placement in relation to accessing health care records. Students are expected to comply with the principles and requirements set out in the Health Care Records – Documentation and Management policy directive, https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2025_035. Privacy training is also provided in the mandatory HETI My Health Learning modules.

Section 1.4.1.1 of the NSW Health policy directive states, "Health Care Records must only be accessed, used and disclosed in accordance with the relevant legislation and only where it is directly related to the Health Practitioner's duties, they are authorised to do so or is provided for under the relevant legislation. Health Practitioners must not access, use nor disclose the health information of patients to whom they are not providing direct care, this includes family members, high profile individuals, colleagues and friends."

This means it is **unlawful** to access your own personal medical records or those of family members, relatives or friends or any other patient if it is **not related to your direct duties or when you are not authorised to do so**. Accessing medical records not related to your direct duties may result in disciplinary action by NSW Health and UNSW including referral to UNSW's Conduct & Integrity team and you being removed from a placement. NSW Health conducts routine eMR audits across its various hospital sites for compliance with this policy. You must ensure you adhere to your legal responsibility of eMR access.

Workplace Health and Safety

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. 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 on the next page, 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 | <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 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 |

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 mdresearch.support@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 campuses, students can approach the Clinical Campus 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 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 (SCD):

- **Discuss with the relevant term convenor, teachers, Clinical Teaching Unit and supervisor** your 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 SCD 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 SCD more than 24 hours before, so they can inform you if you should not miss critical learning.
- 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 for illness.
- **You may take up to 8 SCDs in the year with no more than 2 days in a 6-week term and no more than one day in a 4-week term. If a student exceeds this number of SCDs a professionalism comment may be placed in the student's portfolio.** The relevant Phase or Term Convenor will be notified as the student might require additional support, and the convenor(s) may contact the student.
- Advise peers, teachers, research or clinical team members who might be affected by your absence. Ensure your absence will not negatively affect others (e.g. make sure someone else covers your duties for the day).
- Ensure that you catch up on learning following the self-care day.
- **Retrospective application is NOT acceptable. Students who fail to register their self-care day in advance will be deemed to be absent and will be required to explain their absence with appropriate documentation such as a medical certificate.**

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 is normal to experience difficulties and it is ok to ask for help and support.

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

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

or

<https://www.student.unsw.edu.au/we-help-you>.

Rural Students Medicine Program Rural Wellness Advisors:

Albury and Wagga Wagga – Emily Quinlan e.quinlan@unsw.edu.au

Coffs Harbour and Port Macquarie– Solange Villagran s.villagran@unsw.edu.au

UNSW Medicine partners with the [Rural Adversity Mental Health Program](#) (RAMHP). Contact the Local Coordinator who can provide you with local referral options.

Aboriginal and Torres Strait Islander Students Support

Indigenous Student Success Engagement Lead: Tiah Vocale – tiah.vocale@unsw.edu.au

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

- [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](#) (ELS) – practical educational adjustments to assist to manage studies, disability, and medical conditions including mental health. Some students will have an Equitable Learning Plan (ELP) developed by ELS and the Faculty is very committed to provide the requested adjustments to teaching and assessment. **However, it is the student's responsibility to ensure the appropriate convenors, teachers, Clinical Teaching Unit and Education Support staff are notified of the ELP in advance so plans and adjustments can be made.** Full confidentiality of the ELPs will be maintained by staff.
- [Faculty Wellbeing Website](#)

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

Assessments in Phase 2 Clinical Coursework

During Clinical Coursework courses (MFAC2514-2516), there are a variety of assessments. Some of these assessments are specific to each term and some are assessments of your progress over the whole year. Some assessments are allocated marks (term assignments and Integrated Clinical Examination) and contribute to your WAM while others are graded as Satisfactory/Unsatisfactory.

All content, knowledge and skills that are taught throughout Year 3, in addition to the knowledge and skills that were taught in Phase 1, are assessable in the Phase 2 Integrated Clinical Examination written and clinical components.

Term assessments:

During each of the 6 clinical terms you will have a **continuous assessment of your attendance and participation in learning activities**, and you will be required to **submit individual assignments and deliver individual or group oral presentations**. Your attendance and participation will be graded as Satisfactory/Unsatisfactory and your individual assignments and group projects will receive marks. You must receive a Satisfactory grade for continuous assessment and have submitted/presented your assignment to get a Satisfactory grade for each term.

For more details see below (Term assessments in Clinical Coursework) and refer to individual term student guides.

Phase assessments:

You will be required to complete continuous assessment of your clinical skills throughout the year through **mini CEXs, SimConverse activities** and a **log of required clinical procedural skills** (see **Phase 2 Clinical Skills Guide for more details**).

Once you have completed these clinical tasks and received **Satisfactory grades for all 6 terms** you will be eligible to sit the **Phase 2 Integrated Clinical Examination (ICE)**. This exam comprises two components: a clinical skills component and a written MCQ component assessing your knowledge of the biomedical, QMP, ethics, social and clinical sciences. You are required to pass both components as they are both barrier examinations.

The final Phase 2 assessment will be your **Phase 2 Portfolio Examination**. You will be required to submit your portfolio and reflective essay early in Year 4 (or at the end of Clinical Coursework if you are going directly into Phase 3).

Students who fail to satisfactorily comply with the attendance requirements for a course or term will be awarded an Unsatisfactory Fail for that term or course, will not be eligible for the End of Phase Integrated Clinical Exam (ICE) and will be required to repeat that course or term in the following year.

Students need to submit all Phase 2 assignments, group projects and complete their oral presentations to be eligible for the Phase 2 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 or complete other remedial activities at the discretion of the term convenor. Students who do not pass these remedial activities may be required to repeat the whole term in the following year. Students will be given enough time to repeat the assessment or remedial activities before the Phase 2 ICE. If students are notified of an unsatisfactory grade in any of the above assessments and there is not enough time to repeat the assessment or remedial activities, they will be eligible for the Phase 2 ICE, however they will need to repeat the assessment or remedial activities after the Phase 2 ICE to successfully complete Year 3.

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.

Term Assessments in Clinical Coursework

Continuous course assessments

The main component of continuous assessment during the 6 terms of Clinical coursework (MFAC2514-2516) is based on reports of attendance and participation in learning activities during each term. The expectation is **100% attendance at all scheduled learning activities on campus and at the clinical campuses**. In cases where students cannot attend due to illness or other urgent matters they must communicate with the Term convenor, the teacher for that activity and the CTU staff (if it is hospital-based teaching).

Attendance records will be taken at learning activities on campus and at hospitals. **It is the responsibility of the student to remember to register attendance during class**. Attendance may be recorded either by signing a paper-based **attendance register** or linking to a **QR code**. Please be aware that the attendance roll may be closed 15 minutes after the class has commenced to ensure students are attending on time. The QR code may be functional only during a designated time, which may vary from class to class, to ensure that only students who are present can sign in.

The attendance record of each student will be assessed by the Term convenor in order to decide on the student's grade for that term:

If a student has **missed one or two days** in a term and has notified the convenor of the reason for the absence, or has registered to take self-care days, it is their responsibility to catch up on material they have missed.

If, in the opinion of the term convenor, the student has **missed a significant number of learning activities** the convenor may require completion of remedial activities to demonstrate student learning before they can give a Satisfactory grade for that term.

If a student is **going to be absent for a prolonged period** in a term due to illness or other urgent issues they must notify the term convenor early, and apply for Special Consideration with appropriate documentation. If they are granted Special Consideration, the term convenor will work with the student to ascertain an alternative way of satisfactorily completing all learning activities for that term.

If a student has **missed a substantial number of learning activities**, especially if they have **not notified the term convenor** and in the opinion of the term convenor this **level of poor attendance cannot be remediated**, the student will be given an **Unsatisfactory Fail**. This grade will be referred to the Phase 2 convenors and the Phase 2 Assessment Review Group and if confirmed the student **will not be eligible for the Phase 2 ICE** and must **repeat the whole term including assessments** the following year.

If a student fails a course or term or End of Phase exam they cannot use absences from learning activities, for any reason, as grounds for appeal.

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>

Assignments

You are required to submit at least one assignment or project for each clinical term, for which you will receive a mark. There are two required for BGD and two for AH1 (written assignment or oral presentation and a group mini-audit). 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.

Generally, you are required to submit either an individual assignment or do an oral case presentation on a patient you have seen and followed during that term. **Students should discuss the suitability of the case/topic** they have chosen and the approach to presentation with one or more of their tutors. For Society and Health you are required to do a Group project which you will present as a group oral presentation.

If you do not submit the required number of assignments for any of the 6 terms you will not receive a Satisfactory grade. Failure to get a Satisfactory grade for each term will make you ineligible to sit the Integrated Clinical Examination (ICE) and will delay your progress.

In your assignments you will be addressing either 5 or 6 graduate capabilities and these will be a combination of focus capabilities and generic capabilities. For most of the individual assignments you will be addressing three focus capabilities and three generic capabilities, except for the ICS – BGD assignments and Society and Health group project (with two focus and three generic capabilities) and the mini-audit group project in AH1 (one focus and three generic capabilities).

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 Clinical Coursework. 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 as relevant in all terms.

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.

Grading of assignments: Students 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.

Students' assignments will be marked on the basis of the extent to which the report addresses each of the six objectives listed below.

Focus capabilities for individual assignments:

- *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 Sciences: A detailed discussion of one perspective from List A.*
(Note that each individual assignment must address a different perspective from this list)
- *Social & Cultural Aspects of Health and Disease; Teamwork; Ethics and Legal Responsibilities:*
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 for individual assignments:

- *Effective Communication: An assessment of the student's written or oral communication including grammar, clarity and appropriate communication style and language*

- *Self-Directed Learning and Critical Evaluation*: An assessment of how well the student has read up on the topics and the patient's diagnosis and whether references are recent and relevant and well cited
- *Development as a Reflective Practitioner*: An assessment of how well the student reflects on their learnings from this case

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>

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 and Disease |
| 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 and Disease |
| 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 and Disease |
| 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 and Disease |
| 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 |

Requirements for written assignments

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. For word limits for specific assignments see Term Guides.

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 limit (e.g. using white coloured hyphens; moving text material into tables and appendices) will be penalised.

Suggested Media and Formats

All submissions must be made using the eMed Portfolio system and to Turnitin via Moodle.

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

Submission of Assignments

Checking your Assignment/Group Projects in Turnitin

You can receive a Turnitin similarity report for your assignment/group project prior to submission. Under the relevant term section, you will find the Turnitin Assignment Check link:

Assignment Check

Note: This is **not** where you submit your assignment

[Course Title Assignment Check](#)

You are able to submit your assignment here for unintentional plagiarism. Please note that each work can only be checked once.

Clicking on the Assignment Check link will allow you to check your assignment for unintentional plagiarism. Please note, this is not where you submit your final assignment and the report produced is only for your information. You can only receive a Turnitin report once. If you wish, based on this report you can change your assignment prior to your final submission. Please ensure you leave enough time to make any changes required.

Submission of Assignment/Group Projects

The submission process for Assignments is a two-step process. It is essential that the identical file (Word or PDF) is submitted in both steps.

Step 1: eMed

Submit to eMed before your due date and time given in the AAF.
 Submit your file under the Portfolio tab in eMed:



Step 2: Turnitin

Include the eMed receipt number in the name of your assignment file. Submit the file to Turnitin within 1 hour after submitting to eMed.

Navigate to the Phase 2 Moodle course page and scroll to the relevant term section.

Click on the submission link:

Assignment Submission

After submitting your assignment in eMed, submit your assignment here before your due date.

[Course Title Assignment Submission](#)

After submitting your final Assignment in eMed you must **submit the identical document to Turnitin** here before your same due date.

Submit your file:

| Turnitin Paper ID | Submitted | Grade | |
|-------------------|-----------|-------|------------------------------|
| -- | -- | -- | Submit Paper |

You will only be able to make **ONE** submission. Please make sure that it is your final assignment.

Procedure of Applying for a Special Consideration (SC) Extension and Short Extensions (SE)

If you are ill or experience circumstances beyond your control which interfere with your assessment performance, you may be eligible to apply for special consideration, a process for assessing the impact of unexpected, short-term events on your ability to complete a specific assessment task. SC is applied for through myUNSW and SC should be applied before the assessment or examination is due. For more information and detail of the process see: <https://www.student.unsw.edu.au/special-consideration>.

Students can also apply for a short extension (SE) of the assessment deadline, without providing any documentation or reason. This process has been introduced to improve the student experience, reduce stress and allow for an extension in a timely manner. **For the written assignments in Year 3, students can apply for a two-day SE for submission past the due date. SE is not available for oral presentations, the AH1 mini-audit, group projects or the Phase 2 Portfolio.** The SE must be applied for **before** the original assignment submission date. If a student applies for SE and then realises they need to apply for SC they can do so. If students apply for two or more SEs in an academic year, they may be contacted by the Term, Course or Phase convenor to assess whether the student needs support or assistance. For more information and details of the process see: <https://specialconsideration.unsw.edu.au/> and the [Assessment Implementation Procedure](#).

Ethical Considerations when completing your assignments

There are two important ethical considerations, relevant to your development as a professional, when completing your assignments. The first is to protect patient confidentiality. The second is to maintain academic honesty by submitting your own original work and avoiding plagiarism.

Health Records and information on protecting patient privacy in your assignments

It is extremely important that you protect patient confidentiality and obtain patient consent when doing your assignments. You may not include in your assignments any information that could lead to the patient being identified.

Patients: When reporting on the clinical details of a patient, 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 (have capacity) 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 or specific activities in which the patient may be involved. **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.

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** in eMR whether manually or via cut and paste from eMR and presenting

the information as your own assessment is **plagiarism**. Any information from eMR should be synthesised by the student, not directly copied. 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.

Further information on this is available on the [Faculty website](#).

Given these ethical considerations, students must comply with these five important points:

1. 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.
2. 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.
3. Students must NOT 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.
4. Patient case histories are not to be used by more than one student per course. Specific permission must be sought from the term convenor if there is a special circumstance.
5. If you wish to use a medical image (e.g. X-ray) in your assignments, 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.

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 will be compared to other items in the eMed system, material on the internet, electronic publications and items in the Turnitin database.

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 projects is available at the Academic Skills website: (<https://www.student.unsw.edu.au/skills>), including a comprehensive toolkit providing self-guided resources: <https://www.student.unsw.edu.au/skills/resources>.

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.

Phase 2 AI Statement for Assignments and Projects

During the early planning, researching and evaluation stage of your assignment or group project you are permitted to use software to generate initial ideas and structures. However, you must develop or edit those ideas to such a significant extent that what is submitted is your own work, i.e., what is generated by the software should not be a part of your final submission.

If you have used AI tools during any stage of your assignment or project, you should reflect on this usage in your generic reflection/teamwork reflection including how it helped your learning or preparation. All students are required to include the Phase 2 AI declaration on the title page of their assignments.

Please note that your submission will be passed through an AI-text detection tool. If your marker has concerns that your answer contains passages of AI-generated text that have not been sufficiently modified you may be asked to explain your work, but we recognise that you are permitted to use AI generated text as a starting point and some traces may remain. Keep copies of your initial drafts to show the convenors if there is any uncertainty about the originality of your work. If you are unable to satisfactorily demonstrate your understanding of your submission you may be referred to UNSW Conduct & Integrity Office for investigation for academic misconduct and possible penalties.

Phase 2 AI Declaration

Please include ONE of the following declarations on the title page (not included in word count).

- During the preparation of this assessment, I/we used [NAME of TOOL/ SERVICE/ SOFTWARE] for the purpose of [briefly explain]. After using this AI assistance, I/we reviewed and edited the content and take full responsibility for the content of this assessment.

OR

- During the preparation of this assessment, I/we did **NOT USE ANY** AI tools, services or software.

Phase Assessments in Clinical Coursework

There are two main clinical skills assessments and a procedural skills logbook that you need to complete throughout the year

SimConverse Scenarios

As you progress into Phase 2 of your medical education, it is important for you to develop more advanced communication skills. Building upon the foundational skills acquired in Phase 1, you will now focus on more complex scenarios, including:

- Communicating with anxious or depressed patients (S&H)
- Cross-cultural communication (AH1)
- Motivational interviewing (AH2)
- Taking a social history (ACR)
- Taking a sexual history (BGD)
- Communicating with patients with late-stage cancer (Oncology)

To facilitate this learning, we use SimConverse, an innovative AI-enhanced virtual patient platform. This tool is designed to provide you with realistic clinical scenarios to practice these crucial communication skills in a safe, controlled environment. Key features of SimConverse include:

1. On-demand access to diverse patient scenarios (scheduled and timetabled throughout all clinical courses)
2. Immediate, constructive feedback on your performance
3. A risk-free environment in which to develop your skills

We require you to engage actively with SimConverse, approaching each virtual interaction with the same professionalism you would extend to real patients. This platform is intended to complement your classroom learning and clinical experiences, not replace them – and note that virtual patients are NOT real and cannot ever

replace real patient interactions. However, AI-powered virtual patients are available 24/7 and the AI-generated feedback helps you to reflect on your performance and continuously improve your communication techniques.

You will need to complete all 18 scenarios by 9th November 2026 to be eligible to sit the clinical exam in November. However, please note that audits of Term-based completions will be conducted throughout the year – see the [Phase 2 Clinical Skills guide](#) for more information.

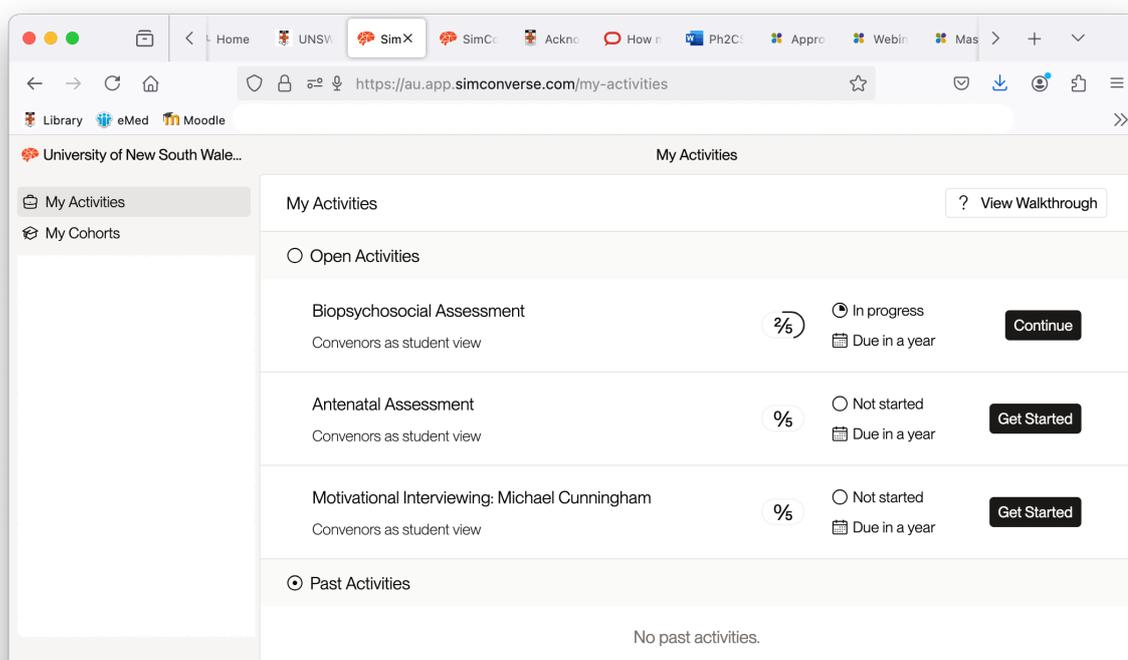
There will be one Communication Skills station in your Phase 2 ICE (clinical component) – see the [Phase 2 Clinical Skills guide](#) for more information.

More importantly, the skills you develop using SimConverse and demonstrate in the OSCE will directly translate to your interactions with real patients in clinical settings. Your dedicated use of this platform, combined with your other learning activities, will contribute significantly to your development as effective communicators in healthcare. We look forward to seeing your progress and welcome any feedback you may have on your experience with SimConverse (surveys may be conducted within the platform).

Accessing SimConverse

The SimConverse platform can be accessed through the link provided in the Phase 2 Coursework 2026 Moodle modules.

As long as you are logged into other UNSW systems (with your zID login), the platform will open and you can access My Activities which will look similar to this:



In the unlikely event you need to log in separate to other UNSW systems you may use the link <https://au.app.simconverse.com/login> and select UNSW as your Institution – the zID login will then initiate.

Mini-CEXs

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.

How to 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 of 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 CWApp. See further instructions in the [Phase 2 Clinical Skills guide](#).

It is a mandatory requirement for a minimum of six mini-CEX assessments to be completed in Phase 2 clinical coursework. The due date for the minimum six submissions is Friday 25th September 2026.

All requirements stated are minimums. It is recommended that students complete at least one, and preferably two, mini CEX assessments **in every clinical term** and a **minimum of three before 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. Although six is the minimum requirement, students can and should complete more mini-CEX assessments, especially where feedback/grades suggest that more practice and development of skills is required. The more practice you get with good feedback, the better you are likely to perform in your clinical examination at the end of the year.

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.

Clinical Procedural Skills

You are required to demonstrate capability to perform all the clinical procedural skills listed for Phase 2 (refer to the Phase 2 Clinical Skills Guide and Logbook). This logbook is known as your **Phase 2 Skills Logbook** or **White Book** and these tasks are to be completed throughout the year. For most of the skills listed, you will be required to get sign off by designated tutors (usually dedicated Simulation Skills Educators) at your Clinical campus. The tutor will sign you off only when satisfied that you can perform 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.

Staff at your home hospital put in a lot of effort to organise tutors so that you can learn these skills and get them signed off. They will inform you of dates and times where you can complete these skills. **It is your responsibility to ensure that you attend.** If you do not attend, especially without a valid reason and without informing the CTU staff, it will be entirely up to you to find a way to complete these tasks and you may have a professionalism comment entered in your portfolio.

PLEASE NOTE Completion of the logbook of skills is a requirement for sitting the end of Phase 2 Integrated Clinical Examination. Failure to complete the Phase 2 Clinical Skills Logbook, or sign-off by non-designated staff, will prevent you from sitting the ICE.

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, the clinical skills exam (OSCE) and the written exam (MCQ) assessing your knowledge of the biomedical, QMP, ethics, social and clinical sciences. These are both barrier examinations. Students are required to pass both the OSCE and the MCQ in order to progress to Year 4 or Phase 3. The final grade for the Integrated Clinical Examination will consist of 50% from the written component and 50% from the clinical component. The ICE will be held following completion of the Phase 2 Clinical coursework, at the end of Term 3.

The clinical skills examination component (OSCE) 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 online and 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 it 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.

The Phase 2 ICE written component (/60) has two types of questions:

- a. Six key feature identification questions – image(s) provided, with various features to be identified by selecting from a single list of options for each question. (2 marks per question)
- b. There are 48 single best answer MCQs, with a clinical vignette and five options. Information provided may include an image e.g. graph or table, clinical photograph, investigation results, radiology (such as X-rays, CT, MRI, ultrasound), ECG, histopathology etc. The five options are all plausible, but one answer is correct **based on the scenario**. This style of question requires clinical reasoning in addition to knowledge and memorisation of facts. This is important in your Phase 2 exam but also throughout your career, when understanding concepts and the ability to synthesise information is essential. (1 mark per question)

The content that is assessed is based on what is taught in lectures, integrated tutorials/ practicals, clinical skills sessions, case method and other tutorials in addition to what you experience in clinical settings. It also includes presumed knowledge from Phase 1, as Phase 2 content often relies on concepts taught in earlier years. The content is drawn from every course and includes microbiology, pharmacology, physiology, population health, QMP, ethics/professionalism, pathology and anatomy. Most questions will have a clinical component. The contribution of each discipline to the exam is approximately proportional to the amount of teaching provided, but it is an integrated exam so there is overlap between disciplines and courses. Sample questions are available on Moodle.

To be eligible to sit the ICE you need to have:

- **Satisfactory grade for all 6 terms in Clinical Coursework, which includes satisfactory attendance and submitting all assignments and projects on time**
- **Completed white book of clinical procedural skills by the cut-off date**
- **Completed all 18 valid SimConverse communication scenarios by the cut-off date**
- **Completed a minimum of 6 valid mini CEX assessments by the cut-off date**

Location for clinical examinations

Please be aware that for these examinations

- Sydney Metropolitan Students: You will be allocated to different campuses for clinical exams i.e. you will not be examined at your regular allocated campus/hospital.
- Rural Students: You will be examined at your home campuses; external examiners may be present.

In addition, students should note the following:

- The actual location for a clinical examination may be in a part of the campus/hospital site with which students are not familiar. Do not expect to be examined in areas typically used for teaching.
- Faculty retains the right to follow the above principle in allocating students but also to place students according to Faculty needs that may arise as planning for clinical examinations proceeds. This may mean students are allocated to different locations or other facilities depending on a number of issues including numbers of students to be examined, equipment or personnel required, or any other need identified by Faculty. Note that different students from the same home campus may be examined at a variety of clinical campuses for the same examination.
- Students must always check that you know how to access the specific, identified location well prior to the examination. Be aware that examination locations can be quite distant from the usual teaching locations. Students **MUST** allow sufficient time to travel to a campus/hospital/other location and attend the specific place of an examination, taking into account issues such as traffic, weather and any other events on the day of examination.

Phase 2 Portfolio

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 Phase 2 coursework, clinical experiences and course assessments have contributed to your achievement of the capability indicators for Phase 2. Your ILP/research project and work undertaken in extra-Faculty elective courses can also be offered as evidence of achievement.

Portfolio preparation

- Review the Expectations for the 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 course 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 deficiency in your learning and its significance, issues that led to the poor result and 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. 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. Extracurricular activities should be submitted to eMed: Portfolio as “Evidence of Achievement” indicating for which **single** capability you wish it to be considered as evidence (select the most relevant if it is pertinent to more than one capability), 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 \geq 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 or two grades if one 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

- Use of AI is **not** permitted at all as the Portfolio essay is a *personal* reflection.
- Title page with word count, zID and AI declaration “During the preparation of this assessment, I did not use any AI tools, services or software”.
- No table of contents.
- 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 maximum word count is allowed for Portfolio essays.

Essay Content

- The essay should refer to your assignments, presentations, projects and other relevant experiences such as critical incidents which occurred during scheduled classes, cross-cultural encounters, clinical experiences and extracurricular 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 exam result (capability grades and feedback), Phase 1 assignment and project grades, and Phase 2 assignment/presentation and project grades and markers’ comments; 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. It is recommended that you 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/presentations/projects, other evidence including Mini-CEXs and Teamwork feedback and, if addressed in the reflective essay, your performance there.
- Your essay itself is evidence of written communication skills for the graduate capability Effective Communication.
- 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 received for an assignment, presentation or project if writing about that capability in the reflective essay. Take note of the marker'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/presentations 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 (see table below) 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 portfolio. The portfolio will be checked by plagiarism detection software. Plagiarism includes using the *structure* of another student's essay and substituting your own examples.
- 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 | Phase 2 Portfolio Advisor |
|----------------------|---------------------------|
| Coffs Harbour | Dr Shahab Shirazi |
| Port Macquarie | A/Prof Andrew Last |
| Albury | Dr Mira Kapur |
| Wagga Wagga | Dr Megan Southern |
| St Vincent's | Dr Rohan Gett |
| South Western Sydney | Dr Kelly Mok |
| St George | Prof Tony O'Sullivan |
| Sutherland | Prof Peter Gonski |
| Prince of Wales | Dr Melvin Chin |

Portfolio submission

- Students are notified of the due date at the commencement of Year 4.
- Lateral entry students and students with exemption from Year 4 who will progress directly to Year 5 are required to submit their Portfolio in December of Year 3 – date to be advised.

You must upload all other evidence **before** you submit your Portfolio essay to eMed. The reflective essay is submitted to eMed **and** Turnitin.

Please note that Short Extensions and Equitable Learning Plans do not apply to the Portfolio Examination. Applications for Special Consideration with appropriate document will be considered for unexpected, short-term personal or health issues. (Please contact the Portfolio Assessment Convenor).

The Phase 2 Portfolio reviewed 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 examination 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 have provided to, and received from, your peers for Phase 2 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
 - extracurricular activities (e.g. publication from your ILP research)
- Comments regarding professionalism
- Your reflective essay

Portfolio Examination Result

- The overall result for the Phase 2 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 or more P- grades results in an overall Unsatisfactory result for the Portfolio Examination. Students who receive an Unsatisfactory result 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 directly 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 or term assessment

No supplementary assessment will be given where there is unsatisfactory continuous assessment and attendance in MFAC2514-MFAC2516. If you have unsatisfactory continuous assessment in MFAC2514-2516 or in any of the individual clinical terms during Phase 2 Coursework, you will be required to repeat the course(s) or term(s), including the required assignment(s) and project(s).

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

Failing an Assignment, Oral Presentation or Project

If you fail the project, presentation or an assignment – but you have otherwise 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 activities. 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 completed. 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 may be offered supplementary assessment. If they do not perform satisfactorily in the supplementary assessment they 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. If a student does not reach the expected level following supplementary assessment, they will be required to repeat **all** Year 3 clinical courses and assessments. During this time they will gather further evidence of development in the graduate capabilities, prior to an opportunity to resubmit their Phase 2 Portfolio for examination. Students who fail to achieve a satisfactory result with this repeat submission (including supplementary assessment if required) will exit from the Medicine Program.

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.

Advanced Study and MD Research

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 coursework (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 (48 Units of Credit). Within the BSc (Med) Hons, students will select an appropriate specialisation based on the research and coursework selected.

Further information on the ILP/Honours can be found in the course outline:

<https://medprogram.med.unsw.edu.au/year-4-medicine-research-project>.

Assessment of the ILP

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

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

Further details on the assessment of the ILP are on the Program website.

Assessment of the BSc (Med) Hons

The components that contribute to the assessment of Honours are:

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

Further details on the assessment of ILP and Honours can be found in the Medicine Course Outline. A Student/Supervisor Course Outline will be provided at the beginning of the ILP year.

Preparing for Phase 3

In Year 4, you will have the opportunity to submit hospital preferences for Phase 3.

Please note the following special circumstances regarding sequence allocation:

- 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 you are allocated to a course sequence which has the Medicine and Surgery courses in TP2 and TP3. If you are aware that you are in this situation at the time of preferencing your hospital sites, please ensure you provide this information to the WIL team so you are allocated to the correct sequence. If you find yourself in this position once allocations and sequences have been finalised, please contact the WIL team urgently by email mh.wil@unsw.edu.au.
- Students who are in the advanced standing program for the Royal College of Pathologists of Australasia must be allocated to a course sequence (F or H) in which the Selective course is taken in TP1 in Year 6. Please ensure you advise the WIL team of this requirement at the time of your hospital preferencing.
- Students undertaking the Oslo Exchange will be allocated to a sequence which has the Paediatrics and O&G courses in TP3 and TP4 (A or B).

Further information regarding the clinical allocation process can be found at:

<https://medprogram.med.unsw.edu.au/getting-started-0#Allocation>

During Phase 3, some 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.

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.

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 you for learning and assessment activities in Phase 3 clinical attachments, following interruption to clinical practice during the ILP/Honours. This course will help students understand their roles and expectations in clinical attachments which differ from experiences in Phase 2 clinical courses. This course focuses on developing an understanding of clinical reasoning, professionalism, and improving communication skills.

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

Phase 2 Convenors and Term Convenors

Associate Professor Kerry Uebel MBBS MFamMed
PhD SFHEA

Phase 2 Co-Convenor & Term Convenor – ICS:
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Dr Bill Giannakopoulos

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Associate Professor Amy Waters FRACP, FACHPM,
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Dr Sarah Baldwin*Element Convenor – Ethics*

St George and Sutherland Clinical Campus

Email: s.baldwin@unsw.edu.au**Dr Amir Ariff***Element Convenor – Quality of Medical Practice*

School of Clinical Medicine

Email: amir.ariff@unsw.edu.au**Dr Narelle Mackay***Medicine Portfolio Assessment Convenor*

School of Clinical Medicine

E: n.mackay@unsw.edu.au

Phase 2 and ILP/Honours Administrators

Phase 2 -BMed/MD Teaching Support Team

Email: BMed.PM@unsw.edu.au

Advanced Study and Research (ILP/Honours)

Email: mdresearch.support@unsw.edu.au

Phase 2 Clinical Coursework Suggested Contact List

| Questions Topics | 1 st resource | 2 nd resource |
|---|--|--|
| Learning Activities | | |
| Learning activities at <i>clinical site</i> <ul style="list-style-type: none"> tutor/supervisor not attend Issues with teaching | Clinical Teaching Unit Administrator | Term Convenor for term affected and Clinical Skills Convenor |
| Learning activities at <i>UNSW campus</i> <ul style="list-style-type: none"> lecturer/tutor not attend Issues with teaching | <ul style="list-style-type: none"> BMed Academic program management team Administration Manager, Timetabling | Term Convenor for term affected |
| <i>Moodle or eMed</i> : problems with access or submissions | | Learning Resources Support Officer |

| Assessment Activities | | |
|---|---|--|
| <p><i>Term assignments:</i></p> <ul style="list-style-type: none"> clarification of requirements seek extension (personal issues) clarification of grades/feedback; seek re-mark or appeal | Specific term and assessment guide | <ul style="list-style-type: none"> Term Convenor for term affected In Convenor's absence, Phase 2 Convenor |
| <p><i>Phase 2 Portfolio:</i></p> <p>clarification of requirements</p> | Phase 2 Student Guide | <ul style="list-style-type: none"> Submission requirements – BMed/MD Teaching Support Team Academic requirements/preparation – Academic advisor at your clinical site Issues that are not resolved by Academic Advisor – Medicine Portfolio Assessment Convenor |
| <p><i>Phase 2 ICE:</i> clinical or written components: clarification of requirements; results</p> | Phase 2 Guide and Clinical Skills Guide Moodle: Clinical Skills module , including Discussion Board Phase 2 ICE Clinical & Written Components [PowerPoints] | <ul style="list-style-type: none"> Phase 2 Convenor and Clinical Skills Convenor |
| Formal application for <i>Special Consideration</i> | <ul style="list-style-type: none"> Phase 2 program guide MyUNSW | <ul style="list-style-type: none"> BMed/Academic program management team |

| Student Issues | | |
|--|---|---|
| <p><i>Absences from term:</i> either planned or unexpected</p> | <i>Policy on extra-curricular activities affecting attendance in BMed/MD Program</i> | <ul style="list-style-type: none"> Term Convenor for term affected Clinical Campus Administrator BMed/Academic program management team |
| Formal application for <i>Program Leave / Discontinuation</i> | <ul style="list-style-type: none"> MyUNSW Phase 2 Guide | <ul style="list-style-type: none"> Student Support |
| Encounter <i>personal issues</i> (e.g. illness; family/relationship; financial stress; bullying) | <ul style="list-style-type: none"> Phase 2 Guide Specific term guide | <ul style="list-style-type: none"> Term Convenor for term affected BMed/Academic program management team UNSW Medicine's Student Wellbeing Advisor |
| Request <i>Proof of Enrolment</i> (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
[\[Electronic access via UNSW Library\]](#)

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. [\[Electronic access via UNSW Library\]](#)
- Penman, I., Ralston, S.H., Strachan M.W.J. & Hobson, R.P. (Eds.) (2023). *Davidson’s Principles & Practice of Medicine* (24th ed.). Edinburgh: Elsevier. [\[Electronic access via UNSW Library\]](#)
- Hampton, J.R. & Hampton, J. (2019). *The ECG Made Easy*. (9th ed.) Edinburgh; New York: Churchill Livingstone / Elsevier. [\[Electronic access via UNSW Library\]](#)
- Gunderman, R.B. (2014). *Essential Radiology Clinical Presentation, Pathophysiology, Imaging*. (3rd ed.). Stuttgart Georg Thieme Verlag. [\[Electronic access via UNSW Library\]](#)
- Chen, M.Y.M, Pope, T.L and Ott, D.J. (2011). *Basic Radiology*. (2nd ed.). McGraw-Hill Professional Publishing. [\[Electronic access via UNSW Library\]](#)

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. [\[Electronic access via UNSW Library\]](#)
- Penman, I., Ralston, S.H., Strachan M.W.J. & Hobson, R.P. (Eds.) (2023). *Davidson’s Principles & Practice of Medicine* (24th ed.). Edinburgh: Elsevier. [\[Electronic access via UNSW Library\]](#)
- Patten, J. (1996). *Neurological differential diagnosis*. (2nd ed.). London, New York: Springer.
- Ropper, A.H., Samuels, M.A. and Klein, J.P. (2019). *Adams and Victor’s Principles of Neurology*. (11th 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
[\[Electronic access via UNSW Library\]](#)
- Caplan, G. (2014). *Geriatric Medicine, an Introduction*. Research: IP Communications.
[\[Electronic access via UNSW Library\]](#)
- Chan, D. (2009). *Chan’s Practical Geriatrics* (2nd ed.).
- 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. (2017). *Brocklehurst’s Textbook of Geriatric Medicine and Gerontology*. (8th ed.). Elsevier Saunders. [\[Electronic access via UNSW Library\]](#)
- Cifu, D.X. & Eapen, B.C. (2021) *Braddom’s Physical Medicine and Rehabilitation* (6th ed.) Philadelphia: Elsevier Saunders. [\[Electronic access via UNSW Library\]](#)

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. (2016). *Hacker and Moore's Essentials of Obstetrics & Gynaecology* (6th ed.). Philadelphia, PA: Elsevier Saunders. [[Electronic access via UNSW Library](#)]

Children's Health

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

- Lissauer, T. (2022). *Illustrated Textbook of Paediatrics*, (6th 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](#)]
- Gill, D. & O'Brien, N. (2018). *Paediatric Clinical Examination made easy* (6th ed.). Edinburgh; New York: Churchill Livingstone. [[Electronic access via UNSW Library](#)]

ICS – Oncology & Palliative Care

- Souhami, R.L. et.al. (Eds.) (2002). *Oxford textbook of oncology* (2nd ed.). New York, N.Y.: Ovid Technologies, Inc.
- DeVita, Jr., V.T.; Lawrence, T.S. & Rosenberg, S.A. (Eds.) (2019). *DeVita, Hellman, and Rosenberg's Cancer: principles and practice of oncology* (11th ed.). Philadelphia, PA: Wolters Kluwer. [[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. [[Electronic access via UNSW Library](#)]

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.) Amsterdam: Elsevier [[Electronic access via UNSW Library](#)]
- McGee, S.R. (2026) *Evidence-Based Physical Diagnosis*. (6th ed.) Philadelphia: Elsevier. [[Electronic access via UNSW Library](#)]
- 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. [[Electronic access via UNSW Library](#)]

Appendix A: Phase 2 Expectations for the Graduate Capabilities

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

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

Appendix B: Phase 2 Clinical Coursework Sequences

An example of the 4 sequences in Sydney & Rural Clinical schools is shown below:

| Date | | Week | Phase 2 Clinical Coursework | | | | | | | |
|------------|----|----------------------|-----------------------------|------------|------------|------------|---------|---------|---------|-----|
| | | | Sequence 1 | Sequence 2 | Sequence 3 | Sequence 4 | ALB | WAG | COF | MAC |
| 5/01/2026 | 1 | GE BC | | | | | | | | |
| 12/01/2026 | 2 | | | | | | | | | |
| 19/01/2026 | 3 | | | | | | | | | |
| 26/01/2026 | 4 | | | | | | | | | |
| 2/02/2026 | 5 | | | | | | | | | |
| 9/02/2026 | 6 | | GE OSCE | | | | | | | |
| 16/02/2026 | 1 | S&H | Adult 2 | Adult 1 | BGD | BGD | BGD | BGD | BGD | |
| 23/02/2026 | 2 | | | | | | | | | |
| 2/03/2026 | 3 | | | | | | | | | |
| 9/03/2026 | 4 | | | | | | | | | |
| 16/03/2026 | 5 | | | | | | | | | |
| 23/03/2026 | 6 | | | | | | | | | |
| 30/03/2026 | 7 | | | | | | | | | |
| 6/04/2026 | 8 | Adult 1 | AC&R | O&PC | Adult 2 | O&PC | O&PC | O&PC | O&PC | |
| 13/04/2026 | 9 | Teaching Recess | | | | | | | | |
| 20/04/2026 | 10 | | | | | | | | | |
| 27/04/2026 | 11 | Adult 1 | AC&R | O&PC | Adult 2 | O&PC | O&PC | O&PC | O&PC | |
| 4/05/2026 | 12 | | | | | | | | | |
| 11/05/2026 | 13 | O&PC | BGD | S&H | AC&R | S&H | S&H | S&H | S&H | |
| 18/05/2026 | 14 | | | | | | | | | |
| 25/05/2026 | 15 | | | | | | | | | |
| 1/06/2026 | 16 | | | | | | | | | |
| 8/06/2026 | 17 | | | | | | | | | |
| 15/06/2026 | 18 | | | | | | | | | |
| 22/06/2026 | 19 | | | | | | | | | |
| 29/06/2026 | 20 | Mid-Year Recess | | | | | | | | |
| 6/07/2026 | 21 | | | | | | | | | |
| 13/07/2026 | 22 | BGD | S&H | Adult 2 | Adult 1 | Adult 1 | Adult 1 | Adult 1 | Adult 1 | |
| 20/07/2026 | 23 | | | | | | | | | |
| 27/07/2026 | 24 | | | | | | | | | |
| 3/08/2026 | 25 | | | | | | | | | |
| 10/08/2026 | 26 | | | | | | | | | |
| 17/08/2026 | 27 | | | | | | | | | |
| 24/08/2026 | 28 | Teaching Recess | | | | | | | | |
| 31/08/2026 | 29 | Adult 2 | Adult 1 | AC&R | O&PC | Adult 2 | Adult 2 | Adult 2 | Adult 2 | |
| 7/09/2026 | 30 | | | | | | | | | |
| 14/09/2026 | 31 | AC&R | O&PC | BGD | S&H | AC&R | AC&R | AC&R | AC&R | |
| 21/09/2026 | 32 | | | | | | | | | |
| 28/09/2026 | 33 | | | | | | | | | |
| 5/10/2026 | 34 | | | | | | | | | |
| 12/10/2026 | 35 | | | | | | | | | |
| 19/10/2026 | 36 | | | | | | | | | |
| 26/10/2026 | 37 | | | | | | | | | |
| 2/11/2026 | 38 | | | | | | | | | |
| 9/11/2026 | 39 | Study Leave | | | | | | | | |
| 16/11/2026 | 40 | | | | | | | | | |
| 23/11/2026 | 41 | Phase 2 ICE MCQ | | | | | | | | |
| 30/11/2026 | 42 | Phase 2 ICE Clinical | | | | | | | | |

| | | | |
|---------|----------------------------|------|------------------------------------|
| Adult 1 | Adult Health 1 | BGD | Beginnings, Growth and Development |
| Adult 2 | Adult Health 2 | O&PC | Oncology & Palliative Care |
| AC&R | Aged Care & Rehabilitation | S&H | Society and Health |