



UNSW MEDICINE & HEALTH

# Medicine and Arts/Medicine Phase 3 Guide for Students, 2026

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## Aboriginal and Torres Strait Islander Acknowledgement and Commitment

The UNSW Medical 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



Welcome to Phase 3 of the UNSW Medicine Program. Congratulations! Phase 3 is a challenging but enjoyable couple of years, which leads on to you becoming a fully-fledged junior doctor capable of undertaking intern clinical responsibilities. This phase marks a departure from the more familiar university grounds to being fully embedded in the clinical workplace. Launching off the back of the successful completion of both Phase 1 and Phase 2 we know each of you has done significant groundwork to get to this point. We now ask that you build on the firm foundation you bring into Phase 3 from the biomedical sciences you have studied to date and begin to finesse your clinical skills in patient assessment and management.

While there will be less didactic teaching, you will learn from your patients, all health care professionals and each other within the clinical workplace. There will be patient journeys you will never forget and a long list of clinicians, doctors as well as nurses and allied health staff, who will be your guides and role models.

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

This guide and each of the discipline course guides will outline expectations and activities including assessment. Further information and learning resources will be available in the Phase 3 module in Moodle.

Announcements of any changes will be made in Moodle so it is important that you regularly log in and also read all Moodle announcements delivered via email.

Everyone has a different journey through Phase 3 and it is an exciting opportunity to ensure you are capable and confident to begin your professional careers as junior doctors. We urge you to take full advantage of your privileged roles as senior medical students within UNSW's teaching hospitals, in our communities, and in the world.

Dr Daniella Susic and Dr Sandra Chuang  
MED Phase 3 Convenors  
[medphase3@unsw.edu.au](mailto:medphase3@unsw.edu.au)

### **Clinical Campuses:**

#### **Prince of Wales Clinical Campus:**

Sophia Espinosa  
Email: [powctu@unsw.edu.au](mailto:powctu@unsw.edu.au)

#### **St Vincent's Clinical Campus**

Kate Steele  
Email: [stvcs@unsw.edu.au](mailto:stvcs@unsw.edu.au)

#### **St George Clinical Campus**

Claudia Metcalf  
Ph: 9113 2709  
Email: [stgtu@unsw.edu.au](mailto:stgtu@unsw.edu.au)

#### **Sutherland Clinical Campus**

Melinda Camporeale/Nicky Bennie  
Email: [tshtu@unsw.edu.au](mailto:tshtu@unsw.edu.au)

#### **South Western Sydney Clinical Campus**

Shalini Saverimuttu  
Email: [s.saverimuttu@unsw.edu.au](mailto:s.saverimuttu@unsw.edu.au)/  
[swsphase3@unsw.edu.au](mailto:swsphase3@unsw.edu.au)

## Structure of Phase 3: Independent reflective learning

Phase 3 consists of ten 8-week courses over Years 5 and 6. You will be required to complete seven core courses in the major disciplines.

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

### Courses in Phase 3

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

#### Core courses:

- Medicine [MFAC 3501]
- Surgery [MFAC 3502]
- Psychiatry [MFAC 3503]
- Primary Care (General Practice) [MFAC 3504]
- Obstetrics & Gynaecology [MFAC 3505]
- Children's Health [MFAC 3506]
- Critical Care [MFAC 3508]

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

- Clinical Transition Course [MFAC 2507]
- Elective [MFAC 3514]
- Selective [MFAC 3509]
- Preparation for Internship (PRINT) [MFAC 3515]

All courses in Phase 3 are 10 UOC, except for the Clinical Transition course (2507) which is 6 UOC and the Elective (3514) and PRINT (3515) courses which are 8 UOC. It is **your** responsibility to **enrol timely in the correct courses**. You are also required to enrol in the Biomedical Sciences Viva (MFAC3512 Phase 3 Biomedical Sciences Viva) in Year 5 and the final examinations in Year 6 (MFAC3523 Phase 3 Integrated Clinical Exam, MFAC3522 Phase 3 Portfolio Examination). **Failure to enrol in courses and examinations may result** in paying full fees (> \$19000) imposed by the University to continue enrolment or exclusion from continuation of the course / participating in examinations.

### Sequencing of courses in Phase 3

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

Teaching Period	A	B	C	D	E	F	G	H
Year 4 TP4	CTC							
Year 5 STP	Med	Surg	Children's Health	O&G	Med	Surg	Primary Care	Psych
Year 5 TP1	Surg	Med	Psych	Children's Health	Surg	Med	O&G	Primary Care
Year 5 TP2	Psych	Primary Care	Med	Surg	Children's Health	O&G	Med	Surg
Year 5 TP3	Children's Health	O&G	Surg	Med	Psych	Primary Care	Surg	Med
Year 5 TP4	O&G	Children's Health	Critical Care	Critical Care	Primary Care	Children's Health	Psych	O&G
Year 6 STP	Elective							
Year 6 TP1	Critical Care	Critical Care	Primary Care	Psych	O&G	Selective	Children's Health	Selective
Year 6 TP2	Selective	Selective	O&G	Primary Care	Critical Care	Psych	Critical Care	Children's Health
Year 6 TP3	Primary Care	Psych	Selective	Selective	Selective	Critical Care	Selective	Critical Care
Year 6 TP4	PRINT							

Critical Care requires successful completion of a 4-week emergency department placement and 4 weeks of anaesthesia and/or intensive care. Depending on how the Critical Care course is organised at your clinical campus, you may have a clinical placement with a non-Critical Care team (e.g. Trauma team).

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

All students will complete at least 5 of the 7 core courses in Year 5. The remaining core course(s) will be completed in Year 6.

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

### **Phase 3 in the Rural Clinical Campus**

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

### **Elective course MFAC 3514**

The objectives of the Elective course will depend on your choice but should include one of the following:

- To develop and consolidate your knowledge and skills in a selected area of medical practice;
- To acquire experience in a selected area of medical practice in consideration of a future career choice;
- To experience a different type of health care delivery from that practised in Australia
- To further develop in an area of deficiencies in your knowledge and skills in a selected area of medical practice;
- To gain further experience in an area of research.

The elective course is a compulsory component of the Medicine program. It is an 8-week (40 days) course which may be completed as a single 8-week attachment or two 4-week attachments. Therefore, the minimum duration of a placement is 4 weeks. The elective course may be taken outside of UNSW affiliated teaching sites. Students may apply to more than one overseas placement to Australian Department of Foreign Affairs and Trade ([DFAT](#)) Level 1 & 2 countries. However, as a Plan B, students **must** apply for at least one domestic elective placement. Ensure you are familiar with the expectations of the course and important dates, deadlines and requirements of applying for your elective well ahead of time.

Information is available <https://medprogram.med.unsw.edu.au/elective> and in the **MFAC3514 Elective Course Outline 2026** found in the Phase 3 Moodle site. You will need to register all intended elective placements in InPlace. You must have your Elective approved prior to commencement of the course (keeping in mind that an overseas placement application date will close prior to domestic placement application dates). Failure to meet these requirements may mean that your elective will not be approved. If you proceed with the elective without approval, it will not be credited and you will need to repeat it. Hence for overseas placement application, ensure you have received approval **prior** to making travel arrangements.

### **Selective course MFAC 3509**

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

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

Some students may be exempted (partially or fully) from the Selective course in the following circumstances:

- Students who commence Phase 3 in TP1 having been delayed in completing Phase 2.
- Students who fail a course in Phase 3 and are required to repeat the course.
- Students who are requested by the course convenor to spend additional time in the course due to time missed (e.g. due to approved extra-curricular activities, illness and misadventure)
- Students who are unable to complete a course in Phase 3 with approved Special Consideration.

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

### **Allocation to Clinical Environments**

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

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

Allocation to clinical sites for Children's Health, O&G, Primary Care, and Psychiatry courses will be determined by the individual Discipline within School of Clinical Medicine – Discipline of Paediatrics and Child Health, Discipline of Women's Health, Discipline of General Practice, and Discipline of Psychiatry and Mental Health respectively, and will not be dependent on your primary clinical campus allocation. Students may be invited to indicate their preferred placement site to each Discipline's teaching support unit prior to the commencement of the course, however first preference may not always be available. Students with an Equitable Learning Plan should contact the CTU prior to allocation to clinical sites to ensure any specific requirements listed on the plan are accommodated where possible.

### **Rural setting requirement**

All local (Commonwealth Supported Places) students are expected to undertake a short-term rural (4 weeks) placement in Phase 3 (either Year 5 or Year 6). Rural placement may involve:

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

Although Rural Clinical Campuses attempt to allocate rural placements for the majority of students during Year 5, due to limits and fluctuation of rural placements available at each campus each year some students will complete their rural placement in Year 6. For those participating in the **UNSW / Oslo exchange program**, liaise with the Rural Clinical Campus team prior to submitting your rural application preference to request completion of your rural placement in Year 5 as a priority.

For general enquiries about the rural setting placements, please contact the Rural Clinical Campus at:

General Enquiries for all campuses: [rcc.ruralsupport@unsw.edu.au](mailto:rcc.ruralsupport@unsw.edu.au)

MED RCC Albury Admin: [s.kneip@unsw.edu.au](mailto:s.kneip@unsw.edu.au)/[b.schilg@unsw.edu.au](mailto:b.schilg@unsw.edu.au)

MED RCC Coffs Harbour: [m.cini@unsw.edu.au](mailto:m.cini@unsw.edu.au)

MED RCC Griffith: [c.pianca@unsw.edu.au](mailto:c.pianca@unsw.edu.au)

MED RCC Port Mac Admin: [bronwyn.moore@unsw.edu.au](mailto:bronwyn.moore@unsw.edu.au)

MED RCC Wagga Wagga Admin: [k.hackett@unsw.edu.au](mailto:k.hackett@unsw.edu.au)

### **IMPORTANT: NSW Health Requirements**

#### **Compliance**

As a medical student, it is **your** responsibility to ensure that you meet all NSW Health compliance requirements prior to attending clinical placements. Information on the requirements can be found on the [HETI Student Compliance](#) page.

Both student compliance and placements are recorded in the NSW Health database, ClinConnect. **Students who fail to meet the NSW Health compliance requirements at any point during their enrolment will be ineligible to undertake clinical placements.** These rules are determined by NSW Health and cannot be overridden by the Faculty. As a result, failure to maintain compliance may delay graduation due to non-completion of required courses.

Students are required to email their compliance documentation directly to the NSW Health Compliance Team at [SESLHD-StudentCompliance@health.nsw.gov.au](mailto:SESLHD-StudentCompliance@health.nsw.gov.au) for verification and updating in ClinConnect. Note, all

immunisation statements from the Australian Immunisation Register (AIR) **MUST** have the IHI number redacted/blacked out. Certificates with visible IHI numbers will not be processed by NSW Health.

An **annual influenza vaccination** is mandatory for all clinical students attending placement between 1 June and 30 September each year. **Evidence of current vaccination must be received by NSW Health at least one week prior to 1 June** to maintain compliance. NSW Health's verification timelines may vary during peak periods.

Any additional immunisation required by NSW Health can be completed with a local GP, UNSW Health Service <https://www.student.unsw.edu.au/hsu>, or immunisation clinic for NSW Health staff at your local hospital campus.

You are considered 'compliant' only after receiving an email from NSW Health confirming your status as either 'Compliant' or 'Temporary Compliant'. You are not deemed 'compliant' if you have emailed your documentation to NSW Health and are waiting for confirmation.

For more information see <https://medprogram.med.unsw.edu.au/nsw-health-requirements#tab-303400539> or email the WIL team on [mh.bmedwil@unsw.edu.au](mailto:mh.bmedwil@unsw.edu.au)

### **NSW Health HETI Training Modules**

NSW Health also requires all students entering clinical placements to have completed mandatory HETI My Health Learning modules. 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 will provide the timeline for completion. However, it remains the student's responsibility to complete all required 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 Learning modules are different to the training modules students are required to complete in Moodle. Both sets of modules **MUST** be completed as part of your program requirements.

### **Access To NSW Health 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](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 that, "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/friends if it is **not related to your direct duties or you are not authorised to do so**.

Accessing medical records not related to your direct duties or when you are not authorised to do so may result in disciplinary action by NSW Health, UNSW, including referral to the UNSW Conduct & Integrity team, and you being removed from placement. NSW Health completes routine eMR audits across its various hospital sites for compliance with this policy. You must ensure you adhere to your legal responsibility regarding health care record access.

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

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

A **HETI module on PPE** (Personal Protective Equipment), which is accessed through the My Health Learning platform, is available to enable you to understand how to safely and confidently use PPE in any clinical setting.

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

All students must also complete the **HETI mandatory Infection Prevention and Control modules** prior to commencement of their clinical placements as part of NSW Health compliance requirements. The mandatory training modules are accessed via My Health Learning. You will not be able to enter the hospital unless you are fully compliant.

In all circumstances:

- Students must wear the prescribed or recommended PPE as instructed. For patients in single room, ensure relevant PPE requirement before entering the room to review the patient.
- Students must not undertake tasks or clinical interactions requiring PPE if the PPE is not available for use.
- Any student who is concerned about their safety must raise their concerns with their Clinical Supervisor, Course Convenor and Clinical Campus Administrator.

### **Enrolment and class-registration**

Enrolment and class registration in all courses are **the student's responsibility**. The University and Faculty provide sufficient information to ensure that this can be done correctly and on time. Specific enrolment information for each year is available on the [UNSW Handbook](#) and [myPlan](#) websites. The [UNSW Medicine Key Dates](#) website provides Enrolment Deadlines and Census Dates.

Students who do not complete both steps of course enrolment and class registration via myUNSW prior to the **Enrolment Deadline** will be **dropped from their courses and their attendance at hospital clinical sessions will be cancelled**. Additionally, failure to enrol in courses before the **census date** can result in significant financial fee as expected of a full fee paying student (> \$19,000) to continue enrolment in Medicine, instituted by the University.

In addition to enrolling in courses, you must also enrol in any examinations which have a zero UoC course code. Although there are no fees associated with enrolling in the examinations, it is essential that you enrol in order to undertake all your required examinations and for your results to be recorded on your academic record.

For enrolment assistance, students can review the [UNSW Enrolment](#) information website. You are also encouraged to contact [the Nucleus Student Hub](#) for enrolment support.

Teaching Period	myUNSW	What to enrol in
Year 4 TP4	Term 3, T3B	Phase 3 course according to sequence
Year 5 STP	Summer, MS1	Phase 3 course according to sequence
Year 5 TP1	Term 1, M1A	Phase 3 course according to sequence
Year 5 TP2	Term 1, M1B	Phase 3 course according to sequence
Year 5 TP3	Term 2, M2A	Phase 3 course according to sequence
Year 5 TP4	Term 3, M3A	Phase 3 course according to sequence
	Term 3, T3B	Biomedical Sciences Viva

Teaching Period	myUNSW	What to enrol in
Year 6 STP	Summer, MS1	Elective
Year 6 TP1	Term 1, M1A	Phase 3 course according to sequence
Year 6 TP2	Term 1, M1B	Phase 3 course according to sequence
Year 6 TP3	Term 2, M2A	Phase 3 course according to sequence
	Term 3, M3A	Phase 3 ICE & Portfolio examination
Year 6 TP4	Term 3, T3B	PRINT

### **Being absent and taking leave in Phase 3**

If you expect to be absent from part of a course, you must inform the Course Convenors as per the Faculty Policy on Extracurricular activities affecting attendance. If you will be absent for one week or more, approval must be obtained in writing from the Phase 3 Convenor or the Medicine Program Director. Students must contact Course Convenors / Phase 3 convenors as early as possible to ensure alternative arrangement can be made. Hence it is recommended that you obtained approval prior to making travel arrangements. You should read this before making any plans which may result in being absent from a course. The policy is under "Current Students" on the Faculty website – [https://medprogram.med.unsw.edu.au/sites/default/files/local\\_upload/others/Extra-Curricular\\_Guidelines\\_2018\\_Finalv2.pdf](https://medprogram.med.unsw.edu.au/sites/default/files/local_upload/others/Extra-Curricular_Guidelines_2018_Finalv2.pdf)

Even if your reasons for being absent during a course are valid, you will not be able to complete the course if your attendance is not deemed satisfactory (especially for leave for one week or more). You may need to spend additional time in the Course during your Selective term to ensure you have gained adequate clinical exposure and competence for the particular Course / Discipline. It is not possible to make up absences by working after-hours /outside of agreed supervised time of a course.

During the Medicine and Surgery courses, you will attend a series of tutorials as part of the Biomedical Sciences teaching program. If you apply for leave during these two terms, it is important that you also discuss with Dr Sophia Champion and Dr Joyce El-Haddad (convenors for Biomedical Science) regarding any make up opportunities for missed hospital / campus-based lectures and/or tutorials, and also laboratory visits.

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

If you have completed the seven core courses, you may be allowed to sit the exams at the scheduled time. Note that students are not exempt from the Selective course because of leave.

As taking leave will impact on when you finish the program, you should seek advice from the Faculty Office / Phase 3 Convenors / Course Convenors.

After your discussion with the Course Convenors / Phase 3 Convenors, please complete the following online form [Extra-curricular \(including conference\) Leave during Phase 3](#). You will be asked to upload the following documents if you are applying for Conference Leave:

1. Copy of accepted conference abstract
2. Letter of Acceptance for inclusion of abstract in conference
3. Proof of Conference Registration (e.g. Invoice / receipt of registration)

### **Enrolment in other courses during Phase 3**

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

Students interested in completing a **Masters degree** must take leave from Medicine for a year. It is strongly advised that this be taken prior to commencing Phase 3. Students who take leave but are unable to complete the requirements of the Masters degree within the year will either have to delay resumption of Medicine or defer completing the Masters degree until after they graduate from Medicine. You should seek advice from the Phase 3 Convenors / Program Director before considering taking a research degree.

## Approach to Learning in Phase 3

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

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

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

- Based on your clinical experiences, i.e. learn around the patients that you see each day. This approach has the advantage that you will better understand what you are learning if you can relate it to real clinical practice. However, the disadvantages are that it is "opportunistic" and unplanned. Your learning may be skewed by the limited range of patients that you see. This is especially a problem in the teaching hospitals where you are likely to encounter uncommon and very complex cases. Your clinical experiences will also be limited by the range of clinical placements in Phase 3.
- Structure your learning based on what is outlined as being common and/or important conditions in individual Discipline course guides / Viva release (available for Medicine, Surgery, Critical Care, and Paediatrics). You are expected to integrate your knowledge from different disciplines, and approach undifferentiated symptoms and signs in a holistic manner. You are expected to determine your own learning objectives. This approach should ensure that you cover the gaps in your clinical experiences.

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

- **Common clinical presentations and diseases.** You will be expected to know how to diagnose and manage common clinical presentations and diseases. Be aware of how these presentations may be different for different gender and different age group. On the other hand, be aware of "red flags" and what you would not want to miss.
- **Life-threatening and serious clinical presentations and underlying diseases.** You will be expected to know how to recognise life-threatening and serious presentations and diseases and initiate early management including seeking help where appropriate from reliable sources.
- **Clinical presentations and diseases which illustrate important concepts.** You will be expected to understand the important concepts.

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

### Clinical Practice

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

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

### Patient Logbook

There is an expectation that by Phase 3 your skills in Self-Directed Learning will be well developed. You are encouraged, and in some courses expected, to keep a log of patients. Any patient information should be de-identified and comply with the NSW Health Privacy Regulations. If the course does not stipulate a specific form, there is a generic clinical case log-sheet available on Moodle for you to record details of patients. You are expected to be familiar with the specific details of patients – do not record patients if you were not involved in their care. This patient log, noting your involvement in the patient's care, your learning from the case and which graduate capabilities were illustrated, will be helpful in preparing for your Phase 3 Portfolio examination.

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

You may wish to discuss some of these cases with your supervisor during placement / completing learning plans to further develop your learning and understanding of the case. You will be expected to demonstrate what you learnt from the clinical experience as well as your subsequent study relating to the case.

### **Clinical and Communication Skills**

Your clinical experiences should assist you in:

- Improving and refining your communication skills in dealing with patients, carers and families including skills in consultation, explanation and counselling and dealing with specific situations and patient contexts. Through experience, you should learn to adapt your communication style appropriately according to the nature of clinical practice in hospital and community healthcare settings.
- Consolidating your skills in physical examination and increasing your ability to detect a variety of clinical abnormalities.
- Developing your skills in clinical reasoning and pattern recognition across a broad range of clinical problems. You should become increasingly confident in diagnosing common and important conditions. You should also develop your skills in formulating a management plan for patients who present with undifferentiated symptoms or signs, and modify your plan based on further information obtained from the patient and from investigation findings as you would in a clinical context.

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

### **Limitation to clinical activities due to health issues**

NSW Health requires all health care workers to be able to perform the 5 moments for Hand Hygiene. Hence students wearing support bandages, splints or casts below the elbow and especially those that cover any part of the hand will not be allowed to engage in direct patient care (see Appendix, Phase 3 Clinical Skills Guide). If your learning will be impacted due to the use of support bandages / splints / casts below the elbow, please discuss this with your supervisor / course convenor / clinical teaching unit.

Students who have short-term need of a mobility aid (e.g. walking boot, crutches, mobility scooters) may have limitations to your clinical activities due to Work Health and Safety concerns, both for your own health and safety, and also for your fellow workers and patients. For example, students in walking boots and crutches may be excluded from high risk areas, including OT and ICU. Please discuss the potential impact on your learning with your supervisor / course convenor / clinical teaching unit if you need to use these aids.

Any significant limitation to your clinical activities due to your need for casts below the elbow or a mobility aid may result in insufficient clinical exposure during placement and hence the need for you to complete additional clinical time during Selective period. Please discuss any potential limitations with your supervisor / course convenor / clinical teaching unit at the earliest possible time.

### **Consent for Intimate Examinations:**

It is important that students seek verbal consent from patients (and / or carers where appropriate) for any form of examination and make it completely clear to the patient that they are a medical student. For intimate examinations, informed consent is mandatory.

Intimate examinations include the following:

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

As well as gaining explicit consent in advance, there should always be a chaperone in attendance for any such examinations. For examinations of the breasts, external genitalia, vagina and rectum, we recommend that

students are supervised by a healthcare professional (usually a doctor) with experience of carrying out that examination. For other examinations that might embarrass patients through the removal of clothes, it is acceptable for another student to act as a chaperone provided that the patient agrees that this is acceptable to them.

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

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

Wherever possible, vulnerable adults should be included in any discussion that involves examination or procedures being performed by a student. Generally, the main carers should be involved in any discussion and if there is any concern or doubt it is recommended that students should not examine the patient. All health professionals and students should work in the best interests of the patient.

### Ethics

Phase 3 includes formal teaching modules for clinical ethics. These are blended modules, with online, clinical and reflective components. There are activities that will involve collaboration with peers and peer assessment. The aim is that these activities are fully integrated with clinical learning. Ideally, **each ethics module (CLASSIE module) will be done whilst doing the relevant clinical term**. In each course, ethical issues will be relevant to the management of specific patients and there will also usually be broader issues relevant to the nature of the course. For example, in Psychiatry issues such as competence, autonomy versus paternalism, management of mature minors, enforcing treatment and patient compliance will frequently be pivotal to patient management. Ethics is an integral part of clinical decision making in medical practice and these modules will help you become more sophisticated in that process. The **reflective component** of the ethics module is a personal reflective essay (which can be long or short) which you may complete based on your learning from the ethics module and/or clinical term. You may reflect and discuss how the issues raised in the module and/or other examples from your clinical term have influenced your understanding of the capability Ethics and Legal Responsibilities, and how this may impact on your future practice as a clinician. If you do complete a reflection piece, you can upload this into eMed as supportive evidence (as instructed in Moodle) for your Phase 3 Portfolio for the capability of Ethics and Legal Responsibilities or Development as a Reflective Practitioner. Completion of the reflective component of CLASSIE modules is recommended but not compulsory.

**Completion of the Phase 3 ethics modules is compulsory** and you will be issued with a **statement of completion** via Moodle once all modules have been completed satisfactorily. **The Classie modules completion certificate must be uploaded to eMed by the end of TP2 to be eligible to sit the Phase 3 Portfolio examination**. While assessments within the modules will be formative, examples of real cases can be discussed in the end of phase Portfolio Examination. The online forum associated with the ethics module is designed as a forum for student discourse about the contents of the module rather than personal reflection (as opposed to the reflective essay discussed above).

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

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

Assessment of this element will occur in many formats. The online ethics modules are a mandatory component of your Portfolio. The reflective essay as discussed above can be supplementary evidence submitted as part of your Portfolio. Ethical issues may also be relevant to written or oral presentations in the different courses, and be submitted as a negotiated capability. Ethical issues and questions relating to professional practice, clinical

medicine and patient care may also be included in other formal assessments throughout the phase, such as the Integrated Clinical Examination. You will also need to provide specific evidence of how you have addressed the Ethics and Legal Responsibilities capability, and demonstrate your understanding of this capability, in the Portfolio examination. A patient log will be a useful resource when preparing your Portfolio submission.

### **Professionalism, Professionalism Feedback and Student Misconduct**

Professionalism standards are addressed at many points in the UNSW medicine program. Please ensure that you are familiar with the medical student [Code of Conduct](#) and the [procedure](#) for dealing with any issues relating to unprofessional conduct.

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

1. Act with integrity in academic work
2. Behave ethically and safely
3. Attend punctually and participate in learning sessions
4. Observe standards of equity and respect for others
5. Use social networking responsibly
6. Treat patients, their families and staff politely and considerately
7. Respect the dignity and privacy of patients
8. Maintain confidentiality of patient information
9. Clearly inform patients of their role and the purpose and nature of any proposed interaction with them
10. Check that the patient understands their request and obtain their consent.

Feedback will typically relate to one or more of the above criteria, such as poor engagement during placement / inadequate and untimely communication with the Supervisor / CTU team. Reporting occurs via eMed and is located in the Feedback section under Professionalism. Comments added to the feedback section will appear in the student's Portfolio summary.

Constructive feedback relating to student lapses in professional behaviour during a placement is part of a learning process and is not intended to be punitive. Students will have the opportunity to reply to Faculty comments with evidence of their own reflection of the concerns raised and how they will address the issues. Similarly, positive feedback relating to a student demonstrating an outstanding appreciation of professional behaviour and related graduate capabilities is intended to commend students for their outstanding contribution to the Course / placement. Negative comments must be discussed in the Portfolio Examination at the end of the Phase.

If, however, the incident is deemed to be serious misconduct and/or requires confidential management, it will be reported to UNSW Conduct & Integrity Office.

Student misconduct includes [academic misconduct](#). **Examples of academic misconduct** include providing false documents such as medical certificates, and submitting grades and/or feedback not completed by the assessor for a mini-CEX or learning plan. Any student or staff member can raise an allegation of misconduct. All allegations of misconduct are subject to an investigation process. Designated Officers (within the Faculty of Medicine and Health), the UNSW Conduct and Integrity Office and specifically appointed Integrity Officers have the authority to investigate allegations. If an allegation is proven, penalties can range from a formal warning to suspension or exclusion, depending on the severity of misconduct. More information can be found in Appendix B of the Student Misconduct Procedures.

### **Quality of Medical Practice**

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

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

- A written case report or oral presentation as a negotiated capability can provide evidence of EBM skills as supplementary evidence in your Portfolio

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

Quality and Safety in medicine will be covered through various compulsory activities (see Clinical Pharmacology & Therapeutics).

- There is a major emphasis on quality and safety in the formal teaching in PRINT, touching on: medical error and open disclosure; teamwork and communication issues; and safe prescribing.

## Coursework

All the core courses will provide some lectures and/or tutorials. However, it is important that you understand that this is deliberately limited as it is essential that you spend your time seeing patients and integrating yourselves into your health care teams rather than sitting in tutorial rooms. **100% attendance is expected for all scheduled lectures and tutorials.** If you miss some lectures and/or tutorials, you may be required to complete additional learning activities to ensure you are competent in the topics / presentations addressed in the lectures / tutorials missed.

During the Medicine and Surgery courses, you will attend a series of tutorials as part of the Biomedical Sciences teaching program.

## Investigative Medicine and Biomedical Sciences

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

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

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

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

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

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

The timetable for the Campus Day program and Medical Imaging Seminars is available in the Biomedical Sciences Student Manual and on eMed. The Anatomy workshops will be offered as hybrid sessions (i.e. combined face-to-face and online teaching in one class). The other Campus Day sessions, as well as the Medical Imaging Seminars, may be offered exclusively online or as hybrid sessions – please refer to the latest timetable on eMed.

During your Medicine and Surgery courses, you are also required to complete several laboratory visits to give you some insight into the provision of diagnostic pathology services, which underpin most health care services provided to patients. These activities are detailed in the Student Manual. You will be required to have your attendance recorded in the *Clinical Procedural Skills Acquisition Logbook*. Please note that you will be examined on your laboratory visits in the Biomedical Sciences Viva examination.

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

- Resources from Phases 1 and 2, including prescribed textbooks and lecture materials, which are available on eMed;
- Learning objectives, case protocols and reference materials in the Student Manual;
- A series of self-learning modules contained in the Phase 3 Biomedical Science Modules in Moodle – self-enrolment is required; via the following link: <https://moodle.telt.unsw.edu.au/course/view.php?id=14483> (Student enrolment key: P3BMS);
- A series of adaptive tutorials and formative assessments on Diagnostic Imaging, which are available in the Phase 3 Moodle module. The adaptive tutorials cover chest X-rays, CT scans, MRI, ultrasound and molecular imaging;
- The “Images of Disease” collection, which is available online, accessible at <https://iod.med.unsw.edu.au/SOMS/iod.nsf/Organ?OpenPage> or via the BEST Network at <https://slice.best.edu.au> – zID and zPass are required to access these;
- eDiagnostic – a series of interactive case studies where students can compare their approach to rational cost-effective ordering and interpretation of investigations to that of an expert in the field – available through eMed/Moodle (currently being updated);
- Videos of macroscopic Pathology demonstrations, available via the Phase 3 Moodle module;
- The Royal College of Pathologists of Australasia (RCPA) Manual - <http://rcpamanual.edu.au/>;
- SydPath – instructions for collection and handling specimens, as well as reference ranges for a wide variety of laboratory tests - [Test Offered - Sydpath](#)

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

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

## Clinical Pharmacology & Therapeutics

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

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

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

## QUM Presentation

You will be required to present on the quality use of medicines (QUM) based on an individual patient case involving polypharmacy. Your presentation will occur at your clinical campus during an assigned presentation session (usually during your Medicine and Surgery terms in Year 5). You need to register the unique patient you have selected (MRN) for your QUM assignment presentation in eMed prior to your oral presentation, otherwise it will not be able to be assessed in your designated session. Assessment of your QUM presentation contributes to your Portfolio.

Optimally, your QUM assignment will be prepared and presented for assessment in Year 5. The presentation can be illustrated with a limited number of PowerPoint slides and these can be uploaded to eMed as Supportive Evidence for your Portfolio. There will be discussion and feedback on your presentation. More information on preparation of your assignment can be found in Moodle.

### ***NPS MedicineWise (previously National Prescribing Service)***

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

All modules on NPS Medicine Wise are freely available. Learners simply self-register to gain immediate access.

**National Prescribing Curriculum (NPC) Modules can also be accessed via <https://learn.prescribing.edu.au/>.** Further information on NPC below.

Other modules of value are available via QUM Learning (<https://learn.nps.org.au/>):

- Quality use of medicines for health professional students
- Medication safety
- National standard medication charts
- Medical tests
- Antimicrobial modules - Developed in collaboration with the Australian Commission on Safety and Quality in Health Care. These were recently updated to reflect the new Antibiotic Guidelines released in 2024.

**You will need to register with the National Prescribing Curriculum (<https://learn.prescribing.edu.au/>)** – instructions are also provided on Moodle. You should commence the NPC training modules as soon as possible in Year 5 and complete all modules prior to ICE in Year 6. The modules have been designed and constructed around cases and situations that you will encounter as an intern. They are case-based and interactive. Once an NPC module has been started, it will just show "50%" on the website, regardless of your progress. When you re-open the NPC module, the module will resume from where you last reached in the module. Your progress is not lost.

The completion certificate will be available only when you have achieved a score of 80+ on the final quiz. The module will be shown as 100% completed only after the certificate has been viewed. Once completed, you will receive a prescription and also add to your personal formulary for the relevant medication.

The Clinical Pharmacology & Therapeutics section on Moodle provides more information about the National Prescribing Curriculum.

### ***Quality and Safety in prescribing compulsory activities.***

The **National Prescribing Curriculum** modules will teach you about the quality use of medicines (QUM) across chronic illnesses. There are currently 4 modules on the Curriculum which are targeted at dentists and GPs and are not mandatory to complete ("A non healing tooth socket", "Oral pain", "Toothache", and "The ePrescribing pathway in primary care").

For each training module you complete, you will receive the formulary and prescriptions for the related medications. You will need to bring either a printed copy of your prescription / personal formulary from all modules or the certificates of completion for the NPC modules with you to be shown to the examiner at the Pharmacology Station at the Viva exam as part of Phase 3 ICE. You cannot consult your personal formulary during the viva unless the examiner asks you to.

You need to complete the National Standard Medication Charts module and upload the Statement of Completion to your eMed:Portfolio, usually during the CTC. (<http://learn.nps.org.au/mod/page/view.php?id=4278>) For Lateral Entry Students, this is one of the recommended additional modules for you to complete on Moodle.

Cases discussed during the **Biomedical Sciences campus days** emphasise QUM. Prescribing intravenous fluids and analgesia is discussed in one session and another investigates issues surrounding hospital-acquired infections and rational prescribing of antibiotics.

A **Prescribing Skills Assessment** will be held in Year 6 to help prepare you to prescribe safely following graduation. This online, invigilated onsite examination is mandatory, but is formative, i.e. your mark will not affect your academic standing, but feedback will be provided and you must achieve the national pass mark (> 65%) to satisfy the requirements of the PRINT term. Practice examinations are available and undertaking these is strongly advised. Students whose first attempt is not satisfactory will need to attempt the examination again (time will be announced on Moodle).

There is a major emphasis on quality and safety in prescribing in the formal teaching in PRINT.

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

### ***Evaluation (Feedback from You)***

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

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

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

## Assessment in Phase 3

No single assessment can measure all the desired outcomes, i.e. knowledge, skills and attributes. Hence assessment in Phase 3 includes multiple components which are intended to be complementary.

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

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

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

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

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

### Grade scales

F	P-	P	P+
30	50	70	90

An exception is the **Portfolio Examination** in Year 6. For the Phase 3 Portfolio Examination you must receive a P grade or higher in each of the eight graduate capabilities to pass this barrier examination (there are no P- grades in this examination). There is no conversion of grades to a numerical mark for graduate capabilities as the Portfolio Examination outcome is Satisfactory/Unsatisfactory.

Note that you **must enrol in the examinations** including the Biomedical Sciences Viva (MFAC3512 Phase 3 Biomedical Sciences Viva) in Year 5, and the final examinations in Year 6 (MFAC3523 Phase 3 Integrated Clinical Exam, MFAC3522 Phase 3 Portfolio Examination). If the QUM assignment is not completed by the end of TP2 in Year 6, you will not be eligible to sit the Portfolio examination and will receive an 'absent fail' result for this barrier assessment.

## Course Assessments

There are three broad aims in the course assessments:

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

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

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

### Written Assignment

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

### Oral Presentations

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

### Observed Clinical Assessments

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

### Knowledge-based Assessments

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

### Special consideration / Equitable learning service

When illness or circumstances beyond your control interfere with your assessment performance (including your attendance at placement which is assessed as part of your Learning Plan), 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. Please refer to the UNSW Special Consideration site for more information [Special Consideration | UNSW Current Students](#) and discuss with your Course Convenor / Phase Convenor where relevant.

If your ability to engage with the term and your assessment is impacted by a pre-existing condition for which you have an Equitable Learning Plan, you should discuss any flexibility or adjustment needed to meet course requirements with the Course Convenor / Clinical Teaching Unit, ideally prior to starting the course. If you do have a pre-existing condition which may impact your learning but you do not have an Equitable Learning Plan, consider approaching the Equitable Learning Service to discuss how your learning needs may be accommodated. [Equitable Learning Services | Current Students – UNSW Sydney](#)

### Learning Plans

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

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

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

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

All learning plans will require that you **attend all scheduled activities (i.e. 100% attendance)** included in the clerkship. If you fail to meet this requirement your grade for the course may be unsatisfactory and you will be required to repeat the course. It is especially important that attendance is maintained in courses prior to examinations (e.g. attendance at courses scheduled in TP4 prior to Biomed exam in Year 5, and attendance at

courses in TP3 prior to the Year 6 ICE). Students who fail to attend a course because they are preparing for examinations will be required to repeat the course. Students who fail to engage in a course appropriately for the same reason will receive a Professionalism comment in their Portfolio.

It is important to note that for all courses, unsatisfactory completion of the learning plan may result in a Fail irrespective of the results obtained for the other components of assessment (refer to individual Course guide for specific requirement in each course).

### **Patient Assessment and Management**

In all the Phase 3 courses, you will be expected to contribute to the assessment and management of patients in the relevant setting. As a Phase 3 student, you are expected to formulate and develop a management plan based on your clinical assessment (i.e. history and examination findings). When you present a patient, you are expected to discuss not only the provisional and differential diagnoses of conditions for the patient you have evaluated, but also your next step in the management (including investigations, immediate management plan such as analgesia and antibiotic use) and longer term management plan based on investigation results.

Speak to your clinical supervisors about clinical roles that you can undertake and any goals you may have for your learning (including completion of a negotiated capability) as early as possible when you join clinical rotations (e.g. during orientation at the start of term), and also what clinical skills you identify that you need to practise more. In most clinical units, you will be expected to “clerk” patients. Depending on the clinical service you may also be given some other responsibilities, and it is essential that you fulfill these safely and reliably.

This may involve:

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

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

### **Teamwork**

You will be interacting with a range of health care professionals in all the clinical settings in Phase 3. You will be expected to develop an understanding of the roles of all health care professionals and demonstrate an ability to

communicate and work effectively with all members of the health care team. This should be evident in your day-to-day interactions or in team meetings. You should also understand that as a student, you must be responsive to the requests/orders of any staff in the setting where you are working.

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

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

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

### Self-directed learning and critical evaluation

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

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

### Registering and submitting completed learning plans to eMed

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

You need to register a learning plan in eMed for each attachment that you complete in the Phase 3 courses. If your course is organised as a single 8-week course, then you only need to submit one learning plan. If your course is split into two 4-week attachments, you will need two. You must print off your learning plan for each supervisor to complete. On (or before) the last Friday of each course, you will need to deliver your completed learning plans to the clinical campus administrator / submit assessment online <https://forms.office.com/r/8xG6G6W23v>. The clinical campus will enter your grades and comments onto eMed.

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

#### If you fail to register a learning plan on eMed during the eight-week period of the course

- Your course mark will be registered as Not Available (NA) overall, and each capability on the learning plan will be marked as NA on your Portfolio summary
- Your course mark will be capped at 50% even if you did complete the course satisfactorily

#### If you fail to submit the signed learning plan at the end of Week 8 of your course

- Your course mark will be registered as Unsatisfactory overall, and each capability on the learning plan will be marked as NA on your Portfolio summary.
- Your course mark will be capped at 50% even if you did complete the course satisfactorily.

The only exception would be for students who have approved Special Consideration following discussion with the Phase 3 convenors for the course.

You will be expected to discuss Learning Plan results during your Portfolio interview.

### ***Phase 3 AI Statement for Assignments & Projects***

During the early planning, researching and evaluation stage of your assignment or 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 major part of your final submission. It is a good idea to 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.

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, and when completing the Learning Plan with your supervisor. All students are required to include the Phase 3 AI declaration on the title page of their assignment or project.

Because the Portfolio essay is a personal reflection, AI is not to be used at any stage to support its development and writing.

### **Phase 3 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.

### ***Submitting course assessment forms***

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

Course assessment forms must be submitted by the end of Week 8. All completed course assessment forms are to be submitted online for grades and feedback to be recorded. The submission link is:

<https://forms.office.com/r/8xG6G6W23v>

If you do not submit completed course assessment forms by the end of Week 8, your course results will be reported to myUNSW as Unsatisfactory, and you will be expected to discuss this grade in your Portfolio interview.

You should retain a copy of all assessments. Any course assessments which are not compulsory or do not contribute directly to a course grade may be submitted as supportive evidence in your Portfolio.

### ***Health Records and Information Privacy***

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

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

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

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

Further information on this is available on the Faculty website –

- <https://medprogram.med.unsw.edu.au/getting-started-0> and
- <https://www.unsw.edu.au/medicine-health/study-with-us/student-life-resources/policies>

### Feedback to You

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

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

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

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

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

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

### Phase Assessments

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

#### Prescribing Skills Assessment (PSA), National Prescribing Curriculum Modules and QUM Assignment

See information in this guide - "[Clinical Pharmacology and Therapeutics](#)".

### Phase 3 Clinical Procedural Skills

The Phase 3 Clinical Procedural Skills Acquisition Logbook must be completed during Phase 3. This requires sign-off for all required skills by designated tutors. This book must be returned completed to your Clinical Campus by **Friday week 4 in TP3 in Year 6**. You will also be required to bring your logbook to the Biomedical Sciences Viva examination.

Basic Life Support (for adults and children) and Advanced Life Support (for adults) are essential skills included in List A in the Phase 3 Clinical Procedural Skills Acquisition Book. At each campus, formal training workshops are organised for Phase 3 students to ensure satisfactory completion and competency for these skills. At the latest, training for all students must be completed by the end of June in Year 6. It is your responsibility to contact your local campus if you have not had these skills signed off at the level expected for a graduating medical student, to arrange for an alternative training workshop.

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

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

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

The mechanism by which you can provide additional formal evidence for your Portfolio is a negotiated capability in the course learning plan. You may add one additional objective to your learning plan with a focus on any graduate capability (including the three generic capabilities). These will be determined by your needs and the opportunities provided by the course.

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

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

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

Please note that your result for the optional capability will not contribute directly to the course result. It is a separate item of evidence which contributes to your Portfolio. Although not a requirement, you are encouraged to submit a supporting document (e.g. PowerPoint presentation and/or essay) to eMed as supportive evidence for the relevant graduate capability.

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

- Presenting a brief review of a topic at a clinical unit's regular meeting.
- Critically reviewing research evidence to answer a clinical question in a journal club meeting.
- Providing an in-service tutorial for nursing staff on a clinical unit.
- Participating in a quality improvement activity (e.g. morbidity/ mortality review meeting) for a clinical unit.

### ***Biomedical Sciences Viva***

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

The examination will be held in November at the end of Year 5 and will be replicated at the main Rural Clinical Campuses. It is anticipated that the exams will be held face-to-face, not online. Students are required to sit this examination at the end of Year 5 irrespective of their performance in courses during Year 5. Students who fail the November exam will sit the supplementary examination in May in Year 6.

## Phase 3 Integrated Clinical Examination

The Phase 3 Integrated Clinical Examination (ICE) is a multi-component examination designed to assess your knowledge and skills in all the clinical disciplines and Clinical Pharmacology addressed during Phase 3. As with previous end-of-phase examinations, the examination will aim to assess your ability to integrate learning across the Phase.

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

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

### Components of the Examination

#### Written Multiple Choice Questions Examination (30% weighting)

- The examination will consist of single best answer multiple choice questions (MCQ)
- This will cover all seven core disciplines.
- Some questions relating to Clinical Pharmacology & Therapeutics, Quality/Safety of Medical Practice and Ethics will be included.
- The questions will be based on clinical scenarios and may include additional information such as clinical images, X-rays etc.
- The MCQ examination will be completed using an online platform using your own laptop in an invigilated environment
- The weighting for the MCQ is an aggregate of all the disciplines assessed within the MCQ. Each discipline contributes equal weighting in the final aggregate mark.

#### Clinical Skills Examination OSCE (40% weighting)

- The examination will be similar in structure to the clinical skills stations in Phases 1 and 2.
- The stations will cover all seven core disciplines. Each discipline will have at least one station.
- Each station will focus on assessment of either communication skills (history-taking, explanation of diagnosis or treatment, counselling) or physical examination. Stations may involve real patients / carers, simulated patients / carers or mannequins. Videos may also be used to present clinical features.
- Course convenors and phase convenors will provide additional information regarding the examination during student update / Moodle.
- The weighting for the Clinical Skills Examination (OSCE) is an aggregate of all the disciplines assessed within the Clinical Skills Examination. Each discipline contributes equal weighting in the final aggregate mark.
- Please be aware that for these examinations:
  - Sydney metropolitan students may be assigned to different campuses for clinical exams rather than their usual home sites, to optimise resources and manage capacity. The same location will be allocated for both the OSCE and Viva examinations.
  - Rural students will be examined at their home campuses for both main and supplementary exams, with external examiners potentially engaged to ensure objectivity and address examiner gaps.

#### Structured Oral Examination Viva (30% weighting)

- A viva examination primarily to focus on management of common clinical problems.
- Stations will cover all seven core disciplines and also Clinical Pharmacology & Therapeutics.
- Viva Release will be available for the Disciplines of Medicine, Surgery, Critical Care, and Paediatrics usually in April. Example questions will be available for the Disciplines of Psychiatry and Clinical Pharmacology. Course convenors and phase convenors will provide additional information regarding the examination during student update / Moodle.
- The station to assess Clinical Pharmacology and Therapeutics will be based on the NPC modules. You will be expected to have developed a personal formulary based on the modules and bring either your prescription / formulary from all modules or the certificates of completion of each of the NPC modules

to the examination to show the examiner. You will not be able to refer to the formulary during the exam unless requested by the examiner.

- The weighting for the Viva exam is an aggregate of all the stations within the Viva (including Pharmacology). Each discipline contributes equal weighting in the final aggregate mark.

In the event of short term illness, unexpected misadventure, or short term substantial disruption (last for 3 days in a row or a total of 5 days) which were beyond your control and likely to substantially disturb your assessment performance, you may be eligible to apply for Special Consideration in line with the Fit to Sit rule where you will be excused from the Phase 3 ICE in September, and instead sit the Phase 3 ICE at the time of the late supplementary exam instead. However, if you do attend the scheduled Phase 3 ICE, then you are declaring yourself fit to do so and you will no longer be eligible for Special Consideration. Please refer to the UNSW Special Consideration site for more information [Special Consideration | UNSW Current Students](#).

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

All students (whether overall passing or unsuccessful in the examination) should note that results of the clinical examinations (including both Clinical Skills Examination OSCE and the Structured Oral Examination Viva) are determined by the grades entered by experienced examiners at the time of the examination. Given that there is no second examiner nor a recording there is nothing other than the student's word (and possibly the examiner's best recollection) on which to base a re-grading and this is considered insufficient evidence on which to do. Even when there is an apparent discrepancy between examiner's written feedback and grades (e.g. "excellent examination" or "faultless history" with a P grade as opposed to P+ awarded, or alternatively "effective measurement of BP" but F grade awarded), no reassessment will be made. Consequently, we regret that no appeal regarding remarking of clinical examinations (at any stage of the medical program) can be made. If you do encounter any significant issue which may impact on your performance or the examiner's assessment, please raise the issue with the site supervisor for the examination at the time of exam.

## Portfolio Examination

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

To be **eligible** to sit the Phase 3 Portfolio Examination:

- Prior to the end of TP2 in Year 6 you must have submitted in the correct place in eMed
  - **Elective Course report(s)** – one or two reports depending on whether you registered for one 8-week elective or two 4-week electives (ideally this should be submitted immediately after your elective course)
  - **Classie modules completion certificate**
- You must have completed your **QUM presentation** (generally completed in Year 5).

**All the required learning plans for Phase 3 courses** must be provided to the Clinical Teaching Units for uploading to eMed at the end of each course. The final learning plan must be provided by 3 pm on the last Friday in TP3 in Year 6.

The Phase 3 Portfolio Examination will include:

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

## Portfolio preparation

- The Portfolio will be assessed on the body of evidence that you accumulate over Phase 3. It is essential that your Portfolio covers all the graduate capabilities and that there is sufficient evidence.

- The Portfolio examiners will be looking for evidence that you have addressed any deficiencies identified in your Phase 2 Portfolio. It is important that you focus on any capability for which you received a P- or F grade in the Phase 2 Portfolio Examination. The examiners will be able to read your Portfolio results from Phases 1 and 2; if you received feedback that you needed to develop a capability in Phase 3, you must demonstrate how you have achieved this.
- Aim to repeat any focus capability for which you receive a P- or F grade in a previous course in Phase 3, to demonstrate improvement.
- The learning plans from each course in Phase 3 will record your performance in the three Phase 3 generic capabilities – Patient Assessment and Management, Teamwork, and Self-directed Learning and Critical Evaluation. Some courses also include Effective Communication as a generic capability.
- In Phase 3 you are expected to initiate additional activities, including optional (negotiated) capabilities in your learning plans, to develop your Portfolio. You will need to negotiate these with your clerkship supervisor or clinical site.
- There are both course-based and phase-based assessments which will give you opportunities to gather evidence for graduate capabilities. If they do not contribute directly to your course mark, these may be submitted to eMed as Supportive Evidence in your Portfolio. This evidence is not routinely submitted to eMed by the clinical campus. It may include case presentations (e.g. PowerPoints) and case reports, but not the assessment mark sheet contributing to a course mark. If you choose to submit this evidence to support your development in a capability, do not submit it for more than one capability as that will result in duplication. Although there is likely to be some overlap, select the **most relevant** capability.
- If a Mini-CEX is assessed on paper, you will need to upload it as Supportive Evidence. (For those who use the mobile app for the Mini-CEX, the result will automatically appear in your Portfolio). Mini-CEXs are generally presented as evidence for Patient Assessment and Management. It is **your responsibility** to ensure they are appearing in your Portfolio Summary PDF before you submit your Portfolio for examination.
- As in Phases 1 and 2, you may submit informal evidence related to extra-curricular activities to support your development in a capability. This should be submitted to eMed:Portfolio as Evidence of Achievement. This may be particularly important where evidence from assignments is limited or unsatisfactory. However, you should not rely on informal evidence alone. Evidence of achievement and supportive evidence must be pertinent to a graduate capability. **Quality of the evidence is as important as the quantity.** Carefully selected relevant evidence will be more highly regarded than excessive documentation that does not clearly demonstrate your development.
- It is recommended that you keep a log of patient cases during Phase 3. Record comments about cases which promoted your understanding of the capability indicator statements, noting what you learned from these cases. For example, seeing a child whose presentation raised the possibility of non-accidental injury may have directed you to learn about your legal responsibilities in this situation. This log is **not** submitted as part of your Portfolio Examination but may be used to develop your written Portfolio Essay and for your reference during your interview.
- The Director of Medical Education at your clinical site is able to provide advice on how to develop and prepare your Portfolio. They may **not** comment on a draft Portfolio Essay.

### Portfolio Reflective Essay

- The Phase 3 written Portfolio Essay is intended to demonstrate your understanding of the indicator statements as well as your ability to relate these capabilities to your daily practice.
- The essay must reflect on **three capabilities only**. It is not intended to be written capability by capability under separate headings, so the format will differ from that recommended for the Phase 1 and Phase 2 Portfolio Examinations.
- The essay should be based on your clinical experiences in any courses during Phase 3, including the Elective course. Although your essay could focus on one patient, it is unlikely that encounters with a single patient will provide sufficient depth or breadth to allow you to comment on three graduate capabilities. It would be more appropriate to select a range of experiences. It is important that the selected events illustrate what you learned from the experience and ideally refer to evidence in your Portfolio to demonstrate your development.
- The essay may also refer to a community or public health issue which has been influential in your learning.
- There are too many indicators for you to be able to address all of them adequately or separately. Aim to discuss 2-3 indicators per capability. The examiners are not viewing the graduate capability indicators as a checklist, but rather as a broad indication of the expected performance.

- If you have received a comment regarding a lapse in professionalism during Phase 3, this must be addressed in your Portfolio reflective essay.
- You must not collude with another student to write your essay.
- The essay will be no more than 1200 words and will be submitted to eMed in the week following TP3 (the submission deadline will be announced closer to the date). All evidence must be submitted to eMed prior to submission of your written Portfolio Essay.
- At the time that you submit your Portfolio and reflective essay, you will need to nominate **three different graduate capabilities** which you will address in your oral presentation at your interview.
- It is advisable to include any graduate capabilities for which you have less evidence or in which your performance has not been as strong in either the three capabilities to discuss in the essay or the three different capabilities to present orally. These are opportunities to present further evidence and you are able to prepare more comprehensively for these parts of the Portfolio examination.

### Portfolio Interview

- The interview will be online.
- Prior to the interview, two Portfolio examiners will review your written Portfolio Essay, Elective Course report and your Portfolio Summary PDF (Coversheet), noting your performance in Phase 3 based on the available evidence that you have submitted. The Portfolio Summary is automatically generated by eMed; you do not need to submit it. The examiners have access to your grades and feedback from your supervisors and assessors.
- The interview will last for approximately **30 minutes**. The interview will commence with you giving an oral presentation for **no more than seven minutes**. You are expected to discuss three different capabilities to those addressed in your written Portfolio Essay.
- The two examiners will follow up with questions for clarification regarding your essay, presentation and other submitted evidence in your Portfolio.
- The examiners will then explore the other two graduate capabilities that were not covered in the written essay or your presentation.
- The Portfolio examiners will look for evidence that you have developed in each capability to the scope and depth of the indicator statements in the Phase 3 Expectations for the Graduate Capabilities document. You should relate your comments on your progress to the indicator statements, which are the broad assessment criteria for the Portfolio Examination. **You will not have time and are not expected to address every indicator statement.**
- It should not be assumed that passing grades (P or P+) in courses and/or assignments for a particular capability will ensure a pass grade in the Portfolio Examination. **The final grade will also depend on the Portfolio Essay and interview.**
- When discussing your Portfolio, do not ignore any poor grades from supervisors or assessors. Consider their comments, reflect on why your grade was low and demonstrate how you have addressed this.
- Do not focus solely on your performance in learning plans and assignments. The interview is an opportunity for personal reflection on your development. Use your clinical experiences to illustrate with examples how you have developed. You may refer to clinical cases recorded in your log to recall situations which assisted in your development of the capabilities.

### Grading the Portfolio

- At the Portfolio Examination each capability will receive a grade of F, P or P+. In this scheme P grade indicates a performance that meets expectations, P+ grade exceeds expectations and F grade indicates a failure to meet expectations.
- All capabilities are weighted equally.
- The final grade for each graduate capability in the Portfolio Examination is based on a combination of the capability grades in the evidence submitted in your portfolio, your written Portfolio Essay AND your performance in the interview. **You must pass all capabilities to pass the Phase 3 Portfolio Examination.**
- Your preparation, effort and level of evidence (including negotiated capabilities) in the submitted Portfolio and presentation in the interview contribute to the grade for each relevant capability.
- The final outcome for the Portfolio Examination is Satisfactory/Unsatisfactory. It is a barrier assessment. It does not contribute to the WAM.
- Disappointment with a result or concern that there is inadequate feedback are not grounds for appeal.

**Supplementary Portfolio Examination**

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

## Progression

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

Note that all students are expected to complete the requirements of Phase 3 within 15 teaching periods (i.e. 3 years), excluding periods of approved leave or leave with Special Consideration. This means that a student can repeat Year 6 once only following failure in the Phase 3 end-of-phase exams.

### *Failing the course assessment*

If you fail the course assessment (based on either combined weighted mark and/or unsatisfactory completion of the learning plan as outlined in individual course guides), you will be required to repeat the course in lieu of the Selective. Accordingly, you would still be eligible to sit Phase 3 ICE at the scheduled time should you pass all courses by the end of TP3 in Year 6.

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

### *Failing the Phase 3 Biomedical Sciences Viva Examination*

If you fail **only one station** at the first attempt, you will be offered a remedial examination as soon as practicable for that station type.

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

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

### *Failing the Phase 3 Integrated Clinical Examination*

In the normal course of events, a student who fails any discipline of Phase 3 ICE on the first attempt will be offered an opportunity to meet with the course convenor / Phase 3 Convenor / Program Director to discuss the outcome of the examination. This meeting will be focused on lessons to be learned from the results and feedback and to determine the best remediation available for the individual concerned before the supplementary exam (if the student fails two disciplines or less). All assessment results are reviewed by the Phase 3 Assessment Review Group prior to meeting with the students.

If you **fail in only one discipline in September**, you will be offered an early supplementary examination with the relevant Discipline, generally in week 4 of the examination period. The format of this examination will include oral examination only (i.e. both clinical skills OSCE and oral structured Viva examination stations) and will assess both knowledge and clinical skills. Please note that if you are required to sit an early supplementary examination in this week but you are absent, this will be recorded as a Fail. Passing the early supplementary examination will result in a capped mark of 50% for the discipline.

If you **fail in two disciplines in September or fail the early supplementary examination**, you will be offered supplementary exams later in the year (usually late October / early November) for your failed Disciplines. These later supplementary exams will include all three examination components (i.e. MCQ, clinical skills OSCE and oral structured Viva examination stations). Passing the late supplementary examination will result in a capped score of 50% for MFAC3523 Phase 3 Integrated Clinical Examination on myUNSW. Satisfactory attendance and participation in PRINT is still required to meet program requirements.

If you **fail three or more disciplines in September and this is your first attempt at ICE**, you will be required to repeat Year 6, re-sit the full Phase 3 Integrated Clinical Examination in the following year after completing courses related to the failed disciplines and any area(s) of demonstrated weakness. You will also be required to sit the Phase 3 Portfolio Examination again in the following year.

If you **fail one or more disciplines in the full supplementary examination (late October / early November)**, your results will be assessed by the Phase 3 Assessment Review Group to determine the appropriate course of action. Since there is only one supplementary examination available each year in late October / early November, failing one or more disciplines at the October/ November exam likely will result in delay of progression. This applies

even if your first attempt is completed in the November sitting of the exam. You will be recommended to complete additional learning in the courses related to the failed disciplines and any area(s) of demonstrated weakness. You will also be required to sit the Phase 3 Portfolio Examination again in the following year.

Please refer to the Details and Rules of Progression of UNSW Medicine Program, and also Rules of Progression: Establishing time limits for completion of the Medicine Program for additional information.

### ***Failing the Phase 3 Portfolio Examination***

Students who fail the Portfolio Examination will be required to undertake additional work including supplementary assessment. A student with an unsatisfactory performance in the supplementary Phase 3 Portfolio assessment may be required to repeat Year 6 including Phase 3 Integrated Clinical Examination.

### ***Graduation***

To graduate, you must pass:

- All specified courses [MFAC 2507 and MFAC 3501 - 3515]; and
- MFAC3512 Phase 3 Biomedical Sciences Viva Examination; and
- MFAC3523 Phase 3 Integrated Clinical Examination in all disciplines; and
- MFAC3522 Phase 3 Portfolio Examination.

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

Students who fail the Phase 3 assessments (Integrated Clinical Examination or the Portfolio Examination) after repeating Year 6 will exit the Medicine program (but may be conferred the BSc(Med) if successfully completed). Individual circumstances will be considered by the Phase 3 Assessment Review Group and the Faculty Assessment Review Group.

## Internship

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

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

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

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

It is important that you understand that delayed progression in Phase 3 may delay graduation and commencement of internship. The University holds graduation ceremonies; for dates and further information, please refer to <https://www.student.unsw.edu.au/graduation>.

If your progress in Phase 3 is delayed by more than one teaching period, you should contact the Undergraduate Medicine Teaching Support Team / Phase 3 Convenors / Program Director.

## Phase 3 Course Convenors

### Convenors Phase 3

*Dr Sandra Chuang / Dr Daniella Susic*

Email: [medphase3@unsw.edu.au](mailto:medphase3@unsw.edu.au)

### Convenor- Clinical Transition

*Dr Melanie Fentoullis*

Office of Medical Education

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

### Convenor – Medicine

*Associate Professor Arvin Damodaran*

Head of Randwick Clinical Campus

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

### Co Convenors- Surgery

*Associate Professor Shing Wong / Dr Rohan Gett*

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

### Convenor- Psychiatry

*Dr Megan Kalucy*

School of Psychiatry

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

### Convenors- Primary Care

*Dr Michael Tran / Dr Oliver Smith / Dr Renae Lawrence*

School of Population Health

Email: [michael.m.tran@unsw.edu.au](mailto:michael.m.tran@unsw.edu.au) , [oliver.smith@unsw.edu.au](mailto:oliver.smith@unsw.edu.au) , [r.lawrence@unsw.edu.au](mailto:r.lawrence@unsw.edu.au)

### Convenor- Obstetrics & Gynaecology

*Dr Siobhan Lee*

School of Women's and Children's Health

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

### Convenor- Children's Health

*Dr Sandra Chuang*

Discipline of Paediatric and Child Health

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

### Convenor – Critical Care

*Associate Professor Betty Chan*

Head Critical Care

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

### Convenor- Clinical Pharmacology and Therapeutics

*Professor Richard Day*

School of Clinical Medicine

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

### Co Convenors – Biomedical Sciences

*Dr Sophia Champion and Dr Joyce El-Haddad*

School of Biomedical Sciences

Email: [sophia.champion@unsw.edu.au](mailto:sophia.champion@unsw.edu.au) ; [j.el-haddad@unsw.edu.au](mailto:j.el-haddad@unsw.edu.au)

### Medicine Portfolio Assessment Convenor

*Dr Narelle Mackay*

School of Clinical Medicine

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

**Convenor- Preparation for Internship (PRINT)***Dr Luke Lowes*

School of Clinical Medicine, Discipline of Paediatric and Child Health

Email: l.lowes@unsw.edu.au

**Campus Administrators**

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

**Support Teams for General Enquiries**

For general enquiries about student issues or enquiries about the administration of Phase 3, please contact the appropriate team as indicated in the table below:

The Nucleus: Student Hub	BMed/MD Program Management	Medicine & Health WIL Team
<ul style="list-style-type: none"> <li>Academic Standing processes</li> </ul>	<ul style="list-style-type: none"> <li>Booking an appointment with an Academic Advisor</li> </ul>	<ul style="list-style-type: none"> <li>ClinConnect Placements</li> </ul>
<ul style="list-style-type: none"> <li>Confirmation of Enrolment (CoE)</li> </ul>	<ul style="list-style-type: none"> <li>eMed</li> </ul>	<ul style="list-style-type: none"> <li>Electives</li> </ul>
<ul style="list-style-type: none"> <li>Cross Institutional Studies</li> </ul>	<ul style="list-style-type: none"> <li>Equitable Learning Plans adjustments</li> </ul>	<ul style="list-style-type: none"> <li>NSW Health Compliance</li> </ul>
<ul style="list-style-type: none"> <li>Enrolment enquiries &amp; support e.g. overloading, course substitution, requisite waivers, timetable clash, reduced study loads</li> </ul>	<ul style="list-style-type: none"> <li>Exams and Assignments</li> </ul>	<ul style="list-style-type: none"> <li>Oslo Exchange</li> </ul>
<ul style="list-style-type: none"> <li>Fee Remission</li> </ul>	<ul style="list-style-type: none"> <li>Special Consideration</li> </ul>	
<ul style="list-style-type: none"> <li>Graduation</li> </ul>		
<ul style="list-style-type: none"> <li>Internal Program Transfers</li> </ul>		
<ul style="list-style-type: none"> <li>Name badge pick-up</li> </ul>		
<ul style="list-style-type: none"> <li>Program Leave and Program Discontinuation</li> </ul>		
<ul style="list-style-type: none"> <li>Progression Check</li> </ul>		
<ul style="list-style-type: none"> <li>Recognition of Prior Learning (Advanced Standing/Credit Transfer)</li> </ul>		
<ul style="list-style-type: none"> <li>Review of Results</li> </ul>		
<ul style="list-style-type: none"> <li><a href="#">Standard Letters</a></li> </ul>		
<p><b>Contact The Nucleus: Student Hub</b>  <a href="https://nucleus.unsw.edu.au/en/contact-us">https://nucleus.unsw.edu.au/en/contact-us</a></p> <p><b>CLICK HERE</b></p>	<p><b>Contact BMed/MD Program Management</b>  <a href="mailto:bmed.pm@unsw.edu.au">bmed.pm@unsw.edu.au</a></p> <p><b>CLICK HERE</b></p>	<p><b>Contact Medicine &amp; Health WIL Team</b>  <a href="mailto:mh.bmedwil@unsw.edu.au">mh.bmedwil@unsw.edu.au</a></p> <p><b>CLICK HERE</b></p>

If you have been summoned for jury duty, you can contact UNSW Current Students for a letter to confirm your enrolment status at the University. [Jury Duty Letter](#) | [UNSW Current Students](#)

## Student Wellbeing

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

The Faculty has also introduced **self-care days** as a joint initiative with the Student Wellbeing Action Group (SWAG). 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.

Examples of appropriate use of self-care days include, but are not limited to:

- Engaging in activities that maintain physical and/or mental health;
- Learning new skills outside of medicine coursework;
- Making time to maintain and foster family relationships and friendships.

It is NOT appropriate to take a self-care day to attend clinical tutorials outside of your current scheduled course clinical activities. E.g. Taking a self-care day to attend a campus organised practice exam instead of attending scheduled clinical activities related to your current course / clinical placement.

It is NOT appropriate to miss an allocated clinical shift in the Emergency Department due to a self-care day. However, the student can arrange to attend an alternative Emergency Department shift after seeking approval from the supervisor.

The process for a student taking a self-care day will be as follows:

- a. Discuss, face to face or via email, with the relevant Course (Term) Convenor, facilitator, CTU Staff or supervisor about your intention to take a self-care day, **at least 24 hours (one business day) prior** to taking leave;
- b. Each self-care day needs to be recorded. Register the date of your self-care day utilising eMed:Portfolio <https://emed.med.unsw.edu.au/> at least one business day prior to taking leave;
- c. After the timing of the self-care day has been discussed with the teachers and staff mentioned above, you must advise peers, teachers, research, CTU or clinical team members who might be affected by your absence and ensure your absence will not negatively affect others (e.g. make sure someone else covers your duties for the day);
- d. Ensure that you catch up on learning following the self-care day;

Please refer to the latest **Guidelines for Student Self-care Days** for more information.

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

### Top Tips for Health and Wellbeing:

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

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

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

### Rural Students

Medicine Program Rural Wellness Advisors:

Albury and Wagga Wagga – Emily Quinlan [e.quinlan@unsw.edu.au](mailto:e.quinlan@unsw.edu.au)

Coffs Harbour and Port Macquarie – Solange Villagran [s.villagran@unsw.edu.au](mailto:s.villagran@unsw.edu.au)

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

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

### Aboriginal and Torres Strait Islander Students Support

Shannon Tobler-Williams [s.toblerwilliams@unsw.edu.au](mailto:s.toblerwilliams@unsw.edu.au)

The below links and additional services can be found on the [faculty wellbeing page](#). The below services can be accessed by all students at Kensington or at the Rural sites:

- [Mental Health Connect](#) – 24/7 psychological and counselling support to manage mental health and wellbeing.
- [Student Support and Success](#) - finance, visas, housing, study skills support, time management or personal issues such as stress and anxiety
- [Equitable Learning Service](#) – practical educational adjustments to assist a student to manage their studies and their disability or medical condition (including mental health condition).

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

### Faculty Wellbeing Officer

Catherine Marley [c.marley@unsw.edu.au](mailto:c.marley@unsw.edu.au)

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

### Support in the Community

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

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

### Where to Access Self-help

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

## Student Health

The UNSW Health Service has an appointment-based system. You can book online at [UNSW Health Services | UNSW Current Students](#) or call to make an appointment. Please book in advance as the Health Services tend to book out at least a week in advance. UNSW Health Services generally try to keep some appointments available for patients who need to be seen on the day. If this is the case, please call the UNSW Health Service between 8.30-9.00am on the day and talk to reception. The service will also be able to provide a list of alternative practices if they are unable to assist you. Please do not call for an on-the-day appointment if the issue can wait, in order to keep these appointments for those who really need them. If you have significant immediate concerns about your health, please go directly to the closest hospital emergency department or dial 000.

## Work Health and Safety

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

All incidents must be reported to your term supervisor / CTU to ensure that any immediate or delayed injury that you receive will be appropriately covered and also to inform the facility so that workplace safety can be improved.

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

- Incidents are reported to the University through UNSW Incident Management [Incident](https://apac.ehssrisk.sai360.net/unsw/#/new/Incident) [https://apac.ehssrisk.sai360.net/unsw/#/new/Incident](https://apac.ehssrisk.sai360.net/unsw/). Information on reporting incidents via MyUNSW is available on Moodle.
- Incidents are reported in NSW Health facilities using the IMMS reporting system – you must seek advice and support from your term supervisor / Course Convenor / CTU.

## Cultural Safety and First Nations Health

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.*<sup>1</sup>

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](#)

## UNSW Medicine Clinical Mentoring Scheme (CMS)

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

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

<sup>1</sup> 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.

## Resources in Phase 3

### UNSW Library Resources

#### Off Campus registration form

Phase 3 students can register for Off Campus services to order Library content to be sent directly to them. Register at: <https://www.library.unsw.edu.au/using-the-library/off-campus-borrowers>

#### Medicine Subject guides

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

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

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

#### Clinical Resources

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

##### Therapeutic Guidelines

[Independent, reliable, respected - Therapeutic Guidelines \(tg.org.au\)](http://www.tg.org.au)

Therapeutic Guidelines is a leading source of independent, evidence-based, practical treatment advice to assist practitioners with decision making at the point-of-care.

Therapeutic Guidelines is regularly updated, based on the latest international literature, interpreted by Australia's most respected experts with input from an extensive network of general practitioners, pharmacists and other users. The Antibiotic Guideline is a very reliable and useful resource to look up information regarding infections and appropriate treatment.

##### CIAP Clinical Information Access Portal

[Home - CIAP Clinical Information Access Portal \(nsw.gov.au\)](http://www.nsw.gov.au)

See information below.

##### Best Practice

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

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

##### BMJ Learning

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

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

When you sign in to BMJ Learning, a personal homepage will display modules tailored to your profession, specialty and location. You will need to register and create a personal profile before being able to sign in and use BMJ Learning. If you already have an existing BMJ login you can use it.

[https://new-learning.bmj.com/?gad\\_source=1&gclid=Cj0KCQjwhb60BhCIARIsABGGtw8kPHqMA4-KVli8nLmTDhTlzOenJZ5qEuiPv0SfdertQqfUN-TzYGlaAijFEALw\\_wcB](https://new-learning.bmj.com/?gad_source=1&gclid=Cj0KCQjwhb60BhCIARIsABGGtw8kPHqMA4-KVli8nLmTDhTlzOenJZ5qEuiPv0SfdertQqfUN-TzYGlaAijFEALw_wcB)

### AccessMedicine

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

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

### Jove – Clinical Skills section

[https://primoa.library.unsw.edu.au/permalink/61UNSW\\_INST/1m02euc/alma9936198220001731](https://primoa.library.unsw.edu.au/permalink/61UNSW_INST/1m02euc/alma9936198220001731)

### Off Campus registration form

Phase 3 students can register for Off Campus services to order Library content to be sent directly to them. Register at: <https://www.library.unsw.edu.au/using-the-library/off-campus-borrowers>

### Moodle

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

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

Information and resources relating to Procedural Skills for Phase 3 are located in the Clinical Skills module for the undergraduate medicine program. Access to Moodle is via <https://moodle.telt.unsw.edu.au/>

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

Clinical Information Access Portal (CIAP) provides access to clinical information to the NSW public health system to support evidence-based practice at the point of care. This resource is available to medical students attached to teaching hospitals while having an active and current ClinConnect placement (this excludes the Primary Care term). It contains an extensive range of resources including some resources not available through UNSW Library. Through CIAP, you can access a wide range of resources, including:

- Therapeutic Guidelines
- MIMS
- UpToDate
- BMJ Best Practice
- Australian Medicines Handbook

CIAP also offers mobile app access to several useful medical applications, such as:

- RCH Clinical Practice Guidelines (paediatrics)
- MIMS
- Therapeutic Guidelines
- UpToDate
- BMJ Best Practice

This resource is available to medical students attached to teaching hospitals while on an active and current ClinConnect placement (excluding the Primary Care term). CIAP includes an extensive range of resources, some of which are not available through the UNSW Library.

Please note the CIAP is only available to students while they have an active ClinConnect placement.

### COVID and Clinical Attachments

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

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

Like all other clinical personnel, you will be expected to apply social distancing and careful hygiene principles and you will need to undertake training in the appropriate and recommended use of Personal Protective Equipment (PPE). The university and health services are committed to protecting staff and students from harm whilst recognising that you are in the final stages of training to be health professionals and as such need to learn to operate in clinically challenging environments.

In all circumstances:

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

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

Any student who is at increased risk of infection (e.g. pregnancy, immunosuppression, chronic health condition) should contact Faculty staff ASAP to discuss personalised learning plans.

#### ***What happens if I get sick or if I am a close contact of a confirmed COVID case?***

Students are advised that if they have a fever, cough or any symptoms suggestive of an upper respiratory tract infection (URTI) or COVID, they MUST NOT attend clinical placements. Students are required to contact their clinical term supervisor and clinical campus manager ASAP to notify of their absence and for further advice. A COVID rapid antigen test or other appropriate investigations recommended by your local / current clinical campus should be undertaken. Sick leave for more than 24 hours will require a sick certificate. Consult your supervisor for your local health district's COVID isolation requirement if you are confirmed to have COVID infection or are a close contact of COVID infection.