



Bachelor of Medicine, Bachelor of Surgery

Year 1 - 3

Student Orientation Handbook 2009

Theme 1 Human Health and Disease

Theme 2 Communication and Collaboration

Theme 3 Community Health and Disease

Theme 4 Personal and Professional Development

Theme 5 Integration

Welcome

I would like to extend a very warm welcome to you, congratulate you on your achievements and thank you for choosing the University of Tasmania School of Medicine.

The School and its staff are very committed to providing support for your learning throughout the 5 year medical course. We have undertaken significant changes to the program to bring it in line with current trends in medical education and sound educational principles. The course has recently been measured against high standards required of all Australian Medical Schools and has been accredited for the maximum duration until 2012. It is an integrated course centred around case-based learning that, from day 1, involves considering a holistic approach to the person as would occur in medical practice, including aspects of wellness and disease, communication, ethical dimensions of health care and the community context and settings for the provision of health care.

The School of Medicine strives to ensure that students have ample opportunity to learn and apply their knowledge in the clinical environment: learning about clinical sciences and clinical skills also commences from the beginning and builds throughout the course. Students are provided with a diverse range of placements and clinical rotations within hospitals, general practices, various health care agencies, and non-government organizations to ensure sufficient patient contact to develop the knowledge, skills and attitudes to assume appropriate clinical responsibility upon graduation and to develop a deep understanding of the provision of health care in the Australian setting.

In addition to this, there is emphasis throughout the course on self-directed, active and collaborative learning and also on reflective learning which lay the foundations for the life-long learning that is required of all medical professionals in all streams of medical practice.

Of course this is only the beginning step in building a very rewarding career with a vast array of options and career pathways available to you. Details of medical career pathways are beyond the scope of these orientation notes but there are opportunities each year to explore this in the Career Night. In the meantime, I refer you to the Australian Medical Students Association website for a summary of career pathways, student perspectives and stories of doctors enjoying a wide variety of different career opportunities. See <http://www.amsa.org.au/membership-careers.php#4>

I wish you an enjoyable and fulfilling journey!

Associate Professor
Associate Head Year 1-3 MBBS

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*TO CONTACT ACADEMIC STAFF, SEE WEBSITE BELOW

Key Websites

School of Medicine Website: http://www.medicine.utas.edu.au/
Current Students Page: http://www.medicine.utas.edu.au/internal/students_index.html
Academic staff contacts: http://fcms.its.utas.edu.au/healthsci/medicine/people.asp
UTAS Current Students Page: http://www.utas.edu.au/students/index.html

Our Mission: Medical Graduate Profile

Our mission is that on completion of the MBBS program a graduate will possess an appropriate foundation of knowledge, skills and attitudes to be well prepared to practice safely and effectively as an Intern (junior doctor) and subsequently undertake further training.

This foundation of knowledge, skills and attitudes is outlined in the Medical Graduate Profile (MGP) that describes 28 attributes medical students should exhibit upon graduation. The MGP is divided into 5 theme areas that provide a framework for undergraduate learning, curriculum organization and assessment to enable students to achieve these attributes.

In line with this, the MBBS course itself is organised thematically as follows:

Theme 1: Human Health and Disease

Focuses on understanding normal and abnormal human structure and function, using systems-based approach to help student learning within the clinical context.

Theme 2: Communication and Collaboration

Focuses on the development of effective communication, teamwork and collaboration skills for the healthcare setting.

Theme 3: Community Health and Disease

Focuses on the role of the medical practitioner in community health care delivery.

Theme 4: Personal and Professional Development

Focuses on the role of the medical practitioner as an ethical medical professional committed to lifelong learning.

Theme 5: Integration

Focuses on the application of learning and problem solving relevant to the medical practitioner.

The MGP is contained within Appendix 1 and each of the 5 Themes are further described in the following Course Outline. More information is available from the Medical Education Unit or the Theme Coordinators.

The Australian Medical Council (AMC) sets standards for undergraduate medical education and accredits Medical Schools within Australia and New Zealand. In 2007, this MBBS course was measured against the standards resulting in acknowledgement by the AMC that the course met these high and comprehensive standards. The AMC granted accreditation until December 2012 after which the School of Medicine will undergo further accreditation.

Location

The first 3 years of the MBBS course are conducted in Hobart at the University of Tasmania Sandy Bay Campus, the Clinical School at 43 Collins Street Hobart, the CML building at 18 Elizabeth Street (opposite the GPO), the Royal Hobart Hospital (RHH) and various community locations. A new School of Medicine campus is currently being constructed in Campbell Street in the city with an expected completion date in December 2009, after which the first 3 years of the course will be conducted largely from that site.

The final 2 years of the course are conducted within a Clinical School. The School of Medicine has 3 Clinical Schools: the Hobart Clinical School, the Launceston Clinical School and the Rural Clinical School based in Burnie. More information and key contacts for the Clinical Schools can be found at <http://www.medicine.utas.edu.au/>

Allocation to a Clinical School

Students may be allocated to any of these 3 Clinical Schools. The medical attributes of graduating students and outcomes of the program at each school are the same.

Students will be given an option to indicate preference for allocation to one of the 3 Clinical Schools and the School of Medicine acknowledges the importance of giving students ample time to consider their preference for Clinical School allocation. The process and time guidelines for submission of student applications can be found at http://www.medicine.utas.edu.au/policies/pdf/allocation_mbbs_students_clinical_school.pdf

While every effort is made to take account of students' preferences in the allocation process, not all first preferences will necessarily be met and the final decision will rest with the Dean of the Faculty of Health Science, taking into account the needs of the student, the needs of the Clinical Schools and the number of vacancies available.

Students awarded Bonded Medical Places or Medical Rural Bonded Scholarships will normally be required to enrol in the Rural Clinical School at the NWRH campus in Burnie for at least one of the final two years of the course. All students may be required to spend at least one of the final two years of the course in Burnie or Launceston.

Transfers between Medical Schools

The School of Medicine does not normally endorse transfers between medical schools. A student who has unusually pressing reasons to wish to transfer should discuss his or her case with the Deputy Head of School. Interstate students should give particular thought to the commitment they are making in accepting a place in the course.

MBBS Course Outline

Case Based Learning (CBL)

The CBL model is a hybrid of Problem Based Learning that is having increased impact world wide in medical education. CBL is described as active learning focused upon a clinical, community or scientific problem.

The curriculum uses a learner-centred approach focussing on case-based learning. Students work in small groups and engage directly with each other. Regular case-based learning activities aid integration and highlight important concepts. The focus on case-based learning and self-directed learning throughout the course is designed to foster a positive approach to life long learning.

Cases have been developed by respected and highly regarded clinicians. These cases provide an ideal framework for teaching critical thinking, analytical thinking, problem solving and evidence-based medicine. Case-based learning is facilitated by tutors with backgrounds as clinicians, general practitioners, and academics in the health science related fields.

Theme 1: Human Health and Disease

Introduction

Theme 1 Human Health and Disease focuses on the development of scientific and clinical knowledge related to normal and abnormal human structure and function as is found in wellness and disease states.

Through Theme 1 students will be expected, on completion of their course, to acquire the following attributes:

Theme 1 attributes from the Medical Graduate Profile

1. Understand the scientific basis of health and disease.
2. Understands the relevance of basic science to the clinical setting
3. Understands the role of technology in medicine
4. Demonstrates the ability to systematically elicit and interpret clinical symptoms and signs
5. Demonstrates the ability to perform clinical procedures, especially those required in life saving situations
6. Understands the limitations to scientific knowledge.

Educational Outcomes

Theme 1 provides a basis for understanding the basic biomedical sciences that encompass a range of disciplines including anatomy, physiology, biochemistry, genetics, pathology, microbiology and pharmacology. Each will contribute to the acquisition of knowledge of normal structure and function of human cells, tissues,

organs and the body as a whole. Students will also gain knowledge of the scientific basis of our understanding of aberrant structure and function and of common disease states.

Theme 1 also provides a basis for developing knowledge of the clinical sciences that encompass the ability to systematically elicit clinical symptoms and signs through history-taking and clinical examination techniques. Students gain knowledge and understanding of clinical concepts and the methods of clinical science, in which there is emphasis on using the principles of scientific method and evidence-based practice to provide a foundation for interpreting clinical symptoms and signs, problem solving, developing differential diagnoses and formulating appropriate investigation and management plans.

The basic biomedical sciences and the clinical sciences are highly integrated; students commence each in the first semester of first year. The biomedical sciences continue across the first three years of the course (and are integrated into learning topics in the final 2 years) and the clinical sciences comprise a graduated program across all years with increasing student participation and emphasis across years 1-3. In years 4 and 5, students spend the large majority of their time in the clinical setting where there is continued emphasis on learning the clinical sciences and applying their integrated knowledge of all Theme material including Theme 1 basic medical sciences.

Curricula Framework

The curriculum in Theme 1 in years 1-3 is organised into systems-based learning and teaching within semesters including skin (CAM 101); musculoskeletal system (CAM 102); cardiovascular and respiratory systems (CAM 201); gastrointestinal, hepatobiliary and genitourinary systems (CAM 202) and neuro-endocrine system (CAM 304). In the final semester in 3rd year, in preparation for their clinical placements in 4th and 5th years, students consider problems and presentations of common, complex multi-system diseases (CAM 305).

A case-based format for learning is used. Students consider a series of cases (clinical presentation or problems) relevant to the system under consideration, initially in small clinician-led tutorials followed by related lectures, tutorials and practicals throughout the week. These cases provide a framework for students to gradually learn of normal structure and function, wellness and disease, clinical history and examination, and clinical problem solving and interpretation related to each system.

The mode of learning and teaching in Theme 1, which is varied between units and across years, will include a range of formats including lectures, small group tutorials, practical and clinical skills sessions, seminars, work-shops, on-line activities, student-led presentations and self-directed learning activities and integrated activities across all themes. In addition, there is strong emphasis on learning within clinical placements and rotations.

In years 1 and 2 the opportunity for learning in the workplace is afforded through a series of short community visits and learning placements. In year 3, students undertake learning placements within the clinical or community setting by rotating through four 9-week clinical rotations throughout the year. These rotations are the Surgery, Medicine, Primary Care and Clinical Specialties Rotations. During 3rd year students spend three days a week learning within the workplace setting with the remaining two days a week in a more formal academic setting during which lectures, tutorials, practical sessions and other small group learning sessions are scheduled.

The Learning Outcomes, Learning Objectives, case material and schedule of teaching and learning activities as well as the assessment requirements are outlined for each unit within each semester and are provided to, and available electronically for, students enrolled within the unit.

Developers

The Theme 1 curriculum has been developed through the efforts of a very large number of people including staff of the Medical Education Unit, Theme 1 and Unit Coordinators and academic staff of the Medical School and the Clinical Schools, and other medical practitioners including general practitioners, specialists and staff at the RHH.

Theme 2: Communication and Collaboration

Introduction

Theme 2 Communication and Collaboration focuses on the development of effective communication, teamwork and collaborative skills for the health care setting.

Theme 2 attributes from the Medical Graduate Profile

7. Demonstrates an understanding of the therapeutic relationship between patient and doctor.
8. Demonstrates appropriate and effective communication skills in a variety of settings.
9. Demonstrates the ability to work collaboratively with colleagues in the healthcare team setting.
10. Understands the principles of providing a leadership role, where appropriate, to healthcare teams.

Purpose

The development of the Medical Curriculum is guided by the AMC standards. The standard for communication skills is the principal guiding standard for the work in Theme 2.

“Communication skills- to listen, reflect understanding, provide information and advice and give feedback- are of key importance in medical practice. Health care environments are complex communication environments, involving a wide range of health professionals and administrators. And patients who will have their own social, emotional and cultural communication needs. The beginning doctor must be able to negotiate these environments and communicate effectively.”

Australian Medical Council October 2007.

This detailed and wide ranging AMC standard provides a set of educational goals for Theme 2. Theme 2 aims to encourage students to understand the range and complexity of human interactions, within themselves, their colleagues, their teachers and their future patients. It should also equip students with knowledge and experiences to address these interactions with confidence, skill and reflection. The Theme 2 curriculum is developed to provide incremental skills to ensure that on graduation students have knowledge and experience in communication and collaboration that is consistent with the diversity of the human situation. This goal is achieved across the five years of the course.

Educational Outcomes

An overall educational outcome would be improved communication and collaborative skills by doctors for their community.

Fundamental Principles

All aspects of the Medical Curriculum are guided by fundamental principles. In many ways the fundamental principles for Theme 2 are no different to those for any other theme. However strong guiding principles in the areas of communication and collaboration are mutual respect, listening, valuing difference and cultural respect.

Curricula Framework

Integration: Throughout the course there is a desire to foster a level of integration across the five theme areas. Wherever possible the progression of communication skills matches the needs of the student to use clinical cases to stimulate a communication exercise. This is also the case for the basic human psychology material delivered in Theme 2.

Workshops: these follow a pattern of delivering some lecture style material followed by interactive workshops including video material, skills demonstrations role plays provided by students and staff.

Skills and knowledge: At the end of semester 1 in year 1, students will have obtained a basic understanding of communication skills in the medical setting and this will continue in greater detail until the end of second year.

Assessment: Summative assessment will involve a written paper and an Objective Structured Clinical Examination (OSCE) examination where students can demonstrate their ability to conduct the opening stages of a medical communication.

The Learning Outcomes, Learning Objectives, case material and schedule of teaching and learning activities as well as the assessment requirements are outlined for each Unit within each semester and are provided to, and available electronically for, students enrolled within the unit.

Curriculum Highlights

- Communication workshops
- Student-led communication exercises

- Formative communication assessment opportunities

Developers

Sally Beardmore Clinical Psychologist

Angela Romano Clinical Psychologist

Anne Marie Havlat Lancaster

Dr Christine Clifford Clinical Psychologist, Senior Lecturer UTAS

Dr Jan Radford GP Associate Professor UTAS

Acknowledgments

The material for theme 2 has been derived from many sources including the suggested texts. In addition reference has been made to the Monash University medical degree and a wide range of available publications both in hard copy and on the internet.

Theme 3: Community Health and Disease

Introduction

Theme 3 Community Health and Disease places an emphasis on community especially primary, population, rural and Indigenous health education and professional practice. Theme 3 is closely aligned with Theme 1 as the knowledge and experience gained is designed to value add to the essential science knowledge required of medical graduates. Graduate attributes include the promotion of good primary health care especially via General Practice, an understanding of the patient's context as vital to health outcomes, and an emphasis on the importance of disease prevention at a public as well as at an individual level. Theme 3 offers an integrated curriculum by relating theory with practice through lectures and community health and family visits. Graduate learning outcomes include:

Theme 3 attributes from the Medical Graduate Profile

11. Understands the Australian health care system including its funding, planning and major national priorities and contrasts this with the global context of healthcare provision.
12. Understands the social, political, economic, environmental, cultural and spiritual factors that influence the health of individuals and communities.
13. Understands the principles involved in the effective utilisation of hospital and community based resources and networks.
14. Understands the various roles of the doctor in health promotion, health maintenance, disease prevention and treatment at both population health and individual patient levels.
15. Demonstrates an understanding of knowledge generation and application through community based research and education programmes.
16. Understands the special needs of certain communities including access and equity issues.

Purpose

Theme 3 delivers learning and teaching environment where there is an attitudinal shift towards a more wholistic view of health. The approach will cover individual, family, community and societal aspects of health.

Educational outcomes

Theme 3 learning outcomes are for medical students to develop knowledge, skills and attitudes for professional competency within a community health setting and an appreciation of community medicine and better prepare them for working within culturally safe environments.

Curricula Framework

Theme 3 has three major components:

1. a graduated lecture series providing the educational base;
2. Kids and Families Program (KFP) and
3. Community Health Visits (CHV).

Theme 3 is introduced through a series of community health and disease lectures and cultural competence workshops and is delivered by guest speakers and University staff followed by a diverse range of community health and family visits. Self directed learning time is a responsibility of individual students. It is anticipated that this comprehensive approach will better equip medical students with a broad understanding of individual and population health and prepare them for the transition to clinical education and practice. General practice, rural medicine and Indigenous health are key focus areas.

The Learning Outcomes, Learning Objectives, case material and schedule of teaching and learning activities as well as the assessment requirements are outlined for each Unit within each semester and are provided to, and available electronically for, students enrolled within the unit.

Assessment

Students are assessed using formative and summative methods using case tasks, reflective pieces, assignments and short answer questions using an integrated model covering one or more themes at any one time.

Curriculum Highlights

- ***Rural education and practice***

The Commonwealth Department of Health and Ageing through the Rural Undergraduate Support and Coordination Program requires all Australian medical students to undertake at least four weeks of structured residential rural placement during the completion of their degree. The University is encouraged to provide placements in the early years of the course.

Through Theme 3 there are specific rural programs conducted in CAM 101 and CAM 201 and attendance is a requirement of the course.

- **Indigenous health**

Aboriginal and Torres Strait Islander Peoples are the First Peoples of Australia, and deserve to be respected as such. Indigenous Australians have shown incredible resilience by continuing to work in many ways to recover from the on-going impacts of colonization. One of the impacts of colonization is the poor health outcomes of Indigenous Australians and by the increasing knowledge and understanding about Indigenous history, culture and societies will assist medical graduates with improved graduate outcomes.

- **Cultural understandings**

Students are introduced to a range of concepts and practices to ensure they are better equipped to manage situations in a culturally competent manner.

Developers

Ms Alison Miles
Dr Jan Radford

Acknowledgements

Professor Ian Blue who developed the Theme 3 framework.
Dr Geoff Couser and Dr Eddie Albert who guided the preliminary thinking.

Theme 4: Personal and Professional Development

Purpose

Students are introduced to the notion of what it is to be a medical professional and oriented towards becoming a medical graduate. As part of this students are assisted to develop personally including in the use of a self-care orientation, seen as crucial for life as a student and practitioner. Practical tools are utilised, with an emphasis upon those resources emerging from the profession.

Theme 4 attributes from the Medical Graduate Profile

17. Demonstrates a commitment to compassionate, professional and ethical behaviour
18. Demonstrates the ability to recognise ones own strengths and weaknesses and to be open to assistance from others when needed
19. Understands the legal responsibilities of a medical practitioner
20. Understands the need for respect of the inherent dignity of every human being and demonstrates its relevance to medical practice
21. Understands the principles of quality improvement, risk management and patient safety
22. Demonstrates personal, organisational and time management skills
23. Demonstrates a commitment to lifelong learning, self-appraisal and reflection

In addition we explore the realities of medical care, showing how the cases introduced each week raise significant ethical and legal issues, discharged routinely

by the reflective practitioner. In addition to ethical thinking, law is introduced in such a way that students start to understand its role in contemporary medicine. The aim is on students thinking for themselves and being able to demonstrate their knowledge in applied ways.

Educational Outcomes

The emphasis is upon development of competence. This is demonstrated by the application of learning to cases, and the opportunity for students to explore this via written assessment that utilises objective assessment criteria.

Each week students are guided via the uses of the cases to explore personal and professional development in terms of practical challenges, personally and professionally. This ranges from ethics and law addressing power and vulnerability, through to what it is to be a person, introduced at the same time that students deal with cadavers. Our personal and appropriate reactions to such situations are seen as important opportunities for meaningful education. Accordingly emphasis is placed on working in conjunction with other themes.

The development of approaches to self-care is a continuing skill and discipline. This is seen as vital for the reflective professional practitioner, and a proper foundation for emerging medical professionals.

Students are assisted to think through their own responses to the topics raised so that they may respond promptly in practice and later years to the challenges inevitably raised by the realities of clinical practice. Such objectives are reflected in the assessment questions asked.

Curricula Framework

The Learning Outcomes, Learning Objectives, case material and schedule of teaching and learning activities as well as the assessment requirements are outlined for each Unit within each semester and are provided to, and available electronically for, students enrolled within the Unit.

Developers

The work of the late Associate Professor Christopher Newell is acknowledged in the development of Theme 4.

Acknowledgements

Material is derived from a variety of professional sources. The role of the Year 5 Curriculum Working Group is acknowledged.

Theme 5: Integration

Introduction

“Integration” is the probably least intuitive of the themes that underlie the UTAS curriculum, but medical practice involves bringing together knowledge, skills, and attitudes from a variety of areas to an individual patient’s (or population’s) problems. The ability to integrate material from diverse areas is therefore fundamental to health care, and that is what Theme 5 is about.

The very format of the early years, case-based learning, is designed to model this type of integrative behaviour. Additionally, there is Theme 5 specific content within each semester in years 1 & 2:

- putting in place building blocks for the practice of evidence-based medicine
- recognising information needs (semester 1)
- searching for information using library resources (semester 1)
- appraising sources of information (semester 3)
- extracting and understanding statistical data (semester 2)
- understanding the principles and processes of medical research (semester 2)
- multidisciplinary care- bringing together the expertise of teams (semester 4)

Learning Outcomes

The Medical Graduate Profile Theme 5 learning outcomes

24. Demonstrates an ability to apply critical and creative thinking to a range of problems
25. Demonstrates an ability to integrate and synthesise disparate material to arrive at the most appropriate solution to a problem
26. Demonstrates the ability to develop, in consultation, an appropriate patient-centred management plan
27. Demonstrates an understanding of the principles of medical research and its application
28. Demonstrates information literacy skills

Curriculum Framework

As indicated above, the format of years 1 & 2 is a part of the Theme 5 message, and is integral to the multi-disciplinary approach of the ‘Perspectives in Ageing’ component of CAM202. Specific content is carried by lectures covering research principles and methodologies in CAM102, and the following ‘modules’:

Year One, Semester One: Information literacy- small group, hands-on sessions covering where and how to seek for medical information, the quality of different source types, and the retrieval and management of acquired information.

Year One, Semester Two: Statistics- hands-on sessions utilising a medical dataset, covering types and descriptions of data and principles of hypothesis testing.

Year Two, Semester One: Epidemiology and Biostatistics- sessions covering epidemiological principles and methods, critical appraisal of medical research studies of various study types, and the characteristics and analysis of biological data.

Assessment

There are Theme 5 components within the summative written papers of each unit, and the corresponding formative tasks. In addition:

- Information literacy in semester 1 has a summative, real-time, online tasks paper, passing which at the required level is a competence within the learning portfolio.
- Statistics in semester 2 has a summative assignment.

Developers

Module Developers-

- Professor Peter Stanton is acknowledged in the development of Theme 5
- Information literacy: Ian Barton
- Statistics: Dr Simon Wotherspoon
- Clinical Epidemiology and Biostatistics: Dr Sue Pearson

Acting Theme 5 Co-ordinator: Associate Professor Craig Zimitat

Student Placement Program and Clinical Rotations

The School of Medicine strives to ensure that students have ample opportunity to learn and apply their knowledge in the clinical environment including sufficient patient contact to develop the knowledge, skills and attitudes to assume appropriate clinical responsibility upon graduation.

To gain experience in the clinical and wider health care environment students are provided with a large number of placements and clinical rotations within hospitals, general practices, various health care agencies, and non-government organizations throughout their course. This clinical education forms an integral part of the MBBS program.

The role and responsibilities of students whilst within the clinical setting and undertaking workplace learning is outlined in the *Student Orientation to Learning in the Workplace*. This document includes information about the following;

- Student Placement Agreements
- Police Checks
- Code of Conduct
- Occupational Health and Safety in the Workplace
- Faculty of Health Science Infectious Disease Policy
- Preventing or minimising infections within the healthcare setting

Overview of the Student Placement Program in Years 1 and 2

Medical students in first and second year are required to undertake learning placements as a requirement of the course. These programs involve students visiting in pairs or in groups allocated by the School of Medicine and are conducted with families and community health settings. Students will be provided with Student Placement Agreements for signature prior to the commencement of the programs.

Some MBBS Theme 3 community health and family visits have special conditions that must be met before a student can take up a visit, including National Police Check documentation and compliance with the SoM Infectious Disease Policy.

Students are supported in a graduated learning environment to:

- improve listening and observational skills;
- set professional boundaries;
- learn about community health care and service delivery;
- understand the role of the medical practitioner in health promotion, health maintenance and disease prevention;
- become culturally aware and sensitive, and operate in a culturally safe manner.

Learning objectives of the Student Placement Program

Details of the Learning Objectives are listed in the Unit Detail and Student Placement Agreements.

Community Health Visits: The Community Partnership Program

In years 1 & 2 students undertake a series of community health visits developed to provide experiential learning within a variety of settings and acknowledge the role of community-based organisations in the provision of health care. Students attend either in pairs or in groups and the visits that may take between 1-3 hours. There will be some after hour's course requirements and this is factored into the curriculum timetable eg GP Assist, Ronald MacDonald House visits.

The current community partner program consists of a diverse range of organisations (listed but not limited to) who deliver health services to the community and or who are involved with health education programs.

1. Aboriginal Health Service
2. Asthma Foundation of Tasmania and Asthma Friendly Schools Program
3. Bethlehem House
4. Community Based Support Sth
5. DHHS Alcohol and Drug Services
6. DHHS RHH Cardio Thoracic Unit
7. DHHS Sexual Health Services
8. Elizabeth College
9. GP Assist
10. Headway
11. Hobart Women's Health Centre
12. Mental health sector – public and NGO
13. Migrant Resource Centre
14. Riawunna
15. Ronald McDonald House
16. Sexual Assault Support Services (SASS)
17. Parkside Foundation
18. Private sector Pharmacies
19. The Hutchins School
20. The Link
21. The Cancer Council of Tasmania
22. The Heart Foundation, Tasmanian Division

In second year Theme 1 and Theme 3 community visits in tertiary settings include the Department of Health and Human Services (DHHS), Royal Hobart Hospital (RHH), Lung Function Unit and the Cardio Thoracic Unit.

Family Visits: The Kids and Families Program

The Kids and Families Program (KFP) operates across the first 2 years at the University of Tasmania and aims to allow the medical student to develop understanding in child development and behaviour, medical ethics and philosophy, the role of the family, and communication skills. Students are introduced to a family that are about to have a baby (or have just had a baby), and visit the family on a regular basis over the next 2 years. Students learn by a combination of directed observation of the child and family, student group learning sessions, GP/Nurse Educator tutorials, lectures, and the use of web-based learning.

The KFP begins by introducing a pair of first year medical students to a family who have volunteered to participate in the KFP. They are directed to observe and inquire about different aspects of the child, family, and doctor-patient relationship by means of visit plans. Visits to families occur in the family's home, at a time that is convenient for them. Visits to the family occur approximately 3 times in first year, and 4 times in second year. For further information please contact Ms Linda Seaborn Linda.Seaborn@utas.edu.au

Transport

Where students are required to use their own transport there is personal accident coverage by UTAS as well as the MAIB coverage. Students are required to make their own travel arrangements for the community and family placement program

Insurance

UTAS provides public liability, death and accident and malpractice insurance cover for students on learning placements within the curriculum of the School of Medicine.

Debriefing

There may be several times though the community and family placement program when situations arise that may be confronting, hurtful and regrettable. In preparation for this Theme 2 Collaboration and Communication CAM 101 learning and teaching activities will prepare students for effective listening and negotiation attributes prior to the commencement of the community and family placement program. Theme 2, 3 and 4 Coordinators will work closely to ensure that as these situations arise and are notified that the most appropriate people are available to address the set of circumstances. Through Theme 4, Personal and Professional Development lectures and discussions highlight professionalism, ethics and diversity.

The Student Placement Program in Year 3

In year 3, students undertake extensive learning placements within the clinical or community setting by rotating through four 9-week clinical rotations throughout the year. These rotations are the Surgery, Medicine, Primary Care and Clinical Specialties Rotations. Students undertake workplace learning in a variety of settings including the Royal Hobart Hospital, community-based health care organisations and general and specialist practices. Students should refer to the CAM304/305 Unit Outline and the Rotation Handbooks for further and specific information.

Research Opportunities

Within the course, the approach taken is to provide a stream of teaching material related to research and to provide students with the appropriate basic tools to undertake various research tasks. This includes information literacy, research methodology, epidemiology, evidence based medicine and statistics.

In first year students are formally introduced to research undertaken within the School and the Menzies Research Institute, exposed to research methodology as well as receiving a solid grounding in information literacy. In second year the emphasis is on statistical analysis and epidemiology. In the third year of the course there is an opportunity for teaching/research nexus where students can choose to interact with a research group throughout the year.

At the end of CAM305 (3rd year) there is a further opportunity to explore research in an Extended Research Opportunity selective. At this time those students who have identified that they may want to consider undertaking an honours project (see below) can develop a research proposal. This does not necessarily mean that the student will undertake Honours but allows time to explore the options.

Within the first 3 years the teaching of various aspects of research within the medical course is by research active staff who use their own research to illustrate important concepts.

Opportunities to participate in research and interact in a longitudinal way

The Menzies Research Institute offers a limited number of scholarships (UROPs), that are available to medical students, to undertake a research project within one of the Menzies research groups. This involves approximately 3 weeks during the summer vacation and 1-2 afternoons per week for a semester. Other summer studentships are available. With research staff presenting their research projects there is an opportunity for students to liaise and interact with research groups.

Intercalated research degrees: Honours and PhD

Students who wish to be actively involved in research may choose to do so in an honours program. BMedSc (Hons) is to be made available as an intercalated year,

after 3rd, 4th or 5th years. This will be a one year full-time honours program and will be the only pathway to obtaining Honours within the MBBS (M3N) course.

Students interested in a more extensive involvement in research and the option for a combined MBBS/PhD degree should contact Associate Professor Greg Woods for further, current information.

Attendance Requirements

Attendance is expected at all learning sessions. The Unit Outline will specify minimum attendance requirements governing either the unit as a whole, or specific parts of the unit. In general there is a minimum attendance requirement of 80% of sessions. During learning sessions, all students are expected to actively and positively participate in the discussions and learning activities.

Students who intend to be away for 5 consecutive University days should complete a Leave of Absence form to be approved by the Unit Coordinator.

Failure to meet attendance requirements may result in an additional written assignment being set, or loss of eligibility to sit a subsequent formal summative examination in the unit concerned.

Assessment

Formative Assessment

The purpose of formative assessments is to provide guidance and feedback to students and staff regarding academic progress. Formative assessments do not carry any weighting towards the final grade in a unit, but are nonetheless compulsory. Where formative assessments identify students who are at risk, the unit coordinator will wherever possible meet with the student and discuss additional measures in an attempt to address areas of weakness.

Summative Assessment

In years 1, 2, and 3 summative assessment will be undertaken both continuously during each unit (semester) and during the end of semester formal examination period to determine whether students can progress to the next stage of the course.

At the commencement of each unit, students will be provided with a Unit Outline (both online and in hard copy) that will advise students of the details of assessment requirements that need to be met in order to pass the unit. The timing, subject matter, format, and weighting of each assessment or assignment will be included in this document.

Format of Summative Assessment

There are many different formats for summative assessment used throughout the course including written examinations and assignments, oral presentations and clinical skills examinations. Students will be provided with formative opportunities (formative assessments) that will include each of the different formats used.

MCQ, EMQ, SAQ Written and Applied Exams

The written examinations are generally comprised of some or all of the following; multiple choice questions (MCQ), extended-matching questions (EMQ), and short answer questions (SAQ).

In addition to these, there are also Applied Examinations in years 1, 2 and 3 (1 per semester except for the final semester of year 3) that require students to 'apply' their knowledge of material encountered during lectures, tutorials and practical sessions throughout the unit. The format of these exams is usually SAQ, but may include MCQ and/or EMQ. Examples of the assessment material may include identification and explanation of anatomical, histological and pathological specimens, models, medical images, diagnostic tests, charts, graphs and medical reports.

Clinical Skills examinations in years 1 - 3

Clinical examinations are used extensively in medicine including for the assessment of specialists-in-training. Although there is a relatively greater assessment load in clinical skills examinations in years 3-5, students have such examinations from the first semester of first year. The format of the clinical skills examination in years 1, 2 and 3 is the Objective Structured Clinical Examination (OSCE).

During an OSCE, a student is asked to perform a clinical skill, which might either relate to taking a medical history or perform an aspect of clinical examination on a patient or volunteer, whilst being observed by an examiner. The student's performance is measured against predetermined criteria to establish competency or not. The task is of variable length but may take up to 10 minutes. In multi-station OSCEs, students rotate around different areas set up to test a series of different tasks.

As there are insufficient examiners and patients to examine all students simultaneously, the students may be 'sequestered' together until the actual time each individual student undertakes the OSCE so as to maintain confidentiality about the nature of the task. This may take up to 4 hours.

There are other formats of clinical assessments used in later years.

Portfolio

Portfolios are an integral component of the MBBS degree covering all 5 Themes. In addition to other assessments within each Unit in the course, a student must achieve a pass grade for the portfolio to pass the unit. Portfolios are used as an assessment

tool in areas that graded assessment is not possible or appropriate, such as evidence of competency in performing skills or reflective practices.

One of the requirements of the portfolio is demonstrated evidence of reflective learning through reflective writing. Reflective learning goes beyond superficially memorizing facts, aiming instead to place your learning in context where it can be put into practice. Reflective learning involves becoming conscious of, and an active participant in, your own personal and professional development. Reflective practice is an essential component of undergraduate curricula and integral to being a medical professional. To be an effective doctor you will need to incorporate reflection into your practice.

Student portfolios become meaningful collections of work that capture the diversity of student knowledge and experience demonstrating

- * self directed learning
- * progress and performance
- * achievements and exemplar work, and
- * engagement.

The evidence of student learning and performance contained within the portfolio over the 5 years is useful reference material as *curriculum vitae* are developed and maintained. Portfolios are common requirements of postgraduate medical education where evidence contained within portfolios may be required for specialist recognition, employment or certification for practice.

Written assignments

Details relating to the submission of written assignments within each unit (semester) are provided to students generally within the Unit Outline or the Portfolio Instructions for reflective pieces. Students should carefully follow the specific instructions relating to the topic, length, academic referencing requirements and submission requirements and dates. Processes for requests for extensions and penalties for late submission are also detailed.

Assignments must include an approved Assignment Cover Sheet. Students are required to submit a signed cover sheet with every assignment. Unless otherwise specified the standard University of Tasmania cover sheet will be used http://www.admin.utas.edu.au/academic/cover_sheet.doc

The Assignment Cover Sheet includes a declaration that all material submitted is their own work except where there is clear acknowledgement or reference to the work of others and that they have read the University statement on Academic Misconduct (Plagiarism) on the University website at www.utas.edu.au/plagiarism.

Penalties for Lateness

Unless otherwise specified in the Unit Outline, Portfolio Instructions or Year/Rotation Guidelines, the following default penalties apply for the late submission of assignments which count towards the final mark / grade in a unit.

Lateness: % achieved mark deducted

<48 hours: 10%

3-7 days: 20%

8-14 days: 40%

>14 days: 80%

Plagiarism

Plagiarism is the unacknowledged use of the words or ideas of another person as if they were one's own. Plagiarism is a most serious matter in an institution of higher learning and can have grave consequences, including the cancellation of marks or, in extreme or repeated cases, suspension. Students are required to submit a declaration concerning plagiarism with all written assignments, and are given detailed advice on how to avoid the suggestion of plagiarism by referencing the words and ideas of others in the appropriate manner.

The University's policy on plagiarism is available online and can, at the time of writing, be accessed at <http://www.utas.edu.au/plagiarism/>

Grades of Pass

The School of Medicine uses both graded and ungraded assessments and awards graded (years 1 and 2) and ungraded (years 3, 4 and 5) passes or fails for the units of study undertaken.

The requirements to pass and the weighting of each component of the integrated units are detailed in the Unit Outline.

Release of Results

The results of formal examinations are managed by the Examinations Office. Under no circumstances will members of staff give any information to students regarding the outcome of formal examinations prior to the official release. Students wishing to travel interstate or overseas should take this into account when making their travel plans.

Student Access to Examination Scripts

University policy entitles a student to view his or her examination script once the examination results have been officially released. Students should apply in writing to the appropriate Unit Coordinator. The script will then be made available in the presence of the unit coordinator (or nominee) and feedback will be provided. Refer: <http://www.utas.edu.au/policy/docs/gdexa.rtf>

Review of Assessment

Under the Rule of Academic Assessment students may request a review of their final result in a unit after it has been officially published. The request must be submitted on the appropriate form and must be received within 10 working days of the release of examination results.

Rule of Academic Assessment:

<http://www.medicine.utas.edu.au/policies/pdf/AcademicAssessmentRule2.pdf>

Form for Review of Assessment

<http://www.utas.edu.au/students/forms/ef/review.pdf>

Deferred Examinations and Assessments

Examinations conducted during semester

During semester (before the end-of-semester formal examination period), if a student needs to sit an exam on an alternative date due to illness, or is unable to participate in the portfolio assessment tasks, a medical certificate will be required. If other serious circumstances have occurred, these must be discussed with the Unit Coordinator. Note that having a medical certificate or serious circumstances does not guarantee that alternative exam arrangements will be made. Wherever possible alternative dates for portfolio assessment tasks will be arranged.

Examinations conducted during the formal examination period

Where a student is prevented by illness or other serious and unavoidable problem from sitting a formal Ordinary Examination conducted through the Examinations Office, application can be made to the Academic Registrar through the Examinations Officer for permission to take the examination at a later date. The appropriate application form, together with the relevant guidelines, can be found in the 'Examinations and Results' section of the 'Current Students' pages on the University Website. Applications for a deferred examination must be submitted within 3 working days of the date on which the examination was originally scheduled.

Deferred ordinary (DO) examinations are normally held approximately 2-4 weeks after the corresponding ordinary examination. DO examinations are either passed or failed; there is no provision for supplementary assessment following unsatisfactory performance in DO examinations.

Students should also note that repeated requests to defer on the same grounds are unlikely to be granted. Where a recurrent or chronic condition interferes with the ability to manage formal examinations the matter should be discussed with the Deputy Head of School or with the University Disability Officer, who is empowered to make special examination arrangements where necessary.

A student who is unwell at the time of an examination must decide whether to sit the examination or obtain a medical certificate and request a deferral. It is not permitted to attend an examination and then apply for a deferral later on the grounds of illness.

Further Information on Assessment

Further information and assessment details are available in/at the

1. Unit Outline: **specific details** of assessment requirements within the Unit
2. School of Medicine website:
<http://www.medicine.utas.edu.au/internal/handbook/StudentHandBook2007.htm>
for **general** information (that will apply within the Unit if not otherwise stated) and school policy and requirements,
3. UTAS website for assessment **policy** (with which all Unit assessment complies) and requirements **generally**, which are dealt with under Parts 4-7 inclusive of the Rule of Academic Assessment:
<http://www.medicine.utas.edu.au/policies/pdf/AcademicAssesksmentRule2.pdf>

Student Mentoring Program

The Tasmanian University Medical Students Society (TUMMS) has developed a Student Mentoring Program that aims to help students make the transition to University life more smoothly. For further details please see the TUMMS Med 1 Survival Guide.

Assistance and Services for Students

Student Services

Student Services coordinates support services for students and includes the following: counselling service, cross-cultural support for students from a culturally and linguistically diverse background (CALD), transition support service, religious support, disability service and career development and employment service. Riawunna provides academic, cultural and social support for Aboriginal and Torres Strait Islander students.

Refer: <http://www.firstyear.utas.edu.au/personalservices.html>

or the UTAS website through the 'Current Students' link:

<http://www.utas.edu.au/students/index.html> under the 'Services and Support' menu

Disability Services

The University of Tasmania Disability Service is located within Student Services. It assists students with a chronic health condition or a disability to participate fully in university life. Refer: <http://www.studentservices.utas.edu.au/disability/>

Learning Access Plans are the key University document for the application and approval process of study and assessment requirements of a student with disabilities. Students with a temporary or permanent disability can access Learning Access Plans. http://www.studentservices.utas.edu.au/disability/forms_files/Understanding%20the%20LAP_Sept%2006.doc

Religious Support

The University of Tasmania and the School of Medicine recognise the importance of the spiritual dimension to human life and its value in building a socially just and caring community of students and staff. There is a diversity of faiths within the University community and visiting religious representatives work with students and staff with a variety of beliefs to strengthen the sense of community and enrich the quality of life.

On the Hobart campus the University has developed a multi - faith centre, Alexander House, which provides offices, a prayer room and meeting place for university students and staff of all religious faiths. A number of chaplains visit this centre regularly and these can be contacted for personal discussion and guidance.

More information is available at <http://www.studentservices.utas.edu.au/religious/>

Support for International Students

Within the School of Medicine

In years 1-3 international students requiring assistance should speak to the relevant Unit Coordinator in the first instance or to the Associate Head of School Years 1-3 (Associate Professor Anne Egan) or the MBBS (M3N) Course Coordinator, Associate Professor Greg Woods.

International Office

The International Office offers support in a number of areas including a free language and academic study skills support service for international students enrolled in degree programs. Refer: <http://www.international.utas.edu.au/> or

Hytten Hall
French Street, Sandy Bay, 7005
Phone: +61 3 6226 2706
Fax: +61 3 6226 7862

Student Problems and Complaints

Many students experience a significant problem at some stage during their course.

Overview: When and where to get help

It is important to get help if you are having a problem. This could include difficulties with your studies, coping with university life or a medical condition, which may affect your ability to attend class or complete an assessment task.

There are a number of places where you can get help, your year coordinators are a good starting point and if they can't help they can usually direct you to the most appropriate person or resource. Student Services are also a very useful point of contact and, for international students, the International Office is also very helpful.

Harrassment

The University's 'Harassment and Discrimination Policy is committed to eliminating all forms of discrimination and harassment and has effective mechanisms in place to reinforce this commitment. Refer <http://www.admin.utas.edu.au/hr/eoo/eoo.html>

Any behaviour that causes a student to feel offended, humiliated, intimidated, or insulted, whether carried out by a member of academic or general staff or by a fellow student, may constitute harassment.

In the first instance students should try to explain to the individual concerned that their behaviour is causing offence, and ask them to stop. If this is unsuccessful and their behaviour continues or is repeated there are a number of avenues available. People who can be contacted include -

- Any trusted member of academic staff
- The Deputy Head of School
- A student counsellor
- A harassment contact officer

All students are encouraged to contribute towards a harmonious study environment by supporting any fellow-student they see being harassed.

Health Problems

Students are encouraged to utilise the Student Health Service or to establish an ongoing professional relationship with a local community GP.

In the event of illness that prevents attendance at University for more than a few days it is wise to inform the School of Medicine office and to obtain a medical certificate. Where an illness is likely to interfere with meeting a deadline or sitting an assessment it is **essential** that the School Office be advised and a medical certificate obtained to cover the period of illness.

In the case of temporary or chronic disabilities which interfere with the ability to complete an assessment the Deputy Head of School or the University Disability Officer should be informed as early as possible so alternative assessment arrangements can be organised wherever possible.

Financial Problems

The University of Tasmania has limited funds available to provide a financial safety net to students experiencing extreme financial hardship. Details can be found at - http://services.admin.utas.edu.au/finances/safety_net.html

The University Scholarships Office has a small number of Commonwealth Learning Scholarships available to support students experiencing financial hardship. For further information on scholarships and bursaries, refer to the following website:

<http://www.studentcentre.utas.edu.au/scholarships/>

The School of Medicine has a limited number of small bursaries available on an annual basis to medical students experiencing financial hardship. Details are available on the School of Medicine web site.

Academic Complaints

Most student complaints are dealt with under the Ordinance of Student Complaints. University rules and ordinances provide a framework within which concerns and complaints by students are investigated and remedial action taken where appropriate. (Refer: <http://www.utas.edu.au/universitycouncil/legislation/ord8.pdf>).

Students are given the opportunity to lodge formal complaints about a range of matters including -

- an unsatisfactory review of assessment
- exclusion from further enrolment
- any other academic matter (other than harassment or discrimination, which are dealt with separately).

Before making a formal complaint students are asked to try to resolve their differences informally with the Unit Coordinator or Discipline Head most directly concerned, and/or with the Deputy Head of School.

If the complaint cannot be resolved informally advice can be obtained from the Deputy Head of School on how to proceed. Complaints procedures are generally covered either by the Rule of Academic Assessment or by the Ordinance of Student Complaints.

Complaints Commissioners

In addition to the complaints procedures already referred to, the University has a Complaints Commissioner whose purpose is -

- to advise and assist students in pursuing a complaint
- to attempt to achieve a negotiated settlement

In order to obtain more information about this and the procedures in general refer to http://acserv.admin.utas.edu.au/complaints_info.html

Students wishing to seek advice from within the School and University will find further information at relevant websites, including the School of Medicine website:

<http://www.medicine.utas.edu.au/internal/handbook/StudentHandBook2007.htm>

Enrolment Matters

This handbook is designed for those students who have enrolled within the MBBS (M3N) course. Students are required to enrol each year in all units that comprise the year of study and ensure that all enrolment details are correct. Information about the following enrolment matters that apply within the SoM can be found at

<http://www.medicine.utas.edu.au/internal/handbook/StudentHandBook2007.htm>

- i. Correct Enrolment
- ii. Deferral of Enrolment

- iii. Leave of absence
- iv. Credit Policy
- v. Full fee paying overseas students
- vi. Location policy
- vii. Transfer policy
- viii. Withdrawal without academic penalty
- ix. Exclusion from further enrolment
- x. Part-time study

Appendices

UTAS School of Medicine Medical Graduate Profile

The Tasmanian School of Medicine has defined the attributes that medical students should exhibit on graduation in the Medical Graduate Profile (MGP) which is organised by the themes of

- 1) human health and disease,
- 2) communication and collaboration,
- 3) community health and disease,
- 4) personal and professional development, and
- 5) integration.

Theme 1: Human Health & Disease

1. Understands the scientific basis of health and disease

- 1.1 understands the molecular, cellular, tissue, organ and system organisation of the human body
- 1.2 understands the relationship between structure and function of cells, tissues, organs and systems
- 1.3 demonstrates the ability to observe and interpret aberrant structure and dysfunction of cells, tissues, organs and systems using correct terminology
- 1.4 describes the pathogenesis and clinical manifestations of a range of specific common diseases
- 1.5 understands the use of common therapeutic interventions in health care.

2. Understands the relevance of basic science to the clinical setting

- 2.1 demonstrates knowledge of the applicable basic science in common clinical presentations
- 2.2 demonstrates the ability to develop a differential diagnosis based on interpretation of clinical manifestations, laboratory tests and other investigational technology
- 2.3 demonstrates the ability to select and interpret appropriate diagnostic investigations
- 2.4 demonstrates an understanding of the evolution of the scientific and evidence-based approach to clinical practise.

3. Understands the role of technology in medicine

- 3.1 demonstrates understanding of role of technology utilised in laboratory and other investigational methods
- 3.2 demonstrates understanding of technology used in patient monitoring and eliciting clinical signs
- 3.3 understands the role of information technology as a resource for diagnosis, prescribing and monitoring within clinical practise.

4. Demonstrates the ability to systematically elicit and interpret clinical symptoms and signs

- 4.1 demonstrates the ability to take a systematic history in all clinical settings
- 4.2 demonstrates the ability to examine a patient on both a regional and a systems basis.

5. Demonstrates the ability to perform clinical procedures, especially those required in life saving situations

- 5.1 demonstrates the ability to perform all clinical procedures outlined in the "clinical procedures" section of the learning portfolio document.

6. Understands the limitations to scientific knowledge

- 6.1 understands that medical science knowledge is rapidly evolving and requires frequent critical review
- 6.2 understands the current limitations in the scientific understanding of disease processes and therapeutic approaches
- 6.3 understands the role and contribution of medical science to the overall concepts of health and disease in individuals and populations
- 6.4 understands the effect that social, mental and spiritual factors have on health and disease.

Theme 2: Communication & Collaboration

(N.B. the ability to communicate effectively in English is considered a pre-requisite for meeting outcomes in this theme)

7. Demonstrates an understanding of the therapeutic relationship between patient and doctor

- 7.1 understands and manages issues of boundaries between patient and doctor
- 7.2 demonstrates respect for patients' differing cultures and values, and understands how these effect the therapeutic relationship
- 7.3 understands and applies concepts of patient confidentiality
- 7.4 understands the potential therapeutic effect of the medical consultation process
- 7.5 understands the importance of the role of doctor as patients' advocate (acting in the patient's best interest).

8. Demonstrates appropriate and effective communication skills in a variety of settings

- 8.1 demonstrates appropriate communication skills in consultations/interviews with patients, their families and their carers
 - 8.1.1 demonstrates the ability to open (including establishing rapport), control and close a consultation
 - 8.1.2 demonstrates the ability to identify the ideas, concerns and expectations of patients, their families and carers
 - 8.1.3 demonstrates the ability to consult appropriately with children, adolescents, persons with an intellectual disability and with more than one patient at a time
 - 8.1.4 demonstrates the use of the following communication skills: open and closed questioning, active listening, reflecting, silence, empathy, summarising, clarifying
 - 8.1.5 demonstrates appropriate non-verbal communication
 - 8.1.6 demonstrates the ability to break bad news appropriately
 - 8.1.7 demonstrates the following skills in patient education: providing information, aiding understanding, achieving shared understanding
 - 8.1.8 demonstrates counselling skills relevant to a medical consultation.
- 8.2 Demonstrates the ability to access, record, organise and present information particularly through technology based activity
 - 8.2.1 demonstrates the ability to produce a written case history for acute and chronic, and physical and mental health problems
 - 8.2.2 demonstrates the ability to write a referral letter
 - 8.2.3 demonstrates the ability to write a discharge letter
 - 8.2.4 demonstrates the ability to present a case in a clinical setting (e.g. ward round, case

conference, verbal referral)

8.2.5 demonstrates the ability to record and input health information electronically

8.2.6 demonstrates the ability to present information and concepts in written format, particularly using standard formats for reports and papers

8.2.7 demonstrates the ability to present information and concepts verbally (includes the use of PowerPoint)

8.2.8 understands the role of telemedicine and its application in health care.

9. Demonstrates the ability to work collaboratively with colleagues in the healthcare team setting

9.1 understands theoretical concepts of teamworking

9.2 demonstrates the ability to work in teams with other medical students/doctors

9.3 demonstrates the ability to work in a multi-disciplinary team.

10. Understands the principles of providing a leadership role, where appropriate, to health care teams

10.1 understands theoretical concepts of leadership

10.2 identifies the application of leadership skills in a health care team environment.

Theme 3: Community Health & Disease

11. Understands the Australian Health Care System including its funding, planning and major national priorities and contrasts this with the global context of healthcare provision

11.1 understands the major principles of a universal health care system

11.2 understands the roles and operation of Medicare Australia

11.3 understands how Australian health services are funded

11.4 understands the roles and operation of the Pharmaceutical Benefits Schedule, the Medicare Benefits Schedule

11.5 understands the roles of, and differences between, public and private health care systems in Australia

11.6 understands the national health priorities, how they are defined, and how they are interpreted at State/Territory level

11.7 understands the major Australian Government health care programs and policies

11.8 compares and contrasts the Australian health care system with those in SE Asia, Europe, and North America

11.9 understands the role and consumers and consumer groups in the design, development and delivery of health care.

12. Understands the social, political, economic, cultural and spiritual factors that impact upon the health of individuals and communities

12.1 understands the WHO definition of health and its relevance to 21st century Australia

12.2 understands the principles of primary health care

12.3 critically appraises health-related political policies

12.4 understands the role of health professional and consumer bodies in relation to improving the health of individuals and communities

12.5 applies an understanding of an individual's social, economic, environmental, cultural and spiritual context in the construction of a management plan

12.6 understands the relationships between the environment (natural and man-made) and the health of individuals and communities.

13. Understands the principles involved in the effective utilisation of hospital and community based resources and networks

13.1 understands the burden of disease upon populations

13.2 describes the factors which affect public hospital usage

13.3 describes the methods used by hospital services to cost and ration their services

13.4 understands the divisions of labour in hospital and community health service delivery in terms of medical, nursing and allied health workforce

13.5 understands the roles of community based/charitable organisations in the provision of healthcare

13.6 understands the scope of community based health care in Australia and its connection to mainstream tertiary care services

13.7 understands how integration between health services and networks in hospital and the community can effect outcomes of care.

14. Understands the various roles of the doctor in health promotion, health maintenance, disease

prevention and treatment at both population health and individual patient levels

14.1 understands the evidence base for changing behaviour in both patients and clinicians

14.2 understands the concepts of health promotion, health maintenance and disease prevention

14.3 understands the roles of doctors in treating individual patients and understands the difference in approach between curative, health maintenance and palliative treatment

14.4 understands the role of doctors in health promotion and disease prevention at the individual patient level

14.5 understands public and population health approaches to health care

14.6 understands the role of the doctor as the patient's advocate.

15. Demonstrates an understanding of knowledge generation and application through community based research and education programmes

15.1 identifies and accesses the major sources of knowledge and information available to medical practitioners working in community health care

15.2 understands the means by which medical practitioners can engage with their community in research and education programs including the identification of barriers and strategies to overcome these

15.3 understands methods that allow interaction with other health professionals in the community around research and education collaboration.

16. Understands the special needs of certain communities including access and equity issues

16.1 understands the socio-cultural perspectives of health and health care needs of Aboriginal and Torres Strait Islanders

16.2 understands the difference in the health status of rural and remote living Australians compared with those in urban and outer metropolitan areas

16.3 understands the cultural practices of non-Western people around traditional healing methods and practices

16.4 understands how the context of the health care setting influences clinical practice.

Theme 4: Personal & Professional Development

17. Demonstrates a commitment to compassionate, professional and ethical behaviour

17.1 understands and applies bioethical principles in discussions of clinical cases

17.2 demonstrates the ability to gain informed consent for medical procedures

17.3 demonstrates an understanding of the role of ethics committees in bio-medical and social research.

18. Demonstrates the ability to recognise ones own strengths and weaknesses and to be open to

assistance from others when needed

18.1 demonstrates the ability to critique their own performance

18.2 demonstrates the ability to recognise the limitations of their own expertise in caring for a patient

18.3 demonstrates the ability to refer a patient when appropriate.

19. Understands the legal responsibilities of a medical practitioner

19.1 demonstrates the ability to analyse a clinical case drawing upon both legal and ethical responsibilities

19.2 understands and applies the concept of duty of care

19.3 demonstrates the ability to create and defend a reasoned position upon ethical issues throughout the life cycle (fertility and assisted reproduction, termination of pregnancy, caring for two patients in the antenatal setting, adolescence, onset of impairment, death and dying)

19.4 understands substituted decision making

19.5 understands the provision of medical indemnity

19.6 understands the Mental Health Act and legal responsibilities associated with the delivery of public health.

20. Understands the need for respect of the inherent dignity of every human being

20.1 demonstrates the ability to explore their own reactions to patients with physical and mental disability, social disadvantage, ageing and death in terms of the normative aspects of health, and their own personal value system.

21. Understands the principles of quality improvement, risk management and patient safety

21.1 understands the concepts of open disclosure and safety and quality principles in terms of trust, ethics, and systems

21.2 demonstrates the ability to undertake quality improvement activities.

22. Demonstrates personal, organisational and time management skills

22.1 understands concepts of stress, and applies strategies for self care

22.2 understands and applies time management skills.

23. Demonstrates a commitment to lifelong learning, self-appraisal and reflection

23.1 understands and applies concepts of reflective practice

23.2 demonstrates ability to define their own learning needs in a given situation.

Theme 5: Integration

24. Demonstrates an ability to apply critical and creative thinking to a range of problems

24.1 creates and defends reasonable, individualised differential diagnoses for a variety of patient presentations

24.2 creates and defends reasonable, situational, cost-effective investigation plans for a variety of patient presentations

24.3 enunciates and defends appropriate ethical positions in relationship to proposed actions in a variety of clinical situations.

25. Demonstrates an ability to integrate and synthesise disparate material to arrive at the most appropriate solution to a problem

25.1 understands the principles of evidence-based healthcare, health economics, and decision analysis

25.2 demonstrates the ability to identify their own information needs, and devises appropriate search strategies to address them

25.3 demonstrates an ability to critically review scientific and clinical literature and apply it to patient care

25.4 demonstrates the ability to appropriately prioritise patients' problems.

26. Demonstrates the ability to develop, in consultation, an appropriate patient-centred management plan

26.1 enunciates the extent and limitation of contributions by other health professionals to the management of a given patient

26.2 outlines appropriate medical interventions for a variety of patient presentations, in various clinical settings.

26.3 integrates hospital discharge, referral, investigations, rehabilitation planning, and patient review into patient management plans as appropriate.

27. Demonstrates an understanding of the principles of medical research and its application

27.1 understands methodologies underlying major research approaches from experimental basic to population-based investigations (quantitative and qualitative)

27.2 understands and applies statistical approaches to the level required to extract and apply data to clinical settings.

28. Demonstrates information literacy skills

28.1 recognises the need for information in given situations

28.2 demonstrates the ability to find information, particularly through electronic sources

28.3 demonstrates the ability to critically evaluate information

28.4 demonstrates the ability to manage information

28.5 demonstrates the ability to synthesise new information with existing information to create new understanding.

Websites for Further Information

The University of Tasmania and School of Medicine are committed to providing a supportive learning and teaching environment enabling students to take responsibility for their own learning. Relevant websites for further information and policies that guide and support this process are listed below.

School of Medicine Student Handbook 2007

<http://www.medicine.utas.edu.au/internal/handbook/StudentHandBook2007.htm>

Academic Matters

MB,BS Course Rules

<http://www.medicine.utas.edu.au/policies/pdf/M3Nrules.pdf>

Admission and Student Progress

<http://www.medicine.utas.edu.au/policies/pdf/StudentProgressionRule3.pdf>

Allocation of MBBS Students to Clinical Schools

http://www.medicine.utas.edu.au/policies/pdf/allocation_MBBS_students_clinical_schools.pdf

A Guide to Academic Integrity for Students

http://www.utas.edu.au/tl/supporting/academicintegrity/student_guide_to_academic_integrity.doc

Assessments, Examinations and Results

Academic Assessment

<http://www.medicine.utas.edu.au/policies/pdf/AcademicAssessmentRule2.pdf>

Examination and results

http://www.studentcentre.utas.edu.au/examinations_and_results/

Student Academic Complaints Procedures

http://www.admin.utas.edu.au/academic/acservices/complaints_info.html

Student Placements

Student Placement Agreement – (NB General information only)

<http://www.utas.edu.au/universitycouncil/policyframework/policies/tlp1.2.pdf>

Code of Conduct

<http://www.medicine.utas.edu.au/policies/pdf/codeconduct07.pdf>

School of Medicine Infectious Disease Policy

<http://fcms.its.utas.edu.au/files/policies/FHSIDpolicy08.pdf>

Occupational Health and Safety

http://www.admin.utas.edu.au/hr/ohs/pol_proc/ohs.pdf

Other Matters

UTAS Student Services

<http://www.studentservices.utas.edu.au/index.asp>

Student Grievance Procedure

http://www.studassoc.utas.edu.au/advocacy_referral/grievances_complaints/index.htm

Student Discipline

<http://www.utas.edu.au/universitycouncil/legislation/ord9.pdf>