Welcome to UNSW Medicine as a Primary Care Clinical Teacher in General Practice. We appreciate the important role that General Practitioners like you play in the education of the future generation of doctors.

This guide contains information about

- the UNSW Medicine Primary Care course that may be helpful to your practice and teaching,
- your role as a UNSW GP supervisor and
- opportunities for professional development as a clinical teacher

A copy of this guide and other useful links and resources can be found at:

About Us

You will be pleased to know that UNSW Medicine’s undergraduate Primary Care (General Practice) course is taught and run by General Practitioners. The course is convened by Dr Joel Rhee. Other campus-based GP lecturers in the course include Prof Nick Zwar, Dr Winston Lo and Dr Kylie Vuong. Prof Siaw Teng-Liaw, Dr Andrew Knight and Dr Michael Tam are based at the Fairfield GP Unit, where students may attend tutorials. Ms Sarah Jacob & Ms Erika Villasana play an important role providing administrative support for the course.

About the UNSW Medicine program

Medicine at UNSW is a six-year undergraduate degree, divided into three Phases, each of approximately two years duration. Learning and teaching in each Phase is organised broadly around the human life cycle. This is reflected in the four fundamental domains of the program – Beginnings Growth & Development, Health Maintenance, Ageing & Endings, and Society & Health. Students study both proactive and reactive approaches to health issues in both individuals and populations. The content is organised into content streams – the biomedical sciences, the social and psychological aspects of health and illness, and medical practice.

GPs have a significant role in all Phases of the program – as small group facilitators and clinical tutors in Phase 1 (scenario-based learning), in Society & Health in Phase 2, and in Primary Care in Phase 3.

About the Primary Care course

Primary Care is a compulsory 8-week course in Phase 3 (Years 5 and 6) of the UNSW Medicine program. While some teaching is delivered through formal lectures, tutorials and online modules, most of the learning takes place through the students’ general practice attachments. Students are required to attend at least 50 half-day general practice sessions during the course. Some students attend two practices for four weeks each, and others stay with one practice for 8 weeks. There are a wide variety of rural and urban GP placements currently available for students.
Formal campus-based teaching and assessment activities

Lectures
The lectures at the beginning of each Teaching Period provide an overview of Primary Care and General Practice and introduce important concepts. The major focus is on providing a framework for students to learn and practice consulting skills. This includes analysis of the structure of GP consultations, clinical reasoning, interpersonal communication and patient-centred management. There is also a focus on teamwork and on managing uncertainty in clinical practice.

Consulting skills workshop
This provides an opportunity to students to practice consulting skills and to receive feedback. They also become familiar with the assessment criteria for consulting skills used throughout the GP course. The format is similar to the Consulting Skills Role-Play Assessment and to the Primary Care component of the End-of-Phase 3 Clinical Skills Examination. Students break into groups of three and take turns to play the role of the GP, patient and observing evaluator. Students evaluate each other’s performance using the Clinical Skills Assessment Form and provide constructive feedback. Additional feedback and comments are provided by GPs who circulate among the groups of students.

Team care workshop
This workshop introduces both theory and practical tools used in primary care to help students develop a framework for understanding multidisciplinary care and teamwork in managing chronic illness.

Online learning
A number of online modules have been developed in order to assist with the student’s learning during the clinical attachments. The modules cover the assessment and management of hypertension and CV risk factors, and the management of difficult patient presentations.

Mid-course campus day
Students attend a Consulting Skills Role-Play Assessment on the Friday morning of week 4 of the Teaching Period. Students are given 20 minutes to conduct a GP consultation with a simulated patient (usually an actor). They are then provided with feedback on their performance by an observing GP examiner. Tutorials scheduled in the afternoon provide an opportunity for students to consolidate their learning from the online modules.

End-course campus day
The final day of the Teaching Period features a morning “Grand Rounds” for students to present individual learning projects for additional graduate capabilities, and receive formal and peer assessment and feedback.

There is also a tutorial session to review achievement of the course objectives, compare primary, secondary and tertiary care, and discuss team care in general practice.
Primary Care course in 2016

The teaching periods for 2016 are as follows:

<table>
<thead>
<tr>
<th>UNSW Teaching Period</th>
<th>Placement dates</th>
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<tbody>
<tr>
<td>Summer Teaching Period</td>
<td>11 January – 4 March</td>
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<td></td>
<td>11 January – 5 February</td>
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<td></td>
<td>8 February – 4 March</td>
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<tr>
<td>Teaching Period 1</td>
<td>7 March – 6 May</td>
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<td></td>
<td>7 March – 1 April</td>
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<td></td>
<td>11 April – 6 May</td>
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<tr>
<td>Teaching Period 2</td>
<td>9 May – 1 July</td>
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<td></td>
<td>9 May – 3 June</td>
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<td></td>
<td>6 June – 1 July</td>
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<tr>
<td>Teaching Period 3</td>
<td>11 July – 2 September</td>
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<td></td>
<td>11 July – 5 August</td>
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<td>8 August – 2 September</td>
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<tr>
<td>Teaching Period 4</td>
<td>12 September – 4 November</td>
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<td></td>
<td>12 September – 7 October</td>
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<td></td>
<td>10 October – 4 November</td>
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</table>

What is involved in being a GP supervisor at UNSW?

You will be supervising Phase 3 medical students (years 5 and 6 of the 6-year curriculum) undertaking an 8-week Primary Care term (or 4 week part thereof). During this time students will have to complete 50 half-day sessions (25 sessions per four week block) in clinical general practice as well as attend a variety of teaching sessions on campus.

On average, a student will be under your supervision for approximately 3-3½ days per week throughout the term. This can include time spent with other GPs (including registrars) in your practice, practice nurses and a few sessions with attached allied health and specialist colleagues.

Your feedback will be highly valued on how the student has performed in areas such as their knowledge about patient assessment and management, their approach to teamwork, the level of responsibility they have displayed as a member of your practice and their ability to undertake self-directed learning.

Are there any requirements to become a supervisor?

First, we expect that you will be an excellent GP who provides good quality care for patients. Therefore we require all our supervisors to be an unconditionally registered Vocationally Registered (VR) GP who is actively involved in continuing professional development.
Second, you will be experienced and/or interested in medical education. You may have supervised students from UNSW in the past or from or other universities. Or you may be an active supervisor of a vocational GP trainee. Or you may not have supervised a student before but have an active interest in helping develop the knowledge, skills and attitudes of future doctors (if this is the case, then we will be happy to provide you with training and support).

Third, you will need to provide a safe and high quality environment for the education and training of medical students. This requirement is partially met by the fact that you are a high quality clinician with medical indemnity insurance that covers teaching of medical students in your practice. However it is also important that you are working in an accredited general practice with demonstrated high standards for patient care, workplace health and safety and established protocols for dealing with needle-stick injuries, body fluid exposures and behavioural emergencies.

Finally, UNSW Primary Care supervisors are expected to regularly update their clinical teaching skills. This may involve attendance at our annual teaching workshops or completion of online teaching modules developed by UNSW. Alternatively you may choose to up-skill your teaching skills by attending sessions organised by other organisations such as GP regional training providers, other medical schools and universities, the RACGP, HETI and others.

**What are some activities that I could undertake with my student?**

- Ask the student to sit in with you initially to see a range of patients. This will help them to understand common general practice conditions and early stages of disorders which up to now, they have encountered at a much more advanced stage.
- As the term progresses, students should progress to more responsibility and autonomy in clinical activities during the attachment.

**Inside the practice**

- Observation and critical analysis of the GP at work, with discussion after selected consultations of key aspects of the case – for example, early stages of disease, undifferentiated illness, communication styles, managing uncertainty/complex problems, and continuity of care.
- Practice consulting skills – history taking and assessment (followed by presentation of cases to the GP) and explanation of conditions/management to patients.
- Self-directed learning – encourage students to test their biomedical knowledge for each condition they encounter and refresh relevant details of presentation, natural history, assessment and management as they go, and following up on any areas where they have a deficit.
- Undertake consultations – conduct consultations (all or part) while being observed by the GP and then receive feedback, and conduct consultations alone in another room, present to the GP and then receive feedback. How this is organised may differ from practice to practice, and on a number of factors including the availability of a spare consulting room, the student’s level of knowledge and their skill set.
- Team care – review a patient with a complex or long-standing condition, possibly conduct a health assessment under the supervision of the practice nurse and GP, and then develop or update a care plan for this patient.
- Discussions with practice manager and practice nurse – to assess how practice management is organised to improve patient care.
Outside the practice

- Home visits – accompany the GP on home visits and nursing home visits, follow-up the patients seen and report their progress
- Local health service teams – participate in local health service teams (e.g., ACAT, primary health nurses, Home and Community Care, Diabetes service, Drug & Alcohol), observe or participate in care planning, case conferencing, home assessment and other relevant activities, and discuss this with the GP
- Visit other community services – such as pharmacy, community health/nursing, allied health, self-help groups (e.g., dementia, arthritis), to learn how these contribute to patient management, and discuss the role/s of each service visited with the GP.
What should the students learn during their clinical attachment?

Five domains of general practice

The Royal Australian College of General Practitioners has identified five domains of knowledge and skills that are relevant to general practice (see below).

The five domains of general practice can be mapped to the main graduate capabilities in the Medicine program:

- Communication skills and the patient-doctor relationship: Effective Communication
- Applied professional knowledge and skills: Using Basic and Clinical sciences; Patient Assessment and Management
- Population health and the context of general practice: Social and Cultural Determinants in health and disease; Teamwork
- Professional and ethical role: Self Directed Learning and Critical Evaluation; Ethics and Legal responsibilities; Reflective Practitioner
- Organisational and legal dimensions: Self Directed Learning and Critical Evaluation, Teamwork; Ethics and Legal responsibilities
Common and important presentations and conditions

(This is not an exhaustive list, but is provided as a guide to the range of conditions and illnesses students will be expected to cover during the term. *Adapted from the RACGP curriculum)

- Aboriginal and Torres Strait Islander health including understanding of Aboriginal and Torres Strait Islander culture; culturally appropriate care; multidisciplinary care involving Aboriginal and Torres Strait Islander health worker, liaison officer and other health workers; assessment and management of common biological, psychological or social issues in patients from Aboriginal and / or Torres Strait Islander background
- Acute and serious illness including initial assessment, diagnosis and management of common and important illnesses (e.g., eye and ENT problems, chest pain, collapsed patient, anaphylaxis, acute abdominal pain, respiratory problems (e.g., asthma), trauma (e.g., face and spine) and common fractures)
- Aged care including assessment and management of mental health and cognitive issues in the elderly; management of polypharmacy; multi-morbidities
- Chronic diseases including assessment, diagnosis, management and monitoring (e.g., diabetes, hypertension, ischaemic heart disease, cardiac failure, PVD, CVA, TIA, COPD, asthma); physical and mental state of patients with chronic conditions; use of tools to assess readiness to change and techniques that motivate, educate and facilitate behaviour change for chronic disease control
- Community infections (e.g., URTI, pneumonia, pharyngitis, otitis media, gastroenteritis, hepatitis, sexually transmitted illnesses, UTI, viral exanthem); childhood, other routine and travel vaccinations
- Complementary medicines including their use and general safety
- Dermatology including history, examination, investigations and treatment of common skin disorders (e.g., eczema, psoriasis, seborrheic dermatitis, acne, impetigo, skin infections, skin cancers, scabies, viral exanthem, drug rash); understanding of common topical and systemic therapy, especially topical steroids
- Disability including proactive management and preventative health strategies for people with a disability
- Doctor's health including physical and mental health issues in GPs and other health professionals
- Drug and alcohol including assessment of drug and alcohol use; management of common drug and alcohol problems
- Eye and ENT including assessment of common and serious eye and ENT problems (e.g., acute glaucoma; anterior uveitis; corneal ulcer; keratitis; retinal detachment; eye trauma; conjunctivitis; URTI; otitis media, otitis externa; pharyngitis); screening procedures for common eye and ENT problems
- Gastrointestinal illness (e.g., peptic ulcer, GORD, inflammatory bowel disease, irritable bowel syndrome, PR bleeding, hepatitis)
- Informatics including electronic health records and its role in health care; reminder and recall systems; role of IT in preventative care
- Men's health including acute presentations (e.g., testicular torsion); common presentations (e.g., erectile dysfunction, prostate cancer screening; testicular lump or pain, hair loss); issues that often affect men including unemployment, sexuality, lifestyle diseases
- Mental health including assessment and management of common psychiatric syndromes and disorders; effective mental health care planning; understanding of multidisciplinary care in mental health; understanding of the common risk factors and, physical and mental health impact of common mental disorders; principles of treatment for substance misuse
• Multicultural health including understanding of prevalent health problems in culturally and linguistically diverse communities; role of culture in the context of medical interview and health care

• Musculoskeletal medicine including assessment, investigations and management of common musculoskeletal problems (e.g., low back pain, arthritis, gout, tendinitis, sports injuries); understanding of red and yellow flags; role of biopsychosocial model in chronic pain; common medications and modalities used in treatment of musculoskeletal problems including complementary therapies; understanding of chronic disease self-management

• Occupational health and safety including workplace injuries and the Workcover system; work-related stress; occupational exposure to noxious substances

• Oncology including assessment of symptoms commonly associated with cancer; understanding of national cancer screening programs; risk assessment of common cancers

• Pain management including assessment and management of a person presenting with acute and chronic pain; common medications used in pain management; understanding of psychosocial aspects of pain

• Palliative care including communicating difficult news; concept of caring verses curing and prioritising quality of life

• Population health and public health including national health priorities; social determinants of health; principles of screening for important diseases

• Primary Health Care system including the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS); compensation programs for work and traffic injuries; regulations and laws that apply to medical practitioners;

• Risky health behaviours management including SNAP, recreational drugs and obesity

• Rural general practice including socio-economic and environmental factors that are unique to rural and remote area practice; public health issues relevant to rural communities

• Sexual health including diagnosis and management of common STI and genital infections (e.g., chlamydia, gonorrhea, syphilis, herpes, genital warts, vaginal discharge); contact tracing; ethical and legal responsibilities in sexual health and communicable diseases

• Undifferentiated illness (e.g., headache, tiredness, chest pain, malaise, and endocrine disorders such as hyperthyroidism)

• Women's health including assessment and management of common health problems (e.g., breast lumps, vaginal discharge, period irregularities, pelvic pain, pregnancy and breast-feeding related issues, STI screening, mental health issues, relationship and social issues); breast cancer and cervical cancer screening; issues around adolescence, pregnancy, breast feeding, parenting, menopause and ageing; impact of abuse including physical, sexual, emotional, financial, psychological.
Student assessments done by supervisors

- **End-of-term Supervisor’s Report**
  
  This is completed at the end of the student’s attachment. If a student spent all their eight weeks with one practice, then we only require one assessment form; if a student spent four weeks in one practice and four weeks in another then we require two assessment forms – one from each supervisor.

- **Clinical Skills Assessment Form**
  
  This should be done every two weeks during the term (two forms for every four weeks of the attachment). This is the supervisor’s rating that is based on a direct observation of the student’s consultation with a patient including history taking, physical examination, diagnosis and management.

- **Clinical Case Logs**
  
  These are logs of specific cases (minimum of one each week of the placement) where in consultation with the supervisor, the student identifies a deficit in their clinical knowledge based on a specific case that they saw during the week. They then seek to correct this through access to appropriate evidence-based resources (e.g., Therapeutic Guidelines, Clinical Evidence, etc). Each week, the student should present these to you to be reviewed and signed off. The student should not build these up and present to you all at once at end of the term.

You should be given all the necessary paperwork by your student. You can also download the forms from our website under ‘useful forms and documents’: [http://sphcm.med.unsw.edu.au/staff/learning-and-teaching/primary-care-clinical-teachers-support/forms-and-documents](http://sphcm.med.unsw.edu.au/staff/learning-and-teaching/primary-care-clinical-teachers-support/forms-and-documents)

Student assessments done by campus based teachers

- **Team care planning and evaluation assignment (due Monday, Week 6)**
  
  o This assignment is designed to help students develop understanding and skills for working with other health professionals in providing multidisciplinary care for patients with chronic and complex conditions.
  
  o In Weeks 1 or 2 of the student’s placement, they identify a patient (often with the help of their supervisor) with long-term condition(s) with complex care needs. They may have a formal care plan or team care arrangement, but this is not essential. The student should then review the care plan and/or overall patient management in the notes, and then arrange a series of conversations with the patient; their GP and other health professionals involved in their care (e.g., practice nurse, dietician, physiotherapist, exercise physiologist, pharmacist, etc). The student’s task is to critically evaluate the care (planned or otherwise) and teamwork for this patient. The team care workshop given during the campus lecture days will provide a theoretical framework for this task.
  
  o The report should have a maximum of 1,500 words, excluding references and tables. It should state clearly who was interviewed for the project, and address the issue of patient confidentiality.

- **Consultation skills role-play (Friday, Week 4)**
  
  o This is an individual assessment in which the student participates in a 20-minute simulated GP consultation. The student takes the role of the GP and an actor plays the role of a patient, from whom the student takes a focused history, obtain the results of a focused physical examination and any office tests (e.g., urinalysis, glucometer, spirometry, ECG). The student then makes the diagnosis, communicates this diagnosis to the patient and outlines any necessary investigations and advice on management.
Important information on Workplace Health and Safety

Workplace health and safety of students is the combined responsibility of all parties involved. This includes the student, GP supervisor, the practice and the University. Under the new legislation, students on their practical attachments are considered as workers.

The following procedures are in place to ensure that our students are sufficiently protected:

1. The students are briefed on important workplace health and safety issues by the course convenor at the beginning of the term.

2. The course guide for students contains important workplace health and safety information. This includes:

   2.1 ‘A Guide to Inducting Medical Students to your Practice’. This document has been designed to serve as a guide for the supervisors and practice managers to ensure that they adequately cover most of the important issues when inducting new medical students into the practice. The students have been briefed to give a copy to their supervisor at the beginning of each clinical placement. Please note that this document is a guide only and not intended to replace existing practice policies and manuals on inducting new employees.

   2.2 ‘Workplace Health and Safety Guide for Medical Students (Primary Care)’. Students are required to complete this self-checklist (ideally in the first few days) to ensure that they have adequately been made aware of all the safety issues around the practice. Since they are self-assessments, students are NOT expected to hand in the forms to the practices or to the University unless they have concerns about safety issues not being adequately addressed.

The University carries an insurance that covers the student’s liabilities that may arise during their practical placement. However we strongly encourage you to also check with your medical indemnity insurer to ensure that your insurance covers teaching activities in the practice.

It is also important that the correct procedures are followed if any incidents occur during the student’s placement involving bodily or psychological injuries. A common example is a needlestick injury or body fluid exposure. In such situations the student must report the incident to their supervisor / or a delegated staff member who is responsible for this. The practice policy on any injuries or body fluid exposure must then be followed. The student should also be reminded to report the incident to the University (they are made aware of this at the start of the term). It is important that the practice policies are up to date and consistent with current best practice. Here is a link to the RACGP guideline (Appendix 6 is particularly relevant):


What are the benefits of being a GP supervisor at UNSW?

- You get to pass on your experience to the next generation of doctors, many of whom will enter General Practice.
- You can provide students with invaluable insights into the rewards and challenges of a general practice career.
- Your personal and professional satisfaction in knowing that you have enhanced a medical student’s clinical and communication skills, and an appreciation of whole patient care and general practice.
- Teaching practices are eligible for PIP payments (from 2015, $200 per session or $10,000 for an eight-week placement).
- You can apply for and obtain Conjoint Academic Titles that provides access to privileges associated with UNSW, such as library (physical and online access), discounts on staff parking,
academic discounts on computer software and hardware, invitations to seminars and other campus events.

- You will be invited to GP supervisors’ training workshops and networking dinners to meet your colleagues and enhance your skills in teaching.

**How do I apply to become a Conjoint Academic?**

We realise that this process can be a bit complicated so we are more than happy to assist you if you wish to apply to become a conjoint academic with us at the School of Public Health and Community Medicine.


Please e-mail Ms Sarah Jacob ([undergrad-sphcm@unsw.edu.au](mailto:undergrad-sphcm@unsw.edu.au)) if you are interested and we will do our best to assist you through this process.

**Contact Us**

If you have any comments, issues or queries, then please feel free to contact us.

**Ms Sarah Jacob, Undergraduate Student Services Officer**  
Phone: (02) 9385 2520  
Email: [undergrad-sphcm@unsw.edu.au](mailto:undergrad-sphcm@unsw.edu.au)

**Dr Joel Rhee, Senior Lecturer**  
Course Convenor for Primary Care, Phase 3 UNSW Medicine Program  
Phone: (02) 9385 3502  
Email: [j.rhee@unsw.edu.au](mailto:j.rhee@unsw.edu.au)
# Appendix: Phase Three Expectations for the Graduate Capabilities:

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<tr>
<th>3.1: Using Basic and Clinical Sciences</th>
<th>3.2: Social and Cultural Aspects of Health and Disease</th>
<th>3.3: Patient Assessment and Management</th>
<th>3.4: Effective Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mechanisms of Health and Disease</strong></td>
<td><strong>Social Determinants of Health and Disease</strong></td>
<td><strong>Assessment</strong></td>
<td><strong>Communicates Effectively with Patients and their Families</strong></td>
</tr>
<tr>
<td>3.1.1 Explains the patho-physiological basis of common clinical presentations.</td>
<td>3.2.1 Plans health care with patients’ lifestyle, culture and resources in mind.</td>
<td>3.3.1 Elicits the patient’s history of current therapies (including OTC, complementary/alternative therapies) and any complications/adverse events from the condition and its treatment.</td>
<td>3.4.1 Conducts a proficient in-depth consultation with a patient.</td>
</tr>
<tr>
<td>3.1.2 Anticipates possible complications and their patho physiological basis, as well as measures for prevention and treatment (i.e. work out other courses that the disease process could have taken, and other management options).</td>
<td>3.2.2 Understands the current health status and health care needs of populations, including Indigenous people and other disadvantaged groups.</td>
<td>3.3.2 Handles unexpected findings and prolonged uncertainty appropriately.</td>
<td>3.4.2 Explains the likely progress of a disease to a patient.</td>
</tr>
<tr>
<td><strong>Diagnostic Investigations</strong></td>
<td><strong>Improving Health by Social Approaches</strong></td>
<td><strong>Procedural Skills</strong></td>
<td>3.4.3 Finds common ground with the patient in identifying the problem list, negotiating an evidence-based management plan and agreeing roles and responsibilities.</td>
</tr>
<tr>
<td>3.1.3 Plans and justifies a series of rational and appropriate investigations and/or screening test options, using EBM skills to take cost-effectiveness, benefit and test accuracy into consideration.</td>
<td>3.2.4 Develops management plans that take account of social, cultural and lifestyle factors relevant to the patient’s problems.</td>
<td>3.3.3 Conducts proficient examination related to patient’s presentation.</td>
<td>3.4.4 Communicates bad news sensitively.</td>
</tr>
<tr>
<td><strong>Approaches to Management</strong></td>
<td><strong>Improving Health by Social Approaches</strong></td>
<td><strong>Management</strong></td>
<td><strong>Communicates Effectively with Peers and Tutors</strong></td>
</tr>
<tr>
<td>3.1.4 Predicts likely outcomes of disease and prioritises approaches to individuals with multiple diseases or multi-system diseases, based upon principles of basic/medical science</td>
<td>3.2.5 Familiar with the range of health and other social support services in the community and able to refer patients and collaborate appropriately.</td>
<td>3.3.9 Applies appropriate management strategies to patient problems, taking account of best available evidence and patients’ circumstances.</td>
<td>3.4.5 Communicates effectively across a clinical team including accurate and pertinent documentation.</td>
</tr>
<tr>
<td><strong>Communication of Understanding</strong></td>
<td>3.2.6 Collaborates with other health professionals in health promotion and disease prevention.</td>
<td>3.3.10 Collaborates with other health professional in management of patients with chronic and complex conditions, including Indigenous people.</td>
<td><strong>Communicates with Communities</strong></td>
</tr>
<tr>
<td>3.1.5 Teaches/explains in some depth, principles of basic science to more junior colleagues and patients.</td>
<td></td>
<td>3.3.11 Understands the part that clinical practice improvement processes (CPI), audit and clinical guidelines play in improving clinical quality and safety.</td>
<td>3.4.6 Writes or critiques a piece of medical journalism.</td>
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### APPENDIX: PHASE THREE EXPECTATIONS FOR THE GRADUATE CAPABILITIES:

<table>
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<tr>
<th>3.5: Team Work</th>
<th>3.6: Self Directed Learning and Critical Evaluation</th>
<th>3.7: Ethics and Legal Responsibilities</th>
<th>3.8: Reflective Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates Effectively in Health Care Teams</td>
<td>Evidence of continued and routine self-directed learning as defined for level two, plus</td>
<td>Developing a Personal Value System</td>
<td>As for phases one and two, with all elements now frequent, plus...</td>
</tr>
<tr>
<td>Groups might include medical teams with members of varying levels of skill and experience or multi-disciplinary groups of health care professionals.</td>
<td>Learning Projects</td>
<td>3.7.1 Articulates personal and professional values and can demonstrate the manner in which these support the well-being of patients and others.</td>
<td>Reflective Practitioner</td>
</tr>
<tr>
<td>3.5.1 Recognises the significant features of a team, including roles, responsibilities, personalities and power relations.</td>
<td>3.6.1 Initiates (as opposed to selecting and negotiating) learning projects, in all blocks in this phase.</td>
<td>Clinical Ethics</td>
<td>3.8.1 Recognises the influence of contextual, social, political and cultural factors on situations and takes these into account when acting and justifying actions.</td>
</tr>
<tr>
<td>3.5.2 Defines an appropriate role for him or her self.</td>
<td>3.6.2 Critically evaluates own performances.</td>
<td>3.7.2 Recognises and responds appropriately to ethical issues in clinical medicine including complex interactions involving patients, their families and other care providers.</td>
<td>3.8.2 Recognises the viewpoints of others (peers, patients, allied health staff, family members...) and takes these into account when formulating and justifying clinical plans and actions.</td>
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<td>3.5.3 Understands events in a team from others' viewpoints, including identifying their goals and recognising their feelings.</td>
<td>3.6.3 Undertakes appropriate formal and informal educational activities routinely.</td>
<td>3.7.3 Can identify inappropriate behaviour of self and others—from ethical and legal standpoints—and identify effective goals and strategies for overcoming these difficulties.</td>
<td>3.8.3 Develops plans for action and for coping in potentially difficult and/or stressful situations.</td>
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<td>3.5.4 Analyses and solves problems collaboratively.</td>
<td>3.6.4 Identifies future postgraduate learning needs, environments and challenges.</td>
<td>3.7.4 Can analyse the extent to which systemic factors support equitable and compassionate health care.</td>
<td>3.8.4 Responds flexibly to changing and uncertain situations.</td>
</tr>
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<td>3.5.5 Behaves pro-actively, taking action and responsibility when necessary.</td>
<td>3.6.5 Plans self-care and time-management strategies to facilitate transition to subsequent training.</td>
<td>Legal Responsibilities</td>
<td>Recognising Limits</td>
</tr>
<tr>
<td>3.5.6 Makes appropriate referrals when necessary.</td>
<td></td>
<td>3.7.5 Understands the law relating to health care, and applies this in a way that supports effective clinical practice.</td>
<td>3.8.5 Recognises the limits of his/her own knowledge and skill, and seeks appropriate and timely assistance.</td>
</tr>
<tr>
<td>3.5.7 Assesses own performance.</td>
<td></td>
<td></td>
<td>3.8.6 Acknowledges his/her limitations and mistakes and reflects on them so as to develop both personally and professionally.</td>
</tr>
</tbody>
</table>