



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

Graduate School of Medicine

Doctor of Medicine

PHASE 1 – MEDI991

Subject Outline

2024-2025

MEDI991: Medicine

Subject Outline

GSM Ph1 S1, S2, S3

On-Campus Wollongong/Shoalhaven

Subject Information

Credit Points: 72 (24 per session)

Pre-requisite(s): None Co-requisite(s): None

Restrictions: Details of entry requirements and eligibility for enrolment available at

[Doctor of Medicine - University of Wollongong – UOW](#)

The MD program is a full-time course. There is a combination of formal teaching sessions, Community/clinical placements and self-directed learning.

This subject is delivered in-person and includes on-campus or other location-based learning activities that cannot be undertaken by students studying online/distance. Students unable to attend campus or any other nominated physical delivery location are not permitted to enrol in this subject.

UOW may need to change teaching locations, teaching delivery and/or assessment delivery at short notice to ensure safety and wellbeing.

The Faculty of Science, Medicine and Health

The Faculty of Science, Medicine and Health offers a range of undergraduate and postgraduate programs designed to meet the needs of a diverse student population. We carry out world-leading research which is strongly aligned with our teaching program.

As a student of our faculty, you will be actively engaged in learning with extensive clinical experiences, use of advanced educational technologies and opportunities for enriching work experience. More information about the Faculty of Science, Medicine and Health and our School is available on our web pages: <https://www.uow.edu.au/science-medicine-health/>

Subject Contacts

Chair of Phase 1

Name:	Dr Michael Macartney	Dr Katie French
Position:	Academic Lead and Phase 1 Chair	Phase 1 Co-Chair (Clinical)
Location:	28.122	Shoalhaven Hospital
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Email:	MD-Phase1Chair@uow.edu.au	MD-Phase1Chair@uow.edu.au
Consultation mode and times:	Email for appointment	Tuesday afternoon, Email for appointment

Head of Students – Student Support and Advice

Name:	Dr Darryl McAndrew
Position:	Head of Students
Location:	Building 28.G05a
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Consultation mode and times:	Email for appointment

Expectations of Students

UOW values are intellectual openness, excellence and dedication, empowerment and academic freedom, mutual respect and diversity, recognition and performance. We will provide a safe, equitable and orderly environment for the University community, and expect each member of our community to behave responsibly and ethically (UOW Student Conduct Rules <https://policies.uow.edu.au/document/view-current.php?id=6>)

COMMUNICATION AND ELEARNING ETIQUETTE

Students must comply with the University's [Student Conduct Rules](#) and related policies including the [IT Acceptable Use Policy](#) and [Bullying Prevention Policy](#), whether undertaking their studies face-to-face or online.

For more information on appropriate communication and etiquette in the online environment please refer to the guide [Online and Email Etiquette](#) or at <https://www.uow.edu.au/student/learning-co-op/technology-and-software/email-etiquette/>.

Related Policies

Using UOWmail <https://www.uow.edu.au/student/learning-co-op/technology-and-software/uowmail/>

Inclusive language guideline <https://policies.uow.edu.au/document/view-current.php?id=239>

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Welcome

WELCOME FROM THE DEAN



It is with enormous pride and enthusiasm that the staff and I welcome you to the Graduate School of Medicine. We are looking forward to the next four years as we work together along the path towards your graduation and on into your medical career.

Since the establishment of the Medical School at UOW in 2007, the School has continued to fulfil its mission to graduate students contributing to the enhancement of the health of regional, rural and remote populations, with a majority of our graduates working in those areas. We are very proud of our teaching and research that address national challenges, such as workforce for rural areas, health of Aboriginal and Torres Strait Island peoples, wellbeing and bridging the gap between city and country.

Our graduates are highly regarded, socially accountable, work ready health professionals, and equipped with skills to work in a range of diverse settings.

Our education integrates knowledge with learning from clinical experiences in hospital, community and outreach settings, with a focus on person-centred and reflective learning. Students are learning from communities, volunteers, patients, health clinicians, academics and students from other areas and universities, immersed through research and education in regional and rural health challenges, such as chronic disease, Indigenous health, mental health, health access and ageing.

Our translational research aims to improve health outcomes, making a direct impact on regional and rural communities. By collaborations with university and external partners, we are committed to research of excellence and high impact, particularly on issues of critical importance to regional and rural health. As a regionally-based school, we recognise the importance to engage with industry and government, to achieve critical mass through productive research partnerships with other research organisations.

We are very grateful for the support we have received from our partners, and we hope in turn that they have been enriched by our medical student ambassadors, clinicians, academics and researchers.

Class of 2024, I wish you well as we begin our partnership together.

Professor Zsuzsoka Kecskes
Dean, Graduate School of Medicine
Faculty of Science, Medicine and Health

WELCOME FROM THE ACADEMIC LEAD AND CHAIR

Welcome to Phase 1 of the University of Wollongong Graduate School of Medicine medical program, a crucial stage in your educational journey! During Phase 1, you will lay the groundwork in key medical fields, mastering essential foundational and medical sciences disciplines such as anatomy, histology, physiology, pharmacology, microbiology, and pathology. Moreover, you'll gain early insights into medical fields such as medicine, surgery, psychiatry, paediatrics, and obstetrics and gynaecology. This phase is also pivotal in developing professional behaviours aligned with the expectations of the medical profession, honing your information literacy, written communication, and basic research skills through assessments and group projects, while enhancing your teamwork skills. Significantly, you will develop proficiency in essential clinical skills, including effective clinical communication skills, physical examination techniques and practical/procedural skills.

Remember, the School staff are here to support your journey. Feel free to reach out with any questions or concerns. So, embrace this exciting beginning of your medical studies in Phase 1. Utilise this time to build a solid foundation of knowledge, skills and professional behaviours that will be instrumental in your academic and professional pursuits.

Dr Michael Macartney & Dr Katie French
Academic Lead & Co-Chair, Phase 1
Graduate School of Medicine

Mission Statement & Learning Outcomes

GRADUATE SCHOOL OF MEDICINE MISSION STATEMENT

The Graduate School of Medicine aims to engage, partner with and respond to workforce and health needs of our local, regional and rural communities.

We will listen to and build reciprocal relationships with Aboriginal & Torres Strait Islander Peoples.

Our purpose is to improve health and wellbeing through best practice medical education and meaningful research.

Our purpose will be achieved through:

- Commitment to graduate excellent medical practitioners who have the capacity and desire to contribute to the enhancement of health care of persons in all geographic settings, but particularly in regional, rural and remote communities.
- Commitment to the health and population of regional and rural areas, including addressing health inequities.
- Building strong and enduring community partnerships using a strengths-based approach.
- Commitment to supporting Indigenous-led health and wellbeing research that responds to needs and priorities of Aboriginal and Torres Strait Islander peoples.
- Enhancement of physical and mental health and social wellbeing and to help communities to thrive.
- Contribution to research that has impact, helps reduce health inequities and helps populations and communities to flourish.

MD PROGRAM LEARNING OUTCOMES

At the successful completion of the MD program, student will be able to:

1. Integrate knowledge of research and critical analysis principles cohesively within the practice of medicine.
2. Demonstrate coherent knowledge of the principles and concepts of medical science within the context of the medical profession.
3. Effectively employ evidence-based practice, use critical thinking, and perform as a collaborative, reflective practitioner and health advocate.
4. Demonstrate clinical competency at the level expected of an intern.
5. Display and practice professional and personal behaviour expected of a medical practitioner.
6. Integrate knowledge of medical science, clinical medicine, research and critical analysis and professional and personal behaviour into the practice of medicine.
7. Meet the qualification requirements to apply for an internship in Australia.

INDIGENOUS KNOWLEDGES

This subject embeds Indigenous Knowledges, with the aim of decolonising thinking and beginning to engage participants in the negotiation of authentic knowledge-based relationships between Aboriginal Knowledges and the relevant disciplinary knowledge.

Phase 1 Key Contacts



Academic Lead and Chair – Phase 1

Contact: Dr Michael Macartney 02 4221 3298 or MD-Phase1Chair@uow.edu.au

Location: Building 28, Level 1, Room 122

Workdays: Monday - Friday

Dr Michael Macartney coordinates Phase 1 and is responsible for overseeing the teaching, learning and assessment. Dr Macartney, based at the Wollongong campus, is available to meet with Phase 1 students in-person or online to discuss academic or student experience related issues in Phase 1.



Co-chair - Phase 1 (Clinical)

Contact: Dr Katie French or MD-Phase1Chair@uow.edu.au

Workdays: Tuesday afternoon (Shoalhaven Campus)

Dr Katie French co-chairs Phase 1 and is responsible for overseeing the clinical aspects of the Phase 1 program, including clinical placements and verification of student clinical compliance documentation. Dr French, based at the Shoalhaven campus, is available to meet with Phase 1 students in-person or online to discuss academic issues relating to their studies in Phase 1 or to discuss issues relating to their experience in the course.



Director of Curriculum

Contact: Professor Kylie Mansfield 02 4221 5851 or kylie@uow.edu.au

Location: Building 28, Level 1, Room 120

Workdays: Monday – Friday

Professor Mansfield is responsible for the development and delivery of the curriculum across all 4 Phases of the MD program. She works closely with the Chair of each Phase and the Academic Theme Leads and Associate Heads of School.



GSM Head of Students

Contact: Dr Darryl McAndrew 02 4221 3195 or head-of-students-GSM@uow.edu.au

Location: GSM Wollongong Campus, Building 28, Room G05a

Workdays: Monday – Friday

The Head of Students provides students with advice and information on many aspects of the University Rules and Regulations as well as information relating to their degree.

Appointments should be made directly with the Head of Students through email or telephone. The Head of Students has responsibility for but is not necessarily limited to: reviewing and monitoring the course progress of all students within the GSM; running a system for counselling students, including students whose results and/or progress towards a degree are not satisfactory; liaising, as appropriate with the Dean / Deputy Dean of Medicine on matters related to students; exercising delegations as per the UOW Delegations of Authority Policy; mediating where differences arise between students and academic units.

The Head of Students can assist students with course and subject advice as well as providing information on UOW Rules and Policy and GSM procedures and guidelines.



Academic Lead: Case Based Learning (Shoalhaven Campus)

Contact: Associate Professor Lyndal Parker-Newlyn 02 4429 1502 or gm-cbl@uow.edu.au

Location: GSM Shoalhaven Campus, Building B304, Room G05A

Workdays: Monday - Thursday

As a Senior Academic at the Shoalhaven Campus, A/Prof Parker-Newlyn oversees the educational approach and implementation of the MD program on the Shoalhaven Campus.



Operations Manager, Student Placements - Wollongong Hospital

Contact: Jenny Deura 02 4221 3990 or gm-placements-wollongong-hospital@uow.edu.au

Location: Wollongong Hospital, Level 8

Workdays: Monday - Friday

Jenny Deura is the Manager of Clinical Placements at Wollongong Hospital. Students are to contact Jenny regarding any issues with their hospital placement activities.



Placement Facilitator – Illawarra

Contact: Cass Healey 02 4221 5028 or gm-placements-wollongong-hospital@uow.edu.au

Location: Wollongong Hospital, Level 8

Workdays: Monday – Thursday

Cass Healey is the contact for Wollongong students regarding GP and community placement activities.



Assistant Clinical Placement Facilitator – Shoalhaven Hospital

Contact: Lauren Ward 02 4239 4529 or gm-placements-shoalhaven@uow.edu.au

Location: Shoalhaven Hospital

Workdays: Tuesday – Friday

Lauren Ward is responsible for all student placements in the clinical environment i.e. hospital, General Practice (GP) and community that occur in the Shoalhaven region.

Other key contacts			
Academic Lead: Case-Based Learning (Shoalhaven Campus)	A/Prof Lyndal Parker-Newlyn	02 4221 1502	gm-cbl@uow.edu.au
Theme Lead: Medical Sciences	A/Prof Theresa Larkin	02 4221 5132	tlarkin@uow.edu.au
Theme Lead: Clinical Practice	Dr Helen Rienits	02 4221 5634	helenr@uow.edu.au
Theme Lead: Professionalism and Leadership (Acting)	Dr Sanaz Khanlari		sanaz@uow.edu.au
Theme Lead: Health and Society	To be advised		
Theme Lead: Research and Scholarship	Dr Christine Metusela	02 4221 5246	metusela@uow.edu.au
Academic Lead: Indigenous Health	A/Prof Maria Mackay	02 4221 8004	Gsm-indigenous-health@uow.edu.au

As part of our commitment to supporting the needs of GSM students, staff are able to assist and advise students regarding the MD program. If you have any inquiries or concerns and are unsure who to direct these to, please email: gm-curriculum@uow.edu.au.

*Note: GSM is in the process of refining MD program outcomes and curriculum themes in 2024 and students will be updated about these changes in due course.

Learning Facilities

WOLLONGONG LEARNING CENTRE

The GSM Learning Centre at Wollongong is located on the ground floor of Building 28. The Learning Centre provides a wide range of resources, services, and facilities to support the teaching, learning, and research needs of GSM students from all campuses and clinical sites. **Operating Hours:** Monday to Friday: 8.30am to 4pm **After hours:** Accessible via swipe card only, 7 days a week (until midnight only).

SHOALHAVEN LEARNING CENTRE

Students enrolled on the Shoalhaven Campus have access to all the above facilities and services when they are in Wollongong. In addition, students also have access to the Learning Centre located at Shoalhaven campus located in GSM Building 304, Ph: 02 4429 1500. **Operating Hours:** Monday to Friday: 8.00am to 3.30pm. **After hours:** Access is available to the building outside of office hours, weekends and public holidays until midnight using your swipe card to gain access.

Access:

Student swipe cards (both Wollongong and Shoalhaven) can be purchased for \$25 (non-refundable) using the following link. <https://uow.onestopsecure.com/OneStopWeb/gsm/> (This card will allow you to have afterhours access to Building 28 in Wollongong and Building 304 on Shoalhaven Campus as well as the student learning centres on both campuses.

Tutorial Room Usage Guidelines:

Students are welcome to use tutorial rooms when these are not scheduled for teaching. Tutorial rooms cannot be booked for private individual study. Preference for tutorial room usage is given to group activities over an individual using the room.

Alternative Study Spaces:

If tutorial rooms are unavailable or not suitable for your needs, study rooms are also available at the Wollongong Campus main library or in the Ray Cleary Building on Shoalhaven campus. These spaces provide an excellent environment for both individual and group study.

Student Learning Centre Library Resources:

A collection of core texts and reference books is housed in the GSM buildings (Wollongong and Shoalhaven), providing some valuable resources for your academic needs. **Usage Guidelines:** These books are only available for use within the Learning Centres (Wollongong and Shoalhaven) and must not be taken home or to other buildings on campus. No overnight loans are available; please ensure all books are returned after use and please do not leave them on desks or in tutorial rooms. **Note:** Lost resources will not be replaced, so we appreciate your cooperation in maintaining the collection.

Computer Workstations:

Workstations provided within the Learning Centres (Wollongong and Shoalhaven) offer access to a broad range of resources available through the University Library databases and internet. Additionally, students can connect their personal laptops to the University network.

Photocopying & printing:

Photocopying and printing are available at the Learning Centres (Wollongong and Shoalhaven) and in the Wollongong or Shoalhaven campus Library. Your UOW student identification card is also your copy card and there will be a charge for this service. Colour copy and transparency production services are available in the Library. Note: all copying is subject to [Copyright compliance](#).

Lost Property Procedures:

Lost property found within the Learning Centre is held by staff for a period of 48 hours. After 48 hours, any unclaimed items are transferred to the Student Common Room (Wollongong only). Any valuables found, such as wallets, keys, or electronic devices may be handed over to University Security for safekeeping. **Note:** Please do not leave valuables unattended in the Learning Centre.

Food

- GSM Learning Centre: No food is allowed in the Student Learning Centre.
- GSM Lecture Theatre 28.101: No food is allowed in 28.101 lecture theatre.
- Drinks: Drinks are allowed but must be in a bottle or a lidded cup.

Subject Outline

The Graduate School of Medicine Yearly Planner can be found here:

<https://www.uow.edu.au/science-medicine-health/current-students/md/dates/>

Students should become familiar with the UOW Key Dates specific to the MD program (found under 'Non-standard Sessions - <https://www.uow.edu.au/student/dates/>)

Phase 1 (MEDI991) of the UOW MD program covers the first 18 months of the 4-year course and is organised into 7 individual teaching blocks. These blocks are mostly organised around body systems.

Below is a list of the teaching Blocks in Phase 1. Students should check the UOW Moodle site regularly as important information is posted there regularly.

Teaching Block	bbreviation	Weeks
Session 1 - (Autumn 2024)		
Introduction to Medicine	I2M	8
Cardiovascular/Respiratory	CVRS	10
Session 2 - (Spring 2024)		
Gastrointestinal/Liver	GI/L	8
Urogenital/Reproductive/ Genetics/Endocrine	URGE	10
Session 3 - (Autumn 2025)		
Nervous System	NS	6
Musculoskeletal	MS	6
Haemopoietic/Immune	HI	4

DESCRIPTION OF TIMETABLED TEACHING ACTIVITIES

Within each Block, the Phase 1 timetable is organised around fortnightly clinical cases. All students (including Shoalhaven students) will be on the Wollongong campus for anatomy classes. Throughout the fortnight, students will attend teaching sessions (lectures, small group tutorial sessions and clinical skills sessions) at their allocated “home campus” and clinical placements in that locality. Academic staff will be available on both campuses to assist with educational needs.

Please note: The first week of Introduction to Medicine Block is slightly different so please check the timetable for variations.

Sample Timetable

Session 1 and 2 Footprint										
	WEEK 1					WEEK 2				
	Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
8.30am										
9.00am		Teaching Session	Teaching Session		Face to Face *		Teaching Session	Clinical Placement /GIL		Symposium
9.30am	CBL	Face to Face	Face to Face				Face to Face		CBL tutorial (Shoal only)	Face to Face
10.00am	Anatomy			Clinical Skills	Teaching Session					
10.30am					Teaching Session	Face to Face *		Clinical Placement /GIL	Face to Face	Teaching Session
11.00am										
11.30am					Face to Face *		CBL tutorial (W'gong only)	Face to Face *	Teaching Session	Teaching Session
12.00pm										
12.30pm					Face to Face *		CBL tutorial (Shoal only)	Face to Face *	GOAL	CBL
1.00pm										
1.30pm					Face to Face *		CBL tutorial (Shoal only)	Face to Face *	GOAL	CBL
2.00pm										
2.30pm					Face to Face *		CBL tutorial (Shoal only)	Face to Face *	GOAL	CBL
3.00pm										
3.30pm					Face to Face *		CBL tutorial (Shoal only)	Face to Face *	GOAL	CBL
4.00pm										
4.30pm					Face to Face *		CBL tutorial (Shoal only)	Face to Face *	GOAL	CBL
5.00pm										

Session 3 Footprint										
	WEEK 1					WEEK 2				
	Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
8.30am										
9.00am			Teaching Session	Teaching Session	Face to Face *			Clinical Placement /GIL		Symposium
9.30am	CBL	Face to Face	Face to Face				Face to Face		Anatomy	Face to Face *
10.00am	Teaching Session			Anatomy	Teaching Session					
10.30am					Clinical Skills	Face to Face *		CBL tutorial	Face to Face *	Teaching Session
11.00am										
11.30am					Face to Face *		CBL tutorial	Face to Face *	Teaching Session	Teaching Session
12.00pm										
12.30pm					Face to Face *		CBL tutorial	Face to Face *	GOAL	CBL
1.00pm										
1.30pm					Face to Face *		CBL tutorial	Face to Face *	GOAL	CBL
2.00pm										
2.30pm					Face to Face *		CBL tutorial	Face to Face *	GOAL	CBL
3.00pm										
3.30pm					Face to Face *		CBL tutorial	Face to Face *	GOAL	CBL
4.00pm										
4.30pm					Face to Face *		CBL tutorial	Face to Face *	GOAL	CBL
5.00pm										
5.30pm					Face to Face *		CBL tutorial	Face to Face *	GOAL	CBL

Location for face to face sessions will vary depending on home campus	
* Clinical Placement location will vary and will be face to face on clinical placement site	
CBL - Case Based Learning (session allocated during this time)	Clinical Skills (session allocated during this time)
Anatomy (session allocated during this time)	Teaching session
GOAL - Guided Online Assessable Learning	Symposium
Clinical Placement or GIL (Guided Independent Learning)	

Case Based Learning

Throughout the MD program, students will be studying medicine through integrating learning around a clinical problem (Case Based Learning, CBL). The major advantage of this approach is that these clinical presentations provide a powerful driver for learning both clinical knowledge in conjunction with the medical sciences that underpin clinical knowledge and practice.

Case Based Learning (CBL) 'Introduction' and 'Wrap-up' activities begin and end each fortnight's learning and small-group tutorials occur approximately mid-way through the fortnight. These CBL activities have been designed to allow you to integrate your learning across all MD curriculum themes and develop your clinical reasoning. More specifically, CBL activities aim to:

- provide a clinical context in which to place the learning of the medical sciences and to integrate this knowledge with clinical experiences.
- introduce and develop the core clinical problems specified in the MD curriculum.
- develop self-directed learning skills.
- develop the ability to access and evaluate appropriate literature and reference material.
- develop problem-solving skills.
- develop clinical reasoning skills - these are used by clinicians to critically evaluate a patient's signs and symptoms and elicit important information with the aim of developing a diagnosis and determining appropriate management strategies.

CBL emphasises understanding of the foundational medical sciences that underpin the presentation, investigation and management of each clinical problem.

For further information, refer to the Student Guide for Case Based Learning in Phase 1.

CBL tutorials

The CBL tutorial session occurs early in the second week of each fortnightly learning cycle. During this time the CBL tutorial group (12 other students) and a facilitator meet over a two-hour period to explore the learning completed to date in the fortnight. In the tutorial students investigate the learning objectives for the fortnight (that were developed in the CBL introduction session) and connect learning with the clinical presentation that began the fortnight. Students are encouraged to work in groups whenever possible and many CBL groups meet outside of the scheduled CBL tutorial time to support each other's learning because collaborative learning experiences are beneficial for learning.

Lectures

Most of the lectures are delivered in person, in conjunction with videoconference and recording. Lectures will be conducted from either Wollongong or Shoalhaven campus. The videoconference and recording includes both the audio from the lecturer's individuals may be captured on the recording.

Lectures will address topics across different curriculum themes and are delivered by medical sciences academics and experts, clinical academics and experts, including clinical specialists from the Illawarra and Shoalhaven regions.

Each lecture will have a learning activity outline as well as pre- and post-readings available electronically via the GSM eLearning space (Moodle). Sessions are interactive, in order to challenge you as well as inform you. Undertaking the pre-readings will ensure that you get the most out of these large group sessions.

Anatomy Practical Sessions

Anatomy sessions occur in the University's Anatomy Facility located in Building 41 (41.G65). Sessions focus on the anatomy of the human body and make use of detailed dissections and the latest in anatomy computer imaging and anatomical models. Students must undergo an authorisation process (accessed via the Moodle page) to be provided access to the Anatomy Facility under the Anatomy Act 1977. All authorisation requirements will be discussed during the compulsory 'Intro to Anatomy' session in week 1.

GOALS

GOALs (Guided Online Assessable Learning) are learning activities that are available on the GSM eLearning space. These activities have been developed specifically for the UOW MD program. GOALs are core learning material, not optional. All GOAL material is assessable.

In particular, GOALs often cover important principles in the medical and clinical sciences that underpin or elaborate on the material you receive in other areas of the MD program. You are able to access this material at any time.

GOALS are sometimes scheduled into the timetable and they can cover learning material that is needed for a scheduled session.

Symposia

Symposia are large group teaching sessions focusing on aspects of history taking, communication, clinical signs and research findings. In many instances, a particular symposium will be related to cases studied in the CBL, lectures or other activities. Symposia will often involve a patient and/or case presentation.

Clinical Skills practical sessions

Clinical Skills sessions are small-group activities that allow students an opportunity to develop competencies in a range of clinical skills. Skills covered in Phase 1 include medical interview and physical examination skills, basic practical procedures, resuscitation skills, health and safety skills as well as communication skills. Students can revisit the Clinical Skills Centre throughout the phase to practise a previously learned skill.

Guided Independent Learning time

Learning Outcomes and Learning Objectives are provided to assist learners to understand the depth and breadth of expected learning achievements and the scope of assessable material. Guided Independent Learning (GIL) time is a time available for you to reflect upon these outcomes and objectives to help you more effectively prepare for your teaching sessions, study further, and direct your own learning related to the Learning Objectives for the fortnight.

Clinical Placements

EARLY CLINICAL EXPOSURE - PLACEMENTS

General Practice Placement: Primary care in a General Practice setting is the first contact and principal point of continuing care for patients within a healthcare system in Australia. In the General Practice setting, students will be exposed to a range of clinical presentations and see the breadth of patient experience. Students attend a local GP practice either singularly or in pairs. During the placement students will observe and participate in patient consultations and may be required to take a patient history, perform a physical examination, undertake minor procedures (such as giving vaccinations under close supervision), and have case-based discussions with their preceptor about the patient diagnosis and management plan.

Community Health Placement: Community health works hand in hand with other elements of the healthcare system in Australia to maintain the health of the Australian population. It is therefore fundamental for your future practice as a doctor to understand the nature and extent of the health-related services provided in the community, and to appreciate the contributions other health professionals make to the health of patients. You will undertake placements within a range a number of different organisations under the general categories of Indigenous health, ageing, and allied/community health.

Indigenous Community Immersion Placement: The MD program includes an Indigenous Community Immersion placement for medical students in Phase 1 of the medical program. This placement provides medical students with an opportunity to engage with and to learn from local Aboriginal people in a community context. These placements have been designed in consultation with the local Aboriginal communities in the Illawarra and Shoalhaven. Students will learn about and appreciate the social determinants of health affecting Aboriginal communities. Participation in this placement will help medical students develop an understanding of Cultural Safety, empathy for and a deeper understanding of the healthcare challenges Aboriginal people face.

Hospital placements: During Phase 1 Session 3, students will be introduced to the hospital setting via placements in either Wollongong or Shoalhaven hospital. This placement activity is dependent on the availability of hospital staff and any existing hospital restrictions at the time of the placements. This placement activity is designed to assist the student's transition to the hospital environment they will learn in during Phase 2.

STUDENT CLEARANCE REQUIRED FOR CLINICAL PLACEMENT

Clinical placements in NSW Health facilities require students to have completed a verification process including vaccinations, health checks and a police check to ensure the safety of themselves, other staff and patients.

This information will be recorded in ClinConnect, the NSW Health clinical placement management system and you will be required to keep your verification up to date and compliant throughout your degree.

Should you become non-compliant at any stage you will immediately no longer be cleared to enter NSW Health facilities as a student doctor. You will be notified of any non-compliance and be required to work with the UOW Verification Team to become fully compliant prior to returning to placement.

Further information about the verification process is available on the UOW website at:

<https://www.uow.edu.au/student/health-placements/medicine/>

According to the [NSW Department of Health Policy Directive](#), anyone who enters a NSW Public Health facility as an employee or in any other capacity must first undergo a criminal record check.

For more information, visit **Health Placements (Medicine)** <https://www.uow.edu.au/student/health-placements/medicine/> or contact the UOW verification team on uow-verification@uow.edu.au. Students are required to notify GSM and the NSW Department of Health if they become the subject of a serious allegation or are charged or convicted of any criminal offences during the duration of their course.

Students are required to notify the GSM (via email head-of-students-GM@uow.edu.au) and AHPRA under section 130 of the Health Practitioner Regulation National Law (the National Law) within seven days of becoming aware of a relevant event or change in their status that may impact their student registration. A description of 'Relevant Events' can be found on the AHPRA site (<https://www.ahpra.gov.au/Notifications/mandatorynotifications/Mandatory-notifications.aspx>) along with the 'Notice of

certain events' form – NOCE-00. Examples of such events include being charged, convicted, or being the subject of a finding of guilt for an offence punishable by imprisonment during the duration of the Doctor of Medicine course.

In addition to Student Compliance and Verification Requirements, the Health Placements (Medicine) site also includes Additional Required Checks for commencing medical students. See 'Scheduled Dates for Phase 1 Assessments for due dates for Compliance and Verification Requirements and Additional Required Checks. Compliance and Verification and Additional Required Checks must remain current for the duration of your enrolment.

Induction to health facilities and services

The first time that you attend a health facility or service, an induction/orientation session will be required. This session should include: WH&S, security and fire safety, clinical and professional expectations, issuing of passwords, name badges or keys, onsite parking, after-hours building access, making entries in patient records, confidentiality, dress code etc. Induction to the medical practice will also include: relevant clinical information systems, patient management/billing systems, referral processes to specialists, allied or community health services, statutory services and complaints handling processes. The Placement Facilitator will provide support to coordinate induction sessions with students in the relevant health care setting.

Infectious diseases, screening, vaccination and hand hygiene

As you will have direct contact with patients, there is the potential for transmission of infectious diseases from patients to students or from students to patients. Students scheduled for clinical work whilst unwell should consider the welfare of those with whom they will be in contact. It is unprofessional and unacceptable to expose patients to risk of infection. The NSW Health Department requires that students comply with the Policy Document Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases regarding infectious diseases screening and vaccination to minimise the risk of infectious disease transmission in health care facilities.

Your Vaccination Record must be available at all times whilst on placement. Facilities also have hand hygiene requirements, which must be adhered to by all students.

Students are required to self-report either a diagnosis of COVID 19 or a notification to self-isolate to the GSM via head-of-students-GM@uow.edu.au. The GSM applies the current **NSW Health** [COVID-19 information for clinicians](#) to medical students on placement and the NSW Health recommendations for on campus activities and GSM accommodation. Note that students are required to follow the protocols specific to the placement Local Health District.

Identification

All medical students must wear a name badge when in Illawarra Shoalhaven Local Health District (ISLHD) facilities and other placement settings for example in General Practice or community health. The name badge issued by GSM is appropriate and you are required to wear it at chest level. ISLHD acknowledges that you should not wear this name badge when in areas of risk, i.e. Mental Health rotations, and you will be issued with an alternative name badge for these rotations at the orientation session. You need to wear the appropriate badge at all times.

You have been issued with a name badge; a replacement badge will cost you \$15.

Following is the link and the steps to follow to order and pay for a Graduate Medicine name badge:

1. Click or go to the following link [Medicine - University of Wollongong – UOW](#)
2. Select on the UOW Student E-Payment System
3. Select Graduate Medicine
4. Select Graduate Medicine Student Name Badges
5. Fill in details and submit for payment

Privacy and confidentiality

Privacy and the protection of personal and health information for patients/clients is protected by law. Confidentiality provisions still apply after you have left your placement facility and even after leaving the University.

All information about people who are being treated or have been treated in hospital or by other health services must be regarded as confidential. This applies to confirmation that they are a patient in hospital as well as details of their condition. This also applies to any personal data collected for your research project. Such information must not be released without the consent of the patient or their representative.

This includes any social media sites, online forums and similar. The use of social media to discuss patients in your practice and activities in the hospital is not acceptable professional behaviour and will damage personal integrity, doctor-patient and doctor-colleague relationships, and future employment opportunities. Please familiarise yourself with the document "[Social Media and Medical Students: a guide to online professionalism for medical students in Graduate Medicine at the University of Wollongong](#)".

If in doubt, you should seek advice from your supervisor before disclosing any information to anyone not directly involved in the care of the patient. If there is any doubt whether a piece of information is confidential, it should be assumed confidential until it is otherwise defined. Please be aware that the use of a pseudonym is not always enough as any patient or situation can be identified by the sum of information available. Refer to the Health Records and Information Privacy Act (2002) at <https://legislation.nsw.gov.au/view/html/inforce/current/act-2002-071> for further information.

Students undertaking clinical placements are required to abide by the confidentiality procedures of the health facilities at which they attend. However, not all health facilities will have specific confidentiality policies and procedures that address circumstances relevant to students on placement. Therefore, you will be required to provide a Confidentiality Undertaking in relation to your placements. The Confidentiality Undertaking will be provided to you at the beginning of the Phase.

Examination of patients and patient consent

You must always have the patient's consent prior to being involved in their care. All students must be familiar with the process for obtaining consent and be aware of particular circumstances which influence the provision of informed consent. These include the patient's culture, language barriers or the impact of medical or psychiatric illness.

Procedures for gaining consent may vary slightly according to the clinical discipline involved, the nature of your involvement in patient care or the health service setting. In each setting, you must check with your preceptor/supervisor on the procedure to be followed when seeking consent to be involved in a patient's care.

You are required to comply with the [NSW Health Student Placements in NSW Health](#) policy.

Writing in Patient Records (Notes) in EMR

This is an important learning activity to focus on the essential clinical issue and plan, and you are encouraged to do so. You should check with the guidance of your team as to when/how they would like you to do this. The note will be saved only as a draft and needs to be authorised by a medical officer before it becomes live in EMR.

Practice in this respect will vary in different clinical settings. **Do not write in the patient records unless you know that you should do so and you are aware of what is expected of you.** Seek advice from your preceptor or Academic Lead if you are unsure. If you are writing notes in EMR, always document who your direct supervisor is in regard to that specific patient and send the note to them for co-signature.

Insurances and Indemnity

UOW insurance policies relating to clinical placements include: Student Personal Accident Insurance, along with General and Products Liability Protection and Professional Liability Protection. These policies cover all staff, academic or otherwise, along with students undertaking curriculum-based activities during the Graduate School of Medicine academic year. (Where students are involved in placements outside of these periods they must investigate and arrange their own insurance cover). For further information and to access all relevant policies please refer to the UOW Insurance website:

<http://www.uow.edu.au/services/finance/index.html>.

Clinical and Professional Conduct:

You are required to be familiar with the goals and requirements of the placement, and actively participate in the management of your placement. This means that you are required to advise your Academic Lead or preceptor of any problem that may affect your capacity to undertake the placement and/or impact on your academic performance.

Whilst on placement, you have the responsibility to:

1. Treat all patients, staff, visitors and academics with courtesy and respect, and behave ethically and in a manner which upholds the good name of the University;
2. Work according to relevant safety procedures;
3. Be prepared for, and participate in, all scheduled clinical and academic learning experiences;
4. Inform GSM through your Placement Facilitator as soon as possible of any concerns relating to the placement, such as the clinical academic program, staff, or safety concerns;
5. Ensure that all documentation relating to the placement, including assessment forms and progress, is made available to your Academic Lead, preceptor, or supervisor as required;
6. Ensure that assessment activities are completed as per University requirements;
7. Participate in placement evaluation activities to improve the quality of the placement experience;
8. Ensure that any employment or extracurricular activities undertaken do not conflict with attendance requirements or impact on performance in the placement; and
9. At all times identify yourself as a medical student and at no time give the impression to any patient or staff member that you are medically qualified.

Whilst on placement, you have a right to:

- Be treated with courtesy and respect by patients and their family or friends, student peers, and placement colleagues;
- Be provided with a safe work environment;
- Be able to access a broad range of clinical and academic experiences to facilitate learning;
- Meet regularly with your supervisor to discuss academic progress and identify specific learning needs relating to the MD curriculum and your professional development;
- Be provided with timely access to learning and curriculum resources to facilitate learning;
- Have a nominated supervisor/preceptor for each clinical session (this may be a nurse or off-site doctor).

Dress code

Appropriate, professional dress is a requirement when interacting with patients. This represents a component of the professional behaviour expected of medical students. Appropriate dress is also necessary to ensure personal and patient safety, and to maximise prevention of infection. Some key requirements will include: changing contaminated clothing immediately; compliance with regulation footwear or uniform (when in place); discreet application of makeup/perfume; tying back long hair; removal of false nails and minimal jewellery. For example, attire such as gym/fitness/active wear is not appropriate. Students are required to maintain good personal hygiene.

Alcohol and other drugs

You are required to adhere to the [UOW Alcohol and Other Drugs Policy](#) whilst on placement. You must also maintain appropriate personal and professional behaviours outside of the clinical and academic setting. When on call, you must not consume alcohol or other drugs. In addition, if you are not on call and have consumed alcohol or other drugs, and your preceptor contacts you in relation to an opportunity to access clinical experience after hours (i.e. delivery of a baby), you must excuse yourself and not participate in this clinical experience.

Professionalism and Student Attendance and Engagement

Attendance and engagement in the MD program is one area where students demonstrate their commitment to professionalism and the MD program is required to prepare students for the professional expectations of the medical profession and patients.

Medical students are expected to demonstrate professional behaviours at all times and attend all scheduled academic and clinical experiences. On campus, these are timetabled and in the clinical setting these are directed by the relevant Academic Lead or Clinical Preceptor in conjunction with the Placement Facilitator.

There is a mandatory attendance requirement on all students studying medicine for all scheduled compulsory teaching-learning activities. These include CBL sessions, clinical skills sessions, anatomy laboratory sessions and clinical placements. This mandatory attendance is linked to progression throughout the MD program. Full attendance at all large group teaching sessions such as lectures is also expected.

Being punctual for all teaching sessions is a demonstration of appropriate professional behaviour for a future medical practitioner. Students are not to enter the lecture theatre if they arrive more than five minutes after the lecture has commenced as it is disruptive to the presenter and the learning of other students in the cohort who were punctual.

Many of the MD program teaching activities run with small numbers of students and as such, there is a responsibility of each student towards the learning of all students in the group. Students also have a responsibility to the simulated patients and external clinicians who may be participating in teaching sessions. If students are absent, then this has a direct impact on the learning of all.

CLINICAL PLACEMENTS

Attendance at all clinical placements is compulsory. You are expected to be punctual and inform the clinical placement staff if you will be late or unable to attend any scheduled activity for any reason, by the start of the session. If you are unable to attend a full scheduled session, you must notify the Placement Facilitators in advance, and inform your clinical supervisor, so that absences can be recorded and as determined by the GSM, arrangements can be made for you to make up the missed clinical activity.

You should seek clarification of start and end times for all scheduled sessions with the placement provider or the Placement Facilitator ahead of time.

ATTENDANCE – WHAT TO DO AND WHO TO NOTIFY IF YOU ARE ABSENT

All timetabled *compulsory* teaching activities require full student attendance. If you are unable to attend a *compulsory* teaching activity, you must notify the GSM via the appropriate contact outlined below.

Students are directed to familiarise themselves with the [Student Academic Consideration Policy](#) and the *Eligible Circumstances* for absences. The GSM does not accept / approve absence for circumstances outside those identified in the Student Academic Consideration Policy (see *non-eligible circumstances section 7*). Single day absences require mandatory notification to the GSM on the day of absence but do not require a Student Academic Consideration application. Note that single day absences MUST align with the eligible circumstances of the policy despite the waiver of lodging an application. Absences of two (2) or more consecutive days require a Student Academic Consideration application that is supported by official documentation (see policy for documentation requirements). Application for Student Academic Consideration is lodged online through SOLS. For more information please visit: <https://www.uow.edu.au/student/admin/academic-consideration/>

Note: where there is a consistent pattern of unexplained/unreported absences, students may be awarded the grade of Unsatisfactory for the subject by the Board of Examiners.

CBL Tutorials

For absences from CBL tutorials students should notify their CBL tutor.

Clinical Skills

For absences from Clinical Skills, students should notify: gsmclinicalskills-techs@uow.edu.au

Hospital Clinical Placements

For absences from Hospital Clinical Placements, students should notify:

- Wollongong Hospital: Jenny Deura 02 4221 3990 gm-placements-wollongong-hospital@uow.edu.au
- Shoalhaven Hospital: Lauren Ward 02 4429 4529 gm-placements-shoalhaven@uow.edu.au

General Practice and Community Placements

For absences from General Practice Clinical Placements, students should notify:

- Wollongong students: Cassandra Healey 02 4221 5028 gm-placements-wollongong-hospital@uow.edu.au
- Shoalhaven students: Lauren Ward 02 4429 4529 gm-placements-shoalhaven@uow.edu.au

Indigenous Health Placements

For absences from Indigenous immersion placements, students should notify: gsm-Indigenous-Health@uow.edu.au

Non-Academic Consideration leave

Non-academic consideration for social commitments/engagements (such as weddings of a first generation relative) are generally not considered appropriate reasons to be absent from the commitment of a full-time medical student. Factors such as impact on clinical placement, previous absences, impact on individual learning, etc. are important considerations. If, after reflecting on this, you intend to apply for non-academic consideration, it will be reviewed on a case-by-case basis by the GSM Head of Students and the School would not expect more than a few days and one application in any given phase of the course.

Leave for educational activities such as presenting at a conference or Rural Doctor Network trips may be considered under the Non-academic consideration process. If you intend to apply, you must contact the GSM Head of Students no less than two weeks prior to the requested leave. Applications are reviewed on a case-by-case basis and the School would not expect more than a few days and one application in any given Phase of the course.

No approval will be given for absence from assessment, including any examinations.

GSM eLearning – Moodle

The learning materials for the MD program are accessed via the University eLearning (Moodle) site. The Moodle site provides a single place for access to resources relevant to your study, from any location. You will be able to access the subject outline, current timetable, learning activity outlines for each teaching session, formative quizzes, group information and additional information to help you navigate Phase 1.

Every teaching session has a learning activity outline (LAO) within Moodle. The LAO includes the specific learning objectives for each session as well as recommended pre- and post-readings.

Forum

Within the MD program Moodle site, the Q&A Forum is a place where staff and students can post links to additional learning resources and discuss course content, problems, and post and discuss questions.

The Moodle site also hosts an Announcement section which is where GSM staff will post information that is relevant to the entire cohort.

IT HELP

For general IT support (e.g. connecting to the University wireless network), students should contact the University IMTS helpdesk. Information about the It services available can be found: <https://www.uow.edu.au/its/support/>.

For GSM-specific issues, please post questions and problems on the Q&A Forum on your Moodle site.

Curriculum Themes

The UOW MD is organised into curriculum themes that run throughout the course. As of 2024, these themes are transitioning to new names. These are:

- Medical Sciences (previously also Medical Sciences)
- Clinical Practice (previously Clinical Competency)
- Research and Scholarship (previously Research and Critical Analysis)
- Professionalism and Leadership (previously Personal and Professional Development)

Note: Across 2024, a new curriculum theme will be developed called Health and Society, and students will be updated on this throughout the year. During 2024, student may see some documentation reflecting either the previous or current title.

MEDICAL SCIENCES

In traditional medical curricula, the basic medical sciences were often taught as individual disciplines (e.g. anatomy, biochemistry) during an initial 'pre-clinical' phase prior to other clinical aspects of the education program. Like many other modern medical schools, in the UOW MD program we have removed many of these discipline boundaries and integrated the medical sciences with the other themes of the curriculum. Science content is delivered in a clinical context, linked to the CBL case of the fortnight and to the organ system of that teaching block.

While Phase 1 is predominantly where the Medical Sciences is taught, this content will continue to be built upon and learnt during the later Phases. In Phase 1, the focus is on students gaining an understanding of the foundational and medical sciences and principles that underpin our understanding of the functioning of the human body in health and disease. In the later phases, the emphasis will be more on the clinical application of the knowledges of the medical sciences.

The Medical Sciences taught in our curriculum comprise content across Anatomy, Biochemistry, Genetics, Histology, Immunology, Microbiology, Molecular and Cell Biology, Physiology, Pharmacology and Pathophysiology. These are the disciplines which describe the human body at the levels of molecules, cells, tissues or organ systems, and their interactions. Equally important are the sciences that deal with individuals, groups or populations; these are the Behavioural Sciences, Indigenous Knowledges, Population Health and Epidemiology, which are also integrated in the curriculum.

The Medical Sciences will be delivered via a variety of teaching formats including Case-Based Learning (CBL) activities, lectures, human anatomy sessions, guided online learning activities (GOALS) and clinical symposia. Students are encouraged to reach out to the Medical Sciences team early should they experience difficulties in learning the foundational and medical sciences.

Over the last few decades, medical sciences have taken a major leap forward, resulting in the development of fundamentally new diagnostic techniques, the production of new drugs and the emergence of novel strategies for treatment of diseases. This trend is likely to continue and have a considerable impact on the way medicine is practiced in the 21st century. It is therefore extremely important that during your university education you acquire a solid knowledge and understanding of the fundamental science concepts that underpin modern medicine.

A/Prof Theresa Larkin
(Theme Lead: Medical Sciences)

CLINICAL PRACTICE

The UOW MD curriculum places great emphasis on the clinical sciences and clinical skills. 'Clinical skills' is a term that is often used to refer to practical and technical skills. We have integrated clinical skills with the sciences that underpin them, and refer to them under the theme of Clinical Practice. This curriculum theme enables us to plan the development and assessment of your clinical skills throughout the program. Practical skills such as history taking, physical examination and investigations are essential for diagnosis and management of clinical presentations. However, effective clinical decision-making demands that the findings from these skills are interpreted in the light of the knowledge base that underpins them. As you progress through Phases 1 to 4, the learning activities will help you develop introductory, basic, extended and advanced clinical skills respectively. In Phase 1 these will include one small group session per week in the Clinical Skills Centre, where clinical skills will be introduced in the context of the current CBL problem. One placement (1 session) per fortnight will allow you to use your developing skills and knowledge in the real world of medical practice.

In Phase 2, there is an increased focus on the development of clinical skills and you will be placed in the hospital or ambulatory health care settings in the Illawarra and Shoalhaven for all 35 weeks of the Phase. Learning will focus on the core tasks addressed by a doctor in medical practice, with learning occurring as you understand the clinical presentations (e.g. joint pain or acute chest pain), and the concepts and mechanisms that underpin them. Phase 2 will give you a foundation for Phase 3, an integrated long term (40 weeks) clinical experience in regional, rural or remote 'teaching health communities'. During Phase 3 general practice, hospital and community health centre experiences will help you develop enhanced clinical skills under the guidance of a GP preceptor (supervisor). As you become more confident and competent, you will be encouraged to assume more patient care responsibility.

In Phase 4, you will have greater responsibility for clinical care to enable you to develop advanced clinical skills in preparation for your intern year. You will work as a student intern (PRINT) in an approved hospital for 6 weeks, have the opportunity to explore a potential speciality choice (again as a student intern) and undertake an elective term in Australia or overseas.

Dr Helen Rienits
(Theme Lead: Clinical Practice)

RESEARCH AND SCHOLARSHIP

Modern medicine requires its practitioners to approach their practice with competence, compassion, clinical curiosity and a reasoned questioning of dogma. One of the key tools in this process is critical enquiry. This involves the development of both knowledge and skills in the 'how', 'what' and 'why' of clinical and preclinical research and an exploration of the broader social, economic, political and practical context in which it takes place and is applied.

The Research and Scholarship Curriculum Theme develops students' abilities to effectively negotiate the nexus between the theory and practice of medical research and the realities of clinical judgement and decision-making, particularly in the context of patient-centred care and evidence-based medicine. This involves use of research evidence and clinical scenarios to introduce students to the principles of epidemiology, biostatistics and probability and to develop basic competency in these concepts. Students learn how to effectively access, critique and use the scientific, applied and social science-based medical literature, gain an insight into the principles and challenges of research ethics and acquire a practical understanding of the interplay between each of these in key areas of the Australian health care system. Most of all, they are encouraged to develop a questioning attitude and a systematic approach to answering questions.

Research and Scholarship is a key theme across the entire medical course. Early in the program, principles of research are included through case-based learning, and critical evaluation is experienced through, for instance, analysis of research papers in journal club activities. In Phase 2, principles of research are included in online learning. Students in Phase 3 work on a research project while on placement, presenting their findings and conclusions to their colleagues, with the potential for conference presentation and journal publication. Development of these enquiry and communication skills continues in the Phase 4 Research and Scholarship capstone where students write up a clinical experience from their elective or selective term. Thus, the Research and Scholarship theme is a continuum of activity over the whole course, with targeted activities to ensure development of skills in research and scholarship, to enable best practice and application of evidence-based medicine, and critical enquiry.

Dr Christine Metusela
(Theme Lead: Research and Scholarship)

PROFESSIONALISM AND LEADERSHIP

The Professionalism and Leadership curriculum theme highlights that professionalism and leadership are integral to being an excellent doctor. Therefore, the UOW MD program defines several outcomes relating to the professional behaviours of its graduates. These outcomes include the ability to display ethical and professional behaviours and apply the principles of professional leadership, followership and interprofessional teamwork to professional practice.

On entering professional practice, UOW MD program graduates will be able to demonstrate an understanding of legal responsibilities and ethical principles and frameworks underlying the practice of patient-centred medicine and clinical decision making. MD program graduates will demonstrate the capacity to form therapeutic partnerships with patients that respect their specific cultural perspectives, ethnic background, age, gender and socioeconomic status to optimise their health and wellbeing. They will contribute to culturally safe, psychosocially safe and supportive working and learning environments.

MD program graduates will also demonstrate the ability to evaluate and reflect on their own professional practice, be an effective member of the interprofessional team and understand and show respect for the roles of other healthcare professionals to optimise patient outcomes. They will demonstrate awareness of own personal wellbeing needs, health and safety and the ability to manage time, education and workload as well as maintain appropriate boundaries between personal and professional roles.

The Professionalism and Leadership curriculum theme fosters the development of knowledge, skills and behaviours through learning activities that include lectures, small group discussions, workshops and clinical symposia together with guidance and role-modelling provided by clinical educators and clinical supervisors in clinical and community healthcare settings. In Phase 1, through lectures, symposia and small group discussion, students will build the foundations of the outcomes of the Professionalism and Leadership theme and develop an understanding of significance for professional practice.

Dr Sanaz Khanlari
(Acting Theme Lead: Professionalism and Leadership)

LEARNING OUTCOMES

Specific learning outcomes have been developed for each of the four key themes of the MD degree and are detailed in **Appendix 1**.

Resources for Learning

Below is a list of recommended learning resources, including core textbooks we recommend for Phase 1. These texts are used extensively and are referred to for reading. In addition, we make an effort to, where possible, include figures from these texts as illustrations in teaching sessions.

RECOMMENDED CORE TEXTBOOKS

Multiple copies of each of these texts are available in both the Wollongong and Shoalhaven resource collections and libraries. We recommend that you look at these texts before you purchase them.

- Kumar P and Clark M, Kumar & Clark's Clinical Medicine, 10th Ed. W.B. Saunders, Edinburgh, ISBN 9780702078682, published June 2020
- Rang HP, Dale MM, Ritter JM, Flower RJ. Rang and Dale's Pharmacology, 9th Ed. Edinburgh, Churchill Livingstone, ISBN 9780702074486, published January 2019
- Silverthorn D, Human Physiology: an integrated approach, 8th Ed. Pearson Benjamin, San Francisco, ISBN 9781292259543, published December 2018
- Barker R, Barasi S, Neuroscience at a glance, 5th Ed. Wiley, ISBN 9781119168416, published October 2017
- Baynes J and Dominiczak M, Medical Biochemistry, 5th Ed. Mosby, London, ISBN 9780702072994, published March 2018
- Drake, Vogl, Mitchell Gray's Anatomy for Students – 4th Ed. Elsevier, ISBN 9780323393041, published February 2019
- Gilroy, AM, Anatomy: An Essential Textbook, Thieme Medical Publishers, New York, ISBN 9781684202591, published July 2021
- McMinns and Abrahams' Clinical Atlas of Human Anatomy – 8th Ed. Abrahams, Spratt, Loukas, von Schoor, Mosby, St. Louis, ISBN 9780702073328, published January 2019
- Moore K, Aqur AM and Dalley A, Clinically Oriented Anatomy, 9th Ed. Lippincott Williams and Wilkins, Baltimore, ISBN 9781975108106, published June 2017
- Netter's Clinical Anatomy - Hansen, 2nd Ed., 2010, ISBN 9781437702729
- Netter's Anatomy Colouring Book - Hansen, 1st Ed., 2009, ISBN 1416047026
- Rohen's Colour Atlas of Human Anatomy - 6th Ed. 2006, Rohen, Yokochi, Lutjen-Drecoll, Lippincott Williams and Wilkins, Baltimore, ISBN 0781790131
- Goering R, Dockrell H, Zuckerman M, Wakelin D, Roitt I, Mims C, Chiodini, Mims' Medical Microbiology, 6th Ed. W.B Saunders, Missouri, ISBN 9780702071546, published February 2018
- Kumar V, Abbas AK, Aster, JC, Robbins Basic Pathology, 10th Ed., Saunders, Philadelphia, ISBN 9780323353175, published May 2017
- Talley NJ and O'Connor S, Clinical examination: a systematic guide to physical diagnosis. 9th ed., Churchill Livingstone Australia, ISBN 9780729544245, published November 2021
- Epstein O, Perkin GD, Cookson J, de Bono DP, Clinical Examination, 4th Ed. Mosby, Edinburgh, ISBN 9780723434658, published April 2009
- Silverman J, Kurtz S and Draper J, Skills for communicating with patients, 3rd Ed. 2013, Radcliffe, London, ISBN 9781846193651
- Thambirajah M, Psychological basis of psychiatry, Churchill Livingstone, Edinburgh, ISBN 0443100993
- Smith, Janie Dade, Australia's Rural and Remote Health, A Social Justice Perspective 2nd Ed, 2007, Croydon Vic: Tertiary Press, ISBN 978-0-86458-312-3, available from <https://researchonline.jcu.edu.au/14209/>

OTHER RESOURCES

- [GSM Virtual Anatomy Laboratory](#)
- [Good medical practice: a code of conduct for doctors in Australia](#)

ESTIMATED COSTS FOR STUDENT LEARNING RESOURCES

An estimate of expected costs for student learning resources for MEDI991 is listed below:

- Student campus access swipe (Approx. \$25)
- Police Check (Approx. \$50)
- First Aid Course (Approx. \$150)
- Stethoscope (Approx. cost range \$100-\$500 – further information provided upon commencement)
- Anatomy Lab Gown and Washbag (Approx. \$40 – further information provided upon commencement)
- Costs associated with initial or renewal of course [vaccination/compliance requirements](#)
- Other general costs associated with learning including costs for placement or curriculum activities such as travel (Noting Appendix 4 – Travel Subsidy – Rural Students)

**Please note these costs are subject to change. Any other expected costs associated with MEDI991 which may arise will be communicated with students during session.*

UNIVERSITY LIBRARY

The University libraries on both Wollongong and Shoalhaven campuses provide access to a wide range of information resources and services. The University's goals of excellence in learning, teaching and research are underpinned by access to over half a million books and DVDs, over 66,000 journal titles, over 300 databases (online collections of journal articles) and over 10,000 e-books, with many resources available regardless of location, 24x7. Further information, including opening hours and borrowing information is available from the University of Wollongong Library webpage at www.library.uow.edu.au

Other services include: access to document delivery, online help and training guides, web-based tutorials and hands-on workshops. Shoalhaven Campus students are also eligible to use the Intercampus Document Delivery service. Further information on the Shoalhaven Campus Library is available at <https://www.uow.edu.au/about/locations/shoalhaven/current-students/shoalhaven-library/>

Expert, professional staff design and deliver a range of services tailored to the individual needs of the University community. Information and Research Help services are available during opening hours at the Wollongong and Shoalhaven Campus Libraries as well as on-line. The Medical Librarian will be especially helpful for your specific subject needs.

Library Services

Save yourself time and enhance your studies: connect with information specialists and resources anytime, anywhere. The 'Ask a Librarian' service is also available for assistance with questions about Library services, access to electronic resources, and how to locate information. For more information visit: <https://www.uow.edu.au/library/>

Online – Ask a Librarian	Ask questions and receive a response within 1 business day
Research Consultation Service	1 hour appointment with an information specialist by phone, email, Skype or in person, available to UOW academics, HDRs, postgraduates, Honours and Master's students.
By phone	(02) 4221 3548

Support for Student Learning

PEER ASSISTED LEARNING (PAL)

Regardless of your academic achievement, you will benefit from the skills and understanding gained from attending PAL. Think “Super Group” learning! PAL sessions are facilitated by senior students who have excelled in this subject. MEDI991 (Phase 1) is challenging, PAL has a strong record of helping students to succeed.

PAL is offered at both Wollongong and Shoalhaven Campuses and sessions will commence from around week 4 and run throughout the first year of your studies. Notices will be posted on Moodle advising of dates and times.

To find out more about the multi-award winning PAL Program, or to see the PAL timetable, go to:

<https://www.uow.edu.au/student/support-services/pass/>

Recent Improvements to Subject

The Faculty of Science, Medicine and Health is committed to continual improvement in teaching and learning. In assessing teaching and learning practices in a subject, the Faculty takes into consideration student feedback from many sources. These sources include direct student feedback to tutors and lecturers, feedback through Science, Medicine and Health Central, responses to the Subject and Course Evaluation Surveys. These important student responses are used to make ongoing changes to subjects and courses. This information is also used to inform systemic comprehensive reviews of subjects and courses.

Improvements to this Phase/Subject in response to student feedback have included:

- Changes to the Phase 1 timetable footprint for year 1 due to student feedback about CBL introduction being conducted across two sites.
- Changes to the compliance and verification process
- Addition of Physiology labs across Phase 1 to enhance student ability to apply physiology knowledge.

Lecture Recording

The University of Wollongong supports the recording of UOW educational content as a supplemental study tool, to provide students with equity of access, and as a technology-enriched learning strategy to enhance the student experience.

If you make your own recording of a lecture, class, seminar, workshop or any other educational session provided as part of your course of study you can only do so with the explicit permission of the lecturer and those people who are also being recorded.

You may only use educational content recorded through the delivery of subject or course content, whether they are your own or recorded by the university, for your own educational purposes. Recordings cannot be altered, shared or published on another platform, without permission of the University, and to do so may contravene the University's Copyright Policy, Privacy Policy, Intellectual Property Policy, IT Acceptable Use Policy and Student Conduct Rules. Unauthorised sharing of recordings may also involve a breach of law under the Copyright Act 1969.

Most lectures in this subject will be recorded, when they are scheduled in venues that are equipped with lecture recording technology, and made available via the subject Moodle site within 48 hours.

Your Privacy - Lecture Recording

In accordance with the Student Privacy & Disclosure Statement, when undertaking our normal teaching and learning activities, the University may collect your personal information. This collection may occur incidentally during the recording of lectures in equipped venues (i.e. when your identity can be ascertained by your image, voice or opinion), or via the delivery of online content therefore the University further advises students that:

- Lecture recordings are made available to students, university staff, and affiliates, securely on the university's IT Platforms and via the subject Moodle eLearning site;
- Recordings are made available only for the purpose for which they were recorded, for example, as a supplemental study tool or to support equity and access to educational resources.

Recordings are stored securely for up to four years

If you have any concerns about the use or accuracy of your personal information collected in a lecture recording, you may approach your Subject Coordinator to discuss your particular circumstances.

The University is committed to ensuring your privacy is protected. If you have a concern about how your personal information is being used or managed please refer to the University's Privacy Policy or consult our Privacy webpage <https://www.uow.edu.au/privacy/>

Video & web conferencing facilities

Video or web conference facilities are available at all rural and regional teaching hubs.

Tips on video conference etiquette can be accessed at: <https://www.uow.edu.au/its/collaboration/>

Extraordinary Changes to the Subject Outline

In extraordinary circumstances the provisions stipulated in this Subject Outline may require amendment after the Subject Outline has been distributed. All students enrolled in the subject must be notified and have the opportunity to provide feedback in relation to the amendment, where practicable, prior to the amendment being finalised.

Learning Analytics

Learning Analytics data (such as student engagement with Moodle, access to recorded lectures, University Library usage, task marks, and use of SOLS) may be used by the Subject Coordinator, the School and the Faculty to assist in analysing student engagement. If you have questions about the kinds of data the University uses, how we collect it, and how we protect your privacy in the use of this data, please refer to <https://www.uow.edu.au/about/privacy/index.html>

Assessment

The MD program assessment in Phase 1 has been designed to test the understanding and application of knowledge, skills and professional behaviours. Many of the assessment methods used in Phase 1 will be encountered throughout the four years of the MD program. These include, for example, written examinations, performance assessments such as OSCEs and Clinical Skills Evaluations, as well as submission-type written assessments such as reflective reports and reviews of research.

Assessment in the MD program is designed to align with formative or summative purposes:

Assessment for formative purposes

Assessments for formative purposes are designed to provide students with feedback on learning, and help students understand their own learning and performance as well as expected standards. Formative assessments do not contribute to the final grade. Students are expected to complete and engage in all formative assessments as part of professionalism and learning.

Formative assessments throughout Phase 1 provide students with ongoing feedback on their strengths and weaknesses and how to improve. Students are expected to take action on all feedback.

Assessment for summative purposes

Summative assessment provides a measure of student performance, for that Phase of learning, and links to student progression through the course. Summative assessment tasks are compulsory and are used to determine the final grade achieved by the student for the Phase.

To progress from each Phase to the next Phase (i.e. to pass each Phase) a student must achieve a minimum grade of 'Satisfactory' in each assessment task. This applies to all summative assessment tasks in the Phase.

SCHEDULED DATES FOR PHASE 1 ASSESSMENTS

	Theme	Assessment Title	Type	Date
Orientation	PAL	Program Requirement: Placement Compliance documentation check	S	26/2/24
Session 1	Clin Prac	Clinical Skills Evaluation: Basic Life Support	S	12/3/24
	Clin Prac	Clinical Skills Evaluation: Communication & Vital signs	S	16/4/24
	R&S	Literature Review: Social Determinants of Health	F	13/5/24
	Clin Prac	Reflective Report: History taking	F	26/5/24
	Clin Prac	Clinical Skills Evaluation: CVRS Examination	S	28/5/24
	PAL	Reflective Report: Doctor in training	F	3/6/24

Session 2	R&S	Literature Review: Social Determinants of Health	S	22/7/24
	Clin Prac	Clinical Skills Evaluation: History taking	S	3/9/24
	PAL	Reflective Report: Doctor in training	S	9/9/24
	Clin Prac	Clinical Skills Evaluation: Gastrointestinal Examination	S	17/9/24
	Med Sci	Assessment Task: Anatomy Quiz	F	URGE Week 1 anatomy session
	Clin Prac	Clinical Skills Evaluation: Diabetic Assessment	S	15/10/24
	R&S	Journal Club presentation	S	Individual student scheduling
	MEDI99 1	Written Examination: End of Year-1	S	18-22/11/24
	MEDI99 1	Written Examination: End of Year-1 Resit (by invitation)	Resit	9-14/12/24

Session 3	R&S	POEM	F	24/2/25
	Clin Prac	OSCE: Phase 1 Practice	F	27/3/25 TBC
	PAL	Reflective Report: Doctor in training	S	TBC
	Clin Prac	OSCE: Phase 1	S	9/5/25 TBC
	R&S	POEM	S	5/5/25
	Clin Prac	OSCE: Resit (by invitation)	Resit	28/5/25 TBC
	MEDI91 1	Examination: End of Phase 1	S	16-22/6/25
	MEDI91 1	Examination: End of Phase 1 Resit (by invitation)	Resit	7-11/7/25

GSM MD PROGRAM REQUIREMENTS – ASSESSMENT

Students must familiarise themselves with the content of the “GSM MD Program Requirements – Assessment” document and are welcome to discuss with GSM academic staff if any clarification is needed. The GSM MD Program Requirements - Assessment document is available to download from the Assessments Folder on Moodle.

Conduct of Summative Assessments within GSM

The university policy of Student Academic Consideration is followed for all summative assessments.

A student failing to complete a summative assessment without approved Student Academic Consideration will not be offered the opportunity to complete the assessment at a later date. Where prior approval is not possible (e.g. due to emergency hospitalisation on the day of the examination), students are to inform the Head of Students, and submit the application form as soon as feasible.

MD Grade Descriptions

The MD course uses a Satisfactory Completion/Unsatisfactory Completion grading scheme (rather than a High Distinction, Distinction, Credit, Pass etc. scheme). All summative assessments will be graded similarly using the following classification scheme:

(E) – Excellent

(S) – Satisfactory

(U) – Unsatisfactory

Phase Results

At the end of each Phase (Phase), the GSM Board of Examiners will award each student a single overall Phase grade of Unsatisfactory, Satisfactory or Excellent based on performance across all summative assessment tasks of that Phase.

At the end of Session 1 and 2 of Phase 1, interim Phase grades of IPC (in progress coursework) will be recorded where a student has satisfactorily met all assessment requirements to the end of the session. The IPC grade will be replaced with the final Phase grade of Excellent, Satisfactory or Unsatisfactory on Phase completion (end of Phase).

Award of “Unsatisfactory” for a Phase

A student will be awarded an “Unsatisfactory” for the Phase if they achieve a result of “Unsatisfactory” in any summative assessment (e.g. OSCE, written examination, submission-type written assessments, or other).

The GSM Board of Examiners can award a Phase grade of “Unsatisfactory” due to other unsatisfactory professional behaviours including:

- failure to satisfactorily attend the stipulated program of study for which the student has registered, including placements.
- failure to co-operate appropriately, and communicate appropriately and satisfactorily with supervisors.
- failure to demonstrate satisfactory professionalism in learning-teaching and/or assessment settings.

Award of “Satisfactory” for a Phase

A Phase grade of “Satisfactory” will be awarded by the GSM Board of Examiners where a student achieves a minimum result of “Satisfactory” for all summative assessments and demonstrates satisfactory professional behaviour.

Award of “Excellent” for a Phase

A Phase grade of “Excellent” can be awarded by the GSM Board of Examiners where a student achieves a result of “Excellent” for all summative assessments that are eligible for an Excellent result. The BOE has the discretion to determine an award of ‘Excellent’ in other circumstances.

Notification of Phase final results

Final results for a Phase will be published to the Student Online Learning system (SOLS). Where a resit examination is granted to a student:

- The maximum grade awarded for the resit will be "Satisfactory".
- The resit will be held prior to the commencement of the next Phase.

MEDICAL SCIENCES FORMATIVE ASSESSMENT

Progressive formative assessments and feedback in the medical sciences theme: **Weekly on-line Quizzes**

These weekly quizzes will have questions on each week's work. These quizzes provide students with examples of the style (Extended Matching and Multiple Choice Questions One Best Answer) and format of the questions that will be encountered in the End of Year 1 and End of Phase examinations. These quizzes are to help students to judge the depth of knowledge and ability to apply knowledge, expected for each fortnight's learning.

End of Block Tests

These End of Block tests will follow the same format as the End of Year 1 and End of Phase written examinations and are designed to help students judge the depth of the knowledge, and ability to apply knowledge they have gained over the course of the block. These tests are found on the Moodle site at the end of each block.

Anatomy Quiz

This Anatomy quiz is designed to allow students to identify strengths and weaknesses in their anatomy knowledge. The quiz is scheduled in mid-way through Session 2 which allows time for further learning and remediation prior to the End of Year Written Examination.

MEDICAL SCIENCES SUMMATIVE ASSESSMENT

Written Examinations

The written examinations are held at the end of Sessions 2 and 3 (i.e. End of Year 1 and End of Phase 1). These written examinations are designed to test knowledge and application of knowledge learnt in the subject and will include questions related to all curriculum themes.

End of Year 1 Written Examination

The End of Year 1 Written Examinations will be made up of two separate papers. Questions within these papers will be in the following formats:

1. Multiple Choice Questions, One Best Answer (also referred to within GSM as Best One of Five Questions - BOF)
Students select the one best answer from five choices.
2. Extended Matching Questions (EMQ)
For EMQs, students must select the correct answer from 10 choices of responses. The same answer may be used more than once.

Marks from all parts of the written examinations will be combined to achieve a percentage mark. Students will be given an Unsatisfactory, Satisfactory or Excellent grade. For all written examinations in the MD, a validated Standard Setting method (such as Angoff etc.) is used to determine the pass mark.

GSM Results will be released to students only following the determination of results by the GSM Board of Examiners (BOE). In circumstances where the BOE is unable to finalise one or more results an interim grade of WH will be released on the [Release of Result date](#).

Examination details will be published by Student Administration Services and made available to the student through SOLS well in advance, in accordance with University practice (<https://www.uow.edu.au/student/exams/index.html>).

End of Year Written Examination Resit

Eligibility of students to be offered a resit will be determined by the GSM Board of Examiners. The End of Year integrated examination resit will be scheduled by the Graduate School of Medicine. Students who are deemed eligible for a Resit examination by the Board of Examiners will receive written notification of the date of the Resit examination via SOLSMail. Information outlining the Resit Examination period during which a Resit examination may be scheduled can be located in the Assessment Schedule on the Scheduled Dates for Phase 1 Assessments in this MEDI991 Subject Outline. Students are advised that they must be available for a Resit examination if required. If a student has an approved Academic Consideration application to defer the Resit examination, the Resit examination MUST be completed before the commencement of Phase 1, Session 3.

End of Phase Written Examination

The End of Phase 1 Written Examination will examine content knowledge and application of content knowledge from the whole of Phase 1 (sessions 1, 2 and 3). The End of Phase Exam will use the same question formats as previously used in the End of Year 1 Written Examination.

End of Year 1 Written Examination.

Students will be given an Unsatisfactory, Satisfactory or Excellent result for the End of Phase I Written Examination. For all written examinations in the MD, a validated Standard Setting method (such as Angoff) is used when determining passing standards. For further information about standard setting and the use of confidence intervals to determine the pass mark, please refer to the GSM MD Program Requirements – Assessment.

GSM Results will be released to students only following the determination of results by the GSM Board of Examiners. In circumstances where the BOE is unable to finalise one or more results an interim grade of WH will be released on the published [Release of Results date](#).

Examination details will be published by Student Administration Services and made available to the student through SOLS well in advance, in accordance with University practice: <https://www.uow.edu.au/student/exams/index.html>

End of Phase Written Examination Resit

Eligibility of students to be offered a resit will be determined by the GSM Board of Examiners. The End of Phase integrated examination resit will be scheduled by the Graduate School of Medicine. Students who are deemed eligible for a Resit examination by the Board of Examiners will receive written notification of the date of the Resit examination via SOLSMail. Information outlining the Resit Examination period during which a Resit examination may be scheduled can be located in the Assessment Schedule on the Scheduled Dates for Phase 1 Assessments in this MEDI991 Subject Outline. Students are advised that they must be available for a Resit examination if required. If a student has an approved Academic Consideration application to defer the Resit examination, the Resit examination MUST be completed before the commencement of Phase 2.

CLINICAL PRACTICE ASSESSMENT

Assessment in Clinical Practice in Phase 1 is conducted by campus-based assessments of competence in the simulated clinical setting. This takes place using two methods of summative assessment:

Clinical Skills Evaluations

Clinical Skills Evaluation testing will take place under 'examination conditions' on campus where an assessor will use competency-specific marking schemes to reach a judgement of performance. The testing assesses competence in a skill which has been taught in clinical skills lessons over the preceding weeks. The student will be given a clinical scenario and tasks, and is expected to demonstrate early clinical reasoning skills as they decide on and demonstrate the relevant clinical skills.

Students are typically allocated 8 minutes to complete each Clinical Skills Evaluation task.

Students will receive feedback.

A student is allowed a maximum of 3 attempts to pass a Clinical Skills Evaluation.

Objective Structured Clinical Examination (OSCE)

In an OSCE, students are assessed on medical history taking, physical examination, explanation/negotiation with patients and procedural skills. The content of the Phase 1 OSCE will cover all blocks in Phase 1 sessions 1 & 2, as well as all teaching sessions in Session 3 which occur prior to the summative OSCE.

A peer assessed formative OSCE will be held prior to the summative OSCE to assist students to prepare.

The Phase 1 Summative OSCE will usually be held in April/May of Session 3 and will generally consist of 15 stations.

The Summative OSCE will be held at both Wollongong and Shoalhaven campuses and in the interest of fairness to all students, students will be randomly allocated to either campus for the day.

- The pass mark of the OSCE is determined using a validated standard setting method (e.g. Borderline Regression Method). Students must pass a minimum of 60% (e.g. 9 out of 15) of stations, AND the passing mark as set at the aggregate of the cut scores of all stations plus 2 SEM (95% confidence interval).

Eligibility of students to be offered an OSCE resit will be determined by the GSM Board of Examiners. The Resit OSCE will also generally consist of 15 stations and be held in Wollongong.

Formative Assessment: Reflective Report: History Taking

In addition to the above summative and formative assessments of clinical skills, students are expected to complete a formative self-reflection and submit a Reflective Report on History taking.

Task: Video record yourself taking a history in your Cardiovascular and/or Respiratory history taking lessons. You may use your own mobile devices. Write a reflection on your performance and comment on the things you will be working on as per the criteria below. Do not load your video recording onto YouTube or any other form of social media as the Simulated Patients have not given consent to be filmed/recorded for any other purpose than your personal learning. Note: This assignment is a compulsory formative exercise.

Format

A4 page, Times New Roman or Calibri font 11 point. Title of assignment (see above) and your full name as the title of the file. Reflection should be between 500 – 800 words total.

Submission

Assignments should be submitted electronically using the relevant e-submission link in the Assessments folder on Moodle.

The Marking Scheme for the Self-reflection on History Taking is available in **Appendix 2**.

RESEARCH AND SCHOLARSHIP ASSESSMENT

Research and Scholarship assessment tasks are aimed at developing essential knowledge and skills required for effective practice in the clinical setting and:

- Help students to learn and improve their critical appraisal skills.
- Encourage student use of evidence-based medicine.
- Promote awareness of research skills.

Phase 1 assessment tasks will be:

- Literature review: Social Determinants of Health (Two submissions – one formative and one summative)
- POEM (Two submissions – one formative and one summative)
- Journal paper review as part of Journal Club presentations (summative)
- Knowledge and application of knowledge may also be tested through (that is, included in) any of the written examinations.

The assessment tasks aim to develop student ability to critically appraise research, increase understanding of evidence-based medicine, promote awareness of research skills and develop presentation abilities.

Research and Scholarship; Literature Review: Social Determinants of Health

Background

Today, when we observe where and how people live, we can understand the health inequities that arise from the conditions people are born, live, grow and work in. The variance in conditions of daily living is a result of the inequity of power, money and resources in society – put simply, if you are rich, you are more likely to live longer and be healthier than if you are poor. While medical care can prolong survival and improve prognosis after serious disease, the social and economic conditions that may make people ill and cause them to seek medical care in the first place is more important to the health of the population as a whole. Human rights are central in the action to address the inequities that arise from the social determinants of health, as they embody fundamental freedom and the societal action necessary to secure those freedoms.

The most significant contributors to health outcomes are the social context in which people live. Certain social conditions can adversely affect health and cause health inequalities, which, in turn, contribute to a considerable burden of disease in Australia and globally. Public policy, at all levels of government, is responsible for creating healthy societies.

Aims

These two assessment tasks, the formative and summative, aim to 1) develop skills and capacity to identify and effectively utilise various sources of referenced information to construct a critically reflective review on a given topic, and 2) provide students with a broader, 'real life' social context into which they can place their theoretical and practical experiences of clinical medicine within the MD program. It requires a review and critical analysis of the literature.

Formative Literature Review (1500 words)

The topic for the Formative Literature Review is:

- Investigate the impact of geographic location on access to health care (i.e. living in a regional, rural or remote location). Focus on barriers to healthcare access and discuss how healthcare services/delivery can be structured to reduce these disparities and promote equitable health access for all.

The formative assignment **does not** contribute to the final grade and **is not** compulsory but unless students are confident of their skills in this area, it is **highly recommended**.

Summative Literature Review (1500 words)

Students are expected to consider their response to the assignment within the context of the challenges posed by the social determinant for people living, or providing services, in Australia. Using at least 8-10 appropriate, peer-reviewed papers from the literature, students are required to review, critique and discuss: the current impacts of the social determinant on health outcomes or health service delivery; how the social determinant is being, or has been, addressed; and future strategies to improve health outcomes or health delivery in the context of the social determinant.

Students must select ONE of the following topics:

1. Discuss the influence of socioeconomic status on individual health outcomes. Discuss the mechanisms by which socioeconomic factors such as income, education, and employment affect health, and discuss strategies that healthcare systems in Australia have implemented to help mitigate these effects.

2. Discuss how the concept of Cultural Safety contributes to the provision of healthcare services for Aboriginal and Torres Strait Islander people. Discuss the significance of cultural awareness and how understanding and respecting cultural differences facilitates Culturally Safe practice.

The organisation of the report is up to individual students, but should contain:

- a clear introduction of the chosen topic and background summary.
- a logical flow (can be broken up by subheadings if necessary).
- a clear summary/conclusion.
- a properly cited reference list and in-text citation of all references (using either the Harvard referencing style (Author-Date) or Vancouver).

Conduct a literature search on the social determinant. Note: you may want to focus your search on one aspect of the social determinant and the key criteria you need to address for the assignment. Your literature search is to be included as an appendix at the end of your assessment task. It must document a transparent and replicable search method, including a search strategy, databases used, date ranges searched, inclusion and exclusion criteria, and results. The appendix does not count towards the total word count.

Research and Scholarship Patient Oriented Evidence that Matters (POEM)

What is a POEM?

POEM stands for “Patient-Oriented Evidence that Matters”. This task is aimed at developing skills in how to provide meaningful information for a patient about a specific topic that is relevant to their healthcare. A POEM should meet three criteria, namely:

- address a question that is faced by practising doctors or health care professionals, relevant to providing patient-centred care.
- measure outcomes important to clinicians and patients (e.g. symptoms, morbidity, quality of life and/or mortality).
- have the potential to change the way that doctors practice.

Aims

The POEM assessment task aims to assist students to develop critical analysis skills to explain a clinically relevant question. The student must perform a valid literature search, identify high-quality research, and analyse and present the findings of the research in a clinically meaningful way. Students are expected to demonstrate 'critical thinking' and evaluation skills and to use their own words in interpreting research findings.

Guidelines to writing a POEM

To write a POEM, students are required to search for an appropriate source article which describes research relevant to the task question. A source article **MUST** be a systematic review, which includes a meta-analysis.

For more information, refer to the NHMRC hierarchy of evidence. The source article selected, and the type of evidence required, will vary with the clinical question.

Layout of a POEM

1. Indicate the source of your evidence: that is, the title of the article you are using, referencing it in full. (See UOW library for guidance regarding referencing). Your POEM should use the research from ONE source article only.
2. Clinical Question: Frame the question as one relevant to clinical practice (one sentence).
3. Indicate briefly how/where you searched for your evidence (e.g., YOUR search strategy). Include the databases you searched and the keywords you used and your reason(s) for your choice of article.
4. Synopsis: In the body of the POEM, briefly summarise the background i.e., provide a brief introduction to the problem/background to the question (you may use other references to support this); describe the population studied; describe and critically appraise the study design and validity of the research methods; outline the outcomes measured; describe and critically analyse the main results. While reference to the source is required, avoid direct quotations of the research results. (This section should form the main part of your POEM.)
5. Levels of evidence: Indicate the levels of evidence provided by this research (refer to the NHMRC hierarchy of evidence).
6. Bottom line: Make recommendations for clinical practice based on the research outcomes of the source article chosen. Do not introduce new information into the “bottom-line”. It is intended to be a brief “answer” to your clinical question (if indeed it can be answered by this research) based on the research outcomes.

All the above six points must be included. The POEM must be properly referenced.

Published medical literature exist that use this format of presentation; for instance, DARE (Database of Abstracts of Reviews of Effects) contains summaries of systematic reviews which have met strict quality criteria. Students are NOT permitted to use one of these as their source article.

Research and Scholarship POEM - Formative Assignment (800 words)

Prepare and submit a POEM on the topic below.

Is atogepant an effective treatment for headaches?

The formative assignment **does not** contribute to the final grade and **is not** compulsory but unless students are confident of their skills in this area, it is **highly recommended**.

Research and Scholarship POEM - Summative Assignment (800 words)

Prepare and submit a POEM, on ONE of the topics below.

1. Is semaglutide recommended treatment for obesity in non-diabetic patients?
2. Is psilocybin an effective treatment for depression?
3. Is cognitive functional therapy (CFT) effective for reducing chronic lower back pain?

Research and Scholarship Journal Club Presentation: Critical appraisal of a journal article

Analysis of a research paper (communicated via Journal Club) can help decide whether there is sufficient research evidence to influence clinical practice. Your group will be required to select an appropriate research paper according to the block your Journal Club presentation aligns with.

Aims

This assessment task aims to develop skills in applying critical analysis principles to a research paper. The focus is on critically appraising the research; this includes identifying aspects that have been done well as well as those that could have been improved upon. Students are expected to demonstrate 'critical thinking' and work as a group.

Guidelines

The following is intended to provide you with guidance in assessing the research paper your group has selected and identifying key elements to interpret the soundness of the findings of the study.

Reading the Introduction

- What research has already been done on this topic?
- How does this study potentially add to the body of evidence already available?
- Is there a clear research question given and is there background evidence provided to support this?
- What is the specific research question?
- Does the study seek to solve an important medical question?

Reading the Methods

- What type of study design was used (clinical trial, cohort, case-control, cross-sectional, systematic review and meta-analysis) and was it appropriate to answer the research question?
- Who was included in the study population? Are they the most appropriate population to answer this research question? Were there clear criteria for inclusion and exclusion of participants? Could exclusion criteria impact on how generalisable the results are? Were baseline characteristics similar for the study groups if the study was a comparative one?
- If the study was of an intervention or treatment, what was it and how does it fit in with current recommendations/guidelines?
- Were there any sources of bias in the method that could potentially influence the results and how they could be interpreted?
- Was recruitment or sampling described and relevant? If randomisation occurred, was this described?
- Were standard measures used to assess outcomes? How reliable were these and how replicable? Are the outcomes measured clinically relevant to the patient population studied? Can the outcomes be applied easily to other populations?
- Was valid statistical analysis undertaken?

Reading the Results

- Do the reported findings answer the research question?
- Are actual values reported (where applicable) with appropriate statistical analysis?
- If included, are the graphs and tables easy to read and understand? Do they relate to the research question? Do they provide valid or useful information?

- If the study was of a treatment or intervention, did unwanted effects need to be considered? If so, were they recorded and reported in the results?

Reading the Conclusion and Discussion

- Are the research questions and outcomes adequately discussed?
- Are the conclusions of the study discussed in the context of other relevant research?
- Are the conclusions justified? Do the authors extrapolate more than they should, for example, beyond the length of time participants were studied or to populations not included in the study?
- Are shortcomings or limitations of the research acknowledged?
- Is relevant further research considered necessary to expand or confirm the findings?

Your overall conclusions

- What do you think the study is about and what does it tell you?
- What is the relevance of the research and its findings?
- Does the study contribute evidence that could be incorporated into clinical practice or health policy or guidelines?
- There are several checklists or guidelines available detailing what to look for when critically analysing a research paper. These include:
 - Greenhalgh, T 1997, '[How to read a paper: getting your bearings \(deciding what the paper is about\)](#)', *BMJ*, vol.315, pp243-246.
 - Lange Biostatistics > Chapter 13. Reading the Medical Literature - available through [AccessMedicine](#) (GM database).

Note on the paper abstract:

The abstract should not be relied upon for your analysis as it may not present the complete results or may over or understate the outcomes of the research.

Summative Assignment (group presentation) Due date: Aligned with Journal Club presentation

Your group will need to select an appropriate research paper to critically analysed and then present this analysis to your Phase 1 cohort.

Research and Scholarship Assignment Submission guidelines

All assignments must be properly formatted, organised and referenced, citing relevant peer-reviewed literature and databases.

Assignments are required to be formatted using the following guidelines.

1. A4 page using double-spaced text with a 3cm left and right margin.
2. Text to be 12-point Times New Roman.
3. A title page with assignment title, your student number and word count (excluding references).
4. Student number only as a header or footer on each page (not student name).
5. Each page numbered.
6. Use either the Harvard referencing style (Author-Date) or Vancouver. A 'Quick Referencing Guide' covering the common sources you may use is available on your Moodle site. A full guide is available via the UOW Library.

Submission

Assignments should be submitted electronically using the relevant e-submission link on Moodle, by the due date and time.

It is recommended that students submit their assignment to TurnItIn (www.turnitin.com) prior to final submission to ensure their work complies with the University's academic integrity policy. (<http://www.uow.edu.au/about/policy/UOW058648.html>).

Information on TurnItIn may be found at: <http://www.uow.edu.au/student/services/ld/staff/UOW022082.html>

Requests for academic consideration and/or extensions need to be made by the student through SOLS, prior to the assignment deadline. This can be accessed via the university website.

Research and Scholarship assignments will be marked against the Marking Rubrics available in the Appendix. Assessments will be given an excellent, satisfactory or unsatisfactory grade.

For students receiving an unsatisfactory grade they will be required to resubmit the task within a given period.

PROFESSIONALISM AND LEADERSHIP ASSESSMENT

Assessment in Professionalism and Leadership during Phase 1 involves both ongoing assessments and feedback on professional behaviours demonstrated in learning settings and specific reflective writing tasks that focus on the broader topics of medicine and health.

Compliance formative assessment

For all employees and students enrolled in courses which involve clinical placements within NSW health facilities, verification of immunisation is mandatory. From a clinical perspective, this is an essential process that ensures a safe workplace for staff, patients and clients. Completion of these mandatory requirements in a timely manner will allow completion of compulsory placements within NSW Health facilities as part of the UOW medical degree, failure to adhere may result in unsatisfactory grades and subsequent failure to progress through the course.

During orientation week you will be provided with clear directions regarding completion of the verification requirements.

At the start of week 6 all students are required to upload a screen capture from Sonia showing their certificate of NSW health compliance (or temporary compliance) together with their provision of all other documents required by the GSM for attendance at clinical placements.

Failure to complete the assessment task will result in an unsatisfactory grade. This may have consequences in regard to progression through the degree.

Professionalism and Leadership: Reflective reports

As part of the Professionalism and Leadership assessment you are required to submit written reflections electronically. Your written reflections should critically review your professional behaviours and personal responses in relation to the event or process (selected by you). All reflections will be assessed against the criteria in the Professionalism and Leadership Marking Rubric – Written Reflection (**Appendix 2**).

Formative Reflection (1000-1500)

Your formative written reflection should focus on an event or process experienced during your medical course in session 1 that was, for you, a significant learning experience and relevant to your personal or professional development as a doctor-in-training.

Summative Reflection 1 (1000-1500 words)

Your summative reflection should focus on an event or process experienced during your medical course in session 2 that was, for you, a significant learning experience and relevant to your personal or professional development as a doctor-in-training. The event may come from any experience or placement in a campus, clinical or healthcare setting, but must be different to your Formative Reflection. (See Professionalism and Leadership Marking Rubric for standards expected, **Appendix 2**).

Summative Reflection 2 (1000-1500 words)

Your summative reflection should focus on an event or process experienced during your medical course in session 3 that was for you a significant learning experience and relevant to your personal or professional development as a doctor-in-training. The event may come from any experience in a clinical or healthcare setting and must be different to your Formative Reflection or Reflection 1. (See Professionalism and Leadership Marking Rubric for standards expected, **Appendix 2**).

Submission

- Your submitted assignment should not contain your name, only your student number in the header of each page.
- Assignments should be submitted electronically using the relevant e-submission link in the Assessments folder on Moodle.

SUBMISSION OF WRITTEN WORK

The University Student Conduct Rules and Academic Integrity policy and subject guidelines clearly set out the University expectations that students submit only their own original work for assessment and must not plagiarise the work of others. Reusing any of your own work (either in part or in full) which you have submitted previously for assessment is not appropriate without acknowledgement. Plagiarism can be detected and may lead to expulsion from the University.

The use by students of any website that provides access to essays or other assessment items (sometimes promoted as ‘resources’), is illegal. Students who provide an assessment (or provide access to an assessment) to others either directly or indirectly (for example by uploading an assessment to a website) are considered by the university to be intentionally or recklessly helping other students to cheat. This may be considered as academic misconduct and students place themselves at risk of being reported and investigated via the Academic Misconduct pathway, with a maximum outcome of excluded from the University.

- Written assessments must be submitted or performed at designated times/dates and in the format (e.g. electronic, hard copy etc.) specified in the assessment program. Work not submitted by stated times will be deemed unsatisfactory because of lateness.

NOTE: All written assignments submitted electronically are due at 12pm (noon) on the stated date.

- Assessments submitted electronically must be submitted in Microsoft Word or PDF format without any password protection or restrictions on readability. Assignments not complying with this requirement may be returned to the student and deemed not to have been submitted until the correct format is provided. Non-compliance with this format requirement may be regarded as an attempt to preclude checking for plagiarism and will consequently be selected for checking for plagiarism.
- If for any reason you are unable to submit electronically the using the appropriate eLearning submission links, assignments should be emailed to gm-assessment@uow.edu.au.
- Submitted material must be a student’s own original work. Where other material is used, the student shall properly attribute the origin on the work, state the source(s) from which the information is derived and the extent to which they had made use of the work of others.
- The University has a strict plagiarism policy which can be found on the University website <https://www.uow.edu.au/about/governance/academic-integrity/students/misconduct/>
- Upon submission, assignments are automatically uploaded to the originality checking service TurnItIn (www.turnitin.com). Students should review the “originality” report generated by the TurnItIn service at submission time to ensure compliance with the UOW plagiarism policy. Resubmission at any time up until the specified due date/time is permitted should amendments to initial submissions be required in order to ensure compliance with UOW policy.
- TurnItIn details can be found at: <https://www.uow.edu.au/student/learning-co-op/technology-and-software/turnitin/>

Please note: Copies of student work may be retained by the University in order to facilitate quality assurance of assessment processes. The University retains records of students' academic work in accordance with the University Records Management Policy and the State Records Act 1988 and uses these records in accordance with the University Privacy Policy and the Privacy and Personal Information Protection Act 1998.

EXTENSIONS

Students requesting extensions of time to submit an assessment task, deferred exam, alternative form of assessment or exemption of a compulsory attendance requirement must apply online via SOLS and provide documentary evidence within three working days of the assessable item's due date for their request to be considered. For information on the Policy, eligibility and how to apply see: <https://www.uow.edu.au/student/admin/academic-consideration/>

LATE SUBMISSION PENALTY

Late submissions will receive a penalty of 5% per day (or part thereof) of the total possible marks for the assessment task for up to ten (10) days after the due date and time for submission (including weekends, and public holidays), or, where an extension has been granted, for up to ten (10) days after the nominated extension deadline. For the purposes of this penalty a weekend (Saturday and Sunday) will be regarded as two days.

No marks will be awarded for work submitted:

- more than ten (10) days after the due date, or
- after the assessment has been returned to the students; whichever is applicable.

In such an instance, a mark of zero and a result of Fail for the task will be applied.

Note: Assessments must still be submitted to meet minimum performance requirements even though no mark is to be awarded

Applying For Academic Consideration

Applications for Student Academic Consideration (AC) are made online through SOLS using the University's central system. Such an application is required if students are absent from:

- Compulsory teaching activities such as absence from placement for two (2) or more consecutive days.
- any summative assessment such as for example, a written exam or OSCE or not being able to meet a scheduled assignment due date.

More detailed information on the University's Student Academic Consideration:

<https://www.uow.edu.au/student/central/academicconsideration/index.html>

In all cases, you must apply for AC BEFORE the due date otherwise the deferred assessment, or extension for assessment submission cannot be granted (exemptions can apply such as for example, being hospitalised). This will mean that in the case of assignments for example, tasks handed in late will be graded as Unsatisfactory. Approval will only be granted if it falls within the AC guidelines (medical grounds, compassionate grounds or extenuating circumstances)

<https://documents.uow.edu.au/content/groups/public/@web/@gov/documents/doc/uow058721.pdf>

For absences that do not fall within the criteria above, please discuss with the Head of Students, Dr Darryl McAndrew (email: head-of-students-gm@uow.edu.au phone 02 4221 5143).

Documentation that supports applications, such as a medical certificate, is required according to University policy and submitted via the UOW SOLS <https://www.uow.edu.au/student/>.

Approving Leave NOT based on AC guidelines

For planned absences that do not fit in with the criteria above such as sponsored attendance at conferences or professional development opportunities, a separate application is made to the Head of Students, Dr Darryl McAndrew. In these cases, when approved, time missed MUST be made up. Students where possible are advised to contact the Head of Students (head-of-students-GM@uow.edu.au) to discuss their situation. Limited days are available for activities in this category. If days are unable to be made up or there are examinations (Clinical competencies/ written examinations/ OSCEs) during the requested leave period, leave will NOT be granted.

NOTE:

Please be aware that a lodged application for Academic Consideration requires approval and that approval should not be presumed. It is also your responsibility to notify your preceptor and/or relevant GSM staff of your intended absence.

STUDENT ACCESSIBILITY AND INCLUSION

If you have a disability or condition which may adversely affect your studies please discuss the issue with the Head of Students or the relevant Phase Chair. See also the University's Support Services website: <https://www.uow.edu.au/student/support-services/> Students are encouraged to disclose the nature and extent of their disability / condition as soon as they are aware of their disability and in a timely manner that allows UOW to best support their needs.

Registration of Medical Students with the Medical Board of Australia

All students enrolled in an accredited medical course approved by the Medical Board of Australia are registered by the Board through the University. Individual students do not need to do anything to become registered. There is no fee for student registration.

The Australian Health Practitioner Regulation Agency (AHPRA), which supports the Board, works directly with educational providers to source the names of all medical students now listed on the Register of Students. This Register is not publicly available. The role of the Board in relation to medical students is limited by the Health Practitioner Regulation National Law Act (the National Law) as in force in each state and territory.

The Board has no role to play in the academic progress or the professional conduct of students. The Board's role is limited to registering students. The Board will receive notifications of students whose health is impaired to such degree that there may be risk to the public or when the student is found guilty of an offence punishable by imprisonment for 12 months or more. For details and updates regarding guidelines for mandatory notification, information can be found at the [Medical Board of Australia](#).

Information regarding student registration can be found on the Board's website at www.medicalboard.gov.au under Registration. For further information on AHPRA student registration, visit <https://www.ahpra.gov.au/Registration/Student-Registrations.aspx>

(Source of this information – Medical Board of Australia Update 6/4/2021)

Legislation, University and Workplace Policies

Students must adhere to governing legislation or other conduct codes appropriate to the University, the health and medical profession or workplace for clinical experience. These include (but are not limited to):

PROFESSIONAL AND LEGISLATION

- [Code of Conduct – NSW Health](#)
- [Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases](#)
- [Work Health and Safety Act 2011 and the Work Health and Safety Regulation 2011](#)
- [Children and Young Persons \(Care and Protection\) Act 1998](#)
- [Public Interest Disclosures Act 1994](#)
- [National Police Checks for Students](#)

UNIVERSITY OF WOLLONGONG

All UOW policy documents can be found here: [Policy Documents](#)

[Student Safety and Reporting Incidents](#) - see Appendix 3 and Appendix 4

[Anti-Racism and Cultural Safety Policy](#)

Academic Integrity Policy

Academic integrity involves upholding ethical standards in all aspects of academic work, including learning, teaching and research. It involves acting with the principles of honesty, fairness, trust and responsibility and requires respect for knowledge and its development. The Policy can be found at: <https://policies.uow.edu.au/document/view-current.php?id=26>

Code of Practice - Research

This Code mandates the current policy and best practice relating to procedures for responsible research. The Code can be found at: <https://policies.uow.edu.au/document/view-current.php?id=11>

Code of Practice - Honours

This Code sets out the responsibilities of all parties involved in managing students undertaking Honours Programs. The Code can be found at: <https://policies.uow.edu.au/document/view-current.php?id=36>

The Code of Practice - Work Integrated Learning (Professional Experience)

The Code of Practice - Work Integrated Learning (Professional Experience) sets out what is expected from students, the University and Host Organisations in providing work integrated learning professional experience programs. It applies to professional experience programs that form the whole or part of a subject or course offered at the University. The Code assists in promoting a productive work integrated learning experience for students and in promoting relevant UOW Work Integrated Learning Design Principles. The Code can be found at: [Code Of Practice - Work Integrated Learning \(Professional Experience\) / Document / Policy Directory \(uow.edu.au\)](#)

Copyright Policy

The purpose of this Policy is to outline responsibilities and procedures regarding the use of third party copyright material, with the objectives of reducing staff and UOW exposure to the risks associated with the use of third party copyright material, assisting staff to make full legal use of the materials at their disposal by clearly identifying responsibilities and promoting copyright compliance. The Policy can be found at: <https://policies.uow.edu.au/document/view-current.php?id=135>

Course Progress Policy

The Course Progress Policy establishes the requirements, definitions and procedures to be used in determining the standards of acceptable course progress. The Policy can be found at: <https://policies.uow.edu.au/document/view-current.php?id=30>

Examination Rules and Procedures

The UOW rules and procedures outline exam conditions, student conduct in exams, and the procedures for exam management. Further information can be found here: <https://www.uow.edu.au/student/exams/>

Ethical or Religious Objection by Students to the Use of Animal and Animal Products in Coursework Subjects

This policy provides a framework for recognition of and responses to students' ethical or religious objection to animal use in coursework subjects at the University of Wollongong. For the purpose of this policy, animal use includes killing of animals in experimental work, dissection of animals that are already dead, use of animal tissues, use of animal-derived products (such as sera). These uses are relevant to teaching and assessment. Further information about this policy can be found here: <https://documents.uow.edu.au/content/groups/public/@web/@gov/documents/doc/uow058708.pdf>

Coursework Rules

The Coursework Rules (hereafter the Rules) govern the admission, enrolment, progression through, and qualification for a coursework award offered by the University. Further information can be found here: <https://policies.uow.edu.au/document/view-current.php?id=4>

Human Research Ethics

The Human Research Ethics Committee protects the welfare and rights of the participants in research activities. Further information can be found here: <http://www.uow.edu.au/research/ethics/human/index.html>

Inclusive Language Guidelines

UOW endorses a policy of non-discriminatory language practice in all academic and administrative activities of the University. Further information is available from: <https://policies.uow.edu.au/document/view-current.php?id=239>

Intellectual Property Policy

UOW's Intellectual Property Policy provides guidance on the approach taken to Intellectual Property (IP), including its ownership, protection and exploitation. Further information about the management of IP is available at <https://policies.uow.edu.au/document/view-current.php?id=146>

Review and Appeal of Academic Decisions Policy

UOW aims to provide a transparent and consistent process for resolving a student concern about an academic decision that has affected their academic progress, including a mark or grade. Further information is available at: <https://documents.uow.edu.au/content/groups/public/@web/@gld/documents/doc/uow267083.pdf>

Student Academic Consideration Policy

The purpose of the Student Academic Consideration Policy is to enable student requests for academic consideration for assessable components of a subject to be evaluated in a fair, reasonable, timely and consistent manner throughout the University. The Policy can be found at: <https://policies.uow.edu.au/document/view-current.php?id=91>

The Student Charter - Your Rights and Responsibilities

The Student Charter is based on principles that guide all members of the University and that promote responsible partnerships within and beyond the University community. <http://www.uow.edu.au/student/charter/index.html>

Student Assignment of Intellectual Property (IP) Policy

This policy applies to all Students (under-graduate and post-graduate) of the University of Wollongong (UOW). It may also apply to other persons by agreement. This policy sets out the approach taken by UOW in relation to Student assignment of intellectual property. Further information about this policy can be found here: <https://documents.uow.edu.au/content/groups/public/@web/@gov/documents/doc/uow058689.pdf>

Student Conduct Rules

These Rules outline the required conduct of students of UOW, and direct staff and students to University Rules, standards, codes, policies, guidelines, procedures and other requirements which specify acceptable and unacceptable student conduct, and the management of alleged student misconduct. The policy can be found at: <https://policies.uow.edu.au/document/view-current.php?id=6>

Teaching and Assessment: Assessment and Feedback Policy

The purpose of this Policy is to set out the University of Wollongong's approach to effective learning, teaching and assessment, including the principles and minimum standards underlying teaching and assessment practice. The Policy can be found at: <http://www.uow.edu.au/about/policy/alphalisting/UOW222905.html>

Teaching and Assessment: Code of Practice - Teaching

This Code is a key document in implementing the University's Teaching and Assessment Policy and sets out the specific responsibilities of parties affected in relation to learning, teaching and assessment, as well as procedures for teaching staff. The Code can be found at: <https://policies.uow.edu.au/document/view-current.php?id=9>

Teaching and Assessment: Subject Delivery Policy

This Policy sets out specific requirements in relation to the delivery of Subjects. The policy can be found at: <https://policies.uow.edu.au/document/view-current.php?id=39>

Workplace Health & Safety Policy

The Workplace Health and Safety (WHS) unit at UOW aims to provide structures, system and support to ensure the health, safety and welfare of all at the campus. Further information is available from:

<https://policies.uow.edu.au/document/view-current.php?id=177>

GRADUATE SCHOOL OF MEDICINE

Additional Graduate School of Medicine MD Program Guidelines and Resources can be located at the link here: <https://www.uow.edu.au/science-medicine-health/current-students/md/program-guidelines-and-resources/>

This includes information on a number of items including:

- Remuneration of students whilst on clinical placement
- GSM expectations on clinical/research work experience
- Student Confidentiality Undertaking

Appendix 1: MD Subject Learning Outcomes

Note: these are in the process of being updated across 2024 with a new version applicable from 2025 onwards.

Medical Sciences (MS)	
MS01	The normal structure and function of the body and each of its major organ systems.
MS02	Molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis.
MS03	The relationship between structure and function of cells, tissues, organs and systems.
MS04	Factors contributing to health and illness and the mechanisms of their influence (pathogenesis).
MS05	How structure and function (pathology and pathophysiology) of cells, tissues, organs and systems are altered by diseases and conditions.
MS06	How common investigative techniques are used to differentiate between normal and abnormal structure and function.
MS07	Principles of drug absorption, metabolism and excretion; dose response relationships and drug specificity and selectivity with respect to desired actions and side effects.
MS08	Scientific knowledge and its relation to clinical problems.
MS09	Limitations to existing scientific knowledge.
MS10	Relief of pain, amelioration of suffering and optimisation the quality of life of patients.
MS11	Theories and principles that govern ethical decision making and the major ethical dilemmas in medicine.
MS12	Principles of human behaviour and development throughout life, and their relationship to health and illness.
MS13	Identification of factors that place individuals at risk of disease or injury.
MS14	The manner in which people of diverse cultures and belief systems perceive health and illness and respond to symptoms, diseases, and treatments.
MS15	The health care needs and social and cultural perspectives of health of Indigenous Australians.
MS16	The psychological, social, environmental and cultural determinants of health and illness.
MS17	The importance of recognizing and addressing individual gender, socioeconomic and cultural biases in the delivery of health care.
MS18	The organization, financing, and delivery of health care in Australia, including the challenges and opportunities for regional, rural and remote communities.

Clinical Competencies (CC) (renamed as Clinical Practice)	
CC01	Taking a focused history from the patient, family, friend or carer to determine the nature of the patient's problems, and identify possible causes.
CC02	Conducting complete mental state examination or appropriate components in a systematic and directed fashion.
CC03	Conducting a complete physical examination or appropriate components in a systematic and directed fashion.
CC04	Making an accurate assessment of the patient's problems and formulating a differential diagnosis based on the history and examination findings.
CC05	Selecting, ordering and interpreting appropriate initial investigations for the presenting problem.
CC06	Recording, evaluating and interpreting data from history, physical examination and diagnostic investigations and developing a provisional diagnosis.
CC07	Making a diagnosis, constructing therapeutic strategies for patients with common conditions, developing and implementing a management plan.
CC08	Monitoring the effectiveness of a patient management plan, and modifying that plan in response to the ongoing acquisition of information.
CC09	Contributing to cure of or recovery from illness and the easing of suffering and discomfort.
CC10	Utilizing strategies for health promotion and prevention of disease and disability in encounters with patients.

Clinical Competencies (CC) (renamed as Clinical Practice)	
CC11	Establishing, building and maintaining therapeutic partnerships with patients, their family, friends, and carers.
CC12	Communicating, both verbally and in writing, with patients, patients' families, colleagues, and others with whom physicians must share information in carrying out their responsibilities.
CC13	Working as a member of health care teams.
CC14	Dealing compassionately with patients, their family, friends and carers.
CC15	Identifying potential danger to self and others taking appropriate action to limit impact.
CC16	Openness to acknowledging one's own limitations and knowing when to seek advice or assistance.
CC17	A patient-centred approach to patient care.
CC18	Respect for the role and function of all those involved in patient care, and the ability to collaborate with them.
CC19	Optimization of patient comfort, dignity and privacy in all clinical encounters.
CC20	Obtaining informed consent and knowing where the responsibility for obtaining consent lies in all aspects of investigation, treatment and management.
CC21	Preparing patient for, explaining & conducting technical and practical procedures.
CC22	Making thorough and accurate observations, measurements and calculations and recording assessment data in a manner that is legible, organized, concise and accurate.
CC23	Recognising immediately life-threatening conditions, demonstrating effective decision making and instituting appropriate initial therapy.

Personal and Professional Development (renamed as Professionalism and Leadership)	
PD01	A questioning approach to own work and that of others.
PD02	Maintenance of patient confidentiality and knowledge of legislative exceptions.
PD03	Receptiveness and responsiveness to change.
PD04	An ethical approach in all aspects of professional life, including the demonstration of honesty, integrity, reliability and dependability, a non-judgmental approach and a commitment to patients, society and the profession.
PD05	Utilisation of the best practice guidelines and requirements of professional and regulatory bodies.
PD06	Adopting teaching and learning roles in interactions with colleagues, patients and their families.
PD07	Fulfilling professional responsibilities in both work and external contexts.
PD08	Seeking and taking advantage of opportunities to undertake lifelong learning.
PD09	Sensitivity and responsiveness to patients' culture, age, gender and disabilities.
PD10	Applying self-reflection and critical self-evaluation to professional practice.
PD11	Awareness of one's own attributes and motivations, the capacity to use that awareness to guide self-care, and the skills to address one's own interpersonal, psychological and emotional needs.
PD12	Time and workload management skills such that resources are used effectively and efficiently.
PD13	The importance of achieving balance within one's personal and professional life and having strategies to achieve this.
PD14	Maintenance of proper boundaries in professional practice.
PD15	Recognizing and dealing with uncertainty and adverse outcomes.
PD16	The legal responsibilities of medical practice in Australia.
PD17	Ethical issues associated with human and animal research related to medicine.

Research and Critical Analysis (renamed as Research and Scholarship)	
R&S01	Locate and access scientific and clinical information
R&S02	Critically evaluate and utilise information for solving problems and making evidence-based decisions relevant to the health of individuals and/or populations
R&S03	Explore improved solutions/practices for positive organisational, social and cultural change
R&S04	Explain health services, social determinants of health and the burden of disease
R&S05	Appropriately interpret, appraise and use statistics and data
R&S06	Recognise appropriate research methods/study design and interpret results
R&S07	Set and test research hypotheses and/or research question
R&S08	Apply evidence-based medicine and clinical guidelines
R&S09	Explain primary, secondary and tertiary prevention of disease

Appendix 2: Marking Rubrics

CLINICAL SKILLS MARKING SCHEME: SELF-REFLECTION OF HISTORY TAKING:

Component	Unsatisfactory	Satisfactory	Excellent
Communication Skills	Little effort to describe and reflect on communication skills used and the impact of same	Reflects on introduction, eye contact, rapport, building relationship, signposting and summarising/conclusion.	Satisfactory plus: Covers good range of aspects and recognises the impact of these skills
Process Skills	Poor insight into effect on interview of hesitancy and level of organisation	Notes level of organisation, time management, smooth flow of dialogue, any hesitancy, etc.	Recognises the effect of smooth flow, use of time, and organisation. Notes hesitancy and reflects on effects
History Content	Focuses primarily on this content section to the detriment of other aspects	Presenting problem, past history, meds, allergies, family history and social history. Forgot anything?	Perceives the results of a structured history and relative importance of all aspects.
Manner & Appearance	Poor insight into the impact of the first impression they would have made on the patient	Professional attire, mannerisms, nonverbal communication, choice of language, or use of exclamations, etc.	Recognises the impact of first impressions, non-verbal communication, and inappropriate exclamations
Things to work on	Poor definition of what to work on and how to do it.	Recognises and describes areas to work on to improve	Excellent insight into the areas they need to work on and ideas of how to do so.
Global Judgement Grade for Assignment overall	Does not cover all areas. Shows little depth of insight into own performance. Lists strengths or weaknesses in vague terms. Poorly defined goals for improvement.	Covers most areas. Shows insight into their performance and is able to define both strengths and weaknesses. Able to list at least one area they will work on to improve and how they will do it.	Covers all areas. Shows thoughtful insight into their performance and is able to clearly define both strengths and weaknesses. Sets some specific and achievable goals to work on to improve
Comments / Feedback / Suggestions			

RESEARCH AND SCHOLARSHIP MARKING RUBRIC - SOCIAL DETERMINANTS OF HEALTH LITERATURE REVIEW

Student submissions for the Social Determinants of Health assignment will be assessed against the following criteria. An overall grade of Unsatisfactory, Satisfactory or Excellent will be awarded.

	Unsatisfactory	Satisfactory	Excellent
Introduction Introduction and description of social determinant topic	A description of the chosen social determinant is not provided or is unclear.	A satisfactory description of the chosen social determinant and associated health impacts.	A clear and concise description of the chosen social determinant; highlights current and emerging health impacts. Excellent foundation provided for the review.
Literature Interpretation Critical analysis of how the social determinant is being addressed and leading to improved health outcomes	Little or poor description of how the identified social determinant is being addressed and how it is leading to improved health outcomes.	Suitable description of how the identified social determinant is being addressed and how it is leading to improved health outcomes.	A clear and comprehensive description and analysis of how the identified social determinant is being addressed and how it is leading to improved health outcomes.
Literature Evaluation Critical analysis of literature strengths & weaknesses	Critical analysis of the strengths and limitations of the literature lacking; text is mostly descriptive.	Some critical analysis of the strengths and limitations of the literature. Synthesis and integration of information is appropriate.	Comprehensive critical analysis of the strengths and limitations of the cited literature. Excellent synthesis and integration of information.
Literature Selection	Articles selected are outdated or inappropriate/not relevant to the research topic.	Articles selected are current and exhibit relevance to the research topic.	Articles selected are current and highly relevant to the research topic.
Conclusions	A conclusion is not provided or is not supported by the literature reviewed.	A satisfactory conclusion, supported by the literature reviewed.	An excellent concise, clear and logical conclusion, which considers key consequences and implications and is supported by the literature reviewed.
Structure Written communication skills	Lacks a logical and coherent structure and/or inappropriate language and style used, not professional/scientific and/or major grammatical, spelling and/or formatting errors and/or word count not observed.	Logical and coherent structure. Appropriate professional/scientific expression/style mostly used. Few or minor grammatical, spelling and/or formatting errors, word count observed.	Logical and coherent structure. Excellent professional/scientific expression/style consistently used. No grammatical, spelling and/or formatting errors; word count observed.
Referencing	Preferred referencing not used or preferred referencing used but inconsistent.	Few or minor inconsistencies in preferred referencing system.	Consistent use of preferred referencing system.
Literature Search Identifying appropriate literature	Literature search strategy is unsatisfactory or absent.	Literature search strategy provided is adequate/satisfactory.	Literature search strategy provided is complete and succinct.
Quality Quality of intellectual endeavour	Minimal effort demonstrated with little intellectual investment.	Effort and creativity demonstrated in the analysis process. Information is appropriately synthesised.	Higher order thinking demonstrated to achieve an in-depth understanding through organising, synthesising and integrating information in new ways.
OVERALL Grade	Unsatisfactory	Satisfactory	Excellent

RESEARCH AND SCHOLARSHIP MARKING RUBRIC - PATIENT ORIENTED EVIDENCE THAT MATTERS (POEM) ASSIGNMENT

Student submissions for the POEM assignment will be assessed against the following criteria. An overall grade of Unsatisfactory, Satisfactory or Excellent will be awarded.

	Unsatisfactory	Satisfactory	Excellent
Article Supporting the question	Inappropriate source article selected to answer clinical question.	Selected source article is relevant to clinical question.	Selected source article is high-quality and highly relevant to the clinical question.
Clinical Question Defined clinical question	Clinical question is inappropriate or not relevant to clinical practice.	Clinical question is clearly written and relevant to clinical practice.	Clinical question is clearly written, insightful and highly relevant to clinical practice.
Literature Search Supporting the question	Literature search strategy is unsatisfactory or absent.	Literature search strategy provided is adequate/satisfactory.	Literature search strategy provided is comprehensive and complete.
Background Supporting the question	Background of research question is missing or inadequate.	Background information supports the clinical question; challenges with current treatment/management mentioned.	Background information supports the clinical question; current and emerging challenges with treatment/management highlighted.
Methods Analysis of methods used	An understanding of the suitability of the methods used (population studied, research design and validity) to answer the study question is not demonstrated.	Demonstrates a satisfactory understanding of the suitability of the methods used (population studied, research design and validity) to answer the study question.	Demonstrates a strong and in-depth understanding of the suitability of the methods used (population studied, research design and validity) to answer the study question.
Outcomes Suitability of outcomes measured	An understanding of the outcomes measured in the research is not demonstrated.	Satisfactory understanding demonstrated of the outcomes measured in the research.	Excellent understanding demonstrated of the outcomes measured in the research.
Results Analysis of results	Description and analysis of the main results of the source article is not provided or unsatisfactory.	Describes the main results of the source article; some links made to answering the clinical question.	Excellent interpretation of the main results of the source article; strong links drawn to answering the clinical question.
Analysis Level of critical analysis	Analysis of source article is descriptive rather than analytical.	Adequate critical analysis of strengths and limitations of the source article.	Comprehensive critical analysis of strengths and limitations of the source article.
Levels of Evidence	Lacking reference or incorrect linkage to levels of evidence.	Refers to levels of evidence.	Correctly identifies level of evidence.
Implications Clinical relevance	An understanding of the clinical relevance and/or implications for clinical practice is not demonstrated.	Demonstrates an understanding of the clinical relevance and implications for clinical practice.	Demonstrates an in-depth understanding of the clinical relevance and implications for clinical practice.
Bottom-Line Clinical relevance	'Bottom-line' irrelevant/not applicable to the clinical question posed and/or is an unsatisfactory statement of recommendation for clinical practice based on the research outcomes and/or introduces new material.	'Bottom-line' relevant to the clinical question posed; includes a statement of recommendation for clinical practice based on the research outcomes.	'Bottom-line' highly relevant to the clinical question posed; includes an insightful statement of recommendation for clinical practice based on the research outcomes.
Structure Written communication skills	Lacks a logical and coherent structure and/or inappropriate language and style used, not professional/scientific and/or major grammatical, spelling	Logical and coherent structure. Appropriate professional/scientific expression/style mostly used. Few or minor grammatical,	Logical and coherent structure. Excellent professional/scientific expression/style consistently used. No grammatical, spelling

	and/or formatting errors and/or word count not observed.	spelling and/or formatting errors, word count observed.	and/or formatting errors, word count observed.
Referencing	Preferred referencing system is not used.	Few or minor inconsistencies in preferred referencing system.	Consistent use of preferred referencing system.
Quality Quality of intellectual endeavour	Minimal effort demonstrated with little intellectual investment.	Effort and some creativity demonstrated in the analysis process. Some synthesis of information.	Higher order thinking demonstrated to achieve an in-depth understanding through organising, synthesising and integrating information in new ways.
OVERALL Grade	Unsatisfactory	Satisfactory	Excellent

RESEARCH AND SCHOLARSHIP MARKING RUBRIC - CRITICAL APPRAISAL OF A JOURNAL ARTICLE (JOURNAL CLUB PRESENTATION)

Group submissions for the Critical Analysis of a Research Paper (Journal Club Presentation) assignment will be assessed against the following eight criteria. An overall grade of Unsatisfactory, Satisfactory or Excellent will be awarded.

Objective	Unsatisfactory	Satisfactory	Excellent
Selection of journal article	The relevance, interest and importance of the paper is limited or unclear.	Article has some relevance to the teaching block, is of interest or demonstrates important concepts.	Article is highly relevant to the teaching block, interesting and demonstrates important concepts.
Appraisal of introduction	Limited or unclear appraisal of the background, aims, justification and research question(s).	Satisfactory appraisal of the background, aims, justification and research question(s).	Excellent appraisal of the background, aims, justification and research question(s).
Appraisal of methods	Limited or unclear appraisal of the suitability of the methods (setting, participants, design, analysis, replicability issues).	Satisfactory appraisal of the suitability of the methods (setting, participants, design, analysis, replicability issues).	Excellent appraisal of the suitability of the methods (setting, participants, design, analysis, replicability issues).
Critical analysis of the results	Limited or unclear appraisal of results relevant to the main aims of the study. Inaccurate interpretation of results (tables, figures).	Satisfactory appraisal of results relevant to the main aims of the study. Satisfactory interpretation of results (tables, figures).	Excellent appraisal of results relevant to the main aims of the study. Accurate interpretation of results (tables, figures).
Critical analysis of the discussion	Limited or unclear appraisal of the implications, conclusions, limitations and future directions.	Satisfactory appraisal of the implications, conclusions, limitations and future directions.	Excellent appraisal of the implications, conclusions, limitations and future directions.
Critical appraisal summary of the paper	Limited or unclear summary of the strengths and weaknesses of the paper.	Satisfactory summary of the strengths and weaknesses of the paper.	Excellent summary of the strengths and weaknesses of the paper.
Presentation skills	Limited or unclear presentation (issues with clarity, pace, organisation, audience engagement or slides).	Satisfactory presentation skills (clarity, pace, organisation, audience engagement). Slides are generally clear.	Excellent presentation skills (clarity, pace, organisation, audience engagement). Slides are easy to read and visually appealing.
Individual contribution to the team effort (rated by group peers)	Unsatisfactory contribution to preparing and delivering the presentation.	Satisfactory contribution to preparing and delivering the presentation.	Excellent contribution to preparing and delivering the presentation.
Overall grade	Unsatisfactory	Satisfactory	Excellent

PROFESSIONALISM AND LEADERSHIP MARKING RUBRIC - REFLECTION ASSIGNMENTS

The MEDI991 PAL Reflection assignments will be rated against the following criteria. An overall grade of Unsatisfactory, Satisfactory or Excellent will be awarded based on the rubric.

Marking Criteria	Unsatisfactory	Satisfactory	Excellent
Identification and description of a learning experience	Description of the experience is unclear, missing key information or does not correspond to the set topic.	Description of the experience is satisfactory and corresponds to the set topic.	Description of the experience is succinct, clear and corresponds to the set topic.
Identification of key issues	Key issues are overlooked, or identification of issues is unclear or limited. The student may not adequately consider relevant codes, guidelines, legislation or ethical principles.	Key issues are identified and satisfactorily described. These are generally linked to codes, guidelines, legislation or ethical principles where relevant. Some issues may be overlooked.	Excellent identification and description of multiple issues. These are linked to codes, guidelines, legislation or ethical principles where relevant.
Self-awareness and appraisal	The student includes limited consideration of their thoughts, emotions, behaviour, belief systems and assumptions which are relevant to the learning experience.	The student satisfactorily reflects on relevant aspects of their thoughts, emotions, behaviour, belief systems and assumptions.	The student provides an excellent reflection on relevant aspects of their thoughts, emotions, behaviour, belief systems and assumptions.
	Limited or unclear identification of relevant interpersonal factors and perspectives of others.	Satisfactory identification of interpersonal factors and the perspectives of others, where relevant.	Excellent identification of interpersonal factors and the perspectives of others, where relevant.
Analysis and synthesis	Analysis and synthesis are limited or missing. Learning is not linked to broader contexts, or consideration is superficial or unclear.	Satisfactory analysis and synthesis. Learning is linked to broader contexts.	Excellent analysis and synthesis. Learning is linked to broader contexts. Multiple viewpoints, complexities or larger issues are also recognised.
Range of evidence to support reasoning and problem-solving	Evidence to support the reflective process is scant or missing, or references are not well chosen (e.g. unduly dated, obscure or unrepresentative).	Satisfactory evidence from multiple relevant sources including academic literature, professional codes, and consultation with other professionals where appropriate.	Excellent range of evidence from multiple relevant sources including academic literature, professional codes, and consultation with other professionals where appropriate.
	Evidence is not clearly used to support reasoning in the reflection.	Evidence is satisfactorily used to support reasoning in the reflection.	Evidence is well integrated throughout the reflection and used to support reasoning.
Identification of learning goals and strategies to achieve them	Learning goals are missing, vague generalities, or not relevant to the reflection.	Learning goals are appropriately identified.	Learning goals are well articulated and linked to the reflection.
	Strategies for achieving learning goals are unclear, unrealistic or not relevant to the reflection.	Strategies for achieving learning goals are satisfactory.	Strategies for achieving learning goals are explicit, realistic and measurable.
	Little or no progress towards learning goals is outlined.	Satisfactory progress towards learning goals is outlined.	Excellent progress towards learning goals is outlined.
Conclusions	Conclusions are missing, limited or not justified.	Conclusions are satisfactory.	Conclusions are perceptive and justified.
	Superficial or unclear reflection on what was learned, and implications for future practice or the need for personal or systemic change.	Satisfactory reflection on what was learned, new perspectives and implications for future practice or the need for personal or systemic change.	Excellent reflection on what was learned, new perspectives and implications for future practice or the need for personal or systemic change.
Written communication skills	Writing is unclear or poorly structured. Writing has many errors of spelling or expression, or is significantly above or below word count.	Writing is generally clear with a logical and coherent structure. Some minor grammatical and/or spelling errors which do not interfere with reader's ability to understand. Adheres to word count.	Writing has an excellent, logical and coherent structure. Few errors in grammar or spelling. Adheres to word count.
Citations and references	Preferred referencing system not used.	Few or minor inconsistencies in preferred referencing system.	Consistent use of preferred referencing system.

Appendix 3: Student Safety and Incident Reporting

The UOW is committed to the prevention of injury and illness to staff and students including the management of risk to students, staff or equipment during the MD program including on clinical placements. Students must adhere to WH&S policies and reporting protocols in each of the settings where they undertake their placement, including monitoring the workplace and identifying and reporting hazards to their supervisor.

Students are also required to identify potential hazards and take precautions at all times during their academic and personal activities in a range of settings, including accommodation and travel to and from placement activities (Students must take particular care and precaution when driving at night or on country or unfamiliar roads). The following table may assist to alert students to potential hazards:

Could people be injured or made sick by: Noise, Light, Infection, High or low temperatures, Electricity, Moving or falling things (or people).	Imagine that a child was to enter your work area - What would you warn them to be extra careful of? - What would do to reduce the harm to them?
Can workplace practices cause injury/illness? - Are there heavy or awkward lifting jobs? - Can people work in a comfortable posture? - Are people properly trained? - Is there poor housekeeping obstacles or clutter or torn or slippery flooring or sharp objects?	What could go wrong? - What if equipment is misused? - How could someone be killed? - How could people be injured? - What may make people ill? - Are there emergency procedures required?
What are the special hazards? What occurs only occasionally-for example during maintenance and other irregular work?	How might these injuries happen to people? Broken bones, eye or hearing damage, strains, sprains, cuts or abrasions, burns, poisoning or needle-stick injury.

The Workplace Health and Safety Unit provides advice and support to UOW workers, students, contractors and visitors to ensure that health and safety risks can be managed in accordance with the UOW WHS Management System. For more information, please visit the [UOW safe at work homepage](#). This webpage also includes a video tutorial for students on how to report an incident in SafetyNet: [SafetyNet - University of Wollongong – UOW](#)

WH&S Incident Reporting

[Report an incident - University of Wollongong – UOW](#)

Contact GSM Head of Students, Dr Darryl McAndrew. The Head of Students will record the incident or near miss and liaise with the student and relevant staff to take corrective action and minimise future risk. For an incident that occurs off campus in a placement setting, in addition to a UOW incident report, follow Incident Management Procedure protocols of the facility where the incident has occurred.

Appendix 4: Travel subsidy (rural students)

Students based at the Shoalhaven campus attend the majority of teaching sessions such as lectures and small group work at the purpose-built GSM building on the Shoalhaven campus. Some sessions are conducted face-to-face with the academic staff and others are video-conferenced from Wollongong campus.

Typically, on one day per week all teaching sessions will be held at the Wollongong campus and students are expected to travel to Wollongong campus on those days. A travel subsidy is provided to eligible students to contribute to some of the travel costs.

Further information will be provided to students at the commencement of session via a Moodle Announcement.