Integrated Clinical Rotation 1 (400810) – Yearlong 2018
Medicine in Context (MiC) Attachment Descriptor

(December 2017)
# Contents

1. Overview .......................................................................................................................... 1  
2. Learning outcomes ........................................................................................................... 1  
3. Linkages with past, present and future learning ............................................................... 1  
4. Attachment format ........................................................................................................... 2  
5. Weekly Study Guide ......................................................................................................... 3  
6. GP Learning Plan and Logbook (GLPL) .......................................................................... 4  
7. Formative feedback .......................................................................................................... 4  
8. Assessments and progression rules .................................................................................. 4  
9. Attendance and absence .................................................................................................. 4  
10. End-of-placement forms .................................................................................................. 5  
11. Program evaluation ......................................................................................................... 5  
12. Mental health and well-being ......................................................................................... 6  
13. Reading materials and other resources .......................................................................... 6  
Appendix 1: MiC placements ................................................................................................... 7  
Appendix 2: Medicine in Context Community Learning Plan ........................................... 13  
Appendix 3: MiC tutorial ....................................................................................................... 15  
Appendix 4: Alignment between MiC Learning Outcomes, Learning Activities and Assessment Criteria .......................................................................................................................... 17

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1. Overview

Welcome to Medicine in Context (MiC)!

Doctors do not practice in a vacuum. From the ancient time to modern-day, be it in an urban or remote setting; tertiary hospital or primary care clinics; general or specialist practice; clinical, academic or laboratory research – no form of medicine is ever practiced without a contextual relevance. The Medicine in Context program aims to provide an exposure to the context of medicine in practice.

MiC is the Western Sydney University School of Medicine’s flagship program in keeping with the Western Sydney University mission and tradition to actively engage with, and be grounded in the Greater Western Sydney (GWS) community. The ultimate learning occurs when students integrate clinical and non-clinical aspects of medicine under the guidance of academics, general practitioners and community supervisors. This contextual knowledge makes better doctors who are more able to serve their patients and advance medical science.

2. Learning outcomes

At the end of the Year 3 Medicine in Context teaching program, students will be able to:

A. Review how various social determinants of health contribute to health outcomes of individuals and communities in Greater Western Sydney;
B. Analyse the roles of community-based services in supporting the health and well-being of individuals and communities;
C. Demonstrate learning across each of the five Domains of General Practice appropriate to Year 3 medical students:
   Domain 1. Demonstrates effective communication skills and the ability to develop a good doctor patient relationship
   Domain 2. Apply relevant medical knowledge and skills in GP setting by demonstrating knowledge of common medical conditions including the ability to gather information and perform a clinical examination appropriate to their stage of learning.
   Domain 4. Professional and ethical roles – covered under learning outcome G below.
   Domain 5. Describe differences between provision of health care in the community through General Practice compared with in the hospital setting
D. Work collaboratively with various health and non-health professionals in providing community-based services;
E. Critically examine community-based services and social determinants of health in the light of academic literature;
F. Practise academic oral and writing presentations to present learning processes and outcomes; and
G. Utilise learning experiences in community organisations and General Practice to identify personal strengths and areas for improvement.

3. Linkages with past, present and future learning

MiC is closely related to the Western Sydney University MBBS Graduate Outcomes under Theme 2 “Health in the Community”. In addition, MiC contributes to Theme 3 “Personal and Professional Development” and Theme 4 “Scientific Basis of Medicine” particularly 4.2 “Uses Evidence” and 4.3 “Research”.
MiC requires students to integrate the knowledge and skills gained in Years 1 and 2 (PBL, PPD, ICM, Population Health and Aboriginal & Torres Strait Islander Health) with placement exposure to clients/patients and/or services. In turn, MiC equips students with knowledge, skills and insights that will assist in clinical attachments, as well as in their future career in medicine.

4. Attachment format

MiC is a 10-week attachment which is staged into two 5-week blocks separated by a few clinical rotations. The learning activities are framed with Orientation at the beginning of Block A, and Reflection and the Final Assignment at the end of Block B.

<table>
<thead>
<tr>
<th>Block A (5 weeks)</th>
<th>Block B (5 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online orientation</td>
<td>Community placement 1 (3 days/week)</td>
</tr>
<tr>
<td></td>
<td>GP placement 1 (1 day/week)</td>
</tr>
<tr>
<td></td>
<td>Fridays: Tutorials</td>
</tr>
<tr>
<td></td>
<td>Workshop or Guided self-study</td>
</tr>
<tr>
<td></td>
<td>Intermission: Other Year 3 Clinical Attachments</td>
</tr>
<tr>
<td></td>
<td>Fridays: Tutorials</td>
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<td>Workshop or Guided self-study</td>
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Following the “learning by immersion” approach, most of MiC learning occurs during placements in community organisations and General Practice (GP) clinics. Every student undergoes two placements with community organisations and two placements with GP clinics (a different one per Block). A minimum of one community placement and one GP placement must be undertaken in the Greater Western Sydney area. The two community placements must be of different placement topics. Every Friday all MiC students consolidate their learning in tutorials and workshops or guided self-study.

A. Online orientation

The online orientation provides an overview of the program and the learning, teaching and assessment process.

B. Placements

The MiC placement procedures are outlined in Appendix 1.

MiC learning experience is a combination of clinical learning (particularly in the GP setting) and learning about the broader context of medicine in both GP and community settings. The GP placements will demonstrate for students the differences between hospitals and general practice.

The aim of the GP placements is to gain experience of the many roles of general practitioners in primary care and of their central contribution to a well-functioning health care system. Western Sydney University medical graduates are expected to be able to apply understanding of the principles of General Practice and the roles of GPs to ensure that patients experience well-coordinated and integrated care. This is just as important for students who do not wish to pursue General Practice as a speciality, as interaction with GPs through referrals and coordination of management is a daily part of non-GP specialist work.
MiC placements use a “workplace-based learning” style where students participate in tasks/activities assigned to them by placement supervisors. These activities vary across placements and are designed to facilitate students’ learning of particular aspects of the service/practice.

Students are responsible for making the most of any opportunity for their own learning. Students should discuss with their placement supervisors what they could learn from their tasks/activities; discuss and reflect on their placement experiences in the tutorials; and use the MiC Weekly Study Guide and GP Learning Plan and Logbook to help focus their learning.

C. Friday learning activities

MiC Fridays are allocated for tutorials and workshops or guided self-study for debriefing and to consolidate what students have learned during the week. All Friday learning activities are compulsory; attendance is taken and make-up task(s) must be undertaken by students who are absent.

i. Tutorials

MiC tutorials (Appendix 3) guide students to share and reflect on placement experiences. Each session has a topic which will be reviewed and presented by students in turns. Tutorial topics are “cross-cutting” issues that are relevant to all placements, and students are expected to discuss how they have seen the tutorial topic of the week in their placements.

ii. Workshops

MiC workshops are conducted by guest lecturers from community organisations and Western Sydney University academics. Each workshop focuses on a cluster of issues related to various community-based health services.

iii. Guided self-study

Guided self-study modules are provided online. Students are allowed to work on the modules together; however, each student is expected to complete any task in the modules individually.

D. Reflection

The last day of the MiC attachment is a Reflection Day dedicated to wrap up the whole MiC experience.

5. Weekly Study Guide

The range of learning opportunities in a community context is boundless, yet students may feel rather lost because community-engaged learning may not be as clear cut as learning clinical skills. In order to assist and focus the learning process in MiC, a Weekly Study Guide is released in vUWS every Friday afternoon prior to a week and available until the Friday morning of that week. The Weekly Study Guide includes a brief description of the week, some learning tasks and a few questions that must be answered within a specified time frame. The quality of these answers and the depth of the discussion of these answers during the tutorials form one aspect of the tutorial mark.
6. GP Learning Plan and Logbook (GLPL)
For most students, the MIC GP placement is the first experience they will have of general practice. As with community placements, the learning opportunities are often varied and seemingly endless.

To help guide students and GP supervisors to plan learning opportunities, a GP Learning Plan and Logbook (GLPL) has been developed with suggested topics, which can be addressed in any order. Students should discuss their GLPL with their GP supervisor.

Students should review their GLPL with their GP supervisor at the completion of each GP placement and it will be assessed as part of the GP Assessment form.

7. Formative feedback
   A. Peer feedback
   During tutorials, presenting students receive feedback on their performance from the audience.
   
   B. Tutor feedback
   Students should proactively seek feedback from the tutor. Tutors may initiate a feedback session with the group or individual students if there are areas of concern such as poor performance, unprofessional conduct or signs of distress.
   
   C. Placement feedback
   Students are expected to have a feedback session with their community and GP placement supervisors every 2-3 placement days. They should discuss expectations, learning outcomes, activities and performance including strengths and areas for improvements. Students are also encouraged to ask for feedback from other staff at their placements as appropriate.

8. Assessments and progression rules
ICR1 Unit Outline and Learning Guide in vUWS contain all assessment and progression rules including those for MiC. MiC assessment criteria are aligned with the learning outcomes and learning activities (Appendix 4). Students need to use these assessment criteria to guide their learning.

MiC materials may form parts of any Year 3 general assessment including (but not limited to) Year 3 written exams and Objective Structured Clinical Examination (OSCE), because the context of medicine is inseparable from any form of medical practice.

9. Attendance and absence
Students are responsible for familiarising themselves with the School of Medicine Attendance Policy and ensuring strict adherence to that policy. Breaches of this policy without an acceptable reason result in missed learning opportunities and reflect a lack of appreciation of placement supervisor(s) who may have created a special event or activity for the students.

The following additional rules apply:
   i. MiC attendance is calculated separately for community placements, GP placements, tutorials and workshops. All attendance is calculated across the two MiC Blocks. There is no aggregate attendance; in other words sufficient attendance in some component(s) cannot absolve lack of attendance in other component(s).
   ii. Placement attendance includes both on-site and off-site activities such as visits to contacts in the organisation’s network or library-/desktop-based research.
iii. Attendance in GP placements includes **both the morning and afternoon sessions each day**, unless prior arrangement is made with the MiC GP Academic. **NOTE: one session = one half-day or minimum 3 hours in General Practice. Students are expected to spend a full day with their GP – as determined by their supervisor.**

iv. Students must keep accurate records of their attendance at each placement and submit them to their tutor at the end of each MiC Block.

v. Students are required to make up for any absence as below:

- **For an absence on community or GP placement regardless of the reason:** Student must discuss a make-up plan with placement supervisor(s), and write the plan in their Notification of Absence in clear details (what, when, where). **Students must not take time off one MiC placement, or MiC Fridays, to make up for an absence at another placement. Students cannot attend more than 2 GP sessions in the one day.**

- **For an absence on a Friday:** Student must submit a 1-page summary for each of tutorial and workshop topics of that day.

- **Evidence of the completion of make-up tasks** must be sent to MiC Senior Administrative Officer as soon as the tasks are done.

vi. **Notifications of Absence for MiC must be submitted to MiC Senior Administrative Officer, not the Clinical School staff.**

vii. **No reminders are given for late or incomplete steps in following the School of Medicine Attendance Policy.**

Students are not required to make up MiC activities lost due to public holidays or intra-curricular academic activities such as Hospital Orientation and OSCE. However, students are encouraged to seek additional learning opportunities in their placements by negotiating with supervisor(s), so long as it does not take up time from other MiC placements and MiC Fridays.

Late attendance in a scheduled MiC teaching and learning activity where attendance is recorded may amount to the student being marked as absent. **The cut off point for late attendance to be marked as absent is NOT bound by time, but rather by the missed learning opportunity as determined by the placement supervisor or tutor.** If the placement supervisor or tutor considers the student has missed a substantial part of the learning activity, **regardless of the amount of time elapsed**, they will mark the student as absent.

### 10. End-of-placement forms

A pack of end-of-placement forms is given to each student near the end of a Block. Students are responsible for ensuring the completion and submission of these forms by the last working day of each Block. Students must inform MiC Senior Administrative Officer if they anticipate not being able to submit the forms in time. **A late submission without prior approval by MiC Convenor or Senior Administrative Officer could amount to an outstanding professionalism issue.**

### 11. Program evaluation

Students are requested to evaluate MiC components as part of quality assurance and ongoing improvement in the MiC program. Students’ names are recorded for record keeping purposes only. Evaluations are fed back to placement supervisors in general terms, and students’ confidentiality will be maintained.
12. **Mental health and well-being**

i. Some of the organisations involved in MiC deal with issues that students may find confronting, such as death and dying, pregnancy termination, severe disability, or the consequences of severe physical and mental trauma. Students must immediately report to the placement supervisor and/or MiC Team if at any point they start to feel out of their depth. This action is not a sign of weakness, but rather a positive sign of responsibility to one’s personal well-being.

ii. Students may also come across community members or placement staff with strong opinions that are not evidence-based, such as anti-vaccination beliefs or adherence to certain non-(western) medical treatments. Learning to manage such encounters is important for a medical professional, and MiC Convenor and tutors are able to assist and support.

iii. If students are asked medical questions by patients/clients, they must explain that it is not the students’ role to try to diagnose or manage a person’s care. Students must not offer to do clinical procedures unsupervised and/or outside the scope of their training/skill levels as this may endanger patient/client safety and the reputation of the service and the University.

iv. Students must consider that something they find uncomfortable or not agreeable during placements, including staff behaviours or seemingly menial tasks, may have a background that they are unaware of. Students are expected to raise the issue with the placement supervisor during debriefing at the end of the day; preferably not in front of patients/clients or other staff, or when the supervisor is very busy providing services.

v. MiC tutorials are a chance for students to discuss placement experiences. Any student who feels the need to talk further about placement events or activities should contact the MiC Convenor as soon as possible so that a suitable follow-up can be arranged. Students’ privacy will always be respected.

vi. Students are responsible for protecting their personal details in any contact with anybody in their placements.

vii. Students are not permitted to drive a car owned by the community organisation or GP clinic because the university’s insurance does not cover them if they are involved in an accident.

viii. When students use their own car to travel to and from placement locations, and for required or expected travel related to the placement as approved by the supervisor, the university’s insurance covers any personal injuries sustained in an accident, but does not cover any resulting property damage (e.g. to the car) which is covered by the car owner’s insurance.

ix. Students must immediately report to the MiC Senior Administrative Officer or MiC Convenor if anything adverse happens while travelling to and from placement and during placement time.

13. **Reading materials and other resources**

Reading materials and other learning resources are available in vUWS.
Appendix 1: MiC placements

1. Placement system

In order to find the best match between students’ interest and MiC placements, all students are responsible to maintain the accuracy of the following data on record:

- The residential suburb during the MiC attachment periods
- Ownership of a driver's license (NOTE: This does not include Learner's Permit)
- Whether the student will be using public transport during the MiC attachment periods
- Whether the student speaks non-English language(s)

Any changes in any of the above details MUST be reported to MiC Senior Administrative Officer as soon as possible. Placements are arranged based on the students’ details on record, and last minute changes to placement arrangements cannot be accommodated.

MiC placement allocation is a complex procedure. Students may submit their preferences and nominate community or GP placements; however, there is no guarantee that students will be placed in their preferred placements. Despite the best intentions, some placements may not be available during certain times of the year; others have certain requirements such as certain gender, private transport or non-English language.

PLEASE NOTE:
As with hospital attachments, students are responsible for arranging and bearing the cost of travel to, during and from their MiC placements. Distance travelled, commuting time and cost are not acceptable reasons for requesting a change of an allocated MiC placement, unless the student has an Integration Plan for placements.

a. Community organisation placement

In Year 2 students were asked for their preferences of placement topics for their MiC community placements from the following list:

1. Aboriginal & Torres Strait Islander Health 7. Health Promotion
3. Alcohol & Other Drugs 9. Mental Health
4. Children & Young People 10. Migrant and Refugee Health
5. Community Care 11. Sexual Health
6. Disability 12. Women’s Health

b. GP placement

Students must not have a placement with a GP who is their personal or their family’s GP. If this situation inadvertently occurs, students must report this to the MiC Senior Administrative Officer so that alternative arrangements can be made. Students can have a GP placement at the same clinic as their personal or family’s GP - so long as they are supervised by another GP in that clinic.
c. Student-nominated placement

Students are allowed to propose placement choices for both community organisations and GPs, either from existing MiC partners or new community organisations or GPs. All reasonable effort will be made to accommodate student-nominated placements; however, there is no guarantee that these requests will be granted.

Student can nominate placements with existing MiC community or GP partners by sending an email to MiC Senior Administrative Officer.

Student-nominated placement procedure for new community organisations or GPs is as follows.

1. Students must ensure that the nominated GP/community organisation meets the following criteria:
   a. In the two MiC blocks a minimum of one community placement and one GP placement must be undertaken in the Greater Western Sydney area. Exceptions will be made if there is an Integration Plan for placements.
   b. In the two MiC blocks students cannot be placed under the same community placement topic or at the same GP clinic.
   c. Nominated community partner needs to align with one of the MiC Placement Topics, and should be involved in alleviating, or responding to, the impact of disadvantage.
   d. Nominated GP Supervisor must be registered to practice as a General Practitioner.
   e. Nominated GP Supervisor must not be the student’s family member or friend, and not the student’s personal or family’s GP. However, another GP within the same practice of the student’s personal or family’s GP is eligible to supervise.

2. Student-nominated new placement requests will be processed one at a time to avoid establishing a partnership that ends up not being used.

3. Students MUST NOT contact the nominated GP/community organisation at the first instance. Instead, students must submit the details (name, address, website) of the nominated GP/community organisation to MiC Senior Administrative Officer, who will undertake the proper administrative steps to ensure the suitability of the nominated placement. Any direct approach by the students to the nominated GP/community organisation before a clearance from MiC Senior Administrative Officer will automatically render the nomination void.

4. MiC Senior Administrative Officer will advise the student of the nominated GP/community organisation suitability, and what the next steps are.

Student-nominated placement deadlines are announced in vUWS. Student-nominated placement requests received after the deadline will NOT be considered.

2. In the weeks before an MiC Block begins

As soon as a notification of placement is received, students must contact their community and GP supervisors to confirm the first day and time to arrive at the organisation/clinic. Failure to contact supervisors well in advance may result in the placement being cancelled. If this happens, and no

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1 Greater Western Sydney area is defined as the following Local Government Areas: Auburn, Bankstown, Baulkham Hills, Blacktown, Blue Mountains, Camden, Campbelltown, Fairfield, Hawkesbury, Holroyd, Liverpool, Parramatta, Penrith and Wollondilly.
alternative placement can be arranged at the appropriate time, the student will be marked as absent.

Students need to ask supervisors:

- Who to contact upon arrival
- The required standard of dress — PLEASE NOTE that “casual” attire does not mean students can wear whatever they want. Students must bear in mind that community placements are still learning environments and the students in placement represent the School of Medicine and Western Sydney University.
- Any identification that needs to be brought along
- Any other preparation that students need to do before arriving

NOTE: Students must bring their own stethoscope to their GP placements.

Before starting a community placement, students must undertake some background research on the host organisation and read the relevant placement topic readings.

3. During placements

A Learning Plan must be established at the beginning of each community and GP placement. The Learning Plan template for community placement is in Appendix 2; and the Learning Plan for GP placement is in the MiC GP Learning Plan and Logbook (GLPL).

Students are expected to develop learning goals and to discuss these goals with their community and GP supervisors on the first day of their placement. The learning goals in community and GP placements should align with MiC Learning Outcomes A, B, D and G. In addition, the learning goals in GP placements should address each of the Five Domains of General Practice (see page 1).

In order to have a successful placement, students should:

- Arrange a time with the supervisor to discuss learning goals and strategies to achieve these goals. The discussion should be recorded in the Learning Plan.
- Utilise the MiC Weekly Study Guide and the GP Learning Plan and Logbook to focus their learning at the placements.
- Keep an open mind and a willingness to understand. Clients/patients may present new perspectives that could be inspirational as well as challenging; this is a good opportunity to learn about the variety of human conditions.
- Always maintain a professional conduct.
- Request and be willing to participate in the routine and incidental activities.
- Proactively seek opportunities to enhance learning experiences. Students’ engagement in the placements is not simply “doing as requested”.
- Always respect the privacy of clients/patients.
- Be reflective in all activities. Remember the main aim in MiC is to learn about the context of medicine in practice. Students who feel that they are not grasping the context of medicine in placement activities, or could not see the relevance of placement activities to their learning, should discuss it with placement supervisors, MiC tutors and/or the MiC Convenor as soon as reasonable.
- Seek formative feedback every 2-3 placement days by asking placement supervisors:
  - Have I met your expectations?
  - Are there any parts of my performance that are of concern for you?
  - Do you have any suggestions for my improvement?
Placement supervisors are expected to:

- Orientate students about the organisation/clinic, which may include (but not limited to) relevant information on history, structure, mission, funding, client/patient characteristics, policies, standards and regulations.
- Provide students with learning opportunities as relevant to the service/practice, along with appropriate resources.
- Provide a safe and fair environment for learning.
- Monitor students’ performance and provide weekly feedback, with the right to terminate any student who is not participating satisfactorily or safely in a placement.
- Complete MiC Placement Assessment and sign off students’ Attendance Form.

4. What to do when there is “nothing to do”

In the “learning by immersion” model there is a very small chance that students will have absolutely nothing to do for their learning, particularly if they apply self-directed learning. Students should take a proactive approach to their learning and be responsible for making the most of any learning experience in which they are immersed.

The following list may inspire students in creating their own learning experiences. Students should try and undertake these activities when there is “down time” in placements i.e. when there is no direct client/patient service.

1. **Write a case study**
   - Select one client/patient, carer, or staff member. Build rapport with them and practice qualitative interviewing and observation skills to identify and explore an issue they have, such as difficulties in juggling work with caring for a family member.
   - Write up the findings in a narrative, making sure that the subject’s confidentiality is preserved at all times.
   - Discuss the narrative with the placement supervisor and/or during the Friday tutorial.

2. **Practise Evidence-Based Medicine skills**
   - Select a client/patient with an interesting or challenging health problem. Alternatively, pick up a brochure or pamphlet at the placement.
   - Using the skills learned in Year 1 and in Year 3 Conference Weeks, develop a PICO question, search for evidence, select a few relevant papers and critically appraise them.
   - Write up the findings, starting from a short narrative about the client/patient/brochure and finishing with the evidence-based conclusion.
   - Present the report to the placement supervisor and staff.
   - **NOTE:** When using a client/patient:
     - Preserve the client’s/patient’s confidentiality at all times.
     - Students can use this work for the Year 3 EBM assignment!

3. **Practise research skills**
   - Formulate a research question based on the placement experiences. Keep the research question simple but clearly focused. Example: “Is there any difference in sexual health literacy between different Culturally and Linguistically Diverse (CALD) and non-CALD clients/patients?”
   - Conduct a brief literature review about what is known on the topic.
   - Think about what study design would be best to address the research question; what data need to be collected; how the data should be collected (including determination of population, sample and sampling method); and how to analyse the data.
- Write a research proposal to capture all of the above and discuss it to the placement supervisor.

**NOTES:**
- The MiC Convenor is more than happy to assist in developing research proposals.
- This proposal can be used for the Year 4 Community Research project!

4. **Be a junior epidemiologist**
   - Ask the supervisor if they could give access to routinely collected data, including medical records or clients’ files. Please ensure the confidentiality of the data at all times.
   - Select a health problem of interest and describe it according to People, Place and Time.
      - People: Who are affected, and who are not affected? Look at individual characteristics: gender, age, ethnicity, religion, education, etc. as relevant.
      - Place: Where do the People live? What is the geographical distribution of the health problem? What geographical risk factors are there?
      - Time: Are there any trends across time? When does the health problem become more or less prevalent?
   - This project could be further developed by formulating research questions or hypotheses and then run some statistical analyses on the data. The MiC Convenor is more than happy to assist.
   - Write a report and discuss it with the placement supervisor and staff members.

5. **Be a cartographer**
   - Go to [https://www.google.com/maps/d/](https://www.google.com/maps/d/) (login with a Google account). Help could be accessed by clicking on the question mark (Help) icon at the bottom right of the map and click “Take a tour”.
   - Zoom in to Sydney. Locate and mark the placement and its service network on it.
   - Use the National Health Service Directory ([http://www.nhstd.com.au/](http://www.nhstd.com.au/)) to identify other health services in the area. Are there any local services that are not part of the placement’s service network? If so, investigate the reason by asking the placement supervisor or other staff members.
   - Mark areas (e.g. suburbs) where clients/patients are from – these are called the “catchment areas” of the service.
   - Use either Google Map or the NSW transport website ([http://www.transportnsw.info/](http://www.transportnsw.info/)) to examine the accessibility of the services for people from the catchment areas.
   - Write the lessons learned from this exercise and discuss with the placement supervisor. Offer to present the findings to the staff members.
   - Here is an example of a completed map from a past MiC student: [https://www.google.com/maps/d/viewer?mid=1PLE0-ZmiQJzoc_Xf3fky-GhUkJY](https://www.google.com/maps/d/viewer?mid=1PLE0-ZmiQJzoc_Xf3fky-GhUkJY)

6. **Be a profiler**
   - What would make an ideal service provider in the placement? “Service provider” includes GP, practice manager, nurse, allied health professional, counsellor, receptionist, outreach worker, social worker and everybody else in the placement and its network. Observe how these professionals behave – the good, the bad and the ugly – and have informal chats with patients/clients and carers about their experiences and what they expect from these professionals.
   - Either describe in words, or illustrate in a picture, the ideal service provider. Bring the description/picture to the Friday tutorial for discussion.
7. **Be a journalist**
   - **Alternative 1: journalist = reporter.** If the format of the community partner allows for interviews, talk to clients and collect their stories: short biographies, positive and negative community experiences, suggestions about the development of new services.
   - **Alternative 2: journalist = a person who writes a journal.** Write a placement diary to help reflect on placement activities for the day. The following questions may help:
     - What is the contribution of the placement activities for learning about Social Determinants of Health?
     - Why did the supervisor create those activities?
     - What aspects of Social Determinants of Health are addressed through the placement activities?

8. **Think laterally about a service-related problem**
   - Read “The use of lateral thinking” by Edward De Bono (London: Cape, 1967; available at Western Sydney University Library: Bankstown General [153.42 DEBO]).
   - Use the exercises in the book to come up with creative alternative solutions to a service-related problem, such as under-utilisation of service or difficulties in approaching a particular target group.

5. **At the end of placements**
   Students should:
   - Complete the final column of the Learning Plans in discussion with the supervisor.
   - Ensure the completion and submission of all end-of-placement documents, including the completed Community Learning Plan and the GP Learning Plan and Logbook.
Appendix 2.

School of Medicine

Medicine in Context Community Placement Learning Plan

Student’s name: ____________________________________________

Placement period: ___________________________________________

Community organisation: __________________________________________

Supervisor’s name: ____________________________________________

<table>
<thead>
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This learning plan has been discussed between student and supervisor on .......... / .......... / ..........
Appendix 3: MiC tutorial

A. General structure

Tutorials are held on Fridays Week 1-9. Each tutorial group consists of 8-10 students. MiC students are grouped according to the 7x5 weeks attachment structure Year 3.

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<tr>
<th>Tutorial Group</th>
<th>Teaching Session 1</th>
<th>Teaching Session 2</th>
<th>Teaching Session 3</th>
<th>Teaching Session 4</th>
<th>Teaching Session 5</th>
<th>Teaching Session 6</th>
<th>Teaching Session 7</th>
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<td>1, 2</td>
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<td>3, 4</td>
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<td>5, 6</td>
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<td>7, 8</td>
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<td>Block A</td>
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<td>Block B</td>
</tr>
</tbody>
</table>

B. Week 1

Students and tutors discuss how tutorials are run and assessed. Group rules should include being respectful to each other and keeping confidentiality around sensitive issues. Tutorial topics are outlined and students assigned to present the topics across the next 8 weeks. Since there are only 8 tutorial topics, some students may present in pairs but they are marked individually.

Students discuss Weekly Study Guide tasks for Week 1, first impression of their community and GP placements and Learning Plans that have been drawn up.

C. Weeks 2-9

The tutorials have three main sections which may be delivered in any chronological order.

(1) General catch up
(2) Discussion on weekly tasks

General catch up and weekly tasks discussion provide an opportunity to debrief placement experiences.

**NOTE:** Students are expected to discuss GP-related matters with their GP supervisor at the first instance. Issues that cannot be discussed directly with the GP supervisor should be consulted with the MiC GP Academic. When such issues are raised in the tutorial, the tutor might refer them to the MiC GP Academic for advice.

(3) Topic presentation and discussion

A few papers are provided in vUWS for each tutorial topic; students are expected to expand the readings through self-directed study. The appointed presenter(s) facilitates the group to discuss the topic and is expected to use creative and engaging techniques. **The presenter/facilitator’s performance and the audience’s participation are marked by the tutor.** The audience provide constructive feedback to the presenter(s) at the end of a presentation.

The tutorial topics are scheduled in alignment with Weekly Study Guide focus.
<table>
<thead>
<tr>
<th>Week</th>
<th>Tutorial topic</th>
<th>Guiding question</th>
<th>Weekly Study Guide focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>DISADVANTAGE</td>
<td>How do various disadvantages (not just financial) affect an individual’s health and wellbeing? What role(s) do medical doctors have in this issue?</td>
<td>Clientele</td>
</tr>
<tr>
<td>3</td>
<td>CULTURE</td>
<td>How do cultural beliefs and practices affect a person’s health status, risk factors and outcomes? How does organisational culture (“the way we do things around here”) affect service provision?</td>
<td>Staff</td>
</tr>
<tr>
<td>4</td>
<td>GEOGRAPHY</td>
<td>How does a person’s residence impact on their health and well-being? What is the importance of physical and human geography in medical service delivery?</td>
<td>Network</td>
</tr>
<tr>
<td>5</td>
<td>FAMILY AND COMMUNITY</td>
<td>What roles do family and community play in the health and well-being of an individual? How do family and community fit in a patient-centred care approach in clinical settings?</td>
<td>Challenges</td>
</tr>
<tr>
<td>6</td>
<td>POLITICS</td>
<td>How does the government ensure the health and well-being of the community? How well have our health-related policies served the community, particularly those who are most vulnerable?</td>
<td>Service types</td>
</tr>
<tr>
<td>7</td>
<td>TRUST</td>
<td>What role does trust play in community’s health and well-being? How is trust built, maintained, destroyed and rebuilt in health services? What role(s) do medical professions have in trust building?</td>
<td>Clientele</td>
</tr>
<tr>
<td>8</td>
<td>TRENDS</td>
<td>How does an understanding of past, present and future trends affect the ability to ensure better healthcare today?</td>
<td>Staff</td>
</tr>
<tr>
<td>9</td>
<td>SOCIAL INCLUSION AND EXCLUSION</td>
<td>Whom does our society include and exclude? How does inclusion/exclusion affect health and healthcare? What can medical doctors do to improve the situation?</td>
<td>Network</td>
</tr>
</tbody>
</table>

**D. Week 10**

Students are guided to reflect on their experiences in the 10-week MiC attachment. Particular focus is given to:

- The common threads and differences between the four placements;
- The links between what students learn in MiC and their hospital attachments;
- Students’ personal and professional development process e.g. challenges, achievements;
- How students envisage the use of what they have learned in future medical careers; and
- Students’ self-evaluation on how they have achieved MiC learning outcomes.
## Appendix 4: Alignment between MiC Learning Outcomes, Learning Activities and Assessment Criteria

<table>
<thead>
<tr>
<th>LEARNING OUTCOMES</th>
<th>LEARNING ACTIVITIES</th>
<th>ASSESSMENT CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CP</td>
<td>GP</td>
</tr>
<tr>
<td>A. Review how various social determinants of health contribute to health outcomes of individuals and communities in Greater Western Sydney</td>
<td>X</td>
<td>X</td>
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<tr>
<td></td>
<td></td>
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<tr>
<td>B. Analyse the roles of community-based services in supporting the health and well-being of individuals and communities</td>
<td>X</td>
<td>X</td>
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<td></td>
<td></td>
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<tr>
<td>C. Demonstrate learning across each of the Five Domains of General Practice appropriate to Year 3 medical students</td>
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</tbody>
</table>

CP = Community Placements  
GP = GP Placements  
Tut = Tutorials  
WT = Weekly Tasks  
Ws/OM = Workshops or Online Modules  
FA = Final Assignment
<table>
<thead>
<tr>
<th>LEARNING OUTCOMES</th>
<th>LEARNING ACTIVITIES</th>
<th>ASSESSMENT CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D. Work collaboratively with various health and non-health professionals in providing community-based services</strong></td>
<td>CP</td>
<td>GP</td>
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<tr>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Participation in placement learning activities</td>
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<tr>
<td></td>
<td>Communication and interaction with clients and staff</td>
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<tr>
<td></td>
<td>Demonstrated level of professionalism</td>
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<tr>
<td></td>
<td>Organisational and legal dimensions</td>
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<tr>
<td></td>
<td>Communication skills and the doctor-patient relationship</td>
<td></td>
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<tr>
<td></td>
<td>Professional and ethical role</td>
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<tr>
<td></td>
<td>Applied professional knowledge and skills</td>
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<tr>
<td></td>
<td>Answers and discussion of weekly questions</td>
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<tr>
<td><strong>E. Critically examine community-based services and social determinants of health in the light of academic literature</strong></td>
<td>CP</td>
<td>GP</td>
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<tr>
<td></td>
<td>X</td>
<td>X</td>
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<tr>
<td></td>
<td>Mastery of tutorial topics</td>
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<td></td>
<td>Topic presentation</td>
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<td></td>
<td>Examination of chosen topic</td>
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<td></td>
<td>Literature integration</td>
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<tr>
<td><strong>F. Practise academic oral and writing presentations to present learning processes and outcomes</strong></td>
<td>CP</td>
<td>GP</td>
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<td>X</td>
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<td></td>
<td>Topic presentation</td>
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<td></td>
<td>Structure and organisation</td>
<td></td>
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<td></td>
<td>Language use and convention</td>
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<td></td>
<td>Referencing</td>
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<tr>
<td><strong>G. Utilise learning experiences in community organisations and General Practice to identify personal strengths and areas for improvement</strong></td>
<td>CP</td>
<td>GP</td>
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<tr>
<td></td>
<td>X</td>
<td>X</td>
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<td></td>
<td>Participation in placement learning activities</td>
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<td></td>
<td>Learning approach towards general practice</td>
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<tr>
<td></td>
<td>Participation in the group processes</td>
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<tr>
<td></td>
<td>Reflection on placements and learning process</td>
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<td></td>
<td>Reflection of learning</td>
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