# Overview Assessment

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
<th>Weighting</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written exams</td>
<td>Two 2-hour papers (MCQs, EMQs &amp; SAQs)</td>
<td>35%</td>
<td>End of year</td>
</tr>
<tr>
<td>OSGE</td>
<td>5 station Objective Structured Clinical Examination (OSCE)</td>
<td>35%</td>
<td>End of year</td>
</tr>
<tr>
<td>Mini-CEX</td>
<td>6 Mini-CEX (two in each rotating term) to be submitted, all contribute to final mark</td>
<td>10%</td>
<td>Through year</td>
</tr>
<tr>
<td>Long Case</td>
<td>3 Long Cases (one in each rotating term): Rotating Term 1 (5%) Rotating Term 2 (5%) Rotating Term 3 (10%)</td>
<td>20%</td>
<td>End of each rotating term</td>
</tr>
<tr>
<td>Procedural Skills</td>
<td>As designated</td>
<td>Pass/Fail</td>
<td>Through year</td>
</tr>
<tr>
<td>Professional Behaviour</td>
<td>Satisfactory standard as judged by EP tutor and CSC, no 'cause for concern' raised by staff, patients or peers throughout year</td>
<td>Pass/Fail</td>
<td>Through year</td>
</tr>
<tr>
<td>Log of cases</td>
<td>24 cases (8 per rotating term) to be logged in MD Connect™ and audited by clinical school</td>
<td>Pass/Fail</td>
<td>Through year</td>
</tr>
<tr>
<td>Empathic Practice</td>
<td>Four 500 word reflective pieces, with the final reflection to be a reflection on the Patient Partner Program</td>
<td>Pass/Fail</td>
<td>Through year</td>
</tr>
</tbody>
</table>
Written papers

• Blue printed from curriculum
• Review all the Topic sessions and Colloquium
• All areas curriculum examinable-Including path/pharm/radiology
SAQs

- May require you to compare/contrast a range of differential diagnoses
  - sometimes a table is provided for you
  - when you are asked to consider History and Examination findings that would help differentiate between diagnoses
  - Ensure you know the difference between a symptom and a sign
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>History</th>
<th>Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>xxx</td>
<td>Site Quality Severity Chronology Aggravating factors Relieving factors Assoc symptoms</td>
<td>General appearance Vital signs Palpation Percussion Auscultation</td>
</tr>
</tbody>
</table>
Revision Tests

Written papers-MCQ/EMQ/SAQ

- Foundation
- Term 1
- Term 2- Formative MEU paper, not graded
- Term 3

Feedback session will follow in the week after the revision exams
OSCE

Examination Stations

• Know your Clinical Examinations Guide

• In MD2 you are expected to apply your prior knowledge of the examination (PCP1) to the diagnostic process. You are expected to be able to look for complications of disease which requires you to look beyond the core basic examination.

Eg- If you are asked to perform a respiratory examination and you suspect COPD then you would need to examine for signs RHF = auscultation, JVP, liver, peripheral oedema.

• Tally and O’Connor—Used by FRACP candidates, they have the experience to tailor the examination according to the scenario and don’t use all the add on examination components if not relevant.
OSCE

• HISTORY station

The STEM may cover-

1. Acute presentation with focus on DDx/Ix

2. Chronic presentation with focus on short/long term management goals
OSCE tips

• You are expected to communicate with the patient as you would in any clinical scenario—eg Mr Smith, I am going to observe you walk up and down the room then ask you to lie flat on the bed following which I will feel and move the knee joints—gain consent

• Do not talk out loud eg I am looking for an effusion and feeling for a patellar tap, just communicate directly with the patient—“I am going to press down on your knee cap, you will feel a little pressure etc”
Once the examination is completed, you may be asked questions like:

- What is the likely diagnosis
- What is your working differential diagnosis
- What aspects of the history support your D/DDx
- Describe the relevant positive and negative findings
- What is the management of ....
- Interpret this image/pathology....
Diagnostic Reasoning Criteria

• You will be marked on your Diagnostic reasoning, Technical skills and Communication skills

• Presentation of identified relevant positive and negative findings

• How the information obtained was used to support a diagnosis
Examination stations-
Technical skills criteria

- Confident
- Systematic
- Patient centred
- Relevant
- Technically accurate
Communication skills criteria

- Introduction to patient
- Clear instructions
- Clear explanations
- Appropriate use medical language
- Patient centred-comfort, privacy etc
OSCE marking

- Out of 40 marks
- Global rating part of assessment too
- Fail/Borderline/Pass/Good Pass/Excellent
OSCE

PRACTISE

• End term 1-Mock OSCE at NCS
• MD3/4s/NCS Mock OSCE early Term 3
• Mock OSCE at MEU end year by Peer tutor program
• Peer tutoring session
MiniCEX

- 2 must be submitted in each rotating term
  = 1 must be an observed Examination
  = 1 must be an observed History

- Cases should reflect term currently rotating through

- Encouraged to do 1 MiniCEX in your PCCB

- You can practice MiniCEX with your CSC but they cannot do the formal assessment

- You can practice as many MiniCEX as you like however the clinical school will designate you an assessor and timetable the MiniCEX that is to be submitted
MiniCEX

• Surgery-
You will be assigned to a Surgeon on your unit and asked to liaise with the consultant to arrange a convenient time to perform the MiniCEX

• Medicine-
You will have weekly bedside tutorials with a Physician in small groups of 3-4 students. MiniCEX will be allocated during the last 2 weeks of each term

• ED-
Assigned to a consultant for the MiniCEX, you are required to organise a time at their convenience within your 4 week block

• Amb care- You will have weekly bedside tutorials with a Neurologist, the Endo Reg and Rheum Reg, a formal MiniCEX may be allocated during these times if problems occur completing one in PCCB
CLINICAL SCHOOL: ____________________________ Date of Assessment: __________

Rotating Term:  ☐ Medicine  ☐ Surgery  ☐ Ambulatory/Emergency  
Setting:  ☐ In-patient  ☐ Out-patient  ☐ Emergency  ☐ General Practice

Patient problem/Dx(s): ____________________________________________

Patient age: _______  Patient gender:  ☐ Male  ☐ Female  Case Complexity:  ☐ Low  ☐ Moderate  ☐ High

Please rate the student against what you would expect of a student in the first year of their clinical training (note that some students may be in their first rotation, and therefore at the beginning of their clinical training).

To be completed by the assessor:

<table>
<thead>
<tr>
<th></th>
<th>Unsuccessful</th>
<th>Excellent</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical interviewing skills</td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Physical examination skills</td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Communication skills</td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Clinical judgement</td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Time management</td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Initial investigational plan</td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Basic management plan</td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
</tbody>
</table>

OVERALL PERFORMANCE 0 1 2 3 4 5

Strengths: ____________________________________________________________

Suggestions for development: ____________________________________________

Assessor name: ____________________________ Assessor position: __________
Assessor signature: ____________________________________________________

Student signature: ____________________________________________________
Long case

The **standard** against which all 3 Long cases are marked is the competency expected of a MD2 student at the **end** of the year.
Long Case

Term 1-worth 5%
Student will choose own patient

Can spend as much time prior to allocated time for presentation, working up case, can look at patient file

Student will be timetabled by NCS to present to assessor in last 3 weeks of term

Will receive immediate feedback
Long case

**Term 2-worth 5%**
Student will be allocated to see a patient, have maximum 90 minutes with patient

Student not to read patient’s file

Student will be timetabled on the same day to present to an assessor in the last 3 weeks term

Immediate feedback will be given
Long case

Term 3-10%
Will take place after term 3 is finished-
intercession/swot vac

Student will be taken to bedside, given drug chart/obs chart, will have 60 minutes with patient then will be escorted to present to 2 Assessors

There is approx 10 mins break between finishing at bedside and seeing the examiners

There is no feedback
Assessors

• Physicians
• Surgeons
• GPs

• Experienced in assessing long case
Long case

- Vimeo, at the following link: https://vimeo.com/108832796
- The video is password protected. Password is: borderlinecase
- Review the marking guide on the Long case template in your subject guide
Professional Behaviour Checklist (PBC)

- PCCB supervisor will submit 1 mid year and 1 at the end of the year
- Students who are Flagged as having areas for concern will receive support from NCS and MEU
- Staff from NCS or within hospital will complete a PBC at anytime at their discretion
DOCTOR OF MEDICINE
PROFESSIONAL BEHAVIOUR ASSESSMENT FORM
YEARS 2 - 4

Clinical School: 
Student Name: 
Student Number: Rotation: 

<table>
<thead>
<tr>
<th>BEHAVIOUR</th>
<th>SATISFACTORY</th>
<th>CONCERN</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSONAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is punctual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is appropriately dressed &amp; groomed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitors announcements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notifies clinical school about planned and unplanned absences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appears prepared for learning &amp; teaching sessions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SHOWS RESPECT FOR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients’ relatives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers &amp; supervisors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing &amp; allied health staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-clinical staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colleagues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CONFIDENTIALITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates confidentiality of patient information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates confidentiality of other relevant information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FEEDBACK</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts feedback and responds appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NAME: ___________________________ Date: ____________
ROLE: (Please circle) Date: ____________
Director of MSE/Clinical Dean Deputy Director of MSE/Clinical Sub Dean Clinician
Clinical Skills Coach EP2 Mentor Clinical School Staff
Other: ____________________________

If you have noted any areas of concern, please comment and attach any necessary supporting documentation:

GLOBAL GRADE: (Please circle one) Satisfactory Unsatisfactory
E Portfolio

• Hurdle
• 8 patient cases logged per Rotating term
• Cannot be all done in one term
• CSC will spend one session each term discussing one of the patients that you have logged
Function of e portfolio

• Motivation to clerk a minimum one patient per week
• Evidence of skills/competencies attained
• Way of tracking/encouraging diversity of patients seen in rotating terms
• Prompt to study the Core Presentations
• Reflection- Demonstrates development/maturation clinical reasoning
• Tool that aids discussion of clinical reasoning with Clinical Skills Coach
E Portfolio

- Use the time wisely
- Don’t spend an hour entering lots patient data unless you want to specifically reflect on components of HX, Ex, Medication list etc
- Use time to enter your REFLECTION-last entry on patient log
EP2 Reflective exercises

• 500 word reflective essay due in end Foundation term, term 1 and term 2

• **Area of reflection and explanation**
  Has the student explained why the topic was selected? 
  Does the student demonstrate that s/he has thought critically about the selected topic?

• **Influence of area of reflection as a future professional**
  Does the student demonstrate that s/he has reflected on the impact of the issue to them as a student or future doctor?

• **General Presentation and Argument**
  Is the expression clear? Is it in reasonable English-language prose 
  Does the assignment meet the criteria of word length of 500 words?
Patient partner presentation

- 1 patient journey
- Present to EP group at end term 3
- Aim to have recruited patient within fortnight of Term 1. Please speak to CSC/Unit/NSC for suggestions if struggling to find a patient
- Aim minimum 4 face to face interactions for year
PP presentation at end of year

1. Clearly describe why your partner was chosen and where you initially met.

2. Give a brief summary of the patient partner’s medical problems.

3. Provide a coherent presentation of the non medical issues, particularly social, that you became aware of during your interactions with the patient partner?

4. Demonstrate that you have thought about the patient as a whole, including the implications of the non medical issues for the patient’s health?

5. Demonstrate that you have reflected on the impact of the patient partner project on your role as a future medical student or doctor. This should include some discussion of how the patient partner interacted with the health system and health practitioners (both positive and negative features).

6. Consider the delivery of health care and suggest how the system delivery could be improved.
Designated Procedures

• All 4 procedures must be assessed and completed by 2nd October 2014
• BLS-assessed in simulated environment
  Venepuncture
    Log-Must have completed 3 successful attempts on real patients. Signature and designation must be legible in log for it to be valid
• IV Cannulation
  Log 3 min successful attempts
• Male Indwelling Catheter-assessed in simulated environment
Intranet

- Power points that are not on MD Connect are not to be distributed via Facebook.
- Please give any copies of presentations to Admin and we will load onto Intranet.
  - Under “Current Students” there is a link to the Intranet. A login box will pop up to enter Unimelb details.
• Synapse log on
• whcn\username

Communication-all communication via Unimelb email, advised to use this address when communicating with Patient Partner

Name tags-