MBBS Year III 2010
Guidelines for Tutors Southern Clinical School
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Clinical Bedside Tutor- Surgery

The role of the bedside tutor is considered to be very important in terms of:
- Developing clinical history and examination skills
- Mentorship
- Assisting with exam preparation

1. Be realistic about the expected standard of Yr 3 students
   - Be aware that Year 3 students are starting clinical experience earlier than students in the old Curriculum. They are acquiring basic biomedical knowledge for the first time.
   - Many students will not be able to identify basic clinical signs correctly at the start of Year 3.
   - The ability to synthesize clinical signs and make a diagnosis will develop in more capable students over the year

2. Provide strong positive encouragement for clinical integration
   - Many students are hesitant and avoid initiating independent clinical contact.
   - It is crucial that clinical tutors provide strong positive encouragement especially early in the year. Having realistic expectations of the standard will assist tutors with this aim.
     Strong praise for even small achievements is recommended.
     Building confidence is a key goal.

3. Assist students with initial Clinical integration
   - The first three to four tutorials of the year could be spent taking the students to the unit/ward they are attached to and introducing them to the registrar/nurse unit manager/residents and student intern.
   - Students should learn how to inform themselves of unit ward rounds and meetings
   - It is also useful for students to be able to access pathology and radiology results.

Remember you are one of five tutors this group will be exposed to and are not responsible for delivering the whole curriculum:
Clinical Bedside tutor (CBT) medical: History and examination medical
Clinical bedside tutor (CBT) surgery: History and examination surgical
Procedural skills tutor: teaching cannulation, catheterisation, PR, basic life support etc
Problem based learning (PBL) tutor: Guides students through Curriculum material
Teaching fellows: provide content specific teaching as the students rotate through units
4. **Specific Role for Clinical Bedside Tutor-Surgery**

Students have divided into eight groups of ten for problem based learning. Each group is further divided into groups of 5 students A and B for bedside teaching.

You will be teaching for a total of 3 hours each fortnight and can alternate between groups A & B each fortnight or provide 1.5 hours for each of groups A & B alternating weeks.

Sometimes you may wish to combine groups A & B for specific non bedside tutorials. It is important however to spend as much time at the bedside as possible.

**Teaching**

- Teach bedside skills in surgery.
- Remember that the Problem Based Learning Tutors are guiding the students through the curriculum.
- The role of the Bedside Tutor in surgery is to expose students to as many surgical patients and problems as possible. Students should become comfortable with taking histories regarding surgical problems and performing examinations of patients with surgical problems.
- In general many areas of specialty surgery are not core in Year 3. Certain areas which are particular to Year 3 include the examination of lumps and bumps, hernias and varicose veins as well as the thyroid examination. The vascular examination of the lower limb and ulcers are also important. The acute abdomen is a very important area in the year 3 Curriculum.
- In general you should also ensure that students have a good idea of both pre intra operative and post operative management. Particularly focusing on pain management and fluid balance and post –operative complications.
- It will be very useful if the surgical tutors could also provide guidance in the clinical skill of suturing. It is fairly common for this to be examined in the end of year OSCE. Materials for suturing can be obtained from the Southern Clinical School Programs office.
  
  Your student group leader will be able to book a room for this to occur.

**Assessment**

- Students may also ask you to assess them with MCR (Monash Mini-Case Record). Students will do eight of these MCR’s over the year. The first two are called **Formative MCR’s** (These do not count for marks and can be done with a Year five student or student Intern).
  
  And a further six which are **Summative MCR’s**, i.e: they count for 25% of the marks in total. These histories or examinations must be observed by a registrar or more senior person.
  
  They are essentially an observed clinical history or examination on a patient unknown to the student. The student will bring the assessment sheet to the MCR.
  
  We will encourage students and tutors to do these as part of the regular tutorial and students should prearrange these with the group when an MCR is due.
  
  Students should only ideally do one MCR with a single assessor.
  
  A Guide to the Assessment of MCRs is available at the Southern Clinical School Teaching Office.
  
  MCR Tutor Training is also available at the beginning of each academic year.
Students may also ask you to sign their log books if they complete an activity within the tutorial.

**The Final Clinical Exam is a 10 Station OSCE.**
On average, about 1-3 stations may evaluate competence of the specific bedside skill that you are teaching. Common stations include acute abdomen; ulcer, thyroid examination, pancreatitis and other surgical problems which are common.
It may also be that the student will have to interpret a blood or diagnostic imaging test. Usually this is a very simple diagnostic imaging test such as a chest x-ray or a brain CT scan for example.

5. **Early identification and notification regarding students in difficulty**
Students are facing many challenges which may be personal, psychological, financial, language or culturally related. In order to provide early intervention and support we need to be notified as early as possible about any concerns you have regarding individual students.

You can notify the Southern Clinical Teaching Program Office and students may be referred to:
- Clinical Supervisors for medical knowledge/application issues
- Student Academic Support Unit: Student Advisor,
- Andrea Paul for students with communication and/or intercultural issues.

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