Clinical Bedside Tutor- Medicine

The role of the permanent 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 have little clinical experience.
   - Most students will not be able to identify basic clinical signs correctly.
   - 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 should assist tutors with this aim. Strong praise for even small achievements is recommended. **Building confidence is a key goal.**
   - Negative, punitive or judgemental comments about student performance are never useful, even in the more advanced post-graduate setting, and can be extremely detrimental for students early on in clinical training.

3. **Assist students with initial unit 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 registrars/nurse unit/managers/residents and student intern.
   - Ensure students are able to access pathology and radiology results
   - Ideally in the first few tutorials, the students should divide the patients in the ward between them, and evidence of their interaction with these patients should be sought.

Remember you are one of five tutors this group will be exposed to:

- **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
Specific Role of Clinical Bedside Tutor Medicine

Students are divided into eight groups of 9 or 10 for problem-based learning (PBIL tutes). Each group is further divided into groups of 4 or 5 students designated A and B for bedside teaching. Sometimes you may wish to combine groups A and B for a specific non-bedside tutorial. It is important to spend as much time at the bedside as possible. You can submit a timesheet for five hours per fortnight. You may wish to take the whole group for 2.5 hours each week, taking each half to the bedside for one hour and assigning clinical tasks to the other half, then swap over and spend 30 minutes reviewing what has been learned. Alternatively you could alternate between each half of the group from week to week. Sometimes your availability or that of the group will dictate how you divide the teaching time.

1 Teaching: Teach bedside skills in Medicine. Have a road map of all of the systems to be covered and ideally ensure that each student can take a history and perform an examination in each of cardiovascular, respiratory, gastrointestinal, neurological, haematological, musculoskeletal and endocrine systems.

2. Log Books: Students will carry a log book to record histories, examinations and procedures that they perform. From time to time they will ask you to sign off to say that one of these has been completed.

3. Assessment: Students may ask you to assess them in an MCR (Monash Mini-case record). They have 2 formative (don’t count for marks and can be done with year V student or intern) and 6 which are summative (25% of marks in total) and 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. We will encourage students and tutors to do these as part of a regular tutorial and students should pre-arrange these with the group when an MCR is due. A student should only do one MCR with a single assessor. A guide to assessment of MCR will be provided at tutor training.

The final clinical exam is a 10 station OSCE. On average, about 4-5 stations may evaluate competence of the specific bedside skills you are teaching. Other stations may focus on interpretation of a blood or diagnostic imaging test, or examine a procedural skill. Sometimes, a station may combine skills areas, e.g. requiring an examination and subsequent interpretation of related investigation results. The student handbook outlines the curriculum to be covered and tested.

4. 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 and students can 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.