

MD Guidebook

2024



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**

UWA Medical School



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Introduction

Welcome to the Doctor of Medicine

You are starting - or continuing - on your pathway to becoming a doctor. This is the beginning of a medical career that requires a lifetime of learning; it does not stop upon graduation. Following successful completion of this four-year program, you will be required to satisfactorily complete a further twelve months' pre-registration internship in an approved hospital, before obtaining full registration which is necessary to practice in the community. Even at this point, further training lasting at least 3 to 5 years is usually undertaken to practice independently.



All this study and work is hard but stimulating and offers a wide range of areas from which to choose your career in the medical profession. These include general practice, private specialist practice, hospital practice, government health departments, medical administration, the military forces, and educational establishments such as medical schools, where members of the academic staff have responsibilities for teaching and research as well as, very often, patient care. You may choose to work with patients, work in laboratories, in research, or in education – or do all at once. The beauty of Medicine is the vastness of opportunities it offers. There is something stimulating to suit all interests, skills, and personalities.

Being part of the medical profession is a privilege. Patients, doctors, other health professionals and the community at large have the expectation that medical students form part of the medical profession. Your involvement in the profession starts from your first day in medical school. From your first clinical experience, you will meet people from a wide range of backgrounds and experiences, and be trusted to know about their private details, concerns, and intimate thoughts. You will need to display appropriate respect, communication skills and professional and ethical behaviours as part of accepting this privilege.

Medicine is a rapidly changing field with exponential growth of information; the health of the community, our health system, our knowledge of what causes disease and how to diagnose and treat it, and the ethical issues related to provision of care. We need doctors able to care for patients in a compassionate and caring way in the face of all these challenges. You need the ability to approach problems, acquire information and apply it appropriately to the clinical, research or other health-related settings in which you will eventually practice. Additionally, you need to acquire the skills to ensure new knowledge is critically appraised and continually integrated into practice. Therefore, the course must ensure you have all these abilities.

Students will learn from academics, clinicians, each other, and patients. Most clinicians will be working, caring for patients, at the same time as they are teaching. The word doctor comes from the Latin 'docere', meaning to teach, and most clinicians see it as their professional duty to give up their time to teach, supervise and mentor students and junior doctors. They will teach not only the knowledge that is the base of patient care, but the clinical and professional skills

and values which are important to maintaining high quality and ethical care. It is hoped you will continue this tradition and pass on your expertise to the next generation of doctors.

The course at UWA is delivered within the Medical School and the Western Australian health services, all of which aim to offer high quality education and clinical care, with an environment of active and rigorous research. You will see the importance of research as it underpins our knowledge about health and disease; it is this knowledge that is translated into better care for patients. In addition, you will experience a course which responds to changes in our knowledge, and our health system, aiming to produce doctors that are not just fit to practice in the next 10 years, but who can respond to the rapid changes in knowledge and apply it to patient care. This course also aims to inspire the next generation of teachers, researchers, and leaders in medicine, which will ensure a quality health service for our community into the future.


The purpose of this guidebook is to provide you with an overview of the UWA MD course. This general guidebook complements individual Unit Guidebooks and information on the UWA Learning Management System (LMS) which will be made available to you and provide detailed information on how each unit is run and assessed. Some of the information in this Guidebook is applicable to all units of the course, particularly the links to University Policies and Guidelines.

Information in this publication is subject to change. The University reserves the right to change the content, delivery, or assessment of any unit of study, to withdraw any unit of study or program which it offers, to impose limitations on enrolment in any unit or program, or to vary arrangements for any program.

We trust that your studies in Medicine will be both challenging and rewarding. Our current approaches to the selection of students and the curriculum content have been developed to address the needs of the community. The course is integrated, clinically relevant and linked to assessment, which ensures that the knowledge, skills and attitudes expected by the community are achieved. The course allows breadth of study with a range of options and time for in-depth commitment to disciplines of interest. The staff members in the School will offer support and look forward to contributing to your success.

Best wishes for 2024.

Dr Helen Wilcox
MD Program Director



“One tries to give students the vision of medicine not so much as a trade... but as a satisfying discipline of thought which requires of them accurate observation, critical constructive thinking, humility and human courage.”

Eric Saint, Foundation Professor of
Medicine, University of Western Australia

Aim & Philosophy

Mission of the MD program:

UWA MD graduates will be committed to the well-being of the patient, community, and society, as accountable, responsible, scholarly, capable, caring and culturally safe doctors.

Underpinning this mission are the goals of the UWA MD Program:

- ✓ A commitment to the profession of Medicine,
- ✓ A commitment to well-being of the patient, community and society, Indigenous health, and social justice.
- ✓ A broad vision of improving health outcomes not only in individual patients, but also for the local community and global society, which includes leadership and advocacy skills,
- ✓ Accountability and responsibility for clinical and professional behaviour,
- ✓ Having scholarly knowledge and skills to use the best scientific evidence in health care,
- ✓ Being capable in terms of clinical, research and educational skills,
- ✓ Showing care, respect, and empathy to others.

The educational principles of the course have a basis in the assumptions of Adult Learning:

- Learning is relevant to current or future needs
- Adults need to know the reason for learning
- Direct experience provides the basis for learning activities
- Learners are responsible for and involved in learning
- Learning is problem-centred rather than content-centred
- Internal motivation is more important than external motivation

Which lead to the pedagogical principles for the MD Curriculum:

- **Collaborative:** Ethical, collegial, and cooperative approaches to teaching and learning by students and staff.
- **Efficient:** Optimal use of physical, time and human resources in delivering the learning experience.
- **Equitable:** Provision of fair and consistent teaching and learning experiences and assessment for all students.
- **Motivating:** Maximising internal and external motivation of students and engagement of staff through optimal curriculum structure, learning environments, content delivery, assessment processes and evaluation.
- **Outcomes-based:** Outcomes relevant for medical practice as an intern and as an undifferentiated doctor are linked to course design, teaching, learning and assessment.
- **Responsive:** Recognition that changing roles of a doctor, educational innovations and course evaluation information requires ongoing changes to medical education.
- **Supportive:** Provision of a supportive teaching and learning environment for students and staff

Course Themes Strands and Outcomes

Introducing PLACES

The content in the Doctor of Medicine (MD) course is based on the six PLACES themes: Professional, Leader, Advocate, Clinician, Educator and Scholar. These themes were developed to emphasise the roles that a doctor has in medical practice and to recognize that these roles extend outside of the doctor-patient relationship, to also improving the health outcomes of local communities and society.

MD PLACES Themes



Within the 6 themes are 24 strands that are the basis for the unit and graduate outcomes. The unit outcomes are provided in an Appendix and the more specific discipline-based outcomes are available in each Unit Guidebook. These outcomes are the assessable items within each unit and tend to be related to knowledge, skills, and behaviours. Having an overall view of the course outcomes will improve your navigation of learning as you will have a vision of what is necessary to achieve by the end of each unit, and by the end of the course.

These themes and strand topics are integrated into the teaching, learning and assessment activities and form the content of each unit, although each unit will have different proportions of content between the themes. There is overlap between themes with communication skills being an important part of all aspects of the doctor's roles.

In the Year 1 Integrated Medical Systems units, science, clinical and professional content will be presented longitudinally, built around the core clinical conditions and presentations. During the clinical clerkships in Years 2 to 4, most of the teaching will relate to patient assessment, management, and clinical and professional skills. Displaying professional behaviours, dealing with ethical dilemmas, displaying teamwork and collaboration, understanding the health system, managing patients from diverse backgrounds, providing patient education, and application of research evidence to individual clinical cases will all be part of the clinical learning experience.

Self-care, self-awareness, and insight are also essential parts of clinical practice due to high workload and the unpredictable, emotional, and stressful situations that will be experienced.

MD Strands

Theme	Strand Topics
Professional	Professional Behaviours Self-Care and Self-Awareness Medical Ethics and Law
Leader	Teamwork and Leadership Collaborative Practice Health Systems and Careers
Advocate	Health Advocacy Aboriginal Health Diversity and Inequality Health Promotion
Clinician	Scientific Knowledge Patient Assessment and Clinical Reasoning Patient Management Patient Perspective Clinical Communication Quality Care
Educator	Life-Long Learning Mentoring Relationships Patient Education Teaching and Learning Assessment and Evaluation
Scholar	Research and Biostatistics Evidence-Based Practice Information Literacy

Professional

The role of professional involves demonstration of a commitment to patients, professionals and society through ethical practice, participation in profession-led regulation, and commitment to self-awareness and physician health.

To be a doctor is to be committed to being a member of a professional organisation and to commit to life-long personal and professional development. This theme requires the development and understanding of professional responsibilities and behaviours. It explores the areas of self-knowledge and understanding, self-care, and the ethical and legal implications of medical practice.



Graduate Outcomes:

1. Display individual, interpersonal, and work-based professionalism in all aspects of professional life
2. Display critical and insightful self-awareness of own personal values, well-being, personal difficulties, and professional performance and implement effective management strategies when necessary
3. Comply with and apply ethical, legal, and regulatory frameworks in medical practice

Leader

Being a leader involves participation in activities that contribute to effectiveness of healthcare organisations and systems, allocation of finite healthcare resources and service in leadership and team roles as appropriate.



Leadership is the ability to influence change, and doctors are often in the position of being the change agent for patients and communities. Knowledge of and skills in leadership and teamwork are needed by doctors for their unique clinical roles, involvement in collaborative care, direct impact on service delivery, and legal and resource responsibilities. Knowledge of the health system is essential for practising doctors, and health policy development, economics, management, and politics are related areas in

which doctors have active involvement. Health system improvements are more likely if doctors are actively involved in leading or collaborating to bring about changes.

Graduate Outcomes:

4. Display appropriate medical leadership, management and effective team skills and behaviours
5. Participate effectively in collaborative healthcare
6. Discuss health organisations, healthcare systems and career pathways; and display the ability to assist patients/carers/families navigate their healthcare journey.

Advocate

The advocacy role involves responsible use of expertise and influence to advance the health and well-being of individual patients, communities, and populations. This theme also involves provision of culturally secure care to Aboriginal peoples and patients from diverse backgrounds, responding to individual and population health needs, identifying determinants of health inequities, and promoting health and well-being.



Doctors advocate for the health and wellbeing of individuals, communities and on behalf of populations. An advocate educates and empowers those they represent. Medical advocacy promotes access to quality healthcare as well as health promotion and illness prevention activities. This role explores diversity and factors that influence the health of individuals, local, national, and global populations and has a focus on Aboriginal health and the health of vulnerable populations within Australia.

Graduate Outcomes:

7. Demonstrate advocacy for individual patients, groups, communities, or populations
8. Display culturally secure communication and comprehensive health care for Aboriginal people and communities considering the historical, geographical, and socio-cultural context
9. Provide sensitive and individualized health care to patients/carers/families/communities recognising diverse backgrounds and situations
10. Evaluate and apply health maintenance, promotion, and prevention strategies

Clinician

The clinician role is the primary role for most medical practitioners. This involves evaluation and application of the scientific basis of medicine into clinical practice. Core abilities include clinical assessment and management of common and urgent medical conditions including performance of procedural skills. Clinicians elicit and synthesise relevant information and



perspectives of patients and their families, and effectively convey that information to all concerned.

First and foremost, the doctor is responsible for the management of patients' health care. To achieve this, the doctor must be able to integrate a knowledge base of scientific and evidence derived from biomedical sciences, social sciences, population science and other related areas, applied to the clinical practice of the doctor. This is added to the clinical, procedural and communication skills required to provide quality care for patients together with exploration of concepts of health and illness and consideration of attitudes that affect patient management. These areas are deeply

interwoven throughout the UWA MD curriculum which promotes integration of science and clinical practice.

The MD curriculum has several documents which relate to Core Curriculum items. These are the Core Presentations, Core Conditions, Core Procedural Skills, and Core Investigations and can be used to guide and prioritise your learning due to the overwhelming nature of medical practice.

Graduate Outcomes:

11. Inform medical practice with critical evaluation and application of biomedical, behavioural, epidemiological, clinical, and translational sciences
12. Perform an accurate, relevant, timely and prioritised patient assessment; apply justifiable diagnostic reasoning strategies to formulate a relevant and prioritized differential diagnosis and diagnostic strategy for core presentations and medical conditions; and apply logical clinical judgement and decision-making in individual clinical situations
13. Demonstrate the formulation, negotiation, and implementation of a prioritised management plan in partnership with the patient/carer/families and other health professionals displaying logical clinical judgement and decision-making
14. Assess and respect the patient's values, preferences, context, perspectives and impacts of their health and health problems, and involve and inform the patient/carers/families during the decision-making and management process
15. Display caring, compassionate, and empathic behaviours with patients/carers/families and communicate professionally, respectfully, courteously, and effectively with patients, carers, families and other health professionals
16. Apply a quality framework to medical practice and display a commitment to high quality clinical standards

Educator

Awareness of personal learning styles and application to knowledge acquisition over a lifetime of professional service. Contribution to patient, family, and community education. Critical reflection on one's own performance to set individual learning and improvement goals and engage in appropriate learning activities to meet those goals.



Doctors have always been expected to teach. The tasks of the Doctor as Educator have been well described to include the 'planner', 'developer', 'teacher', 'clinical supervisor', 'mentor', 'assessor' and 'evaluator'. Doctors teach their patients, students, and colleagues. As clinical teachers, doctors must not only be able to teach at several levels simultaneously but also to provide adequate and appropriate supervision and feedback to juniors as they progress. Increased student numbers mean that doctors must also be skilled in effective lecturing and group teaching. It is therefore essential that medical students receive adequate assistance in developing their teaching skills and learning about the theories underpinning the principles of education.

Graduate Outcomes:

17. Display capacity for critical self-reflection, life-long learning, and continuous professional development
18. Establish effective mutually beneficial mentoring and support relationships
19. Demonstrate effective teaching, education, and counselling of patients/carers/families
20. Implement teaching sessions guided by the principles of effective teaching and learning
21. Display effective self-assessment skill, seek, and effectively respond to constructive feedback, provide constructive feedback to others, and evaluate different assessment methods and strategies

Scholar

A commitment to the evaluation of scientific processes and evidence, as well as accessing, creating, disseminating, applying, and translating medical knowledge into clinical practice using the principles of evidence-based practice.

A scholar gains mastery of a subject through long periods of study. Medical scholars carry out research for the purpose of creating, refuting, or confirming knowledge that assists health care. Use of the scientific method, understanding of research methodologies, obtaining information, and application of evidence to practice are fundamental aspects of being a doctor.

Graduate Outcomes:

22. Evaluate and apply scientific, research and biostatistical methods and information and demonstrate a commitment to generation and dissemination of knowledge
23. Apply evidence-based-practice to individual patient, community, or society health care
24. Use clinical information and support systems and resources in a relevant, effective, and professional manner



Course Structure

Understanding the MD

It is useful for you to understand the key principles of the design of the medical curriculum. This will make it easier for you to plan and structure your learning. Content is integrated horizontally within a unit. There is also vertical integration of content between units which allows for building of concepts across time with increasing complexity and difficulty and promotes revision and application of basic science information in the clinical years.

Unit Structure

The teaching and learning are designed to guide the student's development in all six curricular themes representing their future roles as a doctor: a professional, leader, advocate, clinician, educator, and scholar. The teaching will be integrated, with a theme of the week, and scheduled to ensure that the required preparatory learning has been presented in sequence. The biomedical sciences, population health, Aboriginal health and from other disciplines that combine to provide the clinical and professional content of the course – clinical skills, health humanities, behavioural science, and others.


The units are larger than most university units due to the integrated nature of the teaching and assessment. The teaching period is also longer than most other courses with between 34 and 40 weeks of teaching each year, not including study breaks or exam weeks. The Year 1 units have an average weekly contact time of 20 hours but also require at least this much time each week in self-learning. The clinical immersion units act as a clinical apprenticeship where students will be expected to work on the wards for most days and may be expected to do evening, weekend, and night shifts. The contact time in these units may be over 40 hours per week.

A basic description of the core units is provided below. More details regarding each unit are available in the Unit Guidebooks available on the learning management system and [the UWA Handbook](#).

The first year of the course provides knowledge of the basic medical sciences and the major disease processes necessary to underpin the clinical teaching in subsequent years of the course. The year is divided into 2 complementary units which provide some introductory background teaching as well as concurrent organ-system based teaching for each semester. Much of MD year 1 teaching is shared with students from years 2 and 3 of the Bachelor of Science (Major in Medical Science) although the introductory weeks and assessment are unique to the MD.

Integrated Medical Systems 1 and 2 IMED3111/2

Students cover the foundational concepts of the biomedical sciences of anatomy, physiology, biochemistry, genetics, immunology, haematology, microbiology, anatomical pathology, and pharmacology. Case-based learning built around the core conditions and presentations will illustrate clinically relevant aspects of bioscience and introduce principles of clinical reasoning. Communication skills and the clinical skills of medical history-taking and physical examination



are introduced in a structured manner, allowing development of professional behaviours and understanding of the patient perspective and of patient-centred care.

The concepts of epidemiology, medical research and evidence-based practice are introduced along with the opportunity to discuss the main issues in social determinants of health, global health, mental health, healthcare systems and health economics. Students have opportunities to develop their information literacy skills as applied to medicine. Introduction to professional aspects of medical practice includes professional behaviours, medical law and ethics, leadership and teamwork, collaborative practice, educational theory and practice, diversity within medicine, and Aboriginal health. The teaching methods will include lectures, laboratories, e-learning tutorials, and online materials. Most of this unit will be taught on the UWA campus but occasional sessions may be scheduled for the QEII campus.

Integrated Medical Practice 1 IMED4220/2

This 40-week unit is the beginning of clinical training and the clinical immersions. Students will commence the year with the 16-week Clinical preparation block, learning foundational skills in history taking, patient examination, clinical and diagnostic reasoning and patient management. You will then have 6-week rotations in Internal Medicine, Rheumatology/Geriatrics, Surgery, and Psychiatry. At the same time, one day per fortnight will be allocated to General Practice as a longitudinal attachment as well as attending tutorial sessions, to develop understanding of the interaction between the hospital and community care.

The goals of this unit are to ensure the students learn the clinical skills of history taking and physical examination and can apply these skills to real clinical situations using a diagnostic reasoning process. This will require application of biomedical science knowledge that has been learned in the previous units, as well as integrating new clinical knowledge within the clinical disciplines. This is particularly relevant to Geriatrics and Rheumatology where these disciplines will have substantial amounts of core knowledge and skills to learn, including more detailed knowledge and skills in the management of these patients.


Integrated Medical Practice 2 IMED5311/2

This 40-week unit in Year 3 continues the clinical immersions and involves full-time 8-week rotations in Internal Medicine, Surgery/Psychiatry, Paediatrics, Women's and Infants' Health and General Practice/Ophthalmology.

This will again require application of biomedical science knowledge and research evidence, as well as integrating new clinical knowledge within these clinical disciplines. You will experience an increasing diversity of patients and different health environments and health systems. During this unit, it is expected that you will refine your clinical and professional skills leading to being able to competently assess, develop a diagnostic plan and assist in the management of patients in these disciplines.

Integrated Rural Medical Practice RMED5311/5321

This unit in Year 3 is offered to approximately 25% of the student cohort and has similar outcomes to IMP2. The entire year is spent in a rural setting and students are expected to learn these outcomes in this environment, in an integrated fashion, without formal clinical rotations that the



urban students experience. This unit is run by the Rural Clinical School (RCS) of Western Australia together with medical students from Notre Dame University and Curtin University.

There is a stronger focus on specific issues related to rural health including access to care, medical conditions that are more prevalent in the rural setting, the advantages and challenges of being a rural doctor (and student) within a rural community, Aboriginal health, and the different roles of generalist and specialist practice. This is a popular educational and social experience for students and there is a competitive selection process. Support is provided for travel and accommodation and there is a choice of 15 rural sites across Western Australia.

Elective Placement IMED5413/4/5

All students are expected to complete a 4-week elective placement during the break between Years 3 and 4. Students may choose an international, interstate, metropolitan or rural elective. overseas clinical placement unless there are special circumstances requiring a local placement. Students undertaking the Rural Health Specialisation should undertake an elective in a rural setting. The Elective unit is included as part of MD4.

Integrated Medical Practice 3 IMED5411/2

This 32-week unit in Year 4 is the final unit of clinical attachments where students have 4-week rotations in Emergency Medicine, Rural General Practice (all students will have a rural attachment including those that have previously attended the RCS), Internal Medicine, Surgery, and a term combining Anaesthetics and Pain Medicine, Oncology, and Palliative Care. Students will also have a Selective rotation, where there is a choice of an attachment to a medical discipline of their interest.

This unit expects students to act at a "pre-intern" level in terms of their clinical and professional skills, and in their application of biomedical scientific knowledge and clinical evidence to assist in the assessment and management of patients. There will also be integration of new clinical knowledge in some of the disciplines which haven't been previously experienced.

The assessment of this units acts as the major barrier in the course where students undertake written examinations, in-training assessments, an OSCE clinical assessment, and complete and submit their portfolios and procedural skills logs.

Preparation for Internship IMED5421

This six-week unit in Year 4 is the final unit of the course and consists of three rotations of 2 weeks each. One rotation consists of intern-shadowing where students are attached to a team which they may be working with as an intern after graduation. This will include some orientation sessions so students will be familiar with the practical aspects of working as a doctor. A second rotation will consist of a two-week Extension attachment where students have a choice of a medical discipline of their choice. The third rotation is a combination of seminars and workshops on essential intern skills.



Course Evaluation

You will be asked throughout and towards the end of each unit to complete evaluations of your perceptions of the unit's organisation, content, teaching and assessment methods.

Informal feedback is captured by student representatives and by short surveys within a preclinical unit or clinical rotation. This is used to find out what is working well and what can be improved to make immediate changes.

Feedback on the teaching, learning, placements, assessment, student support, and staffing is captured using formal surveys:

1. the Clinical Placement Survey at the end of each clinical rotation, and
2. unit and teaching surveys at the end of each unit.

National surveys (Department of Education, Health Department, and the Australian Medical Council) are used to compare and rank courses across Australia. As well as providing information to the School on strengths and areas for improvement, these survey results are viewed widely and can affect university funding, staffing, graduate reputation and accreditation of the program.

Please complete the surveys when they are presented to you.

Your anonymity is guaranteed. We will respond to your feedback and let you know what changes we are making to improve the course.



Scholarly Activities

Enhancing your MD studies

Scholarly Activities consist of 3 units in the curriculum in which students have a choice of 3 Streams: Research, Service Learning or Coursework (Aboriginal Health, Public Health or Health Professional Education). This provides an opportunity for students to pursue some personal interest in these areas which focuses on the PLACES themes. MBBS Students in the MD will have their own Scholarly Activity units with a focus on the Clinician theme.

The MD course also has 2 specialisations available: Rural Health and Aboriginal Health. Students enrolled in these specialisations have a requirement to undertake certain Scholarly Activity units, Elective and Selective choices and are required to complete the RCS placement in year 3 (Rural Health Specialisation only). Note that the term specialisation does not relate to being a specialist in this field regarding professional work practice.

A Scholarly Activity Expo will be held in Year 2 so students can obtain an understanding of the choices available in each Stream. Supervisors of each project or unit will be available to describe and discuss their offerings and students will then be able to make selections.

Research

Although all students in the MD will have some basic research knowledge and biostatistical skills taught during Year 1, the Scholarly Activity-Research stream provides an opportunity to complete an original research project, either as a single student or as a small group. The three units may act as a PhD preliminary course for those interested in pursuing research at a higher level.

Depending on the specific project, in Years 3 and 4 students will take the generic Research Project units (SMED5311/5321/5411) or may be required to take an additional coursework unit. Following the preparatory learning in Year 2, it is expected that students will collect and analyse data in Year 3 and complete the project write-up in Year 4 to the level of a manuscript that could be submitted to a journal for consideration of publication.

Students undertaking a Rural or Aboriginal Health Specialisation will be required to undertake research units and projects specific to these specialisations.

Service Learning

Service Learning is an attachment to a non-government organisation (NGO) in the health field where the student can assist with the functioning or evaluation of the organisation.

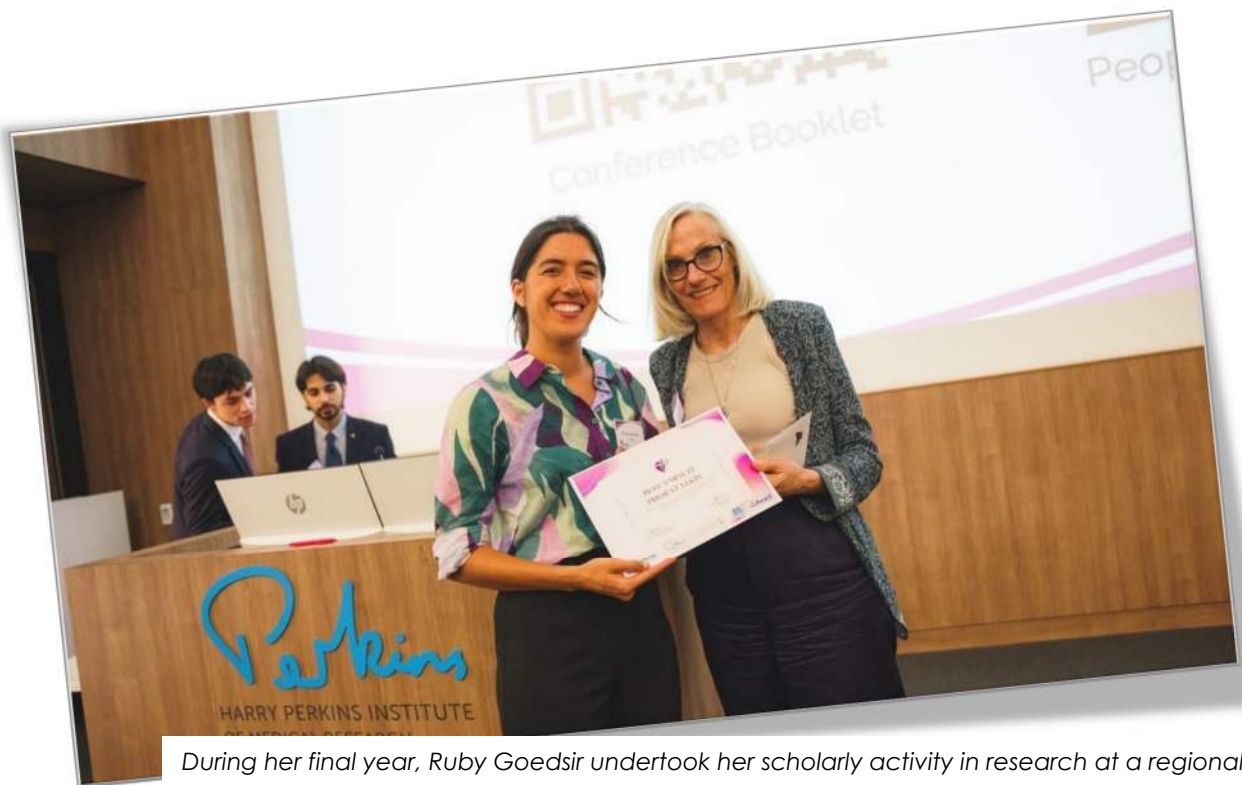
A similar educational process to the Research stream will occur with Service Learning. Following the information expo and the student choosing the service-learning project and organisation, there will be a preparatory learning of the principles of service learning, role, structures and functions of non-government organisations, and preparation for conducting a project within that organisation. Students will complete a course-based ethics submission to ensure their work is

within NH&MRC guidelines. In years 3 and 4, the student will undertake the project to the level of a formal report for submission to the organisation (Units SMED 5312/5322/5412).

Students undertaking a Rural or Aboriginal Health Specialisation will be required to undertake service-learning units and projects specific to these specialisations.

Coursework

There are 3 coursework options for students: Aboriginal Health, Health Professional Education or Public Health. Each of these postgraduate courses are run within the University and 4 units of each are available which provide students with the core units to obtain fundamental knowledge and skills, and the potential to complete a project. For each of these options, the courses allow recognition of learning in the MD as credit for completion of a further qualification such as a Master of Public Health, Master of Aboriginal Health, or Master of Health Professions Education.



During her final year, Ruby Goedsir undertook her scholarly activity in research at a regional hospital on a project called: "Diagnostic Excellence in Sepsis Management: A focus on blood culture use" designed to improve the use of data to assess blood culture performance and was runner up in the 2023 Research Educator's Network 3+1Q competition

Teaching & Learning Methods

A variety of teaching and learning methods will be used in the course but will vary according to the phase of the course. Teaching and learning in the year 1 units will be more directed and structured than in the later units. In the later units, there are very few formal lectures or laboratories, which tend to be replaced by learning and experiences in the clinical setting. Attendance is expected for all sessions but is mandatory for laboratories, tutorials, and clinical attachments.

Lectures and Seminars

Lectures are a key component of your learning and aim to provide, either a framework on which to build learning, an exploration of a complex topic or exposure to people or ideas not easily found elsewhere. UWA uses a lecture capture system so most lectures will have an audio recording together with vision of the slides. Some lectures will not be recorded due to cultural, clinical, intellectual property or technical issues. Off-site lectures may not be linked to the capture system.

Laboratories

Laboratories provide a practical way to extend and apply your knowledge and move into performing some practical skills or obtaining a better appreciation of the 3-dimensional structures of the human body and disease states. This teaching method will be used primarily for anatomy, physiology, and pathology.

Tutorials

Several tutorials will assist your learning in the Year 1 and 2 Units in the e-learning suites. These are usually run with larger groups of students.

Communication and Clinical Skills

Workshops


These use a combination of peer, simulated and real patients with which students can learn and practice communication skills, physical examination, and some procedural skills. During the clinical years, there will be workshops focused on resuscitation skills, suturing, and other procedural skills.

Self-Learning

Directed self-learning is more prominent in the early part of the course which is also more formally timetabled and structured. This may involve recommended textbooks, pre-reading material, lecture/laboratory and workshop material, material provided to encourage a deeper understanding of certain areas, and mandatory online learning.

Self-directed learning is necessary throughout the medical course and beyond in professional medical practice. It is essential in the clinical phase of the course in which there is less formal teaching and more opportunistic and variable learning experiences. Some guidance is available from tutors, lecturers, and clinical supervisors as to the breadth and depth of learning.

Core curriculum documents are provided which provide the core clinical conditions, presentations, procedural skills, and investigations that students should learn and



practice during the program. A procedural skills log will be provided in a paper and/or electronic form for students to complete during their studies and submit in the final year of the program.

Clinical Experience

These are the most important learning opportunities available to students. Students will be part of the clinical team and be expected to take part in all the activities. These will depend on the clinical environment and will differ if the student is allocated to a ward, outpatient clinic, specialist rooms, community health facility, operating theatre, or emergency department. Some clinical attachments will also have formal tutorials, presentations, or workshops to assist with the learning of discipline-specific knowledge, skills or general PLACES content. During the clinical units, revision and application of science knowledge will also occur, usually based around clinical practice.

During the clinical attachments, learning about clinical cases will be opportunistic depending on the clerkship teams allocated and the patients encountered. Some students will see numerous patients with a particular condition while other students see none. However, the core conditions for clinical learning are provided as a guide for students and teachers to ensure students learn the core elements of medical practice over the 4 years of the course.

Due to pressure on clinical placements and requirements for insurance and adequate and informed supervision, students should not organise their own clinical placements or extensions to current clinical placements unless done through an MD academic discipline or unit coordinator. It is acceptable to have additional clinical experiences with your clinical mentor (at

their discretion) as this is regarded as a sanctioned MD learning experience.

eLearning

At UWA there are a few eLearning platforms and resources available to students. These are provided to support the face-to-face teaching program, and to provide you with course and administrative information, to assist in assessment and feedback and sometimes will contain stand-alone modules as part of unit content. Links are found in the relevant unit's LMS site.

LMS – Learning Management System

The University provides a Learning Management System to its staff and students. LMS Units are populated with information from studentConnect, so if you are enrolled in a unit, you should automatically have access to that unit's LMS. Please note changes to unit enrolments can take 24 – 48 hours to filter through into LMS.

You can access LMS directly using the following web address:

<http://www.lms.uwa.edu.au>. To access LMS you will need to activate your PHEME account authentication management system at UWA)
<https://www.pheme.uwa.edu.au/>

The LMS Student Help website provides support through resources about navigation, technical information, and specific activities, such as how to submit an assignment or how to post to a forum. When logged in to the LMS you can access the help site by selecting the Student Help link.

All official communication to students will go through either LMS or their student email and it is your responsibility to remain aware of information communicated to you via these channels.

Student Support

Medicine can be an all-consuming vocation and unless you are consciously aiming for a balance in life you will find it more and more difficult. Balance is an important part of life as a medical student as it is for a working adult. Hard work and dedication are required. However, medicine is not everything in life. Friends, pastimes, and other interests are just as important, and a balanced approach is what you need. Don't lose sight of all those other important things in life. Recognise when you need to work, and do it steadily, and when to keep up with friends and non-study related activities.

If you think something is having a bad effect on your academic performance, get appropriate help as soon as possible. Negotiating deferred exams or special consideration at the last minute or after the exam has been held will require very clear and strong supporting evidence. It is amazing how much difference early intervention can have. By dealing with the problem as soon as it arises, you will, hopefully, prevent it developing into something much larger.

There are several ways in which you can be assisted, and you may be surprised at how simple the solution can be, but we cannot help you unless we know that you are encountering difficulties, so please tell someone. There are people who will be able to assist you with different aspects of your course during the time you are studying medicine at UWA.

Medical School support avenues

Sub-Deans

Sub-Deans are senior academics who work together with Student Services and other academic and professional staff to assist students, with responsibility for specific year groups. Your Sub-Dean can meet with you for a confidential discussion about your circumstances and guidance on support structures and mechanisms. The Sub-Deans can facilitate requests for extended leave, special consideration, deferred exams, and other significant issues.

For 2024, the Sub-Deans are:

Dr Zaza Lyons - Sub-Dean MD Year 1
Zaza.lyons@uwa.edu.au

Dr Eileen Tay - Sub-Dean MD Year 2
Eileen.tay@uwa.edu.au

Dr Brett Montgomery - Sub-Dean MD Year 3
brett.montgomery@uwa.edu.au

Dr Susannah Warwick - Sub-Dean RCS MD Year 3
susannah.warwick@rcswa.edu.au

Dr Kate Jutsum - Sub-Dean MD Year 4
kate.jutsum@uwa.edu.au

Dr Scott McCoombe – Sub Dean,
International Students
scott.mccoombe@uwa.edu.au

Student Services

Student Life can assist you with course advice and facilitate procedural matters related to your enrolment and University requirements such as leave of absence and reviews of academic assessment. In many cases she will also be able to advise the most appropriate person to assist you or provide some interim support. For 2024, your Student Advising Specialist in the Student Life team is Ms Natalie Fussell and can be contacted via [askUWA](#)

Presence and advocacy at Board of Examiners

The Program Director, Unit Coordinator, Sub-Dean and Student Advising Specialist are present at each unit's Board of Examiners to present results, advise on outcomes of special consideration or extenuating circumstances (while maintaining student confidentiality).

Leave, extension, deferral and exceptional circumstances

Each phase of the MD has specific processes, outlined in the tables overleaf.



Things to know about these processes

1. If an extension will affect your ability to undertake a subsequent assessment or placement, the extension may not be granted or may be granted for a different time period to what you have requested. This is to avoid assessments becoming unacceptably close to each other and to ensure that you can participate in teaching activities to prepare you for future assessments.
2. Explanations for missed classes need to be valid and within the timeframe of 3 days of the missed class. Note that providing an explanation does not automatically mean the absence will be approved. Rarely, we receive explanations about circumstances that were foreseeable, minor, or recurring, or well outside this timeframe, and we don't grant approval for the missed class. Most explanations we receive are for single incidents and for reasonable, unforeseen circumstances, such as unanticipated transport difficulties outside your control.
3. Leave includes any events or circumstances that will prevent you from attending classes or placements in the standard manner for that session or might foreseeably prevent you from attending (noting timetables are subject to change). This includes interstate travel (even if your travel does not directly clash with classes) given the possibility of sudden lockdowns or border closures. Note that for sessions designed to be delivered face to face, watching sessions online after they occur is not considered attendance. It is your responsibility to notify the unit coordinators if your special consideration has been approved.

Absence for Religious Reasons

The University supports students who are required to be absent for Religious Reasons. If you are aware of certain dates that you are not going to be able to attend classes or assessments, please let your unit coordinator know as soon as possible at the start of the semester. If [religious reasons](#) affect your ability to participate in scheduled end of semester examinations you will need to lodge an application for Special Consideration as per the procedure in the Assessment section of this guidebook.

Leave, extension, deferral and special consideration processes – MD1 and MD2 (clinical preparation)

In the interests of fairness, standardisation and accurate monitoring, processes in the following two tables are the only acceptable processes and failure to follow them may result in your request being denied or overruled. Many of these processes include seeking approval through the official University channel [askUWA](#). Additionally, your Unit Coordinator is there to assist you (not just for academic issues) and as such the better informed they are of your situation the more they will be able to help you.

Please keep your Unit Coordinator up to date with any relevant issues that you are experiencing in a timely fashion.

Process if I need to:	The only acceptable process:
Ask for an extension on a written assessment item	Apply for special consideration by completing the online form on the Current Students webpage which will be directed to the Health and Biomedical Sciences Student Office.
Defer an in-semester test or examination	Apply for special consideration by completing the online form on the Special Consideration webpage which will be directed to the Health and Biomedical Sciences Student Office
Defer end of semester exams	Apply for special consideration by completing the online form on the Current Students webpage which will be directed to the Health and Sciences Student Office AND notify your Unit Coordinator and year Sub-dean of your intention to defer. Your Unit Coordinator and Sub-Dean can be contacted together on the one email.
Withdraw from a unit	Apply for special consideration by completing the online form on the Current Students webpage which will be directed to the Health and Biomedical Sciences Student Office. AND Email your Unit Coordinator and year Sub-Dean to notify them of your intention to withdraw. Your Unit Coordinator and Sub-Dean can be contacted together on the one email.
Explain a missed class with compulsory attendance	Log all absences for classes with mandatory attendance by emailing MD1admin@uwa.edu.au for MD1 and christopher.etherton-beer@uwa.edu.au and angela.hayter@uwa.edu.au for MD2.
Take leave for three or more days	Email your request to the Health and Biomedical Sciences Student Office via askUWA AND notify your Unit Coordinator and year Sub-Dean if your leave request is approved. Your Unit Coordinator and Sub-Dean can be contacted together on the one email.

Leave, extension, deferral and special consideration processes - MD2 (clinical rotations), MD3 and MD4

Process if I need to:	The only acceptable process:
Ask for an extension on a written assessment item	Apply for special consideration by completing the online form on the Current Students webpage which will be directed to the Health and Biomedical Sciences Student Office.
Defer an in-training assessment	Apply for special consideration by completing the online form on the Special Consideration webpage which will be directed to the Health and Biomedical Sciences Student Office AND contact your discipline lead to arrange rescheduling of the assessment.
Defer end of semester exams	Apply for special consideration by completing the online form on the Current Students webpage which will be directed to the Health and Biomedical Sciences Student Office AND notify your Unit Coordinator and year Sub-dean of your intention to defer. Your Unit Coordinator and Sub-Dean can be contacted together on the one email.
Withdraw from a unit	Apply for special consideration by completing the online form on the Current Students webpage which will be directed to the Health and Biomedical Sciences Student Office. AND email your Unit Coordinator and year Sub-Dean to notify them of your intention to withdraw. Your Unit Coordinator and Sub-Dean can be contacted together on the one email. Your supporting documentation needs to indicate an incapacity to study for at least 1-3 month period and outline any reasons why you were unable to withdraw before the academic withdrawal date.
Take leave for one or two days	Email your request to your Unit Coordinator.
Take leave for three or more days	Email your request to the Health and Biomedical Sciences Student Office via askUWA AND notify your Unit Coordinator and year Sub-Dean if your leave request is approved. Your Unit Coordinator and Sub-Dean can be contacted together on the one email. If you are taking leave of 3 or more days for medical reasons, you will need to attach a medical certificate to your leave request.

Additional Sources of Help

University support services

UWA has a range of student [support services](#), such as the Living Room, the [Guild Student Assist program](#), the [Counselling and Psychological Services](#), and the [UWA Chaplain and Spiritual Services](#).

The professional counsellors at Student Services on the main campus can assist with other personal problems. Appointments can be made by phone or in person. The counsellors there are experienced in providing written support for applications for deferred exams and special consideration and, if necessary, can provide ongoing help in resolving difficulties quickly before they badly affect your studies.

They can be contacted via:

- In person: First Floor, Student Central Building (South Wing), UWA Crawley Campus
- Phone: call Student Wellbeing: (+61 8) 6488 2423

Your GP

Health problems, whether physical or mental, can have an adverse effect on your medical school experience and performance. See your GP in the first instance. If you don't have a GP, the medical staff at the [University Medical Centre](#) are experienced in dealing with students, are familiar with University procedures and do not charge above the Medicare rebate.



If you would like some guidance to find a GP, the Doctors' Health Advisory Service of WA has a list of GPs who have expressed an interest in doctors' health and are willing to see doctor (and medical student) patients as a priority. Their details can be found at the [Drs for Drs website](#).

GPs can also assist you in access psychological services, with a Medicare subsidy for eligible students under a Mental Health Care Plan.

If you are going to apply for special consideration based on your health problems, you will need to obtain a doctor's certificate and attach it to your application or ask your doctor to complete the medical part of the Special Consideration form.

If because of your health problems, some adjustment needs to be made to your course you will need to contact your Sub-Dean and Student Services as soon as possible.

The Doctors' Health Advisory Service of WA (DHASWA)

DHASWA provides independent, confidential support to medical practitioners including medical students concerning their personal health problems.

Their services include a confidential 24-hour health service to all doctors and medical students. It can be used by the person themselves, or by a concerned family member, friend, colleague, or staff member. Callers do not need to identify themselves. Calls are taken by a panel of experienced male and female GPs, and calls are exempt from the mandatory reporting requirements of the Medical Board of Australia.

The contact number for the 24-hour health service is 08 9321 3098.

Their website includes a [guide to personal health resources](#) suitable for doctors and medical students.

Online help

Some evidence-based confidential digital programs that are suited to medical students include:

- <https://www.blackdoginstitute.org.au/ten/>
- <https://thiswayup.org.au/>
- <https://headspace.org.au/>

The DRS4DRS website – the national arm of DHASWA – has an excellent range of wellbeing and support resources available at <https://www.drs4drs.com.au/>. The [WAMSS](#) and [AMSA websites](#) also include extensive information about online mental health services suitable for medical students.

Financial help

Students experiencing financial difficulties which could prevent them from successfully completing their course should contact the Manager, Student Services and Engagement to discuss the possible application for the bursary or a loan. Note that only in exceptional cases are loans approved for purposes other than books/equipment, rent, gas/electricity, medical/dental and general living expenses. The University has a policy limiting the amount of financial assistance that can be offered and can only accept applications at specific times during the year.

You are not alone.

24/7 assistance

The following services are there to help you in a crisis, 24 hours a day, 7 days a week.

They can be anonymous and are confidential.

Lifeline Australia: call 13 11 14 or chat <https://www.lifeline.org.au/crisis-chat/>

Suicide Callback Service: call 1300 659 467 or chat at <https://www.suicidecallbackservice.org.au/phone-and-online-counselling/>

1800 RESPECT – Domestic Violence helpline: call 1800 737 732

Headspace: call or chat <https://headspace.org.au/eheadspace/connect-with-a-clinician/>

Assessment

Assessment of medical students is a complex process and requires adherence to UWA rules and policies to ensure appropriate university academic standards are achieved. In addition, there is a professional responsibility to ensure students graduate as competent, safe and professional doctors. This involves adherence to the Australian Medical Council standards which are used to accredit medical schools by the Medical Board of Australia. This requires an assessment of clinical skills and professional behaviours in addition to academic performance.

Each unit of the course will have its own assessment mechanism described in their unit guidebooks. In general, assessments are integrated across disciplines, although discipline specific assessments will also occur in the clinical units.

Students in the MD program are governed by the University's [Student Rules](#), and the related [policies and guidance documents relating to students](#), and [student procedures](#). They are also governed by the MD Course Rules (available at [this link](#) for students who commenced the MD in 2020 and prior and whose course code is 90850, and at [this link](#) for students who commenced the MD in 2021, whose course code is 91850.)



Formative Assessments

Formative assessments provide the opportunity for students to receive feedback on performance without a mark being recorded. Formative assessments provide regular constructive feedback to the student and opportunities to improve prior to summative assessments. Most formative assessments, obtaining and responding to feedback are voluntary.

Formative assessment may include:

- systematically observing and monitoring students during in-class learning and teaching experiences, or in clinical placements, and providing brief, informal, immediate verbal feedback,
- providing opportunities for students to present or report upon their learning and teaching experiences,
- feedback on performance in class/clinical practice, or by use of a tool such as a mini-CEX. This may include self-assessment, peer assessment and team discussion/activities feedback on performance and contribution,
- practice questions and examples made available for students to view, complete and or self-mark. These questions will mimic the type used in the various assessments and may be available on the unit's LMS.

Summative Assessments

Summative assessments are those which contribute to a final mark or grade for a unit. Note that some summative assessment items within a unit may be regarded as a barrier, for which passing or satisfactorily completing the assessment is required to progress to the next phase of the program.

Summative assessments in the MD include:

- Written examinations (e.g., MCQs; EMQs; SAQs; MEQs)
- Written assignments.
- Clinical assessments (e.g., OSCE; Case-based Learning; Structured Clinical Assessments)
- Professional Behaviour assessments (ongoing throughout MD Program)
- MD Portfolio (consists of multiple tasks across the PLACES theme)
- Online tests and tasks (e.g., Online modules; Paediatric online child assessment)
- Procedural skills log
- Workbook assessments (e.g., logbook; written long case)



Standard Setting

The Australian Medical Council (AMC) requires all medical schools to have an assessment standard setting process for written and practical exams. The UWA Medical School written and objective structure clinical examinations are standard set by a group of content experts to ensure the quality of every question and hence, the overall written paper, is set to an acceptable standard of achievement.

Satisfactory Progression

The MD Progress Rules provide information regarding the assessment barriers for each unit. These are available in the MD Program Community LMS.

Late and non-submission of Assessments

Deadlines for submission will be communicated to students via LMS. The UWA assessment policy states that penalties apply for late submission. A penalty of 5% (of the possible mark) is deducted per day (first 7 days including weekends and public holidays). Assessments submitted later than 7 days after the deadline receive a mark of zero, unless an application is approved in accordance with the [University Policy on Assessment: Special Consideration \(UP11/23\)](#).

Submission of all items of written assessment, whether in-semester or end-of-semester, is a required component of each unit. Students who fail to submit an item of written assessment will be issued with a SPAN (Structured Professional Assessment Note) by their discipline coordinator. Note that students with three or more upheld SPANs will be considered to fail their Professional Behaviour Assessment (except for the elective and PFI units, where one SPAN is considered a failure of PBA). Details of SPAN and PBA processes are available in the MD Program Community LMS.

Ethical Scholarship, Academic Integrity, and Academic Misconduct

Ethical scholarship is the pursuit of scholarly enquiry marked by honesty and integrity.

Academic integrity is behaving in an honest, fair, and moral way in an academic setting. The University offers several resources to help students navigate their study and demonstrate academic integrity. These can be found at the [Student Conduct website](#).

Academic misconduct is any activity or practice engaged in by a student that breaches explicit guidelines relating to the production of work for assessment, in a manner that compromises or defeats the purpose of that assessment. Any such activity undermines an ethos of ethical scholarship.

Academic misconduct includes, but is not limited to cheating, or attempting to cheat, through:

- Collusion
- Inappropriate collaboration
- Plagiarism
- Misrepresenting or fabricating data or results or other assessable work
- Inappropriate electronic data sourcing/collection
- Breaching rules specified for the conduct of examinations in a way that may compromise or defeat the purposes of assessment.

Allegations of student misconduct and discipline are governed by [The University Statute](#), together with the associated [Regulations for Student Conduct and Discipline](#) and the [Academic Integrity Policy](#). Penalties for academic misconduct vary according to seriousness of the case, and may include the requirement to do further work, deduction of marks, the award of zero marks, failure of one or more units, suspension from a course of study, exclusion from the University, and non-conferral of a degree.

Referencing Written Work



Academic integrity requires acknowledging the contributions of other people when using their ideas to support academic work. It applies to all areas of study, whether online or face to face, and whether the study and work is an assignment, exam, or research.

All written work must be correctly referenced using the Vancouver referencing system. Medicine primarily uses this referencing system; therefore, students must learn and use this system. Further guidelines on referencing are available from the [University library website](#) including a specific guide for [Vancouver referencing](#).

Supplementary Assessments

Supplementary assessments may be awarded for students failing units or essential components (barriers) in a unit, if their unit marks or specified barrier components fall into a predefined range. This decision is made by the Board of Examiners. In determining whether or not to provide a student with an opportunity for supplementary assessment in a unit, the Board of Examiners will consider a student's entire academic record.

The eligibility for supplementary assessment (including examinations) is outlined in the University [Assessment Policy](#).

The Board of Examiners will not provide an opportunity for supplementary assessment to a student who:

1. fails two or more units in any calendar year; or
2. fails a deferred or supplementary assessment; or
3. has a progress status of 'On Probation'.

Deferred End of Semester Exams

The University Student Rules contain provision for deferred examination in specific circumstances. Please note that circumstances require special approval from Student Services. Students are not allowed to selectively defer an individual exam or combination of exams in the standard university exam period. If you require a deferral, it is likely that you will need to defer all of your exams from that examination period.

Students who wish to request a deferred end of semester exam must submit an [online](#) application for Special Consideration, within three University days of the exam. Detailed information can be found at <https://www.uwa.edu.au/students/need-help/special-consideration>.

It is your responsibility to check the timetable for the exact date and time of your deferred exam. This can be done via studentConnect. In some units you may be contacted by your unit coordinator or administrative staff via LMS or email.

It is worth noting that deferred exams are not necessarily the best option. Deferred exams usually occur in late January and your situation may not have improved by that time. In some cases, they may be held earlier at the discretion of the unit concerned. Deferred exams are not a substitute for inadequate study in the first instance. Despite their best intentions students often still fail deferred exams. No supplementary exams are offered to those who have sat deferred exams, and deferred exams cannot be deferred further.

Exceptional Circumstances

These may be considered if you think some aspect of your academic performance was seriously affected by illness or other exceptional reasons "beyond your control" and have interfered with your ability to apply yourself to your studies and which may have a serious effect on your final mark. For example, the serious illness or death of someone close to you; serious relationship or family conflict; a recent traumatic experience; sudden or uncontrollable changes in your living circumstances. Apply for consideration of your circumstances by completing the online form on [Current Students webpage](#) and submit it to Health and Biomedical Sciences Student Office. Also tabled on [Page 26](#) of this Guidebook.

Please do contact your year Sub-Dean if you would like your exceptional circumstances considered within three (3) University days of your assessment due date. If the reason is not

medical, your supporting documentation must include the [Declaration Form](#) and a statement “as discussed with [Your Year Subdean] on [date]” in your application.

These requests alert the School to the fact that something has happened to interfere with your ability to apply yourself to your studies as you usually would. The School then takes this into account in making decisions regarding your academic progress (e.g., extensions for assignments, withdrawing or changing course, determining your final grade in a unit).

Any application or request is not a guarantee that you will avoid the consequences for poor academic performance, but it allows the School to make informed decisions regarding how to treat your case within the scope of University regulations.

As mentioned previously, if you think something is having a negative effect on your academic performance, get appropriate help as soon as possible. It is very difficult to negotiate deferred exams or variations at the last minute, or after the exam has been held, without very clear and strong supporting evidence.

Alternative arrangements for examinations

An Academic Adjustment Plan needs to be arranged through UniAccess (UAAP), noting the timeframes involved and the need to commence the UniAccess registration and planning for alternative arrangements as soon as possible at the start of semester. Information is available at <https://www.uwa.edu.au/students/study-success/uniaccess>.

Reviews and Appeals

A student who is concerned about the validity of a decision that affects their academic outcomes, standing or progress at the University, is entitled to request a review of that decision by the original decision-maker or decision-making body, according to the University's [Charter of Student Rights and Responsibilities](#). This Charter of Student Rights and Responsibilities upholds the fundamental rights of students who undertake their education at the University of Western Australia.

The University's webpage for the [Review and Appeal of Academic Decisions relating to Coursework Students](#) outlines the relevant policy and processes. Note that specific time frames apply.

Students lodging a review of an academic decision are encouraged to contact the [UWA Student Guild](#) for guidance. Their contact details are:

The University of Western Australia Student Guild
35 Stirling Highway, Crawley WA 6009
Phone: 6488 2295
Email: hello@guild.uwa.edu.au
Website: <http://www.uwastudentguild.com>



Professional Behaviour

Professional Behaviour in medicine is based on behaviour that comprises clinical competence, communications skills and ethical behaviour and professionally respectful and responsible behaviour. Medical students have certain privileges and responsibilities different from those of other students. Because of this, different standards of professional behaviour are expected of them. Medical students from the first day of commencing studies are reminded of the important role of professional behaviour. This plays an important role in maintaining trust amongst patients and the community.

The MD's Professional Procedures have been developed to facilitate a consistent and equitable approach to the recording, monitoring and evaluation of misconduct in professionalism and professional behaviour of all students enrolled in coursework programs of study offered by the School. It is recognised that all UWA students are governed by related policies at the University level. As such, MD students are governed by the [UWA Regulations for student conduct and discipline](#) and [UWA Policy on Academic Conduct](#), and also the Professionalism Procedures which can be found in the [Schedule](#) of the [University Policy on Courses - Experiential Learning](#). While these documents refer to the pre-2021 Faculty rather than the Medical School, their principles continue to apply in 2023, pending completion of the University restructure.

Communication



Please always use your UWA email account to contact staff. Emails from non-UWA email accounts will not be responded to and are frequently not received by our UWA email server due to security issues.

Please note that the MD Program's Professional Behaviour expectations include professional communication with staff and students. This is important because it takes years to develop professional skills and attitudes in medical students and this process needs to begin at the commencement of medical school. If you would like some guidance, check out the examples of how to communicate by email [from UWA](#), and [from Harvard Medical School](#).

Communication which is not professional will be managed under the Professional Behaviour Assessment Procedures. These are available on the MD Program Community LMS page.

Students are expected to check their UWA student email for updates every University Day. Students are expected to respond to any email from university staff as soon as possible and no later than five university days. This is important, as often communications regarding assessments and placements are time-sensitive and because we feel a duty of care towards students who are known to be in difficulty, and we become concerned for your welfare should we not receive an email response.

Find out more and access your UWA student email on the [Library website](#)

Dress Code

The MD Dress Code document guidance available on the MD Community LMS site is a co-creation of MD academics and students. It outlines what to wear - and what not to wear - to placement, and infection control aspects of dressing and grooming in placement and in clinical assessments.

Patient Confidentiality

As medical students you are in a privileged position in terms of your access to patient information. With this comes professional responsibilities in terms of using this information appropriately and ensuring patient information is kept confidential. Students must be aware of and comply with the Medical School and relevant clinical practices' policies on patient confidentiality and social media. As medical students you are encouraged to reflect and share your clinical experiences with each other, but this needs to be achieved without compromising patient confidentiality. The Australian Medical Association has a useful [Social Media Guide](#) for appropriate use and common pitfalls of using social media.

Doctor-patient relationships rely on implicit trust; patient information should only be shared on a 'need to know' basis. Health professionals must always acknowledge the vulnerability of patients and protect their patient's personal information whenever possible. The Medical School recognises that medical students need to use patient information as an essential part of their education and have been instrumental in providing students with access to WA Health Department patient information resources such as iCM. Although students need to use clinical information when directly related to their current placement, this must be in the context of the data being de-identified and sensible precautions being taken in terms of storage and disposal of clinical information. Any students not taking due diligence in this area are behaving unprofessionally and may have professional misconduct processes instituted as per the Professional Behaviour Policy. It is worth noting that patient confidentiality breaches such as looking up family member's clinical information have resulted in qualified doctors being suspended from practice. This conduct is contrary to the [AMC Code of Conduct for Doctors in Australia](#) section 3.14 "*Whenever possible, avoid providing medical care to anyone with whom you have a close personal relationship*".

If students have any questions or concerns about professional behaviour, please contact either your unit coordinator if you are working in a clinical rotation, or the Professional Development and Mentoring administrator (pdm@uwa.edu.au) if you have more general queries.

Attendance

Attendance including punctuality at tutorial, laboratories, workshops, clinical skills sessions, and clinical placements is compulsory. Participation is required and expected in all these teaching sessions. It is your responsibility to check for details regarding the schedule of teaching, as alterations to the timetable do occur from time to time and these are posted via email notices and LMS.

Attendance at lectures and seminars is highly recommended. In these sessions material and information may be covered that prepares you for upcoming tutorial sessions and may not be covered in the tutorial sessions. Not all sessions are recorded, if the material covered is sensitive or contains patient images or other content.

Students should expect to be available for teaching and clinical placements during the hours of 8am – 5pm each weekday. Additionally, during clinical placements, students will be expected to work on the wards for most days and may be expected to do evening, weekend and night shifts depending on the activity of your clinical team. The contact time in these units may be over 40 hours per week.

Note that attendance is assessed using the Professional Behaviour Assessment process in each unit of the MD program and can lead to failure of the unit. If attendance is less than 80% of the expected time required, the student will be considered to not have attended sufficiently to pass the unit (irrespective of marks in other assessments). There are also certain activities in some units which are considered compulsory for all students to attend. The student will then need to make up the absences or may fail the unit.

Absence due to Illness

Due to brief illness and external life events, students may occasionally miss teaching during the semester. Overall, unless advised otherwise in your unit guidebook, you must attend at least 80% of mandatory teaching, i.e. less than 20% of absences for mandatory teaching. These missed sessions still count toward your absences.

For absences of 1 or 2 days, we no longer require medical certificates to be submitted at the time for each teaching session that you miss. If you are unwell enough to need 3 or more consecutive days away from teaching, then you do need to apply for short leave through Student Services. This may involve providing a medical certificate. Periods of leave still count toward your absences.

Medical certificates must include:

- Date of consultation
- Format of consultation (Face to face vs telehealth)
- Dates of certification of illness



We do not accept medical certificates without evidence of a medical consultation.

Mask wearing, COVID infection and return to teaching after illness

If you have respiratory symptoms, wearing of masks in teaching sessions is strongly recommended. This is for two reasons: first, to reduce the risk of you contracting a respiratory illness that would potentially reduce your attendance and adversely impact your learning and assessment performance, and second, because your teachers and many fellow students work in health care settings, and should they contract a respiratory illness from you, this might endanger the vulnerable patients with whom they work.

Students with COVID should follow standard public health directions. These change, however, and while legislated universal mandatory isolation during COVID may not persist, it may well remain in place for those working in health care settings (i.e., many of your teachers, and some of your fellow students), and will remain important to avoid spreading COVID to vulnerable people (such as when those teachers are working in health care settings).

For students with fever or respiratory tract symptoms , we recommend:

- You should stay at home rather than attend university teaching sessions or clinical placements while you are unwell with any fever or respiratory symptoms and may return to university teaching sessions or clinical placements when you are well.
- It is not uncommon for people to have a persistent infrequent non-productive cough following an URTI, once the fever, coryza and sore throat have settled. If after 5 days of illness you have been afebrile for at least 24 hours and feel substantially improved and you remain COVID-negative then you may return to university placements and teaching, even if you still have mild post-viral symptoms (such as an occasional lingering cough). Please wear a mask until your symptoms have completely resolved.

Different rules may apply for private health care providers, and for people visiting high-risk areas of a hospital or vulnerable patients.

If you have symptoms of gastrointestinal infection (i.e., vomiting or diarrhoea) you should wait until 24 hours after these symptoms have ceased before returning to teaching or placements. If your symptoms are persistent beyond a few days, you should seek medical care and a certificate for return to teaching or placements.

Medical Student Involvement in patient care

The standard courtesies of clinical medicine are very important, and you must show due consideration for the patients and their relatives and friends. Interacting with patients is an enormous privilege; patients trust doctors and medical students with information about themselves and their lives, that they would often not consider divulging to their close friends. You must acknowledge and nurture that trust for the benefit of your patient as well as your profession.


When interacting with patients you should always introduce yourself as a UWA medical student and ensure the patient/their guardian is comfortable interacting with you. If you are seeing a patient outside your assigned team or unit, you should ALWAYS seek prior permission from the medical and/or nursing staff responsible for their care.



A good lesson in practice, is that if you are ever unsure about what to do, it is usually best to err on the side of caution and ask the most senior health professional available for their advice.

The [Medical Student Involvement in Patient Care](#) protocol is also available on the MD Community LMS site. This provides important and specific information on the processes and mechanisms related to consent for medical student-patient examinations.

Peer Examination



Practicing clinical examination on fellow students is part of the clinical learning experience in the MD course as it gives those involved some appreciation of the patient's perspective. In general, peer examination is limited to the examination of the limbs, thorax, and abdomen. There will be no requirement for examination of socially difficult or intimate areas.

Each student should expect to be examined and to examine their peers. It is expected that females participate as models as often as male students. Privacy screens and modesty sheets are available for clinical skills tutorials. If there are students with a genuine objection to being involved in peer examination, they should approach their discipline coordinator within the first week of the semester so that alternative arrangements can be discussed, and their tutor informed.

Professional conduct is required with peer examination as it is throughout the other learning opportunities in the MD course. Treat your fellow students with due consideration, confidentiality, and respect. Any health-related information you learn about a fellow student should be regarded as a matter of professional confidence. Remember that ridicule of a fellow student or public disclosure of personal appearances constitutes a professional breach and will be dealt with according to the School's policies in this area.

Mobile phones and personal electronic devices

Students are required to comply with the regulations on usage of mobile phones. Phones should be silent in classes or placements. Mobile phones should not be used in any manner that is disruptive to normal routines or to other people (this includes the sending and receiving of texts or pictures).

Understandably, there will be times when you are expecting an urgent contact, in which case please be courteous and inform the lecturer/consultant at the start of the session.

Professional Behaviour Assessment

High standards of professional behaviours are essential for doctors, and also for medical students and trainees who are often seen by the community as having similar positions of trust and integrity. Medical students have certain privileges and responsibilities due to the nature of their studies, [including interactions with patients](#), and having access to private and confidential information.

Students also interact with non-University staff in the Health Department, private practices and non-government organisations. By awarding a medical degree, UWA is confirming that their medical graduates are fit for professional practice. As such, the MD Program has been designed so all units have professional behaviour outcomes and assessment components. Attendance and completion of learning activities or items are also regarded as components of professional behaviour.

A Professional Behaviour Assessment process is important so that:

- The student may be given clear information about any problems identified so they have the opportunity to reflect, remediate and improve.
- The School can identify behaviours which may require student support, remediation, or sanctions.

- Identification of exemplary, concerning, or unsatisfactory behaviours is essential for ensuring graduates of the UWA MD program are of the highest calibre.

Professional behaviour that comes under this process includes:

- Behaviour in small group sessions – Tutorial sessions and clinical skills sessions
- Attendance at scheduled teaching and learning sessions,
- Conduct and behaviour on the wards and in the hospitals,
- Communications on unit websites, email, and social media,
- Communications with School staff,
- Conduct in relation to the ethical and professional behaviour expected of a medical student at UWA.

Professional behaviour assessment procedures are outlined in the MD Professional Behaviour Assessment Procedures available in the MD Program Community LMS. Professional Behaviour Assessments are completed as part of the summative assessment of a student's professional behaviour by the senior supervising clinician. Professional Behaviour Assessment forms can also be completed at any time by any teaching or clinical staff to provide feedback to the student or to document examples of poor or exemplary behaviour.



Professional Development & Mentoring

As a University course, much of the MD course is based around academic performance and assessments, but training to be a doctor also involves gaining a professional identity, professional development throughout your career, and integration into and behaving as part of the Profession of Medicine.

The “Professional” Theme of the curriculum is a core part of this training, but being a professional involves all themes of the curriculum, for example: teamwork skills in Leader, respect for diversity in Advocate, communication skills in Clinician, and mentorship and life-long learning in Educator.

The Professional Development and Mentorship Program provides a number of different opportunities to teach, assess and support students in their development as a doctor.

- **Student MeDMentor Program:** involves senior medical students allocated to Year 1 students and establishing a mentor relationship for the first year of the course, and sometimes longer. The senior students are trained through and initially allocated by the UniMentor Program and any changes or problems are managed by the PDM Program.
- **Clinician-Mentor Program:** involves a senior doctor providing a mentorship relationship with a medical student. The allocation occurs in Year 1 and continues through the entire course. Regular meetings are expected, and the Mentor can provide advice and discussion around clinical and professional aspects encountered during the course.
- **Teaching and Learning Activities:** The PDM Program also includes some online teaching modules and information, and some face-to-face sessions including the clinical debriefing session after the first clinical experiences in Foundations, and some Professional Development Seminars during the clinical years. Challenges in Medical Professionalism (ChiMPs) will arise during your clinical experiences and may include conflicts of interest, observation of unprofessional behaviours, ethical dilemmas, recognition of self or colleague difficulties, and biased management of patients. The Mentor discussions and portfolio assets are a good way to reflect and discuss some of these issues.
- **Assessment:** Each unit of the course will have a professional behaviour and attendance assessment that acts as a barrier assessment. Additionally, the MD portfolio will be used as part of the assessment process for this theme, where students will be required to complete some mandatory assets and can also provide some student-based reflections on professional experiences and ChiMPs encountered during the course. Unsatisfactory performances in these assessments will be dealt with via the usual unit assessment process and the Board of Examiners, or via the Professional Behaviour Advisory Panel.



Library Services

The J. Robin Warren Medical and Dental library is adjacent to the OHCWA (Oral Health Centre of Western Australia) building, at the corner of Monash Avenue and Hospital Avenue, Nedlands. The Barry Marshall Science Library is located on the southern part of the main campus, at the western end of Prescott Court, between the Physiology and Agriculture buildings.

The Library buildings offer you a place where you can study and access resources and services. They have:

- computers
- laptop computers (Medical & Dental Library only)
- lockers
- private study rooms
- silent study areas
- group study rooms
- audio-visual equipment



If you can't find books or journals that you need please contact library staff and we will try to get it for you. Further information is at: <https://www.uwa.edu.au/library/find-resources/request-and-recommend>

Most readings recommended by your teachers are available via Unit Readings, if not already provided on LMS. Some of the resources in Unit Readings include:

- full text articles
- books (in the Library Reserve Collection) and e-books
- web pages

Log in to Unit Readings via the link from your unit's LMS page, or the link on the library homepage: <https://www.uwa.edu.au/library/home>

Online resources include:

- databases
- e-books
- guides to evidence-based medicine, including how to find clinical guidelines and lists of online resources (available at <https://guides.library.uwa.edu.au/acq>)
- referencing guides (available at <https://guides.library.uwa.edu.au/vancouver>)
- Librarians are here to help you develop your information finding and management skills. They can assist you with:
 - finding relevant information for your assignment
 - referencing your citations
 - using EndNote to manage your references
 - tracking research trails
 - developing and refining search strategies to find information for more complex projects

Computing Resources & Facilities

Computer Access and printing

The School has student computing areas located on Crawley campus, and at many hospital sites where you can use:

- the Microsoft Office productivity suite
- EndNote
- internet facilities, if you have a student account
- student printing



All student computers can be accessed using your Student ID number and your Phemy password. In most student computing areas there is a dedicated laser black and white printer. Students can add money to their student printing account at any UWA library, or visit <https://recharge.applications.uwa.edu.au/> to load value online using a credit card.

The location of each student computing area is available at the following link <https://www.uwa.edu.au/students/my-course/study-areas/health-and-medical-sciences-students> > Computer Lab Locations.

Printing help is at <https://www.uwa.edu.au/library/help-and-support/it-and-printing-support>

Internet Access

Access to the Internet at UWA is controlled by UWA Business Information and Technology Services (BITS). Students can activate their internet access via their Pheme account. Activating your Pheme account was part of your enrolment process at UWA and can be done online from the Pheme website (www.pheme.uwa.edu.au).

Email

All students with an active Pheme account are automatically assigned an email address. It is important that you check this email address regularly as it will be used by the University and the Medical School for all official correspondence with you, alongside LMS. Students are discouraged from forwarding email to external accounts.

Access to and support for student email accounts is located at

<https://www.uwa.edu.au/library/help-and-support/student-email-and-collaboration-tools>

The Library also partners with University IT to provide student IT support services through the library's Information Desk. If you require urgent assistance for complex IT issues related to your studies at UWA, Barry J Marshall Library offers a [TechDesk drop-in service](#) for advanced student IT support, which operates from the ground floor (Barry J Marshall) 9am-11am Monday-Thursday.

Community

Postgraduate Medical Council of Western Australia (PMCWA)

The PMCWA is a Ministerial Council established in August 2003 to provide leadership for early postgraduate medical education and training in Western Australia. The PMCWA has representation from a wide cross-section of the medical profession in Western Australia, including junior medical officers, and has policy responsibility for:

- education, training and supervision of junior medical officers and other non-vocational doctors;
- setting standards and the accreditation of training positions receiving postgraduate doctors (including PGY1, PGY2 and PGY2+); and
- monitoring the supply and demand for pre-vocational workforce in Western Australia. The PMCWA has three sub-committees addressing each of these policy areas.
- Accrediting training positions for pre-vocational doctors is an activity the OCMWA undertakes on behalf of the Medical Board of Western Australia. In order to achieve unconditional registration with the Medical Board, you will need to complete your intern training in one of these accredited positions.

The Council has a number of initiatives underway that may impact on you as an Intern, including:

- reviewing of the current training requirement for internship, prior to recommendation for unconditional registration with the Medical Board of Western Australia; and
- streamlining of the application process for internship.

The PMCWA will keep you updated on the progress of these initiatives.

- The PMCWA also sponsors the Western Australian JMO Forum, which was formed in late 2002 to contribute toward the progressive improvement of JMO training and workplace conditions throughout Western Australia. The Forum has already had success in achieving improvements for junior medical officers and has identified a number of issues to be tackled in the future. You are encouraged to become involved in this Forum during your early postgraduate years, either through your representatives or by becoming a representative yourself.
- The PMCWA can be contacted on (08) 9222 2125 or see their website at <http://ww2.health.wa.gov.au/About-us/Postgraduate-Medical-Council>

Western Australian Medical Students Society (WAMSS)

Through WAMSS, the West Australian Medical Students Society there are many opportunities to get involved in health education in the community (Dr Yes), peer teaching (Student Grand Rounds), support of health services in third world countries (elective and much more). See the WAMSS website: www.wamss.org.au

Follow and join the
Medical School
community





Educational Definitions

Guide to MD acronyms and common terms

Active learning: is defined as any instructional method that engages students in the learning process. Active learning requires students to do meaningful activities and think about what they are doing in the classroom setting. Activities that promote active learning in lectures include audience polling, problem sets, think-pair-share discussions, concept mapping, debates, panel discussions, simultaneous reporting of answers, generating a differential diagnosis, synthesizing problem-lists. Active learning promotes deep learning, life-long learning skills, problem-solving and reasoning skills.

Block-Style Curriculum: is a way of organising the curriculum usually by an integrative systems approach, rather than a parallel series of individual discipline-based science courses. This is the structure of the Systems units.

Case-based discussions (CBDs): can act as a formal assessment method or a teaching and learning method where students present a real clinical case and discuss facets of the case in a face-to-face meeting with a supervisor. The case focus on obtaining an adequate history and physical assessment, diagnostication, management planning, communication skills, professional issues in the case, or all of the above.

Case-presentations: Usually informal small-group teaching in which tutors or learners present real cases to illustrate specific learning points.

Competencies: are specific levels of learning acquired by the learners. These may be related to outcomes.

Contact hours: are the amount of time students have direct contact with teaching staff.

Continuity (longitudinal) experience is an assigned educational experience that allows students to follow patients or attend a clinical environment over a prolonged period.

Core Curriculum: a series of documents which provide a list of patient presentations, conditions, procedural skills and investigations which all students should learn

Core units: content which is required learning for all students (in comparison to electives, selectives or scholarly activities)

Deductive Teaching: refers to a teaching pedagogy in which initial teaching is on theoretical principles followed by specific examples then application and practice in a real environment. This is often associated with didactic and teacher-centred delivery (opposite of inductive) and is based on the traditional or positivist learning theory.

Demonstration of Procedural Skills (DoPS): an assessment method where a student performs a procedural skill with a supervisor. This can be performed in a simulated environment, a directly supervised real environment or indirectly supervised real environment depending of the stage of learning of the student

Didactic instruction: refers to a (deductive) teaching method where the teacher conveys information to the students, who act as passive recipients.


Directed self-learning is independent study guided by staff members or the curriculum

Discussion of Clinical Scenario (DoCS): an assessment method where students present a real case, clinical vignette, or simulated case to an assessor for discussion

Elective: an educational program where students can select learning experiences of their own choice, usually outside the core curriculum

Experiential learning: is learning which occurs by doing and experiencing in a real-life environment.

Horizontal integration: integration of content at one instance in the curriculum, usually of parallel disciplines taught in the same phase of the course.



Inductive teaching: refers to a teaching pedagogy in which specific examples are initially described, followed by practice and assimilation to determine the underlying theory. This is often associated with learner-centred teaching delivery in active and collaborative small groups (e.g. PBL, CBL, TBL), based on constructivist learning theories.

Interdisciplinary Learning: refers to learning between different disciplines.

Interprofessional Learning refers to learning with, from, and about different health professions.

Learner-centred education: a method of teaching in which the students' needs have priority, and they are responsible for identifying and filling knowledge gaps with guidance from the teachers

Learning Outcomes: particular items of learning which are assessable, usually specified with a hierarchy of levels, with a top level consisting of the themes of the curriculum.

LEAPS: The non "Clinician" themes of the program (Leader, Educator, Advocate, Professional and Scholar).

Mini Clinical Evaluation Exercise (MiniCEX): an assessment method where a student performs a specified part-task in front of an assessor with marking occurring on a checklist. This may include taking a history of a specific condition, a specific physical examination, a communication skill or a procedural skill.

Outcome-based education is an educational approach which emphasises and clearly defines the product of education rather than the process of education. Learning Outcomes help to determine the curriculum content, teaching methods, assessment process and educational environment.

PLACES: The 6 themes around which the curriculum is structured.

Problem-based learning is a pedagogical approach in which problems are introduced at the beginning of the instructional cycle to provide the context and motivation for learning. Traditionally conducted in small groups with self-directed learning aiming to define the

learning outcomes and obtain information to elucidate a specific problem.

Scholarly Activity: is a longitudinal selective in the curriculum, requiring the application and assessment of scholarly capabilities

Selective: a non-core part of the curriculum with limited available options.

Self-directed learning: is independent student learning occurring without specific guidance

Strand: a longitudinal learning topic being a sub-group of the PLACES themes

Stream: a specific educational experience conducted longitudinally through the curriculum, usually related to the Scholarly Activities

Structured Clinical Assessment (SCA): an assessment method using checklist marking which can take the form of case discussion, patient assessment, procedural skill or other patient related activity which is directly or indirectly supervised by the assessor

Team-based learning: an instructional method that allows a single or small number of instructors conducting multiple small groups simultaneously in a single environment. The process requires well organised small group learning with a repeating sequence of pre-class preparation, individual and team readiness assurance (self-assessment), facilitator explanation and debriefing, and team work to apply concepts to a particular or problem.

Themes: a group of related outcomes used to vertically structure curriculum design and content, which may also be used to structure assessment, evaluation and integration

Tutorial: a pedagogical approach in which a tutor or facilitator guides a student's learning in individual or small-group sessions.

Vertical integration: is the integration of content longitudinally in a curriculum, usually of different subjects taught in different phases of the course.

Contacts

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Quick Links

These sites will be useful to bookmark during your studies

[askUWA](#)

[Extenuating circumstances/special consideration](#)

[Health and Biomedical Sciences Student Office](#)

[Important dates for MD students](#)

[LMS MD Community Site](#)

[MD Course and Progress Rules](#)

[Mentoring Programs for MD students](#)

[studentConnect](#)

[UWA Current Students webpage](#)

[UWA Policy Library](#)

[UWA Student Guild](#)



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