

510-621 Specialty Health Rotations

Credit Points:	50.000
Level:	Undergraduate
Dates & Locations:	2008, This subject commences in the following study period/s: Semester 1, - Taught on campus. Semester 2, - Taught on campus.
Time Commitment:	Contact Hours: Eighteen-week period in Semester 10 or 11 including bedside tutorials, outpatient clinics, special clinics, emergency departments and problem-based learning tutorials. Estimated non-contact time commitment: an average of at least 20 hours per week Total Time Commitment: Not available
Prerequisites:	Successful completion of Semesters 8 and 9 (Integrated Clinical Studies).
Corequisites:	None
Recommended Background Knowledge:	None
Non Allowed Subjects:	None
Core Participation Requirements:	<p><p>For the purposes of considering request for Reasonable Adjustments under the Disability Standards for Education (Cwth 2005), and Student Support and Engagement Policy, academic requirements for this subject are articulated in the Subject Overview, Learning Outcomes, Assessment and Generic Skills sections of this entry.</p> <p>It is University policy to take all reasonable steps to minimise the impact of disability upon academic study, and reasonable adjustments will be made to enhance a student's participation in the University's programs. Students who feel their disability may impact on meeting the requirements of this subject are encouraged to discuss this matter with a Faculty Student Adviser and Student Equity and Disability Support: http://services.unimelb.edu.au/disability</p></p>
Coordinator:	J.Schwarz,A.Holmes,S.Sivamalai,J.Knott
Subject Overview:	<p>This subject consists of four units: Rural health; Psychiatry; Rehabilitation, Aged Care, Palliative Care and Psychiatry of Old Age (RAPP); and Emergency Medicine.</p> <p>Rural Health: The curriculum aims to give students an understanding of rural sociocultural issues; the epidemiology of rural health and illness; occupational health and safety in primary and secondary industries; rural and indigenous health service roles, activities and utilisation. Students will gain clinical exposure to rural emergency/acute wards, rural GP practice, district nursing and allied health, rural diagnostic services and special clinics; and they will conduct supervised hospital-based and home-based patient interviews, supported by online tutorials. Students will undertake placements in an indigenous community, occupational medicine and clinical skills and practice laboratories/workshops. A generic skill to be learned will be adaptability to a different environment.</p> <p>Psychiatry: The curriculum aims to give students an understanding of the biological, psychological and social causes of common serious illnesses; the major disabilities, handicaps and impairments besetting the individual and families suffering from a mental disorder; the principles of treatment of major mental disorders in a range of settings; the importance of stigma, culture, gender and developmental stages when assessing, recognising and managing psychiatric illness. An important generic skill will be empathic communication.</p> <p>RAPP: Rehabilitation, Aged Care, Palliative Care and Psychiatry of Old Age: The curriculum aims to give students an understanding of the principles underlying assessment and management of patients in each discipline. Students are particularly expected to gain an understanding of the importance of the interactions between community and hospital services (acute and sub acute) for patient care in each discipline. The importance of family input to care will also be stressed. The teaching methods used will be tutorials, seminars and clinical sessions, which will occur in hospital and community settings and on home visits. Generic skills to acquire are an understanding of multidisciplinary management, the social consequences of illness and holistic care.</p>

	<p>Emergency Medicine: The curriculum aims to give students a solid grounding in the principles underlying the assessment and early management of patients presenting to emergency departments. Students are particularly expected to gain an understanding of triage processes, the assessment of the seriously ill and victims of trauma, the challenges of managing patients in emergency departments and the importance of teamwork in emergency care. Students will be based in an emergency department and some attendance after hours and at weekends will be expected. The teaching methods used will be problem-based tutorials, procedural skills tutorials and clinical experience under supervision in the emergency department setting.</p>
Assessment:	<p>2008 Semester 10: Two 2-hour written examinations (40%); one 5-station objective structured clinical examination (OSCE) (40%); one scholarly paper of 1500 words (10%); one oral presentation (10%); one case presentation (Pass/Fail hurdle). Hurdle requirement: 75% attendance at lectures, tutorials and practical classes and 100% attendance at clinical placements and field visits. 2008 Semester 11: One 3-hour written examination (31.25%), one 2-000-word case presentation (6.25%), one 1500-word case report (12.5%), one half-day OSCEs (16.7%), one 15-minute placement report (11.1%), one 15-minute clinical presentation (6.68%), one 15-minute case history combined with case management (6.68%), one emergency OSCE (2.20%), one 15-minute case presentation (2.20%) and tutor marks (4.44%). Hurdle requirement: 75% attendance at lectures, tutorials and practical classes and 100% attendance at clinical placements and field visits.</p>
Prescribed Texts:	None
Recommended Texts:	Information Not Available
Breadth Options:	This subject is not available as a breadth subject.
Fees Information:	Subject EFTSL, Level, Discipline & Census Date, http://enrolment.unimelb.edu.au/fees
Generic Skills:	Information Not Available