

## BMedSc Projects - 2009

<b>Project Name:</b>	Development of Medical Student Clinical History Taking Skills for Chronic and Complex Patient Care Situations
<b>Supervisors:</b>	Natalie Radomski , Head, North West Rural Medical Education Unit, Bendigo Regional Clinical School  Professor Geoff Solarsh, Director, Bendigo Regional Clinical School
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<b>Project Description</b>
<p>This research project aims to investigate the development of undergraduate medical student clinical history taking skills for chronic and complex patient care situations. Advanced communications skills will be explored (eg. End of Life Issues, Breaking bad news, encouraging lifestyle change, discussing chronic health issues). A variety of simulated clinical learning experiences including existing programs run by the Bendigo Regional Clinical School and Bendigo Health could be investigated for use with undergraduate medical students (eg. <i>When Enough is Enough – discussing end of life issues, Talking Sex in Australia</i>).</p>

## BMedSc Projects - 2009

<b>Project Name:</b>	Development of student clinical history taking skills through simulation
<b>Supervisors:</b>	Natalie Radomski , Head, North West Rural Medical Education Unit, Bendigo Regional Clinical School  Professor Geoff Solarsh, Director, Bendigo Regional Clinical School
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<p><b>Project Description</b></p> <p>Learning to deal with complex and potentially contradictory information related to a <i>particular</i> patient's situation is recognised as 'one of the most difficult processes in becoming a physician'<sup>i</sup>. This research project aims to investigate the development of undergraduate medical student clinical history taking skills through the use of a variety of simulated clinical learning experiences. Approaches to clinical simulation could include utilisation of:</p> <ul style="list-style-type: none"> <li>• students/tutors as patients;</li> <li>• community volunteers as simulated patients;</li> <li>• actors as simulated patients.</li> </ul> <p>Different approaches to clinical history taking skills related to specific patient cohorts (geriatric, adolescent, psychological, chronic disease risk factor) could be modeled using simulation. The project would involve investigating what simulation modalities, or combination of approaches, are most effective in enhancing the development and translation of student history taking skills in the early clinical years.</p>
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<sup>i</sup> Stern S, Cifu A, Altkorn D. *Symptom to diagnosis: An evidence-based guide*. New York: McGraw Hill 2006: vii.

## BMedSc Projects Template

<b>Project Name:</b>	Complementary and Alternative Medicines in Rural Health Care
<b>Supervisors:</b>	Dr Anske Robinson & Dr Janice Chesters
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### Project Description

The use of complementary and alternative medicines has increased exponentially over the last twenty years. Patients in both metropolitan and rural communities are turning to complementary and alternative medicines (CAM) for health care, but often not in consultation with their medical practitioners. There are many potential areas for research into rural complementary and alternative medicine use. Students are also welcome to make suggestions based on their own area of interest. Examples of potential topics are:

- How do the educational, regulatory and evidentiary frameworks used by health care providers and practitioners of CAMs such as acupuncture, massage therapy, chiropractic or vitamins/mineral/herbal supplements enable or hinder the integration of these individual CAM modalities?
- What is the role of inter-professional practice in: a) accommodating patient driven integration, and b) the delivery of more effective, safe and cost effective integrated evidence-based health care?

## BMedSc Projects Template

<b>Project Name:</b>	Mental health and the medical student: Exploring mental health and well being as a function of type of enrolment (undergraduate Vs. postgraduate)
<b>Supervisors:</b>	Dr. Pamela Snow
<b>Location:</b>	Bendigo Regional Clinical School
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<b>Project Description</b>
<p>Completing an MBBS is a demanding and at times stressful experience. Most undergraduate medical students are in their late teens or early twenties and are undergoing a range of other life transitions alongside their studies (e.g., living away from home, entering serious relationships, managing financial challenges). As “high achievers” medical students can have an increased susceptibility to high prevalence problems such as anxiety and depression, and as with other young people, these may manifest indirectly, e.g., as eating disorders and / or alcohol and other drug misuse. Medical students are also in the age group most at-risk for the onset of a range of serious mental health problems such as mood disorders and psychotic illnesses. Unfortunately, mental health problems evident in the early years often persist, and medical practitioners present special challenges with respect to the management of mental health problems, given their notorious reluctance to practise appropriate self-care and to seek help when this is needed. Recent shifts towards postgraduate medical training in Australia provide new opportunities to examine mental health as a function of the type of program undertaken (which by definition influences the age of the students concerned).</p> <p>This project will explore the prevalence of mental health problems and substance misuse in a representative sample of both undergraduate and postgraduate medical students. Students’ perceptions / suggestions re support needs during the course will also be examined. It is intended that a web-based survey instrument will be employed, however there could be provision for some qualitative data gathering (via 1:1 interviews and / or small focus groups) if desired.</p>

## BMedSc Projects Template

<b>Project Name:</b>	The health and developmental status of children in out-of-home care.
<b>Supervisors:</b>	Dr Pamela Snow and Professor Geoff Solarsh
<b>Location:</b>	Bendigo Regional Clinical School
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<b>Project Description</b>
<p>Child maltreatment (neglect and abuse of various forms) is a serious global issue. Although Australia is an affluent, first world country, child protection statistics indicate that much ground is yet to be covered with respect to ensuring that children are reared in environments that are safe and developmentally nourishing. Recent data from the Australian Institute of Health and Welfare pertaining to child maltreatment 2006-07 showed that</p> <ul style="list-style-type: none"> <li>• 28,441 children were in out-of-home care</li> <li>• 29,406 children were on care and protection orders</li> <li>• During 2006-2007 there were 309,517 <u>reports</u> of suspected cases of child abuse and neglect made to state authorities (&gt;50% increase on 2003-03)</li> <li>• Emotional abuse and neglect account for mean of 70% of notifications across states and territories</li> <li>• Physical abuse accounts for a mean of 22% across states and territories</li> <li>• Sexual abuse – accounts for mean of 8% averaged across states and territories</li> <li>• Indigenous children are over-represented by a factor of 7</li> </ul> <p>The consequences of child maltreatment are pervasive and long-reaching. They include</p> <ul style="list-style-type: none"> <li>• Poor physical health – cardiovascular disease, asthma, gastrointestinal disorders, accidental injury, lifestyle-related illnesses</li> <li>• Poor mental health – anxiety, depression, personality disorders, relationship and adjustment disorders, self-harm / suicide, eating disorders, substance abuse, behaviour disturbances / antisocial behaviour</li> <li>• Poor educational / occupational achievement</li> <li>• Involvement with criminal justice systems.</li> </ul> <p>It should also be noted that maltreatment histories are common in adult psychiatric populations but are frequently overlooked or not asked about (Arnou, 2004). A recent Australian study (Nathanson &amp; Tzioumi, 2007) showed that children in out-of-home care are among the most vulnerable and disadvantaged in the community.</p>

Interestingly, the second most frequently indicated referral in this sample was to speech therapy. On the basis of data reported by Nathanson and Tzioumi, this equates to over 3000 children in New South Wales alone who require referral for speech and language assessment, and says nothing of the thousands of children whose circumstances have either not been brought to the attention of authorities, or for whom out-of-home care has not been assessed as necessary. The Royal Australian College of Paediatrics recommended in 2006 that comprehensive health screening of children in out-of-home care should occur within 30 days, however this remains simply a recommendation, and referral tends to occur on an *ad hoc* basis.

The aim of this project will be to conduct and document detailed developmental and health assessments on a sample of children in out-of-home care in Bendigo. Particular emphasis will be placed on refining the assessment of language skills by case workers, given the central importance of these for both social-emotional development and academic achievement – both of which contribute enormously to mental health across the lifespan.