Introduction

Students in the final year of the Bond University Medical Program have 6 rotations to train in a broad array of medical, surgical, and other specialities.

These Rotations are made up from one of each of:

• Anaesthetics, Critical Care, and orthopaedics (2 weeks of each)
• Elective or Capstone
• Emergency Medicine,
• Flexible/End of year elective
• General Practice,
• Selective

The capstone, elective, flexible and selective rotations provide students’ a choice of interest area, or speciality placement, to gain additional clinical experience on top of specified clinical curriculum placements.

The learning priorities for all clinical specialities are to gain insight and understanding of the most common presentations and conditions encountered. It is anticipated that all students will have opportunities to enhance their skills in history taking and clinical examination. Students should also be encouraged to translate the information from patient interactions into commonly used formats by interns, such as ISBAR (Introduction, Situation, Background, Assessment, and Recommendation).

Additional specific procedural skills development is welcomed

Year 5 Learning Outcomes

• Apply current medical and scientific knowledge to individual patients, populations and health systems. (S1)
• Demonstrate cognitive, technical and interpretive skills in undertaking an accurate, detailed system focussed history from a range of patients within a variety of clinical settings. (P1)
• Perform an accurate and complete physical examination in any body system including mental state examination. (P2)
• Use knowledge of common and important conditions, the patient history and physical examination findings, and clinical data, to undertake clinical reasoning and formulate probable and differential diagnoses. (P3)
• Recognise and assess deteriorating and critically unwell patients who require immediate care. Perform common emergency and life support procedures. (P4)
• Safely perform a range of common procedures including safe, effective and economic prescribing. (P5)
• Select and justify common investigations, with regard to the pathological basis of disease, utility, safety and cost effectiveness, and interpret their results. (P6)
• Formulate an initial management plan in consultation with patients, family and carers across a variety of clinical settings considering psychosocial and cultural aspects that may influence management. (P7)
• Integrate prevention, early detection, health maintenance and chronic disease management into clinical practice. (H1)
• Discuss and critically reflect on population health issues applicable to the relevant clinical and community setting. (H2)
• Demonstrate knowledge and a critical understanding of medico-legal and ethical issues that impact on patient management. (H3)
• Demonstrate an ability to clerk a case across a range of patients and from a variety of clinical settings. (H4)
• Comply with organisational policies regarding timely and accurate documentation. (H5)
• Discuss the complex interactions between healthcare environment, doctor and patient, promoting risk awareness and reporting risks in the workplace. (H6)
• Demonstrate an ability to work as an effective team member, understanding and respecting the variety of roles within the clinical setting whilst acknowledging the professional responsibilities relevant to their position. (H7)
• Communicate effectively in wider roles including health advocacy, teaching and assessing and appraising. (H8)
• Integrate the practice of evidence based medicine in the care of patients. (S2)
• Uphold the standards and values of the medical profession and perform clinical activities in accordance with ‘Good Medical Practice for Doctors in Australia’. (H9)
• Plan and execute a substantial research-based project, OR capstone experience and/or professionally focused project and write up (S3)
• Self-evaluate their own professional practice, and know when and how to refer patients (H10)
• Demonstrate life-long learning behaviours (H11)

S= Scientist and Scholar, P=Practitioner, H= Health advocate and professional

**Ophthalmology Rotation**

The basis of the Ophthalmology Rotation is for students to see patients whose clinical problems relate to the broad array of ophthalmology presentations and to experience firsthand the daily routine and practice of medicine by an ophthalmologist and the associated hospital team. Students are expected to learn about the assessment and management of ophthalmic patients in the clinical setting.

The knowledge explosion and rapid advances in medicine generally, and ophthalmology in particular, mean that is impossible to cover everything in one single rotation. However, knowledge of the common presentations and conditions will provide a firm foundation for students continuing professional development.

**Goals**

The goals for the Ophthalmology Rotation are for students to:

- Acquire further learning experience, clinical knowledge and understanding of common Ophthalmological conditions
- Hone their history taking and examination skills and improve specific examinations procedures such as fundoscopy and SLIT lamp examination. (This includes the appropriate use of anticholinergic, dye, and local anaesthetic eye drops.)
- Use clinical reasoning skills to formulate clear diagnoses and differential diagnoses
- Learn about and to become comfortable discussing clinical management of patients with eye disease
- To provide students with a real-life clinical working environment and opportunity to work with a clinical team.

**Learning Outcomes**

Students must be able to

- Demonstrate the ability to take a complex medical history as well as a focused system history in Ophthalmology.
- Correctly perform a physical examination with focus on the ophthalmological and related systems examination including procedures such as fundoscopy and SLIT lamp examination (This includes the appropriate use of anticholinergic, dye, and local anaesthetic eye drops.)
• Demonstrate correct appraisal and assessment of medical symptoms and signs
• Apply clinical reasoning skills to formulate clear differential diagnoses and a management plan
• Recognise serious Ophthalmological conditions requiring urgent management/intervention
• Demonstrate understanding and application of pharmacological, medical and surgical management of Ophthalmological patients
• Undertake, justify and interpret common Ophthalmic investigations

**Timetable and Contacts**

**Students are expected to be present 5 days a week during their rotation.** If students are unable to attend for any reason, they are required to advise the clinician, hospital co-ordinator (where available) and the Placements Team at Bond University.

Student involvement in the day-to-day care and management of patients provides the best opportunity for learning. Students will be able learn the most through interviewing and examining patients and being involved in clinical decision making at the bedside.

As well as clinical knowledge, students must display other professional skills such as working well within the multidisciplinary team, considering the psychological and social impact of the illness on the patient and the family, being honest, empathetic, and respectful with regard to the patient’s choices and decisions.

It is also important for students to recognise their own limitations, competencies, and scope of practice associated with their stage of training.

**Clinical Supervision and Assessment**

Formal educational sessions should be conducted every week throughout the clinical rotation to reinforce and enhance their learning. These sessions may vary throughout the placement.

During the clinical placement, students will be supervised by a number of clinicians such as those in specialist training pathways in the medical team. Weekly student case presentations and mini CEXs can be assessed by these team members. Students need to submit written case reports to BOND.

**One case presentation, and/or one mini CEX, should be assessed by the Supervising Consultant (unless there are extenuating circumstances).**

The END of Rotation summative assessment:

Should use the In Training Assessment (ITA) form and reflect:

The student’s clinical history taking and examination skills.

1. The student’s performance and professional conduct during the rotation
2. A formal case presentation and/or mini CEX assessed by the Consultant
3. The Consultant’s signature and assessment opinion with input from the team.

Students need to submit one written case report, two mini CEXes, and ITAs to BOND

Assessment is completed on Bond University’s Osler App/website. The student requests the supervisor to review their assessment via Osler. The supervisor can be a user of Osler (require login details) or be requested as a Guest Assessor (email link to assessment). It is recommended to be set up as a user if completing numerous assessments.
Please contact osler@bond.edu.au for further information or to be set up as a user on Osler.

If you have any concerns regarding any aspect of student behaviour and/or performance
Please contact the Medical Program Placement Team (0420 928 125 or
MED-Placements@bond.edu.au) ASAP.