BOND UNIVERSITY
FACULTY OF HEALTH SCIENCES & MEDICINE

Bond University Medical Program

Child Health

Student/Clinician Guide

YEAR 4

For a one-page summary of WBA requirements, use this QR Code

Child Health Rotation

Child Health (Paediatrics) encompasses medical, surgical, subspecialty and community clinical practice concepts and management. This presents a challenge but also great rewards; becoming comfortable in dealing hands-on with infants, young children adolescents and their families can take time.

Paediatrics is a particularly holistic practice, not being confined to a single organ system. Issues are addressed not only in the context of the different anatomy and physiology but in the context of the family, wider social circle, and society. Psychosocial aspects and normal growth and development of the child are also important aspects to be understood during this clinical rotation. The rotation aims to provide students with an overview of the most common and important health issues affecting children.

Remember that unlike other rotations throughout medical school, this may be your last opportunity to review/examine/treat a child or your person before you are an intern doing it on your own! Make the most of your rotation and the opportunities given.

	Child Health Rotation Specific Learning Outcomes	Link to year LO's See appendix 1
CH1	Demonstrate the ability to take a history related to a paediatric patient: this will include particular history needed for a neonate, infant, child or adolescent.	Y4CP01 Y4CP04
CH2	Recognise normal physical findings and identify common abnormal findings in paediatrics;	Y4SS01 Y4CP03
CH3	Interpret the results of commonly encountered screening and diagnostic tests, diagnostic imaging and procedures in paediatrics;	Y4CP07
CH4	Recognise serious physical and mental illness in paediatrics and discuss the initial plan of management for acute child and adolescent emergencies	Y4CP04
CH5	Recognise that the practice of child health is family centered, developmentally informed and requires a good understanding of parental mental health and the social determinants of health.	Y4CP08 Y4HS03

Timetable and Contacts

Students are expected to be present on a daily basis 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: Med-placements@bond.edu.au

Clinical Supervision and Assessment

Students have a variety of workplace-based assessments (WBA) to successfully complete as a requirement for progression in the Medical Program. Assessments are completed in Osler ePortfolio, a cloud-based mobile assessment technology.

For assistance with Osler contact: osler@bond.edu.au
For assistance with WBA contact: Med-assessment@bond.edu.au

For full details of all WBA requirements, read the WBA booklet provided on iLearn/Assessment/Year 4 Assessment/Year 4 Workplace Based Assessments (WBA)/2022 WBA Instructions Booklet

The In-Training Assessment (ITA) is a workplace-based assessment tool utilised in clinical rotations, where the clinical supervisor provides comments about student overall performance on that rotation. The ITA is a summary evaluation of whether students have met the requirements of that rotation for:

- Clinical knowledge
- Procedural skills
- Clinical History taking and physical examination skills
- Communication
    - Communication with children and families
    - Appropriate clinical handover using ISBAR
- Personal and professional behaviour
- Attendance

The ITA can only be completed by the supervising Consultant or their delegate after seeking opinion from the team about the student performance. A formative, check point' ITA is due in Week 3. The purpose of this 'check point' is to ensure students know they are progressing successfully. The final summative ITA is due in Week 7, ideally after consultation and discussion with the student.

Mini-CEX (4) : Students are encouraged to participate in active learning by interacting with patients and engaging in discussions with clinician supervisors. These relevant clinical activities are known as a Mini-CEX. During the clinical placement, students will be supervised by both their consultant supervisor plus a range of clinicians such as those in specialist training pathways in the medical team.

Students are required to complete and evidence four (**4) Mini-CEX** during this placement:

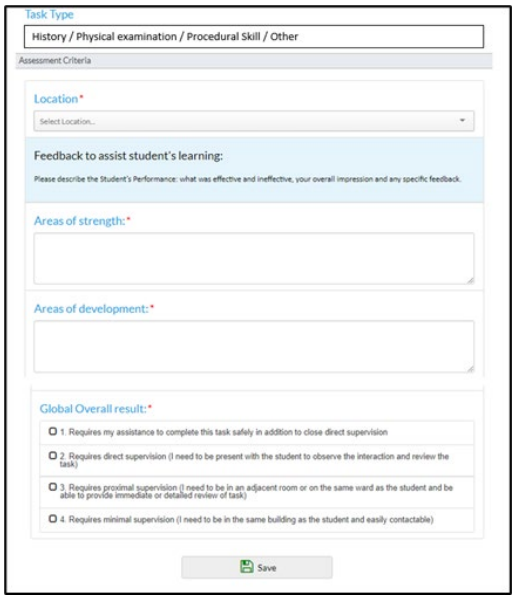
- **2 x Mini-CEX evaluated by the Consultant or their delegate Registrar**
    - 1 x Mini-CEX History
    - 1 x Mini-CEX Physical examination

- **2 x Mini-CEX evaluated by Other Doctors, Allied health, Nursing, Technicians**
    - For example: Procedural skills, X-ray interpretation, Clinical Documentation of an episode of patient care such as a ward round, ED review, OPD review, calculating percentile growth charts, interpreting lab results, ECG interpretation...

The Mini-CEX has been re-designed in conjunction with Griffith University to reduce the workload of completion for supervisors – whilst enhancing personalised feedback on performance to students.

Feedback should align to that given to students at the time of the interaction.

The Global result is a trust rating scale to align our evaluation of students with future clinician decisions around Entrustable Professional Activities.



Patient Logs: Students are asked to log ~3 patients per week / 20 per rotation to evidence the breadth of their engagement with patients on rotation. Supervisors may utilise student logs to:

- Evaluate student participation on placements to support ITA completion
- Incorporate patient logs in learning activities
- Identify opportunities for evaluation of a Mini-CEX

Clerked Case: Students will submit and present one (1) formal Clerked Case per placement. Students will take a history, examine a patient, then complete and submit a written Clerked Case which they will also present in W7 to their supervisor. Evaluation of the Clerked case incorporates three components: the written submission, ability to reference current literature to the patient case and student oral presentations.

This activity is designed for students to:

- Practice the skill of concise and relevant documentation
- Develop their ability to articulate clinically relevant patient information in both Oral and Written formats
- Guide their deeper clinical understanding of core conditions, including management options
- Develop their clinical reasoning – their ability to formulate a diagnosis from the History and Physical examination, supported by specific tests

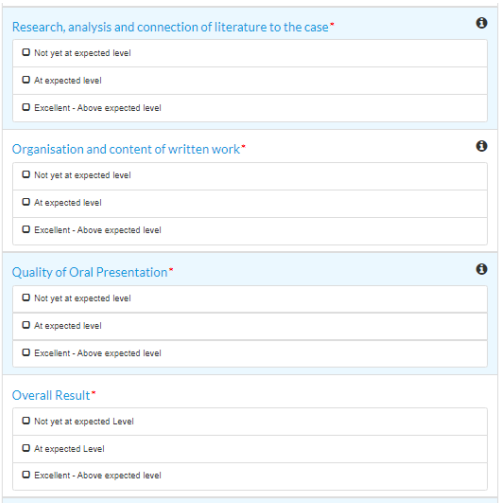
Process of Clerked Case Completion:

1. We ask the student to spend time with a patient sufficient to take a full history and examination and extract the relevant findings.
2. ~ W5: Students then concisely document their findings and write a problem list and care plan, including a GP letter, with reference to the literature in support of their clinical decision-making:
    a. This document is submitted to Osler and an assessment is assigned to you.
3. 1000 word maximum with 250-word abstract
4. ~ W6/7 the student presents the patient case to you orally and answers your questions, enabling you to evaluate their clinical reasoning.
5. Students will need guidance on when to present their clerked case orally to you, their supervisor.

6. You are encouraged to ask questions at any time in the presentation about the case and how students arrived at their diagnosis/management plan, for example:
    a. Explain their rationale for each step in the clinical reasoning process
    b. Explain the mechanism of action or pathophysiology of the condition
    c. Ask them to identify red flags or co-morbidities
7. You may determine the format required for the presentation:
    a. You may wish students to present a power point presentation
    b. You may wish to do the oral in front of peers for group learning
    c. It can be done in front of the patient at the bedside
8. Once the student has presented, please complete the assessment in Osler ePortfolio
9. W7: The Osler ePortfolio assessment is due on Friday Wk7, the last day of the rotation

The evaluation of the Clerked Case will be based on performance in the following 3 domains:

- Research, analysis, and connection of Literature to the case
- Organisation and content of written work
- Quality of Oral presentation



The Global assessment (overall result) is one of the following:

- ☐ Not yet at expected level (Fail)
- ☐ At expected level (Pass)
- ☐ Excellent - Above expected level

Procedural Skills:

Bond Medical Students are required to complete the following procedural Skills on patients by the completion of their Phase 2 placements to graduate. Nine skills are to be completed on patients under guided supervision whilst 5 procedures are theory-only modules to support skills development. A wide range of health professionals can evaluate skills competency, including doctors, nurses, allied health, and hospital technicians.

#	**Required Procedural Skill Activities**
1	In-dwelling Catheter
2	IV Cannulation
3	Suturing
4	IM injection
5	SC injection
6	ECG
7	Venepuncture (venous blood sample)
8	Blood Culture Sampling
9	Sterile wash hand, gown, and glove
10	Examination of ICU patient – Theory Module only
11	Blood Gas Analysis – Theory Module only
12	Chest X-ray Interpretation – Theory Module only
13	Pulse Oximetry – Theory Module only
14	PPE – Theory Module only

Evaluation of student procedural skills performance is based on an Entrustability Rating Scale:

- Trust Level 1. Requires physician assistance / direct instruction
- Trust Level 2. Requires significant supervisor input
- Trust Level 3. Performs independently but requires direct supervision
- Trust Level 4. Safe to perform independently (supervision immediately available)

Core Topics for Child Health Rotation

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

You may not have the ability to see a child with one of these conditions in your rotation but realise that these are common paediatric scenarios that you will encounter in your clinical life when looking after paediatric patients and are topics that are often incorporated in exams.

Take the opportunity to read about and develop and approach to each of these conditions Your supervisor/s may be available to help refine your understanding if you have specific questions.

Cardiology	Congenital Heart Disease ☐ Heart Failure ☐
Child Maltreatment & Neglect	Presentation of Physical Abuse ☐ Investigation of suspected physical abuse □ Understanding Complex families □
Development	ASD ADHD ☐ Developmental Delay☐ Normal Childhood development ☐
Ears, Nose, Throat	Middle Ear Disease ☐
Endocrine	Hypothyroidism ☐ Type 1 Diabetes Mellitus ☐ Hypoglycaemia ☐
Fever, Sepsis and Infectious Disease	Common childhood viral infections □ Gastroenteritis □ Respiratory tract infection- e.g. croup, bronchiolitis, pneumonia □ Serious bacterial infections- e.g. Meningitis □ Urinary Tract Infections □
Gastroenterology	Chronic Constipation ☐ Gastro-oesophageal Reflux ☐ Ulcerative colitis/Crohns disease ☐ Faltering growth ☐
Immunisation	Attendance at an immunisation clinic with community nurses □
Neurology	Cerebral Palsy □ Febrile Seizures □ Seizures and Epilepsy □ Meningitis/Encephalitis □ Occupational and Physiotherapy for children with neurological conditions □

Newborn	The baby check □ Common congenital anomalies and genetically determined conditions □Newborn screening □ Hypoxic ischaemic encephalopathy □ Infection □ Jaundice □ Nutrition, feeding and growth □ Respiratory distress □ Neonatal hypoglycaemia Neonatal apnoea Postnatal depression (Edinburgh scoring)
Nutrition and Growth	Failure to thrive ☐ Iron deficiency ☐
Paediatric Surgery	Hydrocoele ☐ Inguinal Hernia ☐ Intussusception ☐ Malrotation and Volvulus ☐ Pyloric Stenosis ☐ Undescended Testes ☐
Respiratory	Asthma ☐ Cystic Fibrosis ☐
Resuscitation/Paediatric Emergency	Acute asthma □ Burns □ Dehydration □ Diabetic ketoacidosis □ Ingestions/poisonings □ Meningitis □ Septic shock □ Status Epilepticus □
Mental Health	Eating Disorders □ Anxiety/Depression □ Pain Amplification Syndromes □

Procedural Skills List for Child Health Rotation

The table below is to be used as a guide to complement learning from clinical situations and should not be viewed as a complete or exhaustive list.

Please Note:
Students usually do not perform many procedures while on paediatrics but must demonstrate an understanding for the indications and the basics of performing paediatric procedures such as lumbar puncture, suprapubic aspiration, venepuncture, IV placement, throat culture, and urethral catheterization.

It is also an important opportunity to observe clinicians performing these investigations to improve your confidence in doing these procedures on you own (with supervision at a distance) when you are an intern.

Procedure	Students must be able to indicate reasons for ordering the tests/procedure and be able to interpret ……
Cardiology	Blood pressure ☐ CXR☐ ECG ☐
Child Maltreatment	Coagulation studies ☐ Eye review ☐ Head imaging ☐ Skeletal survey ☐
Development	Chromosomal analysis ☐ Fragile X screen ☐ Hearing tests ☐ Psychometric testing ☐ Thyroid function tests ☐
Ear, Nose and Throat	Hearing tests ☐ Tympanometry ☐
Endocrine	Fasting blood glucose ☐ Glucose tolerance test ☐ Gonadal hormone levels (including androgens) ☐ HbA1c ☐ Thyroid function test ☐
Fever Sepsis and Infectious Disease	Blood culture ☐ C reactive protein ☐ Chest X ray ☐ Full blood count ☐ Lumbar puncture ☐ Stool – microscopy, culture, sensitivity ☐ Urinalysis – microscopy, culture, sensitivity ☐ Viral serology ☐
Gastroenterology	Endoscopy ☐ Investigation of faltering growth and malabsorption ☐
Neurology	Blood glucose Serum electrolytes ☐ Head imaging ☐ Indications of MRI/CT/EEG and basic ability re scans ☐ Spine imaging ☐
Nutrition and Growth	Full blood count ☐ Iron studies ☐ Thyroid function tests ☐
Respiratory	Atopy testing ☐ Lung function tests ☐ Pulse oximetry ☐

Procedure	Students must be able to indicate reasons for ordering the tests/procedure and be able to interpret ……
	Serum electrolytes ☐ Skin sweat test ☐

Appendix 1 MEDI71-YR4: Core Clinical Practice

MEDI71-YR4 Core Clinical Practice A, B and C

1. Science and Scholarship: The medical graduate as scientist and scholar
2. Clinical Practice: The medical graduate as practitioner
3. Health and Society: The medical graduate as a health advocate
4. Professionalism and Leadership: The medical graduate as a professional and leader

The Australian Medical Council's Graduate Outcome Statements are organised into four domains. Within this subject, the framework mapped to the learning outcomes are: Science and Scholarship Domain (learning outcomes 1-3), Clinical Practice Domain (learning outcomes 4-11), Health and Society Domain (learning outcomes 12-15) and Professionalism and Leadership Domain (learning outcomes 16-21).

Year 4 LOs	2022	Description On successful completion of this program the learner will be able to:	PLO	AMC
01	Y4SS01	Apply current medical and scientific knowledge to individual patients, populations and health systems.	01	1.1, 1.2, 1.2, 1.3, 1.4
02	Y4SS02	Integrate evidence based and environmentally sustainable health care practice in patient care and research methodology.	02	1.5, 1.6, 2.7
03	Y4SS03	Commence MD Project and collect evidence in MD portfolio.	03	1.1, 1.5, 1.6, 3.3, 4.9
04	Y4CP01	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.	04	2.2
05	Y4CP02	Perform an accurate and complete physical examination on any body system including a mental state examination.	05	2.3
06	Y4CP03	Use knowledge of common conditions, the patient history and physical examination findings, and clinical data, to undertake clinical reasoning and formulate probable and differential diagnoses.	06	2.2, 2.3, 2.4, 2.7, 2.8, 2.10
07	Y4CP04	Recognise deteriorating and critically unwell patients who require immediate care and act appropriately.	07	2.12
08	Y4CP05	Safely perform a range of common procedures relevant to the rotation.	08	2.6, 2.11, 2.14
09	Y4CP06	Safely apply the principles of “quality use of medicines” in an environmentally sustainable way relevant to the rotation.	09	2.6, 2.7
10	Y4CP07	In consultation with their supervisors, select and justify common investigations, based on the pathological basis of disease, utility, safety, cost-effectiveness, sustainability and resource stewardship and interpret their results.	10	2.5, 3.7
11	Y4CP08	Formulate an initial management plan in consultation with patients, family and carers across a variety of clinical settings with consideration of psychosocial and cultural aspects that may influence management.	11	2.1, 2.7, 2.9, 2.13, 2.14, 2.15, 3.2, 3.4
12	Y4HS01	Using evidence from behavioural science and population health research, integrate prevention, early detection, health maintenance and chronic disease management into clinical practice.	12	1.6, 2.10, 3.5
13	Y4HS02	Discuss and critically reflect on the diversity of populations regarding health issues applicable to the relevant unique historical, social and cultural contexts in the clinical and community settings including First Nations peoples.	13	3.1, 3.2, 3.4, 3.5, 3.8, 3.9

14	Y4HS03	Discuss the complex interactions between the healthcare systems and environment, as well as the doctor and patient, while reflecting on power and privilege, to understand the role of these to ensure a culturally responsive and safe working context.	14	2.1, 2.8, 3.6, 3.7, 4.5
15	Y4HS04	Communicate effectively in all roles including health advocacy, education, assessment, appraisal and with the First Nations peoples.	15	2.1, 3.3, 4.9
16	Y4PL01	Continue to observe and initiate contribution to teams providing care to patients according to “Good Medical Practice: A Code of Conduct for Doctors in Australia” and “Good Medical Practice: A Guide for Doctors in New Zealand”.	16	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9 4.10
17	Y4PL02	Explain and begin to apply the principles and concepts of medical ethics including physician virtue and the ‘four principles’ of autonomy, beneficence, non-maleficence and justice in the context of team-based patient care.	17	3.6, 4.1, 4.2, 4.3, 4.4, 4.6, 4.10
18	Y4PL03	Begin to apply the legal responsibilities of a medical practitioner across a range of professional and personal contexts in the practice of team-based patient care.	18	2.15, 4.1, 4.2, 4.3, 4.10
19	Y4PL04	Perform as a self-regulated and effective member of a diverse healthcare team in the management of a case load, respecting the roles of all healthcare professionals within the clinical and community settings, demonstrating foundation and essential skills.	19	3.1, 4.1, 4.2, 4.6, 4.7, 4.8, 4.9
20	Y4PL05	Demonstrate skills to support the planned and active development of a career.	20	4.1, 4.2, 4.3, 4.8, 4.9
21	Y4PL06	Demonstrate the active management of selfcare in a clinical environment as part of a clinical team managing patients.	21	4.1, 4.2, 4.5, 4.6, 4.7, 4.9