BOND UNIVERSITY
FACULTY OF HEALTH SCIENCES & MEDICINE

Bond University Medical Program

Women's Health Student/Clinician Guide

YEAR 4

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

Women's Health Rotation

Women's health has a mixture of medicine, surgery, emergency and psychiatry. It is also a mix of well women and ill women. It is an area where the context of the illness – the physical and mental environment – that contributes to the woman's well-being and outcome is very apparent. A lot of the core topics you will see during this rotation, others you will re-visit or see at a different stage of patient management in the General Practice Rotation in Year 5.

The normal event of pregnancy and childbirth provides an opportunity to integrate the anatomy, physiology, and pharmacology from the earlier years of the Bond University Medical Program.

All medical students remember the experience of childbirth on their Women's Health Rotation. It is an emotional experience for the parents and staff and to be a part of that will be a wonderful privilege and a very special memory to cherish.

There is also the range of presentations that provide an opportunity to incorporate your knowledge of medicine, surgery and psychiatry as you consider the diagnosis.

Goals

The goals for the Women's Health Rotation are:

- to provide students with an overview of the health issues that affect women in health and illness from the common problems that are met in the community to the specialty areas in the secondary and tertiary hospitals
- to provide students with learning experiences associated with the wide array of women's health issues and their clinical presentation
- for students to hone their history taking and examination skills and use clinical reasoning to form diagnoses and differential diagnoses
- for students to learn about clinical management of patients
- for students to develop clinical knowledge and understanding of the common conditions in Women's Health
- to provide students with a real-life clinical working environment and opportunity to work with a clinical team
- to introduce students to a balanced view of the preventive and curative health needs of women

	Women's Health Rotation Specific Learning Outcomes	Link to year LO's See appendix 1
WH1	Correctly examine a pregnant woman during the antenatal and postnatal period periods and in labour;	Y4CP01 Y4CP02 Y4CP03 Y4CP08 Y4PL02
WH2	Demonstrate medical knowledge necessary for the identification and management of common and important clinical gynaecological and obstetric conditions; make appropriate documentation and share information with the healthcare team	Y4CP01 Y4CP02 Y4CP03 Y4CP07 Y4CP08 Y4PL02 Y4PL03
WH3	Demonstrate knowledge of the incidence, prevalence, and risk factors underlying Women's Health problems.	Y4SS01 Y4SS02 Y4HS01 Y4HS02
WH4	Demonstrate the ability to discuss and counsel individual patients regarding preventive aspects of Women's Health issues, including safe sex, contraception and family planning.	Y4HS01 Y4HS02 Y4HS04
WH5	Demonstrate knowledge of the organisation of health care service provision in Women's Health and Midwifery in Australia, including the interface between the Public and Private systems and between hospital and community care.	Y4HS02 Y4PL01 Y4PL04
WH6	Have some knowledge and understanding of the moral and ethical challenges inherent in Women's health care provision.	Y4HS01 Y4PL01 Y4PL04 Y4PL05

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:

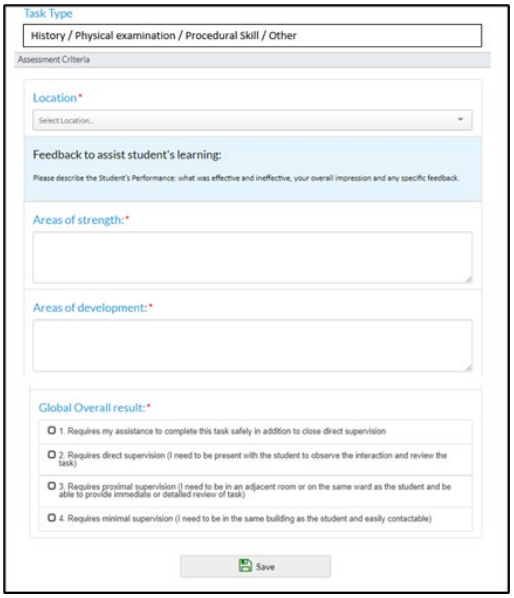
- **2 x Mini-CEX evaluated by the Consultant or their delegate Registrar**
    - 1 x Mini-CEX History
    - 1 x Mini-CEX Physical examination

- **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

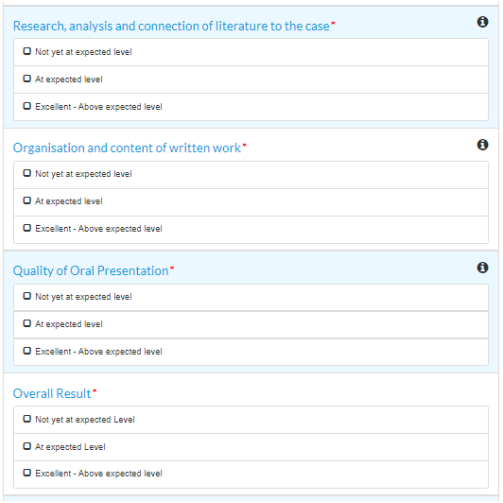
Process of Clerked Case Completion:

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:
7. Explain their rationale for each step in the clinical reasoning process

8. Explain the mechanism of action or pathophysiology of the condition
9. Ask them to identify red flags or co-morbidities
10. 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
11. Once the student has presented, please complete the assessment in Osler ePortfolio
12. 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.

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)

#	**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

Expected experiences for Women's Health

- Antenatal clinic
- Gynecology out-patient clinic
- Gynecology operating theatre/day surgery/procedural session/ultrasound
- Labor ward
- Attachment to registrar/JHD
- Postnatal ward + baby check
- Antenatal ward
- Ward rounds (Obstetric and Gynaecology)
- Exposure to subspecialties: Urogynaecology; ultrasound; obstetric medicine; fertility, sexual health, maternal fetal medicine, gynaecology oncology (at least one of these specialties are experienced each rotation)

Core Topics and Learning Outcomes in Women's Health

Student involvement in the day-to-day care and management of patients provides the best opportunity for learning. Students can acquire a great deal of knowledge through interviewing and examining patients and being involved in clinical decision making at the bed side.

As well as being assessed on clinical knowledge, students will also be required to display other professional skills during their clinical placement. Ability to work with peers and the multidisciplinary team, ability to consider the psychological and social impact of the illness on the patient and the family, ability to show empathy and honesty and to offer choices and respect the patient's decision, and also recognise their own limitations and stage of training.

A comprehensive curriculum for medical students undertaking an obstetrics and gynaecology rotation can be found on the Royal Australian and New Zealand College of Obstetricians and Gynecologists:

https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/About/RANZCOG-Undergraduate-Curriculum-in-Women-s-Health.pdf

Symptom Based Approach	
Obstetrics	**Gynaecology**
• Antepartum / Postpartum Haemorrhage • Abdominal Pain • Headache • Oedema • Vomiting • Fever • Maternal Collapse • Breast Feeding	• PV Bleeding • Abdominal Pain • PV Discharge • Sexual Health

Disease Based Approach	
Obstetrics	**Gynaecology**
• Prenatal advice • Normal pregnancy • Antenatal Assessment and Screening • Medical problems in pregnancy (e.g. hypertension, diabetes mellitus) • Normal labor and birth • Complicated Pregnancy and Delivery • Postnatal Care • Neonatal screening examination / APGAR	• Screening Tests in Women's Health 1. Pap Smear 2. Breast Screening • Mental Health • Puberty • Sexually Transmitted Diseases • Contraception • Impaired fertility • Pelvic mass • Pelvic inflammatory disease • Ovarian cysts • Neoplastic Disease • Menopause • Genitourinary Problems • Common operations (e.g. laparoscopy, hysterectomy, D&C)

Procedural Skills

Measurement	
Urinalysis	Performing dipstick urinalysis testing
ECG	Perform and interpret an ECG
Venepuncture	Performing venepuncture
Injection	Performing injections – IVI, IMI, SC
IV Cannula	Insertion of an IV cannula
IV infusion	Set up an IVI
IV drug administration	Describe the safe administration of an IV drug
IV fluid and electrolyte therapy	Explain fluid and electrolyte balance, how to calculate and the correction of imbalance
Diagnostic	
Blood sugar	Estimate the blood sugar using a glucometer
Blood culture	Take blood for culture
Wound swab	Take a swab from a wound
Oxygen therapy	Demonstrate the use of oxygen by mask and nasal prongs
Cardiopulmonary	
12 lead ECG	Perform and interpret a normal & common condition on a 12 lead ECG

Procedural Skills Specific to Women's Health

Measurement
• Auscultate fetal heart rate with doptone • Perform and interpret CTG • Symphysis fundal height measurement
Diagnostic
• Vaginal speculum insertion • PAP Smear • Cultures of vagina and cervix • Group b streptococcus (gbs) culture for antenatal screening • Nitrazine test for SROM (spontaneous rupture of membranes) • FERN testing for SROM (spontaneous rupture of membranes) • Obtaining cord blood
Examination
• Leopold manoeuvres • Bimanual pelvic examination • Cervical exam during labour • Delivery and examination of placenta
Additional
• Repair of uncomplicated vaginal tear postpartum • General suturing and knot tying

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