



Bond University Medical Program

Emergency Medicine Placement Student/Clinician Guide



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

Emergency Placement

The Emergency Medicine Placement combines elements of all subspecialties while focussing on:

- 1) Recognition and resuscitation of the acutely unwell patient
- 2) Assessment and management of the undifferentiated patient
- 3) Effective communication and facilitation of patient care

During this placement you will have shifts on a roster basis that will cover morning, afternoon, evening, nights, and weekend work.


Placement Specific Learning Outcomes

| | Emergency Medicine Specific Learning Outcomes | Link to year LO's (See appendix 1) |
|------------|---|------------------------------------|
| ED1 | Demonstrate knowledge, skills and attitudes required to assess and manage common adult and paediatric emergencies. | 1,2,4,5,7 |
| ED2 | Explain the role of Emergency Departments and Emergency Medicine as a speciality. | 14,15 |
| ED3 | Demonstrate, where possible, the practice of key emergency procedural skills such as cannulation, wound care, suturing and splinting as well as basic life support skills. | 8 |
| ED4 | Demonstrate the development of professional skills such as clinical reasoning, critical analysis, teamwork and dealing with uncertainty when managing patients. | 4,6,10,11,17,19 |
| ED5 | Demonstrate the development of attitudes, knowledge, and skills for competent care of injured and /or infirmed individuals of all ages, socioeconomic, ethnic backgrounds for disease prevention, recognition of disease presentation and promotion of optimal health habits. | 2,7,12,13,16 |
| ED6 | Develop skills such as clinical reasoning, critical analysis, teamwork, and dealing with uncertainty when managing patients. | 6,7,10,19,21 |
| ED7 | Assist in critical illness and injury and resuscitation. | 1,7,10 |
| ED8 | Demonstrate the ability to hand-over or refer a patient using the ISBAR framework and/or Summarise a case presentation concisely, synthesise the key problems, formulate a diagnosis/differential and an initial management plan. | 6,11,15 |

Core Topics

| Symptom Based Approach | Examples |
|--|---|
| Acute Rashes and swelling <input type="checkbox"/> | <ul style="list-style-type: none"> • Angioedema <input type="checkbox"/> • Urticaria <input type="checkbox"/> |
| Acute visual loss <input type="checkbox"/> | |
| Bleeding problem <input type="checkbox"/> | <ul style="list-style-type: none"> • Epistaxis <input type="checkbox"/> • Haematemesis <input type="checkbox"/> • Haemoptysis <input type="checkbox"/> |
| Breathing problem <input type="checkbox"/> | <ul style="list-style-type: none"> • Dyspnoea <input type="checkbox"/> • Wheezing <input type="checkbox"/> |
| Burns <input type="checkbox"/> | |
| Coma, alteration in conscious level <input type="checkbox"/> | |
| Disorientation, confusion <input type="checkbox"/> | |
| Fever <input type="checkbox"/> | |
| Headache <input type="checkbox"/> | |
| Hypothermia <input type="checkbox"/> | |
| The Ill Child <input type="checkbox"/> | <ul style="list-style-type: none"> • Child with fever <input type="checkbox"/> • Fitting child <input type="checkbox"/> • Limping <input type="checkbox"/> • Non accidental injury <input type="checkbox"/> • Respiratory emergency <input type="checkbox"/> |
| Injury <input type="checkbox"/> | <ul style="list-style-type: none"> • Abdomen <input type="checkbox"/> • Chest <input type="checkbox"/> • Head <input type="checkbox"/> • Long bones <input type="checkbox"/> • Maxillofacial <input type="checkbox"/> • Pelvis <input type="checkbox"/> • Spine <input type="checkbox"/> • Soft tissue <input type="checkbox"/> |
| Major trauma <input type="checkbox"/> | |
| Near drowning <input type="checkbox"/> | |
| Pain/Discomfort <input type="checkbox"/> | <ul style="list-style-type: none"> • Backache <input type="checkbox"/> • Constipation <input type="checkbox"/> • Joint <input type="checkbox"/> • Swollen/painful leg <input type="checkbox"/> • Urinary retention <input type="checkbox"/> |
| Painful Eye <input type="checkbox"/> | |
| Seizure <input type="checkbox"/> | |
| Shock and Hypotension <input type="checkbox"/> | |
| Syncope, collapse <input type="checkbox"/> | |
| Undifferentiated <input type="checkbox"/> | <ul style="list-style-type: none"> • Abdominal pain <input type="checkbox"/> • Chest pain <input type="checkbox"/> |
| Medical Conditions | |
| Child Health Emergencies <input type="checkbox"/> | <ul style="list-style-type: none"> • The Ill child (see above in symptom-based approach table) |
| ENT <input type="checkbox"/> | <ul style="list-style-type: none"> • Dysphasia <input type="checkbox"/> • Ear pain <input type="checkbox"/> • Foreign bodies <input type="checkbox"/> • Loss of hearing <input type="checkbox"/> |
| Medical Emergencies <input type="checkbox"/> | <ul style="list-style-type: none"> • Acute coronary syndromes <input type="checkbox"/> |

| | |
|---|--|
| | <ul style="list-style-type: none"> • Allergic reaction <input type="checkbox"/> • Cardiac arrhythmias <input type="checkbox"/> • Diabetic ketosis <input type="checkbox"/> • Exacerbation of OCAD, asthma <input type="checkbox"/> • Heart failure <input type="checkbox"/> • Pancreatitis <input type="checkbox"/> • Pulmonary embolus <input type="checkbox"/> • Subarachnoid haemorrhage <input type="checkbox"/> • Stroke <input type="checkbox"/> |
| Mental Health Emergencies <input type="checkbox"/> | <ul style="list-style-type: none"> • Psychotic patient <input type="checkbox"/> • Acute Behavioural Disturbance <input type="checkbox"/> |
| Ophthalmology <input type="checkbox"/> | <ul style="list-style-type: none"> • Blunt trauma to the eye <input type="checkbox"/> • Foreign bodies <input type="checkbox"/> |
| Orthopaedics <input type="checkbox"/> | <ul style="list-style-type: none"> • Dislocated joint <input type="checkbox"/> • Fractured bones <input type="checkbox"/> • Nerve /tendon /muscle injury <input type="checkbox"/> • Septic arthritis <input type="checkbox"/> |
| Surgical Emergencies <input type="checkbox"/> | <ul style="list-style-type: none"> • Differential diagnosis of the acute abdomen • Ischemic limb <input type="checkbox"/> |
| Toxicology and Environmental Emergencies <input type="checkbox"/> | <ul style="list-style-type: none"> • Common drug withdrawal states <input type="checkbox"/> <p>Overdose of drugs</p> <ul style="list-style-type: none"> • Benzodiazepines <input type="checkbox"/> • Opiates <input type="checkbox"/> • Paracetamol <input type="checkbox"/> • Salicylates <input type="checkbox"/> • Serotonin <input type="checkbox"/> • Tricyclics (TCA) <input type="checkbox"/> • Use of specific antidotes <input type="checkbox"/> (Naloxone <input type="checkbox"/>, & N-acetylcysteine <input type="checkbox"/>) <p>Environmental</p> <ul style="list-style-type: none"> • Electrical injuries <input type="checkbox"/> • Envenomation (snake <input type="checkbox"/> and spider bites <input type="checkbox"/>) • Hypothermia <input type="checkbox"/> and hyperthermia <input type="checkbox"/> • Near drowning <input type="checkbox"/> • Poisoning- carbon monoxide <input type="checkbox"/> |
| Trauma <input type="checkbox"/> | <ul style="list-style-type: none"> • Single injury <input type="checkbox"/> • Multiple injuries <input type="checkbox"/> • Abdominal organs <input type="checkbox"/> • Chest <input type="checkbox"/> • Facial <input type="checkbox"/> • Head <input type="checkbox"/> • Limbs <input type="checkbox"/> • Spine <input type="checkbox"/> |
| Women's Health Emergencies <input type="checkbox"/> | <ul style="list-style-type: none"> • Bleeding in early and late pregnancy <input type="checkbox"/> • Ectopic pregnancy <input type="checkbox"/> • Eclampsia <input type="checkbox"/> • Pelvic inflammatory disease <input type="checkbox"/> |

| | | |
|---|---|---|
| | Intravenous venepuncture IV cannula IV infusion IV drug administration IV fluid and electrolyte therapy Spirometry Urinalysis | Perform venepuncture Insertion of an IV cannula Set up an IV drip Describe the safe administration of an IV drug Explain fluid and electrolyte balance, how to calculate and the correction of imbalance Perform and interpret basic spirometry Perform dipstick urinalysis testing |
|  | Respiratory Nebuliser/inhaler Oxygen therapy | Instruct a patient on using an inhaler/spacer Demonstrate the use of oxygen by mask and nasal prongs |

Timetable and Contacts

Students are expected to be present 5 days a week during their placement, and this includes signing on and off, so that the university can monitor attendance. 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, please refer to student guide for clarification on attendance requirements.

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

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

Students have a variety of workplace-based assessments (WBA) to successfully complete during this Clinical Placement. All WBA are completed in Osler ePortfolio, a cloud-based mobile assessment technology, giving students, supervisors and faculty immediate access to WBA feedback and evaluation. WBA are not only the students' richest source of personal feedback on performance but are also evidence of their clinical skills development and safety to practice.

At the end of each clinical placement, the Board of Examiners (BOE) will review all required WBA to decide whether the student has passed the Clinical Placement. If all WBA are not submitted by the due date, the BOE may not have sufficient evidence to make an Ungraded Pass decision and the student progression in the Medical Program may be delayed. Students can be failed for not meeting attendance requirements on Clinical Placement.

[All WBA are to be submitted in Osler by 8 am Monday following the end of each Clinical Placement](#)

- For assistance with Osler contact: osler@bond.edu.au
- For assistance with WBA contact: Med-assessment@bond.edu.au
- Full details of all WBA requirements are located on iLearn.

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

Students have multiple 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.

The In-Training Assessment (ITA): This workplace-based assessment tool provides the opportunity for the clinical supervisor to comment the student global performance on that placement to date. The ITA is a summary evaluation of whether students have met the requirements of that placement at the time of completion 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 on clinical placement

The ITA can be completed by the supervising Consultant or their delegate registrar, preferably after seeking opinion from the team about the student performance. The clinician who spends the most time observing the student, is the best person to complete this task. In ICU, nursing staff can complete the ITA if they are consistently observing the student in practice.

The end-placement ITA is due in Week 6/7, after consultation and discussion with the student and other clinical team members who have observed the student in practice. This ITA is a global evaluation of the student's clinical skills competency and safety to practice by the end of this placement. It requires the supervisor to determine if the student is practicing 'at the expected level' for the amount of clinical exposure they have had to date.

Mini-CEX: Students are encouraged to participate in active learning by interacting with patients by conducting a history or physical examination and then engage in discussions with clinician supervisors, known as Mini-Clinical Examinations (Mini-CEX). During the clinical placement, students will be supervised by their consultant supervisor or their delegate which includes ICU nurses and a range of clinicians such as those in specialist training pathways in the medical team, Senior House Officer or higher. PGY 1 and 2 are not permitted to complete Mini-CEX.

Students are required to complete and evidence four (4) **Mini-CEX** during this placement which can be completed by a Consultant, Registrar, clinical staff SHO or higher plus ICU nursing professionals.

- **4 x Patient Management Plan**
- In this situation, students take the patient history, conduct the examination, review their investigations – then integrate this information and share their recommended patient management plan with a clinical team member
- It may be possible to do this task one-on-one or in a group setting such as ward rounds, clinics, operating theatre, and patient-management meetings

The Mini-CEX WBA format is shared with Griffith University, designed to reduce the cognitive workload for supervisors, whilst enhancing personalised feedback on performance to students. Feedback provided in the WBA should align to that given to students at the time of the interaction. The Global score given relates to the students' ability to conduct this clinical skill (history or examination or patient management plan) relevant to their current level of learning:

- 1. Unable to complete the task and requires direct instruction and intervention from supervisor
 - 2. Performs the task with proactive supervisor input and intervention
 - 3. Performs the task competently with minimal supervisor input and intervention
 - 4. Performs the task competently and independently with supervision nearby if required
- Level 3 (Student level) and 4 (intern level) are considered a Pass
 - Level 1 (fail) or 2 (Borderline) require the student to Repeat the skill or conduct another Mini-CEX until level 3 is reached in a minimum of four (4) by end of the clinical placement.

Ward Call

Students are required to complete in their final year one (1) Ward Call by graduation. Students will join the clinical team attending to a rapidly deteriorating/critically unwell patient. Students will observe the team in action and can offer to assist with clinical tasks which are within their scope of practice such as:

1. Write Notes about Clinical Assessment- doing an SBAR of the clinical interaction
2. Assist in the delivery of any basic airway care/recovery position/medication or fluid changes by nursing staff
3. Assist with performing ECG/monitoring of saturations/BP that might be done as part of the assessment- emphasising the clinical relevance of these observation to the given interaction
4. Conduct any procedures that might be done like IV, blood tests taken, urine tests
5. Look and detect and calculation of the clinical signs of deterioration that might indicate need for ICU/Reg review such as GCS and seizure type
6. Seek out opportunities to be involved in these types of clinical assessment
 - a. Fall in an elderly patient
 - b. Assessing Chest pain on the ward
 - c. Respiratory Assessment in the post-op patient

Procedural Skills

Bond Medical Students are required to complete the following procedural skills on patients by the completion of their Phase 2 placements in order to graduate. Nine skills are to be completed on patients under guided supervision whilst 5 procedures are theory-only modules to support skills development.

| # | 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)
- Level 3 (Student level) and 4 (intern level) are considered a Pass
 - Level 1 (fail) or 2 (Borderline) require the student to repeat the skill until level 3 is reached. Exceptions to this may be made, for example, conducting suturing in surgery.

**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.**

Phase: MD Doctor of Medicine (MD) Program Outcomes

Extended Clinical Practice and Research, A, B & C

MEDI71-401, MEDI71-402, MEDI71-403,

MEDI72-501, MEDI72-502 and MEDI72-503

| |
|---|
| 1. Science and Scholarship: The medical graduate as scientist and scholar (SS) |
| 2. Clinical Practice: The medical graduate as practitioner (CP) |
| 3. Health and Society: The medical graduate as a health advocate (HS) |
| 4. Professionalism and Leadership: The medical graduate as a professional and leader (PL) |

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).

| Program LOs 2023 | 2023 | Description | AMC Domain |
|------------------|---------|--|-------------------------------|
| | | On successful completion of this program the learner will be able to: | |
| 01 | Y5SS 01 | Apply current medical and scientific knowledge to individual patients, populations and health systems. | 1.1, 1.2, 1.3, 1.4 |
| 02 | Y5SS 02 | Apply evidence-based and environmentally sustainable healthcare practices in patient care and research methodology. | 1.5, 1.6, 2.7 |
| 03 | Y5SS 03 | Apply project management and/or communication skills to complete an evidence based and professionally focussed project including its dissemination. | 1.1, 1.5, 1.6, 3.3, 4.9 |
| 04 | Y5CP 01 | 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. | 2.1, 2.2 |
| 05 | Y5CP 02 | Perform an accurate and complete physical examination on any body system including a mental state examination. | 2.3 |
| 06 | Y5CP 03 | 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. | 2.2, 2.3, 2.4, 2.7, 2.8, 2.10 |
| 07 | Y5CP 04 | Recognise and assess deteriorating and critically unwell patients who require immediate care and perform common emergency and life support procedures. | 2.12 |

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|----|--------|--|---|
| 08 | Y5CP05 | Safely perform a range of common procedures. | 2.6, 2.11, 2.14 |
| 09 | Y5CP06 | Safely prescribe by applying the principles of “quality use of medicines” in an environmentally sustainable way. | , 2.7 |
| 10 | Y5CP07 | Select and justify common investigations, with regard to the pathological basis of disease, utility, safety, cost-effectiveness, and sustainability, and interpret their results. | 2.5, 3.7 |
| 11 | Y5CP08 | Formulate an initial management plan in consultation with patients, family and carers across a variety of clinical settings with consideration of psychosocial, environmental and cultural aspects that may influence management. | 2.1, 2.7, 2.9, 2.13, 2.14, 2.15, 3.2, 3.4 |
| 12 | Y5HS01 | Apply evidence from behavioural science and population health research, integrate prevention, early detection, health maintenance and chronic disease management into clinical practice. | 1.6, 2.10, 3.5 |
| 13 | Y5HS02 | Recognise 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. | 3.1, 3.2, 3.4, 3.5, 3.8, 3.9 |
| 14 | Y5HS03 | Recognise and understand the complex interactions between the healthcare systems and environment, as well as the doctor and patient, whilst reflecting on power and privilege, to understand the role of these to ensure a culturally responsive and safe working context. | 2.1, 2.8, 3.4, 3.6, 3.7, 4.5 |
| 15 | Y5HS04 | Communicate successfully in all roles including health advocacy, education, assessment, appraisal and with the First Nations peoples. | 2.1, 3.3, 3.4, 3.8, 4.9 |
| 16 | Y5PL01 | Contribute 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” | 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10 |
| 17 | Y5PL02 | Explain and 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. | 3.6, 4.1, 4.2, 4.3, 4.4, 4.6, 4.10 |
| 18 | Y5PL03 | Apply the legal responsibilities of a medical practitioner across a range of professional and personal contexts in the practice of team-based patient-care. | 2.15, 4.1, 4.2, 4.3, 4.10 |

| | | | |
|----|--------|---|-----------------------------------|
| 19 | Y5PL04 | Evaluate the performance of self and others as self-regulated and effective members of a diverse healthcare team in the management of a case load, respecting the roles of all healthcare professionals within the clinical setting and community settings, demonstrating professional foundation and essential skills. | 3.1, 4.1, 4.2, 4.6, 4.7, 4.8, 4.9 |
| 20 | Y5PL05 | Demonstrate, and role model for junior medical students, skills to support the planned and active development of a career. | 4.1, 4.2, 4.3, 4.8, 4.9 |
| 21 | Y5PL06 | Demonstrate, and role model for junior medical students, the active management of selfcare in a clinical environment as part of a clinical team managing patients. | 4.1, 4.2, 4.5, 4.6, 4.7, 4.9 |