



Bond University Medical Program
General Practice Placement
Student/Clinician Guide



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

Introduction

The capstone, elective, flexible and selective placements 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, Recommendation)*

Timetable and Contacts

Students are expected to be present on a daily basis 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, GCPHN placement co-ordinator, and the Placements Team at Bond University. The attendance requirements are a minimum of 8 sessions a week for elective or selective placements in GP.

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.

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.

General Practice (GP) Placement

It is expected that the student will contact the GP or their Practice Manager 1-2 weeks before their GP placement is to start, to enquire about the allocated sessions/ times to attend.

General Practice Learning Outcomes

To demonstrate, evaluate, and practice:

- Patient centeredness, advocacy, empowerment, and support
- Provision of care in the home and the community
- General practice clinical management (chronic disease, multimorbidity, and polypharmacy)
- Rational prescribing & Quality use of medicines
- Health promotion & disease prevention
- Clear communications: With patients, documents, and other health professionals
- Evidence based medicine/practice (underpins ALL these activities)

These learning outcomes relate strongly to the Core competencies or RACGP Curriculum. Ethical, medicolegal, and professional responsibilities are expected during all clinical placements. They are listed in the clinical years' learning outcomes and are an expected competency of all medical graduates.

Additional secondary Learning Outcomes

Students should be able to:

- *Develop an overview of the health issues that affect patients in the community;*
- *Develop a balanced view of management and prevention of health needs in the community;*
- *Develop an insight into the harms and benefits of interventions;*
- *Develop an understanding of the use of “watchful waiting”;*
- *Develop an understanding of the importance of continuous quality improvement and of clinical audit;*
- *Demonstrate understanding of medico-legal implications of certificates in General Practice;*
- *Describe the role of the GP in the palliative care setting and within a multidisciplinary framework to provide palliative care to patients from a holistic, psychosocial and spiritual perspective;*
- *Develop an awareness of the health services available to patients in the community;*
- *Demonstrate knowledge of the use of electronic health records in primary care and the classification systems used- e.g. (ICPC, SNOMED)*
- *Demonstrate understanding of the specific health related issues of Aboriginal and Torres Strait Islander communities and the delivery of primary health care for these communities*

Core Topics General Practice Placement

Symptom Based Approach	Description/examples
Common presentations	
Cough	Bronchitis
Diarrhoea and/or vomiting	Gastroenteritis
Fear of sexually transmitted diseases	Tests are rarely positive
Feeling agitated and nervous	Anxiety & Panic
Fever	URTI
Indigestion	Oesophageal reflux

Insomnia	Depression, anxiety
Itch	Eczema, insect bites.
Low mood	Depression
Musculoskeletal pain	Rotator cuff injuries
Rash	Eczema
Red eye	Conjunctivitis
Skin sores	Impetigo
Sort throat and/or earache	Tonsillitis, Otitis media/externa
Sports injuries	Knee injuries- e.g. meniscal tears
Swollen ankles	Heart failure
Upper abdominal pain	Gastritis
Vertigo/dizziness	Postural hypotension
Weakness/tiredness	Post viral fatigue
Wheezing	Asthma

Chronic Health Problems

Asthma and COPD	
Chronic low back pain	
Diabetes	
Heart failure	
Hypertension	
Ischemic heart disease	
Mental Health conditions	
Obesity	
Osteoarthritis	

Preventive Medicine / Health Promotion

Abuse	<ul style="list-style-type: none"> • Physical • Psychological • Sexual
Cancer screening e.g. PAP smear program	
Chronic disease prevention	
Developmental assessment	
Family planning	
Immunisations	
Pre-pregnancy and antenatal care	
Social problems	

Acute	Description/examples
Acute abdominal pain	Appendicitis
Acute breathing difficulties	Respiratory failure from: <ul style="list-style-type: none"> • Asthma • COPD • Pneumonia
Acute confusion	Psychosis Delerium
Acute paralysis	Stroke or TIA
Anaphylaxis and /or angioedema	Insect bites Food reactions

Chest pain	Acute coronary syndrome
Collapse	Vaso-vagal or arrhythmia
Fitting/seizure	Febrile convulsions Epilepsy
Haemorrhage	Miscarriage Gastrointestinal bleed
Lacerations and fractures	Fracture of neck of femur or radius Dog bite
Painful red eye and/or visual loss	Herpes simplex Keratitis Glaucoma
Racing or irregular heart beats	Supra Ventricular Tachycardia (SVT) Atrial fibrillation
Severe skin rashes	Cellulitis, erysipelas, Herpes simplex, or zoster

Students should also be aware of the **Australian National Health Priorities** for prevention, early detection and management of the following:

- Cardiovascular disease
- Cancer
- Injury
- Mental Health disorders
- Diabetes
- Asthma
- Arthritis and musculoskeletal conditions
- Obesity

Procedural Skills for General Practice

Skill	Description
History and Communication	
History taking	Take a focused history about any body system
Clinical Reasoning	Application of clinical reasoning in primary care for joint decision making with the patient to develop a management plan
Documentation/Information Management	Demonstrate clear concise clinical notes
Explain to a patient	<ul style="list-style-type: none"> • Common conditions • Investigations and how they are performed • How the results of investigations will influence management • Common treatments • Risks and benefits
Physical Examination (to observe or perform)	
General physical examination	Examine all body parts across all ages
Breast examination	Examine the breast
Vital signs	<ul style="list-style-type: none"> • Temperature • Pulse

	<ul style="list-style-type: none"> • Blood pressure • Respiratory rate • Weight • Waist and BMI
Vaginal examination and/or PAP test	<ul style="list-style-type: none"> • Inspect external genitalia (vulva), • perform a vaginal examination, • perform a bimanual and speculum examination • Take a PAP smear • Take a swab
Pregnant abdomen	Examine the pregnant abdomen
Male reproductive organs	Examine male reproductive organs- <ul style="list-style-type: none"> • testes • penis • prostate
Health Assessment	Perform a health assessment/GP management plan
Mental Health Assessment	Use and interpret tools in a GP mental health plan or assessment (K10 or MMSE)
Urine analysis	Perform and interpret a urine dipstick analysis
Urine pregnancy test	Perform and interpret a urine pregnancy test
Procedures (to observe or perform)	
Injections	Give injections/vaccinations
Wound management	Swab, clean, debride, manage a wound and apply sutures
Spirometry	Perform and interpret results of spirometry
Inhaler/spacer/nebuliser	Teach a patient how to use these devices
Investigations	Order and interpret GP relevant blood tests
ECG	Perform and interpret an ECG for common conditions: <ul style="list-style-type: none"> • Cardiac ischemia • Arrhythmias

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

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.

- **2 to 4 x Patient Management Plans**
- 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
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- **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 by the completion of their clinical placements to graduate. Nine (9) skills are to be completed on patients under guided supervision whilst five (5) procedures are theory-only modules to support skills development, plus sterile wash, gown, and glove. 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)
- 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.
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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.

2023 Year Learning Outcomes for the Medical Program

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 On successful completion of this program the learner will be able to:	AMC Domain
01	Y5SS01	Apply current medical and scientific knowledge to individual patients, populations and health systems.	1.1, 1.2, 1.3, 1.4
02	Y5SS02	Apply evidence-based and environmentally sustainable healthcare practices in patient care and research methodology.	1.5, 1.6, 2.7
03	Y5SS03	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	Y5CP01	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	Y5CP02	Perform an accurate and complete physical examination on any body system including a mental state examination.	2.3
06	Y5CP03	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	Y5CP04	Recognise and assess deteriorating and critically unwell patients who require immediate care and perform common emergency and life support procedures.	2.12
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