



Bond University Medical Program

**Mental Health
Clinical Placement
Student/Clinician Guide**



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

Mental Health Placement

Clinical Placement in Mental Health will provide opportunities for the student to learn about the management of mental health patients. Students will be involved in the day-to-day clinical activities of the unit including:

- including ward rounds
- acute emergency psychiatry
- acute in-patient psychiatric services
- community mental health services
- psycho geriatrics
- clinical psychology and drug
- Alcohol services

Medical students will present patient case histories and examinations to the Unit in mental health. Attendance at after-hours and emergency patient care and attending services in the community may be required.

| | Mental Health Placement Specific Learning Outcomes | Link to year LO's See appendix 1 |
|------|---|--|
| MH1 | Apply appropriate interviewing techniques; | Y4CP01 Y4PL02 |
| MH2 | Demonstrate correct appraisal and assessment of psychiatric symptoms and signs; | Y4CP01, Y4CP03 Y4CP05 Y4SS01 |
| MH3 | Demonstrate knowledge of the psychological, biological and social manifestations of substance use disorders; | Y4SS01 |
| MH4 | Demonstrate understanding of mechanisms and effects of brain injury and explain indications for neurological investigations/brain imaging; | Y4SS01 Y4CP07 Y4CP08 |
| MH5 | Plan investigations and provide a rationale for their appropriateness (support or refute a diagnosis, influence on management); | Y4CP03 Y4CP07 |
| MH6 | Knowledge of the range of therapeutic interventions available; | Y4PL04 Y4CP06 |
| MH7 | Interpret the results of common diagnostic tests/imaging or procedures encountered during mental health care assessment and management; | Y4CP07 |
| MH8 | Formulate and understand pharmacotherapy for common psychiatric conditions | Y4SS01 Y4CP06 |
| MH9 | Demonstrate an understanding of the initial plan of management for acute psychiatric emergencies (e.g. management of the suicidal patient or acutely psychotic patient) and | Y4CP04 Y4CP08 |
| MH10 | Demonstrate knowledge of health care service provision in mental health and understanding of the interface between hospital and community care and how federal and state funding and legislation affects the delivery of mental health services in Australia. | Y4HS01 Y4PL01 Y4PL03 Y4PL04 Y4PL05 |

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|-----------------------------|--|
| General cont. | Affective (mood) Disorders <input type="checkbox"/> Acute Mania <input type="checkbox"/> Obsessive-Compulsive Disorders <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Personality Disorders <input type="checkbox"/> Post-Traumatic Stress <input type="checkbox"/> Organic mental disorder <input type="checkbox"/> Cormorbidity <input type="checkbox"/> |
| Somatoform disorders | Eating disorders <input type="checkbox"/> Schizophrenia and chronic psychotic disorders <input type="checkbox"/> Sexual disorders <input type="checkbox"/> |
| Psychogeriatrics | Dementia <input type="checkbox"/> Delirium <input type="checkbox"/> |

Skills List for Mental Health Placement

| Students must be able to take/demonstrate |
|--|
| Take a psychiatric history <input type="checkbox"/> |
| Perform a Mental State Examination <input type="checkbox"/> |
| Take a collateral history <input type="checkbox"/> |
| Assess the risk of suicide <input type="checkbox"/> |
| Assess a person's capacity to consent <input type="checkbox"/> |
| Explain the place/role of: advanced directives, the public trustee, the Mental Health Act <input type="checkbox"/> |
| Explain the use and side effects of commonly used medications <input type="checkbox"/> |
| Explain the management of drug overdose and drug toxicity <input type="checkbox"/> |
| Depending on the patient list and needs, there may be opportunities on mental health placement to also conduct the following skills: |
|  Priming an IV line |
|  Buccal medication |
|  Injections – Sc or IM |
|  ECG |
|  Venepuncture |

Timetable and Contacts

Students are expected to be present on a daily basis during their placement. 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 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.

All WBA are to be submitted in Osler by 8 am Monday following the end of each Clinical Placement

1. For assistance with Osler contact: osler@bond.edu.au
2. For assistance with WBA contact: Med-assessment@bond.edu.au
3. For full details of all WBA requirements, read the WBA booklet 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
 - o Communication with children and families
 - o Appropriate clinical handover using ISBAR
- Personal and professional behaviour
- Attendance
-

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.

The mid-placement ITA is due in W3/4 (for Child Health, Mental Health, Women's Health, Medicine, Surgery and Community placements): The purpose of this 'check point' is to provide students with feedback on their clinical knowledge, skills performance, and professional behaviour to date. This ITA also initiates Bond academic support processes if the student requires additional assistance, indicated by being 'not yet at expected level'.

The end-placement ITA is due in W6/7, 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. Students can be failed for not meeting attendance requirements on Clinical Placement.

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 the consultant supervisor or their delegate which can be a range of clinicians 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 **Child Health, Mental Health, Women's Health, Medicine and Surgery placements**:

- o 2 x Mini-CEX: Focus on History taking skills
- o 2 Mini-CEX: Focus on Physical examination skills

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.

Clerked Case: Students will submit and present one (1) formal Clerked Case per placement for **Child Health, Mental Health, Women's Health, Medicine and Surgery placements**. Students will take a history, examine a patient, then complete and submit a written Clerked Case which they will also present in W6/7 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. 1500 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 placement.

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

| | |
|---|---|
| Research, analysis and connection of literature to the case* | <input type="checkbox"/> Not yet at expected level |
| | <input type="checkbox"/> At expected level |
| | <input type="checkbox"/> Excellent - Above expected level |
| Organisation and content of written work* | <input type="checkbox"/> Not yet at expected level |
| | <input type="checkbox"/> At expected level |
| | <input type="checkbox"/> Excellent - Above expected level |
| Quality of Oral Presentation* | <input type="checkbox"/> Not yet at expected level |
| | <input type="checkbox"/> At expected level |
| | <input type="checkbox"/> Excellent - Above expected level |
| Overall Result* | <input type="checkbox"/> Not yet at expected Level |
| | <input type="checkbox"/> At expected Level |
| | <input type="checkbox"/> 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 |

Phase 2: 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
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).

| Program LOs 2023 | 2023 | Description On successful completion of this program the learner will be able to: | AMC Domain |
|------------------|---------|---|---|
| 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 |
| 08 | Y5CP 05 | Safely perform a range of common procedures. | 2.6, 2.11, 2.14 |
| 09 | Y5CP 06 | Safely prescribe by applying the principles of "quality use of medicines" in an environmentally sustainable way. | , 2.7 |
| 10 | Y5CP 07 | 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 | Y5CP 08 | 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 |

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|--------|------------|---|---|
| 1 2 | Y5HS 01 | 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 |
| 1 3 | Y5HS 02 | 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 |
| 1 4 | Y5HS 03 | 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 |
| 1 5 | Y5HS 04 | 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 |
| 1 6 | Y5PL 01 | 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 |
| 1 7 | Y5PL 02 | 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 |
| 1 8 | Y5PL 03 | 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 |
| 1 9 | Y5PL 04 | 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 |
| 2 0 | Y5PL 05 | 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 |
| 2 1 | Y5PL 06 | 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 |