



**Bond University Medical Program**

# **Palliative Care 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, and Recommendation)*. Additional specific procedural skills development is welcomed.

## 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.

## Palliative Care Placement

The basis of the Palliative Care Placement is for students to see patients whose clinical problems have progressed to need a palliative approach.

Students will see patients with a broad array of life-ending diseases. You will experience the daily practice of palliative care medicine by a palliative care physician and a multidisciplinary palliative care team both within the hospital and in the community

## Goals

The goals for the Palliative Care placement are:

- To provide students with learning experiences associated with the overall care of Palliative patients
- For students improve their history taking, communication and examination skills and use clinical reasoning to diagnose the patient's problems (within scope of practice).
- For students to learn about and to become comfortable discussing clinical management of Palliative patients
- For students to develop knowledge and understanding of the common situations in Palliative care
- To provide students with a real-life clinical working environment and opportunity to work with a clinical team.

## Learning Outcomes

Students must be able to analyse, interpret, and evaluate these 5 elements of end of life care

1. Diagnosing dying or the risk of dying.
2. Respecting patient autonomy and supported decision making and providing personalised care.
3. Ensuring that medical treatment decisions respect the patient's best interests.
4. Managing symptoms.
5. Supporting carers and family (physical, emotional, and spiritual dimensions)

*(From RACP Position Statement: The 5 elements essential to care at the end of life.)*

Students must also be able to (within scope of practice):

- Demonstrate the ability to take a complex appropriate medical history in palliative patients.
- Correctly perform a physical examination focused on the needs of a palliative care patients.
- Evaluate symptoms and signs and the necessity of current medications.
- Use shared Decision Making in communications about quality and or end of life choices
- Apply clinical reasoning skills to formulate medical needs and a management plan
- Recognise serious medical conditions requiring urgent management/intervention
- Demonstrate understanding and application of pharmacological, medical and surgical management of palliative patients
- Undertake, justify and interpret investigations in the palliative situation

## 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](mailto:osler@bond.edu.au)
- For assistance with WBA contact: [Med-assessment@bond.edu.au](mailto: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.

- **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

- **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 skills are to be completed on patients under guided supervision whilst five 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

Clinicians evaluate student procedural skills performance 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.**

## 2023 MD Program Learning Outcomes

### 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