



Bond University Medical Program

Emergency Medicine

Placement

Student/Clinician Guide

Emergency Placement

The Emergency Medicine Placement combines elements of all subspecialties while focusing 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	2025
ED1	Demonstrate knowledge, skills and attitudes required to assess and manage common adult and paediatric emergencies.	SS1, SS2, CP1-5
ED2	Explain the role of Emergency Departments and Emergency Medicine as a speciality.	PL3, HS1
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.	CP6
ED4	Demonstrate the development of professional skills such as clinical reasoning, critical analysis, teamwork and dealing with uncertainty when managing patients.	CP5, CP7, CP8, CP10, PL4, PL6
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.	SS2, CP5, HS1, HS2, HS3, PL1
ED6	Develop skills such as clinical reasoning, critical analysis, teamwork, and dealing with uncertainty when managing patients.	CP4, CP5, CP8, PL6, PL7
ED7	Assist in critical illness and injury and resuscitation.	SS1,CP5
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.	CP4, CP10, HS5

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"/> • 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 ☐	<ul style="list-style-type: none"> Bleeding in early and late pregnancy ☐ Ectopic pregnancy ☐ Eclampsia ☐ Pelvic inflammatory disease ☐
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ED Placement Procedural Skills

This Osler ePortfolio logo indicates there is a best practice module available in the Osler 'catalogue' for you to view as you wish to support your learning. Some of these procedures are part of the suite of those required for graduation. Some are to support the depth and breadth of your learning on clinical placement.



	Procedure	Students must be able to take/demonstrate
+ 	Cardiopulmonary 12 lead ECG ACLS and BLS	Perform and interpret normal and common conditions on a 12 lead ECG Observe and describe plus demonstrated ability to perform: 1) 2 person CPR 2) Safe use of defibrillator 3) Placement of LMA 4) Effective use of BVM with adjuncts
	Venous blood gas sampling	Observe and describe indications for taking an venous blood gas sampling (if appropriate)
+ 	Peak flow measurement Spirometry Pleural effusion/pneumothorax	Perform and interpret a peak flow measurement *occasionally Perform and interpret a spirometry reading * very rare for ED Observe and describe indications for aspiration or drainage
+ 	Diagnostic Blood culture Blood sugar Wound swab	Take blood for culture Estimate the blood sugar using a glucometer Take a swab from a wound
+  +  + 	General Administration of analgesia and sedation Assess and Interpret disorders of coagulation Catheterisations (Vascular or urinary) Describe X-ray findings of chest, abdomen ☐and limbs Give an IMI (ADT booster) Identify and interpret acid-base disorders Identify and interpret glucose, sodium, potassium, and calcium disorders Observe insertion of chest drain Perform a Glasgow Coma Scale Perform a ring block with administer local anaesthesia Use suction Visual acuity- measure Wound description & management	1) Observe procedural sedation and analgesia 2) Observe regional analgesia (Biers/Fascia Iliaca block) 3) Observe and describe the indications and principles for inserting a chest drain Clean, dress, apply steristrips, glue or sling/tubigrip

	<p>Measurement</p> <p>ECG Injection Intravenous venepuncture IV cannula IV infusion IV drug administration IV fluid and electrolyte therapy Spirometry Urinalysis</p>	<p>Perform and interpret an ECG Perform injections – IV, IM, SC 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</p>
	<p>Respiratory</p> <p>Nebuliser/inhaler Oxygen therapy</p>	<p>Instruct a patient on using an inhaler/spacer Demonstrate the use of oxygen by mask and nasal prongs</p>

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](mailto: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 semester, 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

In Clinical Placement 5, ITA can be completed in W6 due to the OSCE being held in W7
In the final Clinical Placement 12 (Subject MEDI72-503) all WBA are due end of W5

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.

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.

End-Placement ITA due WK7 is completed by the assigned supervising Consultant or their delegate registrar, after seeking opinion from the clinical team about the student performance throughout the placement as to whether the student is performing 'at expected level'. Students can fail for not meeting attendance requirements on Clinical Placement – if they are not present then they are not spending time with patients sufficient to demonstrate competency.

Due Wk6: 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

- 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

Patient Management plans are an observed Mini-CEX that requires the student to take a history, conduct a physical examination and review investigations. The student then integrates these skills and has a verbal discussion with the observing supervisor on next best steps in patient management. This integrated clinical task reflects the higher level of clinical reasoning and synthesis required as they approach internship. 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 relevant to their current level of learning:

Students are required to complete and evidence four (4) Mini-CEX at an entrustability rating Level 3:

1. Unable to complete the task and requires direct instruction and intervention from supervisor (Repeat task)
2. Performs the task with proactive supervisor input and intervention (Repeat task)
3. Performs the task competently with minimal supervisor input and intervention (clear Pass for med student)
4. Performs the task competently and independently with supervision nearby if required (Intern level - Pass)

Procedural Skills and Clinical Tasks

Bond Medical Students are required to complete the following Procedural Skills and Clinical Tasks on patients by the completion of their Phase 2 to graduate. Ten skills are to be completed on patients under guided supervision whilst two clinical tasks and three theory modules support their skills development. A wide range of health professionals can evaluate their skills competency, including doctors, nurses, allied health, and hospital technicians.

Students choose the location and timing of when they are ready to conduct this skill for assessment. They are encouraged to conduct the skill for learning multiple times prior to being assessed for evidence of their competency. Students are required to complete all 15 clinical tasks prior to graduation

#	Required Procedural Skills
1	In-dwelling Catheter insertion
2	Intravenous Cannulation
3	Suturing – basic wound closure
4	Intramuscular injection
5	Subcutaneous injection
6	Electrocardiograph acquisition
7	Venesection
8	Blood Culture Sampling
9	Sterile handwash, gown, and glove
10	Airway Management
Required Theory Modules	
11	Personal Protective Equipment
12	Assessment of the ICU patient
13	Pulse Oximetry
Required Clinical Tasks	
14	Discharge Summary completed in EMR
15	Ward Call

Evaluation of student procedural skills performance is based on an Entrustability Rating Scale:

1. Unable to complete the task and requires direct instruction and intervention from supervisor (Repeat task)
2. Performs the task with proactive supervisor input and intervention (Repeat task)
3. Performs the task competently with minimal supervisor input and intervention (clear Pass for med student)
4. Performs the task competently and independently with supervision nearby if required (Intern level - Pass)

In addition, to WBA, MD students will conduct the following other assessments:

Clinical Skills: Students will sit an MD OSCE at end of year following CP6 as a check on clinical skills competency and safety to progress to the final year of the program

Clinical Knowledge: to promote continuous development in clinical knowledge, students will conduct five (5) written knowledge Progress Tests, one at the end of each subject

Competency: Advanced Life Support, Ultrasound, Women’s Intimate Examinations, MD Project and Conference presentation

Prescribing: Students conduct the National ‘Prescribing Skills Assessment’ (PSA)

MD Program Outcomes AKA YEAR 4 and 5

MEDI71-401, 402 and 403 Core Clinical Practice A, B and C

MEDI72-501, 502 and 503 Extended Clinical Practice and Research, A, B and C

The [Australian Medical Council's Graduate Outcome Statements](#) are organised into four domains. Within this Subject, the framework mapped to the learning outcomes (LOs) are

Clinical Practice: The medical graduate as practitioner (CP) (LOs 1-11),
Professionalism and Leadership: The medical graduate as a professional and leader (PL) (LOs 12-18),
Health and Society: The medical graduate as a health and wellbeing advocate (HS) (LOs 19-25)
Science and Scholarship: The medical graduate as scientist and scholar (SS) (LOs 33-40).

2025 PLO	2025 Domain#	2025 Program Learning Outcomes On successful completion of this Program, the learner will be able to:	AMC Outcomes 2023 *
01	CP 1	Adapt communication skills to engage safely, effectively and ethically with patients, families, carers, and other healthcare professionals, including fostering rapport, eliciting, and responding to needs or concerns whilst supporting health literacy. [Communication]	1.1, 1.3, 1.4, 1.6, 2.4
02	CP 2	Elicit an accurate, structured medical history from the patient and, when relevant, from families and carers or other sources, including eco-biopsychosocial features. [Medical History]	1.8, 1.5
03	CP 3	Demonstrate competence in relevant and accurate physical and mental state examinations. [Physical Examination]	1.9
04	CP 4	Integrate and interpret findings from the history and examination of a patient to make an initial assessment, including a relevant differential diagnosis and a summary of the patient's mental and physical health. [Clinical Reasoning]	1.10
05	CP 5	Demonstrate proficiency in recognising and managing acutely unwell and deteriorating patients, including in emergency situations. [Emergency Care]	1.20, 1.21
06	CP 6	Demonstrate competence in the procedural skills required for internship. [Procedural Skills]	1.14
07	CP 7	Prescribe and, when relevant, administer medications and therapeutic agents (including fluid, electrolytes, blood products and inhalational agents) safely, effectively, sustainably and in line with quality and safety frameworks and clinical guidelines. [Therapeutics]	1.17, 1.18
08	CP 8	Select, justify, request and interpret common investigations, with due regard to the pathological basis of disease and the efficacy, safety and sustainability of these investigations. [Investigations]	1.15
09	CP 9	Demonstrate responsible use of health technologies in the management and use of patient data and incorporate their use to inform, support and improve patient health care and digital health literacy, especially among groups who experience health inequities. [Digital Technologies]	1.19, 1.24, 2.15, 3.8
10	CP 10	Formulate an evidence-based management plan in consultation with the interprofessional team, including patients and families across a variety of clinical settings with consideration of eco-biopsychosocial aspects that may influence management at all stages of life. [Patient Management]	1.1, 1.2, 1.5, 1.11, 1.12, 1.16, 1.22, 1.23
11	CP11	Record, transmit and manage patient data accurately and confidentially. [Documentation]	1.19, 2.3, 2.15
12	PL 1	Display ethical and professional behaviours including integrity, compassion, self-awareness, empathy, discretion, and respect for all in all contexts. [Professional Behaviour]	2.1, 2.18
13	PL 2	Demonstrate effective interprofessional teamwork to optimise patient outcomes whilst respecting boundaries that define professional and therapeutic relationships. [Teamwork]	2.2, 2.6, 2.9, 2.11, 2.12, 2.17
14	PL 3	Apply principles of professional leadership, followership, teamwork, and mentoring by contributing to support, assessment, feedback and supervision of colleagues, doctors in training and students. [Leadership]	2.2, 2.16
15	PL 4	Integrate the principles and concepts of medical ethics and ethical frameworks in clinical decision-making and patient referral, including through appropriate use of digital technologies and handling of patient information. [Ethical Behaviour]	2.3, 2.10
16	PL 5	Critically apply understanding of the legal responsibilities and boundaries of a medical practitioner across a range of professional and personal contexts. [Legal Responsibilities]	1.19, 2.15

17	PL 6	Actively seek feedback and demonstrate critical reflection and lifelong learning behaviours to improve and enhance professionalism and clinical practice recognising complexity and uncertainty of the health service and limits of own expertise to ensure safe patient outcomes and healthcare environment. [Critical Self-reflection]	2.5, 2.8 2.13, 2.14, 2.17, 2.18
18	PL 7	Actively monitor and implement strategies to manage self-care and personal wellbeing in the context of professional, training, and personal demands. [Self-care]	2.7, 2.8, 2.9
19	HS 1	Demonstrate culturally safe practice with ongoing critical reflection on their own knowledge, skills, attitudes, bias, practice behaviours and power differentials to deliver safe, accessible and responsive health care, free of racism and discrimination. [Culturally safe practice]	1.5, 2.18, 3.2, 3.4, 3.5
20	HS 2	Describe Aboriginal and/or Torres Strait Islander knowledges of social and emotional wellbeing and models of healthcare, including community and eco-sociocultural strengths. [Striving for Aboriginal and Torres Strait Islander Health and wellbeing equity]	1.7, 3.11, 4.3
21	HS 3	Recognise and critically reflect on historical, individual, and systemic challenges to Aboriginal and Torres Strait Islander peoples. [Barriers to Aboriginal and Torres Strait Islander Health and well-being equity]	3.2, 3.3, 3.4, 3.5
22	HS 4	Apply health advocacy skills by partnering with communities, patients and their families and carers to define, highlight, and address healthcare issues, particularly health inequities and sustainability. [Health and well-being advocacy]	3.6
23	HS 5	Critically apply evidence from behavioural science and population health research to protect and improve the health of all people. This includes health promotion, illness prevention, early detection, health maintenance and chronic disease management. [Public Health]	1.22, 3.6, 3.7, 4.2 (4.1)
24	HS 6	Describe ecologically sustainable and equitable healthcare in the context of complex and diverse healthcare systems and settings. [Environmentally sustainable healthcare]	3.1, 3.10
25	HS 7	Describe global and planetary issues and determinants of health and disease, including their relevance to healthcare delivery in Australia and Aotearoa New Zealand, the broader Western Pacific region and in a globalised world. [Global and Planetary Health]	3.2, 3.12, 4.1, 4.2
26	SS 1	Apply and integrate knowledge of the foundational science, aetiology, pathology, clinical features, natural history, prognosis and management of common and important conditions at all stages of life. [Foundational science]	1.13, 4.1, 4.4
27	SS 2	Apply core medical and scientific knowledge to populations and health systems, including understanding how clinical decisions for individuals influence health equity and system sustainability in the context of diverse models and perspectives on health, wellbeing and illness. [Population and health systems]	4.1, 4.2, 4.3, 3.9
28	SS 3	Critically appraise and apply evidence from medical and scientific literature in scholarly projects, formulate research questions and select appropriate study designs or scientific methods. [Research and scientific methods]	4.5, 4.6
29	SS 4	Comply with relevant quality and safety frameworks, legislation and clinical guidelines, including health professionals' responsibilities for quality assurance and quality improvement. [Quality and safety]	1.1, 3.9, 4.7