BOND UNIVERSITY
FACULTY OF HEALTH SCIENCES & MEDICINE

Bond University Medical Program

Mental Health

Clinical Placement

Student/Clinician Guide

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	
MH1	Apply appropriate interviewing techniques;	CP1, PL1, HS1
MH2	Demonstrate correct appraisal and assessment of psychiatric symptoms and signs;	CP2, CP3, CP4, SS1
MH3	Demonstrate knowledge of the psychological, biological and social manifestations of substance use disorders;	SS1, HS4, HS5
MH4	Demonstrate understanding of mechanisms and effects of brain injury and explain indications for neurological investigations/brain imaging;	SS1, CP8
MH5	Plan investigations and provide a rationale for their appropriateness (support or refute a diagnosis, influence on management);	CP4, CP8, CP10
MH6	Knowledge of the range of therapeutic interventions available;	CP7 PL4
MH7	Interpret the results of common diagnostic tests/imaging or procedures encountered during mental health care assessment and management;	CP8
MH8	Formulate and understand pharmacotherapy for common psychiatric conditions	SS1, CP7
MH9	Demonstrate an understanding of the initial plan of management for acute psychiatric emergencies (e.g. management of the suicidal patient)	CP5, CP10
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.	PL5, PL4, HS4, HS5, SS2

a. Symptom Based Approach

General **General continued**	Emotions: anxiety ☐, irritability ☐, depression ☐, euphoria ☐, ecstasy ☐, apathy ☐ Thought content and processes: preoccupation ☐, rumination ☐, obsession ☐; phobias ☐; delusions ☐ Perceptions: illusions ☐, hallucinations ☐, sensory disorders ☐ Cognition: poor concentration ☐, memory impairment and loss ☐ Behavioural: relationship and inter-personal problems ☐; hypo – ☐and hyper- activity ☐; gait and movement disorder ☐ Biological changes: energy ☐, sleep pattern ☐, appetite ☐, libido ☐, poor concentration ☐, muscle tension ☐, weight loss ☐, weight gain ☐ Impaired consciousness ☐, delirium ☐, confusion ☐
Psychogeriatrics	Memory loss ☐ Impaired thinking ☐ Expressive and receptive dysphasia/aphasia ☐ Impaired consciousness ☐ Difficulty maintaining or focusing attention ☐ Hypo or hyper- activity ☐ Disturbance of sleep-wake cycle ☐ Emotional disturbance ☐

b. Disease Based Approach

The table below is to be used as a guide to complement learning from clinical situations and should not be viewed as a complete or exhaustive list.

General	Emotional disturbance ☐ Acute Psychosis ☐ Acute Behavioural Disorders (including Drug-induced) ☐ Anxiety Disorders ☐

General cont.	Affective (mood) Disorders ☐ Acute Mania ☐ Obsessive-Compulsive Disorders ☐ Bipolar Disorder ☐ Personality Disorders ☐ Post-Traumatic Stress ☐ Organic mental disorder ☐ Cormorbidity ☐
Somatoform disorders	Eating disorders ☐ Schizophrenia and chronic psychotic disorders ☐ Sexual disorders ☐
Psychogeriatrics	Dementia ☐ Delirium☐

Skills List for Mental Health Placement

Students must be able to take/demonstrate
Take a psychiatric history ☐ Perform a Mental State Examination ☐ Take a collateral history ☐ Assess the risk of suicide ☐ Assess a person's capacity to consent ☐ Explain the place/role of: advanced directives, the public trustee, the Mental Health Act ☐ Explain the use and side effects of commonly used medications ☐ Explain the management of drug overdose and drug toxicity ☐ 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 suite 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.

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)

The ITA is designed for the clinical supervisor to evaluate and provide feedback on the student overall clinical performance on that placement to date. It is a summary evaluation of whether students have met the requirements of that placement *at the expected level* for their clinical learning exposure:

- 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

The ITA is completed by the supervising Consultant or their delegate registrar, after seeking opinion from the clinical team about the student performance. It is important that multiple viewpoints are sought prior to making a summary judgement of the student clinical skills competence.

The Mid-placement ITA due (W3/4):

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 (due Wk7):

This ITA 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 lack of professional behaviour or for not meeting attendance requirements on Clinical Placement. If students are not present then they are not spending sufficient time with patients to demonstrate competency.

Mini-CEX (due Wk6):

A Mini-Clinical Examinations (Mini-CEX) is designed to encourage students to participate in active learning of core clinical skills on patients by conducting a history or physical examination and then engaging in discussions on their findings with clinician supervisors. A range of clinical team members can complete Mini-CEX including Consultants, registrars, Senior House Officers and Principle House Officers. Junior House Officers/Interns cannot complete Mini-CEX.

Students are required to complete and evidence four (4) Mini-CEX:

- 2 x Mini-CEX: History taking skills
- 2 x Mini-CEX: Physical examination skills

The Mini-CEX WBA format is shared with Griffith University, designed as a global entrustability rating 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 *relevant to their current level of learning*:

1. Unsatisfactory: Unable to complete the task and requires direct instruction and intervention from supervisor
2. Borderline: Performs the task but supervisor intervention is required (Repeat task)
3. Clear Pass: Performs the task competently with minimal supervisor input or intervention
4. Excellent: Performs the task competently and independently with supervision nearby if required

If students are given a Level 1 (Unsatisfactory) or Level 2 (Borderline) score, the clinical task must be repeated until a Level 3 (Clear pass) or Level 4 (Excellent) is reached by the end of the clinical placement.

Clerked Case due WK7:

Students will submit and present one Clerked Case. They are provided with resources, a video demonstration, and a template to use. Students will take a history, examine a patient, then complete and submit a written Clerked Case which they will also present in Wk6 or 7 to their supervisor

The Purpose of the Clerked Case is 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:

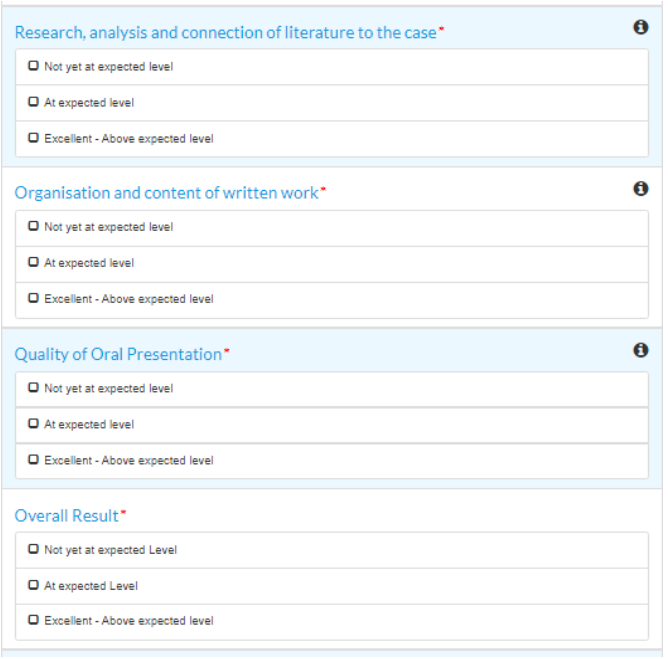
- The student is required to spend time with a patient sufficient to take a full history and examination and extract the relevant findings.
- Wk5: Students then concisely document their findings and write a problem list and care plan, including a GP letter, with reference to the literature in support of their clinical decision-making: 1500 word maximum with 250-word abstract assigned to you in Osler
- Wk6/7 the student presents the patient case to you orally and answers your questions, enabling you to evaluate their clinical reasoning.
    - Students will need guidance on when to present their clerked case orally to their supervisor.
    - Supervisors are encouraged to ask questions at any time in the presentation about the case and how students arrived at their diagnosis/management plan
- The supervisor may determine the format required for the presentation:
    - E.g. students to present a power point presentation
    - E.g. complete an oral presentation in front of peers for group learning
    - It can also be conducted in front of the patient at the bedside
- Once the student has presented, please complete the assessment in Osler ePortfolio
- The Osler ePortfolio assessment is due on Friday Wk7, the last day of the placement.

Evaluation of the Clerked Case will be based on performance in the following three domains:

1. Research, analysis, and relevance of recent literature to the case
2. Organisation and content of written work
3. Quality of Oral presentation

The Global assessment given is an overall result:

- Not yet at expected level (Repeat)
- At expected level (Pass)
- Above expected level (Excellent)



Clerked Case Marking Rubric

Criteria	Not Yet at Expected level / Fail	At expected level / Pass	Excellent – above expected level
1. Abstract (250 words)	Missing key information Poorly structured with illogical sequence	Contains most of the relevant information Structured in logical sequence	Contains all relevant information Concise, accurate well sequenced description of documented information
2. Presentation of history (Hx), medication and physical examination (PE)	Unable to identify the presenting complaint History is delivered out of sequence/date line not clear Forgets to mention some or all medications/Hx components PE: Misses relevant vital signs or core components of the PE, particularly medication and allergy Hx	Identifies presenting complaint (symptoms) in patients own words Provides history with clear date line/logical sequence and correct use of medical terminology Lists patients' current medication, Family and social Hx PE: Vitals given and clearly lists findings of general PE	Identifies how medication could be contributing to the presenting complaint Conducts systems review and full Hx with all components completely accurately PE: Lists finding of general and focused physical examination Uses correct medical terminology and logical sequence
3. Clinical Summary and Differential diagnosis (DDx)	Provides 2 or < differential Dx and illogical ranking Unable to adequately support DDx with information from the Hx and PE Unable to articulate the mechanism of action (MOA)	Provides 3 or 4 differential Dx under consideration with mostly logical order of priority Supports DDx with information derived from the Hx and PE. Demonstrates some understanding of MOA	Able to identify the most common condition and what must not be missed with logical ranking Able to support DDx in addition with information based on anatomy, physiology to explore the MOA
4. Investigations (Ix)	Misses key investigations Unable to explain the rationale for investigations or how they help confirm the Dx	Clearly and accurately identifies the investigations carried out and the rationale for each	Can summarise and interpret results and identify which negative results refute the diagnostic hypothesis and which positive results helped to confirm the Dx
5. Management (Mx) Plan…	Can only describe the immediate Mx plan Forgets some of medication and/or non-pharm interventions Ignores multidisciplinary team involvement in the Mx Plan	Clearly and accurately describes the proposed Mx Plan Including medication Able to describe the plan for follow up and multidisciplinary team members involved	Able to describe the proposed Mx Plan including medication and non-pharmacological interventions as well as continuing management in response to progress and long-term follow up. Clearly articulates roles of Multidisciplinary team members
…including GP Letter	Unable to summarise and provide relevant information in a concise format – lengthy and full of prose	Concise clinical handover document including Dx, Rx, Medication and Mx. Includes follow-up information	Encourages collaborative care with clear handover and clearly articulated future plans
6. Case Discussion	Insufficient/incoherent discussion Unable to articulate how the Dx was made Demonstrates only poor clinical reasoning	Mostly coherent discussion Able to clearly articulate how the Dx was made Demonstrates adequate clinical reasoning Discussion supported in parts by the literature	In-depth discussion and analysis of the diagnostic and decision-making process Demonstrates excellent clinical reasoning Discussion well supported by quality and relevant literature
7. Research, analysis, and connection of literature to the patient case	Insufficient critical analysis and synthesis of information related to the case. Poorly researched evidence from the literature in support. Multiple errors in referencing.	Demonstrates some critical analysis and connection of literature to the patient case. Uses high quality academic literature with standardised methodology including research articles, RCT and current textbooks. Minor errors in referencing.	High level of critical analysis of the literature with ability to synthesise current best practice with the patient case. Exceptional research and use of recent (< 5 years) evidence from authoritative and quality journal articles. Uses Systematic/ Cochrane reviews. References sources accurately.
8. Organisation and content of written submission	Incorrect use of medical terminology and non-standard abbreviations. Illogical sequence with core information missing. Does not demonstrate sufficient knowledge of the patient condition.	Correct use of medical terminology. Well-structured and logical flow of information. Core information included with red flags identified. Demonstrates good knowledge of the patient condition	Always uses standard abbreviations with accurate grammar and spelling. Concise and thorough information provided in a well-structured, logical flow. Demonstrates in-depth knowledge of the patient condition.
9. Oral presentation	Hesitancy in speaking, lacks confidence. Unable to answer some questions. Shows little insight to the patient experience	Clear speaking manner with minimal hesitancy Answers questions about the patient competently Shows insight to the patient experience	Articulate, persuasive speaking manner with exceptional use of medical terminology. Answers questions confidently, demonstrating good insight to the patient experience

Global / Overall result	Not yet at expected level	At expected level	Excellent – above expected level

Procedural Skills and Clinical Tasks

It is an expectation of the Australian Medical Council that graduating medical students can safely perform a range of core procedural skills on graduation. 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. 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

#	Required Procedural Skills	Best opportunity	Additional Advice
1	In-dwelling Catheter insertion	WH, ED, Surgery	• ***These procedures must be observed conducted on patients or being performed in the clinical setting at a L3 Entrustment rating*** • Skills 1 – 9 require you to: (p.20) 1. Watch the Osler learning module 2. Pass a Quiz to generate the WBA 3. This WBA must be assigned to the observing clinical team member
2	Intravenous Cannulation (2)	MED, ED, CCO, ACSP	
3	Suturing – basic wound closure	Surgery, ED	
4	Intramuscular injection	GP, MED, ED	
5	Subcutaneous injection	GP, MED, ED	
6	Electrocardiograph acquisition	MED, ED, GP, MH, Surgery	
7	Venesection	MH, Surgery, ED	
8	Blood Culture Sampling	Ward Call, ED, ICU	
9	Sterile handwash, gown, and glove	Surgery	
10	*Airway Management: Bag/Mask technique – no Osler learning module	ED, Surgery, anaesthetics	
11	Glasgow Coma Scale Interpretation	ED, MED, ICU, Ward Call	
	Required Theory Modules		
12	Personal Protective Equipment		*Theory Module in Osler ePortfolio*
13	Assessment of the ICU patient	CC /CCO	*Theory Module in Osler ePortfolio*
14	Pulse Oximetry		*Theory Module in Osler ePortfolio*
	Required Clinical Tasks		
15	Deteriorating patient	CC/CCO,ED,ACSP Ward Call	Refer to additional information
16	Discharge Summary (conducted in ieMR)	MED, Surgery, WH, CH, MH	Refer to additional information

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

- Trust Level 1. Requires physician assistance / direct instruction (Repeat skill)
- Trust Level 2. Requires significant supervisor input (*Repeat skill) (*L2 considered a pass for Airway Mx only)
- Trust Level 3. Performs independently but requires direct supervision (Pass – medical student level)
- Trust Level 4. Safe to perform independently (supervision immediately available) (Pass – intern level)

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