



Bond University Medical Program

Child Health

Clinical Placement

Student/Clinician Guide

Child Health Clinical Placement

Child Health (Paediatrics) encompasses medical, surgical, subspecialty and community clinical practice concepts and management. This presents a challenge but also great rewards; Becoming comfortable in dealing hands-on with infants, young children adolescents and their families can take time.

Paediatrics is a particularly holistic practice, not being confined to a single organ system. Issues are addressed not only in the context of the different anatomy and physiology but in the context of the family, wider social circle, and society. Psychosocial aspects and normal growth and development of the child are also important aspects to be understood during this clinical placement. The placement aims to provide students with an overview of the most common and important health issues affecting children.

Remember that unlike other placement throughout medical school, this may be your last opportunity to review/examine/treat a child or your person before you are an intern doing it on your own! Make the most of your placement and the opportunities given.

	Child Health Placement Specific Learning Outcomes	For 2024 LO's See appendix 1
CH1	Demonstrate the ability to take a history related to a paediatric patient: this will include particular history needed for a neonate, infant, child or adolescent.	Y4CP01 Y4CP04
CH2	Recognise normal physical findings and identify common abnormal findings in paediatrics;	Y4SS01 Y4CP03
CH3	Interpret the results of commonly encountered screening and diagnostic tests, diagnostic imaging and procedures in paediatrics;	Y4CP07
CH4	Recognise serious physical and mental illness in paediatrics and discuss the initial plan of management for acute child and adolescent emergencies	Y4CP04
CH5	Recognise that the practice of child health is family centered, developmentally informed and requires a good understanding of parental mental health and the social determinants of health.	Y4CP08 Y4HS03

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 coordinator (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

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.

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:

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 W7:

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 not meeting attendance requirements on Clinical Placement – if they are not present then they are not spending time with patients sufficient to demonstrate competency.

Mini-CEX due WK6:

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:**

- 2 x Mini-CEX: Focus on History taking skills
- 2 x Mini-CEX: Focus on 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:

- **LEVEL 1: Unable to complete the task and requires direct instruction and intervention from supervisor**
- **LEVEL 2: Performs the task with proactive supervisor input and intervention**
- **LEVEL 3: Performs the task competently with minimal supervisor input and intervention**
- **LEVEL 4: Performs the task competently and independently with supervision nearby if required**

Outcomes:

- **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.**
- **Level 3 (Student level) and 4 (intern level) are considered a Pass**

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 W6 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.
 - You are encouraged to ask questions at any time in the presentation about the case and how students arrived at their diagnosis/management plan
- You may determine the format required for the presentation:
 - You may wish students to present a power point presentation
 - You may wish to do the oral in front of peers for group learning
 - It can be done in front of the patient at the bedside
- Once the student has presented, please complete the assessment in Osler ePortfolio
- Wk7: The Osler ePortfolio assessment is due on Friday Wkk7, 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)**
- **Excellent - Above expected level**

Research, analysis and connection of literature to the case *

Not yet at expected level

At expected level

Excellent - Above expected level

Organisation and content of written work *

Not yet at expected level

At expected level

Excellent - Above expected level

Quality of Oral Presentation *

Not yet at expected level

At expected level

Excellent - Above expected level

Overall Result *

Not yet at expected Level

At expected Level

Excellent - Above expected level

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.

#	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

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

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)
- 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:

Students will sit an OSCE during Wk7 of Clinical Placement 5 as a check on clinical skills competency
Students will also conduct five (5) written knowledge Open Book Progress Tests, one at the end of each semester to promote continuous development in their clinical knowledge

Core Topics for Child Health Clinical Placement

Formal educational sessions are conducted every week throughout the clinical placement to reinforce and enhance student learning. These sessions may vary throughout the placement.

You may not have the ability to see a child with one of these conditions in your placement but realise that these are common paediatric scenarios that you will encounter in your clinical life when looking after paediatric patients and are topics that are often incorporated in exams.

Take the opportunity to read about and develop and approach to each of these conditions Your supervisor/s may be available to help refine your understanding if you have specific questions.

Cardiology	Congenital Heart Disease <input type="checkbox"/> Heart Failure <input type="checkbox"/>
Child Maltreatment & Neglect	Presentation of Physical Abuse <input type="checkbox"/> Investigation of suspected physical abuse <input type="checkbox"/> Understanding Complex families <input type="checkbox"/>
Development	ASD ADHD <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Normal Childhood development <input type="checkbox"/>
Ears, Nose, Throat	Middle Ear Disease <input type="checkbox"/>
Endocrine	Hypothyroidism <input type="checkbox"/> Type 1 Diabetes Mellitus <input type="checkbox"/> Hypoglycaemia <input type="checkbox"/>
Fever, Sepsis and Infectious Disease	Common childhood viral infections <input type="checkbox"/> Gastroenteritis <input type="checkbox"/> Respiratory tract infection- e.g. croup, bronchiolitis, pneumonia <input type="checkbox"/> Serious bacterial infections- e.g. Meningitis <input type="checkbox"/> Urinary Tract Infections <input type="checkbox"/>
Gastroenterology	Chronic Constipation <input type="checkbox"/> Gastro-oesophageal Reflux <input type="checkbox"/> Ulcerative colitis/Crohns disease <input type="checkbox"/> Faltering growth <input type="checkbox"/>
Immunisation	Attendance at an immunisation clinic with community nurses <input type="checkbox"/>
Neurology	Cerebral Palsy <input type="checkbox"/> Febrile Seizures <input type="checkbox"/> Seizures and Epilepsy <input type="checkbox"/> Meningitis/Encephalitis <input type="checkbox"/> Occupational and Physiotherapy for children with neurological conditions <input type="checkbox"/>
Newborn	The baby check <input type="checkbox"/> Common congenital anomalies and genetically determined conditions <input type="checkbox"/> Newborn screening <input type="checkbox"/> Hypoxic ischaemic encephalopathy <input type="checkbox"/> Infection <input type="checkbox"/> Jaundice <input type="checkbox"/> Nutrition, feeding and growth <input type="checkbox"/> Respiratory distress <input type="checkbox"/> Neonatal hypoglycaemia Neonatal apnoea Postnatal depression (Edinburgh scoring)
Nutrition and Growth	Failure to thrive <input type="checkbox"/> Iron deficiency <input type="checkbox"/>
Paediatric Surgery	Hydrocoele <input type="checkbox"/> Inguinal Hernia <input type="checkbox"/> Intussusception <input type="checkbox"/> Malrotation and Volvulus <input type="checkbox"/>

	Pyloric Stenosis <input type="checkbox"/> Undescended Testes <input type="checkbox"/>
Respiratory	Asthma <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/>
Resuscitation/Paediatric Emergency	Acute asthma <input type="checkbox"/> Burns <input type="checkbox"/> Dehydration <input type="checkbox"/> Diabetic ketoacidosis <input type="checkbox"/> Ingestions/poisonings <input type="checkbox"/> Meningitis <input type="checkbox"/> Septic shock <input type="checkbox"/> Status Epilepticus <input type="checkbox"/>
Mental Health	Eating Disorders <input type="checkbox"/> Anxiety/Depression <input type="checkbox"/> Pain Amplification Syndromes <input type="checkbox"/>

Procedural Skills List for Child Health Clinical Placement

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.

Please Note:

Students usually do not perform many procedures while on paediatrics but must demonstrate an understanding for the indications and the basics of performing paediatric procedures such as lumbar puncture, suprapubic aspiration, venepuncture, IV placement, throat culture, and urethral catheterization.

It is also an important opportunity to observe clinicians performing these investigations to improve your confidence in doing these procedures on you own (with supervision at a distance) when you are an intern.

Procedure	Students must be able to indicate reasons for ordering the tests/procedure and be able to interpret
Cardiology	Blood pressure <input type="checkbox"/> CXR <input type="checkbox"/> ECG <input type="checkbox"/>
Child Maltreatment	Coagulation studies <input type="checkbox"/> Eye review <input type="checkbox"/> Head imaging <input type="checkbox"/> Skeletal survey <input type="checkbox"/>
Development	Chromosomal analysis <input type="checkbox"/> Fragile X screen <input type="checkbox"/> Hearing tests <input type="checkbox"/> Psychometric testing <input type="checkbox"/> Thyroid function tests <input type="checkbox"/>
Ear, Nose and Throat	Hearing tests <input type="checkbox"/>

	Tympanometry <input type="checkbox"/>
Endocrine	Fasting blood glucose <input type="checkbox"/> Glucose tolerance test <input type="checkbox"/> Gonadal hormone levels (including androgens) <input type="checkbox"/> HbA1c <input type="checkbox"/> Thyroid function test <input type="checkbox"/>
Fever Sepsis and Infectious Disease	Blood culture <input type="checkbox"/> C reactive protein <input type="checkbox"/> Chest X ray <input type="checkbox"/> Full blood count <input type="checkbox"/> Lumbar puncture <input type="checkbox"/> Stool – microscopy, culture, sensitivity <input type="checkbox"/> Urinalysis – microscopy, culture, sensitivity <input type="checkbox"/> Viral serology <input type="checkbox"/>
Gastroenterology	Endoscopy <input type="checkbox"/> Investigation of faltering growth and malabsorption <input type="checkbox"/>
Neurology	Blood glucose Serum electrolytes <input type="checkbox"/> Head imaging <input type="checkbox"/> Indications of MRI/CT/EEG and basic ability re scans <input type="checkbox"/> Spine imaging <input type="checkbox"/>
Nutrition and Growth	Full blood count <input type="checkbox"/> Iron studies <input type="checkbox"/> Thyroid function tests <input type="checkbox"/>
Respiratory	Atopy testing <input type="checkbox"/> Lung function tests <input type="checkbox"/> Pulse oximetry <input type="checkbox"/> Serum electrolytes <input type="checkbox"/> Skin sweat test <input type="checkbox"/>

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 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).

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)

Program LOs 2024		Description On successful completion of this program the learner will be able to:	AMC 2012	AMC standards 2023
01	Y5SS01	Apply current medical and scientific knowledge to individual patients, populations and health systems.	1.1, 1.2, 1.3, 1.4	4.1, 4.2, 4.3, 4.4, CP 1.13, 1.24
02	Y5SS02	Apply evidence-based and environmentally sustainable healthcare practices in patient care and research methodology.	1.5, 1.6, 2.7	4.2, 4.3, 4.5, 4.6, CP 1.15, 1.16
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	4.5, 4.6, HS 3.6,
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	1.3, 1.2, 1.4, 1.6, 1.8,
05	Y5CP02	Perform an accurate and complete physical examination on any body system including a mental state examination.	2.3	1.9
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	1.10, 1.13, 1.16, 1.22,
07	Y5CP04	Recognise and assess deteriorating and critically unwell patients who require immediate care and perform common emergency and life support procedures.	2.12	1.20, 1.21, 1.23
08	Y5CP05	Safely perform a range of common procedures.	2.6, 2.11, 2.14	1.1, 1.5, 1.6, 1.7, 1.11, 1.12, 1.14, 1.17, 1.18
09	Y5CP06	Safely prescribe by applying the principles of "quality use of medicines" in an environmentally sustainable way.	2.7, 2.11	1.11, 1.12, 1.16, 1.17, 1.18,
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	1.11, 1.12, 1.15, 1.23, HS 3.7, 3.8 SS 4.1
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	1.1, 1.5, 1.6, 1.7, 1.11, 1.12, 1.16, 1.19, 1.23, 1.24, HS 3.2, 3.3
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	3.7, 3.8, CP 1.4, 1.7, 1.22

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	3.10, 3.2, 3.3, 3.8, 3.5, 3.12, CP 1.7
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	3.3, 3.9, 3.1, CP 1.2, 1.5, 1.11,
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	3.6, 3.3, 3.5, CP 1.3, 1.4, 1.6,
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	2.3, 2.5, 2.6, 2.8, 2.9, 2.11, 2.12, 2.13, 2.16, 2.17, 2.18
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	2.1, 2.2, 2.3, 2.4, 2.9, 2.10, 2.15, 2.18 HS 3.9,
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	2.2, 2.15, 2.18, CP 1.19
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	2.2, 2.5, 2.3, 2.6, 2.9, 2.11, 2.12, 2.13, 2.15, CP 1.5, 1.6, HS 3.10,
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	2.5, 2.2, 2.6, 2.11, 2.12, 2.13, 2.15, 2.16,
21	Y5PL06	Demonstrate, and role model for junior medical students, the active management of self-care in a clinical environment as part of a clinical team managing patients.	4.1, 4.2, 4.5, 4.6, 4.7, 4.9	2.2, 2.3, 2.5, 2.7, 2.9, 2.13, 2.15, 2.16