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

Core Topics for Mental Health

a. Symptom Based Approach

General	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 □
General continued	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 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
    - Communication with children and families
    - 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 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 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 :**

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

The Mini-CEX WBA format is shared with Griffith University, designed to reduce the cognitive workload for supervisors, whilst enhancing personalised feedback on performance to students. Feedback provided in the WBA should align to that given to students at the time of the interaction. The Global score given relates to the students' ability to conduct this clinical skill (history or examination or patient management plan) relevant to their current level of learning:

> ☐   1.   Unable to complete the task and requires direct instruction and intervention from supervisor
> ☐   2.   Performs the task with proactive supervisor input and intervention (Repeat task)
> ☐   3.   Performs the task competently with minimal supervisor input and intervention (Pass)
> ☐   4.   Performs the task competently and independently with supervision nearby if required (Pass)

Outcomes:
- • Level 3 (Student level) and 4 (intern level) are considered a Pass
- • Level 1 (fail) or 2 (Borderline) require the student to Repeat the skill or conduct another Mini-CEX until level 3 is reached in a minimum of four (4) by end of the clinical placement.

Clerked Case due WK 7:

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:
- o Practice the skill of concise and relevant documentation
- o Develop their ability to articulate clinically relevant patient information in both Oral and Written formats
- o Guide their deeper clinical understanding of core conditions, including management options
- o Develop their clinical reasoning – their ability to formulate a diagnosis from the History and Physical examination, supported by specific tests
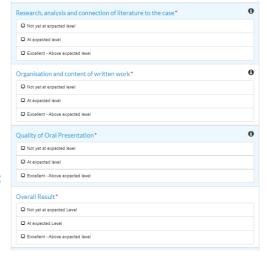
Process of Clerked Case Completion:
- o The student is required to spend time with a patient sufficient to take a full history and examination and extract the relevant findings.
- o Wk5: Students then concisely document their findings and write a problem list and care plan, including a GP letter, with reference to the literature in support of their clinical decision-making: 1500 word maximum with 250-word abstract assigned to you in Osler
- o 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
- o 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
- o Once the student has presented, please complete the assessment in Osler ePortfolio
- o 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

MD Program Outcomes PHASE 2 (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

1.	Science and Scholarship: The medical graduate as scientist and scholar
2.	Clinical Practice: The medical graduate as practitioner
3.	Health and Society: The medical graduate as a health advocate
4.	Professionalism and Leadership: The medical graduate as a professional and leader

The Australian Medical Council's Graduate Outcome Statements are organised into four domains. Within this subject, the framework mapped to the learning outcomes are Science and Scholarship Domain (learning outcomes 1-3), Clinical Practice Domain (learning outcomes 4-11), Health and Society Domain (learning outcomes 12-15) and Professionalism and Leadership Domain (learning outcomes 16-21).

Program LOs 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 clinicalsettings.	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, CP1.4, 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, tounderstand 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 Doctorsin 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 virtueand 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, demonstratingprofessional 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 andactive 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 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	2.2, 2.3, 2.5, 2.7, 2.9, 2.13, 2.15, 2.16