



Bond University Medical Program

Surgery Health

Clinical Placement

Student/Clinician Guide

Surgery Placement

The aim of the Surgical Placement is to gain practical experience in the initial evaluation, investigation and management of acute and elective illnesses common to General Surgery patients. Students will be given training in the basics of general surgical principles, learning how to solve surgical problems as they add on to their basic knowledge, develop clinical judgment and perform motor skills through guided and supervised patient care.

This placement also provides students with learning experiences associated with the clinical care of surgical patients and for the development of clinical knowledge and understanding of the common conditions in Surgery and the principles of surgical management.

	Surgery Placement Specific Learning Outcomes	Link to year LO's See appendix 1
S1	Recognise serious illness requiring urgent management /intervention;	Y4SS01 Y4CP03 Y4CP04
S2	Plan investigations (including imaging) and be able to provide a rationale for their appropriateness (support or refute a diagnosis, cost-effectiveness, influence on management);	Y4SS01 Y4CP03 Y4CP07
S3	Compose and dictate a Discharge Summary;	Y4PL03
S4	Demonstrate competence in basic surgical skills;	Y4CP05
S5	Interpret the results of commonly encountered diagnostic tests, imaging and procedures encountered in surgical patients;	Y4CP05 Y4CP07
S6	Demonstrate understanding of the principles that apply to assessment and management of surgical patients in the phases of preoperative, operative and postoperative care.	Y4SS01 Y4CP01, Y4CP02, Y4CP03, Y4CP08 Y4PL01, Y4PL02, Y4PL04

Procedural Skills List for Surgery Placement

+🕒 ePortfolio learning module available

Understand all and perform most of the following basic procedures:

+🕒 venepuncture/phlebotomy

+🕒 insertion of intravenous catheter

obtain arterial blood sample (arterial blood gas)

+🕒 insertion of urethral (Foley) catheter

insertion of nasogastric tube

removal of surgical drains

+🕒 local anaesthesia

wound preparation e.g. draping and skin preparation

+🕒 closure of surgical incisions

suturing of simple lacerations

+🕒 removal of suture/staples

dressing changes

+🕒 operating room protocols e.g. scrubbing, gowning, gloving, prepping and draping

assistance in operative procedures

Core Topics in General Surgery

This program involves weekly self-directed learning modules and three student presentation sessions. Each week students should do background readings that will enable them to answer the corresponding questions for each module. Students may be asked to provide verbal or written proof of their work by their supervisors during the course of the clinical attachment. This is not an assessable or graded task. The modules will assist students to learn important surgical concepts that are also relevant to general medicine. There are also up to 18 student presentation topics that may be selected for presentation depending on the total number of students allocated to a surgical placement. The student presentations focus on specific surgical specialty topics that require summarisation and presentation of a greater volume of learning material. Students will facilitate the learning of their peers by providing a topic overview. This should focus on aspects that are relevant to medical officers working in community, emergency or wards, i.e. not a subspecialist level.

Suggested Reading Materials

Textbook: Current Diagnosis and Treatment: Surgery, 15th Edition (2020), Gerard Doherty

Textbook: Textbook of Surgery, 4th Edition (2020), Smith, Kaye, Christophi, Brown

Week 1

Module 1: Biohazards in Surgery

The purpose of this module is to be aware of important biohazards that may be encountered by patients and staff during the delivery of surgical care. Students will learn about prevention and management of air-borne, blood-borne and surgical site pathogens.

Doherty Chapter 3 Preoperative Preparation, sections 'Operating Room' and 'Preparation of the Operating Room Facility'

Textbook of Surgery: Ch 1 'Preoperative Management', Ch 5 'Surgical Techniques'

Using the suggested pre-reading and other reading materials, answer the following questions regarding biohazards in surgery:

1. Describe 'standard aseptic technique', the key components and when it is used.
2. What is 'surgical sterile technique' and how it is different to aseptic technique?
3. List potential air-borne, blood-borne and commensal pathogens and what biohazard precautions are taken in healthcare facilities.
 - a. Covid-19
 - b. TB
 - c. HIV
 - d. Hep B
 - e. Hep C
 - f. Multi-resistant organisms
4. What are the common pathogens in surgical wound infections? What measures have been proven to reduce surgical site infections?

Week 2

Module 2: Preoperative Preparation, Prophylaxis and Postoperative Care (Self-directed learning)

The purpose of this module is to ensure students understand and can implement vital perioperative care for all surgical patients. This includes pre-operative safety assessment, perioperative medication management, pre-operative patient optimisation, nutrition, thromboprophylaxis, post-operative respiratory care. Management of specific post-operative complications such as post-thyroidectomy haemorrhage and hypocalcaemia, post ERCP pancreatitis, colorectal anastomotic leaks, vascular reperfusion injuries, etc should be discussed during the relevant dedicated student presentation.

Doherty Chapter 3 Preoperative Preparation, sections 'Preparation of the Patient' and 'Preoperative Process'

Textbook of Surgery: Ch 1 'Preoperative Management', Ch 2 'Assessment of Surgical Risk'

Using the suggested pre-reading or other reading materials, answer the following questions regarding surgical patient perioperative care:

1. List the antiplatelet medications and the required pre-operative cessation time to eliminate their effect
2. List the anticoagulation medications and the required pre-operative cessation time to eliminate their effect
3. What circumstances may require continuation of antiplatelet or anticoagulation medications?
4. How is CHADSVASC calculated and what is the CVA risk in patients not receiving anticoagulation?
5. Summarise the risks and the necessary precautions when an operation is planned on a patient with the following condition:
 - a. Diabetes (IDDM and non-IDDM)
 - b. AF
 - c. Thyrotoxicosis
 - d. Adrenal insufficiency (including patients on long term steroids)
 - e. Obesity
 - f. Pregnancy
 - g. Anaemia
 - h. Chronic Kidney Disease
 - i. Chronic Liver Disease
 - j. Organ transplant
6. What care should patients receive to prevent thromboembolic complications?

Week 3

Module 3: Skin lesions and Melanoma (Self-directed learning + Student Presentation)

The purpose of this module is to familiarise students with common lesions including actinic lesions, seborrheic keratosis, benign naevi, epidermoid cysts, lipomas, BCCs, keratoacanthoma, SCCs, melanoma and significant rarer lesions such as Merkel cell carcinoma and dermal sarcoma.

Chapter 43 Plastic and Reconstructive Surgery, section 'Skin Lesions and Tumours'

Textbook of Surgery: Ch 44 'Tumours and cysts of the skin', Ch 45 'Soft tissue tumours'

A student will be allocated to present on skin cancers including BCC, SCC and melanoma. The presentation should aim to cover skin anatomy and histology, risk factors, key diagnostic features (and differential diagnoses), appropriate biopsy techniques, indications for specialist referral, appropriate investigations and basic management concepts including disease staging, reconstruction options and adjuvant therapies. The presentation does not require a specialist surgeon level of knowledge. There should be a focus on key concepts that GPs and physicians should understand as they will inevitably be caring for patients with comorbid skin conditions.

All students will also be required to use the suggested pre-reading or other reading materials to answer the following questions:

1. Describe the pathogenesis, distinguishing features and management of epidermoid cysts and lipomas. What malignancies may be mistaken for one of these benign lesions?
2. What is the relationship between UVA and UVB and the development of skin cancers?
3. Describe the classic features and management options for: Seborrhoeic keratosis, Actinic/Solar keratosis, Bowen's Disease, Keratoacanthoma.
4. Provide a brief summary and key management recommendations for the following rare cutaneous tumours:
 - a. Merkel cell carcinoma
 - b. Dermatofibrosarcoma protuberans (DFSP),
 - c. Atypical fibroxanthoma and Pleomorphic dermal sarcoma (PDS)
 - d. Leiomyosarcoma, Liposarcoma and Angiosarcoma

Week 3 Presentation Topics

1. SKIN: BCC, SCC, Melanoma: Primary assessment and management as outlined above
2. BENIGN BREAST CONDITIONS: Mastalgia, mastitis, abscess, nipple discharge, fibro-cystic disease, gynaecomastia, phyllodes.
3. MALIGNANT BREAST CONDITIONS: DCIS, Invasive cancer, screening, diagnostics, management including surgery, radiotherapy and hormone therapy, reconstruction
4. THYROID: Surgical aspects to managing Graves Disease, Thyroiditis, Multinodular Goitre. Workup for thyroid nodules. Thyroid cancers.
5. ENDOCRINE: Adrenal incidentalomas, benign tumours and malignancy. Surgical management of hyperparathyroidism.
6. HEAD & NECK LUMPS: Salivary gland tumours, Sialadenitis, Cervical lymphadenopathy, Branchial cyst/fistula, Cystic hygroma and ranula.

Learning integration question: Provide differential diagnoses for a patient presenting with a subcutaneous lump in the lateral neck

Week 4

Module 4: Fluid, Electrolytes, TPN, Blood products

Doherty Chapter 9 Fluid, Electrolyte & Acid-Base Disorder, sections 'Fluids and Electrolytes' and 'Electrolyte Disorders'

Chapter 10 Surgical Metabolism and Nutrition, section 'Nutrition Intervention'

Textbook of Surgery: Ch 4 'Postoperative Care', Ch 7 'Nutrition and the Surgical Patient'

Using the suggested pre-reading or other reading materials, answer the following questions:

1. What are the normal daily fluid and electrolyte requirements for a 70kg man
 - a. Water
 - b. Sodium
 - c. Potassium
 - d. Glucose
2. What parameters are considered when performing a patient fluid balance assessment
3. What disease states require fluid replacement therapy in addition to daily maintenance fluids?
4. What are the indications for commencing TPN?
5. What are the indications for administering blood products? (consider anaemia, platelets, INR)
6. What are standard pre-operative fasting times?
7. What is ERAS? What are the key components? Can ERAS be applied to all patients?
8. List the potential causes of post-operative fever and how you would manage each.

Week 4 Presentation Topics

1. OESOPHAGUS: GORD, hiatus hernia, dysphagia, Zenker's Diverticulum, Malignancy
2. STOMACH: Peptic ulcer disease, Helicobacter Pylori, Gastric malignancy, GIST
3. GALL BLADDER & BILE DUCT: Spectrum of gallstones related disorders, malignancy
4. PANCREAS: Aetiology, pathophysiology and management of pancreatitis. Pancreatic neoplasia.
5. BARIATRIC SURGERY: Indications, options, outcomes, management of complications
6. TRAUMA SURGERY: EMST principles of management, mechanisms of injury, injury severity grading for liver, spleen, pancreas, duodenum, trauma laparotomy and damage control

Learning integration task: provide a clerked case or verbal presentation to one of your supervisors. This should be a surgical patient case that includes pre-operative assessment, pre-operative optimisation, operative and post-operative management and a relevant discussion.

Week 5

Module 5: The Acute Abdomen

Doherty Chapter 23 The Acute Abdomen

Textbook of Surgery: Ch 68 'The acute abdomen, peritonitis and intra-abdominal abscesses'

Students should develop a clear understanding of what constitutes an 'acute abdomen' from their readings and experience whilst on surgical clinical attachment.

Using the suggested pre-reading or other reading materials, answer the following questions regarding the acute abdomen:

1. Write your definition of 'the acute abdomen'. What symptoms and signs do you regard as pathognomonic for the diagnosis of an acute abdomen?
2. What is the aetiology and pathophysiology of pain associated with an acute abdomen? (use an example of intra-abdominal infection such as acute appendicitis or cholecystitis)
3. Using a systematic approach of your own preference, present a comprehensive list of conditions that may cause an acute abdomen, appropriate investigations and suggested management.
4. What are 'non-surgical' causes of an acute abdomen?

Week 5 Presentation Topics

1. HERNIAS: Inguinal, femoral, ventral, incisional, obturator, Spigelian, lumbar
2. COLON: Diverticular disease, volvulus, polyps, bowel cancer, screening
3. COLITIS: Infective, Inflammatory, Ischaemic colitis, IBD: UC, Crohn's
4. PROCTOLOGY: Haemorrhoids, fissure, abscess, Fourniers, fistulae, prolapse, pilonidal disease
5. ARTERIAL DISEASE: Peripheral vascular disease (including acute and chronic limb ischaemia), abdominal aortic aneurysm, carotid artery disease, diabetic foot & gangrene.
6. VENOUS DISEASE & LYMPHOEDEMA: Venous drainage of lower limbs, varicose veins, phlegmasia, chronic venous insufficiency, lower limb ulcers, VTE & post phlebitis syndrome, congenital and acquired lymphoedema.

Learning integration question: Provide differential diagnoses for a patient presenting with a lump in the groin.

Week 6

Module 6: Healing, Wound Care, Plastic and Reconstructive Surgery

Doherty Chapter 6 Wound Healing

Textbook of Surgery: Ch 6 'Management of Surgical Wounds', Ch 9 'Surgical Infection', Ch 47 'Principles of plastic surgery'

All students will also be required to use the prescribed pre-reading or other reading materials to answer the following questions:

1. Describe the stages and steps in normal wound healing?
2. What factors impair or prolong acute wound healing, and contribute to development of a chronic wound?
3. Outline the recommendations for managing the following wounds:
 - a. Venous ulcer
 - b. Ischaemia ulcer
 - c. Highly exudative wound
 - d. Biofilm
 - e. Cellulitic wound
 - f. Bone ulceration
4. Describe the process of maturation of a split and full thickness skin graft. What factors contribute to graft failure.

Week 7

Clerked case presentations summative assessment

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
 - 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.

Due: Wk3/4: Mid-placement ITA. 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'.

Due Wk7: End-Placement 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.

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**

- 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:

- | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><input type="checkbox"/> 1. Unable to complete the task and requires direct instruction and intervention from supervisor<input type="checkbox"/> 2. Performs the task with proactive supervisor input and intervention (Repeat task)<input type="checkbox"/> 3. Performs the task competently with minimal supervisor input and intervention (Pass)<input type="checkbox"/> 4. Performs the task competently and independently with supervision nearby if required (Pass) |
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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.

Due Wk7: Clerked Case: 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

- 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

The screenshot shows a digital assessment form with the following structure:

- Research, analysis and connection of literature to the case*** (with an information icon):
 - Not yet at expected level
 - At expected level
 - Excellent - Above expected level
- Organisation and content of written work*** (with an information icon):
 - Not yet at expected level
 - At expected level
 - Excellent - Above expected level
- Quality of Oral Presentation*** (with an information icon):
 - 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

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, 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 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

