Bond University Medical Program

Emergency Medicine Student/Clinician Clinical Placement Handbook

Emergency Medicine Placement

The Emergency Medicine Placement combines elements of all subspecialties while focusing on:

1. Recognition and resuscitation of the acutely unwell patient
2. Assessment and management of the undifferentiated patient
3. Effective communication and facilitation of patient care.

During this placement you will have shifts on a roster basis that will cover morning, afternoon, evening, nights, and weekend work.

This handbook sets out the student requirements to successfully complete this clinical placement as part of the MD Program.

Emergency Medicine Placement Specific Learning Outcomes

By the conclusion of the Emergency Medicine Placement, students should be able to:

LOs	Description of the Emergency Medicine Placement Specific LOs	Aligned to 2026 LOs (Domains)
ED1	Demonstrate knowledge, skills and attitudes required to assess and manage common adult and paediatric emergencies.	SS1, SS2, CP1-5
ED2	Explain the role of Emergency Departments and Emergency Medicine as a speciality.	PL3, HS1
ED3	Demonstrate, where possible, the practice of key emergency procedural skills such as cannulation, wound care, suturing and splinting as well as basic life support skills.	CP6
ED4	Demonstrate the development of professional skills such as clinical reasoning, critical analysis, teamwork and dealing with uncertainty when managing patients.	CP5, CP7, CP8, CP10, PL4, PL6
ED5	Demonstrate the development of attitudes, knowledge, and skills for competent care of injured and /or infirmed individuals of all ages, socioeconomic, ethnic backgrounds for disease prevention, recognition of disease presentation and promotion of optimal health habits.	SS2, CP5, HS1, HS2, HS3, PL1
ED6	Develop skills such as clinical reasoning, critical analysis, teamwork, and dealing with uncertainty when managing patients.	CP4, CP5, CP8, PL6, PL7
ED7	Assist in critical illness and injury and resuscitation.	SS1,CP5
ED8	Demonstrate the ability to hand-over or refer a patient using the ISBAR framework and/or summarise a case presentation concisely, synthesise the key problems, formulate a diagnosis/differential and an initial management plan.	CP4, CP10, HS5

Timetable and Contacts

Students are expected to be present 5 days a week during their placements. Students are expected to attend all their assigned shifts, and it is their responsibility to ensure that they adhere to the Health Science and Medicine Faculty's *Attendance Policy* and requirements. If a student is unable to attend a shift for any reason, they must notify you, the hospital coordinator (if applicable), and the Placements Team at Bond University (Med-placements@bond.edu.au) in advance.

As well as displaying adequate clinical knowledge, students must also display other professional skills such as the ability to work well within a multidisciplinary team, the ability to consider the psychological

and social impact of illness on the patient and their family, and the ability to be honest, empathetic and respectful with regard to the patient's choices and decisions. It is also important that students recognise their own limitations, competencies, and scope of practice associated with their stage of training.

Core Topics for Emergency Medicine Clinical Placements

Students may not have the ability to see a patient with one of these conditions during their placement but realise that these are common scenarios that will be encountered in clinical life when looking after patients and are topics that are often incorporated in examinations.

Common Presentations	Examples
Acute Rashes and swelling	• Angioedema • Urticaria.
Acute visual loss	
Bleeding problem	• Epistaxis • Haematemesis • Haemoptysis.
Breathing problem	• Dyspnoea • Wheezing.
Burns	
Coma, alteration in conscious level	
Disorientation, confusion	
Fever	
Headache	
Hypothermia	
An ill child	• Child with fever • Fitting child • Limping • Non accidental injury • Respiratory emergency.
Injury	• Abdomen • Chest • Head • Long bones • Maxillofacial • Pelvis • Spine • Soft tissue.
Major trauma	
Near drowning	
Pain/Discomfort	• Backache • Constipation • Joint • Swollen/painful leg • Urinary retention.
Painful Eye	
Seizure	
Shock and Hypotension	
Syncope, collapse	

Medical Conditions	
Child health emergencies	• The Ill child (see above in symptom-based approach table).
Ear, Nose and Throat (ENT)	• Dysphasia • Ear pain • Foreign bodies • Loss of hearing.
Medical Emergencies	• Acute coronary syndromes • Allergic reaction • Cardiac arrhythmias • Diabetic ketosis • Exacerbation of OCAD, asthma • Heart failure • Pancreatitis • Pulmonary embolus • Subarachnoid haemorrhage • Stroke.
Mental Health Emergencies	• Psychotic patient • Acute Behavioural Disturbance
Ophthalmology	• Blunt trauma to the eye • Foreign bodies.
Orthopaedics	• Dislocated joint • Fractured bones • Nerve /tendon /muscle injury • Septic arthritis.
Surgical Emergencies	• Differential diagnosis of the acute abdomen • Ischemic limb.

Toxicology and Environmental Emergencies
 	
OR
 	
Trauma
	• Common drug withdrawal states
	• Overdose of drugs
	• Benzodiazepines
	• Opiates
	• Paracetamol
	• Salicylates
	• Serotonin
	• Tricyclics (TCA)
	• Use of specific antidotes (Naloxone, and N-acetylcysteine)
	• Environmental
	  ○ Electrical injuries
	  ○ Envenomation (snake and spider bites)
	  ○ Hypothermia and hyperthermia
	  ○ Near drowning
	  ○ Poisoning- carbon monoxide
	  ○ Single injury
	  ○ Multiple injuries
	  ○ Abdominal organs
	  ○ Chest
	  ○ Facial
	  ○ Head
	  ○ Limb
	  ○ Spine.

Women's Health Emergencies	• Bleeding in early and late pregnancy • Ectopic pregnancy • Eclampsia • Pelvic inflammatory disease.

Students should take the opportunity to read about each of these conditions and develop an approach to their management. Supervisors may be available to help refine understanding.

Emergency Medicine Placement Procedural Skills

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

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

Measurement • ECG • Injection • Intravenous venepuncture IV cannula • IV infusion • IV drug administration • IV fluid and electrolyte therapy Spirometry • Urinalysis	Perform and interpret an ECG Perform injections – IV, IM, SC Perform venepuncture Insertion of an IV cannula Set up an IV drip. Describe the safe administration of an IV drug. Explain fluid and electrolyte balance, how to calculate and the correction of imbalance. Perform and interpret basic spirometry Perform dipstick urinalysis testing.
Respiratory • Nebuliser/inhaler Oxygen therapy	Instruct a patient on using an inhaler/spacer. Demonstrate the use of oxygen by mask and nasal prongs.

Clinical Supervision and Assessment

Students have a variety of workplace-based assessments (WBA) to successfully complete during this Clinical Placement as detailed below. All WBAs are completed in Osler ePortfolio, a cloud-based mobile assessment technology, giving students, supervisors and faculty immediate access to WBA feedback and evaluation. WBAs 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 WBAs 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.

The BOE assessment is holistic. A satisfactory performance on attendance, professionalism, and WBAs is required to pass the rotation.

All WBAs are to be submitted in Osler by 8 am Monday following the end of each Clinical Placement

In the final Clinical Placement 12 (Subject MEDI72-503) all WBA are due end of W5.

For assistance, please contact the following:

- For assistance with Osler contact: osler@bond.edu.au
- For assistance with WBA contact: Med-assessment@bond.edu.au
- For full details of all WBA requirements, read the WBA booklet located on iLearn.

In-Training Assessment (ITA) (Due Wk7)

This workplace-based assessment tool provides the opportunity for the clinical supervisor to comment on the student's global performance on that placement to date. The ITA is a summary evaluation of whether students have met the requirements at the expected level of that placement at the time of completion for:

- Clinical knowledge
- Procedural skills

- Clinical History taking and physical examination skills
- Communication
  - Communication with patients, children, staff and their families
  - Appropriate clinical handover using ISBAR
- Personal and professional behaviour
- Attendance on placement.

The ITA is completed by the assigned supervising Consultant or their delegated registrar, after seeking input from the clinical team about the student's performance throughout the placement, with a particular focus on whether the student is performing 'at expected level'. This process supports an informed and balanced evaluation.

Students can fail for lack of professional behaviour or for not meeting attendance requirements on Clinical Placement. Inadequate presence prevents students from spending sufficient time with patients to demonstrate competence.

Mini-Clinical Examinations (Mini-CEXs) (due Wk6)

Students are expected to actively engage in the development of core clinical skills by interacting with patients through taking histories or performing physical examinations and participating in discussions with the clinical supervisors/consultants. While these interactions should be an everyday occurrence, four examples will be assessed as Mini-Clinical Examinations (Mini-CEXs).

Mini-CEXs offer a valuable formative learning opportunity, as students receive personalised feedback from experienced clinicians. This feedback helps students monitor their own progress, identify areas for improvement, and supports progression decisions within the program.

During the clinical placement, students will be supervised by the clinical supervisor/consultant or their delegate, which can include a range of clinicians in specialist training pathways within the medical team, senior house officer or higher. Postgraduate Year 1 (PGY1) and PGY2 interns are not permitted to complete Mini-CEXs.

Students are required to complete and evidence **four (4) Mini-CEXs.** 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.

All four must be Patient Management Plans. Patient Management Plans focus on clinical reasoning and management planning. Students should be able to demonstrate advanced reasoning skills by synthesizing clinical findings and interpretation of investigations into coherent management plans. The level expected through this task is at a pre-internship level, i.e. feedback provided in the WBA should align to a student who will be able to perform at the level of an intern in the subsequent academic year.

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

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

required (Intern level - Pass).

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.

Procedural Skills and Clinical Tasks

Bond Medical Students are required to complete the following Procedural Skills and Clinical Tasks to graduate with the MD. Eleven skills are to be completed on patients under guided supervision whilst three clinical tasks and three theory modules support their skills development.

Opportunities for all Skills and Tasks are not expected in any one rotation. Students are expected to take the initiative in seeking opportunities across the whole of their MD program. A wide range of health professionals can evaluate Skill or Task competency, including doctors, nurses, and allied health.

Students and supervisors can choose the location and timing of when they are ready to conduct this skill for assessment. Students are encouraged to practise the skill multiple times prior to being assessed for competency.

#	**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 (L2 an acceptable pass)
11	Glasgow Coma Scale Interpretation
	Required Theory Modules
12	Personal Protective Equipment
13	Assessment of the ICU patient
14	Pulse Oximetry
	Required Clinical Tasks
15	Deteriorating Patient
16	Discharge Summary (conducted in ieMR)
17	First Nations Cultural Safety

Evaluation of **student procedural skills performance** is based on an **entrustability rating scale**:

1. **Unable to complete the task** and requires direct instruction and intervention from supervisor (Repeat task)
2. Performs the task but **supervisor intervention is required** (Repeat task)
3. Performs the task competently with **minimal supervisor input or intervention** (Pass at medical student level)
4. Performs the task competently and **independently with supervision nearby** if required (Pass at Intern level).

For Airway Management only - Level 2 is an acceptable pass due to the necessary requirement for active supervisor guidance, support, and intervention during this complex task. Students are required to conduct a Bag and Mask ventilation on a patient under guided supervision or can participate in two person techniques, such as oropharyngeal and nasopharyngeal airway insertion.

Additional Assessment Requirements

For context, MD students will conduct the following other assessments outside of the rotational structure:

- **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 as well as a Prescribing Skills Assessment (PSA).
- **Competency in specific skills:** Examples include but are not limited to - Advanced Life Support, Ultrasound Course, Women's Health Assessment Training (intimate Examinations).
- **Advanced Research and evidence-based practice:** MD Portfolio including MD Project and Conference presentation.

MD Program Outcomes (Year 4 and 5s)

The following MD program outcomes for students in Years 4 and 5 are provided as an overview for context. Not every outcome needs to be addressed in any one rotation.

MD Program Outcomes (Year 4 and 5s)

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)

2026 PLO	2026 Domain#	2026 Program Learning Outcomes On successful completion of this Program, the learner will be able to:	AMC Outcomes
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

Guidelines for AI Use on Clinical Placement

Artificial Intelligence (AI) tools are increasingly used in healthcare and education. While these technologies can enhance learning and clinical practice, their use must comply with Bond University, placement provider, and state health policies. These guidelines aim to protect patient privacy, maintain professional standards and uphold academic integrity for medical students during clinical placements.

1. Compliance with Policies

Students must adhere to:

- **Bond University Policies:**
  - *Academic Integrity Policy*
  - *Student Code of Conduct Policy*.
- **Placement Provider Requirements:**
  - Local site rules and approved technology use.

2. Protecting Patient Privacy

Patient confidentiality is paramount. Students must:

- Never input identifiable or sensitive patient data into unapproved AI systems or AI tools.
- Use only site-approved AI tools in clinical areas, as directed by your supervisor.
- Comply with relevant privacy legislation:
  - *Queensland*: Queensland Health Privacy Policy (Queensland Privacy Principles under the Information Privacy Act 2009).
  - *NSW*: Health Records and Information Privacy Act 2002 and NSW Health Privacy Manual for Health Information.

What Constitutes Identifiable Patient Data?

Any information that can directly or indirectly identify a patient, alone or in combination, including:

- **Personal details**: Name, date of birth, address, phone number, email.
- **Health identifiers**: Medicare number, hospital URN, medical record number.
- **Clinical details linked to identity**: Appointment dates, admission/discharge dates, rare conditions combined with location.

- **Images or media**: X-rays, scans, photos or videos showing the patient or unique features.
- **Combinations of data**: Even seemingly harmless details (e.g., age + condition + medication list) can make a patient identifiable.

3. Principles for Responsible AI Use

- Always maintain patient privacy.
- Use only site-approved AI tools in clinical settings.
- AI must never replace clinical judgment or decision-making.
- Verify the accuracy of AI-generated content before using it in documentation.
- Declare AI assistance where required to maintain transparency.
- Comply with cybersecurity and data security standards.

4. Examples of Approved vs. Prohibited AI Use on Clinical Placement

Approved AI tools:

- AI tools integrated into Queensland Health systems for clinical documentation or decision support.
- NSW Health-endorsed AI tools within secure platforms.
- University-approved learning platforms (see *Generative Artificial Intelligence (Gen-AI) guide for students and staff*).

Prohibited AI tools:

- Public AI tools (e.g., DeepSeek, ChatGPT) for patient-related tasks.
- Uploading identifiable patient data to external websites or applications.

5. Guidance on AI Scribes

Expectations:

- Students may only use AI scribes that are provided and approved by the hospital or placement site, and only with supervisor permission.
- Students must not use any AI tools they have purchased or subscribed to independently (e.g., Otter.ai, Notion AI, ChatGPT Plus).
- Developing competency in writing clinical notes is a priority. Students should not rely on AI scribes until they have demonstrated proficiency in manual documentation.
- Students must verify the accuracy of any AI-generated content before including it in patient records.
- Students must comply with all privacy and confidentiality requirements when using AI scribes.