Bond University Medical Program

Advanced Clinical Skills Rotation Student/Clinician Clinical Placement Handbook

Advanced Clinical Skills Rotation

The Advanced Clinical Skills rotation allows students opportunities to apply and practice the skills required for successful future clinical placements to assist with the progression towards internship. Skills and knowledge development will be achieved by including hospital-based ward call shifts, complemented by simulated case encounters, procedural and communication skills revision and application of knowledge and skills required for internship. This seven-week rotation will consist of clinically focussed, workplace readiness sessions, with expert clinician educators across numerous disciplines, as well as addressing generalist skills that will be needed across all disciplines for success in internship.

The seven-week program of the Advanced Clinical Skills rotation will include (amongst others):

- Clinical and communication skills (Advanced communication skills, clinical reasoning)
- Clinical and community preparedness (Documentation, hand-over, prescribing)
- Hospital Readiness Workshops (Ward call shifts and case-based learning sessions).
- Procedural skills (Revision of IVC, IDC, venepuncture, suturing, new skills)
- Leadership and scholarship (Content sessions)
- Continuing professional development (Advanced Planetary Health, cultural safety modules).

Assessment across the seven weeks will be consistent with other clinical rotations, including an ITA, mini-CEXs and a clerked case, as well as other competency-based assessment. An additional long case assessment will be introduced. Details are provided below. Expectation of attendance at scheduled activities during the Advanced Clinical Skills rotation will be equivalent to rostered clinical shifts in other MD placements, in accordance with the current Attendance Policy. Attendance throughout the rotation will be monitored via OSLER and reflected in the ITA, in keeping with other clinical placements. Communication of non-attendance will be via the established notification process for clinical placements.

To successfully complete the Subject that includes the Advanced Clinical Skills rotation, students must achieve the required standards of clinical placements, as outlined in the Rules of Progression.

ACSR Specific Learning Outcomes

By the conclusion of the ACSR, students should be able to:

LOs	Description of the ACSR Specific LOs	Aligned to 2026 LOs (Domains)
ACS 1	Demonstrate effective history-taking and examination skills across a range of disciplines.	CP1, CP2, CP3, PL 4
ACS 2	Formulate differential diagnoses and demonstrate safe and sustainable pharmacological and clinical management of patients across a wide variety of clinical presentations.	CP4, CP7, CP10
ACS 3	Undertake and interpret common investigations, including pathology, imaging, ECG, ABG, VBG.	CP 5, CP6, CP8, SS1
ACS 4	Demonstrate knowledge and understanding of relevant anatomical structures involved in acute airway and apply this to acute airway management.	CP 6, SS1
ACS 5	Demonstrate maintenance of competency for a range of procedural skills	CP 5, CP6, CP7, CP 8
ACS 6	Early recognition and management of deteriorating patients, both	CP 1, CP 2, CP5,

	adult and paediatric.	CP 10
ACS 7	Recognise serious illness requiring urgent management and demonstrate effective resuscitation in a simulated environment.	CP5, CP 8, CP 10, PL 3
ACS 8	Understand effective and safe prescription of fluids and electrolytes.	CP 6, CP7
ACS 9	Demonstrate the ability to effectively summarise and hand-over a patient in various clinical settings.	CP 4, CP11, PL 3
ACS 10	Develop skills such as clinical reasoning, critical analysis, teamwork, and dealing with uncertainty when managing patients.	CP 4, CP 7, CP 10, PL1, PL 2, PL 3, PL 4, PL7, HS3, HS 4, HS 6, HS 7
ACS 11	Demonstrate an understanding of the environmental and ecological determinants of health	HS 1, HS 2, HS 3, HS 4, HS 5, HS 6, HS 7

Timetable and Contacts

Rotation

Students are expected to be present 5 days a week during their placements. Students Each day is equivalent to a clinical shift in a hospital or community setting. If students are unable to attend for any reason, they are required to advise the ACS rotation Lead on MED-ACSR@bond.edu.au and the Placements Team at Bond University: MED-placements@bond.edu.au.

Ward Call

To support student wellbeing and minimise fatigue, attendance at ACSR sessions on the day of your scheduled Ward Call shift is optional (attendance is compulsory for all other students). If you choose not to attend these ACSR sessions, you should liaise with your colleagues regarding the content of the missed teaching and review any resources provided in those sessions in SharePoint/iLearn as self-directed learning. You are encouraged to contact the ACSR Lead at MED_ACSRLead@bond.edu.au if you have any concerns about the content covered so that your learning can be supported, as needed.

If you are unable to attend a hospital ward call shift, please notify both the supervising clinician and hospital clinical coordinator as early as possible. For site-specific details regarding Ward Call attendance and procedures for notifying non-attendance, please refer to the information available on SharePoint.

Fracture Clinic

You will be required to attend one Fracture clinic shift as rostered. Ward Call and Fracture clinic will not be rostered on the same day and no swapping or make up shifts for fracture clinic are possible.

Your daily timetable and rosters will be available on SharePoint. Please ensure that you have recorded the dates of your allocations and attend accordingly. These components are mandatory and ALS, and US are competency-based assessments that must be completed to progress to graduation.

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

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) (End-placement 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 designed for the ACSR Academic Team to evaluate and provide feedback on a student's overall clinical performance on that rotation. It is a summary evaluation of whether the student has met the requirements of that rotation at the expected level for their clinical learning exposure:

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

Students can fail the rotation as a result of poor professional behaviour or for not meeting the attendance requirements of the rotation. If students are not present during the rotation or at their allocated hospital shifts, then they are not spending sufficient time to demonstrate competency.

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

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

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

During the ACSR, supervising facilitators of each communication or procedural skills session will have some opportunity to complete mini-CEX's. Please ensure you approach the facilitator in advance of the session to ensure that they allocate time to complete this task or reallocate the task to a more suitable session.

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.

Clerked Case (due as rostered during weeks 2-7 of the rotation)

Students will submit and present one Clerked Case. For ACSR this is a formative assessment. Students 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 present on campus during a Case-Base Learning session throughout weeks 1-7 of the rotation to the supervising clinician.

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 sufficiently to take a full history and examination and extract the relevant findings.
- 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.
- As rostered during weeks 2 to 7, the student presents the patient case orally and answers questions, enabling evaluation of their clinical reasoning. A good presentation should demonstrate the student's understanding of the patient's issues, concerns and goals and model a patient-centred approach to care.
    - Students will need guidance on when to present their clerked case orally to their

supervisor.
    - Supervisors are encouraged to ask questions at any time in the presentation about the case and how students arrived at their diagnosis/management plan
- The supervisor may determine the format required for the presentation:
    - E.g. students to present a power point presentation
    - E.g. complete an oral presentation in front of peers for group learning
    - It can also be conducted at the bedside.
- Once the student has presented, please complete the assessment in Osler ePortfolio.
- The Osler ePortfolio assessment is due on Friday Wk7, the last day of the placement.

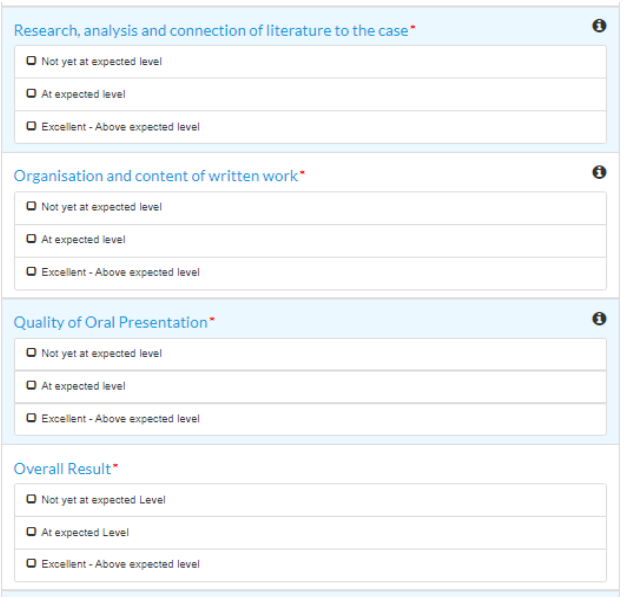
Evaluation of the Clerked Case will be based on performance in the following three domains:

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

The Global assessment given is an overall result:

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

*Refer to the **Clerked Case Marking Rubric**.*



Clerked Case Marking Rubric

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

© Bond University Medical Program

Long Case Assessment

The long case assessment will provide every student with the opportunity to work up a patient, including history/physical examination/provision of working diagnoses/investigations and management. All students will be rostered to a formative long case in week 5 of the rotation, a summative long case in week 6, and there will be opportunity for remediation in week 7, as needed.

Components of a Long Case

The most important aspect of the long case is the component on history taking. The history should have all the usual components and have a good flow.

- **Presenting complaint**
- **History of the presenting complaint**
  - This is the most important aspect of the history. First describe all the symptoms, their onset and progression
  - Now think of the differential diagnosis for the presentation
  - Ask direct questions related to each differential diagnosis
  - The history of presenting complaint will therefore contain components of the past medical history, surgical history, family history and social history
  - Spend most of your time completing the history of the presenting complaint as this is usually the only component that the examiner is interested in.
- **Review of the systems**
  - Most of the symptoms associated with the systems will be asked during the history of the presenting complaint.
- **Past medical and surgical history**
- **Drug history**
- **Allergic history**
- **Family history**
- **Social history**
  - This will be an important component in some long cases. Especially chronic diseases. The following is a guide to take a detailed social history
  - Introduction to the patient and the family
  - Personal habits of the patient
  - Describe the impact of the disease on the patient
  - Impact on the disease on the other members of the family
  - Support available – from the immediate family and the extended family
  - Medical facilities available.
- **Examination**
  - The key is to perform a quick and targeted examination
  - Do the examination after completion of the history of presenting complaint and ask the other details during the examination to save time.

© Bond University Medical Program

- **Investigations**
  - Request relevant investigations
  - Give an interpretation of the investigations that are provided.

- **Presenting your case**
  - Be confident in presentation
  - You will be asked to present a summary at the end
  - Prepare a problem list
  - Define the medical and non-medical problems and list them in order of priority
  - Prepare a differential diagnosis for your medical problems

- **Provide a suggested management plan**

© Bond University Medical Program

Long Case Marking Rubric

Criteria	Not Yet at Expected level / Fail	At expected level / Pass	Excellent – above expected level
1. **History (Hx) and physical examination skill (PES)**	Poorly structured Hx with illogical sequence. Misses core components of Hx, particularly medication and allergy Hx. Misses core components of relevant PE.	Hx addresses most of the relevant information in a structured and logical sequence. Includes medication, family and social Hx. Core components of relevant PE demonstrated effectively.	Hx addresses all relevant information in a concise, accurate and well-sequenced manner. Focussed PE demonstrated with logical sequence and effective technique.
2. **Clinical summary & presentation of findings**	Unable to identify the presenting complaint. History is delivered out of sequence/date line not clear. Forgets to mention some or all medications/Hx components. PE: Misses relevant vital signs or core components of the PE.	Identifies presenting complaint (symptoms) in patients own words. Provides history with clear date line/logical sequence and correct use of medical terminology. Lists patients' current medication, family and social Hx. PE: Vitals given and clearly lists findings of general PE.	Identifies how medication could be contributing to the presenting complaint. Conducts systems review and full Hx with all components complete & accurate. PE: Lists finding of general and focused physical examination. Uses correct medical terminology and logical sequence.
3. **Differential Diagnosis (DDX)**	Provides 1 or < differential Dx and illogical ranking. Unable to adequately support DDx with information from the Hx and PE. Unable to articulate the mechanism of action (MOA).	Provides 2 or 3 differential Dx under consideration with mostly logical order of priority. Supports DDx with information derived from the Hx and PE. Demonstrates some understanding of MOA.	Able to identify the most common condition and what must not be missed with logical ranking. Able to support DDx in addition with information based on anatomy, physiology to explore the MOA.
4. **Investigations (Ix)**	Misses key investigations. Unable to explain the rationale for investigations or how they help confirm the Dx.	Clearly and accurately identifies the investigations carried out and the rationale for each.	Can summarise and interpret results and identify which negative results refute the diagnostic hypothesis and which positive results helped to confirm the Dx.
5. **Management (Mx) Plan**	Can only describe the immediate Mx plan. Forgets some of medication and/or non-pharm interventions. Ignores multidisciplinary team involvement in the Mx Plan.	Clearly and accurately describes the proposed Mx Plan, including medication where indicated. Able to describe the plan for follow up and multidisciplinary team members involved.	Able to describe the proposed Mx Plan including medication and non-pharmacological interventions as well as continuing management in response to progress and long-term follow up. Clearly articulates roles of Multidisciplinary team members.
Global/Overall result	**Not yet at expected level**	**At expected level**	**Excellent – above expected level**

© Bond University Medical Program

Procedural Skills and Clinical Tasks

There will be opportunities to practise these skills on task trainers and in a simulated environment during the Advanced Clinical Skills rotation. However, these cannot contribute to the requirement of the following checklist, which must be completed on placement with real patients.

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

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

© Bond University Medical Program

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.

Advanced Clinical Skills Rotation - Assessment Summary

Assessment	Criteria	Notes
Workplace-based assessments (WBAs)	**Mini-CEXs (4)** Evaluation of student performance in simulate clinical encounters: • advanced communication • documentation • patient safety skills • advanced procedural skills.	Marking rubric as per existing WBA marking criteria.
	ITA (1) Encompassing attendance, engagement, participation & professionalism	Marking rubric as per existing WBA marking criteria.
	Clerked case (1xformative) Students will be expected to document and present a clinical patient they have attended during their ward call shift/s. Format, as currently required in select clinical placements.	Cases presented in a weekly session to clinical tutors for discussion with peers. *Repeat opportunity provided if not yet at expected level on first attempt.*
	Clinical long case (1xformative, 1xsummative) Extended one-on-one observed simulated clinical encounter (history-taking, physical assessment, formulation of differential diagnosis +/- case discussion).	One scheduled long case session for each student with a requirement to be at a passing level. *Repeat opportunity provided if not yet at expected level on first attempt.*
Competency-based assessment	**Advanced Life Support**	Training and certification by external provider. *A single repeat opportunity provided.*
	Ultrasound course	Training and certification by external provider. *A single repeat opportunity provided.*
Continuing Professional Development (CPD) portfolio	**Micro-credentialing/short courses** Students to complete and upload proof of completion of specified number of hours of CPD activities of their choosing; faculty-approval required	Completion of required hours by the end of the subject. If not complete, may be awarded an INC outcome for subsequent semester until completed

© Bond University Medical Program

		Note: To consider introduction of the AMC Intern Assessment form, aligning with future intern self-assessment
	AHPRA modules Modules covering medicolegal and ethical topics relevant for clinical practice as student and junior doctor.	Online, SDL; Multiple attempts permitted until successful completion.
	Mental Health First Aid Refresher Course	Training and certification by external provider.
Attendance	Attendance to be recorded via OSLER to allow for attendance audit on completion of rotation.	Attendance reviewed by Board of Examiners; rules applicable to Phase 2, as per current *Attendance Policy.*

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)

© Bond University Medical Program

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.