Bond University Medical Program

General Practice Core Student/Clinician Clinical Placement Handbook

General Practice Placement

This handbook is designed for final-year students completing their core General Practice (GP) placement. It outlines the requirements students must meet to successfully complete this clinical placement as part of the MD Program.

The GP placement learning outcomes, clinical activities and assessments align with GP teaching and assessment activities at Bond University as per the Learning Outcomes below. This is to maximise students' ability to learn by participating as part of the GP team, whilst reducing the burden on the GP supervisor.

The GP team will include the allocated GP supervisors, and a variable mix of other GPs, GP Registrars, Nurses, Allied Health professionals, Practice Managers and Reception staff; all of whom may assist in creating students' opportunities to learn about GP and GP multidisciplinary care. Students also do a shorter GP placement in year 3.

Note: "GP" is used changeably for GPs and general practice.

Bond University's Code of Conduct and Placement Rules

To avoid boundary crossing, conflicts of interest, biased assessments, and many other issues. If any of the following relationships between the student and the General Practice (GP) exist, the placement is not allowed.

The student is:

- a patient
- an employee
- a relative of any GP or staff member
- a friend or family friend of the GP.

Attendance

- It is expected that the student will contact the GP or the Practice Manager 2 weeks before their GP placement is to start, to find out the GP preferred session times to attend.
- Students' attendance at clinical placements is mandatory. If absent from placement, the student must:
  - Phone the GP clinic to advise their absence
  - Contact the GCPHN Clinical Placements Team on 07 5612 5402 or clinicalplacements@gcphn.com.au
  - Email MED-placements@bond.edu.au to notify absence.
- 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.

Day One of the General Practice Placement

An introductory meeting enables the GP to assess the competency level and interests of a student, with a view to what clinical tasks they may provide or contribute to, e.g. for Year 5: Assisting in procedures, giving immunisations, or seeing patients in their own room for consultations or health

assessments, prior to GP. Individual rooms are not always available to students, but active clinical task sharing should still be possible.

Year 5 Students

Students **are expected to be present a total of at least 28 sessions (lasting 3-5 hours, up to two a day)** during their rotation**. These should be spaced as 4 sessions a week** for the core GP rotation plus extra time to complete the additional mandatory activities.

Each episode of attendance, needs signing off on the day, so that GP will receive PIP payments. For Elective GP placements students are required to attend 56 sessions over 7 weeks (without additional Bond based teaching).

Bond University based Teaching GP in year 5 Core GP Placements

The first Monday of each core GP Block is a **mandatory Introduction Day** for all Students. Most Wednesdays are **mandatory** teaching days at Bond University. The second Tuesday (half-day) during each rotation is allocated to mandatory palliative care teaching at Robina hospital.

General Practice Placement: Specific Learning Outcomes

Core Learning Outcomes

General Practice has been minimally defined as is the provision of comprehensive, patient-centred, whole-person and continuous care. It is the first (and often the only) point of contact with the health care system, where patients present a wide range of undifferentiated problems and/or chronic diseases.

The Learning Outcomes reflect the above definition of GP, and typify the clinical services provided by GP. These learning outcomes align with those for the Year 5 Core GP placement and are closely linked to the Core Competencies and the Royal Australian College of General Practitioners (RACGP) Curriculum.

By the conclusion of the General Practice Placement, students should be able to demonstrate, evaluate, and practice:

LOs	Description of the Core (Y5) General Practice Placement Specific LOs	Aligned to 2026 LOs (Domains)
GPY5C 1	Patient centeredness, advocacy, empowerment, and support	CP 1, PL 1, PL 4, HS 1
GPY5C 2	Provision of care in the home and the community	CPs 7, 8, 9, 10, & 11, PLs 4 & 5, HSs 1, 2, 3, & 4, SSs 1 & 2
GPY5C 3	General practice clinical management (chronic disease, multimorbidity, and polypharmacy)	CPs 7, 8, 9,10, & 11, PLs 4 & 5, HSs1, 2, 3, & 4, SS 1 & 2
GPY5C 4	Rational prescribing & Quality use of medicines	CPs 7, 9, & 11, PL 5
GPY5C 5	Health promotion & disease prevention	CP 8, 9, 10, & 11, HSs 4 & 5, SS 2 & 4
GPY5C 6	Clear communications: With patients, documents, and other health professionals	CPs 1, 2, 10, PLs2, 3, 4, HS 1
GPY5C 7	Evidence based medicine/practice (underpins ALL these activities)	CPs 7, 8, 9, & 10, HSs 4 & 5

Ethical, medicolegal, and professional responsibilities are expected during all clinical placements. They are listed in the clinical years' learning outcomes and are an expected competency of all medical graduates.

Additional Secondary Learning Outcomes

Students should be able to:

LOs	Description of the Additional Secondary General Practice Placement Specific LOs	Aligned to 2026 LOs (Domains)
GPAS 1	Develop an overview of the health issues that affect patients in the community.	CPs 1-4, & 7-10, HSs 1-7, SS 2.
GPAS 2	Develop a balanced view of management and prevention of health needs in the community.	HSs 1-7, SS 2
GPAS 3	Develop an insight into the harms and benefits of interventions.	CPs 7-10, HSs 4-7, SSs 1,2, & 4
GPAS 4	Develop an understanding of the use of "watchful waiting".	CPs 7-11, HS 1, 5, & 6, SSs 1 & 2.
GPAS 5	Develop an understanding of the importance of continuous quality improvement and of clinical audit.	CP 11, PL 5, SS2
GPAS 6	Demonstrate an understanding of medico-legal implications of certificates in General Practice.	CPs 10-11, PLs 1, 4, & 5
GPAS 7	Describe the role of the GP in the palliative care setting and within a multidisciplinary framework to provide palliative care to patients form a holistic, psychosocial and spiritual perspective.	CPs 1-5, 7-11, PLs 1-2, SS 1
GPAS 8	Develop an awareness of the health services available to patients in the community.	CPs 7-10, HSs 1, 4-5, SS 2.
GPAS 9	Demonstrate knowledge of the use of electronic health records in primary care and the classification systems used, e.g. the International Classification of Primary Care (ICPC) and Systematised Nomenclature of Medicine – Clinical Terms (SNOMED).	CPs 9 &11, SS1
GPAS 10	Demonstrate understanding of the specific health related issues of Aboriginal and Torres Strait Islander communities and the delivery of primary health care for these communities.	CPs1, 8-11, PLs 4-5, HSs 1-7, SSs 1-2

Year 5 Core GP Clinical Activities and Assessments Summary

The following Year 5 Core GP clinical activities are expected for all students. They replace the mini-CEX assessment activities in hospital-based rotations. As much as possible, these activities should originate from clinical experiences in the day-to-day work of general practice.

The ability of the student to seek suitable experiences, negotiate any gaps and demonstrate initiative in completing these activities is part of developing professional skills, and a valid area for comment under 'professionalism' in the ITA.

Health Assessments	Student to complete or assist with a health assessment (HA) on at least one patient. (*E.g. GPCCMP, 75+HA, healthy heart check, menopause HA, GPMHP, or eating disorder plans).*

Common Case presentations	Student to find a patient for student's group's patient to illustrate the allocated topic to present at Bond 1. Unexpected consequences of testing such as incidentalomas 2. Non-drug interventions (Social Prescribing, HANDI and others) 3. Menopause Issues 4. Multimorbidity - Diabetes, Hypertension, CKD (Choose 2 or more of these) 5. Asthma and Chronic Obstructive Pulmonary Disease (COPD).
Brief interventions	**Do TWO different ones each**, targeting behaviour change regarding: • Smoking • Nutrition • Alcohol/drugs • Physical activity. ** GP sign off using Osler*
Preventive Health Interventions	Student to find a patient, for student's group to discuss and present at Bond, regarding case for and against prevention 1. Preventing dementia 2. Preventing fractures 3. Genetic testing, including pre/intra/post pregnancy 4. Preventing obesity 5. TWO examples of GP screening, one that shows benefit, and one that does not show benefit.
Carer Interview	Interview a Carer of a Patient with chronic disability at their home or in practice to hear their experience. **GP sign off using Osler*
Patient Orientated Evidence-based Medicine (POEM)	1. Student to find a patient that has a question regarding any of: • Screening or diagnostic tests • Treatment or management (NOT a prescription medication please). 2. Student to find research to answer and share with GP and patient. 3. GP and patient share decision on any changes? 4. Student to submit and present the POEM at Bond. ** GP sign off (on paper) that patient is genuinely from GP clinic.* **POEM is due by Friday 5pm of week 6.*
Home Medication Review (HMR)	Student to do HMR, by self, or with pharmacist, or GP, at home/practice (can be a review of medications combined with a health assessment or management plan). Please consider all: • medical conditions • relevant physical examination findings e.g. BP, pulse, BMI, and weight • relevant investigation results e.g. eGFR **GP sign off (on paper) that patient is genuinely from GP clinic.* **HMR is due on Friday at 5pm of week 6.*

The following additional activities need to be completed:

NPC Prescribing Modules *Submit certificate of completion to Osler*	1. Shared decision making 2. Acute low back pain 3. Glycaemic control in long-established diabetes 4. Hypertension 5. Insomnia

	6. Lipid and CVD risk management 7. Rational Prescribing 8. E-prescribing 9. Type 2 diabetes – initiating treatment 10. Type 2 diabetes – intensifying treatment 11. Urinary tract infection 12. Analgesics in chronic non-cancer pain.
Australian College of Dermatology, Undergraduate modules: *Successfully complete these on iLearn so results will enter your gradebook*	1. Fundamentals of Clinical Dermatology 2. Acne 3. Rosacea 4. Endogenous Eczema Part 1 atopic eczema Part 2 eczema and dermatitis 5. Psoriasis Part 1 Part 2 6. Infections and Infestations Part 1 – Bacterial infections Part 2 – Viral Infections Part 3 - Fungal infections Part 4 - Infestations 7. Skin Tumours: Non-Melanoma Skin Cancer (NMSC) Melanoma, Moles and Other Lesions 8. Dermatological Emergencies Part 1 Part 2 Part 3 9. Skin Signs of Systemic disease Part 1 Part 2 10. Procedural Dermatology and clinical skills 11. Skin Disease in Aboriginal and Torres Strait Islander Peoples Part 1 Part 2 Part 3

Common Presentations anticipated in General Practice Placement

The table below is to be used as a guide to complement learning from clinical situations and should not be viewed as a complete or exhaustive list.

Symptom Based Approach	
Common Presentations	**Description/Examples**
Cough	• Bronchitis
Diarrhoea and/or vomiting	• Gastroenteritis
Fear of sexually transmitted diseases	• Chlamydia most commonly
Feeling agitated and nervous	• Anxiety and panic
Fever	• Upper respiratory tract infection (URTI)
Indigestion	• Oesophageal reflux
Insomnia	• Depression, anxiety, post-traumatic stress disorder (PTSD)
Itch	• Eczema, insect bites

Low mood	• Depression
Musculoskeletal pain	• Low back, knees, or hips osteoarthritis (OA) pain
Rash	• Eczema
Red eye	• Conjunctivitis
Skin sores	• Impetigo
Sort throat and/or earache	• Tonsilitis, Otitis media/externa
Sports injuries	• Knee injuries, e.g. meniscal tears
Swollen ankles	• Heart failure
Upper abdominal pain	• Gastritis
Vertigo/dizziness	• Vestibular neuritis or labyrinthitis (vertigo) or postural hypotension (dizziness)
Weakness/tiredness	• Post viral fatigue, low BP or low pulse
Wheezing	• Asthma
Chronic Health Problems	**Description/Examples**
Asthma and COPD Chronic low back pain Diabetes Heart failure Hypertension Ischemic heart disease Mental Health conditions Obesity Osteoarthritis	Holistic GP approach to management options includes: • Medications • social-prescribing • lifestyle, and • other non-drug interventions.
Preventive Medicine / Health Promotion	**Description/Examples**
Domestic violence (Intimate partner violence, elderly & child abuse)	• Physical violence, emotional and sexual abuse • Coercive control re finances and social isolation
Cancer screening	• HPV/cervical screening program
Chronic disease prevention	• Cardiovascular risk identification/reduction
Deprescribing	• Less medication related admissions
Developmental assessment	• Delayed development
Contraception and sexual health	• Including sexual transmitted infections (STIs) and LGBTIQ health
Immunisation	• Funded and unfunded
Pre-pregnancy, ante/ postnatal care	
Socio-economic disadvantage	• Advocacy and support
Acute Presentations	
Acute abdominal pain	• Appendicitis
Acute breathing difficulties	• Respiratory failure from: ○ Asthma ○ COPD ○ Pneumonia.
Acute confusion	• Psychosis or Delerium
Acute paralysis	• Stroke or Transient ischemic attack (TIA)
Anaphylaxis and /or angioedema	• Insect bites, Food reactions
Chest pain	• Acute coronary syndrome

Collapse	• Vaso-vagal or arrhythmia
Fitting/seizure	• Febrile convulsions, Epilepsy
Haemorrhage	• Miscarriage, Gastrointestinal bleed
Lacerations and fractures	• Dog bites, cuts, and fractures (neck of femur and radius)
Painful red eye and/or visual loss	• Herpes simplex, Keratitis, Glaucoma
Racing or irregular heart beats	• Supra Ventricular Tachycardia (SVT), Atrial fibrillation
Serious skin rashes	• Cellulitis, erysipelas, Herpes simplex, or zoster

In addition, students should be aware of the following:

- **Australian National Health Priority Areas (NHPAs)** targeted by GPs to improve the health of all Australians:
  - Cancer control
  - Cardiovascular health
  - Injury prevention and control
  - Mental Health
  - Diabetes mellitus
  - Asthma
  - Arthritis
  - Obesity
  - Dementia, and
  - Quality use of medicines and safety.

- **National Health and Medical Research Council (NHMRC) additional health priorities** for 2024-2027:
  - Aboriginal and Torres Strait Islander health
  - Artificial intelligence in health
  - Emerging health threats and emergencies
  - Multiple long-term conditions.

Procedural Skills for General Practice (to observe or do)

The table below is to be used as a guide to complement learning from clinical situations and should not be viewed as a complete or exhaustive list.

Skill	
History and Communication	**Description/Examples**
History taking	• Take a focused history about any body system
Clinical Reasoning	• Application of clinical reasoning in primary care for joint decision making with the patient • to develop a management plan
Documentation/Information Management	• Demonstrate clear concise clinical notes

Explain to a patient	• Common conditions • Investigations and how they are performed • How the results of investigations will influence management • Common treatments • Risks and benefits
Physical Examination (to observe or perform)	**Description/Examples**
General physical examination	• Examine all body parts across all ages
Breast examination	• Examine the breasts
Vital signs	• Temperature • Pulse • Blood pressure • Respiratory rate • Weight • Waist and BMI
Vaginal examination and/or Cervical Screening Test(CST)	• Inspect external genitalia (vulva), • perform a vaginal examination, • perform a bimanual and speculum examination • Take HPV/ CST screening sample • Take a swab for bacterial culture, Chlamydia or HSV testing
Pregnant abdomen	• Examine a pregnant abdomen
Male reproductive organs	• Examine male reproductive organs- • testes • penis • prostate
Health Assessment	• Perform a health assessment/GP management plan
Mental Health Assessment	• Use and interpret tools in a GP mental health plan or assessment (K10 or MMSE)
Urine analysis	• Perform and interpret a urine dipstick analysis
Urine pregnancy test	• Perform and interpret a urine pregnancy test
Procedures (to observe/ assist/or perform)	**Description/Examples**
Ankle Brachial index	• Perform or assist GP and nurses
Injections	• Give injections/vaccinations
Wound management	• Swab, clean, debride, manage a wound and apply sutures
Minor operations	• Assist GP with minor operations
Spirometry	• Perform and interpret results of spirometry
Ultrasound examination	• Use to assist GP in diagnosis/care
Inhaler/spacer/nebuliser	• Teach a patient how to use these devices
Investigations	• Order and interpret GP relevant blood tests

ECG	• Perform and interpret an ECG for common conditions:
	  ○ Cardiac ischemia
	  ○ Arrhythmias.

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. Students can fail for not meeting attendance requirements on Clinical Placement.

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

GP Assessments and WBAs and attendance records are to be submitted in Osler at times and days as specified in the ***GP Placement Summary of Student Activities & Assessments*** and or ***GP yr5 teaching timetable***.

All WBAs are to be submitted in Osler as specified below:

1. Patient Oriented Evidence that Matters (POEM) – **due 5pm Friday Week 6**
2. Home Medication Review (HMR) – **due 5pm Friday Week 6**
3. Brief Intervention and Carer Interview – **due end of Week 7**
4. Dermatology modules – **due by week 7**
5. NPC online modules – **due by week 7**
6. Student Attendance form – completed on last day in **Week 7 (5pm Friday at the latest)**
7. In Training Assessment (ITA) – due for completion at **end of week 7.**

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
- Full details of all WBA requirements are located on iLearn.

In-Training Assessments (ITAs)

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 GP supervisors or their delegate (must be a GP or GP 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.

Practice Incentives Program Teaching Payment claim

The Student Attendance Form is the Practice Incentives Program Teaching Payment claim (IP006). Each session is to be signed by the named GP on the day. Services Australia state that there are 2 sessions per full day. Each session may be from 3 to 5 hours. Students will leave the certified IP006 Services Australia Teaching Payment PIP Form with the practice, after it is completed by both the student and the GP on the last day of placement. It is then submitted to Services Australia, by the GP practice for payment. The student will take a copy of the form for uploading to Osler.

If you have any concerns regarding any aspect of student behaviour and/or performance, please contact ASAP:
Head of General Practice: A/Prof Jane Smith (07 5595 4499) jsmith@bond.edu.au or
GCPHN Clinical Placements (07 5612 5402) clinicalplacements@gcphn.com.au or
MED Placement Team (0420 928 125) MED-Placements@bond.edu.au

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. Some of these may also be achievable during the GP rotation.

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.