



School	SCHOOL OF MEDICINE			
Unit Number and Name	400811 – Integrated Clinical Rotations 2 (ICR2)			
Unit Coordinator	Professor Stephen Tobin Phone: (02) 4620 3138 Email: s.tobin@westernsydney.edu.au			
Teaching Session and Year	1H and 2H 2021			
Handbook Summary	ICR2 is the second major clinical year of the MBBS program. It consists of 9 weeks in each of Paediatrics, Obstetrics & Gynaecology and Mental Health and four weeks in each of Oncology/Palliative Care and Community Research. There will also be 2 weeks of Campus Learning, which are a program of week-long interactive sessions held at either Campbelltown Campus, Macarthur Clinical School or Blacktown Clinical School. During the year, students will be based at appropriate hospitals, health and community based services throughout Sydney, Bathurst and Lismore. Students will also undertake 3 online learning modules (Scientific Streams) and complete a reflective portfolio. A comparable program is delivered in the Rural Clinical Schools, which may vary in format and timing. Learning outcomes & assessment requirements are the same across all sites.			
Credit Points	This unit is a one-year long integrated unit of 80 Credit Points. Because students will be undertaking different rotations at one time it is essential that the unit be seen as an integrated whole and also linked to the previous years in the course.			
Pre-requisites	400810 Integrated Clinical Rotation 1. Must pass each section of course prior to progression			
Co-requisites	Not applicable Students are responsible for ensuring they have met all relevant pre-requisites and/or co-requisites for any unit(s) in which they are currently enrolled			
Unit Not to be Counted for Credit with	Not applicable			
Unit Level	Undergraduate Level 4			
Assumed Knowledge	Not applicable			
Attendance Requirements	Attendance is required for accreditation of the MBBS course by the Australian Medical Council (AMC) as outlined in the AMC "Accreditation Standards for Primary Medical Education Providers and their Program of Study and Graduate Outcome Statements" section 4.3 and 4.4 which states: • 4.3 The medical program enables students to develop core skills before they use these skills in a clinical setting. • 4.4 Students have sufficient supervised involvement with patients to develop their clinical skills to the required level and with an increasing level of participation in clinical care as they proceed through the medical program. Students must have met the attendance requirements as outlined in the School of Medicine Attendance Policy which can be found in the Integrated Clinical Rotations 2 400811 Learning Guide: Attendance Requirements & Protocols for the MBBS program. • Clinical attachments will involve a ~35 hours per week. Rotations through the evening shifts and night shift will be at least one per term as directed by the term supervisor • Community Research Project attachment involves primarily self-directed study or attendance as agreed with project supervisor. However, student attendance is required at orientation and at two research skills workshops. • Scientific streams are ~5 hours per week when running • Ethics and Learning journals are ~1 hour per week when running • A Notice of Absence (NOA) form must be submitted for all absences or for being late, within 2 working days of the absence. The NOA form should be sent to mednoa@westernsydney.edu.au with the year and attachment indicated in the subject line.			
	(Refer to the School of Medicine Attendance Policy)			
Enrolment Restriction	This Unit is only available to students enrolled in 4641 (MBBS)			
Learning Outcomes	As years 3, 4 and 5 of the MBBS program are integrated whole and students will undertake various aspects of the clinical programs asynchronously in any of the three years it is not possible to divide the learning outcomes on a year by year basis and so the overall learning outcomes are presented below. However each of the attachments will have their own learning outcomes which will be made explicit to students in the Clinical Attachment Descriptors.			

Curriculum Themes	Overarching Graduate Outcomes				
1. Patient Care	Provides patient centred care as a member of an interdisciplinary team under appropriate supervision.				
1.1 Communication	1.1.1 Communicates empathically and effectively with patients, families and health care team members to interact, negotiate, learn and foster understanding.				
	1.1.2 Establishes trusting relationships and communicates sensitively, empathically and effectively, without prejudice, with individuals and families from diverse backgrounds.				
	1.1.3 Creates and manages communication and information in all media, for example orally, in writing, electronically, by telephone.				
1.2 Patient Assessment	1.2.1 Assesses patient health needs, attending to physical, functional, social, cultural and psychological factors.				
	1.2.2 Gathers a relevant and comprehensive patient history, generating and testing differential diagnoses.				
	1.2.3 Performs an accurate and appropriate clinical examination, testing & refining differential diagnoses.				
	1.2.4 Synthesises clinical findings to develop prioritised differential diagnoses and a comprehensive problem list.				
	1.2.5 Selects, justifies and interprets investigations to evaluate likely diagnoses.				
1.3 Patient Management	Develops, implements and monitors a management plan through a process of shared decision making which addresses the patient's unique medical, psychological and social needs and preferences:				
	1.3.1 Formulates and implements (under supervision) a comprehensive management plan.				
	1.3.2 Ensures that management addresses the patient's unique psycho-social, functional & cultural needs and preferences.				
	1.3.3 Explores the role of integrative and complementary therapies utilised by patients for their health care.				
	1.3.4 Monitors the effectiveness of management and provides continuity of care throughout the duration of clinical responsibility.				
	1.3.5 Makes timely, informed and rational decisions in circumstances of uncertainty according to best practice.				
	1.3.6 Performs an appropriate range of technical and practical procedures safely and effectively.				
	1.3.7 Prescribes and administers an appropriate range of medications and other therapeutic agents safely and effectively.				
	1.3.8 Recognises, assesses, initiates management and seeks assistance for deteriorating and critically unwell patients who require immediate care.				
2. Health in the Community	Promotes the health and wellbeing of individuals and populations, with particular focus on Greater Western Sydney, rural, regional and Aboriginal and Torres Strait Islander Australia.				
2.1 Determinants of Health &	2.1.1 Evaluates the determinants of health and illness in populations.				
Illness	2.1.2 Explains how health inequities arise from the interplay of biological, socio-economic, behavioural, sociocultural and environmental factors.				
	2.1.3 Discusses and evaluates the major issues and trends confronting global health, their determinants and effects on individuals and populations.				
2.2 Health Needs	2.2.1 Analyses the health needs and priorities of communities and populations, taking into consideration the historical, cultural, social and political forces which impact on health and wellbeing.				
	2.2.2 Evaluates a range of strategies, including patient and population oriented approaches, for illness prevention and management, and health promotion.				
	2.2.3 Demonstrates culturally sensitive communication and effective engagement with diverse communities and populations.				
2.3 Health Care Systems	2.3.1 Explains the roles of health agencies, services and providers and how they interact to provide health care to individuals and populations.				
	2.3.2 Evaluates the effectiveness of health care systems and services in addressing individual and population needs and priorities.				
2.4 Health Promotion	2.4.1 Promotes the health and well-being of individual patients and populations within the context of the culture, health status and health needs of the community of which that patient is a member.				
	2.4.2 Articulates the role of advocacy and public policy in promoting and protecting health and preventing disease.				
2.5 Indigenous Health	2.5.1 Explains how various factors, including historical, cultural and political, interact to influence the health of the Aboriginal and Torres Strait Islander peoples.				
3. Personal and professional	Demonstrates and develops professional skills, responsibilities and attitudes.				
development					

3.1 Ethical Practice	3.1.1 Aware of and adheres to accepted medical	professional codes of conduct.				
	3.1.2 Applies ethical principles in professional practice.					
	3.1.3 Displays and reflects on, appropriate professional attitudes and values.					
	3.1.4 Values patient autonomy, privacy and confidentiality.					
	3.1.5 Aware of and complies with legal responsibilities and requirements, and the guidelines of regulatory bodies.					
	3.1.6 Maximises patient safety, ensures quality care, and manages risk and adverse medical outcomes.					
3.2 Teamwork	3.2.1 Works effectively and cooperatively as a member of a multidisciplinary team and as a member of the health care system.					
3.3 Learning & Teaching	3.3.1 Engages in self and peer evaluation, lifelong learning and teaching.					
3.4 Personal needs	3.4.1 Recognises own personal, physical and emotional needs and is aware of the pathways available for assistance.					
3.5 Medical humanities	3.5.1 Engages in scholarship of the arts and humanities to interpret the diverse human experience of health, illness and medical care.					
4. Scientific basis of medicine	Develops and applies a sound understanding of the scientific foundations (social, basic and clinical) of medical practice.					
4.1 Applies science to practice	Applies an understanding of the social and biomedical sciences to the assessment and management of the health needs of individuals and populations:					
	4.1.1 Demonstrates an understanding of the body as a complex adaptive biological system.					
	4.1.2 Applies an understanding of the basic, soci	al and clinical sciences to clinical reasoning.				
	4.1.3 Explains the underlying mechanisms of hea	alth problems.				
	4.1.4 Explains the underlying mechanisms of investigative and therapeutic measures, including emerging technologies.					
	4.1.5 Applies an understanding of the psychological and social sciences to interpret health and illness within a social and cultural context.					
4.2 Uses evidence	Seeks, critically appraises and applies best available evidence relevant to health and illness in individuals and populations.					
4.3 Research	4.3.1 Takes opportunities to engage in research and scientific endeavour.					
	4.3.2 Applies an understanding of research rigour by formulating answerable research questions, selecting appropriate study designs, synthesising, critically analysing and disseminating research findings.					
	4.3.3 Applies an understanding of ethical principles, and relevant guidelines and laws, to the conduct of research					
Unit Content	9 Week clinical rotations in: Obstetrics & Gynaecology Paediatrics					
	 Mental Health (8 weeks in rural attachments) 8 Week integrated clinical rotation between 					
	Oncology, (4 weeks)Community Research Project (4 weeks)					
	2 Campus Learning Weeks 3 Scientific Streams: 'Nutrition & Metabolism',' Neuroscience' and 'Genes, growth & development'					
Mode of Delivery	Type Contact time in clinical setting	Hours 35 hours per week				
,	Lectures	80 hours during the Unit				
	Online learning					
	Refer to the Learning Guide for further details on Mode of Delivery. Students can only attend the classes for					
	which they are registered and places are allocated via the Tutorial Registration (Allocate+) system. Visit:					
	https://www.westernsydney.edu.au/currentstudents/current_students/enrolment/tutorial_registration for information on the timetable and tutorial registration.					
	information on the timetable and tutorial registrat	IOII.				

Assessment Refer to the <u>Assessment Policy</u>, the <u>Examinations Policy</u> and the <u>Unit Outline and Learning Guides Policy</u> **Assessment Summary**

As	sessment Item	Length/ Duration	Group (G)/ Individual (I)	Unit Learning Outcomes	Percentage	Threshold Y/N (see progression rules below)
1	Obstetrics & Gynaecology Attachment	O&G comprises 10% of the overall mark in ICR2/3, was up of the following individual assessments 1		1-4	10%	Y
1a	Clinical Viva	6 Stations	1	1-4	60% of Attachment	Υ
1b	2x Written Case Report / Presentation	1500-2000 words for each report/presentation	I	1-4	40% of Attachment	Υ
1c	Log Book (including mini-CEX).	Completed during 9 week attachment May include EPAs in 2021	I	1-4	S/U	Υ
2	Paediatrics Attachment	Paediatrics comprises 10% of the overall mark in IC is made up of the following individual assess		1-4	10%	Υ
2a	Structured Viva	4 sections	1	1-4	60% of Attachment	Υ
2b	Log Book (including mini-CEX)	Available as a guide during 9 week attachment (8 week attachment in Bathurst)	1	1-4	Guide only	Y
2c	Term report	Based on 9 weeks May include EPAs in 2021	1	1-4	S/U	Υ
2d	Multiple Choice Questions/SAQ	1.5 hours	I	1-4	40% of Attachment	Υ
3	Mental Health Attachment	Mental Health comprises 10% of the overall mark which is made up of the following individual assortion		1-4	10%	Υ
3а	MHMSA	6 Stations	I	1-4	75% of Attachment	Υ
3b	Essay	Maximum 3000 words	I	1-4	25% of Attachment	Υ
3с	Log Book	Completed during 9 week attachment (8 week attachment at Lismore and Bathurst)	I	1-4	S/U	Υ
3d	1x Clinical Attachment Assessment	Completed during 9 week attachment (8 week attachment at Lismore and Bathurst)	1	1-4	S/U	Υ
Зе	2 x Mini-CEX	Completed during 9 week attachment (8 week attachment at Lismore and Bathurst)	I	1-4	S/U	Υ
4	Community Research Attachment	Community Research comprises 5% of the overall r ICR2/3, which is made up of assessments 4a and 4k		1-4	5%	Y
4a	Project Plan	Group assessment (2-3 pages)	G	1-4	10% of attachment	Υ
4b	Final Report	Group assessment culminating in a 2500 – 4000 word report, completed during 5 week attachment after Oncology (for rural placements, the project occurs over 9 of the 12 months of integrated rural clinical placement)	G	1-4	90% of attachment (including 10% project management and teamwork)	Y
5	Oncology/ Palliative Care Attachment	Oncology/Palliative Care comprises 5% of the ove ICR2/3, which is made up of assessments 5a, 5l Completed during 4 week rotation before Communi For Bathurst - A total of 4 weeks of oncology is cor 14 weeks of an integrated attachment with medici surgery (ICR3) terms. II	b, 5c, 5d. ty Research. npleted over	1-4	5%	Y
5a	Case Presentation	15 minutes	I	1-4	40% of attachment	Υ
5b	Topic presentation	15 minutes	I	1-4	30% of attachment	Υ
5c	Logbook	Completed during 8 week attachment integrated with Community Research	I	1-4	20% of attachment	Υ
5d	Clinical Attachment Assessment	At Bathurst completed during 14 week integrated attachment with Medicine (ICR3) & Surgery (ICR3).	I	1-4	10% of attachment	Υ
6	Scientific Streams	75 hours	l on everall	1-4	S/U	Υ
7	PPD	To successfully pass PPD students need to achieve satisfactory mark in assessments 7a and 7b. Note t contributes 12.5% to the final ICR2/3 calculation, what applied on completion of IC3.	hat PPD	1-4	S/U	Υ
7a	Reflective Learning Journal	Learning Journal - 8 weeks	I	1-4	50% of attachment	Υ
7b	Ethics Presentation and Essay	Essay - 1500 words	I	1-4	50% attachment	Υ
8	Professionalism	Over length of attachment	I	1,3	S/U	Υ
9	Attendance	Over Length of Attachment 60% of ICR2/ICR3 aggregate will be based on		1,3	S/U	Υ
10	ICR3	assessment completed in ICR3	I	1-4	60%	Y*

Progression Rules

Threshold assessments are compulsory requirements within the unit that must be met in order to pass the unit. They include mastering professional skills and/or attainment of required professional attributes. Failure to satisfactorily complete a Threshold requirement will result in a Fail Grade for the unit.

*The above clinical attachments contribute 40% to the combined ICR2/3 final mark. Assessments listed in the ICR3 Unit Outline contribute the remaining 60% of combined ICR2/3 aggregate (indicated at point 10).

In order to be eligible for a pass mark in ICR2, Students must:

a) Have attained a mark of 50% or higher for each attachment. If a student fails an attachment, they will be given one opportunity to remediate that attachment as prescribed by the Head of Discipline. If the student passes the remediation, the maximum mark that will be awarded for the attachment is 50%. If a student fails the remediation, they will receive a Fail Grade for ICR2.

Have not failed two or more attachments in ICR 2 on their first attempt

Have met the specific assessment requirements of each attachment:

Obstetrics and Gynaecology (O&G) attachment

- Clinical Viva
 - Must achieve ≥50%.
 - May pass 4 or more out of six stations.
- Written case report/presentation (1 x Obstetrics, 1 x Gynaecology):
- Students must achieve a score of 12/20 in each case presentation
- Log Book: Students must satisfactorily complete the logbook.
- Failing 1 component (Viva or Log Book or Case Report/Presentations) will result in the failed component being assessed again; if this repeated assessment is failed then this is a fail of the O&G attachment. The maximum grade that can be awarded for a repeated assessment task is a Pass grade of 50%.
- Failing 2 or more components (Viva, Log Book and Case Report/Presentations) on a first attempt constitutes a fail of the O&G attachment.

Paediatrics attachment

- Log Book is provided as a guide to clinical experiences.
- Structured viva:
 - Must achieve ≥50%.
 - SAQ is linked to viva.
 - Must pass 3 or more out of 5 segments (viva =4, SAQ = 1 segment).
- MCQ pass mark of 50% is required.
- Failing 1 component of all the assessments will result in the failed component being assessed again.
- If this repeated assessment is failed, then this is a fail of the Paediatrics attachment.
- The maximum grade that can be awarded for a repeated assessment task is a Pass grade of 50%.
- Failing Structured Viva/SAQ on a first attempt constitutes a fail of the Paediatrics attachment.

Mental Health attachment

- MHMSA:
 - Must achieve ≥50%.
 - Must pass 3 or more out of 6 stations.
- Essay must achieve ≥50%, essay marking criteria can be found in Learning Guide
- Log Book Students must satisfactorily complete the logbook
- Clinical Attachment Assessment x 1 and Mini- CEX x 2. Students must satisfactorily complete the Clinical Attachment Assessment and both Mini-CEX
- Failing 2 or more components (MHMSA, Log Book, Essay, Clinical Attachment Assessment and Mini- CEX) on a first attempt constitutes a fail of the Mental Health attachment.
- Failing 1 component (MHMSA, Log Book, Essay, Clinical Attachment Assessment and Mini-CEX) will result in the failed component being assessed again; if this repeated assessment is failed then this is a fail of the Mental Health attachment.
- The maximum grade that can be awarded for a repeated assessment task is a Pass grade of 50%.

Oncology/Palliative Care attachment

- Case presentation must satisfactorily complete the case presentation.
- Topic presentation: must achieve satisfactory performance or higher.
- Clinical Attachment Assessment: must achieve satisfactory performance or higher
- Failing 2 or more components (Case presentation, topic presentation, Log Book and Clinical Attachment assessment) on a first attempt constitutes a fail of the Oncology/Palliative care attachment.
- Failing 1 component (Case presentation, topic presentation, Log Book and Clinical Attachment) will result in the failed component being assessed again; if this repeated assessment is failed then this is a fail of the Oncology/Palliative care attachment.
- The maximum grade that can be awarded for a repeated assessment task is a Pass grade of 50%

Community Research

- Community Research Project Plan: see below
- Community Research Project Report: see below
- Individual students, or groups, can be required to perform further work, revise and resubmit, where a) Project Plans or Final
 Reports have been graded as unsatisfactory, or b) where there are professionalism or ethical concerns regarding participation
 in scheduled sessions and meetings, contributions to group work or the conduct of the project. If the repeated assessment of
 the project plan is unsatisfactory, students will receive further supplementary assessments until their work is deemed
 satisfactory.
- If the repeated final report assessment is unsatisfactory, then this is a fail of the Community Research rotation. The maximum grade that can be awarded for a repeated assessment task is a Pass grade of 50%. An overall grade of 50% for Community Research must be achieved to pass the Rotation.

b) Scientific Streams

- Have completed the Scientific Streams at a satisfactory level in the designated timeframe.
- Students with unsatisfactory participation or two warnings for late submission of work, will be given one chance at remediation by the Scientific Stream coordinator. Failure to satisfactorily complete the remediation task for the Scientific Streams will result in an 'Unsatisfactory' grade being given for this threshold assessment, resulting in a Fail Grade for the unit.

c) Personal and Professional Development (PPD)

- One attempt to re- submit work to the satisfaction of the PPD Coordinator will be offered after being awarded "Not Yet Satisfactory" on a first attempt of the Ethics assessment component. The maximum grade that can be awarded for a repeated assessment task is a Pass grade of 50%.
- Failing to meet the criteria for a pass in the Learning Journal assessment component will result in the student being remediated and being required to submit an essay as specified by the PPD coordinator, which addresses the markers feedback on the failed component. In the case of students who do not pass on the first attempt, reassessment can only result in a maximum pass grade of 50%.
- **d**) Have met the attendance requirements as outlined in the School of Medicine Attendance Policy which can be found in the Integrated Clinical Rotations 2 400811 Learning Guide: Attendance Requirements & Protocols for the MBBS program.
- e) Students must behave professionally at all times and comply with codes of conduct and policies for professional practice as outlined by:
 - School of Medicine Student Code of Professional Conduct https://vuws.westernsydney.edu.au/bbcswebdav/pid-4044598-dt-content-rid-29270071 1/courses/ch_som_2019/Code%20of%20Professional%20Conduct%20for%20Medical%20Students%20of%20Western%20Sydney%20University.pdf
 - NSW Health Code of Conduct (https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015 049.pdf)
 - The Australian Health Professional Regulation Authority "Good Medical Practice"
 (http://www.medicalboard.gov.au/documents/default.aspx?record=WD10%2F1277&dbid=AP&chksum=eNjZ0Z%2FajN7oxjvHXDRQnQ%3D%3D)
 - The University's Student Code of Conduct Policy
 (https://policies.westernsydney.edu.au/document/view.current.php?id=258), which includes the Student Conduct Rule (https://policies.westernsydney.edu.au/document/view.current.php?id=304)

Failure to uphold these inherent requirements and professional standards may result in the student being awarded a fail grade for the unit.

Withdrawal from unit

If a student withdraws from the unit prior to the session 1H census date no academic penalty is imposed and no grade is recorded on the student's academic transcript. If a student withdraws from the unit during session 1H, after the census date, they will receive an 'E' grade (Fail Discontinued) on their academic transcript. The last date to discontinue after census is the Friday that is two weeks before the Western Sydney University published start date of the exams for the session. For an explanation of the Western Sydney University grade award, please see www.westernsydney.edu.au/currentstudents/current_students/managing_your_study/exams/results. Students who have satisfactorily passed 1H and 2H assessments will be awarded a Y grade (Continuing) until their final grade is determined after all assessments are completed for ICR 2 and ICR 3. If a student has been awarded a Y grade (Continuing) in the unit, having completed at least one session of study, and subsequently withdraws from the unit, the Y grade will be converted to a 'F' grade (Fail) for the unit. In the event of serious illness or misadventure experienced by a student after the session 1H census date, the student may apply for a W grade (withdrawal without academic penalty) through the official University processes. A student returning after a year of absence or repeating ICR2 in subsequent years cannot resubmit an assignment previously submitted during the year that was failed.

NOTE: A student who fails an attachment and undergoes remediation may need to forego their Elective.

Recommended Text & Resources	The Western Sydney University MBBS is an integrated 5 year professional entry program which emphasizes lifelong and self-directed learning. Accordingly, there are no prescribed textbooks for Units in the MBBS program. Please see Clinical Attachment descriptors for list of recommended readings.				
	Students will make extensive use of the on-line text books already available in the library.				
On-line Learning	vUWS				
	Students are expected to consult vUWS at least twice a week as all announcements will be made via vUWS and teaching material will be regularly updated and posted online.				
	The School of Medicine makes extensive use of vUWS for the provision of learning resources and information. For ICR2 we will be using Online learning packages (Scientific Streams) which students must complete. These will be accessed from within vUWS but will use the open source (free) Learning Activity Management System (LAMS). Eventually there will be 9 such modules, but only 3 will be undertaken in ICR2. Each will take approximately 25 hours for students to complete.				
Special Requirements – Legislative Pre-requisites	Students are required to have obtained all the necessary documentation to be verified by NSW ClinConnect. This verification is a requirement of NSW Health for all students enrolled in medical programs. If a student fails to produce this documentation to ClinConnect they will be unable to attend their hospital tutorials and placements. Attendance at the hospital is a mandatory requirement of the Unit and failure to attend will result in a 'CF' (Compulsory Fail) of the unit. The documents that are to be provided to ClinConnect are:				
	National Police Certificate				
	2. Adult Health Immunization Schedule				
	3. Code of Conduct Agreement				
	Students are also expected to meet the inherent requirements of the course as outlined in the University of Western Sydney Inherent Requirements for Medicine Courses: (https://www.westernsydney.edu.au/ir/inherent requirements/inherent requirements for medicine courses).				

Inherent requirements are the fundamental components of a Course or Unit, that are necessary to demonstrate the capabilities, knowledge and skills essential to achieve the core learning outcomes of the Course or Unit, while preserving the academic integrity of the university's learning assessment and accreditation processes. The Disability Education Standard, Section 3.4 (3) states: "In assessing whether an adjustment to the Course, Unit of the Course or program in which the student is enrolled, or proposes to be enrolled, is reasonable, the provider is entitled to maintain the academic requirements of the Course or program, and other requirements or components that are inherent in or essential to its nature. Note: In providing for students with disabilities, a provider may continue to ensure the integrity of its Courses or programs and assessment requirements and processes, so that those on whom it confers an award can present themselves as having the appropriate knowledge, experience and expertise implicit in the holding of that particular award."

Special Requirements –

Essential Equipment

1. Stethoscope

2. Pencil Torch

3. Watch (with a second hand or display)

Unit 400811 Integrated Clinical Rotations 2