

School	SCHOOL OF MEDICINE
Unit Code and Name	400810 – Integrated Clinical Rotations 1
Unit Coordinator	Scott MacKenzie
Teaching Session Details	See Coordinator above
Handbook Summary	<p>Integrated Clinical Rotation 1 is the first major clinical year of the MBBS program. It consists of ten weeks in Surgery, Medicine and Medicine in Context (MiC) and five weeks in Critical Care. Surgery, Medicine and Critical Care attachments will be at Campbelltown, Blacktown, Mt Druitt, Bankstown, Fairfield and Liverpool hospitals. In Surgery and Medicine students spend five weeks in each of two sub-specialties. In Critical Care students spend time in Emergency and Anaesthetic Departments. The 10-week MiC attachment is conducted in two 5-week blocks and involves community-based aspects of the health care system including community organisations and general practice. Students also have three Conference Weeks; tutorials in clinical communication skills; and undertake an assignment in Evidence-Based Medicine and 3 online Scientific Streams learning modules.</p>
Unit Level	3
Credit Points	80
Assumed Knowledge	None
Pre-Requisites	400862 Foundations of Medicine 2
Co-Requisites	Please refer to Unit Enrolment Restrictions
Enrolment Restrictions	<p>Students must be enrolled in 4641 Bachelor of Medicine/Bachelor of Surgery</p> <p>Students are also expected to meet the inherent requirements of the course as outlined in the Western Sydney University Inherent Requirements for Medicine Courses: https://www.westernsydney.edu.au/ir/inherent_requirements/inherent_requirements_for_medicine_courses</p> <p>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 outcome 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 that integrity of its Courses or programs and assessment requirements and processes, so that those of whom it confers an award can present themselves as having the appropriate knowledge, experience and expertise implicit in the holding of that particular award."</p>

Special Requirements-Legislative pre-requisites

Prior to enrolling in this unit students must 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 Fail Grade of the unit. The documents that are to be provided to ClinConnect are:

1. National Police Certificate
2. Adult Health Immunization Schedule
3. Code of Conduct Agreement

[NSW Health Student Compliance Information](#)

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Special Requirements-Essential Equipment

Students are required to have Stethoscope, Pencil Torch and Watch with a second hand or display.

Unit incompatible with and not to be counted for credit with

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 be required level and with an increasing level of participation in clinical care as they proceed through the medical program.

Unit Content

1. Three Conference Weeks
2. Ten weeks of Surgery in two hospital attachments
3. Ten weeks of Medicine in two hospital attachments
4. Ten weeks of Medicine in Context in community based attachment
5. Five weeks of Critical Care
6. Three Scientific Streams online learning packages (25 hours each)
7. One Evidence-Based Medicine project

Learning Outcomes

On successful completion of this course, students should be able to:
As years 3-5 of the MBBS program are an integrated whole and students will undertake various aspects of the clinical and community programs asynchronously in any of the three years it is not possible to divide the learning outcomes on a year by year basis, so the overall course learning outcomes are presented below. However, each of the attachments will have their own learning outcomes which will be made explicit to students in Learning Guides.

CURRICULUM THEMES	COURSE LEARNING 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 & Illness	2.1.1 Evaluates the determinants of health and illness in populations. 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 development	Demonstrates and develops professional skills, responsibilities and attitudes
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, social and clinical sciences to clinical reasoning. 4.1.3 Explains the underlying mechanisms of health 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.

	<p>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.</p> <p>4.3.3 Applies an understanding of ethical principles, and relevant guidelines and laws, to the conduct of research</p>
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Assessment items and weighting

Assessment Item	Type of Assessment	Length/Duration	Group (G)/ Individual (I)	Course Learning Outcomes	Percentage	Threshold Y/N (see c)
1 Medicine Attachment	Medicine Attachment makes up 15% of Overall unit grade			1-4	15%	Y
1a Clinical Attachment Assessments (CAA) x 2	Professional Placement Performance		I	1-4	100% of attachment	Y
2 Surgery Attachment	Surgery Attachment makes up 15% of Overall unit grade			1-4	15%	Y
2a Clinical Attachment Assessments (CAA) x 2	Professional Placement Performance		I	1-4	100% of attachment	Y
3 Critical Care Attachment	Critical Care Attachment makes up 7.5% of Overall unit grade			1-4	7.5%	Y
3a Clinical Attachment Assessments (CAA)	Professional Placement Performance		I	1-4	100% of attachment	Y
4 MiC Attachment	MiC Attachment makes up 12.5% of Overall unit grade			1-4	12.5%	Y
4a Community Assessments	See sub-components 4a-1, 4a-2 and 4a-3					Y
4a-1 Community Placement Assessment	Professional Placement Performance		I	1-4	30% of Attachment	N
4a-2 Tutorial Assessment	Participation	Weekly	I	1-4	10% of Attachment	N
4a-3 Essay	Written Assessment	2000-2500 words	I	1-4	20% of Attachment	N
4b GP Assessments	See sub-components 4b-1 and 4b-2					Y
4b-1 GP Placement Assessment	Professional Placement Performance		I	1-4	20% of Attachment	N
4b-2 Mini-CEX (x4)	Professional Task	30 - 60 minutes each	I	1-4	20% of Attachment (5% each)	N

Assessment Item	Type of Assessment	Length/ Duration	Group (G)/ Individual (I)	Course Learning Outcomes	Percentage	Threshold Y/N (see c)
5 EBM Assignment			I	1-4	S/U	Y
5a EBM Case Study	Case Study	1200 words	I	1-4	S/U	Y
5b EBM Viva	Viva Voce	20 mins	I	1-4	S/U	Y
6 Scientific Streams	Quiz On-line completion	75 hours	I	1-4	S/U	Y
7 Paper A: SAQ/MEQ	Final Exam - Short Answer and Modified Essay Questions	2 hours	I	1-4	15%	Y*
8 Paper B MCQ	Final Exam - Multiple Choice Questions	2 hours	I	1-4	15%	Y*
9 Clinical Skills Examination	Professional Task Objective Structured Clinical examination (OSCE) or equivalent	1 hour 20 mins	I	1-4	20%	Y
10 Long case	Presentation Oral case presentation and discussion with examiner	1 hour 20 min	I	1-4	S/U	Y
11 Attendance	Professional Task	Year Long	I	1-4	S/U	Y
12 Professionalism	Professional Task	Year long	I	1-4	S/U	Y

*Threshold: Threshold assessments are compulsory requirements within Integrated Clinical Rotations 1 that must be met in order to pass the unit. They include mastering professional skills and / or attainment of required professional attributes and are non-graded. Failure to satisfactorily complete a threshold requirement will result in a fail grade for the unit.

To be awarded a passing grade in ICR 1, students must complete all assessments in the table above and achieve an aggregate score of 50% or higher (after standard setting has been applied) in the weighted assessments outlined in the table above and satisfactorily complete all the thresholds. In addition, students must:

- *Have attained an aggregate mark of 50% or higher (after standard setting has been applied) in Papers A – B.
- Have attained a mark of 50% or higher (after standard setting has been applied) Clinical Skills Examination (OSCE or equivalent). Students who fail to achieve 50% in the OSCE or equivalent will be required to complete a remediation program, followed by a supplementary OSCE or equivalent. Students must achieve an average mark of 50% or higher (after standard setting has been applied) in order to pass the supplementary OSCE or equivalent. If a student passes the supplementary OSCE or equivalent, the final mark for the OSCE or equivalent will be recorded as 50%. If a student fails the supplementary OSCE or equivalent, they will receive a Fail grade for ICR1. OSCE or equivalent may be replaced by an alternative such as StOVi used in 2020.
- Have attained a satisfactory or above satisfactory grade for each 5-week Medicine, Surgery and Critical Care attachment. Borderline rating requires discussion with Clinical Dean and Year Co-ordinator. If a student fails an attachment, they will be given one opportunity to remediate the 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 ICR1.
- Have attained a mark of 50% or higher in both components of the MiC attachment assessments (Community Assessments and GP Assessments). If a student fails one or both MiC component/s, they will be given one opportunity to undertake a Supplementary Task for the failed component/s. The nature of the Supplementary Task will be determined by the MiC Convenor (for the Community Assessments fail) and the MiC GP Academic (for the GP Assessments fail). The maximum component mark after the supplementary task is 50%. If the Supplementary Task/s is Unsatisfactory, the student fails the MiC Attachment and may be offered one opportunity for remediation. The nature of the remediation will be determined by the MiC Convenor. The Maximum grade that can be awarded for the MiC Attachment after remediation is 50%. If a student fails the remediation, they will receive a fail grade for ICR1.

- e) Have not failed two or more attachments in ICR 1. If a student fails two or more attachments, on their first attempt, they will receive a Fail grade for ICR1.
- f) Have completed the Scientific Streams at a satisfactory level in the designated timeframe. Students with unsatisfactory participation or more than 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 Fail grade for the unit.
- g) Have completed each component of the EBM Assignment at a satisfactory level in the designated timeframe. Students who receive an 'Unsatisfactory' grade will be given opportunity to remediate. Failure to satisfactorily complete the remediation task(s) will result in an 'Unsatisfactory' grade being given for this threshold assessment, resulting in Fail grade for the unit.
- h) Have met the attendance requirements as outlined in the School of Medicine Attendance Policy for Clinical Years available on the 2021 Course Hub on vUWS.
- i) Students must behave professionally at all times and comply with codes of conduct and policies for professional practice as outlined by:

- Western Sydney University Student Code of Conduct Policy
<https://policies.westernsydney.edu.au/document/view.current.php?id=258>
- Western Sydney University Student Misconduct Rule
<https://policies.westernsydney.edu.au/document/view.current.php?id=304>
- NSW Ministry of Health 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>

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

- j) 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 published start date of the exams for the session. For an explanation of the UWS grade award, please see https://www.westernsydney.edu.au/currentstudents/current_students/exams/results. Students who have satisfactorily passed 1H assessments will be awarded a Y grade (Continuing) until their final grade for the Unit is determined after all assessments are completed for the unit. 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 Year 3 in subsequent years cannot re-submit an assignment previously submitted during the year that was failed.

Mode of Delivery

Type	Hours
Clinical Placements	35 hours/week
Conference Week Lectures	40 hours x 3 weeks
Scientific Streams	2.5 hours/week (75 hours in total)

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

http://www.westernsydney.edu.au/currentstudents/current_students/enrolment/tutorial_registration for information on the timetable and tutorial registration

Online Learning Requirements

See Learning Guide for details of requirements

Prescribed Unit Textbook

The Western Sydney University MBBS is an integrated 5-year professional entry program which emphasizes life-long and self-directed learning. Accordingly, there is no prescribed textbooks for Units in the MBBS program. A list of recommended textbooks is available in the Unit Learning Guide.

Essential Readings

Students will make extensive use of the on-line text books already available in the library.