

# Guidance Document

## Final stage medical students on clinical placements in NSW Health

### Background and Scope of Document

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#### Purpose

This guidance document has been developed to define the skills and understanding that medical students are expected to achieve during their clinical placements across NSW public health facilities.

It is intended to provide LHD/SNs and universities with a clear framework for planning and delivering clinical placements for medical student in their final stages of medical school. It aims to ensure students have equitable, high-quality learning experiences that prepare them for internship, while enabling LHD/SN clinical teams and university educators to deliver effective supervision and feedback. This guidance also seeks to maintain an appropriate balance between clinical placement requirements and the university curriculum. By providing a scope of practice it is intended to assist clinical supervisors to incorporate medical students in the daily activities of the team to meet these goals.

Students' clinical training will take a graded approach, depending on their stage of training and demonstrated competency. Final stage placements (usually in the final or penultimate year of their enrolment) should ensure that medical students achieve the graduate outcomes required by the Medical Board of Australia and are work ready to commence as an intern.

#### Scope of this Guidance

This guidance applies to all medical students undertaking clinical placements in NSW public health facilities as part of an accredited medical program. The descriptors focus on students in their final stage of medical school, however the principles should be applied to any placement, regardless of a student's prior experience. It is relevant for medical schools, clinically-based supervisors and education teams.

#### Definition of Clinical Placement

NSW Health Policy Directive [PD2022\_049] *Student Placements in NSW Health* provide the definition of a student clinical placement as

*“The provision of supervised practical experience, education or training that must be completed to satisfy awarding of the relevant qualification to the student.”*

AMC's Standards for Assessment and Accreditation of Primary Medical Programs provides the definition of a clinical placement

*“A clinical placement is a formal, planned period of clinical experience and learning. An essential component of the medical program is a significant period of student contact with patients. This*

*normally entails the equivalent of at least two years spent primarily in direct contact with patients, as well as personal contact with patients during other parts of the program. Collectively, clinical placements are planned and structured to enable students to demonstrate the graduate outcomes across a range of clinical disciplines including medicine (and its specialties), women's health, child health, surgery (and its specialties), mental health and primary care."*

## Scope of Practice for Final Stage Medical Students

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### Academic Responsibilities

Medical students have academic responsibilities, such as tutorials, lectures, final examinations, and other assessments, alongside the demands of their clinical placements. These clinical placements provide critical hands-on experience, but time in placements must be balanced with university requirements to ensure students can successfully complete the final stages of their qualification. Active communication between universities, the LHD/SNs and clinical supervisors is essential to achieving this balance. By fostering a shared understanding of academic expectations, assessment timelines, and clinical requirements, academic and clinical supervisors can better support students to meet both sets of obligations.

The primary focus for final year medical students should be on meeting the clinical and academic requirements set by the Australian Medical Council. While they can contribute meaningfully to patient care, this involvement should always be for educational purposes and appropriately supervised, ensuring the student experience is not compromised.

The aim of clinical training is to develop not only technical competence, but also the professionalism, cultural competence and compassion required to become a skilled, ethical, and caring doctor who provides safe and patient-centred care. Professionalism is central to medical practice and involves demonstrating integrity, respect, accountability, and empathy in all interactions.

## Expected Scope of Practice for Final Stage Medical Students

### Clinical Skills

- Obtain an accurate medical history from patients and other sources
- Perform a full and accurate physical examination, including a mental state examination, or undertake a targeted examination where appropriate
- Integrate and interpret findings from the history and examination, to arrive at an initial assessment including a relevant differential diagnosis
- Make contemporaneous, clear and accurate notes in the electronic medical record, including for patient assessments, ward rounds, and other medical communication
- Communication of patient information using a structured format/framework for clinical consultations, clinical handover, and contacting consultants (e.g. HAIDET & ISBAR)
- Determine appropriate evidence-based investigations for patients and order investigations under supervision, this includes radiology and pathology tests
- Learn to interpret investigation results
- Prepare discharge documentation for a patient including medication reconciliation under supervision during a consultant or registrar ward round
- Complete discharge summaries with a medical co-signature

- Recognise the deteriorating patient, implement appropriate initial patient management with support from the JMOs in the team and escalate
- Take direction from a clinical team leader during a CPR/MET call (understand their potential role and limitations)
- Principles of management of critical care and palliative care patients (where appropriate to the placement)
- Learn effective verbal communication skills to communicate clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals. This includes opportunities to observe communication between clinical teams and patients and families regarding the risks and benefits of treatment options
- Understand the principles of patient consent, including who can consent, the information about the procedure, information required for consent and the recording of consent
- Understand the principles of evidence based safe prescribing, supervised practice using electronic prescribing systems, and undertake supervised medication reconciliation
- Demonstrate and practice the principles of Infection Control (including hand washing, aseptic technique, use of personal protective equipment (gloves, gowns and masks) and safe disposal of clinical waste needles and other sharps
- Demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples
- Safely perform a range of common procedural skills (further information below)

## Professional Skills

- Understand the principles of confidentiality, patient privacy, cyber security and the NSW Health Code of Conduct
- Describe a systems approach to improving the quality and safety of health care
- Understand principles of effective leadership
- Understand principles of effective communication including advocacy and teaching, and graded assertiveness
- Understand principles of ethical practice and understanding of professional boundaries and relationships
- Working effectively as part of the multi-disciplinary teams

## Procedural Skills

University and LHDs partner to deliver simulation-based program that will encompass the following procedures:

- Venepuncture
- Venous Blood Gas
- Arterial Blood Gas
- IV Cannulation (ultrasound guided optional as determined by Clinical School)
- Basic Life Support
- Nasogastric tube
- Urinary Catheterisation

Once deemed competent by the University and/or LHD/SN Supervisor, students and supervisors

should strive to use the opportunities from clinical placement to undertake the following procedural tasks under supervision:

- IV cannulation including identifying when a cannula is required, performing cannulation and knowing when to seek assistance using agreed infection prevention and control measures
- Venepuncture and correct management of blood samples,
- Blood cultures,
- Venous blood gases and arterial blood gases,
- Male and female urinary catheterisation,
- Nasogastric tube insertion, and
- Cardiopulmonary Resuscitation.

Other tasks that should be undertaken during clinical placements (where opportunities are available) include:

- Assess patient's hydration status and adjust intravenous fluids under supervision,
- Take blood pressure measurements,
- Throat swabs,
- Understand principles of wound care, review of surgical wounds, and escalate if concerns,
- Simple suturing,
- Oral/nasal/supraglottic airway insertion (if in the appropriate clinical environment, such as anaesthetics),
- Bag-mask-valve ventilation (if in the appropriate clinical environment, such as anaesthetics).
- Placement of a supraglottic airway - if in the appropriate clinical environment, such as anaesthetics, and essential as part of Advanced Life Support.

## **Access to the electronic Medical Record (eMR)**

All final stage medical students on clinical placement should have access to the following permissions in the eMR:

- Review and document in the clinical record
- Document ward rounds and clinical reviews
- Draft discharge documentation
- Review pathology and radiology results
- Review medications charts
- Book outpatient appointments (clinics, pathology, radiology) and ensure appropriate referrals are received, supported by the treating team and supervisor.

LHDs may offer additional EMR permissions, however they need to ensure that medical students adhere to the documented scope of practice.

# Supervision and Workplace Support

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## Australian Medical Council's accreditation standard for supervision of medical students

AMC's [Standards for Assessment and Accreditation of Primary Medical Programs](#) explicitly require an effective system of clinical supervision. Medical schools must ensure:

- Students are safely involved in clinical practice, under appropriate oversight.
- Clinical supervisors are well-oriented and trained in supervision, assessment, feedback and relevant health technologies.
- Performance of supervisors is monitored and supported, and
- Responsibilities between educational providers and clinical practitioners are clearly defined

To achieve this AMC standard effectively, a cooperative approach between the medical school and LHD based on shared oversight and responsibility is recommended.

### Supervising a final year medical student

Supervision of final-year medical students will be shared between clinical supervisors and university representatives. On the clinical wards, day-to-day oversight will primarily be provided by clinical supervisors, ensuring students are supported in their patient care responsibilities and professional development. Supervision may also extend to include both clinical and academic assessments, with the academic components overseen and supported by university representatives. Within LHD's clinical supervision may be provided by the multidisciplinary team within their scopes of practice and agreed by the clinical supervisor.

### Workplace Culture and Student Experience

A positive workplace culture is essential to ensuring medical students feel supported, included, and confident during their clinical placements. Students should be welcomed as valued members of the healthcare team and provided with clear information about where to go for help and guidance throughout their placement. Supervisors and staff are expected to support students not only in developing clinical skills, but also in understanding how the hospital or service operates, including key processes, team dynamics, and workplace expectations. Effective onboarding helps students feel integrated into the workplace, enhances learning outcomes, and promotes a safe, respectful, and inclusive environment for everyone.

### Student Safety

Student safety during clinical placement is a high priority. Students are expected to take reasonable precautions to protect themselves and others, including following infection control procedures, using personal protective equipment (PPE), and being aware of their surroundings. If a student experiences or witnesses any safety incident — such as a needle-stick injury, exposure to blood or body fluids, unacceptable workplace behaviour or workplace violence — they should immediately notify their supervisor, relevant university contact and follow reporting and management procedures for both relevant LHD and university.

Health services must have clear processes in place to ensure a student can receive appropriate medical assessment, psychological support, and follow-up care when required. Students are also encouraged to speak with their university placement coordinator or hospital education team if they feel unsafe. Onboarding should include practical information to ensure students can perform these requirements to keep everyone safe.