

## Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education

April 2024

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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages. The boxes will expand to accommodate your response. You do not need to respond to a question if you have no comment.

### Making a submission

Send the completed response template to [AC\\_consultation@ahpra.gov.au](mailto:AC_consultation@ahpra.gov.au) using the subject line 'Feedback – public consultation on good practice guidance for clinical placements, simulation-based learning and virtual care'.

**Submissions are due by close of business (AEST) 21 June 2024.**

### Publication of submissions

At the end of the consultation period, submissions (other than those made in confidence) will be published on the Accreditation Committee's website to encourage discussion and inform the community and stakeholders about consultation responses.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence. **Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.**

We will not place on the website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them, and their publication does not imply any acceptance of, or agreement with, these views by the review.

**Published submissions will include the names of the individuals and/or the organisations that made the submission, unless confidentiality is requested.** If you do not wish for your name and/or organisation's name to be published, please use the words '**Confidential submission**' in the subject title when emailing your submission.

## Initial questions

*To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.*

### Question A

Are you completing this submission on behalf of an organisation or as an individual?

#### Your answer:

Organisation

Name of organisation: **Curtin University**

Contact email:

Myself

Name: Bryan Low

Contact email: 

### Question B

If you are completing this submission as an individual, are you:

A registered health practitioner?

Profession:

A member of the public?

Other: [Click or tap here to enter text.](#)

### Question C

Would you like your submission to be published?

Yes, publish my submission **with** my name/organisation name

Yes, publish my submission **without** my name/ organisation name

No – **do not** publish my submission

## Your responses to the consultation questions

1. Do you have any comments on the good practice statements in the guidance?		
<i>Please add your comments to the following table and add a new row for each good practice statement you have a comment for.</i>		
Guidance	Good practice statement	Comments or suggestions
Clinical placements <input checked="" type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input type="checkbox"/>	Presence of effective educational governance on learning objectives of clinical placements.	Clinical placements fulfil learning objectives set by the Medical school's educational governance structure to ensure robust discussions, consistency with National requirements, vertical and lateral curriculum integration. Foundational years learning objectives should prepare students effectively for learning objectives in the clinical years. A clear outline of the curriculum of learning at the clinical site should be presented to students and clinical educators during orientation.
Clinical placements <input checked="" type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input type="checkbox"/>	Student orientation prior to clinical placements	Clear outline of the curriculum for learning, program of assessments, structure of clinical site and introduction to clinical supervisors should be included in the orientation.
Clinical placements <input checked="" type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input type="checkbox"/>	Identification of a clinical dean (or similar) for each clinical site.	Individual clinical deans provide in-depth understanding of nuances of the local medical system allowing effective and targeted strategies. Specific teaching and learning related activities and processes can be discussed between the University and the clinical deans to provide feedback on the students' performance. This person is the conduit between the university and the clinical site and is critical in ensuring quality of each student's learning.
Clinical placements <input checked="" type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input type="checkbox"/>	Clinical supervisors should be well trained in student feedback and teaching and learning activities and processes.	This should be the role of the clinical dean to ensure all clinical supervisors are adequately trained in educational pedagogy ensuring effective learning for students during their placements.

<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Presence of an effective and clear educational framework for clinical placements.</p>	<p>Due to limited teaching and clinical exposure opportunities, a framework ensures placements are designed proportionately to the required knowledge and skills of interns.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Presence of a placement officer in medical schools.</p>	<p>This allows a single person of contact for all students during placements and for all clinical sites. This streamlines the communication for all parties involved in the complicated process of managing clinical placements.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>General practice and Emergency should be compulsory placements for all medical students.</p>	<p>To ensure students have a holistic understanding of the Australian medical system and exposure to adequate brevity of clinical cases, General Practice and Emergency should be able to provide the minimum required amount of clinical exposure.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Clinical placements should be equitable for all students.</p>	<p>Students should get comparable exposure to clinical cases and teaching regardless of their backgrounds. Whilst not all clinical sites will be equal, mechanisms should be in place to measure the student learning experience and to provide interventions where required.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Medical students should be competency assessed for required minimum clinical skills prior to clinical placements.</p>	<p>Prerequisite clinical skills should be clearly stated and assessed to ensure students have reasonable level of skills required to see patients under supervision. This should follow an educational framework of “learning” it in their pre-clinical years and now “doing” it during the placements but under supervision.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>There should be interprofessional learning and teaching opportunities.</p>	<p>Since the medical systems tend to be team-based care and patient centered, clinical placements are an excellent opportunity to observe that in practice. Students should be given the opportunity to learn from and assessed by various allied health professionals.</p>

<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Both the clinical site and the university should provide social well-being and educational support.</p>	<p>Clinical placements can be a stressful time for students, and they should be well supported by while they are learning.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Presence of evidence-based framework of work-based assessments.</p>	<p>A program of assessment embedded in clinical placements informs the clinical deans and the university about individual student performance.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Clear job descriptions of clinical supervisors.</p>	<p>It will be good practice to include medical student supervision and teaching as part of a clinician's job description. A pay structure could be designed to reflect clinical teaching and the pay should not be a disincentive to teach medical students.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Medical students should be considered a part of the medical team with clear job descriptions.</p>	<p>If medical students are considered to be part of the team, they will be obliged to turn up for clinical placements. This could lead to a question of whether a student should be paid for their work.</p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Presence of an educational framework driven by the educational governance.</p>	<p>This allows lateral and vertical integration of educational content and consistency with national requirements.</p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Simulation based learning must reflect contemporary and realistic clinical practice.</p>	<p>Cases should be written by current practicing doctors and in consultation with various clinical specialties.</p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Facilitators must be well trained in feedback processes consistent with contemporary educational pedagogies.</p>	<p>This ensures high quality, constructive and actionable feedback for students.</p>

<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Various modalities should be used.</p>	<p>This caters to various styles of learning and some topics are more effective with certain modalities. Modalities include high fidelity models, simulated patients, virtual interactions, using students to reenact cases etc.</p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Simulated-based competency assessment should be used prior to clinical placement.</p>	<p>Evidence of prior simulated based training could be helpful in determining if students are ready for clinical placements. Simulated based competency assessment such as simulated ward-based work for interns can be used to determine if students are ready for internship.</p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Educational framework is required for feedback and learning plan formulation during simulation-based learning</p>	<p>An agreed framework consistent with national requirements and local university requirements should include various domains such as professionalism, clinical content, communication skills etc. There should be a process for recording feedback for students and used to formulate personalized learning plans. With these processes in place, the university can track student progress and provide meaningful interventions early if required.</p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input checked="" type="checkbox"/></p>	<p>Presence of an educational framework to include all aspects of virtual care.</p>	<p>The medical school will have to research on current and future technologies to ensure students will be provided with the essential skills for the future.</p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input checked="" type="checkbox"/></p>	<p>Virtual care must include telehealth.</p>	<p>Telehealth is embedded in healthcare now and should be embedded in all aspects of</p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input checked="" type="checkbox"/></p>	<p>Professionalism, ethics and legalities should be included in the teaching of virtual care</p>	<p>Virtual care has unique challenges especially in non-clinical aspects and should be taught.</p>

Clinical placements <input type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input checked="" type="checkbox"/>	Virtual care should be assessed at the medical student level	Since virtual care is a big part of clinical care now, this should be taught and assessed at the medical student level.
Clinical placements <input type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input checked="" type="checkbox"/>	Exposure to virtual care must be included during clinical placements.	This is to ensure students get adequate exposure to virtual care.

<b>2. Are there any other evidence-based good practice statements that should be included in the guidance?</b>
Nil

<b>3. What information could the committee provide that would help National Scheme entities implement the guidance?</b>
Clinical placements: <ul style="list-style-type: none"> <li>• Recommended job descriptions for clinical deans and supervisors.</li> <li>• Recommended job descriptions for placement officers.</li> <li>• Recommended job descriptions for medical students as part of a medical team during clinical placements.</li> <li>• Recommended level of training required for clinical supervisors.</li> <li>• Recommended minimum level of competencies and range of clinical skills required for an intern.</li> <li>• Pay structure for all clinical supervisors.</li> <li>• Recommended range of work-based assessment based on best evidence.</li> </ul> Simulation based learning <ul style="list-style-type: none"> <li>• Recommended level of training required for facilitators</li> <li>• Minimum range of ward-based scenarios required for assessments</li> </ul> Virtual care

- Gold standard for patient centered virtual care.
- Legalities for virtual care
- Minimum requirements for medical student level training for virtual care

#### 4. Do you have any general comments or feedback about the guidance?

Given that each medical school has unique challenges, recommended guidance on these aspects of medical student education should take that into account. For example, not all medical schools have adequate funding to buy and maintain high fidelity simulation models. Not all medical schools have the capacity to offer all specialized clinical placements.