MBChB

Phase 2 (Year 4) Guidebook

2020

Available on MBChB Portal
www.mbchb.auckland.ac.nz
(version 1.0, Released January 2020)

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Dear Students

Re: Compulsory Declaration – Year 4

You are required to confirm that you have read your Guidebook and Policy Guides by completing your Phase 2 (Year 4) Compulsory Declaration by **10 February 2020**. This is to be completed online, and an individual link will be sent to your university email address. The wording of the declaration is provided below for your information.

Please note that it is your sole responsibility to complete the declaration by the deadline. Any delay risks disciplinary action and/or potential withdrawal from clinical attachments.

Lucy Mo  
Group Services Manager  
Medical Programme Directorate
Medical Programme Directorate

Compulsory Declaration – Year 4

This Guidebook is to be read in conjunction with the Medical Programme Policy Guides.

☐ I agree to abide by the Faculty and University policies and regulations and have received a copy of the Phase 2 (Year 4) Guidebook, and have read and understood the information therein with particular reference to:
  - Requirements and Responsibilities on Clinical attachments (Section E)
  - Policies Relevant to Phase 2 (Year 4) (Section G)
  - Scheduled Leave, Planned Holidays, and Absences (Sections J.3 and J.4)

☐ I am aware of the penalties that might be applied if I breach these policies.

☐ I am not affected by any health condition or impairment with the capacity to affect my ability to perform the functions required for the practice of medicine. These include neurological, psychiatric or addictive (drug or alcohol) conditions and physical impairment due to injury, disease, or degeneration.*

  OR

  Have met with the Directors of Medical Student Affairs director.medstudentaffairs@auckland.ac.nz and confirmed my ability to perform the functions required for the practice of medicine.

☐ I have not been convicted in any court in New Zealand or elsewhere with any offence punishable by imprisonment of three months or longer.*

  OR

  Have met with one of the Directors of Medical Student Affairs director.medstudentaffairs@auckland.ac.nz and/or the Fitness to Practise Committee and have had my ability to perform the functions required for the practice of medicine confirmed.

☐ I understand that the Medical Council will be notified, early in my final year of the programme, of any unresolved issues (that require ongoing monitoring or support) relating to the health, competence or conduct of a graduating medical student.

☐ I confirm that I have arranged suitable professional negligence cover (this is available free e.g. Medical Protection Society).

☐ I consent to assessment and evaluation data being used in educational research.

*If you have something to declare in relation to these items and cannot complete this declaration, please contact the Directors of Medical Student Affairs email director.medstudentaffairs@auckland.ac.nz
Welcome from the Phase Director

Welcome to Phase 2 of the medical programme! In many ways, this phase marks your transition from ‘university student’ to ‘medical professional’, as you will be now be part of and assist clinical teams, and will in general be viewed as a (junior) colleague by many in the profession. As a Year 4 student, you are expected to develop your clinical skills and apply your basic science knowledge in a clinical setting. This is the time when many students say they first begin to ‘feel’ like a doctor, and it can be an exhilarating and challenging time. You will also need to develop your skills in self-organisation and self-directed learning. There are different cohort sites involved in Year 4, and with the varied nature of clinical medicine, each student will have a different journey of experiences on their road to qualification, so keep in mind that what works for a peer may not suit you.

This guidebook contains the information you need to help you navigate the year and should be your first point of reference for queries. The Medical Programme Directorate (MPD) is here to support you in the course of your studies, and we will do our best to assist you, but the information in the guidebook, along with the Medical Programme Policy Guides, can answer many questions.

Students who are identified as having academic issues will be invited to meet with the Year 4 Coordinator, Dr Matt Dawes, or me to ensure that they are supported. However, any student is welcome to contact either of us at any time to discuss concerns or problems. Appointments can be made through the MPD, and please remember that it is best to be in touch before your academic performance is affected.

Please also take note of the leave policy that is detailed in the guidebook. With nearly 300 students in the class, there is little room for flexibility, and in almost all cases, requests for leave outside the scheduled holidays have to be declined. However, where there are extraordinary circumstances, such as bereavement, health or family issues, we will try to accommodate you as far as possible.

It is imperative that you conduct yourself as a professional this year and moving forward. This means you must be punctual and reliable, have an appropriate appearance, and show respect to all those with whom you come into contact in both your written and verbal interactions. You are starting to create a reputation that will follow you over your career – make sure it is a good one.

This is a very exciting time for you, but you must never forget that the diagnosis made, or the treatment prescribed is connected to a person, that every patient has a life, a whānau, and a context that is much larger than what you may see. Your clinical supervisors are there to help you learn how to move in this new medical environment, but the ultimate responsibility for becoming a doctor lies with you. Do not be shy about requesting help – you are now at a stage where not everything can be learned from a book, and you are surrounded by many mentors who are eager to support your learning. Enjoy your year!

Dr Kira Bacal
Phase 2 Director
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A. Essential Information

A.1. Key Contacts

MPD general enquiries: phone (09) 923 1606 or email mpd@auckland.ac.nz
Website: www.fmhs.auckland.ac.nz/mpd
MBChB Portal: http://mbchb.auckland.ac.nz

MPD is located Level 3, 93 Grafton Road (please note that this is a 7 minute walk from the Grafton Campus)

A.1.1. Key University Contacts

<table>
<thead>
<tr>
<th>Role</th>
<th>Person</th>
<th>Phone &amp; email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 4 Coordinator</td>
<td>Dr Matt Dawes</td>
<td>(09) 923 6389 <a href="mailto:m.dawes@auckland.ac.nz">m.dawes@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Phase 2 Director and Deputy Head of the Medical Programme</td>
<td>Dr Kira Bacal</td>
<td>(09) 923 3046 <a href="mailto:k.bacal@auckland.ac.nz">k.bacal@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Head of the Medical Programme</td>
<td>Assoc Prof Andy Wearn</td>
<td>(09) 923 8953 <a href="mailto:a.wearn@auckland.ac.nz">a.wearn@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Directors of Medical Student Affairs</td>
<td>Dr Emme Chacko Dr Ben Ling</td>
<td><a href="mailto:director.medstudentaffairs@auckland.ac.nz">director.medstudentaffairs@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Group Services Manager, MPD</td>
<td>Lucy Mo</td>
<td>(09) 923 2773 <a href="mailto:mpd@auckland.ac.nz">mpd@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Practicum Placement Coordinator</td>
<td>Teresa Timo</td>
<td>(09) 923 6745 <a href="mailto:t.timo@auckland.ac.nz">t.timo@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Academic Systems Coordinator</td>
<td>Viveca Dourado</td>
<td>(09) 923 8527 <a href="mailto:mpd@auckland.ac.nz">mpd@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Information Systems Coordinator</td>
<td>Thiviya Sritharan</td>
<td>(09) 923 1837 <a href="mailto:mpd@auckland.ac.nz">mpd@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Student Support Advisor for Domestic and International students</td>
<td>Daniel Heke</td>
<td>(09) 923 7071 027 801 3726 (office hours only) <a href="mailto:fmhssupport@auckland.ac.nz">fmhssupport@auckland.ac.nz</a></td>
</tr>
<tr>
<td>University Health &amp; Counselling</td>
<td></td>
<td>(09) 923 7681 <a href="mailto:uhsinfo@auckland.ac.nz">uhsinfo@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Student Academic Services &amp; Engagement Manager</td>
<td>Mel Cross</td>
<td>(09) 923 6516 <a href="mailto:mel.cross@auckland.ac.nz">mel.cross@auckland.ac.nz</a></td>
</tr>
<tr>
<td>MAPAS</td>
<td>Susanadaisy Jensen</td>
<td>(09) 923 4539 <a href="mailto:s.jensen@auckland.ac.nz">s.jensen@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Personal and Professional Skills Domain Coordinators</td>
<td>Dr Jill Yilder Dr Vicki Jones Dr Sharyn Esteves</td>
<td>(09) 923 9761 <a href="mailto:j.yelder@auckland.ac.nz">j.yelder@auckland.ac.nz</a> (09) 923 1382 Vicki Jones (09) 923 1382 <a href="mailto:s.estees@auckland.ac.nz">s.estees@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Selective Coordinator</td>
<td>Laura Chapman</td>
<td>(09) 923 2568 <a href="mailto:l.chapman@auckland.ac.nz">l.chapman@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>
### A.1.2. Campus/ Site Coordinators

<table>
<thead>
<tr>
<th>Campus/ Site</th>
<th>Person</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland</td>
<td>Dr Matt Dawes</td>
<td><a href="mailto:m.dawes@auckland.ac.nz">m.dawes@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Rotorua</td>
<td>Dr Nic Crook</td>
<td><a href="mailto:Nic.Crook@lakesdhb.govt.nz">Nic.Crook@lakesdhb.govt.nz</a></td>
</tr>
<tr>
<td>South Auckland</td>
<td>Prof Andrew Hill</td>
<td><a href="mailto:a.hill@auckland.ac.nz">a.hill@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Tauranga</td>
<td>Prof Peter Gilling</td>
<td><a href="mailto:p.gilling@auckland.ac.nz">p.gilling@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Waikato</td>
<td>Assoc Prof Michael Jameson</td>
<td><a href="mailto:m.jameson@auckland.ac.nz">m.jameson@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Waitemata</td>
<td>Prof Martin Connolly</td>
<td><a href="mailto:Martin.connolly@waitematadhb.govt.nz">Martin.connolly@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td></td>
<td>Dr Laura Chapman</td>
<td><a href="mailto:l.chapman@auckland.ac.nz">l.chapman@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>

### A.1.3. Administrative Staff

<table>
<thead>
<tr>
<th>Department / Attachment</th>
<th>Person and Location</th>
<th>Extension and Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthesiology</td>
<td>Françoise GodetLevel 3, Building 507, 22-30 Park Avenue, Grafton</td>
<td>(09) 923 <a href="mailto:6391f.godet@auckland.ac.nz">6391f.godet@auckland.ac.nz</a></td>
</tr>
<tr>
<td>General Practice/Primary Care (GP/PC)</td>
<td>Audrey BrooksLevel 2, Building 507 22-30 Park Avenue, Grafton</td>
<td>(09) 923 <a href="mailto:3031ah.brooks@auckland.ac.nz">3031ah.brooks@auckland.ac.nz</a></td>
</tr>
<tr>
<td>GPOPS</td>
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<td>(09) 923 <a href="mailto:6406l.tubu@auckland.ac.nz">6406l.tubu@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Geriatrics</td>
<td>Deborah CliffordLevel 1, Building 5, North Shore Hospital</td>
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</tr>
<tr>
<td>Medicine and Specialty Medicine</td>
<td>Maggie NaidooLevel 3, Building 507, 22-30 Park Avenue, Grafton</td>
<td>(09) 923 <a href="mailto:9801m.naidoo@auckland.ac.nz">9801m.naidoo@auckland.ac.nz</a></td>
</tr>
<tr>
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<td>(09) 923 <a href="mailto:2861c.ganly@auckland.ac.nz">2861c.ganly@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>
### Site Contacts

#### Auckland Clinical Campus

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Manager</td>
<td>Natasha Tinkler</td>
<td>(09) 923 1534 <a href="mailto:n.tinkler@auckland.ac.nz">n.tinkler@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>

#### South Auckland Clinical Campus

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Services Manager SACC</td>
<td>Maria Vitas</td>
<td>(09) 276 0044 Ext 8395 <a href="mailto:m.vitas@auckland.ac.nz">m.vitas@auckland.ac.nz</a></td>
</tr>
<tr>
<td>SACC Site Coordinators (Student Administration)</td>
<td></td>
<td>(09) 276 0044 Ext 2864 or 8076 <a href="mailto:uniaadmin@middlemore.co.nz">uniaadmin@middlemore.co.nz</a></td>
</tr>
</tbody>
</table>

#### Waikato Clinical Campus

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waikato Clinical Campus Manager</td>
<td>Raewyn Wooderson</td>
<td>(07) 839 8750 <a href="mailto:raewyn.wooderson@waikatodhb.health.nz">raewyn.wooderson@waikatodhb.health.nz</a></td>
</tr>
</tbody>
</table>

#### Waitemata Clinical Campus

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Team Leader</td>
<td>Deborah Clifford</td>
<td>(09) 487 1299 or 027 556 9048 <a href="mailto:deborah.clifford@waitematadhb.govt.nz">deborah.clifford@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Site Coordinator</td>
<td>Janine Joubert</td>
<td>(09) 487 1299 or 027 562 4630 <a href="mailto:janine.joubert@waitematadhb.govt.nz">janine.joubert@waitematadhb.govt.nz</a></td>
</tr>
</tbody>
</table>

#### Rotorua Clinical Site

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Student Coordinator</td>
<td>Irene Warren</td>
<td>07 3497955 ext 8470 <a href="mailto:irene.warren@lakesdhb.govt.nz">irene.warren@lakesdhb.govt.nz</a></td>
</tr>
</tbody>
</table>

#### Tauranga Clinical Site

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Placement Coordinator</td>
<td>Leonie Alley</td>
<td>(07) 579 8694 <a href="mailto:leonie.alley@bopdhb.govt.nz">leonie.alley@bopdhb.govt.nz</a></td>
</tr>
</tbody>
</table>

### A.1.4. Clinical Attachment Convenors

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Coordinators</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthesiology</td>
<td>Prof Simon Mitchell</td>
<td><a href="mailto:sj.mitchell@auckland.ac.nz">sj.mitchell@auckland.ac.nz</a></td>
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<tr>
<td>Emergency Medicine</td>
<td>Dr Chris Lash</td>
<td><a href="mailto:Christopher.Lash@middlemore.co.nz">Christopher.Lash@middlemore.co.nz</a></td>
</tr>
<tr>
<td>General Practice/Primary Care (GP/PC)</td>
<td>Dr Kyle Eggleton</td>
<td><a href="mailto:k.eggleton@auckland.ac.nz">k.eggleton@auckland.ac.nz</a></td>
</tr>
<tr>
<td>General Practice GPOPS</td>
<td>Dr Miriam Nakatsuji</td>
<td><a href="mailto:m.nakatsuji@auckland.ac.nz">m.nakatsuji@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Drug and Alcohol Assessment (Friday of GPOPS week)</td>
<td>Dr Ryan San Diego</td>
<td><a href="mailto:r.sandiego@auckland.ac.nz">r.sandiego@auckland.ac.nz</a></td>
</tr>
<tr>
<td>General Medicine</td>
<td>Dr Tom Pasley</td>
<td><a href="mailto:TPasley@adhb.govt.nz">TPasley@adhb.govt.nz</a></td>
</tr>
<tr>
<td>General Surgery</td>
<td>Mr Andrew MacCormick</td>
<td><a href="mailto:andrew.maccormick@middlemore.co.nz">andrew.maccormick@middlemore.co.nz</a></td>
</tr>
<tr>
<td>Geriatrics</td>
<td>Prof Martin Connolly</td>
<td><a href="mailto:m.connolly@auckland.ac.nz">m.connolly@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>Dr Jacob Munro, Dr Nikki Tugnet</td>
<td><a href="mailto:jacob.munro@auckland.ac.nz">jacob.munro@auckland.ac.nz</a>, <a href="mailto:n.tugnet@auckland.ac.nz">n.tugnet@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Specialty Medicine</td>
<td>Dr Maggie Ow</td>
<td><a href="mailto:m.ow@auckland.ac.nz">m.ow@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>
### A.1.5. Campus Formal Learning Convenors

<table>
<thead>
<tr>
<th>Topic/Discipline</th>
<th>Convenor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Cancer Symposium</td>
<td>Prof Peter Browett <a href="mailto:p.browett@auckland.ac.nz">p.browett@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Brief Motivational Interventions: How to promote positive behaviour change in patients</td>
<td>Dr Grant Christie <a href="mailto:g.christie@auckland.ac.nz">g.christie@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Challenging conversations in palliative medicine: strategies and practical solutions</td>
<td>Dr Shamsul Shah <a href="mailto:shamsuls@adhb.govt.nz">shamsuls@adhb.govt.nz</a></td>
</tr>
<tr>
<td>Dealing with prejudice and discrimination as a doctor</td>
<td>Dr Lillian Ng <a href="mailto:lillian.ng@auckland.ac.nz">lillian.ng@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Dermatology</td>
<td>Dr Paul Jarrett <a href="mailto:paul.jarrett@middlemore.co.nz">paul.jarrett@middlemore.co.nz</a></td>
</tr>
<tr>
<td>Endocrinology – What You Need on the Wards</td>
<td>Assoc Prof Andrew Grey <a href="mailto:a.grey@auckland.ac.nz">a.grey@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Ethical problem solving: A discussion around clinical cases</td>
<td>Dr Monique Jonas <a href="mailto:m.jonas@auckland.ac.nz">m.jonas@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Evidence-Based Medicine</td>
<td>Prof Rod Jackson <a href="mailto:rt.jackson@auckland.ac.nz">rt.jackson@auckland.ac.nz</a></td>
</tr>
<tr>
<td>From the bench to the bedside: clinical pathology tutorial</td>
<td>Prof Peter Browett <a href="mailto:p.browett@auckland.ac.nz">p.browett@auckland.ac.nz</a> Dr Andrew Dubovyi <a href="mailto:a.dubovyi@auckland.ac.nz">a.dubovyi@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Dr Maggie Ow <a href="mailto:m.ow@auckland.ac.nz">m.ow@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Geriatric Medicine and Rehabilitation</td>
<td>Prof Martin Connolly <a href="mailto:m.connolly@auckland.ac.nz">m.connolly@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Global epidemics: How outbreaks like Zika occur</td>
<td>Assoc Prof Jude McCool <a href="mailto:j.mccool@auckland.ac.nz">j.mccool@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Gout Symposium</td>
<td>Prof Nicola Dalbeth <a href="mailto:n.dalbeth@auckland.ac.nz">n.dalbeth@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Healthcare Associated Infections</td>
<td>Assoc Prof Mark Thomas <a href="mailto:mg.thomas@auckland.ac.nz">mg.thomas@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Heart Disease What do you and your patients need to know?</td>
<td>Prof Rob Doughty <a href="mailto:r.doughty@auckland.ac.nz">r.doughty@auckland.ac.nz</a></td>
</tr>
<tr>
<td>How to thrive on the wards</td>
<td>Dr Fiona Moir <a href="mailto:f.moir@auckland.ac.nz">f.moir@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Informed consent: When patients can’t speak for themselves</td>
<td>Prof Alan Merry <a href="mailto:a.merry@auckland.ac.nz">a.merry@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Introduction to ORL: What it is, who we treat and how we do it</td>
<td>Prof Richard Douglas <a href="mailto:richard.douglas@auckland.ac.nz">richard.douglas@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Māori Health</td>
<td>Dr Jade Tamatea <a href="mailto:jade.tamatea@waikatodhb.health.nz">jade.tamatea@waikatodhb.health.nz</a></td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>Dr James Caldwell <a href="mailto:jamesrichardcaldwell@gmail.com">jamesrichardcaldwell@gmail.com</a></td>
</tr>
<tr>
<td>Neurology</td>
<td>Prof Alan Barber</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:a.barber@auckland.ac.nz">a.barber@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Neurosurgery: Its relevance to hospital medicine and general practice</td>
<td>Dr Patrick Schweder</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:p.schweder@auckland.ac.nz">p.schweder@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Obesity Symposium</td>
<td>Dr Rinki Murphy</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:r.murphy@auckland.ac.nz">r.murphy@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Oncology</td>
<td>Dr Ben Lawrence</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:b.lawrence@auckland.ac.nz">b.lawrence@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>Prof Sue Stott</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:s.stott@auckland.ac.nz">s.stott@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Pacific People’s Health</td>
<td>Dr Teuila Percival</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:t.percival@auckland.ac.nz">t.percival@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Pneumonia: A paradigm of infectious disease</td>
<td>Assoc Prof Mark Thomas</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:mg.thomas@auckland.ac.nz">mg.thomas@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Prevention, diagnosis and treatment of venous thromboembolism (VTE): A multidisciplinary symposium</td>
<td>Dr Laura Young</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:l.young@auckland.ac.nz">l.young@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>Dr Kamran Zargar</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:kamran.zargar@auckland.ac.nz">kamran.zargar@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Rational Prescribing and Script-writing</td>
<td>Dr Catherine Han</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:c.han@auckland.ac.nz">c.han@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Renal Medicine Symposium: What do your patients need you to know about the kidneys?</td>
<td>Assoc Prof Helen Pilmore</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:h.pilmore@auckland.ac.nz">h.pilmore@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Respiratory Medicine</td>
<td>Dr Sandra Hotu</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:s.hotu@auckland.co.nz">s.hotu@auckland.co.nz</a></td>
</tr>
<tr>
<td>Safely Managing Health Information</td>
<td>Dr Monique Jonas</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:m.jonas@auckland.ac.nz">m.jonas@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Screening, Brief Intervention, and Referral to Treatment: Skills for identifying risky drinking</td>
<td>Dr Ryan San Diego</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:r.sandiego@auckland.ac.nz">r.sandiego@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>

**A.1.6. Synchronous Formal Learning Contacts**

Please refer to the Staff and Student Guide to Synchronous Learning in Year 4 for contacts at respective cohort sites.

**A.1.7. Asynchronous Formal Learning Contacts**

<table>
<thead>
<tr>
<th>Topics</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthesiology</td>
<td>Prof Simon Mitchell</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:sj.mitchell@auckland.ac.nz">sj.mitchell@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Clinical Pharmacology</td>
<td>Dr Catherine Han</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:c.han@auckland.ac.nz">c.han@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Dermatology</td>
<td>Dr Paul Jarrett</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:paul.jarrett@middlemore.co.nz">paul.jarrett@middlemore.co.nz</a></td>
</tr>
<tr>
<td>Evidence-based Medicine</td>
<td>Prof Rod Jackson</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:rt.jackson@auckland.ac.nz">rt.jackson@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>
### Topics Person

<table>
<thead>
<tr>
<th>Topics</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpreting ECGs</td>
<td>Dr Matt Dawes <a href="mailto:m.dawes@auckland.ac.nz">m.dawes@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Māori Health</td>
<td>Dr Jade Tamatea <a href="mailto:jade.tamatea@waikatodhb.health.nz">jade.tamatea@waikatodhb.health.nz</a></td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>A/P Miriam Scadeng <a href="mailto:m.scadeng@auckland.ac.nz">m.scadeng@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>Prof Richard Douglas <a href="mailto:richard.douglas@auckland.ac.nz">richard.douglas@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Dr Nikki Tugnet <a href="mailto:n.tugnet@auckland.ac.nz">n.tugnet@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>

## A.1.8. Who to Contact for Advice

The following table gives a summary outline of who to go to if help or advice is needed. Please also look at Phase 2 ‘Where to get Help’ section on the MBChB portal for more detailed campus-specific information about who to contact for academic, financial or wellbeing issues.

<table>
<thead>
<tr>
<th>Person</th>
<th>Advice/ Issue/ Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Programme Directorate</td>
<td>Administrative issues about Phase 2. Clarification of existing policies, and programme regulation matters. Administrative matters regarding student grades and progress. General enquiries, standard letters and ID cards.</td>
</tr>
<tr>
<td>Student support advisor</td>
<td>General support for Domestic and International students (non-MAPAS).</td>
</tr>
<tr>
<td>MAPAS Student support advisor</td>
<td>Student Support Advisor for MAPAS students. First point of contact for any enquiries from MAPAS students.</td>
</tr>
<tr>
<td>Dr Matt Dawes</td>
<td>Any academic or professional matters in relation to Year 4. Any request for variation to current policy.</td>
</tr>
<tr>
<td>Dr Kira Bacal</td>
<td>Any academic matters that pertain to Phase 2 as a whole.</td>
</tr>
<tr>
<td>MPD Practicum Placement Coordinator, Teresa Timo</td>
<td>Administration of student choices, including Selective. Sign off for Selective documentation/ approvals. Coordination of student allocations to hospitals.</td>
</tr>
<tr>
<td>Attachment Coordinator</td>
<td>Most routine, academic and organisational matters relating to the attachment.</td>
</tr>
<tr>
<td>Site Coordinator</td>
<td>Administrative or organisational aspects specific to the site cohort.</td>
</tr>
<tr>
<td>UoA Student Counselling</td>
<td>Personal Counselling (for Auckland-based students) – for appointment, phone (09) 923 7681 (or the Student Support Advisor can assist if urgent) or make a request online. For students based outside of Auckland, please refer to the “Where to Get Help” section on the MBChB portal.</td>
</tr>
<tr>
<td>Selective Coordinator</td>
<td>Academic policy matters relating to the Selective.</td>
</tr>
<tr>
<td>Directors of Medical Student Affairs</td>
<td>Concerns regarding Fitness to Practice Concerns about signing the Compulsory Declaration Plans to defer or request leave from the programme</td>
</tr>
</tbody>
</table>
### A.2. Summary Outline of Year 4

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 January – 7 February</td>
<td>Formal Learning Weeks 1 and 2</td>
</tr>
<tr>
<td>10 February – 12 June</td>
<td>Clinical Attachments – includes:</td>
</tr>
<tr>
<td>14 April</td>
<td>Easter Tuesday - <strong>Not</strong> a Holiday</td>
</tr>
<tr>
<td>* Friday, 24&lt;sup&gt;th&lt;/sup&gt; April 2.15pm</td>
<td>*Progress Test 1</td>
</tr>
<tr>
<td>15-26 June</td>
<td>Formal Learning Weeks 3 and 4</td>
</tr>
<tr>
<td>29 June- 6 November</td>
<td>Clinical Attachments - includes</td>
</tr>
<tr>
<td>* Friday 17&lt;sup&gt;th&lt;/sup&gt; July 2.15pm</td>
<td>*Progress Test 2</td>
</tr>
<tr>
<td>* Saturday, 17&lt;sup&gt;th&lt;/sup&gt; October 2:15pm</td>
<td>*Progress Test 3</td>
</tr>
<tr>
<td>9-13 November</td>
<td>Clinical Skills Assessments</td>
</tr>
<tr>
<td>30 November</td>
<td>Board of Examiners</td>
</tr>
<tr>
<td>18 January 2021</td>
<td>Year 5 Start Date</td>
</tr>
</tbody>
</table>

### A.3. Accessing information for the medical programme

The Faculty now has a number of URLs for the medical programme. They are:

- **MBChB Portal:** [http://mbchb.auckland.ac.nz/](http://mbchb.auckland.ac.nz/)
- **Clinical scenarios:** [http://mbchb.auckland.ac.nz/scenarios](http://mbchb.auckland.ac.nz/scenarios)
- **Progress Test results:** [https://medprog.fmhs.auckland.ac.nz/progress](https://medprog.fmhs.auckland.ac.nz/progress)
- **Canvas:** [http://canvas.auckland.ac.nz/](http://canvas.auckland.ac.nz/)
## B. Frequently asked questions

### B.1. Student Frequently Asked Questions (FAQs)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
</table>
| **Absences and Leave**                                                    | • You need to apply for leave in advance if you wish to or need to miss part of your academic calendar.  
• You should apply for this leave as early as possible.  
• Your first approach should be to your Year 4 Coordinator or Phase Director.                                                                 |
| Under what circumstances do I need to apply for leave?                    | • Yes. You need to apply for leave if you are going to miss any part of the curriculum.  
• Your absence may have an impact on others, such as in small group work, participation in teleconferences, or any other time when your absence may be noted.  
• Failure to notify the Year 4 Coordinator or Phase 2 Director and other relevant supervisors ahead of time may lead to concerns being raised about your professionalism. |
| Do I need to apply for leave if I am only going to miss non-clinical     | • See **section 1.3** of the Guidebook. You are expected to use holiday time for scheduled events.  
• In the event you cannot use holiday time but still wish to attend the scheduled event **AND** you believe your situation qualifies as “exceptional circumstances”, you must request leave well in advance.  
• An appropriate first approach would be an email to Phase 2 Director or Year 4 Coordinator explaining the situation and your request in appropriate detail.  
• Your leave application must be submitted in writing (e.g. via email) and as far in advance as possible. The final arbiter is the Phase 2 Director.  
• If leave is approved, as above, it is the student’s responsibility to notify the leave arrangements **in advance** to your clinical team, the MPD, and the Site Coordinators. Supporting documentation showing appropriate approvals must be submitted with the notification. |
| attachment time (e.g. Formal Learning Weeks at Grafton, Māori Health)?    | • See **section E.5.1** of the Guidebook. You should attempt to notify as many of the required persons as possible, but at a minimum, you must immediately contact your supervisor and site coordinator to request the leave.  
• You should then advise other relevant individuals (Clinical Attachment Convenor, MPD, Phase 2 Director, Year 4 Coordinator) as soon as possible. |
<p>| How do I apply for leave for a scheduled event (one with more than 24-hour notice, e.g. conference, family reunion, wedding, etc.)? |                                                                                                                                                                                                            |</p>
<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
</table>
| How do I request leave when I had no notice (e.g. illness of myself or a dependent)? | • Notify your supervisor and associated department and/or site coordinator as soon as possible of your illness and the date when you hope to return to work.  
• If you are absent for more than two days, a medical certificate must be provided to both the MPD and your clinical campus/site upon your return. Submission via email is acceptable. |
| What do I do if I get sick and need to stay home?                        | • As above, if you are taken ill, notify your supervisor and associated department and campus/site coordinator as soon as possible.  
• You must provide a medical certificate if you miss more than two days.                                                                 |
| What do I do if I am hospitalised?                                       | • You or your support person should contact the MPD (email: mpd@auckland.ac.nz or DD 09 923 1606) as soon as possible.  
• Under these circumstances, the MPD will take responsibility for informing the relevant clinical school and department. |

**Academic and Professional Matters**

| Who do I contact if I have an academic question?                         | The Phase 2 Director or the Year 4 Coordinator can answer academic questions. (Refer to section A.1.1 for contact details).                                                                                       |
| Who do I contact if I have questions about my attachment (sequence, location, or timing)? | Answers to most attachment questions can be found in your Guidebook.  
• If you are unable to locate the needed information there, contact Teresa Timo at the MPD mpd@auckland.ac.nz or the attachment convenor or administrator (see Section A.1.3). |
| Who do I contact if I need to vary the timing or location of my clinical attachments? | Changes to attachments (sequence, location, etc) can only be made under exceptional circumstances; refer to the Academic & programme-related policies in the Policy Guides.  
• You should approach the Year 4 Coordinator or Phase 2 Director if you believe your situation falls into this category.  
• If your need is based on a non-academic concern, you should contact your Student Support Advisor. |
| Who do I contact if I have a problem with my clinical supervisor?        | You should speak with the convenor for that attachment (see list in Section A.1.4 of the Guidebook) in the first instance.  
• If you prefer, you may speak with Dr Bacal, Dr Dawes, or your Student Support Advisor.  
• It is always a good idea to address such issues proactively, rather than wait until the end of the attachment when it may be too late to address matters. |
<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
</table>
| What do I do if I think I am being treated unfairly by a clinical supervisor or member of my team? | • You should speak with the convenor for that attachment (see list in Section A.1.4 of the Guidebook) in the first instance.  
• If you prefer, you may speak with Dr Bacal, Dr Dawes, or your Student Support Advisor.  
• It is always a good idea to address such issues proactively, rather than wait until the end of the attachment when it may be too late to address matters.                                      |
| What happens if I have an FtP (Fitness to Practise) form filed against me?                      | • See the Fitness to practise policy.  
• An FtP may be filed for health concerns, a lack of professionalism, or a number of other issues which are felt to reflect upon your fitness to practice as a medical professional.  
• Dr Bacal or Dr Dawes will discuss non-critical incidents with you and, barring further issues, the information is likely to be expunged from your record upon graduation.  
• Please note that if you accumulate three non-critical incidents, you will be called before the Fitness to Practise Committee.  
• Critical incidents (which generally impact on the safety of yourself or patients) may result in your immediate suspension from clinical attachments and appearance before the Fitness to Practise Committee |
| Academic Assistance                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |
| Who do I contact if I am having academic problems?                                              | • If your concerns are specific to an individual attachment, you should seek feedback or guidance from your clinical supervisor or the attachment convenor.  
• For more global concerns, you can approach Dr Bacal, Dr Dawes, or the University Student Learning Centre for assistance.                                                                                                                                                                                                         |
| Who do I contact if I need help with my English language skills?                                | • English Language Support is available from the English Language Enrichment [www.library.auckland.ac.nz/services/student-learning/ele](http://www.library.auckland.ac.nz/services/student-learning/ele)  
• In the past, some students have also benefited from joining Toastmasters NZ to obtain experience in public speaking and presentation skills ([www.toastmasters.org.nz](http://www.toastmasters.org.nz)). They have a number of clubs close to the CBD, including two chapters which meet regularly on the city campus.  
• Assistance may also be available through the English Language Academy ([www.ela.auckland.ac.nz](http://www.ela.auckland.ac.nz)) though this option would require self-funding on your part. |
| Who do I contact if I need help with my clinical presentation skills?                            | • First and foremost, approach your clinical supervisor and request assistance.  
• You should also speak with the attachment convenor and request additional support.  
• Dr Bacal or Dr Dawes can also offer advice and suggestions.                                                                                                                                                                                                                                              |
<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
</table>
| Who do I contact if I need help with my history taking skills?           | • You should first approach your clinical supervisor and request assistance.  
• You should then speak with the attachment convenor and request additional support.  
• The Year 4 Coordinator or Phase 2 Director can also offer advice and suggestions. |
| Who do I contact if I need help with my test taking skills?              | University Student Learning Services (www.library.auckland.ac.nz/student-learning)  
• The Year 4 Coordinator or Phase 2 Director can also offer advice and suggestions. |
| Who do I contact if I need help with my time management skills?          | University Student Learning Services (www.library.auckland.ac.nz/student-learning) can provide assistance.                                                                                                   |
| Wellness Issues                                                          |                                                                                                                                                                                                          |
| Who do I contact if I am worried about a classmate’s wellbeing?          | You can contact your Student Support Advisor, your Clinical Campus/Site Manager and either Dr Dawes or Dr Bacal.                                                                                               |
| Who do I contact if I have a problem with a classmate?                  | Assuming you have been unable to work things out with your classmate directly, you can seek assistance from your Student Support Advisor, Dr Dawes, Dr Bacal, the University Proctor (www.auckland.ac.nz/en/for/current-students/cs-student-support-and-services/cs-personal-support/proctor.html), or the University Counselling Services (www.auckland.ac.nz/uoa/cs-counselling-services) |
| Who do I contact if I have financial problems?                          | The FMHS Student Centre can advise on potential funding sources and scholarships as well as assisting with emergency loan applications. See here.  
• In addition, your Student Support Advisor can discuss options available to you and refer you to University Counselling Services for assistance in coping with the stresses associated with financial strain. |
| Who do I contact if I am having non-academic problems (e.g. feeling overwhelmed or depressed, problems with my partner, affected by crime or natural disaster, problems with my whānau, etc.)? | Your Student Support Advisor, and the University Counselling Services www.auckland.ac.nz/uoa/cs-counselling-services are all available to support students with non-academic concerns. |
| What do I do if I want to take some time off?                           | Depending upon the reason for your desire to take time off and the amount of time needed, you can initially discuss your options with your Student Support Advisor, with Dr Bacal or Dr Dawes.  
• You will then, as appropriate, be referred to the Directors of Medical Student Affairs for further discussions. |
<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
</table>
| What do I do if my situation changes and this affects my academic performance (e.g. divorce, move house, financial crisis, etc.)? | • In such a situation, it is always better to speak to your local Academic Coordinator, the Year 4 Coordinator or Phase 2 Director, or your Student Support Advisor, before your academic performance is affected.  
• With notice, it may be able to assist you in ways that mitigate or prevent the impact on your performance.  
• For advice on aegrotat and compassionate considerations, contact your Student Support Advisor as early as possible, so all required forms are completed. |
| What happens if someone reports concerns about me or my wellbeing or performance? | • You will be contacted by Dr Dawes, Dr Bacal or the Directors of Medical Student Affairs.  
• If the expressed concerns relate to wellbeing and are thought to be legitimate, you may be required to undergo a screening examination to ensure your ability to practice safely. |
| Grades                                                                   |                                                                                                                                 |
| Who do I contact if I think I received an unfair grade?                  | • You should speak with the convenor for that attachment (see list in Section A.1.4 of your Guidebook) or, if you prefer, you may speak with Dr Dawes or Dr Bacal. |
| I have received a grade of Borderline or Unsatisfactory on a Progress Test – who should I discuss this with? | • You should make an appointment with Dr Dawes or Dr Bacal to discuss the matter and get suggestions on how to address those areas in which you demonstrated weaknesses.  
• The University Student Learning Services (www.library.auckland.ac.nz/student-learning) can also provide assistance. |
| I just failed an attachment – what does this mean?                       | • Don’t panic!  
• All grades are provisional until the Board of Examiners meeting at the end of the year.  
• Your first step should be to discuss your grade with the attachment convenor and your clinical supervisor. You should obtain a clear understanding of what aspects of your performance need work.  
• You should then speak with Dr Dawes or Dr Bacal to put academic assistance in place as quickly as possible before the same problem occurs in another attachment.  
• The Board of Examiners will take into account all your results and grades when making decisions about your specific situation. |
<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
</table>
| I got a Borderline Performance in an attachment – what does this mean?    | • Don’t panic!  
• All grades are provisional until the Board of Examiners meeting at the end of the year.  
• Your first step should be to discuss your grade with your attachment convenor and your clinical supervisor. You should obtain a clear understanding of what aspects of your performance need work.  
• You should then speak with Dr Dawes or Dr Bacal to put academic assistance in place as quickly as possible before the same problem crops up in another attachment.  
• The Board of Examiners will take into account all your results and grades, when making decisions about your specific situation. |
| What do I do if I was having problems (e.g. physical health, emotional health, social stresses) when I was preparing for or underwent an assessment (e.g. progress test, mini-CEX, OSCE, etc.)? | • The aegrotat and compassionate consideration processes are intended for situations like this, when you are prevented from doing your best on an exam by factors beyond your control.  
• Talk to your Student Support Advisor as soon as you realise a problem exists, preferably before (or immediately after) the assessment takes place. Details are available at www.auckland.ac.nz/...www.auckland.ac.nz/uoa/cs-aegrotat-and-compassionate-consideration  
• Strict deadlines exist for submission of these forms, so do not delay if you feel your preparation or performance was impaired. Applying for an aegrotat or compassionate consideration will not disadvantage you. |
| Communication                                                             |                                                                                                                                                                                                           |
| How can I be sure I’m aware of any changes to my schedule or any attempts by faculty or staff to get in touch with me? | • In most cases, the MPD, clinical staff, attachment administrators, or others who need to reach you on Programme-related matters will contact you via your University email. Students are expected to check their University email on a regular, ideally daily, basis. Please ensure that your contact details, including a working phone number are kept up to date on your Student Services Online page. (See Section J.5 for more detail). |
| How can I be sure I am being professional in my communications?           | • Check your University email regularly (i.e. at least daily) to ensure you are not missing important emails and respond to them in a timely and professional way. (Hint: this generally involves proper spelling, correct grammar, and using formal greetings such as “Dear Dr Bacal”, rather than “Yo, Kira!”). It also means providing the appropriate level of detail, including, but not limited to, your full name, year, cohort, and group as well as phrasing requests as requests, eg, “I would like to request leave to attend a conference” rather than “I will require time off as I have registered for a conference and my tickets are non-refundable.”) |
C. The Medical Curriculum

C.1. MBChB Graduate Learning Outcomes

Domain: Applied Science for Medicine
Graduates will, with a broad scientific body of knowledge encompassing biological, behavioural and social sciences:

- Discuss the normal structure, function and development of the human body and mind at all stages of life, the factors that may disturb these, and the interactions between body and mind;
- Apply the scientific body of knowledge appropriately to common and important clinical problems and to the management of patients;
- Apply scientific principles, research methodologies and evidence to improve practice and the health of individuals and communities.

Domain: Clinical and Communication Skills
Graduates will, with a culturally competent, empathetic patient-centred approach and with skills appropriate for the stage and setting of practice:

- Competently
  - elicit clear, comprehensive and relevant case histories;
  - perform routine clinical examinations;
  - select and interpret appropriate diagnostic investigations;
  - perform a range of procedures for diagnostic and therapeutic purposes;
  - synthesise and integrate information to formulate differential diagnoses;
  - develop and implement a clinical management plan;
  - inform and educate patients and their families.
- Communicate sensitively and effectively with patients, their families and colleagues using a process of shared decision-making where appropriate;
- Access, evaluate and use new knowledge and information sources to support clinical decision-making.

Domain: Personal and Professional Skills
Graduates will:

- Practise ethically and with regard to medicolegal obligations;
- Practise self-reflection in personal and professional settings;
- Explain the influence of own culture and that of the health system on patient and population health outcomes;
- Apply a range of approaches to maintain psychological, physical and overall wellbeing to themselves and others;
- Demonstrate the capacity for independent critical thought, rational inquiry and self-directed learning;
- Use appropriate teaching and learning strategies to educate themselves, peers, other health care professionals and the community;
Work as a constructive and collaborative health care team member and as a leader for elements of health care, with respect for complementary skills and competencies;

Make appropriate decisions in situations of incomplete knowledge, complexity/ambiguity, or resource constraint.

Domain: Hauora Māori

Graduates will, with a critical understanding of the social, cultural, political, economic and environmental determinants impacting on Māori health:

- Engage in a culturally safe manner with Māori individuals, whānau and communities;
- Identify approaches to reducing and eliminating health inequities including actively challenging racism;
- Engage in a process of reflection on own practice, as it relates to obligations under the Treaty of Waitangi.

Domain: Population Health

To guide practice and to improve health care in New Zealand, graduates will:

- Identify feasible strategies to improve health that incorporate the broader determinants of health at community and population level;
- Identify major threats to health and critique trends in health care delivery in New Zealand and internationally;
- Apply the principles of health promotion, population screening and disease management involving individuals and populations to a range of health care settings.

C.2. Purposes of Outcomes, Domains and Phases

C.2.1. Graduate Learning Outcomes

The graduate learning outcomes indicate the competencies you should have to enter the workforce and practice effectively as a first year House Officer (PGY1), and thence postgraduate training. They also convey to staff and employers the competencies the Faculty of Medical and Health Sciences expects its graduates to have at the end of the six-year programme.

The set of outcomes is important for two purposes:

- it guides the teacher’s teaching and assessment; and
- it gives greater clarity of focus to students for their self-directed learning, thereby encouraging them to take more responsibility.

C.2.2. The Phases

The phases are intended to help you see the context of science within clinical medicine in the initial years, and to continue to use the basic sciences in your more clinically-focused years. Throughout the phases you will continue to revisit various topics at an increasing level of difficulty and in more complex contexts.

There are four distinct phases in the medical curriculum.
Each phase of the curriculum builds on the one before it, and your competencies will build continuously much as outlined in the following schema.

<table>
<thead>
<tr>
<th>Increased scope</th>
<th>Increased difficulty</th>
<th>Increased utility</th>
<th>Increased proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extension to more or new topics</td>
<td>More in-depth or advanced consideration</td>
<td>Move from general context to specific medical context</td>
<td>More efficient performance</td>
</tr>
<tr>
<td>Extension to different practice contexts</td>
<td>Application to a more complex situation</td>
<td>Move from theory to practice of medicine</td>
<td>– better organised</td>
</tr>
<tr>
<td>Accommodation of existing knowledge or skills to new</td>
<td>– move from a unidimensional straightforward situation to one involving multiple</td>
<td>Move to integration into the role of a doctor</td>
<td>– more confident</td>
</tr>
<tr>
<td>knowledge or skills</td>
<td>problems or systems</td>
<td>– an integrated repertoire involving a holistic approach to practice and bringing</td>
<td>– takes less time</td>
</tr>
<tr>
<td></td>
<td>– move to multifactorial problems involving different factors (e.g. social,</td>
<td>together the different abilities expected of a doctor</td>
<td>– more accessible</td>
</tr>
<tr>
<td></td>
<td>economical, medical)</td>
<td>– dealing with and reconciling competing demands, such as time spent on curative</td>
<td>– less unnecessary or redundant action</td>
</tr>
<tr>
<td></td>
<td>– complications (e.g. associated with treatment)</td>
<td>and preventative medicine</td>
<td>– higher standards</td>
</tr>
<tr>
<td>Less obvious or more subtle situations</td>
<td></td>
<td></td>
<td>– fewer errors</td>
</tr>
<tr>
<td></td>
<td>– fewer cues</td>
<td></td>
<td>Less need for supervision</td>
</tr>
<tr>
<td></td>
<td>– less obvious cues</td>
<td></td>
<td>Takes initiative and anticipates events</td>
</tr>
<tr>
<td></td>
<td>– atypical cues</td>
<td></td>
<td>Better able to defend and justify actions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Adopts routinely as part of practice</td>
</tr>
</tbody>
</table>

University of Dundee, Centre for Medical Education, September 1999

**C.2.3. The Domains**

The graduate learning outcomes are organised into five broad domains, all of which are essential components of the programme. They are:

- Applied Science for Medicine
- Clinical and Communication Skills
- Personal and Professional Skills
- Hauora Māori
- Population Health

The five domains help to define the breadth of practice required for effective clinical practice in New Zealand. Domains are part of each clinical/community experience, although emphases will vary in each. The domains also highlight those personal attributes and qualities an individual doctor needs to acquire to be effective. Hauora Māori and Population Health are included to highlight a student’s ability to deal with societal and population issues, especially those that are unique to New Zealand.

**Purpose of Applied Science for Medicine Domain**

This is a standalone domain for three purposes:
- To continue to emphasise the strong science basis of our medical programme.
- To ensure our students act as clinician-scientists who both use and generate evidence to inform clinical and broader health practices.
- To strengthen the research and evidence base, thereby reflecting the expertise required of graduates of The University of Auckland.

You will continue to use the basic sciences in the more clinically-focused years. You are also expected to continue to revisit various topics at an increasing level of difficulty and in more complex contexts.

**Purpose of Clinical and Communication Skills Domain**

This domain is fundamental to the role of the doctor and has relevance in:
- Phase 1 as students develop and hone their communication and clinical skills throughout various modules.
- Phases 2 and 3 in all clinical attachments.

**Purpose of Personal and Professional Skills Domain**

This domain has been developed as a standalone domain to give greater emphasis to professionalism and the health and wellbeing aspects of the role of a doctor across all years of the programme. There are specific assessments associated with this domain and hence it must be passed to progress to the following year. While the Board of Studies (Medical Programme) has approved six themes for this domain, in 2020 the following five themes will be included in into the curriculum.

1. Professionalism and Reflective Practice
2. Ethics and the Law
3. Health and Wellbeing
4. Cultural Competence
5. Learning and Teaching
**Purpose of Hauora Māori Domain**

Ethnic inequalities in health care are extensively documented in both national and the international literature, including inequalities in both access to care and the quality of care received. In New Zealand it is clear that Māori experience poorer health care outcomes than non-Māori. There are a number of factors responsible for these disparities, including the performance of the health care system.

The FMHS has adopted a graduate profile in Hauora Māori (Te Ara) for medical and health science students of all its undergraduate programmes to achieve as a baseline achievement.

Te Ara learning outcomes are:

- Engage appropriately in interactions with Māori individuals, whānau and communities.
- Explain the historic, demographic, socioeconomic, and policy influences on health status.
- Explain how ethnic inequalities in health are created and maintained and how they may be reduced and eliminated.
- Identify approaches to reducing and eliminating inequalities including actively challenging racism.
- Explain the influence of one’s own culture and that of the health system on patient and population health outcomes.
- Engage in a continuous process of reflection on one’s practice and actively participate in self-audit in respect of the Treaty of Waitangi.
- Identify and address professional development needs as a basis for life-long learning about Māori health.

In the medical programme we encourage the use of a ‘self-audit’ approach, which involves critical reflection and a commitment to ongoing monitoring of personal and institutional contributions to Māori health outcomes.

**Purpose of Population Health Domain**

This domain is important to emphasise students’ exposure to aspects relevant to population-, public- and community-based health issues of national and international importance, as these are essential contextual considerations for the practice of medicine and understanding the business of healthcare delivery.
C.3. Programme Structure

The diagram over the page represents the entire structure of the current medical programme.

Note: Bachelor of Medical Science (Honours)
The Bachelor of Medical Science (Honours) (BMedSc(Hons)) is a one-year, full-time degree with a significant research component. Eligible students may elect to study for this degree after successfully completing Year 3, Year 4, Year 5 or Year 6. Success will depend on the intended research topic that a student chooses, and personal circumstances and aspirations. On completion the student will return to complete the remaining MBChB studies and graduate with two qualifications.
### University of Auckland Medical Programme – Courses and Clinical Attachments 2020

#### Phase 2 (4) 41 wks
- Auckland
- South Auckland
- Waitakere, Waikato, and Bay of Plenty
- General Medicine
- Specialty Medicine
- Geriatrics
- Musculoskeletal
- Anaesthesia
- General Surgery
- GPOP
- Professional and Clinical Skills 2
  - Professional and Clinical Skills 2
  - Hauora Māori
  - Nervous System
  - Reproduction & Development
  - Sensory Systems
  - Blood, Immunity & Infection
  - Regulation of Body Function
- Medical Humanities

#### Phase 2 (5) 35 wks
- Waitemata / Auckland
- South Auckland & Waikato/Lakes
- Paediatrics
- Obstetrics & Gynaecology
- Psychiatry
- Selective
- General Practice
- Specialty Surgery
- U & I Patient Care

#### Phase 2 (5) 35 wks
- Bay of Plenty Regional - Rural
- Paediatrics
- Obstetrics & Gynaecology
- Psychiatry
- Rural Medicine Selective
- General Practice
- Specialty Surgery
- U & I Patient Care

#### Phase 2 (5) 35 wks
- Taranaki Regional - Rural
- Paediatrics
- Obstetrics & Gynaecology
- Psychiatry
- U & I Patient Care
- Selective
- General Practice
- Specialty Surgery

#### Phase 2 (5) 36 wks
- Pūkawakawa
- Integrated Care & General Practice
- Specialty Surgery
- Psychiatry
- Selective
- U & I Patient Care
- Women & Children’s Health

### Intercalated Courses
- BMedSc(Hons) which may lead to PhD

#### Phase 1 (3) 26 weeks
- Professional and Clinical Skills 1
  - Professional and Clinical Skills 1
  - Hauora Māori
  - Musculoskeletal System
  - Digestive System
  - Respiratory System
  - Human Anatomy, Pathology, Physiology laboratories, ILAs

#### Phase 1 (2) 26 weeks
- Principles of Medicine
  - Principles of Medicine
  - Hauora Māori
  - Respiratory System
  - Cardiovascular System
  - Genitourinary System
  - Human Anatomy, Pathology, Physiology laboratories, ILAs

#### Year 1 (2) 24 weeks
- BIOSCI: Cellular Processes and Development (15)
- POPHLTH: Population Health (15)
- CHEM: Chemistry of the Living World (15)
- Central Concepts of Biology / Health and Society (15)

- MEDSCI: Organ Systems (15)
  - Physics for the Life Sciences / Behaviour, Health & Development (15)
  - Foundations of Biochemistry / Health Systems 1 (15)
  - General Education Option (15)

Courses in Yr 1 Bold: Courses common to BHSc & BSc (Biomed)
Italics: BSc only. Normal: Courses in BHSc only
ILA: Integrated Learning Activity

Formal Learning Weeks

Intercalated BMedSc(Hons) may be completed anytime after Year 3.
C.4. Phase 2 in Context

Phase 2 (Years 4 and 5) is described as ‘Clinical Practice in Context’. You will spend the majority of your time each year (minimum of 30 weeks) working and studying in a variety of clinical environments. You will utilise your knowledge and basic professional and clinical skills learned earlier in the programme in an increasing range and complexity of clinical situations. To maximise your learning and experiences gained in these situations, it is essential that you regularly review the organ systems and professional skills learnt in your earlier years. Clinicians will expect you to converse regularly and intelligently using this knowledge base.

To perform well in your assessments this year requires you to take a proactive approach to seeing patients, practising skills and identifying your own learning needs. You will be expected to do considerable independent learning, as much of the experience is dependent on the cases that present themselves during your time there.

You will continue to develop a professional approach to your practice. At the end of the phase you will have demonstrated sufficient clinical knowledge and competence to act as a responsible member of the health care team (under supervision) as a Year 6 student in the hospital or in general practice.

C.4.1. Learning in the Clinical Environment, Year 4

Erik Heineman MD PhD FRACS
Former Professor of Paediatric Surgery at the University of Auckland, at present Professor of Surgery and Head of the Department of Surgery, University Medical Centre Groningen, The Netherlands. Member of the Board of Studies (Medical Programme), University of Auckland.

Dear Year 4 students! You are making the transition towards the clinical years. Exciting and challenging. I wish you a very happy year!

This short communication introduces you to Year 4. This year you will be introduced to clinical practice in the real context. You will apply your knowledge about the fundamentals of clinical practice. The Clinical Scenarios, which form the central building blocks of the core curriculum, will become very real. You will be seeing, and you will be dealing with patients which should give you focus for your learning for your future role as a doctor.

We expect you to develop skills to be able to take a history, to perform a clinical examination and finally to demonstrate clinical reasoning and to develop a problem list. This does not come for free. It needs hard work. There are however a few tips and tricks which are very helpful:

- Be curious at all times and create and take opportunities;
- Look for the unexpected;
- Create a serendipitous state of mind.
Mindset is the all important factor in learning. The state of mind of both yourself and your teachers is fundamental in the success of the teaching and learning. I want to share with you that for optimal learning there needs to be a relation between the stage of the mind of the learner and the style of the teacher (see Figure 1).

In Figure 1 you can see that the match between the mindsets of learner and teacher have to match to create a movement towards the development of a lifelong independent learning attitude.

For you as a student the vital message is that you should move from being a dependent learner towards being a self-directed learner. Moving to the next stage causes what we call ‘constructive friction’. This is a positive mental process with deep learning as a result (see Figure 2).
Obviously your question is: ‘How do I get into a state of ‘constructive friction’?’ The answer is: be curious and take the ownership of your own learning. You are in charge here!

The learning does not only include obtaining more medical knowledge and technical skills, but equally important training yourself in the appropriate attitudes and behavioural skills. Here we mean being a team worker with discipline and self-reflection.

**C.4.2. Logbooks and Learning**

**Department logbooks**

Logbooks are used to record your learning experiences for anaesthesiology, emergency medicine and general surgery. Year 4 is significantly different from your learning experiences earlier in the programme. Before you embark on your study you are strongly recommended to revise The Red Book (North-Nanson Clinical Manual) you were provided with in Year 2. The Red Book describes in detail the standards expected in history taking and examination skills and gives good guidelines for writing up case histories.

**C.4.3. Research Skills in Phase 2**

During Phase 2, especially in Year 4, you will be using research findings to aid your learning. For several clinical attachments, you will complete a Critically Appraised Topic (CAT), each of which contributes to your grade for that attachment. The requirement of a CAT is outlined in Appendix 2. You will continue to use this research skill in your postgraduate training as a means of keeping abreast of new developments and findings in evidence based practice. You will also need to review literature and use correct referencing in essays and projects throughout the year. The library has useful referencing guidelines to help you (refer to Library guidelines).
C.5. Objectives of Phase 2
The fundamental purposes of Phase 2 are to allow you to develop competence in history taking, examination, formulation of a differential diagnosis and to develop and start to implement a management plan (including performance of procedures) for a wide range of illnesses in a range of health care settings, in a culturally appropriate and professional manner.

It is expected that you will demonstrate this competence in a self-critical, ethical and responsible framework for your decision-making, while being under supervision at all times.

You need to keep these fundamental purposes to the fore, while being mindful of the graduate learning outcomes and the specific learning outcomes of each attachment that are provided to guide your learning.

C.6. Learning in Phase 2
C.6.1. Overview
The Auckland medical curriculum is increasingly centred on clinical scenarios and case-based learning. The exposure to a diverse range of clinical cases creates a student-centred learning environment. You will be expected to investigate some of the cases using your own resources and research, as not all will be covered in tutorials and small group discussion; i.e. you have the contexts to develop your own learning and integration of topics, instead of being reliant only on traditional teaching methods.

The ability to undertake self-directed learning is an essential skill for a competent medical practitioner, as is the ability to identify your own learning needs continuously as a lifelong learner.

For all of your learning, the graduate learning outcomes for the programme, as well as other learning outcomes more specific to some modules, domains and clinical attachments, are designed to assist you in identifying the expected competencies.

In Phases 2 and 3, you will reflect on your progress towards achieving the graduate learning outcomes and develop your own plan to address learning needs. The people and other resources in the clinical and academic environments are there to assist you to reach the competence required.

Midway through each attachment, and again when it is nearing the end, you are encouraged to remind your clinical teachers to discuss your individual strengths and weaknesses. This is the best feedback you can get to aid your personal development of essential skills and attitudes.
C.6.2. Clinical scenarios and learning

About 190 clinical scenarios effectively define the core curriculum. Each scenario provides relevant learning points across each of the five curriculum domains.

The primary purposes of the clinical scenarios for students are to:

- provide guidance for the experiences and range of patients you could be expected to see in clinical attachments;
- keep you focused on your future role as a doctor;
- guide your independent learning;
- provide an integrating mechanism to your learning both within a year and across years;
- encourage you regularly to re-visit content and medical cases, including applied medical knowledge relevant to Phases 2 and 3;
- provide a core curriculum so you can be assured of equivalence, irrespective of your place of learning.

Please be assured that we do not expect you to engage with the learning in all scenarios in any one year. We believe you will find them useful to relate to the patient conditions you encounter during this year and to provide a scaffolding for your progress test preparation.

The primary functions of the clinical scenarios for staff are to:

- support a range of teaching methodologies, both within an attachment and in formal learning;
- provide all clinical and academic staff with clearer definition of the core curriculum;
- guide the preparation of teaching materials (depth and content).

Any discipline can use any clinical scenario for learning. Each may be used in several years of the programme, emphasising different aspects of the case at each level in the spiral of learning.

Guidelines for using clinical scenarios

Please note that there is open access to the clinical scenarios through the medical programme portal, so you can access them anywhere you are studying.

The following guidelines are intended to help you maximise your use of the clinical scenarios.

1. Title of scenarios: the titles are broad and mainly indicate the presenting problem.
2. Clinical discipline(s)/ organ system(s) (and their weightings) and progress test topic(s) associated with each scenario are provided as a guide to areas of content.
3. Most scenarios start with a brief clinical description of a patient as they may present to a medical practitioner or equivalent. A small number of scenarios start with an outline of an issue relevant to medicine.
4. There are learning points under each of the five domains of the curriculum, to encourage you to think about all aspects of the clinical problem and closely related medical issues.

5. For each scenario, learning points that are particularly important have been selected. To keep the scenarios reasonably succinct, they do not include every learning point that may be relevant. However, across the entire set of scenarios, the intention is that all key learning points in the curriculum will be represented somewhere.

6. Conditions to be considered relating to the scenario are listed after the domain entries. They are grouped as “Common”, “Less Common but ‘Important Not to Miss”’ and “Uncommon”, and within groups the order is roughly equivalent to the degree of relevance.

7. Links to relevant resources (mainly on the Portal but some external) and to ‘related scenarios’ are provided. The scenarios are valuable for finding information related to learning points, with over 700 links now established, in addition to those for most of the medicines.

8. It is possible to search the scenario database using text or through a listing of diagnoses, so that you are able quickly to gain an idea of clinical scenarios with relevant content. The scenarios may also be searched according to clinical discipline/organ system and by progress test topic.

9. Following a progress test, feedback regarding each question includes links to relevant scenarios and learning points.

10. A list of medicines with indications, mechanisms and the scenarios to which they relate is an additional feature of the clinical scenario database. This is linked to the New Zealand Formulary (which includes the New Zealand Formulary for Children).

11. A glossary is provided to explain how terms have been used in the learning points.

12. Work is commencing to have progress test-type questions associated with each scenario, so that you can use these to enhance your learning. Watch out for these being added during the year.

Feedback

It is intended that there will be continual improvement of the scenarios, and feedback is welcomed. There is a link on the scenarios website for providing feedback. If you believe that something in a scenario requires changing, please do tell us. We would also like to hear of any important learning points that you feel are missing from the entire set of scenarios.
C.6.3. Formal learning at Grafton Campus

During 2020 all members of your class will be in Auckland for formal learning, in the weeks beginning:

- 28 January and 3 February 2020
- 15 June and 22 June 2020

Considerable work has gone into what should be included, based on feedback from previous years. Learning during these weeks is designed to be relevant to your future clinical practice. There is a mix of large and small group sessions to aid your learning and for some sessions pre-reading and preparation is vital. You are expected to attend all scheduled sessions.

The principles adopted for material included in the formal learning weeks are:

- Consistency and access/ opportunity: information that needs to be presented with absolute consistency to all students (e.g. health informatics) and information that would be extremely difficult to consistently deliver at cohort sites.
- Joint delivery/ multidisciplinary symposia: these involve interactions and involvement of staff from a number of disciplines.
- Retention of strengths of existing programme.
- Interaction with inspirational teachers whose teaching is strongly evidence-based or research-informed.

The following table provides a brief overview of the key features of each session during formal learning for Year 4.

<table>
<thead>
<tr>
<th>Session and Coordinator</th>
<th>Abstract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Cancer Symposium</td>
<td>Understanding cancers of the blood is important, as such patients can present to many different medical practitioners. Furthermore, blood cancers (particularly lymphoma) are used as models for the approach to many cancers emphasising the importance of diagnosis, staging, multidisciplinary meetings to review pathology and therapy, and the short and long term toxicities of therapy. This symposium provides an overview of blood cancers followed by a discussion of three different types of blood cancer: acute leukaemia, lymphoma and myeloma. This approach highlights both important differences and common themes in the blood cancers. Clinical cases are used to overview myeloma, acute leukemias and lymphomas with the emphasis on clinical presentation, diagnosis, principles of staging and outcome as well as general therapeutic concepts.</td>
</tr>
</tbody>
</table>
| Brief Motivational Interventions: How to promote positive behaviour change in patients  
(Dr Grant Christie) | A large part of your medical education is learning to give advice; the expectation is that this will lead to healthier outcomes for patients. However health statistics show us that, more often than not, advice is ineffective. People continue to drink, smoke, eat unhealthy food, live sedentary lives, be non-compliant with medication and so on. The problem is not what we tell our patients, it is how we tell them. 
In this session you will learn how to be more effective when giving advice. We will introduce motivational interviewing (MI) theories and model basic techniques fundamental for doctors working in any area of medicine. The skills learnt, as well as enhancing your effectiveness as a practitioner, will improve the relationship you have with your patients and make the practice of medicine more rewarding. |
|---|---|
| Challenging conversations in palliative medicine: strategies and practical solutions  
(Dr Shamsul Shah) | It is reported that in the first year after qualification, a doctor is estimated to care for 40 patients who die and 120 patients in the final months of life. It is also known that doctors face challenging conversations with patients and whānau around palliative and end of life care issues. 
This session therefore aims to equip students with knowledge and strategies that address key palliative and end of life care conversations including:
1. Understanding how we die in the 21st century and its implications in practice
2. How to introduce palliative medicine to a patient and address concerns and fears that may be raised
3. Discussing fears and myths associated with morphine in patients, their whānau and staff.
4. How to have a 'Do Not Resuscitate' conversation with a patient in the context of a broader discussion around goals of care, patient’s wishes and understanding of illness and prognosis. |
| Dealing with prejudice and discrimination as a doctor  
(Dr Lillian Ng) | Good communication and mutual trust are essential features of a good relationship between doctors, patients and their colleagues. However, prejudicial ideas and discriminatory behaviour may be common and even pervasive in some clinical environments. This session aims to talk about discrimination as a doctor - what it is, what your responsibilities are and what you can do about it. |
| Dermatology  
(Dr Paul Jarrett) | Dermatological disease forms a significant proportion of general practice and hospital consultations. New Zealand has one of the highest rates of melanoma in the world. These sessions form the core learning for dermatology in year 4 and are cornerstone for the synchronous teaching later in the year, as the material is revisited in a Q & A session. 
The teaching sessions are focussed on the common and important dermatological diseases and are centred around the dermatology clinical scenarios. The first half is mainly devoted to skin cancer (melanoma, basal cell cancer and squamous cell cancer). The second half is devoted to common inflammatory dermatoses, infections and immunobullous disease (psoriasis, atopic eczema, tinea, acne, urticaria, drug eruptions and bullous pemphigoid). |
<table>
<thead>
<tr>
<th>Session</th>
<th>Description</th>
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<tbody>
<tr>
<td>Endocrinology &amp; Diabetes (Assoc Prof Andrew Grey)</td>
<td>The sessions include:&lt;br&gt;(1) Diabetes – 2 hr&lt;br&gt;(2) Metabolic bone disease – 1 hr&lt;br&gt;(3) Thyroid disease – 1 hr&lt;br&gt;(4) Adrenal disease – 1 hr&lt;br&gt;(5) Pituitary disease – 1 hr&lt;br&gt;The sessions are intended to help you create bridges between the basic science knowledge you acquired in Phase 1 and the clinical care you are learning during Phase 2. You will encounter patients with endocrine disorders on most of your attachments, and a thorough grounding in this topic is critical to be able to safely manage their care.</td>
</tr>
<tr>
<td>Ethical problem solving: A discussion around clinical cases (Dr Monique Jonas)</td>
<td>Nearly every year, a significant number of medical students face disciplinary action for failure to safely manage health information. This session introduces students to legal, institutional and ethical standards for the management of health-related information. Students will work through a range of cases with DHB-based lawyers to build an understanding of the principles and expectations governing health information sharing and protection in New Zealand.</td>
</tr>
<tr>
<td>Evidence-Based Medicine (Prof Rod Jackson)</td>
<td>Evidence-based medicine (EBM) is a relatively new clinical discipline established in the 1980s-90s. It was established to encourage and support clinicians to use good quality clinical epidemiological evidence (from randomised trials of interventions and diagnostic and prognostic studies) to help inform clinical decisions, by teaching them how to critically appraise and apply clinical epidemiological evidence. Prior to the 1980s there were few clinical epidemiological studies, so these skills were seldom required, but with over 2,000 clinical studies published daily, including 75 randomised trials, the ability to critical appraise clinical research is now an essential clinical skill. Students will be introduced to the GATE (Graphic Appraisal Tool for Epidemiology) approach to critical appraisal and will learn to use GATE Critically Appraised Topics (CATs). GATECATs are MS Excel workbooks that students will use during their clinical attachments in years 4 and 5 to help them appraise clinical studies and the practice of EBM.</td>
</tr>
<tr>
<td>From the bench to the bedside: clinical pathology tutorial (Prof Peter Browett)</td>
<td>Laboratory tests are vital in the diagnosis of disease. Understanding issues such as which test to choose, what the test measures, how the result should be interpreted and potential problems with the result is essential for the clinician. This tutorial includes 5 common clinical problems with test results and questions to discuss.&lt;br&gt;In a small group with a clinical tutor, students are asked to construct a differential diagnosis for the case presented and interpret the results provided to develop skills of critical analysis and knowledge of the pathology discussed. Haematology, Microbiology, Clinical Chemistry and Histopathology are all included in this programme, which is developed further in asynchronous learning and online modules in Phase 2.</td>
</tr>
</tbody>
</table>
| **Gastroenterology**  
(Dr Maggie Ow) | The session will cover aspects of clinical gastroenterology, which are commonly encountered in both the community/GP setting and in hospitals. Conditions such as reflux, dyspepsia, irritable bowel syndrome (IBS), diarrhoea, investigation of abnormal liver tests, acute upper and lower gastrointestinal (GI) bleeding, and diagnosis of GI cancers will be covered. These conditions are very common complaints encountered in general practice and make up the bulk of referrals to gastroenterology clinics. Therefore, a good understanding of how to diagnose and manage such conditions will lead to better health outcomes in primary care and reduced pressures on hospital outpatient services. |
| **Geriatric Medicine and Rehabilitation**  
(Prof Martin Connolly) | One consequence of demographic ageing is that the primary/secondary/tertiary patient population is also ageing. This brings with it increased diversity, co-morbidity, frailty, polypharmacy, communication difficulty (in patients with delirium, dementia or stroke) and social complexity. In these sessions, we aim to provide students a background to the acute assessment and management of the most common medical ‘presentations’ in older people, and to emphasise the treatment of the patient as an individual (patient-centred care). Many older patients are vulnerable and face the potential of threats to their autonomy. These sessions will also cover the practical application of NZ legislation regarding patient autonomy, including the use (and potential abuse) of Enduring Power of Attorney. There will also be an extended session on the rehabilitation of younger patients following devastating injury/illness. |
| **Global epidemics: How outbreaks like Zika occur**  
(Assoc Prof Jude McCool) | Based on two case studies 1) Malaria in West Papua and 2) Zika virus in Brazil, this session demonstrates the links between a global infectious disease outbreak and those factors that provide context for such events, as well as the evidence of the effective (and ineffective) actions that have been previously implemented. Globalisation has significantly influenced health; the permeability of national boundaries means that both infectious diseases and the risk factors for non-communicable disease are readily transported. In 2016, we face significant challenges to the health of our own and neighbouring countries due to increase in vector borne disease and environmental risks for obesity, diabetes and cancers. Climatic, economic and political instability exposes and exacerbates populations to risks that undermine health and increase inequalities. The impacts of globalisation on health therefore require global responses. |
| **Gout symposium**  
(Prof Nicola Dalbeth) | This is a two-hour multidisciplinary symposium that covers key aspects of gout, the most common form of inflammatory arthritis. This condition is of particular relevance to Aotearoa New Zealand, due to very high prevalence of disease in Māori and Pacific people. This symposium also functions as an introduction to core concepts of rheumatology, including clinical assessment of arthritis, musculoskeletal imaging and principles of chronic care management. These are key topics within the musculoskeletal curriculum. The symposium consists of five core interactive sessions; each presented by a different expert and includes a variety of approaches including short videos to capture the patient experience of gout. |
| Healthcare Associated Infections  
(Assoc Prof Mark Thomas) | This symposium discusses the epidemiology, microbiology, consequences, diagnosis, treatment and prevention of infections arising as the result of healthcare. The session is multidisciplinary and includes contributions from infectious diseases physicians and an infection prevention and control specialist nurse. We discuss the large health burden, and potential severe consequences, of healthcare associated infections. We focus on infection of intravenous cannulae, and urinary catheters. We also discuss and demonstrate hand hygiene and other infection control strategies to prevent healthcare associated infection. |
| --- | --- |
| Heart Disease What do you and your patients need to know?  
(Prof Rob Doughty) | Cardiovascular (CV) disease continues to be a very common cause of morbidity and mortality for people in New Zealand and remains the leading cause of death. CV disease, from CV risk through to end-stage heart disease, affects many people throughout their lives and thus patients with established CV disease are commonly seen by doctors in many different subspecialties. The sessions are oriented around common clinical presentations and the relevant clinical scenarios.  
  
Sessions cover the major conditions seen in clinical practice, including topics such as:  
1) "Doctor, what do those tests really mean?: How to assess and manage the risk of cardiovascular disease  
2) Looking good on the wards: How to diagnose and manage acute coronary syndromes  
3) What to do when the pump doesn’t pump: Understanding cardiomyopathies and clinical heart failure  
4) Uh oh, that lubdub sounds different: How to detect - and differentiate - common valve diseases  
5) Knowing what to do when the aorta goes: Detecting and managing aortic disease such as dissection and aneurysms  
6) "Doctor, why did I faint?: Assessing the patient who presents with syncope  
7) ECGs and how NOT to miss "The Big One": The ability to accurately and rapidly interpret an ECG is a critical skill for doctors. [ECG examples will be included in each session where relevant] |
| How to thrive on the wards  
(Dr Fiona Moir) | The session will cover topics that have been identified as being challenging by previous Year 4 students such as 'what to do in an emergency'. Strategies and pathways for managing these situations will be outlined. Junior doctors will describe the structure of a hospital team, define terms and phrases that are commonly used, and go through a 'typical day' on the ward. They will highlight tips and pitfalls about learning and working in a hospital setting. Self-awareness and self-care will be emphasized with a focus on the link between doctors' health and help-seeking behaviour and patient health and safety. This session will provide student with immediate practical skills they can use on Day 1 of their first attachment in Year 4. |
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<tr>
<th>Topic</th>
<th>Description</th>
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<tr>
<td><strong>Introduction to ORL: What it is, who we treat and how we do it</strong> (Prof Richard Douglas)</td>
<td>Patients with otorhinolaryngology (ORL, also known as ENT – ears, nose and throat) conditions represent up to a quarter of all general practice consultations as well as many A&amp;E presentations, and it is thus imperative for medical students and junior doctors to have an understanding of the field, as well as the scope of practice of the ORL specialist. This session will provide an overview of the range of cases managed by ORL specialists, from the sub-disciplines of otology, laryngology, rhinology, paediatric ORL and head and neck surgery. Patients with ORL conditions will be introduced, and their cases presented. Patients will talk about their diagnoses in their own words, and students will have the opportunity to ask them questions. The clinical range of the ORL specialty will be highlighted in a way that past students have found to be both engaging and informative. The session will not focus on common ORL conditions but will provide a backdrop against which further learning can take place.</td>
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<tr>
<td><strong>Māori Health</strong> (Dr Jade Tamatea)</td>
<td>This series of formal learning sessions has been designed to equip students with tools to engage in clinical interactions with Māori patients and whānau. In the introductory session we provide an overview of Māori Health in Year 4, an introduction to the Hui Process and a brief lecture on bias in health care. On Day 2, students rotate through three interactive sessions: (1) Hui Process; (2) Myths and Māori patients; (3) Health care inequities and clinical audit. These involve small group work, facilitated discussions, clinical role-plays and other interactive teaching methods. The block concludes with a summary session including a formative test.</td>
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<tr>
<td><strong>Medical Imaging</strong> (Dr James Caldwell)</td>
<td>Medical imaging is now ubiquitous in medicine and health care. From Year 4, you will be expected to use standard imaging methods and participate in multidisciplinary meetings discussing imaging in relation to patient care. These sessions will allow you to understand the role of imaging in multidiscipline symposia, primary health care, pregnancy, interpretation of chest X-rays, and other standard imaging methods.</td>
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<tr>
<td><strong>Neurology</strong> (Prof Alan Barber)</td>
<td>Clinically-based sessions presented by subspecialist neurologists. All students will receive clinical neurology teaching throughout their ward attachments and a good background understanding of neurological conditions will allow the emphasis of these sessions to be on clinical skills and highlight important therapeutic principles in the management of patients with neurological problems. These sessions will enable students to develop an approach to the clinical assessment and diagnostic tests used in the evaluation of patients with neurological disorders. Key topics covered include; Stroke, Neurology for General Practice, Neurological Emergencies, Multiple Sclerosis, Parkinson’s Disease and Epilepsy.</td>
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</table>
| Neurosurgery: Its relevance to hospital medicine and general practice (Dr Patrick Schweder) | The following neurosurgical conditions, common in hospital and GP settings, will be discussed, using clinically relevant case based discussions and lectures:  
1) Cerebrovascular - aneurysms and subarachnoid haemorrhage  
2) Brain tumours  
3) Pain  
4) Trigeminal neuralgia  
5) Functional neurosurgery  
6) Epilepsy  
7) Spinal surgery  
8) Head Injury |
| Obesity Symposium (A/Prof Rinki Murphy) | This is a new session developed in response to the rising obesity epidemic in New Zealand. NZ has the third highest adult obesity rate in the OECD, and obesity is set to overtake tobacco as the leading preventable health risk.  
The symposium consists of three sessions, the first of which includes a policy debate. The second session covers interventions with a nutritionist and a surgeon, and the third involves case-based small group sessions which cover the impact of obesity on fertility, pregnancy, childhood, adult disease, surgery and anaesthesia.  
This multidisciplinary symposium will provide students with a framework on which to consider obesity across all areas of the medical curriculum. |
| Oncology (Dr Ben Lawrence) | Medical Oncology is one of the most fast-moving areas in medicine and medical research. This session will take students on a personal journey that connects early scientific knowledge with latest translational advances, to show how this now enables physicians to extend the lives of people whose cancers were untreatable only a few years ago.  
This workshop will help students scaffold their past knowledge of cancer and link this knowledge to the five revolutions in cancer care, and the genomic hallmarks from cancer research. This understanding will be translated into real clinical cases with the patient at the core of individualised treatment decisions. A patient narrative forms part of this workshop. The focus of the workshop is on treatment principles, how individual treatments work, and how medical oncology is truly science in action. |
| Orthopaedics (Mr Stewart Walsh) | This teaching covers common soft-tissue problems and injuries in the upper and lower limb that you will encounter frequently as a GP or emergency room doctor.  
By the end of this session you should be able to meet the learning outcomes outlined in Appendix 3 |
<p>| Pacific People’s Health (Dr Teuila Percival) | After a brief overview of the wider health issues for Pacific people, clinicians will discuss their individual experiences working in the field of Pacific health. Students will hear from a GP from South Auckland, a Pacific maternal and child health worker, researchers working on a screening tool for use in Tonga, and a clinician’s experience working in the aftermath of natural disasters in the Pacific. |</p>
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<th>Topic</th>
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<tr>
<td><strong>Pneumonia: A paradigm of infectious disease</strong>&lt;br&gt; (Assoc Prof Mark Thomas)</td>
<td>This multidisciplinary symposium uses pneumonia as a paradigm for infectious disease with teaching about the diagnosis in the community, radiology, microbiology and treatment. The model may then be applied to different types of bacterial disease. This session aims to develop students' clinical understanding of the key concepts of common infections: natural history of the illness, microbial pathogenesis, diagnostic methods, and wise antimicrobial choice.</td>
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<tr>
<td><strong>Prevention, diagnosis and treatment of venous thromboembolism (VTE): A multidisciplinary symposium</strong>&lt;br&gt; (Dr Laura Young)</td>
<td>Venous thromboembolism (VTE) occurs in up to 0.1% of adults each year and pulmonary embolism (PE) is an important cause of death in hospitalised patients. It is therefore important to understand why this may happen; the physiology, diagnosis and risk stratification of PE; treatment; and importantly how to prevent this disease in hospitalised surgical and medical patients. This clinical symposium uses a clinical case to illustrate risk stratification and surgical VTE prophylaxis, diagnosis and treatment (including both thrombolysis of massive PE and anticoagulation of VTE). Three speakers, all with an interest in VTE, are included to give the perspective of an anaesthetist, respiratory physician and haematologist on this important topic.</td>
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<tr>
<td><strong>Prostate Cancer</strong>&lt;br&gt; (Dr Zagar Kamra)</td>
<td>Students will see patients with this disease on numerous attachments, but diagnosis and treatment of prostate cancer is a rapidly evolving field that has vastly changed in the last 5 years. This session focuses on prostate cancer from a urological perspective, and provides a specialist’s view of the condition, utilising case-based scenarios and focusing on medical and radiation oncology.</td>
</tr>
<tr>
<td><strong>Rational Prescribing and Script-writing</strong>&lt;br&gt; (Dr Catherine Han)</td>
<td>In these sessions, students are introduced to the principles and practical aspects of rational prescribing (including selection of medicines, dose calculation, communication with patients, and monitoring of therapy). The basic principles of pharmacology (pharmacokinetics, pharmacodynamics, drug interactions, adverse drug reactions) will be reviewed and applied to the process of prescribing. The legal requirements of a prescription will be reviewed, and there will be an introduction to the principles of safe prescribing. In the later part of this session, students will be introduced to the legal and regulatory requirements of prescribing (including the regulation of medicines by Medsafe and the funding of medicines by Pharmac).</td>
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</table>
| Renal Medicine Symposium: What do your patients need you to know about the kidneys? (Dr Helen Pilmore) | Kidney disease is very common in the New Zealand population, and an understanding of fluid and electrolytes are key to the overall clinical management of most inpatients, so it is critical for medical students to be very comfortable with these topics. The Renal Medicine symposium will cover those topics you need to know to function effectively on the wards, including:
1) Is There a Problem? Assessing Renal Function
2) Getting the Crucial Balance Right: Fluid and Electrolyte Management
3) Diagnosing and Managing Acute Kidney Injury
4) Glomerulonephritis: From Single Cells to Whole Bodies
5) Holding Back the Tide: Chronic Kidney Disease
6) What Does Renal Failure Look Like?
7) What to Do When Things Go (More) Wrong: Complications of Kidney Failure
8) Can I Have Another? Renal Replacement Therapy |
| Respiratory Medicine (Dr Sandra Hotu) | Respiratory diseases are the 3rd most common cause of hospital admissions and the most common cause of GP visits. Airways disease and infections have been covered in Year 2. Students will be exposed to a number of common and important respiratory presentations during their clinical attachments throughout the year. The focus of these formal learning sessions are lung cancer, sleep disordered breathing and pulmonary tuberculosis, as these are relatively more specialist areas of respiratory disease. |
| Safely Managing Health Information (Dr Monique Jonas) | Nearly every year, a significant number of medical students face disciplinary action for failure to safely manage health information. This session introduces students to legal, institutional and ethical standards for the management of health-related information. Students will work through a range of cases with DHB-based lawyers to build an understanding of the principles and expectations governing health information sharing and protection in New Zealand. |
| Screening, Brief Intervention, and Referral to Treatment: Skills for identifying risky drinking (Dr Ryan San Diego) | Screening, Brief Intervention and Referral to Treatment (SBIRT) is recognised as a core set of skills for practitioners to respond to drug and alcohol problems. This session provides a rationale, overviews the strong research base and outlines the core principles for providing brief intervention. We will progressively go through the skills for identifying risky drinking, problem drinking and dependent drinking, and relate this to clinical practice. The session also prepares you for the drug and alcohol assessment.
NB: The introduction to and the expectations of the drug and alcohol assessment will be presented in a more timely manner to each cohort within each of the GPOPS weeks prior to the assessment taking place. |
When patients can’t speak for themselves (Prof Alan Merry)

In this session the focus is on practical issues of communication, cultural competence and informed consent in the context of patients facing anaesthesia and surgery. The discussion extends to sensitivity to cultural differences between patients in all aspects of anaesthesia and perioperative care. The risks of anaesthesia, which are considerable and varied, are explored interactively, with discussion of the need for these to be understood by all doctors, and notably by general practitioners. Throughout, the emphasis is practical and interactive – what should one actually say to a patient about risks that may be frightening, how should the important facts be communicated effectively and sympathetically, and how should potentially embarrassing or offensive interventions be handled in the operating room and on the ward. The question of consent for students to participate in patients’ care is also reviewed.

Important aspects of Formal learning weeks at Grafton

- **Attendance is mandatory** for the Māori Health formal learning on Monday 3 February 2020. If you are unable to attend, please email the Māori Health Convenor in advance or on the day itself. You will be required to provide a medical certificate.
- If you do not attend, do not have a medical certificate, and have not notified the Māori Health Convenor in advance or on the day, then your absence may be treated as a Fitness to Practise issue.
- If you miss all or part of the Māori Health teaching, you will be required to complete compensatory work, to be determined by the Māori Health Convenor.
- Attendance is not mandatory on Monday 15th June (11am – 1pm).

**Māori Health Teaching, Learning and Assessment**

Hauora Māori is one of the five curriculum domains. The Year 4 Māori Health programme builds on Māori Health teaching undertaken in previous years of the medical programme and introduces several new themes that are important aspects of clinical practice.

**Major components of Māori Health teaching, learning and assessment in Year 4:**

1. **Formal (campus-based) learning.** Māori Health formal learning is undertaken over three 2-hour sessions in February and a 2-hour session in June. A range of teaching and learning approaches are used, with an emphasis on interactive learning based on clinical situations.

2. **Asynchronous formal learning.** A series of five interactive online modules builds on the campus-based Māori Health teaching and learning. These will be available sequentially during the year for approximately a month each and take approximately 30-45 minutes each to complete. The modules include a number of short tasks that students are encouraged to complete.

3. **Reflective commentary.** The major summative assessment for Māori Health in Year 4 is made up of three reflective writing tasks to be completed at specified times during the year (Module 1, Module 3 and Module 5 of the asynchronous formal learning). The first reflective writing task is a group response, undertaken during the formal campus-based learning day. The
other two reflective writing tasks are to be completed online within the asynchronous formal learning component and submitted through Canvas. A pass grade is required to pass the Hauora Māori domain (see Section F.5.3).

Further details can be found in the Māori Health Year 4 Course Book. Detailed assessment guidelines will be provided on Canvas and in the asynchronous learning Module 6, 'Te Ara'.

**Hauora Māori domain: Year 4 learning outcomes**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Phase 2 Clinical Practice in Context – Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate a critical understanding of the social, cultural, political, economic and environmental determinants impacting on Māori health</td>
<td>A1. Challenge/review and rewrite statements that reflect certain beliefs and assumptions about Māori and Māori health</td>
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<td></td>
<td>A2. Identify racism at different levels in relation to its impacts on Māori health and healthcare for Māori</td>
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<td>A3. Reflect on how the culture of health professionals and health systems can influence health care outcomes</td>
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<tr>
<td>Engage in a culturally safe manner with Māori individuals, whānau and communities</td>
<td>B. Analyse and apply the elements of the ‘Hui Process’ in clinical practice</td>
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<tr>
<td>Design approaches to reducing and eliminating health inequities including actively challenging racism</td>
<td>C. Discuss approaches in clinical practice that can help to ensure more equitable care for Māori</td>
</tr>
<tr>
<td>Engage in a process of reflection on own practice, as it relates to obligations under the Treaty of Waitangi</td>
<td>D. Reflect on how you can apply your learnings from Māori health in your practice</td>
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</table>
### Year 4 Formal Learning Timetable at Grafton Campus

**VENUE: LECTURE THEATRE 1: 505-011 AMRF AUDITORIUM**

<table>
<thead>
<tr>
<th>Monday, 27 January</th>
<th>Tuesday, 28 January</th>
<th>Wednesday, 29 January</th>
<th>Thursday, 30 January</th>
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<tr>
<td><strong>Public</strong></td>
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<tr>
<td>Year 3 Prize Giving &amp; Year 4 Orientation</td>
<td>Gout Symposium</td>
<td>Cardiovascular 1</td>
<td>Medical Imaging 1</td>
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<tr>
<td>Matt Dawes</td>
<td>Nicola Dalbeth</td>
<td>Rob Doughty</td>
<td>James Caldwell</td>
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<td>8.30am - 10.30am</td>
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<td>Break</td>
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<td><strong>Auckland Anniversary Day</strong></td>
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<td></td>
<td>EBM 1</td>
<td>Clinical Pharmacology 1</td>
<td>Cardiovascular 2</td>
<td>Medical Imaging 2</td>
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<td></td>
<td>Rod Jackson</td>
<td>Catherine Han</td>
<td>Rob Doughty</td>
<td>James Caldwell</td>
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<td>11.00am - 1.00pm</td>
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<td>Orthopaedics</td>
<td>Clinical Pharmacology 2</td>
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<td>Stuart Walsh</td>
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<td>2.00pm - 4.00pm</td>
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**VENUE: LECTURE THEATRE 1: 505-011 AMRF AUDITORIUM**

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<tr>
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<tr>
<td>Maori Health 1</td>
<td>Safely Managing Health Information</td>
<td>Obesity 1</td>
<td>Renal 1</td>
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<tr>
<td>Jade Tamatea</td>
<td>Monique Jonas</td>
<td>Rinki Murphy</td>
<td>Helen Pilmore</td>
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<td>8 BREAKOUT ROOMS</td>
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<td>Maori Health 2</td>
<td>Brief Intervention</td>
<td>Obesity 2</td>
<td>Renal 2</td>
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<td>Jade Tamatea</td>
<td>Peter Adams/David Newcombe</td>
<td>Rinki Murphy</td>
<td>Helen Pilmore</td>
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<td>8 BREAKOUT ROOMS</td>
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<td>11.00am - 1.00pm</td>
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<tr>
<td>Break</td>
<td>Dermatology</td>
<td>Break</td>
<td>Break</td>
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<tr>
<td><strong>Waitangi Day</strong></td>
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<tr>
<td>Maori Health 3</td>
<td></td>
<td>Thrive on the Wards</td>
<td>When Patients can’t speak for themselves</td>
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<tr>
<td>Jade Tamatea</td>
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<td>Fiona Moir</td>
<td>Alan Merry</td>
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<td>8 BREAKOUT ROOMS</td>
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## VENUE: LECTURE THEATRE: 505-007 and SEMINAR ROOM: 503-020 (IF NEEDED)

<table>
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<tr>
<th>Monday, 15 June</th>
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<th>Thursday, 18 June</th>
<th>Friday, 19 June</th>
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<tr>
<td>Pacific Health</td>
<td>Ethical Problem Solving: A discussion around clinical cases</td>
<td>Nosocomial Infection</td>
<td>ORL</td>
<td>Neurosurgery</td>
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<tr>
<td>Teuila Percival</td>
<td>Monique Jonas</td>
<td>Richard Douglas</td>
<td>Patrick Schweder</td>
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<td>Maori Health 4</td>
<td>EBM 3</td>
<td>Pneumonia: Paradigm of Infectious Diseases</td>
<td>Palliative Care</td>
<td>Brief Motivational Interventions</td>
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<tr>
<td>Jade Tamatea</td>
<td>Rod Jackson</td>
<td>Mark Thomas</td>
<td>Shamsul Shah</td>
<td>Grant Christie</td>
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<td>Discrimination and Bias</td>
<td>Medicine in a Globalised World</td>
<td>Oncology</td>
<td>Gastroenterology 1</td>
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<td>Judith McCool</td>
<td>Ben Lawrence</td>
<td>Maggie Ow</td>
<td>Peter Adams</td>
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## VENUE: LECTURE THEATRE 1: 505-011 AMRF AUDITORIUM

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<tr>
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<td>Respiratory 1</td>
<td>Geriatric Medicine &amp; Rehabilitation 1</td>
<td>Neurology 1</td>
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<tr>
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<td>Peter Browett</td>
<td>Sandra Hotu</td>
<td>Martin Connolly</td>
<td>Alan Barber</td>
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<td>Clinical Pathology 1</td>
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<td>11.00am - 1.00pm</td>
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<td>Sandra Hotu</td>
<td>12.00pm - 1.00pm</td>
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<td>Clinical Pathology 2</td>
<td>Yr4 CSA Information</td>
<td>Gastroenterology 2</td>
<td>Self-Directed Learning</td>
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<td>Rinki Murphy</td>
<td>Maggie Ow</td>
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<td>Yr5 Selective Information</td>
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<td>&amp; Yr5 Cohort Information</td>
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<td></td>
<td></td>
<td>Laura Chapman/Kira Bacal</td>
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</tbody>
</table>
C.6.4. Formal learning at clinical cohort sites

**Synchronous learning**
Synchronous learning occurs when you are at your respective cohort sites, with all cohort students in attendance at the same time. Each session runs for two hours and involves student-led learning activities as well as tutorial sessions. For the student-led component of each tutorial, 1-3 students will be nominated as leaders for the session and will be required to find two relevant cases from their ward experience to apply their knowledge to clinical reasoning. The first hour of each tutorial is for diagnostic reasoning and the second is to work through paper cases to discuss rational management.

There will be 15 two-hour sessions of synchronous learning throughout the year.

You will be provided with a separate student guide to synchronous learning, which provides more in-depth material and guidance, as well as a timetable for each cohort site. The synchronous learning guide is also on the [Clinical Attachments and Formal Learning](http://clinicallearning.page) page of the portal, with updates before the second half of the year.

Students are expected to attend synchronous learning unless on a rural GP/PC attachment.

The synchronous formal learning sessions for 2020 are:

- Cardiology
- Clinical Pathology
- Dermatology
- Endocrinology
- Gastroenterology
- Haematological Cancer Presentations in the Community
- Infectious Diseases (Medicine)
- Infectious Diseases (Surgery)
- Neurology
- ORL
- Plastics
- Refresher of Clinical Methods
- Renal Medicine
- Respiratory
- Rheumatology

*Additional Note*
No synchronous formal learning is scheduled during the week of GPOPS.

**Asynchronous online learning**
Asynchronous formal learning occurs on those days when not all students are available at the cohort site at the same time. Each block of asynchronous learning is two hours long and mostly involves learning from online resources and activities, such as a recorded lecture, a self-contained learning module, audio or video material and/ or formative quizzes. It is the student’s responsibility to complete asynchronous learning in their own time during the year.
The Board of Studies has approved the equivalent of 10 two-hour sessions of asynchronous formal learning, as listed below:

- **Anaesthesiology** 2 hours
  - Oxygen therapy
  - Peri-operative fluid management

- **Clinical Pharmacology** 1 hour (2x 30 minute learning modules)
  - The National Prescribing Curriculum

- **Dermatology** 2 hours
  Available online through the portal, (Dermatology Year 4) the asynchronous formal learning course is designed to build and consolidate your learning from the lectures and tutorials. It is a small online textbook.
  - Introduction to Dermatology
  - Skin Infections
  - Itchy Skin Diseases
  - Scaly Skin Diseases
  - Follicular Skin Disease
  - Skin Lesions
  - Systemic Dermatology

- **Evidence-based Medicine** 1 hour
  - How to ask a focused clinical question
  - How to access the epidemiological evidence

- **Interpreting ECGs**

- **Māori Health** 2 hours
  - Wairuatanga
  - Rangatiratanga
  - Kaitiakitanga
  - Manaakitanga
  - Whanaungatanga
  - Te Ara

- **Medical Imaging** 4 hours
  - Chest
  - Cardiovascular
  - Locomotor/Musculoskeletal
  - Gastrointestinal

- **Otolaryngology** 4 hours
  - Head and Neck
  - Laryngology
  - Otology
  - Rhinology
  - Paediatric ENT

- **Procedural Skills**
C.6.5. Procedural skills and learning

Procedural skills are part of your practical learning in Year 4, to enable you to be more confident and proficient when performing procedural skills during your clinical attachments.

Contacts for Procedural Skills:

<table>
<thead>
<tr>
<th>Person and Location</th>
<th>Extension and Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christine Ganly</td>
<td>(09) 923 2861</td>
</tr>
<tr>
<td>Level 3, Building 507</td>
<td><a href="mailto:c.ganly@auckland.ac.nz">c.ganly@auckland.ac.nz</a></td>
</tr>
<tr>
<td>22-30 Park Avenue,</td>
<td></td>
</tr>
<tr>
<td>Grafton</td>
<td></td>
</tr>
<tr>
<td>Marie Drury</td>
<td>(09) 923 9309</td>
</tr>
<tr>
<td>Building 505, Grafton</td>
<td><a href="mailto:m.drury@auckland.ac.nz">m.drury@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Campus</td>
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</tbody>
</table>

Each student will attend a two-day workshop of clinical procedures that will include topics such as care of wound tissue, suturing, application of plaster of paris, rectal examination, proctoscopy, male catheterisation and performance of arterial blood gas collection. These workshops precede your time in the Emergency Medicine attachment, to enable you to take a more active role during that placement. As above, there is also online material available to you via the Portal.

The workshops all take place in Auckland, either on a Monday and Tuesday or a Thursday and Friday (except where there is a public holiday), starting at 7.45am and finish at 5.15pm. Each starts with a DVD or tutor demonstration of technique, followed by student practice under supervision.

Attendance is **mandatory**; formative feedback will be given to you during the practical sessions, and there will be no summative assessment. If you are unable to attend, please email the Practicum Placement Coordinator for the Department of Surgery Christine Ganly in advance or on the day itself, and attach your medical certificate.

- If you do not attend, do not have a medical certificate, and have not notified the Practicum Placement Coordinator in advance or on the day, then your absence may be treated as a Fitness to Practise issue.
- If you miss all or part of the Procedural Skills teaching, you will be required to complete some compensatory work, to be determined by the Practicum Placement Coordinator.

C.6.6. Formal learning and health and wellbeing

There is clear evidence that the way doctors look after their own health has an impact on the way they look after the health of their patients. Added to this, many conditions that affect medical students and doctors are preventable with the development of self-awareness and early intervention. The University of Auckland Health and Wellbeing (HWB) programme (SAFE-DRS) is an important sub-theme of the PPS Domain. It provides you with an opportunity to review some of the evidence and to learn preventative strategies at the start of your clinical years. In Year 4, the SAFE-DRS teaching and learning includes the following:
1. A two-hour seminar in Formal Learning: “Thrive on the Wards”

2. A mandatory six-hour session” HWB Day: Strategies for Success in the Clinical Environment”
   - There is required pre-reading for the Health and Wellbeing training day. You will need to have completed this work in order to take part in an exercise on the training day.
   - Attendance is mandatory for this HWB training day. If you are unable to attend, please email the HWB Coordinator in advance or on the day itself and attach your medical certificate.
   - If you do not attend, do not have a medical certificate, and have not notified the HWB Coordinator in advance or on the day, then your absence may be treated as a Fitness to Practise issue.
   - Please be punctual. If you miss all or part of the HWB day, you will be required to complete some compensatory work- to be determined by the HWB Coordinator.

In Year 4, there is a Health and Wellbeing written assignment which is assessed and contributes to your grade for the Personal and Professional Skills domain. More detail will be provided to you during the formal learning week health and wellbeing session (Thrive on the Wards). Please submit your HWB assignment and portfolio by following the instructions included under the Assessment Year 4 tab of the Personal and Professional Skills domain link on the MBChB portal. If your HWB assignment or portfolio is handed in late, you will not be eligible for a distinction grade for the assignment or for the domain.

**C.6.7. Dermatology, formal learning and clinical practice**

1. Formal learning

   There are two hours of dermatology teaching as part of the formal learning program. The formal learning is scenario based and is used to learn about common skin cancers in New Zealand (including melanoma, basal cell carcinoma, squamous cell carcinoma) and common inflammatory dermatoses (including atopic eczema and psoriasis).

2. Synchronous learning

   The synchronous learning component for dermatology has two components.
   - An interactive, scenario-based, question and answer session based on the formal learning teaching. The PDF for this session should be downloaded from the portal and brought to the tutorial.
   - Two student-led, 15 minute, dermatology case presentations. The cases are to be chosen by the students.

3. Asynchronous learning

   A web-based module on the portal is also available for you as part of your asynchronous learning time.

4. Clinical experience

   In 2020 you will also be able to gain from practical experience in dermatology clinics.
- If you are based at Waikato, Middlemore or North Shore hospitals, you will be expected to attend two dermatology outpatient clinics during the Specialty Medicine attachment.

- If you are at the Auckland City Hospital, you will be involved in a dermatology outpatient clinic after the synchronous learning session has finished. During this session you will rotate around a number of patients.

**C.6.8. Study Half Day in Year 4**

In Year 4, each student is able to have one study half day each week, which will be the same day of the week at each individual cohort site, and which is a combination of both formal learning time and self-directed learning time.

**C.7. Overview of Phase 2, Year 4 Clinical Attachments**

Phase 2 (Year 4) consists of the following clinical attachments and learning:

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthesiology</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>1 week</td>
</tr>
<tr>
<td>General Practice and Primary Care (GP/PC)</td>
<td>2 weeks</td>
</tr>
<tr>
<td>General Practice Observed Practice Simulations (GPOPS)</td>
<td>1 week</td>
</tr>
<tr>
<td>General Medicine</td>
<td>6 weeks</td>
</tr>
<tr>
<td>General Surgery</td>
<td>6 weeks</td>
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<tr>
<td>Geriatrics</td>
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<tr>
<td>Musculoskeletal</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Specialty Medicine</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Procedural Skills / Health and Wellbeing</td>
<td>1 week</td>
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<tr>
<td>Formal Learning</td>
<td>4 weeks</td>
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**C.7.1. Anaesthesiology**

Anaesthesiology is a discipline concerned primarily with perioperative care of patients. This includes evaluation and optimisation of the patient’s condition prior to surgery, anaesthesia and care during surgery, and post-operative management including pain management. The specialty draws heavily on pharmacology and physiology but is also underpinned by a broad knowledge of clinical medicine. This is a “sharp end” specialty, and there are many procedural skills that consultant level practitioners must master. Because anaesthesia is inherently hazardous, anaesthetists have focused on patient safety; this specialty has led the patient safety movement over the last few decades.

The clinical attachment for Year 4 medical students begins with an introductory day at the Simulation Centre for Patient Safety (SCPS) for the Greater Auckland students and at Waikato Hospital for Waikato, Bay of Plenty and Rotorua cohorts. At the start of Monday, there is a short MCQ test which covers pre-run online learning. During this day (and on the final Friday), patient simulators and / or micro-simulators will be integral to your learning and your assessment.
You will be allocated to a hospital where you will work alongside a number of anaesthetists on a one-to-one basis, taking an active role as appropriate, under close supervision. Because anaesthesia is sessional and anaesthetic teams form and disband on the same day, it is not possible for a student to follow a particular anaesthetist over the course of a run. We accept that this lack of continuity complicates clinician assessment of your performance. In the vast majority of cases you will be allocated to do anaesthesiology in the hospital at which you are cohorted. In a very small number of cases students may be required to undertake their anaesthesiology attachment at a non-cohort hospital.

You will be expected to attend 14 clinical sessions (of half a day each) during the fortnight. One of these sessions should be during an evening shift or at the weekend to get some exposure to acute / afterhours anaesthesia. You will have the opportunity to observe and discuss many aspects of the perioperative care of patients. In the remaining time (2 sessions), you will be expected to complete a case history in which the focus should be on anaesthesia-related aspects of the patient’s perioperative management. We want you to demonstrate an understanding of how medical conditions (such as diabetes or coronary artery disease) impact on the conduct of anaesthesia, and how this impact may be minimised by appropriate preoperative preparation, tailoring of intraoperative care to the particular patient, and postoperative management.

Most of your time will be spent in the operating room, but you may be expected to see patients on the wards preoperatively, and to follow up some patients postoperatively. This will be important in preparing your case history. You will likely spend some time in intensive care. Ideally, you will attend at least one round with the acute pain team in each hospital; you should certainly take advantage of the opportunity provided by this attachment to learn about the management of acute pain.

In each hospital a dedicated member of the department will be responsible for assigning you to appropriate facilities such as the operating theatre, recovery room, intensive care or clinic.

During your time in the operating room the focus will be on practical skills and knowledge related to the management of the unconscious patient. We expect any doctor to be able to provide basic life support for an unconscious patient. This attachment provides the ideal opportunity to improve your skills in the management of the airway; in particular, the lifesaving skill of holding an airway and manually ventilating the patient with a bag and mask. You will also learn to recognise seriously ill patients. You will likely have the opportunity to build on your competencies in intravenous therapy and venepuncture, introduced during your clinical skills experience in Year 3, and to undertake various other interventions as appropriate. You will need to record your experience in performing these procedures in your logbook. Completion of your logbook (and particularly the skills experience section) is a prerequisite for a pass in anaesthesiology.

On the final Friday you will all come to SCPS at Grafton. During the morning you will participate in a half day workshop on pain management. The material presented in this workshop will have a broader focus than perioperative pain management and will have relevance to practice in a wide variety of disciplines including hospital-based medicine,
surgery and general practice. In the afternoon you will undertake an assessment of your learning achievements during the run. The main focus is an OSCE-style assessment of simple airway skills, and decision making around an airway management scenario, as well as questions on devices and arrhythmia recognition.

To succeed in anaesthesiology, attitude is just as important as technical competence. You will be working with a multidisciplinary team, sometimes in difficult clinical situations. Always remember that patient safety comes first. There will be times when the clinicians supervising you will have to focus on looking after the patient and when formal teaching will give way to an opportunity for you to observe unobtrusively and learn simply by watching. Always remember that patients are vulnerable, and this is never more true than when a patient is unconscious.

C.7.2. Emergency Medicine

Emergency medicine provides an excellent environment for assessing patients with undifferentiated complaints. This attachment affords you all the opportunity to improve your history-taking skills, to practice clinical examinations, and to start to clinically reason around undifferentiated patient presentations. You will be able to start to formulate a differential diagnosis for these patients.

There is an optional day assigned for you to spend performing and logging minor procedures – such as suturing and venipuncture. This is usually under the supervision of Clinical Nurse Specialist but may vary depending on the Emergency Department you are attached to.

For this week of clinical experience, you will be attached to a supervisor for each shift who is responsible for assigning you patients to assess and present and for discussion of your cases.

A log book is provided for your attachment (including your time in GP/PC) to provide guidance to the major clinical presentations you may encounter. The log book is not handed in at the end of the rotation and should be kept as a resource. Further information is provided through University Clinical Portal. Please review these resources during your attachment.

The following is a summary of the pass/ fail criteria for emergency medicine.

- Attendance at your three rostered clinical shifts, with satisfactory performance on all shifts.
- Missed shifts are required to be completed at a later date. If a student is unable to complete all 3 shifts, they will be awarded a Grade of ‘Incomplete’.
- There is no distinction given for this attachment.
C.7.3. General Practice: General Practice and Primary Care (GP/PC)

Adjacent to your Procedural Skills workshop and ED attachment you will have a two-week placement in one of the three following types of medical practices:

- Community hospital
- Rural general practice
- Urban Accident and Medical clinic

Placements range from the top of Northland to the bottom of the Taupō and Taranaki regions. Most placements will be rural but there are some urban placements in Auckland and Hamilton. On placement you will be exposed to a variety of primary care experiences including opportunities to assist with procedural skills with nurses and consultations with doctors. You may also be given the opportunity to spend time working with other primary health professionals such as pharmacy, podiatry, dentistry and physiotherapy. If appropriate to your site you may also participate in palliative care and rest home visitation, or work at a clinic’s secondary site such as a satellite, school, mobile or marae clinic. **If you have any impairment that may restrict your access to any of these activities, you must inform the Practicum Placement Coordinator (PPC) at the start of the year.**

You will be informed of your placement at least four weeks before you leave. In advance of your placement please:

- make sure you organise your travel and accommodation;
- contact the site to introduce yourself before your placement starts.

For this attachment you are expected to attend, participate and be professional. Meeting these criteria are essential for passing this attachment. In addition, you need to complete the provided ‘General Practice Skills and Procedures Checklist’. This is to be submitted electronically via the general practice database ‘GPTeach’. This checklist is not formally assessed.

**General tips**

- You may need to be proactive in your attachment by enquiring about other primary health professionals in the area and making arrangements to visit them. Talk to your teacher about possible visits and any suggestions they might have if they have not arranged a formal timetable for you.
- Ensure that you spend some time with the nursing team in the practice and ask if you can assist with things like wound care, phlebotomy, performing ECGs and immunisations.
- If there is a spare consultation room enquire if you can see patients before your teacher.
- Talk to other doctors in the practice and tell them you are interested in seeing rashes, or physical signs in patients, or helping out with minor surgery.
- If you have any specific learning needs then talk to your teacher. Ask for feedback half way through the attachment to get an idea on how you are going.
- See if you can follow a patient to hospital for an acute admission or participate in a house call.
Accommodation and travel allowances

There is an allowance available that will contribute towards your accommodation and travel. This can be claimed once you have completed your placement.

- The accommodation allowance is only a contribution and may not cover your entire accommodation costs.
- The University will provide a basic list of appropriate accommodation options. However it is the student’s responsibility to contact the accommodation providers and secure accommodation.
- Ensure that you keep your receipts as you will need an itemised receipt with a GST number to claim your refund.
- The travel allowance is determined on a sliding scale. You will need to present a fuel receipt, or a train or bus ticket receipt with a GST number. The allowance does not cover daily travel costs.

If you are placed in a practice within the urban centre of your cohort you will not have access to either the accommodation or travel allowance, given that students will be placed in a manner that their daily costs are not affected.

Any queries in regards to the travel allowance should be directed to the Practicum Placement Coordinator.

C.7.4. General Practice: General Practice Observed Patient Simulations (GPOPS) Week

The first 4 days of the ‘GPOPS’ week consists of teaching and simulated consultations with actors, coordinated by the Department of General Practice and Primary Health Care. On the Friday of this week there is a Drug and Alcohol Brief Intervention Communication Skills Assessment, coordinated by Dr Ryan San Diego from the Deparmtnet of Social and Community Health. GPOPS is run at Grafton campus for Auckland and Tauranga cohorts, and in Hamilton for Waikato and Rotorua cohorts.

During the Monday to Thursday teaching, you will participate in practical sessions including general practice clinical examination, communication skills, common skin conditions and mental health. There are 3 half days of GPOPS (General Practice Observed Patient Simulations) in which you conduct general practice consultations with simulated patients and receive feedback on your communication and consultation skills. These simulated consultations are with actors but take place in a working clinical environment alongside real patients. Each cohort will be divided into A and B streams and given a timetable for the simulations. Please keep to the timetable for the stream you have been allocated. This timetable will be available on Canvas the week before your GPOPS cycle.

Over these 4 days of GP department teaching, you will develop an appreciation of:

- content, structure and approach to the general practice consultation;
- community management of medical and psychiatric illness, including early detection of disease, population health surveillance, acute and chronic care management; and
- role of general practice within the wider health care network.
Attendance at all GPOPS sessions is mandatory. You must sign in for each session. If you are unable to attend one or more days/sessions, please email the GPOPS Convenor in advance or on the day itself and attach your medical certificate. If you do not attend, do not have a medical certificate, and have not notified the GPOPS Convenor in advance or on the day, then your absence may be treated as a Fitness to Practise issue. If you miss all or part of the GPOPS week, you will be required to complete some compensatory work, to be determined by the GPOPS Convenor.

**Drug and Alcohol Brief Intervention Communication Skills Assessment**

Following the drug and alcohol session presented during Formal Learning in February, you will have the opportunity to demonstrate how to undertake an effective brief intervention with a patient.

Positioned on the Friday of the GPOPS week, the assessment day consists of:

- **AM:** A refresher seminar on undertaking an effective brief intervention and practice sessions with simulated patients.
- **PM:** The Drug and Alcohol Brief Intervention Communication Skills Assessment. The assessment involves undertaking an eight minute filmed brief intervention with a simulated patient, reflecting on your performance and completing a self-assessment.

While undertaken at the end of GPOPS week, the assessment is a stand-alone, must pass assessment positioned within the Clinical and Communications Skills domain.

The Drug and Alcohol assessment grade is Distinction/Pass/Fail.

You must achieve a pass grade in order to pass Year 4.

Attendance of the assessment day is mandatory.

If you are unable to attend the assessment day, please email Ryan San Diego (r.sandiego@auckland.ac.nz), the assessment coordinator in advance or on the day itself and attach your medical certificate. If you do not attend, do not have a medical certificate, and have not notified the assessment coordinator in advance or on the day, then your absence may be treated as a Fitness to Practise issue.

**C.7.5. Musculoskeletal**

The Musculoskeletal attachment incorporates teaching in two specialties: Orthopaedics and Rheumatology. These relate to the surgical and medical management of musculoskeletal problems respectively. Background knowledge (from earlier years in the medical programme) will be useful, especially information about the structure and function of muscles, bones and joints, their cellular composition and their associated physiology.

The teaching in musculoskeletal includes formal learning (in the first formal learning week) and both synchronous and asynchronous learning, delivered during the year. A detailed online learning resource is also available on the MBChB portal and you should use this in conjunction with your clinical teaching. The teaching sessions are summarised below. You will be provided with greater detail as the year progresses:
### Learning sessions

<table>
<thead>
<tr>
<th><strong>Rheumatology</strong></th>
<th><strong>Orthopaedics</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formal learning</strong></td>
<td></td>
</tr>
<tr>
<td>The Rheumatology Gout Symposium forms part of the formal rheumatology teaching. In this symposium, epidemiology, molecular pathology, clinical features and management of gout will be covered.</td>
<td>The Orthopaedic section of the formal learning week will be an Injuries Symposium and will re-fresh your anatomical knowledge while covering pathogenesis, treatment and public health aspects of common orthopaedic conditions and injuries involving the major joints of the body.</td>
</tr>
<tr>
<td><strong>Synchronous learning</strong></td>
<td></td>
</tr>
<tr>
<td>Other major topics in rheumatology will be delivered as part of the synchronous learning tutorials at each cohort site. These 2-hour tutorials cover inflammatory arthritis, osteoarthritis and connective tissue disorders.</td>
<td>NB: There is no specific synchronous learning for orthopaedics. Teaching for 2020 is provided during the attachment and through the on-line resource. See Ward Attachment section.</td>
</tr>
<tr>
<td><strong>Rheumatology</strong></td>
<td><strong>Orthopaedics</strong></td>
</tr>
<tr>
<td>Rheumatology offers the background (asynchronous) learning resource on the MBChB Portal. This will be available throughout the year to all cohorts in Year 4. The resource includes summary rheumatology notes, recorded video lectures on rheumatology topics, YouTube videos summarising how to perform a rheumatology examination and other educational material (including details of how to write up CATS and what is expected for the clinical examination).</td>
<td>Orthopaedics offers the background learning resource on the MBChB Portal. This will be available throughout the year to all cohorts in Year 4. The resource includes an outline of the physical examination techniques, information about common orthopaedic emergencies. Demonstration of the ability to take a history and perform an appropriate examination of a common orthopaedic condition will be assessed in the mini CEX.</td>
</tr>
</tbody>
</table>

### Structure of the Musculoskeletal ward attachment

The Musculoskeletal “ward teaching” includes orthopaedic and rheumatology teaching delivered during the four-week attachment. There are differences in the way this teaching is delivered at the different cohorts and you will need to check your schedule in advance.

Students will spend the four weeks on the wards in their local sites but will have scheduled teaching sessions at their cohort sites, as directed by the local coordinator.

The rheumatology teaching will be on the Thursday morning at Greenlane Clinical Centre (lecture theatre in building 4, level 5). For these sessions it is essential that you have reviewed the online rheumatology notes before attending these tutorials as found on the Portal.
All students should check their schedules carefully on the first day of the attachment, as times and places will change during the year depending on public holidays, staff availability etc. You will all be expected to attend teaching sessions on your allocated times and “sign-off” is required for all teaching sessions, both rheumatology and orthopaedic (see the portal for the sign-off sheet).

Please note: All students, regardless of cohort site, will need to use the online resource as a guide to both the learning (both rheumatology and orthopaedic) and the skills you will need to demonstrate in the mini-CEX at the end of the attachment.

To maximise your learning in the clinical setting, it is important that you ask questions and interact with the clinical staff on the ward and in the clinic. Most hospitals have X-ray sessions & clinical meetings on a weekly basis; these are a good way to increase your clinical knowledge. You need to learn the essential procedures for examining pain in a limb and gain an appreciation of why it is important to consider the structures underneath the affected area as part of the diagnosis. Remember that you are learning for a life-time of practice as a doctor, not simply to pass an exam.

You will be encouraged to spend time in theatre, for several reasons. This is an excellent opportunity for you to examine actual structures in situ and the interrelationships between the various organ systems. Having experienced what an operation is like will give you a better concept when you have to counsel patients later in your career.

You are also welcome to attend out-patient clinics, both orthopaedic and rheumatology, but need to plan this activity with other students so that you take it in turns to be in the clinic.

**Goals of the attachment**

You are expected to develop competence in clinical skills such as taking a history from patients with musculoskeletal problems and examining the musculoskeletal system. You will need to demonstrate these skills in a mini-CEX at the end of the attachment. By following a patient’s progress from admission to release, you will learn of the stages of rehabilitation of the patient and when to consult with other related health professionals. It is also essential that you learn to recognise those clinical situations, particularly in connective tissue disease, trauma and paediatrics, where early expert care is required.

**Assessment for the attachment**

The following table provides a full outline of the assessment requirements for this attachment.
<table>
<thead>
<tr>
<th>Clinical Supervisor Report (CSR)</th>
<th>All students must have this completed by their consultant for the ward assessment. A pass on the CSR is essential to pass the attachment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Checklist</td>
<td>All students must have their Programme Checklist signed off and hand this in with their CSR (available on the Portal). You cannot pass the attachment unless you have completed this.</td>
</tr>
<tr>
<td>Case history</td>
<td>Orthopaedic case histories are to be based around a clinical case, personally seen and examined by yourself during your attachment. A full medical and orthopaedic examination is expected together with one to two pages of discussion on relevant aspects of the topic, for example either a differential diagnosis with discussion or else, if a diagnosis is known, a comprehensive discussion of that diagnosis, all aspects of presentation, treatment, public health and relevance to Māori. Please try and avoid clinical cases where examination is impossible e.g. immediately post-op.</td>
</tr>
<tr>
<td>CAT (critically appraised topic)</td>
<td>As part of the rheumatology assessment, students are required to write a CAT. You should find a paper from the world rheumatology literature that describes a recent study of relevance to a specific clinical rheumatology topic. This should relate to a patient-problem encountered during a clinical attachment. You are then expected to go through the “gate-frame” process to critically appraise the paper and summarise other literature appropriate to this topic.</td>
</tr>
<tr>
<td>Mini CEX</td>
<td>All students will complete a mini CEX assessment prior to the end of the final week of the attachment. A pass is essential to pass the attachment. If students should be graded a fail, then a repeat mini CEX will be performed with the average grade of the two assessments counting as the final grade. Further details on this are available on the MBChB Portal.</td>
</tr>
</tbody>
</table>

**C.7.6. General Surgery**

The purpose of general surgery is to expose you to a diverse range of patients with a variety of problems. You will be applying your knowledge of basic anatomy, physiology and pathology to the management of surgical patients.

There are three key foci for this attachment.

1. The first is to learn the skill of evaluating general surgical patients, which involves taking a comprehensive history, performing a focussed examination, formulating the most likely diagnosis and a differential, identifying investigations to confirm the diagnosis and interpreting simple laboratory and radiology tests.

2. The second focus is on the perioperative care and preparation of the patient, for which the principles of informed consent and the good collaboration of a multidisciplinary team are paramount. An appreciation of cultural values in relation to surgery forms an important component of your learning and logbook reporting.

3. The third key focus is in relation to postoperative care. You will learn to recognise and solve common post-operative complications using the best available evidence.

During surgery depending on the hospital you are attached to you will be attached to different specialised surgical teams. You are expected to participate in all of the clinical activities, including ward rounds, conferences, clinics, theatre and on-call. The time spent
observing surgical operations provides a special opportunity to apply your knowledge of anatomy in real life situations. Your clinical supervisor will assess you on both of these attachments.

A series of tutorials, which cover the core surgical topics, will be run at each teaching hospital. These are complemented by small group teaching to 2-4 students within each team, often at the bedside or in clinics, by consultants/registrars or lecturers. Further general surgical learning resources, including the 'Tutorials in General Surgery' and interactive modules are accessed through the MBChB Portal.

To aid your learning, you will be given a ‘Pocket Organiser in General Surgery’ (POGS). This outlines a number of common presentations and diagnoses which you should attempt to see and read around.

Near the end of the attachment you will present a CAT. It is important to note that the CAT must be derived from a patient and a clinical question arising in the course of that patient’s medical management.

Between the fourth and sixth week, you should complete a formative mini-CEX, which gives you a needs assessment of the skills you have acquired and those you still need to learn. This can be performed by a registrar or consultant and needs to be handed in at the end of your attachment. This will not form part of your overall grade.

**C.7.7. General Medicine, Specialty Medicine and Geriatrics**

Attachments in General Medicine, Specialty Medicine, and Geriatrics take place over 16 weeks and you will be provided with site-specific handbooks for each of these disciplines.

The organisation of General Medicine, Specialty Medicine and Geriatrics varies between different hospitals and, so too, does the nature of the clinical cases and patient demographics at each site. All of this variability will be reflected in your individual experiences at various sites as a student and is an expected part of clinical training. For each of these attachments you will be integrated into a ward-based clinical team. The broad objectives for medicine are to improve history taking, clinical examinations, and communication and clinical reasoning skills, as well as to learn about the presentation and management of a range of medical diseases.

To maximise your learning, it is important that you spend time talking to and examining as many patients as possible. Patients are your best teachers. The ability to present cases succinctly and accurately to your colleagues and supervisors is an important component of each attachment.

Synchronous Learning core topics tutorials will be provided on a regular day of the week over the 16 weeks. These sessions will help you to use your medical knowledge in diagnosis and management of common and important medical conditions. You are expected to participate in these sessions. One mini-Clinical Evaluation Exercise (mini-CEX) will be conducted in general medicine, and one in specialty medicine.

**General Medicine**

You are expected to participate in ward rounds (especially post-acute and teaching rounds), outpatient clinics, radiology sessions and clinical meetings and to ask questions
of experienced clinicians, to maximise your learning opportunities. You are also expected to take an active part in patient admissions on ‘acute’ days, including evenings. Students are not required to go on every registrar round. Although these may be a source of good teaching, they should not detract from students taking a history from and examining patients. The university and ward staff will provide bedside tutorials each week. You will need to hand in three case reports and one CAT.

**Specialty Medicine**
Specialty medicine allows more concentrated and in-depth study of patients with certain organ system diseases and allows you to see how modern specialist medicine is practised. You will have the opportunity to apply history taking, examination and problem formulation skills in subspecialty clinical settings.

An emphasis of this attachment is medicine in outpatient settings, rather than acutely ill inpatients. A large proportion of specialty medicine is done in outpatient and ambulatory care environments, so the type and spectrum of problems you will see differ quite markedly from those in general medicine.

You will work in pairs doing clerkships attached to two medical specialty teams, each of three weeks. You will be expected to attend selected ward rounds, outpatient clinics, procedural, radiology and pathology sessions, clinical meetings and journal clubs. You are also expected to take an active part in patient admissions (as appropriate). Most of the specialties have senior registrars and experienced specialist nurses who are great resources.

A member of the specialty team will give formal teaching once a week. You may have the opportunity to attend tutorials with fellow students on different specialty medicine rotations to your own. There is no attempt to teach in six weeks all that you need to know about all the specialties. Rather, it is hoped that immersion in a couple of specialties will be intellectually stimulating and motivating. These attachments are not a substitute for self-learning.

Students enjoy this attachment most when they participate fully in the team’s activities, see plenty of patients and contribute when they can. We ask each specialty to have a timetable prepared for you. Please ask if you haven’t received it on the first day.

**Geriatrics**
This is a time for you to observe, evaluate and manage patients with common problems in geriatric medicine, including strokes, falls, delirium, incontinence, chronic illness and dementia. You will learn to work with rehabilitation teams and see a range of domiciliary and institutional services outside of public hospitals. You will continue to improve your essential skills in history taking and examination while gaining confidence with, and respect for, older people as they learn to cope with physiological and pathological changes of ageing which can include deafness, memory problems, multiple co-morbidities and feelings about ageing and dying. You will have exposure to ethical issues, including the important area of patient autonomy. Please view the Geriatric medicine cases found in Clinical scenarios part of the [Portal](#).
**Assessments and ‘Medicine’**

Section F.4.2 summarises the assessment for the three attachments under the responsibility of the Department of Medicine. It is important to note that students in General Medicine and Specialty Medicine will not fail an attachment solely because of a fail in a mini-CEX. If you fail your mini-CEX in General Medicine, you will be given an opportunity to repeat it. A fail in a mini-CEX will be informative for you and indicate where you need to make improvements in your future clinical work during the year. However, mini-CEX grades contribute to the domain grade for Clinical and Communication Skills at the end of the year.
## C.8. Learning Outcomes for Clinical Attachments

### Anaesthesiology

By the end of the clinical attachment students should be able to:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Applied Science for Medicine</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Clinical knowledge</strong></td>
</tr>
<tr>
<td></td>
<td>Summarise the major concepts in anaesthesia in the care of unconscious or seriously ill patients, including:</td>
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<td></td>
<td>• changes to the airway in the unconscious patient;</td>
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<td></td>
<td>• changes in the physiology of the cardiovascular, respiratory and nervous systems associated with loss of consciousness or induction of anaesthesia;</td>
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<td></td>
<td>• initial steps in managing an unconscious patient;</td>
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<td>• reasons for admitting a patient to intensive care;</td>
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<td></td>
<td>• patient factors which influence anaesthesia risks and management options;</td>
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<tr>
<td></td>
<td>• the risks of anaesthesia.</td>
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<tr>
<td>2</td>
<td><strong>Clinical knowledge</strong></td>
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<tr>
<td></td>
<td>Summarise the physiology of acute and chronic pain, including:</td>
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<td></td>
<td>• IASP definition of pain;</td>
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<td></td>
<td>• the difference between acute and chronic pain;</td>
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<td></td>
<td>• simple methods of assessing acute pain.</td>
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<tr>
<td>3</td>
<td><strong>Clinical knowledge</strong></td>
</tr>
<tr>
<td></td>
<td>Summarise the essential pharmacology of drugs commonly used in the perioperative setting:</td>
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<tr>
<td></td>
<td>• sympathomimetic and parasympathomimetic drugs;</td>
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<td></td>
<td>• anaesthetic agents;</td>
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<td></td>
<td>• opioid analgesics (and antagonists);</td>
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<td></td>
<td>• local anaesthetics;</td>
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<td></td>
<td>• other non-opioid analgesics;</td>
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<td></td>
<td>• neuromuscular blocking agents (and antagonists);</td>
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<td></td>
<td>• common anti-emetic agents;</td>
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<td></td>
<td>• short acting benzodiazepines (and antagonists).</td>
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<thead>
<tr>
<th>Domain</th>
<th>Clinical and Communication Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Prepare basic management plans for patients:</td>
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<td></td>
<td>• presenting for surgery and anaesthesia (including local and regional anaesthesia):</td>
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<tr>
<td></td>
<td>• including appropriate plans for Māori patients;</td>
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<td></td>
<td>• with acute pain (including postoperative pain);</td>
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<td></td>
<td>• with nausea and vomiting.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Perform basic practical and clinical procedures relevant to the care of unconscious/seriously ill patients and to patients presenting for surgery under anaesthesia.</td>
</tr>
</tbody>
</table>
- obtain aspects of clinical history and examination relevant to anaesthesia;
- gain informed consent for an anaesthetic;
- identify patients with potentially difficult airways;
- insert a peripheral venous cannula;
- maintain the airway in the unconscious patient;
- manually ventilate an unconscious patient using a bag and mask;
- insert and use an oropharyngeal airway;
- insert and use a laryngeal mask;
- follow basic theatre protocol;
- prepare IV fluids for administration;
- draw up drugs for IV administration as boluses and infusions.

NOTE: students are shown the technique for tracheal intubation and may be given the opportunity to practice it, but competency is NOT an expected outcome.

<table>
<thead>
<tr>
<th>6</th>
<th>Communication with patients and families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Extrapolate the general principles applicable to Māori patients to clinical situations involving patients from other cultures.</td>
</tr>
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<table>
<thead>
<tr>
<th>7</th>
<th>Clinical decision making</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interpret the results of basic respiratory and cardiovascular tests in acutely ill patient or patient presenting for anaesthesia, including:</td>
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<tr>
<td></td>
<td>- the electrocardiogram of the acute patient with:</td>
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<td></td>
<td>- key rhythm abnormalities;</td>
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<td></td>
<td>- acute ischaemia;</td>
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<td></td>
<td>- the chest X-ray:</td>
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<td></td>
<td>- congestive cardiac failure;</td>
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<td></td>
<td>- pneumothorax;</td>
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<td>- arterial blood gas results.</td>
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</table>

| 8 | Identify the respective roles of the members of the multidisciplinary team in the provision of optimal perioperative patient care. |

<table>
<thead>
<tr>
<th>Domain</th>
<th>Personal and Professional Skills</th>
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</thead>
<tbody>
<tr>
<td>9</td>
<td>Professional qualities</td>
</tr>
<tr>
<td></td>
<td>- Demonstrate the ability to recognise and appreciate the patient’s perspective in clinical situations.</td>
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<tr>
<td></td>
<td>- Demonstrate a compassionate approach to patients in clinical settings.</td>
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<tr>
<td></td>
<td>- Maintain appropriate boundaries with patients and other team members.</td>
</tr>
<tr>
<td></td>
<td>- Identify the strengths and areas for improvement in both your communication and clinical skills when dealing with Māori patients</td>
</tr>
<tr>
<td></td>
<td>Engagement in team</td>
</tr>
<tr>
<td></td>
<td>- Communicate with other health professionals in a professional manner.</td>
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<td></td>
<td>- Participate and actively contribute to patient care and other clinical team activities.</td>
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<tr>
<td></td>
<td>Health and Wellbeing</td>
</tr>
<tr>
<td></td>
<td>- Identify own limits and seek out additional support or learning opportunities.</td>
</tr>
<tr>
<td>Domain</td>
<td>Hauora Māori</td>
</tr>
<tr>
<td>--------</td>
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</tr>
</tbody>
</table>
| 10     | Commitment to equity  
  - Identify key health issues for Māori patients undergoing anaesthesia and explain the approaches to addressing the issues.  
  Cultural safety  
  - Discuss the specific, practical, cultural issues related to anaesthesia for Māori patients so as to engage in a culturally safe manner with the patient, whānau and communities.  
  Critical reflection  
  - Reflect on own practice and systemic factors in relation to ethnic inequalities.  
  Commitment to equity  
  - Identify strategies to overcome barriers with a view to improving Māori health outcomes. |
| 11     | Disease prevention  
  Discuss the key issues related to safety in anaesthetic practice, including:  
  - preoperative assessment;  
  - the safe provision of anaesthesia;  
  - postoperative care. |
### Emergency Medicine

By the end of the clinical attachment students should be able to:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Applied Science for Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Clinical knowledge</strong></td>
</tr>
<tr>
<td></td>
<td>• Apply key basic science principles to the evaluation of patients presenting acutely in emergency medicine.</td>
</tr>
<tr>
<td></td>
<td>• Explain the principles of oligoanalgesia in the management of acute pain.</td>
</tr>
<tr>
<td></td>
<td>• Begin to interpret common abnormalities of arterial blood gas analysis, and basic diagnostic tests, ECGs and CXRs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
<th>Clinical and Communication Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>• Evaluate patients presenting to the Emergency Department with a range of common, undifferentiated, acute illnesses and injuries by completing appropriate history taking and examinations.</td>
</tr>
<tr>
<td></td>
<td>• Recognise the signs and symptoms of potentially life-threatening illnesses and injuries.</td>
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<tr>
<td></td>
<td>• Recognise the dangers and toxidromes of common and important poisons.</td>
</tr>
<tr>
<td></td>
<td>• Develop problem lists and differential diagnoses for a range of patients, including Māori patients.</td>
</tr>
</tbody>
</table>

| 3      | **Clinical decision making**     |
|        | • Formulate diagnoses and treatment plans for patients under guidance of your supervisor; |
|        | • Interpret results including ECG, laboratory tests and x-rays. |

| 4      | **Communication with patients and families** *(Also Engagement in team)* |
|        | • Communicate clearly with members of the ED team, demonstrating evidence of good communication with all staff within the prehospital and emergency department setting. |

| 5      | **Communication with patients and families** |
|        | • Communicate patients and their whānau in an appropriate manner. |
|        | • Elicit appropriate, relevant, and focused historical information from patients, families, ambulance staff, nurses and other sources where appropriate. |
|        | • Use translation services as appropriate. |

<table>
<thead>
<tr>
<th>Domain</th>
<th>Personal and Professional Skills</th>
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</thead>
<tbody>
<tr>
<td>6</td>
<td><strong>Health and wellbeing</strong></td>
</tr>
<tr>
<td></td>
<td>• Perform in a manner that minimises risks to own and others’ safety.</td>
</tr>
<tr>
<td></td>
<td>• Use fundamental precautions in the handling of sharp instruments;</td>
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<tr>
<td></td>
<td>• Use universal precautions at all times for sterile procedures;</td>
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<tr>
<td></td>
<td>• Identify safety risks promptly to senior staff, including patients who propose infectious or physical threats to others.</td>
</tr>
</tbody>
</table>

<p>| 7      | <strong>Engagement in team</strong>           |
|        | • Explain the essential team approach to patient care in emergency medicine. |
|        | • Determine the key roles of personnel in emergency departments; |
|        | • Explain when and how key consultations occur. |</p>
<table>
<thead>
<tr>
<th></th>
<th>Professional qualities</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>• Demonstrate the key skills of a team member in acute situations, and demonstrate that you can be part of a team and punctuality.</td>
</tr>
<tr>
<td>9</td>
<td>Professional qualities</td>
</tr>
<tr>
<td></td>
<td>• Respect the dignity of all persons in the acute care setting, and demonstrate evidence of empathy and compassion towards patients and families.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
<th>Hauora Māori</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Cultural safety</td>
</tr>
<tr>
<td></td>
<td>• Identify key features in patient care of Māori, drawing on your observations and experiences.</td>
</tr>
<tr>
<td></td>
<td>• Engage in a culturally safe manner with Māori patients, whānau and communities;</td>
</tr>
<tr>
<td></td>
<td>• Reflect on own practice and systemic factors in relation to ethnic inequalities;</td>
</tr>
<tr>
<td></td>
<td>• Identify strategies to overcome barriers with a view to improving Māori health outcomes.</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Domain</th>
<th>Population Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Health promotion</td>
</tr>
<tr>
<td></td>
<td>• Describe the challenges unique to Emergency Medicine within the New Zealand health care system in relation to health inequality, alcohol and smoking and domestic violence.</td>
</tr>
</tbody>
</table>
**General Practice/Primary Care (GP/PC)**

By the end of the clinical attachment students should be able to:

<table>
<thead>
<tr>
<th>Domain</th>
<th><strong>Applied Science for Medicine</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Clinical knowledge</strong>&lt;br&gt;Apply key basic science, behavioural and social science principles to the evaluation of patients presenting with problems in primary care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
<th><strong>Clinical and Communication Skills</strong></th>
</tr>
</thead>
</table>
| 2      | **Patient assessment and management**<br>Evaluate and prepare appropriate management plans for patients with common and important problems in general practice environments.  
  - Recognise key warning signs of serious illness in patients treated in primary care;  
  - Develop an appropriate management plan for the Māori patient;  
  - Demonstrate skills for dealing with uncertainty (in a low prevalence environment) in clinical diagnosis in general practice;  
  - Use an evidence-based approach to diagnosis formulation;  
  - Demonstrate skills in negotiating life style changes for patients;  
  - Demonstrate skills in rational prescribing;  
  - Appraise the impact of psychosocial stress on mental health;  
  - Describe the principles of the general practice consultations;  
  - Analyse the different types of general practice consultations (range: first contact, acute care, episodic care, continuity of care, diagnosis). |

<table>
<thead>
<tr>
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<th><strong>Clinical Decision Making</strong></th>
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</thead>
</table>
| 3      | **Explain how and when other health professionals contribute to the care of a patient.**  
  - Make referrals for specialist advice appropriately for a range of conditions;  
  - Summarise the roles, responsibilities and linkages of those contributing to a primary health care team. |

<table>
<thead>
<tr>
<th>Domain</th>
<th><strong>Personal and Professional Skills</strong></th>
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</table>
| 4      | **Professional qualities**<br>Develop skills in:  
  - Listening and talking with patients and colleagues;  
  - Teaching and motivating patients and colleagues to improve health care;  
  - Respecting the strengths and weaknesses of views different from your own while maintaining personal integrity;  
  - Admitting to others when you have made a mistake or when you have incomplete knowledge on certain topics;  
  - Recognising learning opportunities during clinical work;  
  - Being punctual in clinical work;  
  - Contributing efficiently to a busy clinical practice;  
  - Working in stressful situations and during situations where feedback is positive and/or negative. |
<table>
<thead>
<tr>
<th></th>
<th>Identify the strengths and areas for improvement in both your communication and clinical skills when dealing with Māori patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain</strong></td>
<td><strong>Hauora Māori</strong></td>
</tr>
</tbody>
</table>
| 6 | **Cultural safety**  
- Engage in a culturally safe manner with Māori patients, whānau and communities.  
**Critical reflection**  
- Reflect on own practice and systemic factors in relation to ethnic inequalities.  
**Commitment to equity**  
- Identify strategies to overcome barriers with a view to improving Māori health outcomes.  
- Recognise the social, cultural, political and economic factors impacting on Māori health. |
| **Domain** | **Population Health** |
| 7 | **Health promotion**  
Appraise the role of general practice within the wider health care network.  
- Outline the New Zealand Health Strategy;  
- Identify areas in which to use health promotion, prevention and screening techniques |
## Musculoskeletal

By the end of the clinical attachment students should be able to:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Applied Science for Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Clinical knowledge</strong>&lt;br&gt;Apply knowledge of basic anatomy and physiology of the musculoskeletal system to the management of patients with musculoskeletal problems.&lt;br&gt;• Summarise the anatomy and physiology of joints, tendons and related structures;&lt;br&gt;• Outline the interrelationships with other structures, including nerves and muscles.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Clinical knowledge</strong>&lt;br&gt;Explain the common pathological processes seen in the musculoskeletal system.&lt;br&gt;• Distinguish between inflammation and infection using macroscopic, microscopic and molecular features;&lt;br&gt;• Explain the basis of autoimmune disease;&lt;br&gt;• Outline the role of genetic aspects of inherited disease on the musculoskeletal system;&lt;br&gt;• Summarise the healing processes for bones and joints.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Patient assessment and management</strong>&lt;br&gt;Evaluate patients presenting with a range of common musculoskeletal problems.&lt;br&gt;• Elicit from patients presenting with a given problem, a relevant, logical and comprehensive history, including a functional history for patients with rheumatic diseases;&lt;br&gt;• Perform an organised and professional physical examination of the musculoskeletal system;&lt;br&gt;• Outline the features of the screening examination system used for rheumatologic problems;&lt;br&gt;• Recognise clinical situations that require early expert care.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Patient assessment and management</strong>&lt;br&gt;Prepare basic management plans for common musculoskeletal problems.&lt;br&gt;• Apply CAT methodology to answer specific clinical question(s) identified in a patient with a musculoskeletal problem;&lt;br&gt;• Distinguish between acute and chronic forms of monoarthritis, polyarthritis, arthralgia and back pain;&lt;br&gt;• Distinguish which disorders are best treated surgically, which are best treated medically, and which may require a combination of both;&lt;br&gt;• Evaluate the best management plans for trauma care including soft tissue injuries, fractures and tendon rupture;&lt;br&gt;• Summarise when and how the various consultations with related health professionals are needed in patient management, especially rehabilitation.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Clinical decision making</strong>&lt;br&gt;Formulate logical problem lists for a range of patients.</td>
</tr>
</tbody>
</table>
### 6 Develop an appropriate management plan for Māori patients.

### 7 Apply specific techniques and principles appropriately.
- Apply simple casts;
- Outline the principles of management of patients in casts;
- Explain how intra-articular and soft tissue steroid injections are administered.

#### Domain: Personal and Professional Skills

**Professional qualities**
- Demonstrate responsibility, commitment and a reflective attitude to clinical practice.
- Demonstrate a compassionate approach to patients in clinical settings.
- Demonstrate good time management in an increasingly complex clinical environment.
- Analyse an undifferentiated medical problem(s), identify the areas of uncertainty and describe how to manage uncertainty.
- Demonstrate the capacity for independent critical thought, rational inquiry and self-directed learning.
- Demonstrate ability to prioritise tasks, and re-prioritise where appropriate.
- Identify the strengths and areas for improvement in both your communication and clinical skills when dealing with Māori patients.

**Engagement with the team**
- Participate and actively contribute to patient care and other clinical team activities.

#### Domain: Hauora Māori

**Cultural safety**
- Engage in a culturally safe manner with Māori patients, whānau and communities.

**Critical reflection**
- Reflect on own practice and systemic factors in relation to ethnic inequalities.

**Commitment to equity**
- Identify strategies to overcome barriers to improve Māori health outcomes.

#### Domain: Population Health

**Disease prevention**
Predict the likely future impact of musculoskeletal disorders on the New Zealand health system.
- Outline the orthopaedic and rheumatologic disorders that significantly contribute to morbidity in the New Zealand context;
- Analyse population and demographic trends to predict the future impact.
By the end of the clinical attachment students should be able to:

### General Surgery

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<tbody>
<tr>
<td>1</td>
<td><strong>Clinical knowledge</strong></td>
</tr>
<tr>
<td></td>
<td>Apply knowledge of basic anatomy, physiology and pathology to the management of general surgical patients.</td>
</tr>
<tr>
<td></td>
<td>• Determine the causes and mechanisms of shock;</td>
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<tr>
<td></td>
<td>• Illustrate the physiology of normal fluid and electrolyte balance;</td>
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<td></td>
<td>• Describe the nature of intravenous replacement fluids;</td>
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<td></td>
<td>• Summarise the causes and management of common abnormalities of water, sodium and potassium metabolism;</td>
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<tr>
<td></td>
<td>• Describe the nutritional and metabolic needs of the perioperative patient;</td>
</tr>
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<td></td>
<td>• Apply the pathophysiology of sepsis to the perioperative patient;</td>
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<td></td>
<td>• Use recent research findings to outline the current status of solid organ transplantation in clinical practice;</td>
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<td></td>
<td>• Describe the methods available for the provision of post-operative analgesia;</td>
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<td></td>
<td>• Describe the management of common general surgical presentations and diagnoses as outlined in your POGS.</td>
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</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Evaluate general surgical patients presenting with a range of clinical problems.</td>
</tr>
<tr>
<td></td>
<td>• Elicit from patients presenting with a given problem, a relevant, logical and comprehensive history;</td>
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<tr>
<td></td>
<td>• Perform an organised and professional physical examination;</td>
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<tr>
<td></td>
<td>• Develop an appropriate management plan for the Māori patient.</td>
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<tr>
<td>3</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Prepare basic management plans for common general surgical problems.</td>
</tr>
<tr>
<td></td>
<td>• Apply best available evidence to solve clinical problems;</td>
</tr>
<tr>
<td></td>
<td>• Identify and discuss areas of controversy in patient management;</td>
</tr>
<tr>
<td></td>
<td>• Determine and correct gaps in underpinning knowledge;</td>
</tr>
<tr>
<td></td>
<td>• Apply CAT methodology to a specific clinical question identified in a surgical patient observed during the clinical experience;</td>
</tr>
<tr>
<td></td>
<td>• Examine the respective roles of a multidisciplinary team to provide optimal patient care;</td>
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<td></td>
<td>• Prescribe fluid replacement regimens.</td>
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<tr>
<td>4</td>
<td><strong>Patient assessment and management</strong></td>
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<tr>
<td></td>
<td>Evaluate a patient being prepared for surgery.</td>
</tr>
<tr>
<td></td>
<td>• Describe the principles for informed consent;</td>
</tr>
<tr>
<td></td>
<td>• Determine the role of preoperative medical assessment;</td>
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<tr>
<td></td>
<td>• Examine the respective roles of a multidisciplinary team in perioperative patient care.</td>
</tr>
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<tr>
<th>Domain</th>
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</thead>
<tbody>
<tr>
<td>5</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
</tbody>
</table>
Recognise common postoperative complications.
- Summarise the essential vital signs and systems to be monitored;
- Analyse and interpret common changes in TPR charts.

### 6 Clinical decision making
Formulate logical problem lists for a range of patients.
- Develop a differential diagnosis list for the major problem(s) of the patients;
- Determine the most likely working diagnosis;
- Evaluate and select tests that will confirm or alter the working diagnosis;
- Interpret simple laboratory and radiology tests.

### Domain: Personal and Professional Skills

#### 7 Professional qualities
- Demonstrate responsibility, commitment and a reflective attitude to clinical practice.
- Provide appraisal and feedback on educational experiences.

#### Health and well being
- Identify own limits and seek out additional support or learning opportunities.

#### Professional qualities
- Participate and actively contribute to patient care and other clinical team activities.
- Identify the strengths and areas for improvement in both your communication and clinical skills when dealing with Māori patients.

### Domain: Hauora Māori

#### 8 Cultural safety
- Recognise particular issues for Māori with respect to tissue removal and general anaesthesia.
- Engage in a culturally safe manner with Māori patients, whānau and communities.

#### Critical reflection
- Reflect on own practice and systemic factors in relation to ethnic inequalities.

#### Commitment to equity
- Identify strategies to overcome barriers with a view to improving Māori health outcomes.

### Domain: Population Health

#### 9 Disease prevention
Suggest evidence-based population health approaches that would reduce the burden of diseases requiring surgery.
## General Medicine

At the end of the clinical attachment students should be able to:

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<tr>
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<tbody>
<tr>
<td>1</td>
<td><strong>Clinical Knowledge</strong></td>
</tr>
<tr>
<td></td>
<td>Apply key basic science principles to the evaluation of patients presenting with a wide range of common general medical problems.</td>
</tr>
<tr>
<td></td>
<td>• Appraise the importance of basic anatomy, physiology and pathology knowledge to the management of medical patients;</td>
</tr>
<tr>
<td></td>
<td>• Determine other knowledge bases that are used in general medicine.</td>
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</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Evaluate medical patients presenting with a range of clinical problems.</td>
</tr>
<tr>
<td></td>
<td>• Elicit from patients presenting with a given problem, a relevant, logical and comprehensive history;</td>
</tr>
<tr>
<td></td>
<td>• Perform an organised and professional general medical examination and examinations of the cardiovascular, respiratory, gastrointestinal and neurological systems;</td>
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<tr>
<td></td>
<td>• Outline the basic approaches to the examination of the endocrine and locomotor systems and fundoscopy;</td>
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<td></td>
<td>• Present the cases orally and support this with clear written histories.</td>
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<tr>
<th>Domain</th>
<th>Clinical decision making</th>
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</thead>
<tbody>
<tr>
<td>3</td>
<td>Formulate logical problem lists for a range of patients.</td>
</tr>
<tr>
<td></td>
<td>• Develop a differential diagnosis list for the major problem(s) of the patients;</td>
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<td>• Determine the most likely working diagnosis;</td>
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<tr>
<td></td>
<td>• Evaluate and select tests that will confirm or alter the working diagnosis;</td>
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<td>• Interpret simple laboratory and radiology tests.</td>
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<td></td>
<td>• Apply best available evidence to solve clinical problems;</td>
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<td></td>
<td>• Determine and correct gaps in underpinning knowledge;</td>
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<tr>
<td></td>
<td>• Apply CAT methodology to a specific clinical question identified in a medical patient observed during the clinical experience.</td>
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<thead>
<tr>
<th>Domain</th>
<th>Communication with patients and families</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Prepare basic management plans for common general medical problems.</td>
</tr>
<tr>
<td></td>
<td>• Communicate information to patients and families in a clear manner;</td>
</tr>
<tr>
<td></td>
<td>• Identify and discuss areas of controversy in patient management;</td>
</tr>
<tr>
<td></td>
<td>• Examine the respective roles of a multidisciplinary team to provide optimal patient care.</td>
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<tbody>
<tr>
<td>5</td>
<td>Develop an appropriate management plan for the Māori patient.*</td>
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<thead>
<tr>
<th>Domain</th>
<th>6 Professional qualities</th>
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<tbody>
<tr>
<td></td>
<td>Work as a constructive and collaborative health care team member, with respect for complementary skills and competencies:</td>
</tr>
<tr>
<td></td>
<td>• Communicate with patients and other health professionals in a professional manner.</td>
</tr>
<tr>
<td>Domain</td>
<td>Hauora Māori</td>
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</tbody>
</table>
| 7      | Critical reflection  
| 8      | Disease prevention |

- Participate and actively contribute to patient care and other clinical team activities
- Practise ethically and with regard to medico-legal obligations;
- Demonstrate responsibility, commitment and a reflective attitude to clinical practice;
- Make appropriate decisions in situations of incomplete knowledge, complexity/ambiguity, or resource constraint.
- Identify the strengths and areas for improvement in both your communication and clinical skills when dealing with Māori patients.*

**Engagement in team**
- Maintain appropriate boundaries with patients and other team members.

**Health and wellbeing**
- Identify own limits and seek out additional support or learning opportunities.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Population Health</th>
</tr>
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</table>
| 8      | Disease prevention  
| 8      | Health promotion |

- Outline the medical conditions that significantly contribute to morbidity in the New Zealand context.
- Suggest evidence based public health approaches that would reduce the burden of medical diseases.
By the end of the clinical attachment, students should be able to:

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<tbody>
<tr>
<td>1</td>
<td>Clinical knowledge</td>
</tr>
<tr>
<td></td>
<td>Apply key basic science principles to the evaluation of patients presenting with a selected range of specialty medical problems.</td>
</tr>
<tr>
<td></td>
<td>- Appraise the importance of basic anatomy, physiology and pathology knowledge to the management of patients in specialty medicine;</td>
</tr>
<tr>
<td></td>
<td>- Determine other knowledge bases that are used in specific areas of specialty medicine.</td>
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<tr>
<th>Domain</th>
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<tbody>
<tr>
<td>2</td>
<td>Patient assessment and management</td>
</tr>
<tr>
<td></td>
<td>Evaluate patients presenting with medical problems of the selected specialty.</td>
</tr>
<tr>
<td></td>
<td>- Elicit from patients presenting with a given problem, a relevant, logical and comprehensive history;</td>
</tr>
<tr>
<td></td>
<td>- Perform an organised and professional medical examination of relevant organ systems;</td>
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<td>- Present the cases orally and support this with clear written histories.</td>
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<tbody>
<tr>
<td>3</td>
<td>Patient assessment and management</td>
</tr>
<tr>
<td></td>
<td>Prepare basic management plans for selected specialty medical problems.</td>
</tr>
<tr>
<td></td>
<td>- Apply best available evidence to solve clinical problems;</td>
</tr>
<tr>
<td></td>
<td>- Identify and discuss areas of controversy in patient management;</td>
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<td></td>
<td>- Determine and correct gaps in underpinning knowledge;</td>
</tr>
<tr>
<td></td>
<td>- Describe the roles of the main health professionals contributing to the care of patients in this specialty.</td>
</tr>
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<td>- Develop a differential diagnosis list for the major problem(s) of the patients;</td>
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<td>- Interpret laboratory and radiology tests.</td>
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<tr>
<td>5</td>
<td>Engagement in team</td>
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<tr>
<td></td>
<td>Work as a constructive and collaborative health care team member, with respect for complementary skills and competencies:</td>
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<tr>
<td></td>
<td>- Communicate with patients and other health professionals in a professional manner.</td>
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<tr>
<td></td>
<td>- Participate and actively contribute to patient care and other clinical team activities</td>
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<tr>
<td></td>
<td>- Practise ethically and with regard to medicolegal obligations;</td>
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<tr>
<td></td>
<td>- Demonstrate responsibility, commitment and a reflective attitude to clinical practice;</td>
</tr>
</tbody>
</table>
- Maintain appropriate boundaries with patients and other team members.
- Identify own limits and seek out additional support or learning opportunities.
- Make appropriate decisions in situations of incomplete knowledge, complexity/ambiguity, or resource constraint.

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<tbody>
<tr>
<td>6</td>
<td>Cultural safety</td>
</tr>
<tr>
<td></td>
<td>• Engage in a culturally safe manner with Māori patients, whānau and communities.</td>
</tr>
<tr>
<td></td>
<td>Critical reflection</td>
</tr>
<tr>
<td></td>
<td>• Reflect on own practice and systemic factors in relation to ethnic inequalities.</td>
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<tr>
<td></td>
<td>Commitment to equity</td>
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<tr>
<td></td>
<td>• Identify strategies to overcome barriers with a view to improving Māori health outcomes.</td>
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<tbody>
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<td>7</td>
<td>Disease prevention</td>
</tr>
<tr>
<td></td>
<td>• Suggest evidence based public health approaches that would reduce the burden of medical diseases.</td>
</tr>
<tr>
<td></td>
<td>• Outline the medical conditions that significantly contribute to morbidity in the New Zealand context.</td>
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By the end of the clinical attachment students should be able to:

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<tbody>
<tr>
<td>1</td>
<td><strong>Clinical knowledge</strong></td>
</tr>
<tr>
<td></td>
<td>Apply key basic science principles to the evaluation of patients presenting with common conditions in older people.</td>
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</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Evaluate older patients presenting with a range of common conditions and problems.</td>
</tr>
<tr>
<td></td>
<td>• Elicit from patients with multiple medical problems a logical and comprehensive history;</td>
</tr>
<tr>
<td></td>
<td>• Assess the environmental and social issues that contribute to the medical issues;</td>
</tr>
<tr>
<td></td>
<td>• Undertake a detailed multisystem examination with special emphasis on the cognitive, locomotor and neurological components;</td>
</tr>
<tr>
<td></td>
<td>• Demonstrate respect for and confidence with older people and problems they may face.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Prepare basic management plans that include medical, rehabilitation and social issues.</td>
</tr>
<tr>
<td></td>
<td>• Apply best available evidence to solve clinical problems;</td>
</tr>
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<td></td>
<td>• Identify issues of multiple medications;</td>
</tr>
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<td></td>
<td>• Identify issues specific to Māori patients;</td>
</tr>
<tr>
<td></td>
<td>• Identify and discuss areas of controversy in patient management.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Patient assessment and management</strong></td>
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<tr>
<td></td>
<td>Explain the multidisciplinary team approach that is used in medical and rehabilitation for the older patient.</td>
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<td></td>
<td>• Summarise the range, together with their respective roles, of domiciliary and institutional services outside the public hospital;</td>
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<td></td>
<td>• Explain how and when these services need to be incorporated into a management plan for the elderly patient;</td>
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<td></td>
<td>• Outline the needs assessment process used with older patients.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Clinical decision making</strong></td>
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<tr>
<td></td>
<td>Formulate logical problem lists for a range of older patients.</td>
</tr>
<tr>
<td></td>
<td>• Develop a differential diagnosis list that encompasses the multiple medical issues of a patient;</td>
</tr>
<tr>
<td></td>
<td>• Determine the most likely working diagnosis;</td>
</tr>
<tr>
<td></td>
<td>• Evaluate and select tests that will confirm or alter the working diagnosis;</td>
</tr>
<tr>
<td></td>
<td>• Interpret simple laboratory and radiology tests.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
<th>Personal and Professional Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td><strong>Professional qualities</strong></td>
</tr>
<tr>
<td></td>
<td>• Develop respect for patient autonomy and rights of the older patient, by acquisition/clarification of knowledge of legal and ethical aspects of care pertaining to older people;</td>
</tr>
<tr>
<td>Domain</td>
<td>Hauora Māori</td>
</tr>
<tr>
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</tr>
<tr>
<td>7</td>
<td>Cultural safety</td>
</tr>
<tr>
<td>• Engage in a culturally safe manner with Māori patients, whānau and communities.</td>
<td></td>
</tr>
<tr>
<td><strong>Critical reflection</strong></td>
<td></td>
</tr>
<tr>
<td>• Reflect on own practice and systemic factors in relation to ethnic inequalities.</td>
<td></td>
</tr>
<tr>
<td><strong>Commitment to equity</strong></td>
<td></td>
</tr>
<tr>
<td>• Identify strategies to overcome barriers with a view to improving Māori health outcomes, particularly for older Māori.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
<th>Population Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Disease prevention</td>
</tr>
<tr>
<td>Suggest evidence-based population health approaches that would reduce the burden of medical diseases in older people.</td>
<td></td>
</tr>
<tr>
<td>• Outline the medical conditions that significantly contribute to morbidity in the New Zealand context.</td>
<td></td>
</tr>
<tr>
<td>• Identify the patients’ experienced episodes of care in the wider context of the community and the health system.</td>
<td></td>
</tr>
</tbody>
</table>
D. Cohort Details

D.1. Auckland Clinical Campus

D.1.1. General information
The Auckland cohort is based in the Auckland DHB, with most attachments occurring either in the community or at Auckland City Hospital or Starship Hospital. This section provides locally relevant information about your clinical attachments and should be read in conjunction with the information provided by the academic departments in the first part of this guidebook. You will receive more specific information at the start of your attachments.

D.1.2. Clinical Campus Staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of School of Medicine</td>
</tr>
<tr>
<td>Group Services Manager</td>
</tr>
<tr>
<td>Group Services Team Leader</td>
</tr>
</tbody>
</table>

| p.poole@auckland.ac.nz       |
| n.tinkler@auckland.ac.nz    |
| (09) 923 1534               |
| f.godet@auckland.ac.nz      |
| (09) 923 6391               |

D.1.3. Access Cards
Auckland DHB has proximity card access to enable you to enter protected areas at both Auckland City Hospital and Starship Hospital. The card provides access to areas of the hospitals that are relevant to your Year 4 learning. In effect, you are provided with the same access status as a Registered Medical Officer and your use of the card can be traced by security. The card will be taken from you if you fail to comply with the following rules below.

Rules
- Wearing your Campus Card Photo ID is a mandatory requirement for being able to use a swipe card.
- The card is only to be used to enter areas of the hospital in which you are working and at the time you are working.
- The card is for your use only. It must never be lent to another person. The use of the card can be traced and you may be held accountable if it is misused by someone else.
- When you complete your attachment at the hospital, it is your responsibility to return the card to the person who issued it to you. The card remains the property of DHB. Failure to return it before leaving the attachment will result in you being traced and action taken to recover the card.
  - Cards must be returned to the Level 5 Security Office of ADHB on or before the last day of your attachment or you will be charged $100.
  - It is your responsibility to return the card.
Because the card can be tracked and audited by Security, if you lose the card you must report it to the Group Services Manager immediately. If it is not found within 24 hours the card will be voided and you will need to pay $100 for a new card.

Please remember that the card access system is in place to ensure you have the safest possible working environment. Do not do anything that may compromise this protection.

**D.1.4. Teal Theatre Scrubs**

ADHB teal theatre scrubs are processed differently to other hospital linen to ensure a higher than normal thermal disinfection and allows for a low lint content. We endeavour to keep the risk of contamination as low as possible in our theatre environment. Teal theatre scrubs are strictly reserved for operating room attire only: To this end we have a pragmatic policy regarding the use of the theatre scrubs.

- Teal theatre scrubs may not be worn outside of the hospital buildings (not even for a quick trip to the car park or shops in the street). Public perceptions about our diligence to reducing hospital acquired infections count in this regard as well.
- Please do not wear your own jackets or jerseys over the scrubs as these leave lint on the scrubs which compromises our environment in theatre.
- Please do not wash the theatre scrubs yourself as they require high temperature lint free processing.
- If you think your scrubs have been soiled please change them before coming back into theatre.
- Please do not use teal scrubs as a convenient dress code while spending all day on the wards. Blue scrubs are available for those purposes from Taylors (level 3 support building) if required.
- If you are spending that majority of your day outside of theatre and only occasionally come to theatre please wear the blue scrubs (available for those purposes from Taylors level 3 support building) or your normal clothes.
- Occasional trips to the wards from theatre between cases does not require you to change out of your scrubs but if they become soiled in the process please change them for a fresh pair before returning.

We are asking everyone, surgeons, theatre staff and medical students alike to adhere to and actively promote these policies and guide their colleagues should they notice breaches of policy.

**D.1.5. Access to electronic patient records**

Year 4 students working at Auckland are provided with individual user names and passwords for accessing patient records electronically. Students are also provided with internet access. Please check the DHB policy on appropriate use. The hospital uses Concerto as its ‘umbrella’ application, which allows integrated access to a number of clinical applications. You may require additional authorisation to access applications such as patient discharge summaries. Year 4 students are also provided with online access to old patient records through 3M. You will be issued a separate password for 3M.
Please note that your ADHB concerto login may expire if not used within three months from the date it is set up. The login can be reset by emailing the School of Medicine office (n.tinkler@auckland.ac.nz).

If you experience any problem with the online service, please contact the IS Help Desk on Ext. 27000.

**D.1.6. Library access for students based in Auckland**

Continue to use the Philson Library, Te Herenga Hauora, and the Library website as usual. You must return all Philson Library books before you go on holiday. Refer also to Section 1 for other relevant information about learning resources.

**D.1.7. Student carparking**

Onsite parking priority is given to patients and DHB employees. Students who are on clinical attachments at Auckland City Hospital and Starship Hospital are requested to use available street parking in the vicinity of the hospital.

**D.2. Waitemata Clinical Campus**

**D.2.1. General information**

The Waitemata Clinical Campus coordinates teaching and research in partnership with Waitemata District Health Board (WDHB), which serves the populations of West Auckland and the North Shore. The Waitemata Clinical Campus is physically located on Level 1, Building 5, North Shore Hospital (NSH). There is also student space on the 3rd Floor of the Snelgar Building at Waitakere Hospital (WTH), where our Site Coordinator is based.

**D.2.2. Clinical Campus staff**

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th>Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Dean</td>
<td>Professor Martin</td>
<td>(09) 442 7146 <a href="mailto:Martin.connolly@waitematadhb.govt.nz">Martin.connolly@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Waitemata Clinical</td>
<td>Connolly</td>
<td></td>
</tr>
<tr>
<td>Deputy Assistant</td>
<td>Dr Laura</td>
<td>(09) 839 0533 or 027 556 9048</td>
</tr>
<tr>
<td>Dean Waitemata Clinical</td>
<td>Chapman</td>
<td><a href="mailto:deborah.clifford@waitematadhb.govt.nz">deborah.clifford@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Campus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Team Leader</td>
<td>Deborah Clifford</td>
<td>(09) 4871299 or 027 562 4630</td>
</tr>
<tr>
<td>Site Coordinator</td>
<td>Janine Joubert</td>
<td><a href="mailto:janine.joubert@waitematadhb.govt.nz">janine.joubert@waitematadhb.govt.nz</a></td>
</tr>
</tbody>
</table>

**D.2.3. Addresses**

During your year you will spend time in hospital, out-patient or community based services/practices.

You may undertake your attachments at either North Shore or Waitakere Hospitals.
D.2.4. Hospital security access cards

The North Shore and Waitakere Hospitals and other areas operated by the WDHB have joint proximity and card access. Students are issued a WDHB security access card to enable access to wards and protected areas while on clinical placement through the Site Team Leader or Site Coordinator. Before a card can be issued, all students will need to complete and pass an online assessment. Students will be enrolled by the site administration team and a link will be sent to the student university email. To collect a swipe card, students will need to bring a copy of the completion certificate, their drivers licence or passport to orientation. Once issued, the card is programmed with the same level of access as a Registered Medical Officer and your use of the card can be traced by WDHB Security. Cards are issued for life but with an expiry date. At the end of your attachment, there is no need to return the card. However, should you re-join the Waitemata Cohort as a year 5 or year 6 student, you will be expected to bring your card with you. Should you not be able to locate your card, then a fee (currently of $25) will be charged before the card will be re-issued.

The card will also give you access to both the North Shore Hospital and Waitakere Hospital staff gyms (free of charge) subject to the WDHB rules of use of the gym. You must have your card enabled to allow gym access. You will need to complete the Gym forms that are available on the WDHB intranet.

Rules

- Wearing your Campus Card Photo ID is a mandatory requirement for being able to use a swipe card.
- The card is only to be used to enter areas of the hospital in which you are working and at the time you are working.
- The card is for your use only. It must never be lent to another person. The use of the card can be traced and you may be held accountable if it is misused by someone else.

Card issue

- The card is only issued for the duration of your clinical attachment; it may be taken from you if you fail to comply with the rules above.
- If your card is lost or stolen, it must be reported immediately to the Site Team Leader or the Site Coordinator and to WDHB Security. Depending on the circumstances, a replacement fee may be charged.
Having an access card is a privilege extended to you by the WDHB and we ask that you treat it as such and obey the rules around card use. Failure to do so is a serious breach of security.

Access cards are tracked and audited by WDHB Security.

You may not write on the card or label the card in any way.

D.2.5. Passwords for electronic patient records

Students are provided with individual WDHB Health logon/username and passwords in order to use computers on wards/clinics for accessing patient records and clinical related material electronically. The arrangement includes student access to the hospitals’ internet services. Clinical Portal is the “umbrella” application, which allows integrated access to a number of clinical applications. The logons will be issued before your first attachment to WDHB and will be active for the whole year.

Confidentiality

WDHBs has adopted an “open access” approach to security. This means the system does not limit access. Confidentiality is achieved by users only accessing patient’s information appropriate to their clinical responsibility.

You must be able to justify every electronic patient record access transaction you make.

If you experience any problem with your DHB logon or accessing patient clinical systems, please contact the Site Team Leader and or the Site Coordinator who will then contact the WDHB IS Helpdesk on (09) 486 8920 Ext 2266.

D.2.6. Communication

The University Site Team Leader and or the Site Coordinator and WDHB administrative staff will mostly communicate with you electronically directly to your University student email address. Please ensure that you check your emails regularly for any notifications, changes to teaching sessions or clinical schedules.

D.2.7. Library access for students based at Waitemata

Continue to use the Philson Library, Te Herenga Hauora, and the Library website as usual. You must return all Philson Library books before you go on holiday.

District Health Board Library

Students are welcome to use the library from Monday – Friday 8.30am – 5.00pm. You can take books out of the library once you have signed up to the library system. Students have now been granted after-hours access to the library. This will be reviewed throughout the year and if there are any problems, access will be cancelled.

For further information refer to the Learning Resources Section I.
D.2.8. Transportation Information

Cycling

- Bicycle parking is available at both sites. There is a covered bike park outside Building 5 (the Clinical Campus Building).
- At North Shore Hospital there is also a secure bike park for staff. It is not automatic or open access, and with the appropriate permission students can have the use of this facility. Access is loaded via your WDHB access card. Let the Traffic Department know that you require this access and it will be loaded when your WDHB access card is activated.

Student carparking

- Students undertaking clinical attachments at both the North Shore and the Waitakere Hospitals have access to staff car parking facilities on a similar basis to WDHB Health staff only if they are working out of normal office hours, otherwise alternate parking arrangements must be found.
- To obtain a parking card you need to go to the Traffic Department Office at either North Shore or Waitakere Hospitals and complete the student parking application. The parking is then $3.00 per day (24 hour period) paid via the yellow parking machines.

Motorcycle Park

North Shore Hospital has a secure motorcycle park for staff. It is not automatic or open access, and with the appropriate permission students can have the use of the facility. Access is loaded via your WDHB access card. Let the Traffic Department know that you require this access and it will be loaded when your WDHB access card is activated.

Shuttle service

The staff shuttle is a free bus service that operates regularly between North Shore and Waitakere Hospitals. Please note the shuttle cannot be used as a Park and Ride service or as part of your ‘get to work’ strategy.

The passenger collection and drop-off points are:

- Entrance B Waitakere Hospital
- From the Lakeview staff café entry / exit out to the helipad
- Karaka Street car park 9:15 - 15:15
- Corner Soljan & Paramount Drive 9:15 - 15:15

To book go to [http://booking.datasyn.co.nz/schedule/wdhb/BusBooking](http://booking.datasyn.co.nz/schedule/wdhb/BusBooking) and follow the instructions.

Public transport

- Bus stops are situated outside the North Shore and Waitakere Hospitals.
Bus schedules can be obtained from the hospital’s main information/reception desk; or visit the Auckland Transport Website or phone (09) 366 6400.

Expressway bus service operates from Britomart to Smale’s Farm Station (3 minutes walk from North Shore Hospital). This is a frequent, quick, cheap service with a student discount available.

The nearest train stations for Waitakere Hospital are Henderson and Sturges Road.

D.3. South Auckland Clinical Campus

D.3.1. General information

The South Auckland Clinical Campus (SACC) coordinates teaching and research in partnership with Counties Manukau Health (CM Health); the district health board that services the population of Counties Manukau, an area that stretches from Otahuhu to Port Waikato.

SACC is physically located at Middlemore Hospital (2nd Floor, Esme Green Building 30), the largest hospital operated by CM Health.

D.3.2. Clinical Campus staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Dean &amp; Head of SACC</td>
<td>Professor Andrew Hill</td>
<td><a href="mailto:a.hill@auckland.ac.nz">a.hill@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Group Services Manager</td>
<td>Maria Vitas</td>
<td>(09) 276 0044 Ext 58395 <a href="mailto:m.vitas@auckland.ac.nz">m.vitas@auckland.ac.nz</a></td>
</tr>
<tr>
<td>SACC Site Coordinators (Student Administration)</td>
<td>(09) 276 0044 Ext 52864 or Ext 58076 <a href="mailto:uniadmin@middlemore.co.nz">uniadmin@middlemore.co.nz</a></td>
<td></td>
</tr>
</tbody>
</table>

D.3.3. Addresses

During the year you will spend time in hospital, out-patient or community based services/practices. The community placements may be in services located in Otahuhu, Howick, East Tāmaki, Manukau, and/or Papakura.

<table>
<thead>
<tr>
<th>Middlemore Hospital</th>
<th>100 Hospital Road, Otahuhu, Auckland Private Bag 93311, Otahuhu, Auckland 1640</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manukau Health Park</td>
<td>901 Great South Road, Manurewa, Auckland – Located on the corner of Great South Road and Browns Road</td>
</tr>
</tbody>
</table>

D.3.4. Communication

Campus administrative staff will mostly communicate with you electronically directly to your University student email address. Please ensure you check your emails regularly for any notifications, changes to teaching sessions or clinical schedules.
D.3.5. Conduct

Be on time. Notify your team in advance if you will be absent from key team activities. Use of cell phones and other electronic devices in tutorials, ward rounds etc. is not deemed acceptable behaviour.

D.3.6. Hospital security access cards

Middlemore Hospital and other areas operated by CM Health have proximity card access, and students are issued, through SACC, a CM Health security access card to enable access to wards and protected areas while on clinical placement. The card is programmed with the same level of access as a Registered Medical Officer and your use of card can be traced by hospital security. The card is only issued for the duration of a clinical attachment and can be taken from you if you fail to comply with the rules below.

Rules

- Wearing your Campus Card Photo ID is a mandatory requirement for being able to use a DHB access card.
- The access card is only to be used to enter areas of the hospital in which you are working and at the time you are working.
- The access card is for your use only. It must never be lent to another person. The use of the access card can be traced, and you may be held accountable if it is misused by someone else.
- When you complete your attachment at CM Health, it is your responsibility to return the access card to the administrative office (SACC) that issued it to you. The card remains the property of CM Health. Failure to return it before leaving the CM Health will result in you being traced and action taken to recover the card.

Card issue

- For students at the SACC, when your security access card is issued, a refundable deposit of $50.00 must be paid in cash. Payment by cheque, credit card or EFTPOS is not possible.
- When you complete your attachments at the hospital you must return your access card promptly to SACC Administration, so that it can be reissued to another student. Card numbers are limited and overdue returns could result in non-availability to other students. Late returns may result in no refund of your deposit.
- If your card is lost or stolen, it must be reported immediately to the issuer (SACC). Depending on the circumstances, a replacement fee may be charged.
- You may not write on the card or label the card in any way.

D.3.7. Passwords for electronic patient records

Students are provided with individual CM Health logon/username and passwords in order to use computers on wards/clinics for accessing patient records and clinical related
material electronically. The Clinical Portal (previously Concerto) is the “umbrella” application, which allows integrated access to a number of clinical applications. The logons are only active for the duration of your specific clinical attachment period.

Confidentiality

CM Health has adopted an “open access” approach to security. This means the system does not limit access. Confidentiality is achieved by users only accessing patient’s information appropriate to their clinical responsibility.

You must be able to justify every electronic patient record access transaction you make.

If you experience any problem with your CM Health logon or accessing patient clinical systems, please contact the CM Health IS Helpdesk on (09) 276 0044 Ext 52266, (internal ext. 52266).

D.3.8. Library access for students based in South Auckland

Continue to use the Philson Library, Te Herenga Hauora, and the Library website as usual. You must return all Philson Library books before you go on holiday. You are unable to borrow books from the Middlemore Hospital Library but you may use this as a study space and use any books on desk copy. Computers for general access are available in Ko Awatea.

For further information refer to the Learning Resources Section 1.

D.3.9. Transportation information

Student carparking

- Students undertaking clinical attachments at Middlemore Hospital have access to staff car-parking facilities on a similar basis to CM Health staff.

- The standard procedure for multiple entry car-parking access is to purchase a weekly (7 day) card from the Middlemore Car Parking Office operated by Wilson Parking NZ Ltd.

- The current initial cost is $35 ($20.00 to purchase the card which is then loaded with $15.00 parking credit). The cost for weekly parking is $10.20. This allows multiple entry and exit for a period of seven days from the time of entry.

Bicycle Park

Middlemore Hospital has a secure bicycle park for staff. It is not automatic or open access, but with the appropriate permission, students can gain access and have the use of the facility.

Shuttle service

A shuttle service operates every 30 minutes between Middlemore Hospital and the Manukau Health Park from 7.00am-5.30pm. This offers a convenient way for students to go between these two sites for clinical sessions.
Public transport – Buses & Trains

- Bus stops are situated outside the Galbraith Building 1 Station Entrance on Hospital Road.
- Middlemore Hospital is located next to the railway line with trains stopping frequently at the station outside the hospital.
- Bus and train schedules can be obtained from the hospital’s main information/reception desk; or visit the Auckland Transport Website or phone (09) 366 6400.

D.4. Waikato Clinical Campus

This section provides locally relevant information about your clinical attachments and should be read in conjunction with the information provided by the academic departments in the first part of this guidebook. Some of the hospital departments will give you more specific information at the start of the attachment.

D.4.1. Clinical Campus Staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Dean &amp; Head of Waikato Clinical Campus (WCC)</td>
<td>Assoc Prof Michael Jameson</td>
<td><a href="mailto:m.jameson@auckland.ac.nz">m.jameson@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Waikato Clinical Campus Manager</td>
<td>Raewyn Wooderson</td>
<td><a href="mailto:raewyn.wooderson@waikatodhb.health.nz">raewyn.wooderson@waikatodhb.health.nz</a> 07 839 8750</td>
</tr>
</tbody>
</table>

D.4.2. Log in access to electronic patient records

Logins for access to electronic patient records are available from Raewyn Wooderson, WCC Manager.

The DHB has adopted an ‘open access’ approach to security. This means the system doesn’t limit user access to any patient, but it records who makes every access. Confidentiality is achieved by users only accessing patient’s information appropriate to their clinical responsibility. You must be able to justify every access transaction you make through the online clinical information system. Logging out is also essential. Any access not authorised by DHB policy that you cannot justify will be treated very seriously. Similarly it is a very serious breach of patient confidentiality to allow anyone else access to your personal ID /Log on. Please read the Patient Health Information section in Clinical Practice: guidelines, policies & legislation of the Policy Guides for protocols on the appropriate use of electronic clinical information.

D.4.3. Occupational Health and Safety

Waikato students can access local information via:

- Raewyn Wooderson, Manager, WCC
- Infection Prevention and Control Department, (07) 839 8899 Ext.98113
D.4.4. Mentors

Mentors are available to all students during their attachments at the WCC. Mentoring is a process whereby you can receive guidance in matters relating to your academic progress and general wellbeing. Having a mentor is strongly encouraged, and potentially a significant advantage to you. Mentors are all local doctors, who have volunteered their time to help you. They may be in general practice or hospital based, and may or may not be involved directly in student teaching.

A list of mentors is available so students have some choice. You will develop an appropriate framework for the mentoring relationship with your mentor. As a guide, you may arrange to meet with your mentor routinely three or four times during the year. This frequency may be altered to suit individual requirements and changing circumstances through the year. All discussions are strictly confidential and formal records are not usually kept. Your mentor may give general advice about training as a doctor, or more specific advice regarding career planning. S/he may also give advice of a personal nature, and will have some knowledge of the local resources that are available. Your mentor can also act as a strong advocate for you if you are experiencing difficulties with hospital or university staff.

While all students may benefit from the mentoring relationship, students who have been ‘tagged’ from Year 3 will be formally approached and offered a mentor, as will any student who appears to be having difficulties.

To take advantage of this opportunity, you should approach Raewyn Wooderson.

D.4.5. Laboratory and labelling – Waikato DHB policy

Labelling requirements for laboratory samples and forms

Inadequate labelling of laboratory samples and requests poses a significant risk to patient safety. The Waikato DHB policy (available on the Waikato Hospital Intranet) requires laboratory requests and samples to meet basic safety standards:

The policy requirements are:

- Two unique identifiers must be present on samples (except for unidentified patients)
- Request forms must include
  - Two unique identifiers for patient
  - Ward/Unit/Clinic
  - Consultant name for inpatients
  - Full name and location for extra report destinations (e.g. GP/PC)
  - Legible name or identifier of authorised requestor (rubber stamp preferred)
- Time and date sample was collected
- Legible name or identifier of person who collected the sample (rubber stamp preferred) with employee ID number
- What tests are required
- The sample type (for anything that is not blood)
- The anatomical site of origin where appropriate
- Clinical information (and drug therapy as appropriate)

**All samples/request forms that do not comply will be rejected.** As stated in the policy, critical or irreplaceable samples are exempt. However, an Error Collection Declaration Form must be completed before results are released. In exceptional circumstances the Medical Laboratory Scientist, in consultation with the authorised requestor, may release results without prior completion of the declaration form. Refer to policies for details.

Phlebotomy Service: Phlebotomists will not collect blood samples when the request form does not comply with the policy as outlined above. The request form will be returned to the clip with a fluorescent yellow label stating the reason for rejection.

**D.4.6. Library services for students based at Waikato**

**The Philson Library, Te Herenga Hauora, and the Library website**

Students on clinical placements outside the Auckland region may register for flexible (distance) services at no charge. Books you request using the service are couriered to you. You must return all Philson Library books before you go on holiday. For further information refer to the Learning Resources [Section 1](#).

**Waikato District Health Board Library**

**Library Hours**
- Monday to Friday 8.00 am – 6.00 pm
- Saturday 12.00 pm – 4.00 pm

Students are welcome to become a member of the DHB library while on attachment; take your ID card to register as registration is required. Advise library staff of your leaving date when registering.

Students may borrow material from the DHB library although they are advised to check the loan periods and the limits to the number of books able to be borrowed at any one time. All items must be returned if you are going away. Late fines may be imposed.

**D.5. Tauranga Clinical Site**

**D.5.1. General information**

Welcome to Tauranga Hospital and the Bay of Plenty DHB. We will do everything we can to ensure you are looked after and receive excellent teaching and clinical experience.

Any queries you may have during the year are best directed to the Student Placement Coordinator, Leonie Alley, in the first instance. Alternatively, you may contact the
Tauranga Clinical Site Academic Coordinator, Professor Peter Gilling, who is responsible for all academic issues. Attachment coordinators in each discipline are Honorary Clinical Senior Lecturers with the FMHS. They are your first point of contact with the academic departments in Auckland.

This section provides locally relevant information about your clinical attachments and should be read in conjunction with the information provided by the academic departments in the first part of this guidebook. Some of the hospital departments will give you more specific information at the start of the attachment.

D.5.2. Clinical site staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
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<tbody>
<tr>
<td>Head of BOP Clinical Site</td>
<td>Prof Peter Gilling</td>
<td><a href="mailto:peter.gilling@bopdhb.govt.nz">peter.gilling@bopdhb.govt.nz</a> (07) 579 8016</td>
</tr>
<tr>
<td>Student Placement Coordinator Tauranga Hospital</td>
<td>Leonie Alley</td>
<td><a href="mailto:leonie.alley@bopdhb.govt.nz">leonie.alley@bopdhb.govt.nz</a> (07) 579 8694</td>
</tr>
<tr>
<td>Clinical Campus Administrator Tauranga Hospital</td>
<td>Sandra Peter</td>
<td><a href="mailto:sandra.peter@bopdhb.govt.nz">sandra.peter@bopdhb.govt.nz</a> (07) 579 5514</td>
</tr>
<tr>
<td>RHIP Programme and Site Coordinator Whakatane Hospital</td>
<td>Matt Sinton</td>
<td><a href="mailto:Matthew.Sinton@bopdhb.govt.nz">Matthew.Sinton@bopdhb.govt.nz</a> (07) 306 0705</td>
</tr>
<tr>
<td>BOP Clinical Campus Business Leader Tauranga Hospital</td>
<td>Sarah Strong</td>
<td><a href="mailto:sarah.strong@bopdhb.govt.nz">sarah.strong@bopdhb.govt.nz</a> (07) 579 8022</td>
</tr>
</tbody>
</table>

D.5.3. Occupational Health and safety

Students working in the BOPDHB may access local information from:
- Student Placement Coordinator, Leonie Alley, (07) 579 8000 ext. 8694
- Human Resources Department, (07) 579 8000 ext. 8812
- Infection Control Nurse Consultant, (07) 579 8000 ext. 8619
- Health and Safety Advisor ext. (07) 579 8000 8374
- Mentoring and Counselling via Student Placement Coordinator, Leonie Alley (07) 579 8000 ext 8694

D.5.4. Teaching and learning

In addition to teaching from consultants, videoconferencing may be offered for some tutorials. The videoconferencing equipment is located in the University of Auckland student rooms in the Tauranga Clinical Site, Pohutukawa House, Tauranga. These rooms have 11 computer workstations linked directly to University of Auckland file servers for your use and are available 24 hours a day, seven days a week.
D.5.5. Library services for students based in Tauranga

The Philson Library, Te Herenga Hauora, and the Library website

Students on clinical placement outside the Auckland region may register for flexible (distance) services at no charge. Books you request using the service are couriered to you. You must return all Philson Library books before you go on holiday. For further information refer to the Learning Resources Section I.

Bay of Plenty District Health Board Libraries

<table>
<thead>
<tr>
<th>Librarians</th>
<th>Tauranga</th>
<th>07 579 8000 Ext 8687</th>
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<tbody>
<tr>
<td></td>
<td>Raewyn Adams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lynley Whitaker</td>
<td>07 579 8000 Ext 8687</td>
</tr>
<tr>
<td></td>
<td>Carol Charters</td>
<td>07 306 0999 Ext 4819</td>
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| Email            | library@bopdhb.govt.nz |

You are welcome to become a member of the DHB library; take your ID card to register as registration is required. Advise library staff of your leaving date when registering.

You may borrow material from the DHB libraries although you are advised to check the loan periods and the limits to the number of books able to be borrowed at any one time. All items must be returned if you are going away. Late fines may be imposed.

D.5.6. Regional Māori Health Services

BOPDHB, through Regional Māori Health, delivers a number of services and supports a number of strategies to ensure that health services across Mai I Nga Kuri a Wharei are appropriate and supportive of Māori health and wellbeing. These include specialist Māori staff that support Urihaumate (patients) through the clinical systems and process of our organisation through the medium of Te Reo me ona Tikanga (Māori Language, Values and Beliefs), a medical ward dedicated to support Māori nursing that supports Māori Wellness and Kaumatua representation of the 18 iwi that stretch across the BOPDHB.

BOPDHB staff are also supported with competencies to ensure Māori have access to health services that meet their health needs, through regular Treaty of Waitangi and cultural safety training. This training provides information on the history of Māori within New Zealand, the Treaty of Waitangi, the impact of legislation on Māori in the post-Treaty era, the issues facing Māori today and also provides graduated staff education programmes in Te Reo pronunciation, basic Marae protocol and Māori cultural safety.

D.5.7. Regional Māori Health Services Te Matakite Vision

Effective communication is the core business of Māori Health Regional Services. This will be achieved through developing Māori health infrastructure with an emphasis on prevention, promotion, information, and education, which will also see the changing of attitudes and behaviours in health service delivery to Māori across Mai I Nga Kuri a Wharei ki Tihirau, Hauora A Toi BOPDHB.

Māori Health services vision is about planning, iwi relationships, performance,
management and workforce strategies ultimately working towards preventing disease rather than being the ambulance at the bottom of the cliff, arriving after the disease has occurred.

D.6. Rotorua Clinical Site

D.6.1. General information

Welcome to Rotorua Hospital and the Lakes DHB. We will do everything we can to ensure you are looked after and receive excellent teaching and clinical experience.

Any queries you may have during the year are best directed to the Rotorua Medical Student Coordinator, Irene Warren in the first instance. The Rotorua Clinical Site Academic Coordinator is Dr Nic Crook and he is responsible for academic issues. Dr Steven Bradley is the co-Academic Coordinator, and can be contacted if Dr Crook is unavailable. Attachment coordinators in each discipline are Honorary Clinical Senior Lecturers appointed by the FMHS. They are your point of contact with the academic departments in Auckland.

This section provides locally relevant information about your clinical attachments and should be read in conjunction with the information provided by the academic departments in the first part of this guidebook. Some of the hospital departments will give you more specific information at the start of the attachment.

D.6.2. Clinical site staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th>Dr Nic Crook</th>
<th><a href="mailto:Nic.Crook@lakesdhb.govt.nz">Nic.Crook@lakesdhb.govt.nz</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Coordinator Rotorua</td>
<td>Dr Steve Bradley</td>
<td><a href="mailto:Stephen.Bradley@lakesdhb.govt.nz">Stephen.Bradley@lakesdhb.govt.nz</a></td>
</tr>
<tr>
<td>Co-Academic Coordinator</td>
<td>Irene Warren</td>
<td><a href="mailto:irene.warren@lakesdhb.govt.nz">irene.warren@lakesdhb.govt.nz</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(07) 3497955 ext 8470</td>
</tr>
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<td></td>
<td></td>
<td>Medical Management Unit, Rotorua Hospital</td>
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D.6.3. Access to electronic patient records

The DHB has adopted an ‘open access’ approach to security. This means the system does not limit users access to any patient, but it records who makes every access. Confidentiality is achieved by users only accessing patient’s information appropriate to their clinical responsibility.

You must be able to justify every access transaction you make through Rotorua online clinical information system. Any access not authorised by DHB policy that you cannot justify will be treated very seriously. Similarly, it is a very serious breach of patient confidentiality to allow anyone else access to your personal ID /Log on. Please read the Patient Health Information section in Clinical Practice: guidelines, policies & legislation of the Policy Guides for protocols on the appropriate use of electronic clinical information.
D.6.4. Occupational Health and safety

Students working in the Lakes DHB may access local information from:

1. Medical Student Coordinator, Irene Warren, (07) 3497955 ext 8470
2. Human Resources Department, (07) 348 1199 ext. 7905
3. Infection Control Nurse Consultant, (07) 348 1199 ext. 8746
4. Health and Safety Advisors, (07) 348 1199 ext. 8991
5. Health and Safety Consultant, Rhonda Riki Riki(07) 348 1199 ext. 7763
6. Mentoring and Counselling via Dr Nic Crook (or Dr Steven Bradley). Lakes DHB also offer access to EAP (Employee Assistance Programme).

Note also that you still have access to Health and Counselling services at Auckland University.

D.6.5. Your health status

Before commencing work at Lakes DHB, you need to provide evidence of the following:

- Completed Health Questionnaire form
- Letter from the University of Auckland confirming current MRSA status
- Immunity status results

This information should be forwarded to Irene Warren, Medical Student Coordinator well before you arrive in Rotorua. **You will not be allowed in clinical areas until this has been received, and you will be required to make up any time lost from your clinical attachment. Do not leave it until you arrive in Rotorua.**

D.6.6. Mentors

Mentors are available to all students during the year at the Rotorua Clinical Site. Mentoring is a process whereby you can receive guidance in matters relating to your academic progress and general wellbeing. Having a mentor is strongly encouraged, and potentially a significant advantage to you. Mentors are all local doctors, who have volunteered their time to help you. They may be in general practice or hospital based, and may or may not be involved directly in student teaching.

Whilst all students may benefit from the mentoring relationship, students who have been ‘tagged’ from Year 3 will be formally approached and offered a mentor, as will any student who appears to be having difficulties.

If you would like to take advantage of this opportunity you should approach Dr Nic Crook in the first instance.

D.6.7. Teaching and learning

In addition to teaching from Rotorua consultants, videoconferencing may be offered for some tutorials. The videoconferencing equipment is located in the University of Auckland teaching room on Level 1, Bridgman North building. This room also has six computer workstations linked directly to University of Auckland fileservers for your use.
D.6.8. Library services for students based in Rotorua

The Philson Library, Te Herenga Hauora, and the Library website

Students on clinical placement outside the Auckland region may register for flexible (distance) services at no charge. Books you request using the service are couriered to you. You must return all Philson Library books before you go on holiday. For further information refer to the Learning Resources Section I.

Lakes District Health Board Library

<table>
<thead>
<tr>
<th>Librarians</th>
<th>Janet Arnet</th>
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<tr>
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<td>Brendan Smith</td>
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<td></td>
<td>Internal ext: 7912</td>
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<tr>
<td></td>
<td>Email: <a href="mailto:medlib@lakesdhb.govt.nz">medlib@lakesdhb.govt.nz</a></td>
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</table>

Students are welcome to borrow books from the Lakes DHB Library following a registration process. Items are issued for three weeks and must be returned if you are going away.

D.6.9. Māori Health

Lakes District Health Board and Māori Health

Lakes DHB has identified Māori health as a priority. The strategic and aspirational goal of the organisation is the achievement of health equity. Equity is fairness. It is the DHB’s belief that all children born in the Lakes District should have the same life expectancy regardless of ethnicity or place of residence. Māori make up approximately 34% of the total population within the Lakes District Health Board compared to 15% of the total New Zealand Population. Lakes DHB Māori Health division is responsible for leading the development and implementation of the Māori Health Plan. The Māori Health division also provides:

- maintenance of the iwi governance relationships with Te Arawa and Ngati Tuwharetoa;
- advice and direction to Lakes DHB on Māori health issues and developments;
- development and implementation of annual and long term strategic plans for Māori Health;
- management and coordination of the relationship between the Māori communities, and ensure their active participation in Lakes DHB activities;
- support for Māori health providers in building their capacity and capability and ensures mainstream responsiveness;
- liaison with planning and funding staff to ensure Māori health and disability needs are assessed and analysed particularly in the area of provider relationships;
participation in Midland Region activity Māori Health.

**Te Aka Matua Kaupapa Services (Rotorua Hospital)**

Te Aka Matua Service mission is to:

- Support a focus on tangata whenua
- Support transition from secondary specialist services to primary or community areas
- Prioritise mana, pēpi and tamariki
- Prioritise high need rangatahi, pakeke and koroua, kuia

The Manawa Pou of Te Aka Matua provide cultural navigational support to patients and their whānau, including facilitation and cultural communications between hospital services and patient/whānau.

**Te Oranga (Taupo Hospital)**

- Based on site at Taupo Hospital
- Provides patient advocacy and support
- Supports staff
- Supports patient attendance at outpatient clinics

**Po Te Atatu (Māori Mental Health)**

Po Te Atatu provides Māori service delivery in Mental Health Services.

- Po Te Atatu work in Whare Whakaue Inpatient Unit and Mental Health Community Teams
- Provide cultural support, assessment and intervention
- Supports Whānau Ora
- Works in partnership with staff
E. Requirements and Responsibilities on Clinical Attachments

E.1. Overarching Rules

- Wear your Campus Card Photo ID at all times in the hospitals and general practices.
- If you are not sure about anything, ask!
- Do not undertake responsibilities for which you are not yet ready.
- You may not administer any medication to a patient by injection unless under the immediate supervision of qualified medical staff.
- You are not obligated to write in hospital notes, but if you do the entry must:
  - Be verified for accuracy by a more senior team member (e.g. Registrar or Consultant); and
  - Be countersigned by this person; and
  - Have your signature, name and level clearly stipulated (e.g. Harriet Potter, Year 4 Medical Student); and
  - Be dated and timed.

E.2. Behaviour in the Wards and General Practices

You should adopt professional attitudes in respect of dress and behaviour. Consider the effect of how you present yourself on the therapeutic relationship you will have with patients, and the professional relationships you are building with the healthcare team and public. Some minimum expectations are:

- When working on the wards and in general practices, your appearance, including dress, hairstyle, and shoes, should be professional, unexceptional, neat and tidy. Your demeanour should similarly be pleasant, professional, and courteous at all times.
- Dress sensibly and appropriately, with no revealing clothing.
- No jeans are to be worn.
- For safety reasons, closed shoes must be worn.
- Consider tying back long hair for safety and hygiene reasons. Do not have an extreme hairstyle that will detract from your professional appearance.
- White coats should be worn in clinical situations if specific instructions require this.
- Do not use work computers for personal matters including personal email and social media.

E.3. DHB security access cards

All hospitals have a security access card to enable you to enter protected areas. In effect, you are provided with the same access as a House Officer and your use of the
card can be traced by Security. The card will be taken from you if you fail to comply with the rules that follow.

**Rules**

- You must wear your Campus Card Photo ID at all times while on the hospital site. This is a mandatory requirement.
- The access card is only to be used to enter areas of the hospital in which you are working and at the time you are working.
- The access card is for your use only. It must never be lent to another person. The use of the card can be traced and you may be held accountable if it is misused by someone else.
- When you complete your attachment at the hospital, it is your responsibility to return the card to the person who issued it to you. The card remains the property of the DHB. Failure to return it before leaving the attachment will result in you being traced and action taken to recover the card. In addition your assessment grades will be withheld.

**E.4. Passwords for electronic patient records**

Refer to the [Clinical Practice: Guidelines, Policies and Legislation](#) section of the Policy Guide for Acts, Privacy Codes and Patient Health Information FAQs.

Students will be provided with individual user names and passwords for accessing patient records electronically. The arrangement typically does not include student access to the hospitals’ internet services. Hospitals use Concerto or an equivalent system as an ‘umbrella’ application, which allows integrated access to a number of clinical applications. Auckland City Hospital also provides you with on-line access to old patient records through 3M.

Confidentiality: the DHBs have adopted an “open access” approach to security. This means the system does not limit access. Confidentiality is achieved by users only accessing patient information appropriate to their clinical responsibility, as a result you must be able to justify every electronic patient record access transaction you make. **Any access not authorised by DHB policy that you cannot justify, will be treated very seriously as a breach of professionalism.**

The University, DHBs and all hospitals consider that it is a serious breach of confidentiality if you access patient information that is unrelated to your clinical responsibility. For example, you must avoid accessing your own personal records or those of any acquaintances or family members. While the system allows users access to any patient, you must be able to completely justify every access transaction that you make through Concerto or its equivalent. **Access records are subject to audit and any access that is not authorised under the DHB policy and for which you cannot adequately justify will be treated very seriously under the Fitness to Practice policy.**

Similarly, it is a very serious breach of patient confidentiality to allow anyone else access to your personal ID/ Log on. Please read the [Clinical Practice: guidelines, policies &](#)
legislation ‘Patient Health Information - Frequently Asked Questions’ for protocols on the appropriate use of electronic clinical information.

E.5. Specific Requirements and Responsibilities

There are some specific requirements that you need to know before going to any clinical attachments.

E.5.1. Attendance during Phase 2

You are expected to attend all scheduled activities during both clinical attachments and Formal Learning weeks.

Planned leave must be taken during scheduled holidays. Planned leave outside the scheduled holidays can only be granted in exceptional circumstances and requires prior approval in writing. An appropriate first approach, should you wish to apply for planned leave outside the scheduled holidays, is an email to the Year 4 Coordinator or Phase 2 Director explaining the situation and your request. Please provide details such as your cohort and group, when you are requesting leave and for what reason, why you believe it qualifies as “exceptional circumstances, what attachments you would miss, and how you propose to make up the missed time. Please see Section J.3 for more details.

Unplanned leave (e.g. due to illness or bereavement) must be notified to the appropriate clinical supervisor and the MPD office as soon as possible, but certainly before you have missed an entire day. See Sections J.3 – J.4 for further detail on attendance and leave.

E.5.2. Access to wards and patients

You are reminded of the ethical guidelines covering the involvement of patients in clinical teaching and you must always:

- be correctly attired and wearing your Campus Card Photo ID;
- identify yourself to the patient;
- explain the purpose of your interview and examination and obtain verbal agreement from the patient;
- ensure the patient is able to consent and agrees to be interviewed;
- respect a patient’s refusal to be examined.

Issues have previously arisen when students have visited wards or hospitals to which they are not formally allocated, or out of usual work hours. In these situations, it is particularly important that students observe the following procedures in addition to the above:

- you explain the purpose of your visit to, and seek permission from, the senior nurse on duty and the nurse looking after the patient before approaching the patient; or
- if the clinical team is present, it is appropriate to speak to a member of that team.
It is important that these courtesies are observed to ensure students continue to have access to the wards.

If you are in any way concerned about ethical aspects of your clinical work, you are urged to consult the attachment convenor for advice or seek advice from the senior members of the clinical team to which you are attached. Alternatively, you may wish to discuss your concerns with your Student Support Advisor who can also contact the Directors of Medical Student Affairs if required.

Refer to Ethical Guidelines section of Clinical Practice: guidelines, policies & legislation.

**E.5.3. Case notes**

The hospital case records of patients are confidential documents whose custody and security is the responsibility of the DHB. Clinicians in charge of patients are responsible to the Chief Executive Officer for the quality and accuracy of these records. It is everyone’s responsibility to maintain the highest possible standards as these form a vital record on which the patient’s welfare may depend for years to come. Please ensure any notes you make are of the highest standard.

**E.5.4. Student use of patient information**

When preparing your own study notes and case note reports etc., students who have permission to access a patient file need to be particularly careful that they safeguard the patient information and do not contravene DHB patient privacy codes. **In particular, no information that identifies the patient (including NHI number and/or date of birth) can be printed out or copied and stored to any personal device such as a memory stick or computer.**

The Health Information Privacy Code and its implications are outlined in section 10 of the Clinical Practice: guidelines, policies & legislation, and students must know and attend to its requirements. DHB audit systems are monitoring those accessing patient notes, and misuse is taken very seriously.

**E.5.5. General physical examination**

You should consider the use of a chaperone for conducting the physical examination depending upon patient wishes and the general context. Please note that this principle applies to any encounter a student has with a patient, irrespective of gender.

Refer also to Section 4 of Clinical Practice: guidelines, policies & legislation for the Sensitive Examination Policy.

**E.5.6. Obtaining consent**

It is the responsibility of the professional performing the procedure or operation to gain consent. Students are encouraged to participate in this process.

Refer also to Section 1.2 of Clinical Practice: guidelines, policies & legislation.
E.5.7. Procedures

These activities range from relatively straightforward, such as intravenous line or urinary catheter insertion, to more difficult and complex procedures. You must not attempt to carry out any of these procedures unsupervised until you have had instruction and supervised experience with the procedure. You should not attempt to insert intravenous lines in patients where vascular access is difficult.

If venous access is not achieved after three attempts, a more experienced person must be called. Any form of procedure involving entry into a major body cavity such as the chest or abdomen or the insertion of a central venous line, must be under the direct supervision of an experienced doctor.

E.5.8. Allergies

On every occasion, a check for allergies with the patient must be made. Take note of any medical alert bracelets.

E.5.9. Carrying Infection

Remember that all respiratory tract infections are highly communicable, especially in the early stages of illness when streaming nose, coughs, sneezes, soiled handkerchiefs and hands carry enormous numbers of infectious particles. Notify your supervisor and stay out of the ward.

Similarly, infected skin lesions (such as paronychia) and acute diarrhoeal illness are also reasons for avoiding contact with patients.

One way to minimize infection is to ensure you are up to date on immunisations, including annual flu vaccine.

E.5.10. Punctuality

Be on time. Notify your team in advance if you will be absent from key team activities.

E.5.11. Expectations Regarding Student Working Hours During Phase 2

During Years 4 and 5, student learning becomes much more experiential, and it relies heavily on the patients with whom one interacts during clinical placements. As it is impossible to completely predict what sorts of conditions one will see at any given time on any given attachment, it is important for students to spend enough time in a clinical setting to gain a wide exposure to different presentations, diagnoses, and management strategies. More experience in Phase 2 will assist when students have more hands-on responsibilities for patient care in Phase 3 of the programme, as well as after graduation.

Time commitments will vary across the years and across attachments. Medicine is a full time course of study, and the expectation is that on average 35-45 hours/week will be spent in experiential learning [e.g. clinical work, ward rounds, bedside teaching, theatre time, outpatient clinics, general practice time, etc]. While these numbers may change with different attachments, imminent progress tests and other assessments, if you find your total weekly study time is vastly exceeding this figure, you should speak with your
Because of differences across specialties and sites, as well as the ebb and flow of patient numbers, it is impossible to fully predict exactly what working hours will be for any given attachment. However, certain overarching principles exist and are listed below:

1. **Self-directed learning.** While time in both outpatient and inpatient settings is vital for the development of student’s clinical judgement, students also need time to review what they have seen and learnt - reflecting, exploring, researching, and synthesizing the material. This is particularly true for students earlier in the programme, and it is expected that attachments recognise this and provide adequate time for self-directed study. The Guidebook identifies how much self-directed study time students receive in each year of the programme, and students are responsible for negotiating the timing of their self-directed study with each of their clinical teams.

2. **Role development.** It is important for students to learn what being a member of a clinical team entails, including early mornings, late nights, weekends, and national holidays. However, it is expected that time outside regular business hours will be kept to a minimum in most attachments for Year 4, with a modest increase in Year 5. The goal is to gradually prepare students for the expected time commitments in Phase 3 and beyond, in the pre-vocational and registrar years.

3. **Timetable.** In order to permit students to manage their time wisely and to be proactive in their planning, each attachment at every site will provide a sample timetable at the start of the attachment. These timetables may vary depending upon numerous factors, including the preferences of the consultant who is assigned to the team on a particular week, the discipline itself, public holidays during the run, operating theatre availability, requirements for procedural/interventional activities (such as when gastroscopies or angiograms are performed), outpatient clinic timetables, etc. Students who require this information further in advance (e.g. to make child care arrangements or to schedule medical appointments) should request it from the attachment coordinator or site coordinator early in the year.

4. **Orientation** for each attachment is an excellent time to clarify expectations with your site coordinator and team.

5. **Variation between attachments.** Surgical disciplines, for example, traditionally have earlier starting times than Medicine disciplines. Some attachments will require you to do shift work (eg Emergency Medicine), which may fall outside normal business hours.

6. Students should expect to complete a clinic/theatre list before departing for the day, unless explicitly permitted by their consultant. For example, students should not plan to leave in the middle of a case or clinic just because it is 5pm.

7. **Hours.** The number of hours worked may vary week to week, and students need to meet the curriculum obligations in a professional manner. You will have some
flexibility and autonomy in terms of how your time is spent; this will vary between disciplines.

8. **Doctors’ Hours.** In no case, should a Phase 2 student’s hours exceed the hours worked by registered doctors. If you feel your team expects you to work an excessive number of hours, you should discuss this as a matter of urgency with your site coordinator, Year Coordinator, or Phase Director.

### E.6. Immunisations and infectious diseases

This section needs to be read in conjunction with the [Immunisation and prevention of infectious diseases](#) Policy Guide.

During this year, some DHBs will require you to provide evidence of your hepatitis serology and immunisation status. It is highly likely that this information will be sought by all DHBs in the future. In part, the vaccinations you received in Year 2 will provide useful evidence. **You are responsible for maintaining your records and having a copy readily accessible.** You should ensure the following:

- you have up to date immunisation for Varicella and Pertussis;
- you have acquired Hepatitis B surface antibodies;
- you know your Mantoux or Quantiferon Gold status;
- you know your immune status for Measles, Mumps, and Rubella;
- you complete an annual *S.aureus* transmission risk survey to gain a clearance certificate.

**Students are strongly advised to have the seasonal influenza vaccine.**

In addition, students are advised to review with their doctor their immunisation status with regard to infections that you may be at increased risk of acquiring as the result of changes in your living situation (e.g. hostel or student flat accommodation, new relationships, etc). Such immunisations include Meningococcal C vaccine and HPV vaccine.

You also are advised to ensure that you are up to date with other vaccinations, for example diphtheria, tetanus, and polio; failure to do so may result in your removal from clinical attachments.

### E.7. Blood and Body Fluid Accidents

#### E.7.1. In DHB Hospitals

In the event of a Blood & Body Fluid Accident it is essential the correct procedures are followed.

- Do not carry out your own risk assessment of the incident
- Do not treat yourself

If you suffer a needlestick injury during your clinical training you should follow the identical procedure to that for staff in the relevant Hospital/ DHB. There is an agreement with each
of our partner DHBs to this arrangement. The clinical staff in the relevant area will be able to guide you to the appropriate resources. You should notify your local Academic Coordinator and the Phase 2 Director if an incident has occurred.

E.7.2. In General Practices

If a needle stick injury or other potentially significant blood or body fluid exposure occurs during your GP attachment:

1. Immediately wash blood or other potentially infected body fluids from exposed skin, eyes, or mouth with copious amounts of tap water.

2. Promptly alert the supervising GP (whether in Auckland or in regional/rural practice).

3. Promptly seek advice from an Emergency Medicine specialist or registrar, or an Infectious Diseases specialist or registrar, at the local DHB, irrespective of time of day.

4. Depending on the advice from the ED or ID clinician consulted it may be appropriate for the source patient to be tested for infection with Hepatitis B virus (HBV), Hepatitis C virus (HCV) and Human Immunodeficiency virus (HIV). Arrangements should be made for the ED or ID clinician, or another member of their team, to provide continued advice, based on the results from the blood test results, during the subsequent days. This will require that the ED or ID clinician knows your name as well as the name of the source patient, so that they can access the laboratory results, and know how to contact you to communicate advice in a timely manner.

5. If the injury is considered to pose a significant risk of transmission of HBV, HCV or HIV then you will be advised on whether you and the source patient will need to be tested.

6. The supervising GP (not you) should contact the source patient and seek consent for their blood to be tested for HBV, HCV and HIV, and if consent is given, arrange for urgent collection of a blood sample and urgent testing for Hepatitis B surface antigen (HbsAg), antibodies to HCV (HCV Ab) and antibodies to HIV (HIV Ab).

7. The supervising GP should arrange for urgent collection of a blood sample from yourself and urgent testing for Hepatitis B surface antibodies (HbsAb), antibodies to HCV (HCV Ab) and antibodies to HIV (HIV Ab).

8. While awaiting the test results, you may be advised to seek immediate access to post exposure prophylaxis (PEP) medications to reduce the risk of acquisition of HIV infection. The Emergency Department at the local hospital is likely to be able to dispense a small supply of these medications. Ideally HIV PEP should be started within a few hours of an at-risk exposure.

9. The results of the blood tests on the source patient are likely to become available within 24 hours of collection.

10. These blood tests will usually provide evidence that the source patient does not
have infection with HBV, HCV or HIV, in which case HIV PEP can be discontinued.

11. If the blood tests indicate that the source patient has infection with HIV, you will be advised to continue taking HIV PEP and will be informed how to obtain sufficient medications to continue taking them for 28 days.

12. If the blood tests indicate that the source patient has infection with HBV (HbsAg+ve), and you lack antibodies to HBSAg (HbsAb-ve), then you will be advised to receive an IM or IV injection of HBV immunoglobulin. This will usually be provided at the ED of the local hospital. It should be administered within 72 hours of the injury.

13. If the blood tests indicate that the source patient has infection with HCV (anti HCV+ve) and you lack antibodies to HCV (anti HCV-ve), then you will be advised to have a follow-up blood test at approximately 2 months to look for acquisition of HCV infection. There are no interventions available to prevent HCV infection, but early treatment, if infection does occur, is extremely likely to eradicate infection.

14. Following initial management, as outlined above, you will require further advice and follow-up by the Student Health service at the FMHS in Grafton, or through your own GP, or an Infectious Diseases specialist. You should arrange this follow-up within days of any high-risk injury.

15. Inform MPD as they have an important role in ensuring student safety while on clinical attachments

Useful reference: "US Public Health Service Guidelines for the management of occupational exposures to HBV, HCV and HIV and recommendations for post exposure prophylaxis” published in MMWR June 29 2001 (see https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm)
F. Assessment and Phase 2 (Year 4)

F.1. Overview of Assessment in Year 4

There are substantial differences in the manner in which Year 4 is assessed, compared with Phase 1. While much of this is related to the learning in clinical environments, it also reflects international developments in medical education.

Standards are to be met both within clinical disciplines and longitudinally in the domains. The longitudinal view takes primacy over the assessment of an individual attachment in the domains of Clinical and Communications Skills and Personal and Professional Skills. This provides better reliability in making end-of-year decisions about a student.

As the five domains are not mutually exclusive, some assessments involve integration across the domains (e.g. Case reports and Critically Appraised Topics (CATs)). Each clinical discipline may assess across the five domains during their respective attachments, using appropriate criteria and standards.

Each of the projects will be assigned to the grade for one of the domains.

Case Reports and Critically Appraised Topics (CATs) are very important components of the assessment in Year 4. Refer to the Appendices for guidelines on completing each of these for the various clinical attachments.

F.2. General Assessment Policies

The following general policies apply to Year 4.

- Students must pass the year as a whole and are required to gain an overall pass in the clinical attachments, AND a pass in EACH of the domains that are assessed longitudinally over the year.
- The grade for each attachment is a provisional grade only, until approved by the Board of Examiners at the end of each year.
- Students must pass the assessment relating to each domain within each year in order to progress to the next year of the programme. The domains relevant to Year 4 in 2020 are:
  - Applied Science for Medicine
  - Clinical and Communication Skills
  - Personal and Professional Skills
  - Hauora Māori
- The domain of Population Health will not be graded longitudinally in Year 4, but aspects of Population Health are assessed as part of your Clinical Supervisor Report (CSR).
- Unless approved by the Board of Studies (Medical Programme), the assessment for each discipline attachment is the same at each hospital site, with the Head of Department recommending each student's grade to the Board of Examiners.
F.3. Grading System

The final end-of-year grades confirmed by the Board of Examiners for clinical attachments are reported as distinction, pass or fail.

Grades of distinction, pass or fail are reported for the domains of:

- Applied Science for Medicine
- Clinical and Communication Skills
- Personal and Professional Skills
- Hauora Māori

For clinical attachments of longer than one week and for the end-of-year Clinical Skills Assessments for Medicine/Surgery, departments may use the following system for reporting provisional grades to the Board of Examiners:

- Distinction
- Pass
- Borderline Performance (formative purposes only)
- Fail

Unless exemptions are approved by the Assessment Subcommittee of the Board of Studies, any attachment of one week uses pass and fail grades only.

Grade Descriptors

The table below provides the descriptors associated with each of these grades.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>- Student consistently exceeds expected standards of knowledge, clinical skills and professional attitudes, and contributes to the group/team.</td>
</tr>
<tr>
<td></td>
<td>- Well formulated arguments based on strong and sustained evidence.</td>
</tr>
<tr>
<td></td>
<td>- Approach to patient management shows evidence of sound clinical judgment and balanced, prioritised planning.</td>
</tr>
<tr>
<td></td>
<td>- Well-developed awareness of professionalism, competence and own limits.</td>
</tr>
<tr>
<td>Pass</td>
<td>- Student is performing at an expected standard. Underpinning knowledge and clinical skills are satisfactory with contribution to the group/team.</td>
</tr>
<tr>
<td></td>
<td>- Arguments clearly developed and based on convincing evidence.</td>
</tr>
<tr>
<td></td>
<td>- Has adequate problem orientation and management planning, which would ensure good patient care and safety.</td>
</tr>
<tr>
<td></td>
<td>- No inappropriate management.</td>
</tr>
<tr>
<td></td>
<td>- Work showing good to strong grasp of subject matter and understanding of major issues though not necessarily the finer points.</td>
</tr>
<tr>
<td></td>
<td>- Satisfactory integration of professional roles and responsibilities.</td>
</tr>
<tr>
<td>Grade</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Borderline Performance | • Student is mostly performing at an expected standard.  
• Underpinning knowledge and clinical skills have gaps and contribution to the team is limited.  
• Clinical judgment is developing but does not always meet the standard expected.  
• No decisions threaten patient care or safety.  
• Limited integration of professional roles and responsibilities. |
| Fail                   | • Student is not meeting the expected standard.  
• Student has poor underpinning knowledge, significant gaps in clinical skills, and does not contribute to group/team.  
• Inconsistent, irrational or poor judgment, which may threaten patient care or safety.  
• Unable to integrate professional roles and responsibilities into consistent practice. |

F.4. Assessment and Clinical Attachments

Departments are responsible for the assessment of their clinical attachments, and in ensuring that their assessment is consistent with policies of the University and Board of Studies (Medical Programme).

All departments are using closely aligned Clinical Supervisor Report (CSR) forms and consistent mini-CEX forms for grading students. In addition to their contribution to summative assessments, these forms also provide constructive feedback on various aspects of student performance in each attachment.

Before completing the assessment forms, a consensus for a student’s clinical performance should be obtained from all the members of the health care team, i.e. the Consultants, the Registrar, House Officer, nursing and other paramedical staff. To this will be added such other types of assessment in the form of oral or written examinations, OSCEs and projects, as the Head of the Department may consider necessary.

The Board of Studies has endorsed an expectation that a student will have attachment results and provisional grades to you within four weeks of the end of each attachment. Students are encouraged to inform the MPD if there is any significant delay.

F.4.1. Grades reported

For the attachments in General Medicine, Geriatrics, General Surgery, Specialty Medicine, Anaesthesiology and Musculoskeletal, students receive a provisional grade of distinction, pass, borderline performance or fail. These are not confirmed until the Board of Examiners meeting at the end of the year.

The borderline performance is a formative grade, to provide an indication of aspects of performance that should be strengthened.

At the end of the year, the Board of Examiners will approve a grade of distinction, pass or fail for each attachment.
There are two exceptions to this:
1. Emergency Medicine provides provisional grades of pass and fail only.
2. General Practice (both GPOPS and GP/PC) provides provisional grades of pass and fail only.

**F.4.2. Summary of Year 4 clinical assessments**

The following chart provides a summary of the clinical attachment assessments you are required to complete for the year.

<table>
<thead>
<tr>
<th>Clinical Attachments</th>
<th>Assessment</th>
</tr>
</thead>
</table>
| General Medicine             | Clinical Supervisor Report  
|                              | Case Histories (3)  
|                              | CAT  
|                              | Mini-CEX |
| Specialty Medicine           | Clinical Supervisor Reports (2)  
|                              | Mini-CEX (1) |
| Geriatrics                   | Clinical Supervisor Report  
|                              | Case Report  
|                              | Seminar |
| General Practice: GPOPS and  | Attendance at GPOPS  
| GP/PC                        | Meeting the criteria of the attachment (to attend, participate and be professional) |
| General Surgery              | Clinical Supervisor Report (2)  
|                              | POGS  
|                              | CAT  
|                              | Mini-CEX (formative assessment only) |
| Musculoskeletal              | Clinical Supervisor Report  
|                              | Programme Checklist  
|                              | Case report  
|                              | CAT  
|                              | Mini-CEX |
| Emergency Medicine           | Attendance log – all three clinical shifts done with a consultant or registrar supervisor signed off by supervisor as satisfactory or unsatisfactory. |
| Anaesthesiology              | Logbook completed  
|                              | Case report  
|                              | Clinical Supervisor Report  
|                              | Written Learning Test (first day)  
|                              | OSCE (final day) |

For each attachment, the provisional grade is derived using a set of departmental rules that combine the various components of the assessment for that attachment (refer to discipline overviews in Section C.7).
<table>
<thead>
<tr>
<th>Clinical Attachment</th>
<th>Grading Criteria</th>
</tr>
</thead>
</table>
| **Anaesthesiology** (4 assessments: Case Report, OSCE, Written Learning Test, CSR [3 fields]) | - Distinction in Case Report, OSCE, and Written Learning Test) and (No Some reservations or Major deficiencies on CSR)  
Or  
- Distinction in OSCE, Written Learning Test) and (CSR [2 fields]) and no fails  
Pass in all assessments  
Pass in Case Report and OSCE, and fail in Written Learning Test  
Fail in Case Report of OSCE  
2 or more fails from Case Report, Written Learning Test or OSCE |
| **General Medicine** (3 assessments: CSR, Mini-CEX, Case History) | Two or more distinctions from CSR, Mini-CEX, Case History  
Pass the 3 assessments  
2 Borderline performances from the 3 assessments  
Fail in Case History and pass in other assessments  
Fail in Mini-CEX and pass in other assessments  
Fail in CSR  
2 or more fails from CSR, Mini-CEX, Case History  
1 fail and 1 Borderline performance from the 3 assessments  
Borderline performance in all assessments |
| **Geriatrics** (3 assessments: CSR, Case report, Seminar) | Distinction in CSR and Case report  
Distinction in CSR and Seminar  
Pass all assessments  
2 Borderline performances in the CSR OR  
2 Borderline performances in the Case Report and Seminar  
Fail in CSR  
2 or more fails from CSR, Case report, Seminar  
1 Fail and 1 Borderline performance from the 3 assessments  
Borderline performance in all 3 assessments |
| **General Surgery** (3 assessments: CSR, POGS, CAT) | 2 or more Distinctions from CSR, POGS, CAT AND no fails or Borderline performances  
Pass all assessments  
2 Borderline performances from CSR, POGS, CAT  
2 or more fails from CSR, POGS, CAT  
Fail in CSR and Borderline performance in POGS  
Fail in CAT and Borderline performance in CSR and Borderline performance in POGS  
Fail in POGS and Borderline performance in CSR and Borderline performance in CAT  
Borderline performance in all assessments |
### Clinical Attachment

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Distinction</th>
<th>Pass</th>
<th>Borderline Performance</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Musculoskeletal</strong> (4 assessments: CSR, Case History, CAT and Mini-CEX)</td>
<td>• Distinction Mini-CEX Or • Distinction in CSR and Case History and CAT and pass in Mini-CEX</td>
<td>• Pass all assessments</td>
<td>• Fail in Case History, and pass in other assessments • Fail in CAT, and pass in other assessments</td>
<td>• Fail in CSR • Fail in Mini-CEX • Fail in both Case History and CAT • Programme Checklist not completed</td>
</tr>
<tr>
<td><strong>Specialty Medicine</strong> (2 assessments: CSR and Mini-CEX)</td>
<td>• Distinction in CSR and Distinction or Pass in Mini-CEX Or • Pass in the CSR and Distinction in Mini-CEX</td>
<td>• Pass in CSR and Mini-CEX Or • Distinction or Pass in CSR and borderline performance in Mini-CEX</td>
<td>• Borderline performance in CSR Or • Distinction or Pass in CSR and fail in Mini-CEX</td>
<td>• Fail in CSR</td>
</tr>
<tr>
<td><strong>GPOPS: General Practice Observed Patient Simulation</strong></td>
<td>Not applicable</td>
<td>• Full attendance, professional and engaged</td>
<td>• No borderline performances</td>
<td>• Failure to attend, issues with professionalism and/or engagement</td>
</tr>
<tr>
<td><strong>General Practice and Primary Care GP/PC</strong></td>
<td>Not applicable</td>
<td>• Full attendance, professional and engaged</td>
<td>• No borderline performances</td>
<td>• Failure to attend, issues with professionalism and/or engagement.</td>
</tr>
<tr>
<td><strong>Emergency Medicine</strong></td>
<td>Not applicable</td>
<td>• All three shifts signed off</td>
<td></td>
<td>• Failure to complete three shifts.</td>
</tr>
</tbody>
</table>

### F.4.3. Combining attachment grades

Attachment grades are combined to give one overall grade at the end of the year. The overall grade for the clinical attachments is determined using the following rubric.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>Distinction in the majority of attachments, no borderline performance or fails in attachments. (Note, General Practice/Primary Care and Emergency Medicine are assessed as pass or fail only).</td>
</tr>
<tr>
<td>Pass</td>
<td>Passes in all clinical attachments but not meeting the criteria for distinction. Maximum of one borderline performance.</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail one or more attachments. Two or more borderline performances.</td>
</tr>
</tbody>
</table>

### F.5. Assessment and Domains

Students also receive a grade for each of four domains. If a domain is assessed
longitudinally and summatively, it must be passed to progress to the next year of the programme. Domain grades are reported as distinction, pass or fail.

**F.5.1. Applied Science for Medicine Domain**

**Progress Tests**

Progress testing is a method of assessing applied medical knowledge across all five domains of the programme. Hence each test may cover all aspects of the curriculum. Progress testing is also the primary method of assessing the domain of the Applied Science for Medicine.

The progress test is a longitudinal test of growth of a student’s medical knowledge across the whole programme. Due to this, a student’s entire record is available to the Board of Examiners and may be used for making decisions on progression. The level of performance achieved in each individual test is determined by norm referencing within each separate year cohort.

As a student progresses through the programme, the percentile graded as unsatisfactory or borderline on an individual test will change, as indicated in the table below. Note that Year 6 is standards-based.

<table>
<thead>
<tr>
<th></th>
<th>Unsatisfactory</th>
<th>Borderline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 2</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Year 3</td>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td>Year 4</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>Year 5</td>
<td>2%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Progress tests occur three times each year. Each is three hours long and has 125 single best answer questions. All students, at all levels of the programme, sit the same test at the same time.

In Year 4, progress tests will form 100% of the grade for the Applied Science for Medicine domain. Any other knowledge-based assessments are for formative purposes only.

**Grading and Progress Tests**

Grades on individual tests are recorded as Excellent (E), Satisfactory (S), Borderline (B) and Unsatisfactory (U). Approximately the top 5% of students will be awarded an Excellent grade on any individual test.

Because the progress test is a longitudinal cumulative assessment, grades on individual tests are less important than the overall pattern of performance. Hence, grades on
individual tests are aggregated into a current **cumulative grade**, which can be Satisfactory (S), Doubtful (D) or Unsatisfactory (U).

Grade aggregation of progress tests is summarised in the following table.

<table>
<thead>
<tr>
<th>Grade for 1st Progress Test</th>
<th>Grade for 2nd Progress Test</th>
<th>Aggregated Grade</th>
<th>Grade for next Progress Test</th>
<th>Updated Aggregate Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Excellent</td>
<td>Satisfactory</td>
<td>Excellent</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Excellent</td>
<td>Satisfactory</td>
<td></td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Excellent</td>
<td>Borderline</td>
<td>Doubtful</td>
<td></td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Unsatisfactory</td>
<td>Doubtful</td>
<td></td>
</tr>
<tr>
<td>Borderline</td>
<td>Excellent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borderline</td>
<td>Satisfactory</td>
<td>Unsatisfactory</td>
<td>Doubtful</td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>Borderline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>Unsatisfactory</td>
<td>Doubtful</td>
<td>Unsatisfactory</td>
<td></td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Borderline</td>
<td>Unsatisfactory</td>
<td>Doubtful</td>
<td></td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Unsatisfactory</td>
<td>Unsatisfactory</td>
<td>Unsatisfactory</td>
<td></td>
</tr>
<tr>
<td>Borderline</td>
<td>Borderline</td>
<td>Unsatisfactory</td>
<td>Doubtful</td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Excellent</td>
<td>Doubtful</td>
<td>Unsatisfactory</td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Satisfactory</td>
<td>Doubtful</td>
<td>Unsatisfactory</td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Borderline</td>
<td>Doubtful</td>
<td>Unsatisfactory</td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Unsatisfactory</td>
<td>Unsatisfactory</td>
<td>Unsatisfactory</td>
<td></td>
</tr>
</tbody>
</table>

**Explanatory notes**

1. Refer to the first two columns for the first two progress tests only (Year 2). Note that there are 16 possible outcomes after two progress tests, 6 of which give a Satisfactory, 8 which result in a Doubtful and 2 which result in Unsatisfactory.

2. Keep referring to the latter three columns for the remaining progress test results and new aggregated grade.

3. The most recent aggregate grade is automatically displayed on the Progress Test Results website, making use of the algorithm described in the table.

4. If you miss a Progress Test, which may be for a number of reasons, the policies in **Section F.6.4.** apply.

5. At the end of the year, the Board of Examiners consider the pattern from the three progress tests in any one year, to derive a grade of distinction, pass or fail for the domain of the Applied Science for Medicine at the end of each year (refer to section below).

6. Because of the progressive nature of the testing, students carry the summative aggregate grade from the end of the year to the start of your next year so that aggregation of grades is continuous over Years 2-5 of the programme.
Calculating the Domain Grade for Applied Science for Medicine

The aggregate grades for progress tests in any one year are used to determine the end-of-year grade for the domain of Applied Science for Medicine.

The following table indicates how the final domain grade of distinction, pass and fail are derived. This involves translating aggregate grades of Satisfactory, Doubtful and Unsatisfactory from Progress Tests to Distinction, Pass, Fail for the domain. The Board of Examiners has access to all progress test scores to help inform their decision.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>• (Typically) top 10% will receive distinction as a domain grade, by considering together individual test grades of excellent and satisfactory.</td>
</tr>
<tr>
<td>Pass</td>
<td>• Satisfactory grade using aggregated grades carried forward over the three tests.</td>
</tr>
<tr>
<td>Fail</td>
<td>• Unsatisfactory grade using aggregated grades carried forward over the three tests.</td>
</tr>
</tbody>
</table>

Explanatory Notes

1. Progress is examined longitudinally; individual tests marks are aggregated over time for making pass/fail decisions.

2. For the purpose of selecting the top 10% of students for distinction where progress testing is the sole assessment for this domain, the mean of Z Scores over all three tests will be used.

3. It is possible for a student to have one borderline performance and still be in the top 10%.

Repeating Years 3-6

Determination of grade when repeating Years 3-6*

Unless otherwise specified by the Phase Director of the year to be repeated, the Head of the Programme, and/or the Director of Assessment, the student will carry the higher of either:

- Their aggregate grade at the end of the year that they failed and are required to repeat (i.e. their current aggregate grade)
- The aggregate grade they carried into the first progress test of the year that they failed and are required to repeat (i.e. their aggregate grade is reset as if the year they failed had not happened)

The student’s aggregate grade after the first test of the year will be determined using their grade from the first test of the year and the aggregate grade awarded by this policy.

* the Board of Examiners have access to past grades when making decisions and reserve the right to prioritise that performance over the aggregate process prescribed here.
Policies and Progress Tests

The Board of Studies has approved the following policies in relation to Progress Tests.

- An end-of-year aggregate of Unsatisfactory for progress tests will lead to a fail grade for the domain at the end of Year 4.

- If a student enters Year 4 with an aggregate Doubtful grade and has an aggregate grade of Doubtful at year end, the Board of Examiners will now review their longitudinal performance. If the student received an S (or better) individual score on at least 2 of their past 3 tests, then they will be able to progress to the next year. If they did not receive S or better on at least 2 of the past 3 individual tests, this will lead to a fail grade for the domain and would be expected to repeat the year.

- A Doubtful aggregate grade for progress tests at the end of Year 4 is treated as a pass for this domain, providing there are no other academic concerns and that the aggregate grade at the end of Year 3 was not Doubtful.

- The results of the third progress test in each year will not be released until after the Board of Examiners for that year has met and considered all student assessments.

Progress Test dates for 2020

Progress tests are scheduled for:
- Friday 24th April, commencing at 2.15 pm
- Friday 17th July, commencing at 2.15 pm
- Saturday 17th October, commencing at 2.15pm

The sites at which progress tests will be conducted in 2020 are Auckland, Hamilton, New Plymouth, Rotorua, Tauranga and Whangarei.

Wherever practicable, students will be excused of attachment commitments in the morning prior to the progress test. You will need to check with your individual team to confirm whether or not you are excused.

F.5.2. Clinical and Communication Skills domain

Clinical assessments primarily assess the generic processes within a discipline setting, not the content related to that discipline. Hence their primary purpose is to focus on clinical reasoning as demonstrated by a student’s synthesis of the clinical presentation and the development of a problem list.

In Year 4 there is an integrated end-of-year Clinical Skills Assessment for Medicine/Surgery, with three medicine stations and three surgery stations. For each of these stations students receive a provisional grade of distinction, pass, borderline performance or a fail.

The summative objective clinical skills assessments within the various clinical attachments are considered both for provisional attachment grades and longitudinally for the Clinical and Communication Skills domain. Hence the following assessments will contribute to both the students’ provisional attachment grade and their grade for this domain:
- General Medicine mini-CEX (1)
- Specialty Medicine mini-CEX (1)
- Musculoskeletal mini-CEX (1)
- Clinical Skills Assessments in Medicine/Surgery (6, one per station)
- Drug and Alcohol assessment (1, the communication component)

There are therefore a total of 11 clinical skills assessments contributing to this domain grade.

**Determining the Domain Grade**
The following table indicates how the final domain grade for clinical and communication skills is determined.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>• Distinction in five or more of clinical skills assessments,</td>
</tr>
<tr>
<td></td>
<td>no more than one borderline performance, no fail in clinical skills assessments.</td>
</tr>
<tr>
<td>Pass</td>
<td>• Not meeting the criteria for distinction or fail.</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail if any one of the following criteria are met:</td>
</tr>
<tr>
<td></td>
<td>• Fail three or more clinical skills assessments; or</td>
</tr>
<tr>
<td></td>
<td>• Two fails and two borderline performances; or</td>
</tr>
<tr>
<td></td>
<td>• One fail and three borderline performances; or</td>
</tr>
<tr>
<td></td>
<td>• Four or more borderline performances.</td>
</tr>
</tbody>
</table>

**Link between Year 4 and Year 5 Clinical and Communication Skills domain assessment**
At the end of Year 4, the Board of Examiners consider a student’s overall grade for the Clinical and Communication Skills domain, based on the longitudinal view of their achievement for the year, to determine what they may need to demonstrate for this domain in Year 5. There are two options for the Year 4 Board of Examiners:

1. They may require students to complete the end-of-Year 5 clinical skills assessment of six stations.
2. They may grant ‘provisional exemption’ from the end-of-Year 5 clinical skills assessment. It is anticipated that the majority of students will be assigned to this pathway.

**Note that if the Year 4 Board of Examiners requires a student to complete a Directive Selective in Year 5, they will be required to complete the end-of-Year 5 clinical skills assessment, unless the Board of Examiners specifically directs otherwise or a subsequent exemption is granted on the basis of their achieving at least three provisional attachment grades of Distinction during Year 5.**

**F.5.3. Personal and Professional Skills domain**
There is a strong emphasis on the assessment of personal and professional skills in the clinical years of the programme. The collection of evidence for this domain includes both staff-led and student-driven processes throughout the year.
Staff-led component ("Direct Observation")

The professional skills elements incorporated in the clinical supervisor reports and the clinical skills assessments (e.g. mini-CEX and OSCE) are considered longitudinally as evidence of meeting the learning outcomes for this domain.

This aspect of the domain assessment, based on direct observations from clinical staff, is graded as pass or fail and is then combined with the student-led components of assessment.

Student-led components

There are one student-led component in the assessment of this domain.

1. Portfolio assessment

A student-centred portfolio is used to collect evidence for the longitudinal assessment of this domain, to demonstrate achievement of the learning outcomes. Please refer to the Portfolio Guidelines located under the Personal and Professional Skills domain link on the MBChB Portal for further information and suggestions for relevant evidence. The portfolio is graded as distinction, pass or fail.

Please note, there is one compulsory piece of evidence required in your portfolio. This is a significant learning event on the mind-body connection to be placed in the Health & Wellbeing section. It replaces the assignment that used to be required as a second assessment event for the domain. Specific instructions can be found in the Portfolio Guidelines.

Fail for PPS Direct Observations component

In any one Clinical Supervisor Report the lowest reported standard in any of the three sub-fields of the Personal and Professional Skills domain is used for calculating the pass or fail grade. A ‘major deficiency’ in two or more Clinical Supervisor Reports or clinical skills assessments (from 10 possibilities*) will lead to a fail grade. The table below indicates the combinations of ‘major deficiency’ and ‘some reservations’ that may contribute to a Fail grade.

Fail Criteria for Direct Observation Component of PPS Grade

<table>
<thead>
<tr>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two ‘major deficiencies’ or</td>
</tr>
<tr>
<td>One ‘major deficiencies’ and two ‘some reservations’ or</td>
</tr>
<tr>
<td>Three ‘some reservations’</td>
</tr>
</tbody>
</table>

* General Medicine: 1 CSR; 1 mini-CEX
Specialty Medicine: 2 CSR; 1 mini-CEX
Geriatrics: 1 CSR
General Surgery: 2 CSR
Musculoskeletal: 1 CSR; 1 mini-CEX
Anaesthesiology: 1 CSR (one sub-field only)
Combining grades in the Personal and Professional Skills domain

Board of Studies has approved the following rubric for combining grades in this domain.

<table>
<thead>
<tr>
<th>Direct Observation</th>
<th>Portfolio Assessment</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass</td>
<td>Distinction</td>
<td>Distinction</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
</tr>
<tr>
<td>Fail</td>
<td>Pass</td>
<td>Discuss</td>
</tr>
<tr>
<td>Pass</td>
<td>Fail</td>
<td>Discuss</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail</td>
<td>Fail</td>
</tr>
</tbody>
</table>

* CSR form and attachment clinical skills assessment

Notes

1. The Portfolio has a higher weighting in determining the overall domain grade.

2. If a student achieves one or more fail grades, the Board of Examiners is the final arbiter of whether they pass or fail this domain, after looking at their total performance longitudinally. If the portfolio is graded as a fail, it is probable that the Board of Examiners will require additional work.

F.5.4. Hauora Māori domain

The grade for this domain is determined by assessment of a written reflective commentary. The reflective commentary is made up of three reflective writing tasks (one in each of modules 1, 3, and 5), which must be completed by the specified deadlines. The reflective commentary will be graded distinction, pass or fail. Students who receive a fail grade will be given an opportunity to remediate.

The grade for the domain in Year 4 is distinction, pass or fail. Section F.7 outlines how this grade contributes to the overall domain grade and implications for progression to Year 5.
F.6. Overall Year Grade and Progression to Year 5

F.6.1. Overall Grade for Year 4

The grades from the four domains assessed longitudinally in Year 4 are combined into one grade, using the following rules.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>Distinction in at least two of Applied Science for Medicine, Clinical &amp; Communication Skills and Personal &amp; Professional Skills domains; and No fails in any domain</td>
</tr>
<tr>
<td>Pass</td>
<td>Passes in all domains but not meeting the criteria for distinction; and No fail grades</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail one or more domain</td>
</tr>
</tbody>
</table>

F.6.2. Progression to Year 5

The following table summarises the possible outcomes of assessment in Year 4 in terms of passing or failing. The Board of Examiners will look at each student overall before determining the final overall year grade, using the following rubric as a guide.

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Domain</th>
<th>Decision</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>Distinction</td>
<td>Distinction</td>
<td>Progress to Year 5</td>
</tr>
<tr>
<td>Distinction</td>
<td>Pass</td>
<td>Discuss</td>
<td>Progress to Year 5</td>
</tr>
<tr>
<td>Pass</td>
<td>Distinction</td>
<td>Discuss</td>
<td>Progress to Year 5</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
<td>Progress to Year 5</td>
</tr>
<tr>
<td>Fail</td>
<td>Pass</td>
<td>Discuss</td>
<td>Consider Progression with Directed Selective, Progression with Tag, or Fail</td>
</tr>
<tr>
<td>Pass</td>
<td>Fail</td>
<td>Discuss</td>
<td>Consider Progression with Directed Selective, Progression with Tag, or Fail</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail</td>
<td>Fail</td>
<td>Fail year</td>
</tr>
</tbody>
</table>

Associated Principles for decision-making

There are a number of associated principles considered when the Year 4 Board of Examiners makes the final decision for each student.

1. The longitudinal domain view takes primacy.
2. The Board of Examiners will take account of all evidence before determining grades.
3. All student results from modules, attachments and progress tests will be accessible to members of the Boards of Examiners for the purpose of making end-of-year progression decisions.
4. The final grades for each category should not be made independently of other components.
Where a student fails an attachment or a domain, the Board of Examiners at the end of Year 4 will take account of all evidence before recommending a grade. It is possible that students may progress to Year 5 but with some directed remediation or assistance.

**F.6.3. Requirements for Repeating Year 4**

Those students who clearly fail both attachments and domains will be required to repeat Year 4.

*Below is an overview of the Year 4 curriculum and what you’re expected to repeat (you must also complete any modules or assessments not explicitly listed below):*

<table>
<thead>
<tr>
<th>Attachment/Assessment/Projects</th>
<th>Required</th>
<th>Not Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Speciality Medicine</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Geriatrics</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>General Surgery</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Anaesthesiology</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>General Practice/Primary Care (GP/PC)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>GPOPS</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Applied Science for Medicine (Progress Tests)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Clinical and Communication Skills (Year 4 CSA)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Personal and Professional Skills (Portfolio)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Hauora Māori Domain*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug and Alcohol*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Unless directed by the Board of Examiners or Assessment convenors*

Results are posted on Canvas within 48 hours of the Board of Examiners meeting.

Students who have no overall year grades reported on Canvas will be required to complete remediation. Students will be contacted with specific requirements.

The official transcript from the University will record pass or fail only; The Faculty also provides a more detailed summary of your achievements for each attachment and domain (The Faculty Academic Record).

**F.7. Remediation Policy and Principles for Year 4**

**Introduction**

Remediation and other academic assistance to students have been carefully designed for Years 4, 5, and 6 to increase the likelihood that any issues with student performance are identified early and acted upon in the best interests of the student. The Phase Directors will work in conjunction with the Boards of Examiners to review the student’s overall performance and make any necessary decisions about whether a student may require additional time to complete the requirements of the year. A student may be directed to receive assistance or to participate in remediation by the Boards of Examiners at mid-
year in Years 4 or 5 or on entry to Years 5 or 6.

“Remediation” refers to the formal, planned opportunities provided for a student to either repeat an identified aspect of the curriculum or use additional time to demonstrate clear achievement of the required standard.

By contrast, “assistance” refers to a more informal, less structured approach which places greater responsibility on the students to avail themselves of the extra support available.

“Remediation” will usually require additional formal assessments and report back to the appropriate Board of Examiners on the student’s progress; “assistance” can be undertaken at the discretion of the student and will not necessarily involve the Board of Examiners. Plans will be individualised for each student to address the concerning aspects of their performance and will utilise the least structured approach that is deemed necessary.

There are four levels of assistance and remediation available to students in the medical programme.

1. **Informal help at the request of a student or staff member(s) (assistance)**

   If a student is concerned that a certain aspect of their performance is lacking but has not yet resulted in an unsatisfactory grade, he/she can approach the Phase Director for additional assistance in the form of advice, academic counselling, or access to the Clinical Medical Education Fellows. Similarly, a staff member can notify the Phase Director about a student who, while managing an overall pass for the attachment, would nevertheless benefit from additional assistance in a particular area. The Phase Director will then be in contact with the student to offer additional resources. It is up to the student whether they wish to make use of the offered help, and their engagement with the Phase Director or other personnel (such as Clinical Medical Education Fellows) will not be formally tracked and assessed.

2. **A Tag (assistance)**

   Students may be tagged if they experience an academic difficulty during Years 4 or 5. This may arise in any of a number of ways, from minor concerns identified by the Board of Examiners to feedback from clinical attachments. Students with a tag meet with the Phase 2 Director to discuss the voiced concerns. The Phase 2 Director will also offer a range of additional resources to the student, and it is the responsibility of the student to take up the opportunities offered. The Board of Examiners may request a follow up report from the Phase Director regarding tagged students, but no formal assessments will be required, beyond what is part of the student’s normal curriculum.

3. **A Directed Selective (remediation)**

   A Directed Selective is formally imposed by the Board of Examiners at the end of Year 4 and requires a student to follow an individualised and prescribed course of study for six weeks in Year 5. The student forgoes the flexibility of choice usually associated with the Selective, but if the Directed Selective is completed successfully, the student will not be required to do additional time in Year 5. Specific learning outcomes and assessments for the Directed Selective are dictated by the Board of Examiners and agreed among the Selective Coordinator and the Department overseeing the student.
4. Remediation Period (additional time at the end of Year 5 before progressing to Year 6)

The Board of Examiners at the end of Year 5 may identify a specific component of coursework in which a student has demonstrated a significant weakness. In this situation the student is given a deferred result at the Board and is required to successfully complete an additional four weeks of prescribed study and reassessment. The Board of Examiners will hold a supplementary meeting after this prescribed Remediation Period to review the student’s performance over the four weeks and determine a final grade for the year. If the student fails this reassessment, the student is considered to have failed the year.

While it is usually the case that a student assigned to the Remediation Period will be attached to the discipline in which a deficiency has been identified, for global issues, remediation may occur in any discipline. This decision is made at the discretion of the Board of Examiners. Failure to participate in the remediation period, or failure to successfully remediate the identified issues during the four-week period, will result in failing Year 5 or potentially being excluded from the programme.

Those students who are required by the Board of Examiners to complete some form of remediation (e.g. Directed Selective or Remediation Period) will be notified by letter within 10 days of the appropriate Board of Examiners meeting. The MPD aims to contact and speak to all students affected prior to the posting of results.

Remediation extensions and fees
Any additional attachment requirements for remediation will be subject to enrolment extensions and additional fees. These enrolments are measured at 10 points per month or part thereof, for fee calculation purposes.

Principles governing academic assistance and remediation
The following set of principles has been developed to ensure students are provided with the appropriate method of remediation.

- The medical programme uses multiple methods for assessment, each designed to measure different aspects of the required performance and achievements.
- The provisional grade of “borderline performance” in clinical attachments and end-of-year clinical skills assessments is used for the purpose of feedback and to highlight the possible need for academic assistance or remediation.
- All student results for progress tests and/ or modules will be accessible to the members of the Boards of Examiners for the purpose of making end-of-year progression decisions.
- The final grades for each category should not be determined independently of other components.
- Remediation and assistance options have been designed to provide the minimal intervention necessary.
- Remediation is required when a student does not adequately meet all of the Learning Outcomes for any one year.
Academic assistance and remediation are regarded as supportive processes to assist a student to achieve the desired outcomes across all dimensions of the programme. As a result, academic assistance and remediation (e.g. Directed Selective, Tags) are not recorded on the Faculty Academic Record.

Remediation policy for Year 4

1. Tags will identify the nature of the deficiency and may address both generic and discipline-specific issues. The purpose of the tag is to provide useful feedback to the student and to make additional learning resources available to him/her.

2. There will be a mid-year Board of Examiners meeting to review the results of at least the first two clinical attachments, and students with a need for additional assistance will be tagged.

3. Students with tags from the Years 3 or 4 Boards of Examiners will be identified to clinical departments so that assistance can be offered with their identified learning needs.

4. Oversight of tagged students rests with the Phase Director and Year 4 Coordinator. Tagged students will correspond with the Phase Director, Year 4 Coordinator or campus academic coordinator on a regular basis through the year to ensure that progress is being made and desired assistance is being utilised.

5. At the end of the year, for students who have not met the required standard in the programme, the Board of Examiners will award either a fail, a directed selective, or a tag for Year 5 which can include the requirement to attend the end-of-Year 5 Clinical Skill Assessment.

F.8. Impaired Performance in Tests & Coursework

F.8.1. Impairment in tests and coursework (before or on the day)

The Medical Programme utilises the University’s Aegrotat or compassionate consideration for written tests process for all test and coursework Aegrotats (including Progress Tests).

When illness or misfortune prevents a student from sitting a major examination on time, or impairs their performance during the exam, they may apply for an aegrotat pass (in the case of illness) or a compassionate pass (misfortune). It is critically important that students follow the directions in the University Calendar (also available on the University website). The application must be made within one week of the examination. A Medical Certificate or other evidence will be required, and it must relate to the actual day(s) of the examination(s) affected. Application forms are available from Student Health & Counselling (Grafton & City Campus offices).

When illness or misfortune prevents a student from sitting a minor in-course test on time or impairs their performance during the test; or prevents them from handing in an assignment on time; or interferes with their attendance during the attachment they should see the staff member responsible for the course.
When illness or misfortune seriously affects a student’s study prior to tests or coursework assignments, the aegrotat and compassionate pass regulations may also apply. The requirements for a successful application are stringent, and students must have seen a doctor (aegrotat) or counsellor (compassionate) so that the degree of impairment can be properly assessed.

In all situations involving illness, accidents or personal or family circumstances where a student’s work may be affected, they should check with the staff responsible for a particular course. Students are encouraged to talk with their Student Support Advisor.

*Aegrotat and compassionate considerations relating to Progress Tests*

The following table summarises the possible situations that may apply to you if you miss a Progress Test.

<table>
<thead>
<tr>
<th>Student situation</th>
<th>Grade recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student did not sit/no authorisation or application</td>
<td>Student awarded an Unsatisfactory grade for missed test.</td>
</tr>
<tr>
<td>Student did not sit/application for consideration declined</td>
<td>Student awarded an Unsatisfactory grade for the missed test.</td>
</tr>
<tr>
<td>Student did not sit/application for consideration approved</td>
<td>Student receives no grade for the current test, but will carry forward the most recent aggregate grade. A student who misses the first summative test for any reason will be awarded an aggregate Doubtful grade.</td>
</tr>
<tr>
<td>Student sat test/application for consideration not approved</td>
<td>Grade achieved in test is awarded.</td>
</tr>
<tr>
<td>Student sat test/application for consideration approved</td>
<td>Student will carry forward the most recent aggregate grade or the grade achieved on test, whichever is to the student’s greater advantage.</td>
</tr>
<tr>
<td>Student misses two or more consecutive tests (with or without approved consideration)</td>
<td>Student awarded a Doubtful aggregate grade.</td>
</tr>
</tbody>
</table>

**F.8.2. Impaired preparation for end-of-year clinical skills assessments**

The Board of Studies has endorsed a consistent approach to be used for students who have impaired preparation for, or performance at, an end-of-year/ module/ clinical or practical assessment. These students may either have:

- Anticipated impairment (e.g. recovering musculoskeletal injury, significant recent bereavement)
- Unanticipated impairment (e.g. acute illness/injury on day of assessment)

Some of these students may be able to sit the scheduled assessment despite their existing impairment while others may be unable to sit the assessment at all (e.g. have a medical certificate).
However, even in the former case, where a student does not have a medical certificate excusing them from participating on the day, it is recognised that one consequence of their situation is that these students are very likely to have missed preparation time (e.g. clinical attachment time). This means not only that their preparation for the assessment has been reduced, but also that the time available for re-assessment may already be bespoke, in order to make up that missed learning time. In other words, there may be a severely limited period available for these students either to complete a delayed clinical or practical assessment or to re-sit a supplementary assessment after a poor performance on the scheduled one.

**Principles:**

1. Students who feel their preparation or performance in their end-of-year clinical skills assessment might be (or was) impaired are strongly encouraged to liaise with their Student Support Advisor at their earliest opportunity and work with them and University Health Services to file an aegrotat/compassionate consideration form, in compliance with University regulations.

2. Students are encouraged to sit their scheduled assessments if they are able to do so. If they cannot, they must provide a medical certificate excusing them from the day.

3. Students who have an unsatisfactory or borderline performance on an end of year/module clinical or practical assessment but have filed an aegrotat/compassionate consideration form are acknowledged to be in a different category than students whose performance was inadequate but who have not documented extenuating circumstances through the appropriate University processes.

4. Students who have an unsatisfactory or borderline performance on a test or practical assessment but have filed an aegrotat/compassionate consideration form will not be disadvantaged due to their circumstances, but must, nevertheless, achieve the necessary performance standards before progression to the next year.

5. Students who are anticipated to sit the end of year clinical or practical assessment with an impairment should be identified in advance to the assessment coordinator, so that accommodations which are appropriate and feasible can be made.

6. The performance of students with anticipated and unanticipated impairments in the end of year/module clinical or practical assessments, including possible ‘resits’ or substitute assessments, will be directed by the appropriate Board of Examiners.
F.9. MBChB Regulations

F.9.1. Practical Requirements (2020 Calendar, p.303,7)
A student enrolled for this degree must carry out satisfactorily such practical or clinical work as the Faculty of Medical and Health Sciences may require.

F.9.2. Deferred Results (2020 Calendar, p.47, 21c)
MBChB Parts II, III, IV and V

Where a student has not achieved a pass in a particular component or components of a Part the Examiners may withhold the result pending the completion of specified additional work and/ or examination to the satisfaction of the Examiners.

If in the opinion of the Examiners for MBChB a particular weakness in a component or components is such that it cannot be addressed by the setting of additional work and/ or examination, the student will fail that Part.
F.10. **Year 4 Prizes**

The Prizes below are awarded annually to selected Year 4 students.

<table>
<thead>
<tr>
<th>Year 4 Prizes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean’s Award</td>
<td>The prize will be awarded annually to the full-time student achieving the best overall grade in MBChB part IV</td>
</tr>
<tr>
<td>Department of Anaesthesiology Prize</td>
<td>The Prize will be awarded annually to the full-time student achieving the second best grades in anaesthesiology in MBChB Part IV</td>
</tr>
<tr>
<td>Australia &amp; New Zealand College Of Anaesthesiology Prize</td>
<td>The Prize will be awarded annually to the full-time student ranked first in the class for their performance in Anaesthesiology in MBChB Part IV</td>
</tr>
<tr>
<td>Pain Medicine Prize</td>
<td>The Prize will be awarded annually to the full-time student ranked first in the class for their performance in Pain Medicine (Anaesthesiology) in MBChB Part IV</td>
</tr>
<tr>
<td>Department of Medicine Award</td>
<td>The Prize will be awarded annually to the full-time student achieving the highest overall grade in Medicine based on their combined examination and clinical marks in MBChB Part IV</td>
</tr>
<tr>
<td>Peter Christie Medal</td>
<td>The Award will be made annually to the student who has obtained the highest overall marks during Part IV in the general surgical attachment undertaken for the MBChB programme.</td>
</tr>
<tr>
<td>Freemasons’ Prize In Geriatric Medicine</td>
<td>The Prize will be awarded annually to the full-time student achieving the best assessment in the clinical geriatric medicine attachment.</td>
</tr>
<tr>
<td>Orthopaedic Surgery Prize</td>
<td>The Prize will be awarded annually to the full-time student enrolled in Part IV of the MBChB degree who has achieved the best overall marks in the musculoskeletal attachment, based on their combined examination and ward attachment marks</td>
</tr>
<tr>
<td>Wilson-Allison Memorial Prize in Dermatology</td>
<td>The Prize shall be awarded by the University of Auckland Council on the recommendation of the President of the NZDSI and the Head of the Department of Medicine and will be presented at the commencement of the Part V of study.</td>
</tr>
<tr>
<td>First in Course</td>
<td>Parts IV, V and VI: The Awards will be allocated at the end of the year to the student(s) whose academic performance identifies them as having achieved the highest overall mark in the progress tests provided they have also achieved an overall clinical distinction. In the event that two or more students obtain the same overall mark that is within a margin of +/- 0.5%, this award will be shared.</td>
</tr>
</tbody>
</table>
G. Policies Relevant to Phase 2 (Year 4)

G.1. Attachment Disciplines and Lengths

Each student is required to satisfactorily complete an attachment for each of the following disciplines, with the minimum times as listed.

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthesiology</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>1 week</td>
</tr>
<tr>
<td>General Medicine</td>
<td>6 weeks</td>
</tr>
<tr>
<td>General Surgery</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>4 weeks</td>
</tr>
<tr>
<td>General Practice Observed Practice Simulations (GPOPS)</td>
<td>1 week</td>
</tr>
<tr>
<td>General Practice and Primary Care</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Specialty Medicine</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Procedural Skills / Health and Wellbeing</td>
<td>1 week</td>
</tr>
<tr>
<td>Formal Learning</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

G.2. Student Allocation Policy – Phases 2 & 3

Refer to Section 3 of the Academic & programme-related policies.

Hospital locations and travel within a cohort

Clinical learning will be undertaken in varying inpatient and outpatient settings. Learning outcomes for all sites are the same but the pathway to achieve these learning outcomes may vary from site to site.

Students in Phase 2 and 3 will be allocated to a cohort site where you will rotate through a number of different clinics and hospitals. You should expect to travel among all the different teaching sites within your cohort site. These will defer somewhat by year.

Please note that in addition to working at any of the hospitals within a cohort location over the course of the year, students may also be required to attend community placements or travel outside their cohort, for example for the Year 4 GP/PC attachment or the Year 6 rural GP attachment. Further details are available at the cohort launch or from the Year Coordinators or Phase Directors.

<table>
<thead>
<tr>
<th>Year 4 Cohort Sites</th>
<th>Year 5 Cohort Sites</th>
<th>Year 6 Cohort Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waitemata (North Shore Hospital, Waitakere Hospital)</td>
<td>Waitemata (North Shore Hospital, Waitakere Hospital)</td>
<td>Waitemata (North Shore Hospital, Waitakere Hospital)</td>
</tr>
<tr>
<td>Auckland (Auckland City Hospital, Starship Hospital, Greenlane Clinical Centre)</td>
<td>Auckland (Auckland City Hospital, Starship Hospital, Greenlane Clinical Centre)</td>
<td>Auckland (Auckland City Hospital, Starship Hospital, Greenlane Clinical Centre)</td>
</tr>
</tbody>
</table>
### Allocation preferences

Year 4 students will be surveyed to allow for the opportunity to advise their preferences for Year 5. Students will be asked to rank the following priorities:

- **a)** Placement in Auckland
- **b)** Placement out of Auckland
- **c)** Specific group – specify which
- **d)** Placement with friends – specify who
- **e)** Placement at a Regional-Rural Programme (Year 5 only) – students must specify which programme i.e. i) Bay of Plenty, ii) Northland (Pūkawakawa), iii) Taranaki, iv) Waikato, or v) any of them

Selection into the Regional-Rural programmes is part of the standard cohort selection process.

Year 6 electives and locations are selected before April of Year 5 (i.e. the preceding year) to provide sufficient time for students to arrange the Elective. This should also provide sufficient time for planning a Research Option.

### G.3. Allocation of students to Hospitals/ Teams

#### Changes to Attachments, Swaps or Transfers

Refer to Section 3 of the Academic & programme-related policies. Following the release of provisional allocations, students will have a designated time frame to self-generate their own swaps. Once allocations are confirmed, swaps or transfers will not apply.
After the deadline, no student is able to swap attachments, rotations or teams, except in exceptional circumstances and must make a written, formal request to the Phase 2 Director and Year 4 Coordinator.

G.4. DHB security access cards

All hospitals have a security access card to enable you to enter protected areas. In effect, you are provided with the same access as a House Officer and your use of the card can be traced by Security. The card will be taken from you if you fail to comply with the rules that follow.

Rules

- You must wear your Campus Card Photo ID at all times while on the hospital site. This is a mandatory requirement.
- The access card is only to be used to enter areas of the hospital in which you are working and at the time you are working.
- The access card is for your use only. It must never be lent to another person. The use of the card can be traced and you may be held accountable if it is misused by someone else.
- When you complete your attachment at the hospital, it is your responsibility to return the card to the person who issued it to you. The card remains the property of the DHB. Failure to return it before leaving the attachment will result in you being traced and action taken to recover the card. In addition your assessment grades will be withheld.

G.5. Passwords for electronic patient records

Refer to the Clinical Practice: Guidelines, Policies and Legislation section of the Policy Guide for Acts, Privacy Codes and Patient Health Information FAQs.

Students will be provided with individual user names and passwords for accessing patient records electronically. The arrangement typically does not include student access to the hospitals’ internet services. Hospitals use Concerto or an equivalent system as an ‘umbrella’ application, which allows integrated access to a number of clinical applications. Auckland City Hospital also provides you with on-line access to old patient records through 3M.

Confidentiality: the DHBs have adopted an “open access” approach to security. This means the system does not limit access. Confidentiality is achieved by users only accessing patient information appropriate to their clinical responsibility, as a result you must be able to justify every electronic patient record access transaction you make. Any access not authorised by DHB policy that you cannot justify, will be treated very seriously as a breach of professionalism.

The University, DHBs and all hospitals consider that it is a serious breach of confidentiality if you access patient information that is unrelated to your clinical
responsibility. For example, you must avoid accessing your own personal records or those of any acquaintances or family members. While the system allows users access to any patient, you must be able to completely justify every access transaction that you make through Concerto or its equivalent. Access records are subject to audit and any access that is not authorised under the DHB policy and for which you cannot adequately justify will be treated very seriously under the Fitness to Practice policy.

Similarly it is a very serious breach of patient confidentiality to allow anyone else access to your personal ID/Log on. Please read the Clinical Practice: guidelines, policies & legislation ‘Patient Health Information - Frequently Asked Questions’ for protocols on the appropriate use of electronic clinical information.

G.6. Admission & Selection Policy for Regional-Rural programmes

The following policies and principles were approved by the Board of Studies (Medical Programme) in June 2007, and aspects have been revised subsequently.

For any Regional-Rural programme a minimum of 18 students, with a maximum of 24, is required for the programme to be offered.

If there are insufficient applicants, a ballot system will apply, which will include international students. It is not intended that rural origin (e.g. RRAS) students will be preferentially required to make up the minimum quota.

G.6.1. Admission

1. Students are required to complete the total prescribed weeks in a Regional-Rural programme, and will not be able to opt-out or exchange places with other students.

2. Where possible admission to a Regional-Rural medical programme will be voluntary and any Year 4 University of Auckland medical student is eligible to apply for selection.

3. Eligible students will have satisfactory academic and professional behaviour records.

G.6.2. Selection policy

For a variety of reasons, including agreements with DHB partners and capacity issues at smaller sites, the medical programme must fully allocate spots in Regional-Rural programmes in Year 5 (Pūkakawaka, Bay of Plenty, Taranaki, Waikato) and the smaller sites in Year 4 (Rotorua, Tauranga). For this reason, should a space at one of these programmes become available after the close of the student-generated swap period it may need to be filled.

In the hope of providing an equitable means of assigning those vacancies and ensuring that no one is (dis)advantaged by “insider knowledge” of another student’s plans, the MPD will announce, on the first Monday of every month, any available spaces that have arisen. Interested students will have 48 hrs to express their interest via email to the MPD. At the end of this period, interested students will be randomly assigned to the available spots.
As a result of student request, spaces which become available at the other sites (i.e. those that are not Year 5 Regional-Rural programmes) will also, at the discretion of the MPD, be advertised and allocated as described above.

Students who have already been allocated to a Regional-Rural programme will not be eligible to apply for available spaces. (In other words, a Year 5 student assigned to Taranaki cannot apply for an open spot in Pūkawakawa).

Please note that any student who submits his or her name must, if selected, accept the available spot.

A ballot system will operate if there are insufficient applicants, which will include international students.

**G.7. Registration**

Under the Health Practitioners Competence Assurance Act 2003, the Medical Council has no jurisdiction over medical students. Nevertheless, the conduct and health of students **prior to graduation** may have significant bearing on future eligibility for registration as a medical practitioner. Please refer to the [Fitness to Practise Policy Guide](#) for more detail.
H. Student Advice and Support

H.1. Student Centre

The Student Centre at the Grafton Campus provides a range of support services for all students of the faculty. The Student Centre located on the ground floor of building 503 (entrance near the main stairs, and can be accessed through the main entrance.

For medical students the services we provide include:

- General enrolment issues;
- Fees and Studylink issues;
- Scholarships advice;
- Graduation matters, academic advisement and the graduation;
- Standard letters - verification of enrolment and academic record/unofficial transcript, jury service exemptions, bona fide letters, ISIC card applications, ECFMG applications
- General advice and admissions support for postgraduate study;
- General support and advice on health and welfare matters;
- General support and advice on examination matters (progress tests), including support for special circumstances, aegrotat and compassionate consideration applications;
- General support and advice on health and welfare matters through the Student Support Advisor.

Other general information can be found on the Student Support page

H.2. Personal Wellbeing

Please check the Phase 2 Where to get HELP! documents in the Wellbeing section of the MBChB Portal for the most up to date information on where to get assistance with personal wellbeing issues, including health and counselling.

H.3. Professional Boundaries

There are a number of reasons for clinicians to be mindful of the need to maintain professional boundaries in the workplace, and this extends to your undergraduate years as well. These include matters of confidentiality, power dynamics, reputations (your own and other people’s), and the appearance of impropriety.

For all of these reasons, students MUST NOT participate in assessments, attachments, or assignments with ANYONE with whom you have a relationship. This includes a therapeutic relationship (for example your own GP, your own specialist team, etc) OR a personal relationship (such as your neighbour, your friend, your relative, your girlfriend, etc).

Examples of unacceptable behaviour would include:
- Being on the team providing medical care for a fellow medical student
- Having (or starting) a romantic relationship with your registrar
- Getting assigned to your own GP practice
- Assisting in your neighbour’s appendectomy
- Having as your CSA assessor your ex-boyfriend’s mother
- Discovering that your OSCE examiner is your own orthopaedic specialist
- Participating in the care of a friend who has been admitted to the hospital

In any of these cases, please immediately let your supervisor, Year Coordinator, or Phase Director know (or in the case of an exam, one of the exam preceptors), and we will reassign you or find another assessor, as needed.

In the event that a friend’s mother is one of the 15 patients on your medicine team, you may be able simply to avoid participating in her care, but can otherwise stay on the team. In the event that your registrar is your ex-partner, it will be more appropriate to reassign you. In every such case, however, the matter should be raised to and discussed with your supervisor and the MPD to ensure that your professionalism is not put into question, as that could result in a Fitness to Practice report.

**H.4. Professional Relationships**

From time to time, situations may arise where staff behaviour may adversely affect you. This could be due to sexist or other discriminatory comments or to another form of bullying behaviour.

The teacher/student relationship is a special one that places important responsibility on the teacher to always behave in a fair and considerate manner to all students. It is appreciated that you may not wish to challenge inappropriate behaviour directly, at the time it occurs, because of perceived effects on your grade and/or employment opportunities.

While the FMHS makes every effort to ensure this will not be the case, a procedure has been established which enables you to discuss concerns about such incidents in confidence. In the first instance, you should refer to the Phase 2 Where to get HELP! Documents to find out who to talk to. It is very helpful to document your concern in writing, including the day and time of the event, a description of what happened and/or notes about the conversation. This is helpful in achieving a just and timely resolution.

You also have the responsibility to respect the rights and values of your fellow students, and to demonstrate a courteous and considerate manner towards all staff.

**H.5. Harassment**

In the large and complex society of the University, you may encounter problems with the behaviour of staff or fellow students. If this behaviour is unwarranted, unacceptable, or offensive, it may be harassment. University policy is that harassment on any grounds,
whether it be sexual, racial, religious, academic, intellectual, is totally unacceptable. Please refer to the Phase 2 Where to get HELP! documents to find out who to approach about this issue.

H.6. Student Support and Advice

The FMHS Student Support Advisor is available for all domestic (non-MAPAS) and international students.

Contact: Daniel Heke, Student Support Advisor
Location: The Student Centre, Grafton Campus, Room 503-023
Phone: fmhssupport@auckland.ac.nz

H.6.1. Interruption to Studies

Although enrolment will normally be continuous, we recognise that there may be the need to take an interruption of studies during the course of your programme. Any interruption of studies must be approved by the Medical Programme (and in some cases, the Dean).

It is strongly encouraged that an interruption occurs from the start of one academic year to the start of the following academic year e.g. January 2020 to January 2021.

However, we recognise that there may be exceptional circumstances that require you to take an interruption of studies at other times during the course of the programme e.g. mid year. In this situation you will need to ensure that you meet with the relevant staff in the Medical Programme Directorate and the Student Centre to learn about your options in terms of the University guidelines and regulations. These regulations may affect such issues as payment of tuition fees or carrying over academic results, as well as having implications for Studylink.

If you are considering an interruption of studies, you should speak with the Phase Director and the DMSA as early as possible so as to make a timely and informed decision (director.medstudentaffairs@auckland.ac.nz). You may also seek advice from the Student Support Advisor (fmhssupport@auckland.ac.nz).

H.7. Scholarships and Financial Support

Please check the Phase 2 Where to get HELP! sections on the MBChB Portal for the most up to date information on where to get assistance with financial and scholarship issues. Emergency funding is available to all medical students through the Wallath Trust.

H.8. Professionalism, Online Social Media and the Curriculum

Many students have a presence on online social media sites, providing varying levels of detail (personal and professional) and with varying levels of security. Online social media pose significant personal and professional risks for medical students and doctors.

The New Zealand Medical Students’ Association has prepared guidelines in association with other Australasian partners, and this guide is available on its website. While discussion on
the use of online social media comprises part of the curriculum, you are also strongly encouraged to look critically at the information on your personal site(s) and consider the material from the professional perspective of being a medical student engaging with the public and many other stakeholders in health and community settings.

The NZMSA guidelines can be accessed via:

I. Learning Resources

I.1. The Philson Library – Te Herenga Hauora

I.1.1. Library access for students based in Auckland

Continue to use Philson Library and the Library website as usual. Ask Philson Library staff (details below) for help to ensure you know about the range of useful databases (eg, PubMed, plus evidence-based databases such as Cochrane, Dynamed, and Best Practice), and to refresh your search skills.

I.1.2. Library services for students based outside Auckland

Students on clinical placement outside the Auckland region may register for flexible (distance) services at no charge. Books you request using the service are couriered to you.

Before using the Flexible Service, you must register - Go to the Library Webpage click on About click on Borrowing and Requesting Click on Flexible Service

http://www.library.auckland.ac.nz/services/borrowing-and-requesting/flexible-service

To register go to

http://www.library.auckland.ac.nz/forms/offcampus-services-registration/

Once registered, read about use of the service, and its terms and conditions, at http://www.library.auckland.ac.nz/services/borrowing-and-requesting/flexible-service

If you have any problems with the service, go to https://www.forms.auckland.ac.nz/en/public/library/ask-us.html

I.1.3. All students

Interlibrary Loans

If the library does not hold the journal or book you want, place an Interlibrary Loan request - either from within Library Search, or by using the link on the library home page.

Help with finding information

If you are having problems finding information, go to Library webpage click on Contact Us and fill out the AskUs form.


Referencing styles

The Faculty recommends students use either the Vancouver or APA 6th style of referencing. Information about these styles can be found in the Referencing section at http://www.library.auckland.ac.nz/guides/medical-health

Philson Subject staff can assist with specific referencing queries.
### Philson Library contacts

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<tr>
<th>Service</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Intercampus delivery service</td>
<td><a href="https://www.library.auckland.ac.nz/services/borrowing-and-requesting/requesting/intercampus">https://www.library.auckland.ac.nz/services/borrowing-and-requesting/requesting/intercampus</a></td>
</tr>
<tr>
<td>General Enquiries and Lending</td>
<td>923 5532</td>
</tr>
<tr>
<td>Grafton Information Commons Help Desk</td>
<td>923 5532</td>
</tr>
</tbody>
</table>

### Library

<table>
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<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical address:</td>
<td>Philson Library, 85 Park Rd, Grafton, Auckland.</td>
</tr>
<tr>
<td>Postal address:</td>
<td>Private Bag 92019, Auckland.</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(09) 373 5532</td>
</tr>
<tr>
<td>Fax:</td>
<td>(09) 373 7491</td>
</tr>
<tr>
<td>Web:</td>
<td><a href="http://www.library.auckland.ac.nz/">http://www.library.auckland.ac.nz/</a></td>
</tr>
</tbody>
</table>
J. Administrative Details

J.1. Enrolment and Fees

- To enrol you must login to your account through Student Services Online: http://www.student.auckland.ac.nz/
- Enrolment has to be for the full academic year and must be completed before classes commence. Failure to enrol will mean that you will be unable to take part in clinical attachments and will not be able to access Canvas. You will be advised on the details of the process in time to meet the enrolment deadline through your current Canvas access.
- You will be able to view your fees invoice at the time of enrolment. This must be paid by the commencement of classes on 28 January 2020. Failure to pay the fee means you will not be fully enrolled. Note: fees can be paid on a semester basis by negotiation with Student Financials. Payment methods are outlined on: www.auckland.ac.nz/uoa/cs-how-to-pay-your-fees
- Note that you are enrolled in a course of study in which the academic year runs outside the standard university semester dates, and that the regulations relating to withdrawal from the course and the refund of fees are as for all enrolled students. Refer to the calendar for the relevant regulations. www.calendar.auckland.ac.nz/en/keydates/enrol-dates.html
- Students who need to interrupt their academic year to recommence in the future may be subject to fees in each of those years. Advice is available from the FMHS Student Centre.

J.2. Medical Indemnity

Once you accept some independent responsibility for patient care, even under careful supervision, you also accept a liability for negligent or accidental practice. This is usually shared by the Supervising Preceptor in General Practice, or by the DHB and the School of Medicine.

There could be circumstances where you would be held personally liable for a negligent act. As a protection against such liability, you must take out individually suitable professional negligence cover before commencing your first clinical assignment. The cover should relate to clinical activities carried out by you both within and outside of the hospitals.

The Medical Protection Society offers a Student Membership to cover these requirements, which is free. You are required to have a membership from them or a similar organisation. You should have joined in the earlier years of the programme.
J.3. Scheduled Leave and Planned Holidays

- Your academic year includes four weeks holiday, which are taken at different time periods. These periods are indicated on the timetable. There is a further break before the commencement of Year 5 on Monday, 18 January 2021.

- **Students must use these scheduled holiday times for planned events such as weddings, overseas travel and conferences.** Leave periods outside scheduled holiday times are strongly discouraged because it is extremely difficult (particularly with short attachments) to ensure adequate alternative training when scheduled academic time is missed, and some learning opportunities cannot be made-up in this fashion.

- Any planned leave outside the scheduled holidays can only be taken in exceptional circumstances with prior permission. Please note that the planned events explicitly mentioned above are unlikely to qualify as “exceptional circumstances.”

- You should contact the Phase 2 Director or Year 4 Coordinator as the first approach and do so as far in advance as possible.

- An appropriate email might read something like: "I am in Rotorua cohort, Group B1. Our family is celebrating my grandmother's 100th birthday in London on 20 April. (The Queen has indicated she will attend as they worked together in the war.) To attend, I would need the week of 18 April off, rather than doing the last week of my Geri run. I could make up the week during my scheduled holiday week of either 25 Apr or 2 May, whichever suits the team better." Or alternatively, if the week you now want off falls in the scheduled holiday of another group, you should indicate what swap you would like, e.g. "I am currently in the Mid North Island cohort, Group E. As I now need the week of 18 July off to accompany my nephew to Disneyland. This trip was just organized by the Make A Wish Foundation as he has stage IV lymphoma, I would like to swap to Group C so I have that week as a holiday.”

- While the programme encourages students to present at professional conferences, an exemption to the leave policy must still be requested should the conference at which you have been invited to speak take place outside your scheduled holidays. Students should also limit their applications to attend conferences outside of their scheduled holiday time to one conference per year, even if they have an opportunity to present at other meetings.

- Students should expect that if they are granted planned leave outside their scheduled holiday time, no further applications for additional exemptions to the leave policy will be accepted during that academic year.

- Please note that permission must be sought to attend ANY conference or meeting outside scheduled holiday time, even those sponsored by AUMSA or NZMSA.

- If leave has been approved as above, it is the student’s responsibility to notify the leave arrangements in advance to your clinical team, the MPD, and the Site Coordinators. Supporting documentation showing appropriate approvals must be submitted with the notification.
J.3.1. Study Half Day
In Year 4, each student is able to have one “study half day” each week, which will be the same day of the week at each individual cohort site, and which is a combination of both formal learning time and self-directed learning time.

J.3.2. Clinical Attachments and Public Holidays
Students are required to align with the clinical work environment for Public Holidays, where these are at odds with the University of Auckland Public Holidays.

Note in particular that you will be required to work on Easter Tuesday if that coincides with your clinical attachments.

J.4. Absences
- Any absence must be reported immediately (i.e. as soon as you are aware you will be absent) to your Team/Clinical Supervisor, your local Clinical Campus/Site administrative staff and to MPD administrative staff.
- If you are absent for more than 2 consecutive working days because of sickness, a Medical Certificate must be submitted to the Group Services Manager (Medical Programme), your local Clinical Campus/Site manager and to the Clinical Campus/Site administrative staff.
- Any absence totalling more than 5 days during an attachment requires written notification to the Phase 2 Director and Clinical Attachment Convenor.
- A student may miss up to seven days throughout the year, due to illness, without repercussions. If a critical learning activity or assessment is missed, this must be completed at another time.
- A lengthy absence during one clinical attachment is likely to affect your performance in that attachment. You should discuss this with your Supervisor and Phase 2 Director at the earliest opportunity. Please note that “lengthy” may have different meanings depending on the duration of the attachment.
- Daily attendance is mandatory for certain short attachments and activities. If you are unable to attend part of any of these days, you must notify the Convenor or MPD in advance or on the day itself, and supply a medical certificate.
- If you do not attend, do not have a medical certificate, and have not notified the attachment convenor (in advance or by the following day), then this may become a fitness to practice issue.
- If you miss all or part of the activity, then you will be required to do some compensatory work, to be determined by the attachment convenor.

J.5. Communication
To avoid a breakdown in communication it is vital to keep your address, and phone numbers up to date. Please update any changes as soon as they occur, via Student Services Online.
Please ensure that you are aware of the University Policy on student email as found here. The policy specifically states:

1) Email is an official and the primary means of communication with students
2) All official email to a student will be sent to a student’s current University email address (username@aucklanduni.ac.nz) and the student is responsible for ensuring that any desired forwarding to other addresses is in place and operating correctly
3) Official emails will be deemed to have been received by a student at the time they are delivered to the student’s current University email address.
4) Failure to read an official email does not exempt a student from their responsibility to comply with the message

In keeping with the above policy, it is the Programme’s expectation that students will check their University email on a regular basis (ideally, at least daily), including during vacation times and holidays. Additionally:

- Most communication will occur electronically via Canvas or directly to your University student webmail address.
- You can automatically forward messages from your student webmail address to another email address of your choice. Go here for more information.
- In situations where hard copy only is available, this will be sent to your designated mailing address.
- The MBChB portal is an important source of information. Please check this site regularly.

**J.6. Documentation Requirements for Medical Students**

MPD staff are often asked by students to authorise a range of personal documentation, from copies of passports to academic transcripts, which they are unable to validate. Please note the following:

- Students must request official transcripts of their academic record from Student Records
- Students should ensure copies of official documentation are certified by the issuing authority or an official such as solicitor, notary public, or Justice of the Peace.
- The MPD cannot verify copies of official documents, except where the MPD is the issuing authority.
- The MPD will assist students with non-routine documentation or where significant customisation is required e.g. academic references or scholarship applications. Once received by the MPD, requests for documents will be processed within five working days.
- Routine documentation requests such as bone fide letters or jury service letters should be referred to the Student Services Centre in the first instance.
- Duplicates of MPD source documents (Immunisation Status Reports, Faculty academic records, North-Nanson guide etc.) must be ordered through the FMHS.
J.7. Medical Student Campus Cards

- The new Campus Card replaces the MBChB name badge for Years 2 – 5. The new naming format will display your preferred name (first name and last name) as listed on SSO; your legal name will be printed on the reverse of the card.

- You will be required to wear the Campus Card to participate in clinical attachments. It must be worn at a visible height, not at the end of a lanyard. A card holder and clip will be initially provided and subsequently available for purchase from the FMHS Store [http://store.fmhs.auckland.ac.nz/](http://store.fmhs.auckland.ac.nz/).

- Updating your photo on Campus Cards can be done by visiting Ask Auckland Central (formerly Student Information Centre), located in Alfred Nathan House, Princes Street. A photo will be taken and you will be issued a new card on the spot (a $20 replacement fee will be incurred).

- Alternatively you can email a new digital image to campuscard@auckland.ac.nz. You must ensure it meets the University Campus Card photo requirements. Visit [http://www.auckland.ac.nz/campuscard](http://www.auckland.ac.nz/campuscard) for more information.

- Once you have received confirmation that your photo has been updated, order a replacement card through the FMHS Store [http://store.fmhs.auckland.ac.nz/](http://store.fmhs.auckland.ac.nz/) for collection from the MPD office or Clinical Campuses/Sites.

- Replacement cards will cost $20 and be available from Ask Auckland Central or through the FMHS Store [http://store.fmhs.auckland.ac.nz/](http://store.fmhs.auckland.ac.nz/) for collection from the MPD office or Clinical Campuses/Sites.

- Collection of Campus Cards will only be available on production of Photo Identification. Please return your old card on collection of a new card.
K. Evaluation and Feedback for Year 4

K.1. Student Evaluations for Year 4

Students have an important role in contributing to the improvement of the programme. Hence student feedback is regularly gained for various areas of the programme. An important forum for raising issues as they arise is through the staff-student meetings, which are held four times a year. Please keep your class representative informed of aspects you wish to be raised. Alternatively, your student representatives may bring issues of significance to the attention of the Board of Studies.

Towards the end of each of your clinical attachments this year, the department will provide you with a survey that you will be asked to complete. The department will consider the feedback and summarise the findings, together with intended actions, which is then considered by the Medical Programme Directorate. The department also provides a short and succinct outline of the feedback to any clinical department that has been involved with the teaching of Year 4 students.

K.2. Changes Made from Previous Feedback

Very few modifications have been made to the Year 4 curriculum, due to positive feedback from the previous years.

Refrainments continue to be made to the Formal Learning Weeks, based on student feedback and new advances in medicine.
L. Forward Planning for Year 5

Year 4 students need to anticipate three aspects of the Year 5 programme for which forward thinking and planning is required.

The three aspects are:

- choice of regional-rural or standard programme
- choice of cohort locations (see Section G.2)
- location and focus of the Selective

L.1. Regional-Rural Programmes

In Year 5 there are four Regional-Rural programmes available for students to consider. Selection for the programmes is through the standard cohort allocation process. The four programmes are the Bay of Plenty Regional-Rural, Taranaki Regional-Rural, Northland Regional-Rural, and Waikato- Lakes Regional-Rural.

These programmes provide an opportunity for students to study in regional and rural settings and closer to the communities where they may wish to practise once qualified.

They are equivalent, but different pathways from the Auckland-based programme, and require a commitment to study in only that programme for the whole year. Admission is voluntary, but once confirmed, students are not able to opt-out or exchange places with other students.

Students have the opportunity to gain hands-on experience and to learn about doctoring while living in smaller communities.

Bay of Plenty Regional-Rural programme

Students will complete the regional component of the programme in either Tauranga Hospital or Whakatane Hospital over 21 weeks, with the exception of Specialty Surgery and Psychiatry, which are both completed in Tauranga. Students spend the other 11 weeks of their study in rural and community medicine in Whakatane, which broadly has two components; General Practice/ Rural Health Interprofessional Programme (RHIP) and a Rural Medicine Selective.

General Practice/ RHIP

This component consists of a five-week attachment in general practices in the Eastern Bay of Plenty region (Whakatane, Edgecumbe, Opotiki or Kawerau). During this time, one day will also be spent in the nurse-led Eastern Bay of Plenty hospice. For one day per week during the General Practice attachment, participation is required in the Rural Health Inter-professional Programme (RHIP) in collaboration with students from occupational health, physiotherapy, pharmacy and/ or nursing.

Rural Medicine Selective

The Rural Medicine Selectives offered in the Bay of Plenty Regional-Rural Programme must be completed in Whakatane, Eastern Bay of Plenty. A range of options are available.
If students wish to self-generate a Selective at Whakatane, they can liaise with the Regional-Rural Academic Coordinator, in conjunction with the academic support people at Whakatane. All Selectives are approved by the Selectives Coordinator, which is the normal process for students at all cohort sites.

**Taranaki Regional-Rural programme**

Students complete the following attachments, which are largely the same attachments as those for students at all other campus and cohort sites.

Students will complete at least five weeks of Obstetrics and Gynaecology. Four of those weeks will be completed at the Taranaki Base Hospital and the equivalent of one week will be completed at the Hawera rural site during the six weeks at this site.

For Psychiatry, students will complete a total of six weeks, with five of those weeks being completed at Taranaki Base Hospital and the equivalent of one week being completed at the Hawera rural site during the six weeks at this site. There will be a particular focus on community mental health.

Students may complete the six-week Selective at any site, according to the MPD guidelines. They are not restricted to completing this in the Taranaki region.

Each student will spend six weeks based at the Hawera Hospital, under the supervision of two clinicians who work mainly in the ED department. Each student will learn in a range of hospital-based and community-based settings, to experience all aspects of rural medicine. Part of gaining the rural experience fully means that students will be expected to live in Hawera during this time. Accommodation will be provided to students by the programme for these 6 weeks.

**Northland (Pūkawakawa) programme**

The academic programme employs a ‘hub-and-spoke’ educational model, with students being based in Whangarei Hospital (the ‘hub’). Dargaville, Kawakawa, Kaitaia and Rawene comprise the ‘spokes’ of the model and students study at one of those sites for seven weeks. Students will learn about and experience rural medicine through immersion with general practices, rural hospitals, Māori health providers and community health care professionals. Pūkawakawa also provides an opportunity to see patients with a wide range of diseases from various socio-economic backgrounds.

Students considering applying for Pūkawakawa need to be aware that the Selective choices and dates will differ from those of the other cohorts.

**Waikato Regional Rural programme**

Students doing the Year 5 Waikato Lakes Regional-Rural programme are cohorted in Hamilton for the year. Students spend five weeks at one of four rural hospitals (Thames, Te Kuiti, Tokoroa, or Taupo) and five weeks at a rural general practice (generally at Colville, K Kawhia or Otorohanga, Tokoroa and Taupo or Turangi respectively).

The five weeks rural medicine attachment is a forced rural selective. Learning outcomes and goals are negotiated with the academic rural hospital doctor supervisor and can include a project, usually a clinical audit.
Students learn about rural generalist care through immersion in general practice, inpatient care, emergency department (ED), ambulance, outpatient clinics, allied health and community visits to rural and remote communities. There is a strong emphasis on Hauora Māori.

Accommodation is provided at the rural hospitals and the general practices.

L.2. The Selective

For all queries regarding the Selective, please contact Ms Teresa Timo (t.timo@auckland.ac.nz).

The Selective is an opportunity to choose to study an area of personal interest in Year 5. You must pass the Selective to pass Year 5:

**Purpose**

In Year 5 you undertake a six-week Selective (five weeks for those in Pūkawakawa), in which you may seek a workplace opportunity to achieve one of the following developmental purposes:

- increase confidence and competence in a medical discipline in which you desire more exposure;
- gain greater knowledge of a medical discipline and its application to more complex clinical situations;
- experience a broader range of disciplines than the compulsory programme allows;
- gain knowledge and skills in areas not covered in depth in the curriculum e.g. complementary and alternative medicine;
- gain appropriate research skills and methods by constructively participating in a research project of appropriate scope.

**Types of Selective**

There are four types of Selective: off the list, self-generated, overseas and directed selective. The choice will be influenced by Year 5 group allocations (students are asked to nominate preferences) and the Board of Examiners.

1. ‘Off-the-list’ Selective (placements in Auckland and regional areas).

   These placements will enable you to study a Selective at sites where Progress Testing will occur. This includes anywhere in the Auckland region, Waikato region (progress tests will occur in Hamilton), Northland (progress tests will occur in Whangarei) Tauranga and New Plymouth. This list is small and you are encouraged to generate your own Selective (see Self-generated Selective below).

   Students in the Bay of Plenty Regional-Rural cohort must complete an ‘off-the-list’ Rural Medicine Selective at Whakatane Hospital (see BOP Regional-Rural Cohort Selective below for further details) while Waikato Regional-Rural programme students must complete their Selective at their assigned rural hospital.

2. Self-generated Selective can only be organised in the DHBs associated with the University of Auckland (refer to the list of DHBS below) or in Australia and Overseas.
• Auckland DHB
• Bay of Plenty DHB
• Counties Manukau DHB
• Lakes District DHB
• Northland DHB
• Taranaki DHB
• Waikato DHB
• Waitemata DHB

Applications must be approved by the Selective Coordinator. Supervisors should not be family members or close family friends.

Selective attachments in New Zealand outside the DHBs listed above will not be approved unless there are exceptional circumstances. In this case the MPD should be contacted for further information as soon as possible.

3. Overseas Selective

- Selective may be completed in Australia if there is no progress test scheduled during the Selective attachment.
- Selective outside of New Zealand or Australia are only permitted for those students in group B and D for the standard programme and group 1 for Pukawakawa. Each of these groups has a vacation period adjacent to the Selective which is not adjacent to a progress test (one of six groups in standard programme, and one of three groups in Pukawakawa).
- You will need to explain how you will communicate and learn if you plan your Selective in a non-English speaking country.
- Overseas selective destinations are restricted to developed countries only.
- Applications must be approved by the Selective Coordinator.

4. Directed Selective

Some students will be required to overcome remedial deficiencies in performance in a clinical discipline, as directed by the Year 4 Board of Examiners (i.e., a Directed Selective). Students are informed of the need to complete a Directed Selective after the Year 4 Board of Examiners meets in December. Students in this situation will need to forgo their individually-planned option. The choice of your Selective is therefore provisional until results are confirmed by the end-of-year Year 4 Board of Examiners.

The Directed Selective is for remedial purposes and is marked as Pass, Borderline Pass or Fail. Students undertaking a Directed Selective are not expected to complete a Selective Report. A Selective Learning Agreement and a Clinical Supervisors Report must be submitted. Other assessment activities will be directed by the Year 4 Board of Examiners.

Directed Selectives must be completed in New Zealand, either in a major urban center hospital that delivers the medical programme or in an approved general practice. The choice of your Selective is provisional until results are confirmed by the end-of-year Year
The Selective Coordinator will provide students assigned to a Directed Selective with additional information early in the academic year.

*NB: students with an assigned Directed Selective are not eligible to be cohorted to Pūkawakawa, Bay of Plenty, Taranaki or Waikato Regional rural programme.*

**BOP Regional-Rural Cohort Selective**

All Rural Medicine Selectives offered in the Bay of Plenty Regional-Rural Programme must take place at Whakatane Hospital, Eastern Bay of Plenty. These are designed by the Supervisors and students (ahead of time).

**Selective and General Practice**

The Department of General Practice and Primary Health Care encourages student interest in primary care, however undertaking a selective in general practice, is subject to prior negotiation with Department of General Practice & Primary Health Care. Because of student numbers, finding regular general practice attachments for Years 4, 5 and 6 students can be challenging, hence there is no guarantee that there will be a practice available for a Selective. In all cases where a Selective in General Practice is desired, the student must approach Professor Bruce Arroll (bruce.arroll@auckland.ac.nz), Head of the Department of General Practice and Primary Health Care first to see if this is feasible. The student may, at the time, indicate a particular practice in which they are interested. They must not contact the practice without prior approval from the Department.

- General Practice selective requests will be considered on a case by case basis.
- Firstly, the department needs to ensure that the practice is not already lined up for Year 4, Year 5 or Year 6 placements.
- Secondly the practice must be aware that there is no payment for this. They may consider getting you to conduct an audit as part of the placement, which will benefit the practice.
- Thirdly, the department needs to ensure that the practice is within the University of Auckland placement region, or else negotiate with the University of Otago if there is a very special circumstance.

**Arranging a Selective**

The following caveats should be noted when arranging the Selective.

1. The Board of Studies (Medical Programme) has adopted a policy that the Selective cannot be split.

2. Selective attachments to the Pacific Islands will not be approved, owing to lack of appropriate supervision.

3. There is no accommodation or travel allowance provided for the Selective, so any costs of studying away from the cohort site need to be borne by you.

4. There is no payment associated with the Selective – to the discipline or the clinical attachment.

5. Regardless of which type of selective (off the list, self-generated, overseas) you
choose, it is your responsibility to liaise with your supervisor in advance of your start date and confirm that everything is in readiness for your arrival. You should not merely appear on the first day of your Selective and assume that everything will have been organised for you without your active involvement.

**Policies relevant to the Selective**

Relevant policies for the Selective include:

1. A student cannot request to complete a Selective in a discipline for the purpose of retaining their end-of-year 5 clinical skills assessment exemption status, due to a fail or borderline performance in an attachment during Year 5.

2. A Selective cannot be used for remediation purposes identified during Year 5, but it may be used, with the permission of the Selective Coordinator and Phase 2 Director, to offset time lost through an illness. It may also be used to offset time lost through an authorised absence approved by the Directors of Medical Student Affairs.

3. If a student fails an attachment early in the year, they are not permitted to complete a Selective overseas.

4. Students who are required to complete a Directed Selective are ineligible to complete Year 5 of the Pūkawakawa programme.

**The Learning agreement**

You need to negotiate the goals and learning objectives for this experience with your allocated or organised Supervisor and how they will be met, as part of the Learning Agreement. All negotiated goals and learning objectives must be approved by the Selective Coordinator.

You are required to complete this with your supervisor within two weeks after commencing the attachment and return the typed document to the Practicum Placement Coordinator - MPD, Teresa Timo by the specified deadline in the guidebook. Further advice and information can also be obtained from the Practicum Placement Coordinator – MPD.

**Overseas travel and Selective**

Useful websites when arranging Overseas Selective:

- [www.safetravel.govt.nz](http://www.safetravel.govt.nz)
- [www.gov.uk/fco](http://www.gov.uk/fco)
- [www.who.int/hlth](http://www.who.int/hlth)

When arranging the Selective, you should ensure deposits and purchases (tickets etc.) are refundable, and take out international travel insurance using the University of Auckland corporate policy (link and details available on the Portal). If you are required to complete a Directed Selective you will not be able to do the Selective you have arranged.

Information on immunisation requirements can be found in the Immunisation and Prevention of Infectious Diseases policy.

**Contact details during Selective**

Prior to leaving, ensure that you are registered on the travel register and that your contact details, including email and cell phone (if applicable) are included. You will be emailed with
an electronic link to complete the details about two weeks prior to departure. Details are required for both domestic and overseas selective. This is required of all students. Failure to complete this will result in an FtP being filed.

**University Travel Policy for students**

All students must familiarise themselves with this policy available here. The aim of the policy is to help ensure the safety of students completing studies or study related business (e.g. conferences) overseas. You need to be aware of your obligations under Section 6.2 that detail your travel planning and responsibilities which include adequate travel insurance.

The policy requires you to book your overseas travel through the University’s preferred travel provider who can then use your itinerary to manage any emergency response that may be required. Alternative travel suppliers can be used by you to arrange your travel; in this case you must register your travel plans on Survey Gizmo is for ad hoc travel (e.g. conferences). Registration of travel associated with Selectives and Electives is collected by an individualised class Survey Gizmo which you will be invited to complete prior to the commencement of the study period.

As part of this process you are also required by the University to register your travel plans with the Ministry of Foreign Affairs and Trade (MFAT) available here. This is not an arduous process and details can be updated as your plans change.

If you have any questions about the policy please email mpd@auckland.ac.nz for clarification.

**Insurance**

The University of Auckland is offering free comprehensive international travel insurance to all outbound students who have their travel registered and approved in the Via TRM system. Please read the Via TRM Student Insurance Procedures for a full list of eligibility requirements and conditions including declaring pre-existing medical conditions and length of cover. These Procedures, and supporting insurance documents for the **University’s Allianz Corporate Travel Insurance Policy** (including, 24hr/7days a week emergency contact details while abroad, the policy wording, and a copy of the insurance certificate) can be accessed at https://www.auckland.ac.nz/en/for/current-students/cs-life-at-auckland/travelling-overseas-for-university-activities.html.

This policy is also available to students travelling on other University business. The broker, Marsh Ltd can be contacted directly Traveleasy.nz@marsh.com

**Risk assessment and personal safety**

It is essential to consider your personal safety when planning your selective.

Please see Ministry of Foreign Affairs & Trade (MFAT), www.safetravel.govt.nz for advice and information safety in specific countries.

A selective approval will be withdrawn if the following travel warnings for an area are given by the New Zealand Ministry of Foreign Affairs & Trade website:

Extreme risk: Countries or parts of countries where we advise against all travel

High risk: Countries or parts of countries where we advise against tourist and other
non-essential travel

Once on your selective, the MPD in association with the University Risk Office, will do everything it can to ensure you are well informed about evolving situations, but ultimately you are responsible for your own safety. If there is a serious incident in your area, contact mpd@auckland.ac.nz so that we know your situation and can advise or help seek assistance if required.

Projects during the Selective

In general, completion of a clinical or basic research project will enhance the Selective. Such projects are not compulsory although they are encouraged. Completion of a project is required for a distinction grade. A project may range from audit of a clinical experience, a small clinical research project to performing specific laboratory-based research. If research (other than audit) is planned, ethical approval is required before commencing the Selective. Case reports with literature reviews are not considered a project.
# M. Year 3 Prizes Awarded in 2019

<table>
<thead>
<tr>
<th>Prize</th>
<th>Winner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eric Hector Goodfellow Memorial Prize</td>
<td>Christopher Mayo and Bronwyn Mayo</td>
</tr>
<tr>
<td>3M Littmann Prize</td>
<td>Billie-Lee Haresnape</td>
</tr>
<tr>
<td>PCS Communications Skills Prize</td>
<td>Bronwyn Mayo</td>
</tr>
<tr>
<td>Leukaemia and Blood Foundation Prize</td>
<td>Christopher Mayo</td>
</tr>
<tr>
<td>Medical Humanities Prize</td>
<td>Brian Shin</td>
</tr>
<tr>
<td>Head and Neck Anatomy Prize</td>
<td>Francesca Louise Dykes</td>
</tr>
</tbody>
</table>
Appendix 1: Guidelines for Preparing Case Reports

Purposes of case reports
At the core of clinical practice is the patient consultation. The findings from these consultations are written in a legible, structured manner (the case report) that:

- records the key features of the consultation for future reference by yourself and others;
- facilitates the diagnostic and management process;
- provides an indication of your clinical decision-making;
- prompts your need for further and regular learning, by identifying particular gaps in your knowledge or performance.

In addition, at the undergraduate level, the case report:

- provides evidence that you are seeing a number and range of patients and spending time taking a history and examining them.

For these reasons, written case reports provide a common mechanism for assessment in Phases 2 and 3. In some clinical attachments you may be required to submit these on a weekly basis. The assessment of case reports may be formative, to give you feedback to help your continued learning, and/or summative, i.e. contributing to your grade for the attachment.

To get the greatest benefit from the writing of case reports it is recommended that you voluntarily submit a report to your supervisor for constructive comment early in your attachment.

Preparation of case reports and standards expected

General standards for all medical programme case reports

- Information is accurate and has been obtained by you to the best of your ability.
- Other sources of information are acknowledged (see the Academic & programme-related policies).
- There is no information that allows direct identification of a patient in any case report (other than the hospital record).
- Case reports are legible.
- Case reports are dated, signed and named (with status). E.g. Harriet Potter, Year 4.
- No student case reports are submitted on hospital admission proformas. It is essential that you fine-tune your skills in obtaining salient information before using proformas.
- Patients have been personally interviewed by you. Plagiarism of case reports carries very serious consequences.
- Case reports conform to the structure outlined in school and department manuals.
Submitting case reports for assessment

The Internet has made it increasingly easy for students to plagiarise assignments and case reports.

The University has a license to use Turnitin, an electronic database that detects plagiarism, across all of its courses, which can be accessed directly through the University of Auckland website. This is used routinely for several assessments in Phase 2, plus to make spot checks of student assessments. Before handing in assignments for marking, you may need to submit them to turnitin.com, to certify that the assignment is original and does not contain plagiarised content.

When you submit a case report for assessment, you are required to complete a signed covering sheet, which includes the following statement:

- I personally took the history and examined the patient presented in the case history;
- The discussion is original and has not been copied from another source;
- Where I have quoted from another source in the discussion, this is clearly referenced to the original source;
- I am aware that the content of this case history may be checked against an electronic database.

Specific standards for each year of study

The following provides a summary of how your competence and expected standards with case reports is extended over each year of your study in the clinical environment. This builds on the basic skills learned in Year 3 of taking a history, general and basic examination, writing a summary and a problem list.

These are clinical skills that need to be developed in all clinical attachments.

**Years 4, 5 and 6**

- History
- General and basic examinations
- Specialised system examinations – a wider range each year
- Summary
- Problem list
- Differential diagnosis
- Management plan
- Discussion

<table>
<thead>
<tr>
<th>Standards for case reports</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 4</strong></td>
</tr>
<tr>
<td>Meets all general standards</td>
</tr>
<tr>
<td>Sections complete and appropriate for case</td>
</tr>
</tbody>
</table>
### Standards for case reports

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Main problem(s) identified, and short differential diagnosis</td>
<td>• Problem list and differential diagnosis are accurate and</td>
<td>• Problem list and differential diagnosis are accurate and</td>
</tr>
<tr>
<td>proposed</td>
<td>comprehensive</td>
<td>comprehensive</td>
</tr>
<tr>
<td>• Basic management plan</td>
<td>• Detailed, appropriate</td>
<td>• Detailed, appropriate management plan developed</td>
</tr>
<tr>
<td>outlined</td>
<td>management plan developed</td>
<td>management plan developed</td>
</tr>
<tr>
<td>• Short discussion (1-2 pp) on aspect of case: may be</td>
<td>• Discussion shows understanding of an important clinical,</td>
<td>• Discussion shows understanding of an important clinical,</td>
</tr>
<tr>
<td>pathophysiological, diagnostic, therapeutic or professional in</td>
<td>ethical, professional or cultural issue(s)</td>
<td>ethical, professional or cultural issue(s)</td>
</tr>
<tr>
<td>nature, and it must relate back to the case and assist your</td>
<td></td>
<td></td>
</tr>
<tr>
<td>learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reference all sources</td>
<td>• A brief list of references is provided</td>
<td>• A detailed referenced discussion is submitted when requested</td>
</tr>
</tbody>
</table>

### Grading case reports

For each clinical attachment, departments and coordinators should provide an indication to you of the weighting given to individual case reports and the standards required. Most departments will be using the following assessment standard, or one that is very similar to it.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Well structured, logical with discussion significantly above expected standard (and handed in on time).</td>
</tr>
<tr>
<td>3</td>
<td>The expected standard for Year 4. Meets all general standards (accurate, referenced, legible, dated and named), complete in all areas, basic management plan outlined and short discussion (1-2 pages plus references) presented which relates to the patient.</td>
</tr>
<tr>
<td>2</td>
<td>Below expected standard but has remediable features.</td>
</tr>
<tr>
<td>1</td>
<td>A very poor report that is unacceptable.</td>
</tr>
<tr>
<td>0</td>
<td>Not handed in.</td>
</tr>
<tr>
<td>----</td>
<td>----------------</td>
</tr>
<tr>
<td>N/A</td>
<td>Not assessed this attachment.</td>
</tr>
</tbody>
</table>
Appendix 2: Guidelines for Critically Appraised Topics (CATs)

During this year, you will be required to generate Critically Appraised Topics (CATs) for several clinical attachments (General Medicine, General Surgery and Musculoskeletal). You are also encouraged to complete a ‘voluntary’ CAT for attachments that do not require them, including Anaesthesiology, to enhance your learning in each of the disciplines. This section outlines the key features of CATs and what is expected of you.

- Each CAT must be based on a clinical question stimulated by a specific and real patient you have personally seen on a clinical attachment.
- You should discuss your proposed CAT topic question with your supervisor, to get agreement before you proceed with it.
- CATs are an integral part of evidence-based patient care and not just academic exercises. It defeats the purpose somewhat if you find some evidence first and then choose a relevant patient.
- A CAT is a summary of the process you went through from:
  - identifying one of the patient’s major clinical problems;
  - formulating a focussed clinical question to address an aspect of the problem (diagnosis or prognosis or therapy or causation/prevention);
  - searching for a relevant clinical paper;
  - critically appraising the evidence reported in the paper; and
  - deciding on the applicability of the evidence to the patient.
- If at all possible, each CAT you complete should answer different type of clinical question or use difference types of study, using the following as a guide:
  1. An ‘intervention’ question: - best answered with a Randomised Controlled Trial (RCT), but sometimes a cohort study;
  2. A ‘diagnostic’ test accuracy question: - best answered with a cross-sectional study, but sometimes a cohort study. If your question is about the effectiveness of a diagnostic or screening test in reducing disease events, then this is best answered with an RCT;
  3. A second ‘intervention or diagnostic test’ question but answered using a Systematic Review of studies rather than a single study.

https://www.dfo.com.au/homebush/stores/#/homemaker All CATs should be completed electronically by filling in the appropriate 3-sheet GATE workbooks (in MS Excel files) presented in the EBM lecturers in the first Formal Learning block. All sure you provide a copy of the paper you appraise with your CAT.

All CATs have six components:

1. **Problem (page 1 of CAT)**
   This is a brief description of the patient’s problem you are investigating.
2. **ASK: Five-part question (Ask & Acquire sheet of GATE workbook)**

This is a focused clinical question, as discussed in the formal learning session. It should include the five components of a focused PECOT question [i. Patient population, ii. Exposure group(s), iii. Comparison group, iv. Outcome(s), v. Time period of interest]. List each of the 5 components on separate lines. Each part can be written as a series of key words; the full 5-part question does not have to read as a grammatically correct sentence.

3. **ACQUIRE: The electronic search (Ask & Acquire sheet of GATE workbook)**

This should include:
- The database(s) you searched e.g. DynaMed, Up-to-date, Cochrane, PubMed, Google scholar;
- The search terms you used;
- The number of ‘hits’ you got; and
- The title of the paper you decided to appraise. You must include a copy of the paper you appraise with your CAT assignments.

If you are unable to find any relevant papers in your initial search you should ask your clinical supervisor for help. If your supervisor suggests a relevant paper, you still need to go through the process above and make sure you are also able to find the paper electronically. The paper you chose does not have to be a great paper. If it has significant flaws, then you need to state this in your appraisal.

4. **APPRAISE: Critical appraisal of paper (APPRAISE sheet of GATE workbook)**

This is the main component of a critical appraisal and includes a description of the study design, the study numbers and the study biases. It also has a calculator that is included so you can check the reported study results. Not every study easily fits into the GATE frame and sometimes the relevant numbers are not provided in the paper chosen. Nevertheless, fill in as much of the Appraise sheet as you are able to as it will help you better understand the study and make discuss any missing components.

If there are multiple exposure groups, you can either choose one (ideally the most relevant or one with complete data) or you can complete the GATE frame for one exposure, then make a copy of the Appraise sheet (see the Instructions sheet at the front of the GATE Workbook) and change the relevant numbers and description relevant to another exposure. Similarly, if there are multiple outcomes, either choose one or make an additional copy of the Appraise sheet to describe another outcome. Please state which outcome you have included in each GATE frame (and from which Table or Figure or page in the paper you extracted the data).

The Appraisal should also include a summary comments on the paper and its relevance using the 5 headings/questions provided at the bottom of the Appraise sheet.

5. **APPLY: Weighing up the evidence and other relevant factors and proposing an answer to your question (APPLY sheet of GATE workbook)**

There are four components to making a clinical decision and you should comment on these:

i. the quality and consistency of the epidemiological evidence;
ii. any systems (economic, legal or political) issues;

iii. any specific circumstances related to the particular patient (e.g. co-morbidities, psychological or social issues); and

iv. any relevant issues related to the values and preferences of the patient, the family, the community or the health practitioners involved.

Based on these four factors, you should finish the CAT with a statement describing your answer (the clinical bottom line) to the initial clinical question as it applies to your patient.

6. **AUDIT: What are the implications of your clinical decision for practice?**  
   **(APPLY sheet of GATE workbook)**

Please comment on whether your proposed evidence-based decision conforms with standard practice or the actual decision made about the patient. If not, does this suggest current practice should be changed?

**Notes on the CAT Checklists**

There is a GATE workbook for each major type of clinical study.

Each workbook has three sheets including the six sections discussed above.

The questions in all workbooks are quite similar, as the GATE (Graphic Appraisal Tool for Epidemiology) approach to appraisal is based on the principle that all epidemiological studies are variations of one generic design.

In addition to the written components of the checklist, there is a generic GATE Frame on the **APPRAISE** sheet of each workbook that is a pictorial representation of the study.

Hanging the study on the GATE Frame and filling in the study numbers when appraising a study helps make sense of the study design and numbers; students are expected to complete the GATE Frames as part of their critical appraisals. Sometimes a study doesn’t fit easily into the Frame provided (e.g. there may be more than one circle [exposure and comparison group] or more than one outcome square required). If so you can make multiple copies of the Appraise sheet (instructions on how to do this are shown on the addition Instructions sheet at the front of each GATE workbook). A calculator is embedded in the GATE frame of all Workbooks except the Systematic Review Workbook. If all the relevant numbers are keyed into the GATE Frame, it will calculated EGO, CGO, RR, RD plus 95% CIs. In the Diagnostic Test Accuracy Workbook, it will calculate sensitivity, specificity, LRs and an electronic LR nomogram is included for calculating post-test probabilities. These will be discussed in the EBM lectures in the first Formal Learning block.

**Guidelines for marking CATs**

You will find that most departments will be using either the following guidelines for the assessment of CATs, or one very similar to it. Some departments will require you to do an oral presentation as well, which will be based along the lines of a paper presented at a scientific meeting. In these situations, there will usually be 10 minutes for the presentation and explanation, followed by 4-5 minutes for questions. Note that row 3 below describes the expected standard.
### Example of Assessment Criteria and Standards for Critically Appraised Topics (CATs)

<table>
<thead>
<tr>
<th>Choice of Question</th>
<th>Literature Search</th>
<th>Analysis of paper</th>
<th>Quality of presentation</th>
<th>Conclusion &amp; Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>4  Thoughtful, incisive question, clearly related to relevant clinical problem.</td>
<td>4  Excellent and thorough search strategy.</td>
<td>4  Excellent analysis of paper. All the appropriate issues identified and discussed.</td>
<td>4  Excellent presentation. Clear and appropriate use of visual aids. Keeps to time.</td>
<td>4  Fully justified and appropriate conclusions drawn from the paper. Good and justified responses to questions.</td>
</tr>
<tr>
<td>3  Good question well related to clinical problem and of clinical relevance.</td>
<td>3  Good search strategy with good documentation of search.</td>
<td>3  Reasonable analysis of paper. Most of the relevant issues discussed / presented.</td>
<td>3  Clear presentation. Only one or two areas for improvement. Keeps to time.</td>
<td>3  Good summary and conclusion, a few minor improvements possible.</td>
</tr>
<tr>
<td>2  Reasonable question but not well related to a clinical scenario.</td>
<td>2  Just adequate search, with limited documentation of search.</td>
<td>2  Marginal analysis of paper. Several significant errors or omissions.</td>
<td>2  Borderline presentation. Poor time keeping. Problems with communication skills.</td>
<td>2  Conclusion not fully justified. Errors in the logic of drawing the conclusion. Poor handling of questions.</td>
</tr>
<tr>
<td>1  Poor question, not related to relevant clinical scenario by student.</td>
<td>1  Inadequate search used, with no search strategy documentation.</td>
<td>1  Poor analysis. Many gaps in assessing paper.</td>
<td>1  Very poor presentation. Poor visual aids. Bad time keeping. Poor communication skills.</td>
<td>1  Conclusion not linked to question and analysis. Significant lack of logic and justification in answers.</td>
</tr>
</tbody>
</table>
Appendix 3: Learning Outcomes for Formal Learning Sessions

Clinical Pharmacology
- Develop, through study and application of pharmacological principles, a framework of knowledge that forms the basis for the safe and effective use of medicines in clinical practice.
- Demonstrate foundation skills for safe and effective prescribing.
- Identify and analyse learning opportunities in the clinical environment.
- Identify approaches to reducing and eliminating health inequities.

Pneumonia
- Identify the clinical features used to diagnose pneumonia and decide on the most appropriate treatment.
- Recognise the chest X Ray features most commonly used to diagnose pneumonia radiologically.
- Explain the reasoning behind selection of antimicrobial agents for treatment of pneumonia when the microbiologic aetiology is commonly not known.
- Summarise the major contribution of inappropriate antimicrobial therapy of URTIs to the spread of antibiotic resistant bacteria in our community.
- Apply the template for considering the diagnosis and management of a range of other common infectious diseases.

Nosocomial Infection
- Explain the high incidence of healthcare associated infections, and the procedures that particularly place patients at risk of these infections.
- Discuss the importance of hand hygiene and barrier precautions in preventing healthcare associated infections.
- Apply the methods of diagnosing and where necessary treating two common, important healthcare associated infections: vascular cannula infections, and urinary catheter associated infections.
- Demonstrate how to perform effective hand hygiene.

Evidence Based Medicine
- Apply focussed clinical questions to acquire relevant clinical evidence.
- Critically appraise clinical studies.
- Explain the need to integrate the evidence with patients’ values and other relevant clinical to make good decisions.
- Use GATECAT workbooks to document the EBM process for a specific clinical problem for a specific patient.
Maori Health

- Explain why health professionals in Aotearoa/New Zealand need to understand Māori health, inequalities and associated concepts such as colonisation and racism.
- Identify actions that health professionals can take to recognise our own biases and reduce their impact.
- Examine differences in quality of care for Māori and non-Māori and explain how inequities can be reduced.
- Describe the stages of the Hui Process and use these elements in clinical practice.
- Identify common stereotypes relating to Māori health and discuss the implications for clinical practice.

Obesity

- Discuss the most common causes and associated risk factors for obesity in our society.
- Explain the impact of obesity on reproduction and chronic disease.
- Summarise the challenges in treating the obese patient.
- Discuss barriers to behaviour changes in patients and how to work around them.
- Outline the current interventions available for obese patients.

Cardiovascular

- Identify the presenting symptoms and signs of the major cardiac conditions that commonly present in clinical practice.
- Explain the strengths and shortcomings of the respective tests used for assessing patients presenting with these conditions.
- Apply the main principles for diagnosing and managing patients with acute coronary syndromes in clinical settings.
- Explain how to detect and differentiate common heart valve diseases and aortic diseases.
- Apply learning to accurately and rapidly interpret ECGs.

Respiratory

- Identify presenting symptoms and signs of three major specialist areas of respiratory diseases (lung cancer, sleep disordered breathing and pulmonary TB).
- Explain the strengths and shortcomings of the respective tests used for assessing patients presenting with these conditions.
- Apply the main principles for diagnosing and managing patients with acute respiratory conditions in clinical settings.
- Extend the principles of care for patients with long term conditions and multiple morbidities.

Thrive on the Wards

- Identify appropriate help-seeking behaviours for self and others.
• Assess the impact of stress (and illness) on self and patients.
• Evaluate evidence-based strategies for prevention and management of stress and burnout.
• Demonstrate self-awareness and awareness of impact on others

**Medical Imaging**
• Develop a basic understanding of the principles and techniques of Medical Imaging.
• Explain how Medical Imaging is used in guiding diagnosis and treatment.
• Explain the importance of the correlation of patient history, clinical findings, anatomy and Radiological imaging to arrive at a correct diagnosis.
• Differentiate between normal vs. abnormal on images.
• Identify the common pathologies in each module of chest X-Rays, orthopaedic trauma images and bowel obstruction images.
• Describe the main features of a chest radiograph to someone else.
• Develop a sensible provisional or differential diagnosis of a chest without missing significant diseases.
• Recognise the common cardiovascular abnormalities on images.
• Recognise a bowel patterns and a bowel obstruction on plain images.
• Develop a system for looking at orthopaedic trauma images and recognise several common osteopathologies, using a combined clinical, radiological and pathological approach.
• Recognise several radiological signs of disease on plain images

**Blood Cancer**
• Summarise the pathology of different blood cancers including the stage of development and cell type that is abnormal.
• Explain the concept of tumour specific and clinical staging, and the relevance for prognosis and treatment.
• Differentiate the clinical presentations of lymphoma, myeloma and acute leukaemia.
• Explain the general principles of treatment of these diseases.

**Motivational Interventions**
• Explain the principles of motivational interviewing and the applicability of these to everyday.
• consultations and patient interactions.
• Describe the key success factors for motivational interviewing.
• Demonstrate the practical application of these principles in future patient communication.
• Summarise the practical applications of the principles of motivational interviews in future patient communication.
Pacific People’s Health

- Explain the key strategies to gain respect and an ability to respond to the cultural context and aspirations of Pacific patients; families and communities.
- Summarise the importance of key stakeholders and community leaders to clinician’s work for health interventions and health research in communities and countries.
- Identify the key components to incorporate cultural self-reflective practice in clinical encounters to ensure safe clinical practice.
- Apply respectful behaviours, skills and knowledge when working with Patients families and communities.

Venous Thromboembolism

- Summarise the risk factors for VTE, and how these are incorporated into algorithms for hospitalised patients to prevent VTE which balance risk of VTE and bleeding risk.
- Explain the diagnosis of PE including risk scores, d-dimer and diagnostic tests.
- Explain the stratification of risk of mortality in PE and thrombolysis in patients with shock.
- Discuss anticoagulation options for both the prevention and treatment of VTE.

Neurology

- Explain the scientific characteristics, the parts of the nervous system affected and the pathological processes leading to the formation of common neurological conditions.
- Summarise the important symptoms for recognising a neurological dysfunction and apply to future clinical practice after, wherever possible, conducting a systematic neurological examination.
- Summarise the procedural steps for an effective diagnosis of the common and important neurologic disorders.
- Explain the place of specialised neurological investigations in the analysis of the major neurological symptoms and syndromes and the main indications for the use of these procedures.
- Describe the main indications for, and side effects of, drugs commonly used in the treatment of neurological conditions.

Endocrinology and Diabetes

- Apply key basic science principles to the evaluation of patients with common endocrinological diseases (metabolic bone, thyroid, adrenal, pituitary, diabetes).
- Identify the presenting symptoms and signs of patients with endocrinological diseases that commonly present in clinical practice.
- Use knowledge gained to formulate appropriate problem lists and treatment plans for patients with a range of endocrinological diseases in clinical settings.
- Explain the strengths and shortcomings of the respective tests used for assessing patients presenting with these conditions, using best evidence.
- Apply the main principles for diagnosing and managing patients with acute diabetes.
in clinical settings.

**Global Health**
- Outline why health is global and the major challenges to health are globally distributed.
- Explain the major global health challenges of the 21st century (via the global burden of disease project), with an emphasis on the Asia Pacific region specifically.
- Illustrate the contribution that NZ medical professionals can make on the national and international stage to make a difference to global health.
- Identify the specific knowledge, attitudes and skills that are currently required by global health agencies to be effective in improving health outcomes a global or regional level.

**Ethics and Law**
- Summarise the ethical and legal frameworks governing health information in New Zealand.
- Apply those frameworks to real clinical cases.
- Identify the practical issues of working with health information.

**ORL**
- Summarise the clinical breadth of Otolaryngology as a specialty in primary and tertiary clinical settings.
- Illustrate the impact that diseases of the head and neck have on patient wellbeing.
- Describe the consequences and complications of the treatments of these conditions by listening to the patients' perspective.
- Recognise when to apply the techniques for examination of the ears, nose, oral cavity and sinuses.
- Relate this learning to the future patients experiencing ORL conditions.

**Palliative Care**
- Summarise the key messages to use in practice when introducing palliative care to a patient and whānau.
- Explain the major myths associated with the use of morphine and summarise the key messages associated with opioid prescribing.
- Identify key strategies in responding to difficult questions from patients in the last year of life.

**Geriatrics**
- Apply applicable and practical knowledge of ethical issues (especially for patient autonomy) as they especially apply to older, vulnerable patients.
- Explain the problems of communication with patients with cognitive and language (dysphasia) issues and some skills (including how to access help) to overcome these.
• Summarise the complexity of acute presentation of older patients and the practical challenges in the clinical assessment of older people.
• Summarise the key issues to consider in the process of a patient journey through rehabilitation from a traumatic illness/ injury.
• Explain the value and contribution of multidisciplinary teams to patient care for older patients and those undergoing rehabilitation.

Renal Disease
• Recognise the common clinical features, complications and diagnosis for acute renal failure, chronic renal failure and nephrotic syndrome and outline how to start treatment in patients with these symptoms.
• Summarise and apply the clinical skills needed to assess and manage patients with fluid overload and dehydration, oedema and hypertension.
• Explain the classification of renal failure by GFR (grades I-V) and how the use of the K/DOQI evidence-base is used in clinical practice guidelines for diagnosing chronic kidney disease.
• Apply the lessons learned to elicit an appropriate clinical history from a patient presenting with assess fluid overload and dehydration, oedema and hypertension.
• Explain and apply the principles of clinical pharmacology to patients with renal dysfunction with special reference to:
  – Appropriate modification of drug dosage in renal failure
  – Drugs to slow the progression of chronic renal disease
  – Hypertension
  – Hyperkalaemia
  – Anaemia and erythropoietin

Orthopaedics
• Discuss the clinical features and management of common ankle injuries such as ankle sprains, achilles tendon rupture and ankle fractures.
• Summarise knee injury patterns and describe the clinical features of anterior cruciate ligament ruptures and meniscal tears.
• Demonstrate a working knowledge of patello-femoral pain, patellar instability and other soft-tissue causes of knee pain.
• Summarise the pathology of stress fractures, the common sites and how to diagnose and treat.

Dermatology
• Summarise the importance of the identification and clinical management of skin cancer, differentiating between melanoma, basal cell cancer and squamous cell cancer.
• Explain the distinguishing features and the principles of the clinical management of the common inflammatory dermatoses, cutaneous infections and immunobullous
• Discuss the different forms of treatment for common skin diseases.
• Accurately describe common rashes and lesions and their distinguishing features.

**Gout Symposium**
• Explain the key checkpoints in pathogenesis of gout.
• Outline the typical clinical presentation of gout.
• Explain the principles of gout management.
• Summarise the impact of gout on the patient, whānau and community.
• Explain the role of health literacy in improving outcomes for people with gout.

**Clinical Pathology**
• Use the results of a laboratory test to confirm or refute clinical differential diagnoses for a clinical case.
• Summarise the importance of sample collection and sample limitations on a test result.
• Explain the importance of sensitivity, specificity, positive and negative predictive value when interpreting a laboratory test.

**Gastroenterology**
• Apply scientific knowledge of physiology to common and clinically important diagnoses and explain the rationale for their management.
• Explain how to elicit relevant information from history-taking to aid in the diagnosis of GI conditions.
• Synthesise and integrate information to formulate differential diagnoses.
• Explain the impact of selected GI conditions on population health, the role of population screening in GI cancers and the importance of advocating for health promotion to reduce the risk of disease.

**Screening, Brief Intervention, and Referral to Treatment: Skills for identify risky drinking**
• Explain the importance of shifting from a binary to a continuum of risk perspective regarding addictive consumptions (alcohol, gambling, smoking, illicit drugs).
• Summarise the steps to differentiate low risk, risky, problematic and dependent drinking.
• Describe how to clinically use the tools to deliver brief advice on alcohol and drug use without implied judgement of a patient.
• Identify a range of services available and the appropriate time for a referral of a patient.
• Outline the expectations of the drug and alcohol assessment in GPOPS week.
**Patient Can’t Speak for Themselves**

- Explain the importance of patients’ consent for their involvement in patient care for the purposes of learning and/or for the purpose of contributing to that care.
- Explain the importance of informed consent for anaesthesia.
- Summarise key points relevant to the respect of Māori patients in the operating room and more generally.
- Extrapolate from respect for Māori patients to more generic principles of cultural competence in the operating room and on the wards.
- Summarise the major and varied risks associated with anaesthesia for patients.

**Urology and Prostate Cancer**

- Explain the pros and cons of screening for prostate cancer.
- Explain the conflicting views in relation to the diagnoses and treatment of prostate cancer from a urological perspective, using best evidence.
- Explain the clinical relevance of staging and grading of prostate cancer.
- Determine the curative treatments, and their side effects, for individual patient cases and the most effective regime for managing these patients.

**Neurosurgery**

- Describe the clinical features and prognosis of common and important condition that require neurosurgery.
- Summarise the most effective approach to the clinical assessment of conditions requiring neurosurgery.
- Explain the important therapeutic principles in the management of patients requiring neurosurgery.
- Identify potential risks to the recovery of patients from common forms of neurosurgery.

**Oncology**

- Develop a useful scaffold of prior knowledge on which to build the recent research findings and advances in cancer care.
- Explain the main features of the five therapeutic revolutions in cancer care.
- Explain the genomic hallmarks of cancer and why this is clinically relevant.
- Connect recent advances in molecular biology and genomics with the application of molecular targeted therapies and immune modulating therapies.
- Explain the logic and practice of multi-agent multimodal individualised patient care using case examples.