MBChB

Phase 2 (Year 5) Guidebook

2021

Available on MBChB Portal www.mbchb.auckland.ac.nz
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Dear Students

Re: Compulsory Declaration – Year 5
You are **required** to confirm that you have read your Guidebook and Policy Guides by completing your Phase 2 (Year 5) Compulsory Declaration by **26 January 2021**. 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 responsibility to complete the declaration by the deadline. Any delay risks disciplinary action and/or potential withdrawal from clinical attachments.

Medical Programme Directorate
Medical Programme Directorate

Compulsory Declaration – Year 5

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 5) Guidebook, and have read and understood the information therein with particular reference to:
  - Requirements and Responsibilities on Clinical attachments (Section F)
  - Policies Relevant to Phase 2 (Year 5) (Section H)
  - Scheduled Leave, Planned Holidays, and Absences (Sections K.3 and K.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. I am able to complete the year without any form of accommodation for my allocation, attachment, assessments, etc.

  OR

  I 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 spoken with them about my need for accommodation(s) to complete my medical studies.

☐ 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

  I 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 (available free from the Medical Protection Society).

☐ I consent to assessment and evaluation data being used in educational research.
Welcome from the Phase Director

Welcome to Year 5 of the medical programme! As you have seen, you are now viewed as a medical professional by many in the health care sector, as well as by the patients, their whānau, and the greater public. Now that you have started to become accustomed to this role, you will find that new challenges await you in Year 5. You will be working with more vulnerable patients, and expectations around your knowledge, clinical skills, and professionalism will be commensurately higher. Happily, your confidence in your own abilities should also be growing through this time.

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 is here to support you in the course of your studies, and we will do our best to assist you, but the information in this Guidebook, along with the Medical Programme Policy Guides, can answer many questions.

Students who are identified as having academic issues, either earlier in the Phase or during this year, are invited to meet with me to ensure that they are supported.

However, any student is welcome to contact me at any time to discuss concerns or problems. You can make an appointment through the Medical Programme Directorate (MPD), and please remember that it is most helpful if you are in touch with me before events affect your academic performance.

Please also remember the leave policy that is detailed in this guidebook. As you are aware, the challenges around scheduling clinical experiences for so many means that there is little room for flexibility, and in almost all cases, requests for planned leave outside the scheduled holidays will be denied. However, where there are extraordinary circumstances, we will try to accommodate you as far as possible.

It is particularly important that as a Year 5 student, you conduct yourself as a professional. You are expected to be punctual and reliable, dress appropriately, and show respect to all those with whom you come into contact. You will continue to develop your clinical skills and apply your basic science knowledge in a clinical setting, as well as to gain confidence in working with more complex cases.
Covid Pandemic

2020 was significantly affected by the Covid pandemic. The Faculty (FMHS) leadership worked hard with national health leaders and our DHB partners to keep medical students in the workplace as far as possible. While we hope that 2021 will be less affected by Covid, due to the likely continuing presence of this coronavirus, there will be some restrictions on patients that students may see. Students are NOT to see any patients suspected of having, or confirmed to have, coronavirus. Students are not to enter any areas of General Practices, Emergency Departments or hospital wards dedicated to patients with a risk of Covid infection. Covid continues to have unpredictable effects on Hospitals and General Practices and changes may need to be made at short notice. You should follow any and all advice from your site as to how they are managing Covid cases and how they are managing student access to patients, at risk students (eg those on immunosuppressant therapy), and other Covid-related issues.

Illness

You should not attend clinical placements if you have respiratory symptoms or a possible Covid exposure. Please follow current DHB and MOH guidelines. You must notify the MPD, mpd@auckland.ac.nz, and your campus/site coordinator as soon as possible. If you feel you are immunocompromised or otherwise at higher risk from Covid, please discuss your situation with the DMSA as soon as possible.

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 will help you grow and excel in the medical environment, but the ultimate responsibility for continuing to extend your abilities lies with you.

Enjoy your year!

Dr Kira Bacal
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## A. Essential Information

### A.1. Key Contacts

MPD general enquiries: email mpd@auckland.ac.nz  
Website: www.fmhs.auckland.ac.nz/mpd  
MBChB Portal: http://mbchb.auckland.ac.nz

**MPD is located at Level 3, Building 532, 93 Grafton Road (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>
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</thead>
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</tbody>
</table>
### A.1.2. Site Academic Coordinators

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<thead>
<tr>
<th>Site</th>
<th>Person</th>
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</tr>
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<tbody>
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## A.1.3. Site Administrative Staff

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| **Waikato/Lakes Clinical Campus** |  |
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### A.1.4. Academic Leads

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### Week/Assessment

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<td>Year 5 CSA</td>
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</table>
## A.1.5. Practicum Placement Coordinators

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<thead>
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<th>Attachment</th>
<th>Person and Location</th>
<th>Phone and Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice</td>
<td>Theresa Nathan Level 2, Building 507, 22-30 Park Avenue, Grafton</td>
<td>(09) 923 3129 <a href="mailto:t.nathan@auckland.ac.nz">t.nathan@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Michelle Carvalho Level 3, Building 507, 22-30 Park Avenue, Grafton</td>
<td>(09) 923 9822 <a href="mailto:m.carvalho@auckland.ac.nz">m.carvalho@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Christine Ganly Level 3, Building 507, 22-30 Park Avenue, Grafton</td>
<td>(09) 923 2861 <a href="mailto:c.ganly@auckland.ac.nz">c.ganly@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Shelly D’Silva Level 3, Building 507, 22-30 Park Avenue, Grafton</td>
<td>(09) 923 6243 <a href="mailto:s.dsilva@auckland.ac.nz">s.dsilva@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Population Health Intensive (PHI) Coordinator</td>
<td>Rachael Bro, Level 2, Building 507, 22-30 Park Avenue, Grafton</td>
<td>(09) 923 4782 <a href="mailto:rachael.bro@auckland.ac.nz">rachael.bro@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Saira Khan Level 3, Building 507, 22-30 Park Avenue, Grafton</td>
<td>(09) 923 6751 <a href="mailto:s.khan@auckland.ac.nz">s.khan@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Selective</td>
<td>Claudia Makgill Level 3, Building 532, 93 Grafton Road, Grafton</td>
<td>(09) 923 4243 <a href="mailto:claudia.makgill@auckland.ac.nz">claudia.makgill@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Specialty Surgery</td>
<td>Christine Ganly Level 3, Building 507, 22-30 Park Avenue, Grafton</td>
<td>(09) 923 2861 <a href="mailto:c.ganly@auckland.ac.nz">c.ganly@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Urgent &amp; Immediate Patient Care</td>
<td>SCPS Administrator Simulation Centre for Patient Safety The University of Auckland Private Bag 92019 Auckland 1142</td>
<td>(09) 923 3122 <a href="mailto:scpsadmin@auckland.ac.nz">scpsadmin@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>
| Prescribing Skills Assessment | Kathryn Siow  
Level 1, Building 505,  
85 Park Avenue,  
Grafton | (09) 923 6370  
k.siow@auckland.ac.nz |
### A.1.6. Formal Learning Convenors

<table>
<thead>
<tr>
<th>Topics</th>
<th>Person and Email</th>
</tr>
</thead>
</table>
| Clinical Pharmacology: Safe Prescribing and Prescribing for Special Populations | Dr Catherine Han  
c.han@auckland.ac.nz |
| Complementary and Alternative Medicine                       | Assoc Prof Jo Barnes  
j.barnes@auckland.ac.nz |
| Dilemmas in Palliative Medicine                              | Dr Shamsul Shah  
shamsuls@adhb.govt.nz |
| Effective interventions for young people                     | Assoc Prof Simon Denny  
s.denny@auckland.ac.nz |
| Ethics- Primum non tacere: “First, be not silent”            | TBC                                                   |
| Infectious Diseases                                          | Assoc Prof Mark Thomas  
mg.thomas@auckland.ac.nz |
| Māori Health                                                 | Dr Jade Tamatea  
jade.tamatea@waikatodhb.health.nz |
| Optimised Patient                                            | Prof Simon Mitchell  
sj.mitchell@auckland.ac.nz |
| Preparation for paediatrics: Understanding why kids get sick and how to tackle parents' common questions | A/P Stephen Howie  
stephen.howie@auckland.ac.nz |
| Presentations that Challenge the Biomedical Model             | Assoc Prof David Menkes  
david.menkes@auckland.ac.nz |
| Professionalism & Legal Requirements in Practice: PPS Workshop | Dr Jill Yelder  
j.yielder@auckland.ac.nz  
Dr Vicki Jones  
vicki.jones@auckland.ac.nz |
| Toxicology                                                   | Dr Chris Lash  
Christopher.Lash@middlemore.co.nz |
| Transfusion Essentials... What, When, Why?                   | Dr Laura Young  
l.young@auckland.ac.nz |
| Understanding and managing addiction and drug seeking behaviours | Dr Ryan San Diego  
r.sandiego@auckland.ac.nz |
| Venoms to Vasculitis                                         | Dr Rohan Ameratunga  
rohana@adhb.govt.nz |
| Violence vs Women/Interpersonal Violence                     | Prof Peter Adams  
p.adams@auckland.ac.nz |
| What You Need to Know About Child and Adolescent Mental Health | Dr Hiran Thabrew  
h.thabrew@auckland.ac.nz  
Dr Grant Christie  
g.christie@auckland.ac.nz |
| Women's Health Symposium                                     | Dr Joy Marriott  
j.marriott@auckland.ac.nz  
Dr Ngaire Anderson  
n.anderson@auckland.ac.nz  
Dr Miriam Nakatsuji  
m.nakatsuji@auckland.ac.nz |
<table>
<thead>
<tr>
<th>Clinical Imaging</th>
<th>Heather Gunn</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:h.gunn@auckland.ac.nz">h.gunn@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Clinical Pathology</td>
<td>Dr Andrew Dubovyi</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:a.dubovyi@auckland.ac.nz">a.dubovyi@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>Complementary &amp; Alternative Medicine</td>
<td>Assoc Prof Joanne Barnes</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:j.barnes@auckland.ac.nz">j.barnes@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Emotional Intelligence</td>
<td>Dr Fiona Moir</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:f.moir@auckland.ac.nz">f.moir@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Haematology</td>
<td>Prof Peter Browett</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:p.browett@auckland.ac.nz">p.browett@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Health Informatics</td>
<td>Dr Karen Day</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:k.day@auckland.ac.nz">k.day@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Sexual Health</td>
<td>Dr Stephen Ritchie</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:s.ritchie@auckland.ac.nz">s.ritchie@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>
# A.1.7. Who to Contact for Advice

The following table gives a summary outline of where to seek help or advice if you have issues to discuss or queries to be solved. Additional information can also be found in the [where to get HELP!](#) links in the Student Welfare section of the MBChB Portal.

<table>
<thead>
<tr>
<th>Person</th>
<th>Advice/ Issue/ Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Support Advisor</td>
<td>General support questions (pastoral, academic, financial, logistical) for both domestic (non-MAPAS) and international students.</td>
</tr>
<tr>
<td>MAPAS Student Support Advisor</td>
<td>First point of contact for any enquiries from MAPAS students.</td>
</tr>
<tr>
<td>UoA Student Counselling</td>
<td>Personal, confidential counselling – for appointment, phone (09) 923 7681 (or the Student Support Advisor can assist if urgent) or make a request online. See also the “Where to Get Help“ section on the MBChB portal.</td>
</tr>
<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>Practicum Placement Coordinators</td>
<td>Most routine administrative or organisational matters relating to an attachment, e.g. timetables, deadlines, etc.</td>
</tr>
<tr>
<td>Site Coordinator</td>
<td>Administrative or organisational aspects specific to the site cohort.</td>
</tr>
<tr>
<td>Academic Lead</td>
<td>Most academic matters relating to the attachment, e.g. concerns about team dynamics, assessment questions, etc.</td>
</tr>
<tr>
<td>Phase 2 Director</td>
<td><strong>Any request for leave</strong>, variation to current policy, extended absence, change in allocation or amended timetable. Any academic or professional matter in relation to Phase 2. Any discussions about remediation.</td>
</tr>
<tr>
<td>MPD Practicum Placement Coordinator</td>
<td>Administration of student choices. Coordination of student allocations to hospitals.</td>
</tr>
<tr>
<td>Selective Coordinator</td>
<td>Academic policy matters relating to the Selective. Sign off for Selective documentation/ approvals.</td>
</tr>
<tr>
<td>Directors of Medical Student Affairs</td>
<td>Concerns about signing the Compulsory Declaration. Concerns regarding Fitness to Practise. Plans to defer or request extended leave from the programme.</td>
</tr>
<tr>
<td>Head of the Medical Programme</td>
<td>Issues requiring the approval of the Dean.</td>
</tr>
</tbody>
</table>
### A.2. Summary outline of Year 5

<table>
<thead>
<tr>
<th>Date (2021)</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 January</td>
<td>Formal Learning Week</td>
</tr>
<tr>
<td>25 January</td>
<td>Cohort Orientation</td>
</tr>
</tbody>
</table>
| 19 February | Personal Learning Plan 1

*Submission* |
| 6 April     | Easter Tuesday – **Not a Holiday** |
| **Friday 16 April** | **Progress Test 1** (PT 25) |
| 31 May – 4 June | Population Health Intensive Week (**mandatory attendance**) |
| Refer to **Section C.6.7** | Quality Improvement test |
| 7 June      | Formal Learning Week 2 |
| 21 June     | PHI Optional Assignment |
| **Friday 16 July** | **Progress Test 2** (PT 26) |
| 2 August    | Clinical pathology project* |
| 20 August   | PPS Portfolio |
| 20 August   | Significant Learning Event |
| 30 August   | Ethics assignment |
| 1 October   | Personal Learning Plan 2

*Submission* |
| 15 October  | Last Day of Year 5 Clinical Attachments |
| 21-23 October | Surgical Skills workshop for **only** students assigned to Tauranga, New Plymouth, or Whangarei in 2022 (Y6) |
| 22 October  | Hauora Māori- Online modules completed |
| **Tuesday 26 October** | **Progress Test 3** (PT 27) |
| 27 October (Morning) | Prescribing Safety Assessment (**mandatory 2 Hour Test**) |
| 27 October (Afternoon) | **Year 6 Orientation** |
| 28 - 29 October | Year 5 Clinical Skills Assessment |
| 10 November  | Board of Examiners |
| 15 November – 10 December | Remediation Period |
| 15 December | Supplementary Year 5 Board of Examiners |
| 10 January 2022 | Commencement of Year 6 |

*roughly 2 weeks prior to hand-in date for Portfolio*
Phase 2 students are expected to sit all three Progress Tests over the course of the year. The final date that all students are required to attend is 27 October when you must be at the Grafton campus for your Prescribing Safety test in the morning and the Year 6 Orientation in the afternoon.

Year 5 students should not leave the country before the Board of Examiners in case you are required to participate in the Remediation Period which starts the following Monday. Please ensure that your contact details are up to date on SSO in case the MPD needs to reach you after the Board of Examiners.

A.3. Accessing information for the medical programme

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

- 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. Student Frequently Asked Questions (FAQs)

<table>
<thead>
<tr>
<th>Student Questions</th>
<th>Response</th>
</tr>
</thead>
</table>
| **Absences and Leave**                                                            | • You need to apply for leave in advance whenever you want or need to miss any part of your academic calendar. This includes all Formal Learning and Progress Test dates.  
  • You should apply for this leave as early as possible.  
  • Your first approach should be to your Phase Director.  |
| Under what circumstances do I need to apply for planned leave?                    | • You need to apply for leave if you are planning to miss any part of the curriculum.  
  • Your absence may have an impact on others, such as in small group work, participation in videoconferences, or any other time when your absence may be noted.  
  • Failure to notify the Phase 2 Director and other relevant supervisors ahead of time may lead to disciplinary action.  
  • Attendance and participation during Population Health Intensive week is compulsory.  |
| Do I need to apply for leave if I am only going to miss non-clinical attachment time (e.g. Formal Learning week, Population Health Intensive week)? | • Yes. You need to apply for leave if you are planning to miss **any** part of the curriculum.  
  • Your absence may have an impact on others, such as in small group work, participation in videoconferences, or any other time when your absence may be noted.  
  • Failure to notify the Phase 2 Director and other relevant supervisors ahead of time may lead to disciplinary action.  
  • Attendance and participation during Population Health Intensive week is compulsory.  |
| Do I need to sit a Progress Test if it is during my scheduled vacation time?      | • Yes. Phase 2 students are expected to sit all three Progress Tests over the course of the year.  
  • You can ask to sit the test in a location outside your assigned cohort if you are on vacation elsewhere in NZ.  |
| How do I apply for leave for a scheduled event (one with more than 24hour notice, e.g. conference, family reunion, wedding, etc.)? | • See section K.3. 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 explaining the situation and your request in appropriate detail; include your full name, ID number, UPI, cohort, group, the reason for the request, what attachment/assessments you will miss, and how you propose to make up the missed time. Dr Bacal can then advise you. Your leave application must be submitted in writing (e.g. via email) and as far in advance as possible.  
  • Please note that your leave request must be **INCLUSIVE** of travel time, e.g. if you will be traveling to Australia for a 3-day conference and require a day of travel on either side, request leave for the entire 5-day period.  
  • 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.  |
| How do I request leave for an event with very little (<24 hour) notice (e.g. funeral, etc.)? | • See section K.4. You should immediately contact your supervisor and site coordinator to request the leave.  
• You should then advise other relevant individuals (Clinical Attachment Convenor, site coordinator, MPD, Phase 2 Director) as soon as possible, particularly if you may require several days away, e.g. for a tangi/ bereavement leave. |
| --- | --- |
| 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 or a dependent are unwell, see advice below. |
| What do I do if I get sick and need to stay home? | • You should not attend clinical placement if you have respiratory symptoms or a possible Covid exposure. Please follow the current DHB and MOH guidelines.  
• If you or a dependent are unwell and you need to be absent, notify your campus/ site coordinator and your clinical supervisor as soon as possible. You should indicate the first date of your absence due to illness and your expected date of return.  
• If your illness will cause you to miss a significant portion (see section K.4) of your attachment (either due to being absent for a key event, or by missing a significant portion of the attachment), you should contact the Phase Director and your site/attachment coordinator as soon as possible to discuss your options. |
| What do I do if I am hospitalised? | • You or your support person should contact the MPD (email: mpd@auckland.ac.nz) as soon as possible.  
• Under these circumstances, the MPD will take responsibility for informing the relevant clinical site and department. |
| Academic and Professional Matters |  |
| Who do I contact if I have an academic question? | • After ensuring the answer is not in the Guidebook, you can approach the Phase 2 Director. |
| 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 the attachment administrator or convenor. |
| **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 Phase 2 Director if you believe your situation falls into this category.  
  • If your need is based on a non-academic concern, you may also wish to seek support from the Student Support Advisor or DMSA. |
|---|---|
| **Who do I contact if I have a problem with my clinical supervisor?** | **•** You should first speak with the convenor for that attachment.  
  • You may also speak to your site lead, Phase 2 Director, or Student Support Advisor.  
  • You can, if desired, ask to speak confidentially or otherwise keep the matter informal while exploring your options.  
  • It is always a good idea to seek advice on these issues proactively, rather than wait until the end of the attachment when it may be too late to address matters. |
| **What do I do if I think I am being treated unfairly by a clinical supervisor or member of my team?** | **•** You should first speak with the convenor for that attachment.  
  • You may also speak to your site lead, Phase 2 Director, or Student Support Advisor.  
  • You can, if desired, ask to speak confidentially or otherwise keep the matter informal while exploring your options.  
  • It is always a good idea to seek advice on these 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) report laid against me?** | **•** See the Fitness to practise policy.  
  • An FtP may be filed for health concerns, a lack of professionalism, or other external issues which are felt to reflect upon your fitness to practice as a medical professional.  
  • The Phase 2 Director will discuss non-critical incidents with you and, barring further incidents, 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 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** | **•** If your concerns are specific to an individual attachment, you can seek feedback or guidance from your clinical supervisor or the attachment convenor.  
  • For more global concerns, you can approach the Phase 2 Director, Student Support Advisor, or University Student Learning Services. |
| Who do I contact if I need help with my English language skills? | • English Language Support is available from [English Language Enrichment](#).  
• In the past, some students have also benefited from joining [Toastmasters NZ](#) to obtain experience in public speaking and presentation skills. 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](#), though this option would require self-funding. |
| 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.  
• The Phase 2 Director can also offer advice and suggestions. |
| Who do I contact if I need help with my history taking skills? | • First and foremost, approach your clinical supervisor and request assistance.  
• You should also speak with the attachment convenor and request additional support.  
• The Phase 2 Director can also offer advice and suggestions. |
| Who do I contact if I don’t think an attachment is going well? (e.g. I’m not seeing enough patients, I’m not getting any teaching, I think my supervisor hates me…) | • First discuss your performance and concerns with your supervisor. If, despite this, your concerns remain, approach the attachment convenor and/or the Phase 2 Director.  
• Do not put off addressing this matter – it is easier to fix things during an attachment, rather than afterwards. |
| Who do I contact if I need help with my test-taking skills (e.g. concerns about progress test performance)? | • [University Student Learning Services](#)  
• The Phase 2 Director or Student Support Advisor can also provide advice and suggestions. |
| Who do I contact if I need help with my time management skills? | • [University Student Learning Services](#) or Student Support Advisor can help. |

**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 or the Phase 2 Director.  
• You could advise also encourage your classmate to contact the Student Support Advisor or University Health Services. |
| Who do I contact if I have a problem with a classmate? | • Assuming you have been unable to work it out with your classmate directly, you may wish to approach the [University Mediation Services](#) or [University Counselling Services](#). The Student Support Advisor or your Phase Director may also be able to assist. |
If you feel unsafe, please contact the Police, the Student Support Advisor, or your Phase Director immediately.

| 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. • In addition, your Student Support Advisor can discuss options available to you and refer you to University Counselling Services (or similar services at out of Auckland sites) 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 within my whānau, etc.)? | Your Clinical Campus Manager/ Site Administrator and Academic Coordinator are available to provide support at your Cohort site and refer you to local resources. • Your Student Support Advisor and the University Counselling Services are available to support students with non-academic concerns. • Similar services are available at all cohort sites. See the “Where to get HELP” section of the Portal. |
| 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 the Phase 2 Director or Student Support Advisor. • You will then, as appropriate, be referred to the Directors Medical Student Affairs, for further discussions • All formal deferral applications will need to be approved by the Head of the Medical Programme Directorate (see section I.6.1). |
| What do I do if my situation changes and this affects my academic performance (e.g. divorce, moving house, financial crisis, etc.)? | In such a situation, it is always better to speak to your local Academic Coordinator, the Phase 2 Director, or Student Support Advisor before your academic performance is affected. • With notice, it may be possible 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 on time. |
| What happens if someone reports concerns about me or my wellbeing or performance? | You will be notified by the Phase 2 Director 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 first speak to the attachment convenor or site coordinator.
- You may also speak to the Phase 2 Director.
| I received a grade of Borderline or Unsatisfactory on a Progress Test – who should I discuss this with? | • You should make an appointment with the Phase Director to discuss the matter and get suggestions on how to address those areas in which you demonstrated weaknesses.  
• The University Student Learning Services 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. You should obtain a clear understanding of what aspects of your performance need work.  
• You should then speak with the Phase 2 Director to put academic assistance in place as quickly as possible before the same problem occurs in another attachment.  
• The Board of Examiners will consider all your results and grades when making decisions about your specific situation. |
| 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 the attachment convenor. You should obtain a clear understanding of what aspects of your performance need work.  
• You should then speak with the Phase 2 Director to put academic assistance in place as quickly as possible before the same problem crops up in another attachment.  
• The Board of Examiners will consider 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 took an exam? | • The Aegrotat and Compassionate Consideration processes are intended for situations like this, when your preparation for or performance on an assessment are negatively impacted 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.  
• Strict University 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. |
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 basis, i.e. at least daily. Please ensure that your contact details, including a working phone number, are kept up to date on your Student Services Online page. (See Section K.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, ID Number, UPI, year, cohort, and group as well as phrasing requests as requests, e.g., “I would like to request leave to attend a conference” rather than “I will miss a week of my attachment as I have registered for a conference and my tickets are non-refundable.”)
C. The Medical Curriculum

C.1. 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. Much will depend on the intended research topic that a student chooses, and personal circumstances and aspirations. On completion, the student will return to complete their remaining MBChB studies and graduate with two qualifications.
### University of Auckland Medical Programme – Courses and Clinical Attachments

**Phase 3 (6) 41 wks**
Northland, Waitemata, Auckland, South Auckland, Waitakato, Rotorua, Bay of Plenty & Taranaki

<table>
<thead>
<tr>
<th>General Medicine</th>
<th>General Surgery</th>
<th>Obstetrics &amp; Gynaecology</th>
<th>Psychiatry</th>
<th>Paediatrics</th>
<th>General Practice</th>
<th>Clinical Imaging</th>
<th>Emergency Medicine</th>
<th>Elective</th>
<th>Option</th>
<th>Research Project</th>
</tr>
</thead>
</table>

**Phase 2(5) 35 wks**
Waitemata / Auckland
South Auckland & Waitakato/Lakes

<table>
<thead>
<tr>
<th>Paediatrics</th>
<th>Obstetrics &amp; Gynaecology</th>
<th>Psychiatry</th>
<th>Selective</th>
<th>General Practice</th>
<th>Specialty Surgery</th>
<th>U &amp; I Patient Care</th>
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</table>

**Phase 2(5) 35 wks**
Bay of Plenty Regional-Rural

<table>
<thead>
<tr>
<th>Paediatrics</th>
<th>Obstetrics &amp; Gynaecology</th>
<th>Psychiatry</th>
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<th>Selective</th>
<th>General Practice</th>
<th>Specialty Surgery</th>
<th>U &amp; I Patient Care</th>
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</table>

**Phase 2(5) 35 wks**
Taranaki Regional-Rural

<table>
<thead>
<tr>
<th>Paediatrics</th>
<th>Obstetrics &amp; Gynaecology</th>
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<th>General Practice</th>
<th>Specialty Surgery</th>
<th>U &amp; I Patient Care</th>
</tr>
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</table>

**Phase 2(5) 36 wks**
Pūkawakawa

<table>
<thead>
<tr>
<th>Integrated Care &amp; General Practice</th>
<th>Specialty Surgery</th>
<th>Psychiatry</th>
<th>Selective</th>
<th>U &amp; I Patient Care</th>
<th>Women &amp; Children’s Health</th>
</tr>
</thead>
</table>

**Phase 2(4) 41 wks**
Auckland
South Auckland
Waitemata, Waitakototo & Bay of Plenty

<table>
<thead>
<tr>
<th>General Medicine</th>
<th>Specialty Medicine</th>
<th>Geriatrics</th>
<th>Musculoskeletal</th>
<th>Anaesthesia</th>
<th>General Surgery</th>
<th>GPOP</th>
<th>Emergency Medicine &amp; Acute Care Procedural Skills</th>
</tr>
</thead>
</table>

**Intercalated**
BMedSc(Hons) which may lead to PhD

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**Phase 1 (3)**
26 weeks

<table>
<thead>
<tr>
<th>Professional and Clinical Skills 2</th>
<th>Professional and Clinical Skills 2</th>
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<tbody>
<tr>
<td>Hauora Māori</td>
<td>Hauora Māori</td>
</tr>
<tr>
<td>Nervous System</td>
<td>Reproduction &amp; Development</td>
</tr>
<tr>
<td>Reproduction &amp; Development</td>
<td>Sensory Systems</td>
</tr>
<tr>
<td>Sensory Systems</td>
<td>Blood, Immunity &amp; Infection</td>
</tr>
<tr>
<td>Medical Humanities</td>
<td>Regulation of Body Function</td>
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</table>

**Phase 1 (2)**
26 weeks

<table>
<thead>
<tr>
<th>Professional and Clinical Skills 1</th>
<th>Professional and Clinical Skills 1</th>
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<tbody>
<tr>
<td>Hauora Māori</td>
<td>Hauora Māori</td>
</tr>
<tr>
<td>Musculoskeletal System</td>
<td>Digestive System</td>
</tr>
<tr>
<td>Digestive System</td>
<td>Respiratory System</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>Medical Humanities</td>
</tr>
<tr>
<td>Medical Humanities</td>
<td>Human Anatomy, Pathology, Physiology laboratories, ILAs</td>
</tr>
</tbody>
</table>

**Year 1**
24 weeks

<table>
<thead>
<tr>
<th>BIOSCI: Cellular Processes and Development (15)</th>
<th>MEDSCI: Organ Systems (15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>POPULHLTH: Population Health (15)</td>
<td>Physics for the Life Sciences / Behaviour, Health &amp; Development (15)</td>
</tr>
<tr>
<td>CHEM: Chemistry of the Living World (15)</td>
<td>Foundations of Biochemistry / Health Systems 1 (15)</td>
</tr>
<tr>
<td>Central Concepts of Biology / Health and Society (15)</td>
<td>General Education Option (15)</td>
</tr>
</tbody>
</table>

Courses in Yr 1 **Bold**: Courses common to BHSc & BSc (Biomed)

**Italics**: BS only; Normal Courses in BHSc only

ILAs: Integrated Learning Activity

Formal Learning Weeks

*Numbers refer to points (120 points per year)*

*15 points per course over 1 semester*

*Intercalated BMedSc(Hons) may be completed anytime after Year 3.*
C.2. 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 academic year working and studying in a variety of clinical environments. You will utilise your knowledge and the basic professional and clinical skills learned earlier in the programme in an increasing range and complexity of clinical situations. To maximise the learning and experience gained in these situations, it is essential that you regularly review the information and professional skills learnt in your earlier years. Clinicians will expect you to converse comfortably using this knowledge base.

You will find some Year 5 attachments less structured than those of last year. 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 on the attachment. You will have the opportunity to build on basic clinical, communication and professional skills, as well as developing specific expertise in obstetrics and gynaecology, paediatrics and psychiatry. You will need to revisit basic pathophysiology of common and important diseases as you learn more about diagnosing and managing these conditions. The clinical scenarios are a helpful resource to focus your studies and guide your revision, particularly for the progress tests.

To perform well in your assessments this year requires a proactive approach to seeing patients, practising skills and identifying areas where you need to improve. In this phase, you are increasingly responsible for identifying and addressing your own learning needs. That said, your clinical teams, attachment convenors, and Phase Director are here for you to use as resources as you guide your own learning over the course of the year.

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 a general practice. This is the time of transition from theory to practice and from being a student to a (junior) medical colleague. It should be an exciting and challenging journey.

C.3. Objectives of Phase 2

The fundamental purposes of Phase 2 are to allow you to increase your competence in history taking, examination, and 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 variety of health care settings, while under supervision at all times. It is expected that you will demonstrate this competence in a culturally appropriate manner while using a self-critical, ethical and responsible framework for your decision-making. You need to keep these fundamental purposes at the forefront of your mind, while being aware of the graduate learning outcomes and the specific objectives of each attachment that are provided to guide your learning.
C.4. Learning in Phase 2 (Year 5)

C.4.1. Overview
As you know, The University of 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 discussions; i.e. you have the ability and contexts in which to develop your own learning and to integrate topics, instead of being reliant on traditional teaching methods.

The ability to undertake self-directed learning is essential, as competent medical practitioners continually evaluate their own learning needs and are life-long learners.

For all of your learning, the graduate learning outcomes for the programme, as well as other learning outcomes more specific to some domains, courses and clinical attachments, are designed to assist you in identifying the competencies expected of you. The people and resources in the clinical and academic environments are there to assist you to reach the competence required.

Midway through each attachment, and again when nearing the end, you are encouraged to ask your clinical teachers for feedback on your individual strengths and weaknesses. This is excellent information to aid your personal development of essential skills and attitudes.

C.4.2. 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.

**How the clinical scenarios are organised**

Please note that there is open access to the clinical scenarios through the 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. There are at least 90 scenarios with progress test-type questions associated/embedded within the scenario, so that you can use these to enhance your learning. There are now 190 progress test practice questions within the scenarios, and more are added during the year.

**How to incorporate the scenarios in your study plan**

You are encouraged to use the scenarios to scaffold your studying by using them to reflect on clinical cases you may have seen on the wards or discussed in a tutorial. You are further encouraged to write progress test style questions based on a scenario and share them with your study group – many feel this helps them develop a deeper understanding of the material than merely answering items in a question bank or reviewing material in texts.

**How to provide 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.4.3. Formal learning

All members of your class will be in Auckland for formal learning in the week of 18 January 2021. There will be a second Formal Learning Week, beginning 8th June 2021 (Synchronous Teaching only).

Considerable discussion has occurred about what should be included in those weeks, based on feedback from previous years. Learning during this week is designed to be relevant to your future clinical practice and covers all five domains of the medical programme. There is a mix of large and small group sessions to aid your learning. For some sessions pre-reading preparation is vital. You are expected to attend all face to face and synchronous sessions, activities and events.

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

- Consistency and access/ opportunity: information that needs to be presented with absolute consistency to all students (e.g. death certificates, 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 in formal learning weeks for Year 5.

<table>
<thead>
<tr>
<th>Session and Coordinator</th>
<th>Abstract</th>
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<tbody>
<tr>
<td>Venoms to Vasculitis (Dr Rohan Ameratunga)</td>
<td>Over three hours, important clinical concepts of immunology will be reviewed which are of immediate relevance to hospital and community practice. Eczema, food and drug allergy are extremely common. Other topics are life threatening, such as anaphylaxis. Vasculitis, connective tissue disease and immune deficiency syndromes are rare, but understanding how these may present is also vital. In a series of six 30 minute lectures, these topics will be overviewed with an optional review of skin sensitivity testing during the one hour break.</td>
</tr>
<tr>
<td>Transfusion Essentials... What, When, Why? (Dr Laura Young)</td>
<td>Transfusion of blood and blood products is an essential part of medicine, in which the choice to transfuse and the safety of the process are paramount. This practical clinical symposium provides an overview of red cell transfusion thresholds, perioperative management of iron deficiency, massive transfusion in emergency situations, transfusion reactions and reversal of anticoagulation (warfarin and direct acting oral anticoagulants). The symposium builds on the science of transfusion/haematology and includes three expert speakers bringing different perspectives on these topics – an Anaesthetist with a special interest in transfusion, a Transfusion Nurse Specialist and a Haematologist. Clinical cases will be used to explore the topics with overviews of current relevant research. Important practical points about clinical transfusion practice for junior doctors will be emphasised to make transfusion choices as a house surgeon safe and evidence based.</td>
</tr>
<tr>
<td>Primum non tacere: “First, be not silent” TBC</td>
<td>The session focuses on the ethics of speaking up as a senior medical student or junior doctor. It considers the ethics of not remaining silent about potentially difficult or challenging situations that arise in medical practice: whether it is around concerns you may have for a peer or patient, the actions or behaviour of a colleague, or about being asked to perform tasks greater than your ability. Using cases from previous years' Ethics Reports, this session will draw on the experience of invited guests in facilitated and directed discussion. This session will focus on why an ethics of speaking up is important in the context of medical practice, and how you can proceed if you have specific ethical concerns.</td>
</tr>
<tr>
<td>Clinical Pharmacology: Safe Prescribing and Prescribing for Special Populations (Dr Catherine Han)</td>
<td>The first two hours focus predominantly on personal and systems-based resources that are available to help doctors practice safe and mindful prescribing (e.g. a best-practice approach to prescribing, systems in anaesthesia to prevent drug administration error, hospital guidelines). Lastly, we will discuss the ethical considerations that affect prescribing decisions. The second two hour session targets prescribing in special populations and introduces students to the principles of prescribing to babies, children, in pregnancy and lactation, and to the elderly.</td>
</tr>
</tbody>
</table>
| Complementary and Alternative Medicine (Assoc. Prof Jo Barnes) | Complementary and Alternative Medicine (CAM) describes a wide range of systems, practices and therapies that are not typically part of contemporary medical practice. In New Zealand, examples of CAM come from European (e.g. homoeopathy, chiropractic), Asian (e.g. Traditional Chinese Medicine) and local origins (e.g. Rongoa Māori).
You will encounter patients who are using or considering the use of CAM. You therefore need to be able to discuss CAM, advise and consider safety issues with patients.
Students are encouraged to explore the online CAM resource [https://www.coursebuilder.cad.auckland.ac.nz/flexicourses/2818/publish/1/] in preparation for the session. |
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<tbody>
<tr>
<td>Toxicology (Dr Chris Lash)</td>
<td>Toxicology is an increasingly large component of acute medicine due to intentional and accidental overdose, and administration errors. This session will provide students with a structured, clinically based approach to the assessment and management of drug ingestion and overdoses covering early resuscitation (management of airways, circulatory support), toxicological risk assessment, common overdoses (paracetamol, SSRIs), and common toxidromes, including anticholinergic, cholinergic, sedatives or hypnotics, sympathomimetics, and serotonergic. The role and indications for gastrointestinal decontamination and enhanced elimination methods will be covered, such as activated charcoal, gastric lavage, whole bowel irrigation, dialysis, and urinary alkalisation. Antidotes (N-acetylcysteine, naloxone, glucose and octreotide) are also mentioned.</td>
</tr>
</tbody>
</table>
| Dilemmas in Palliative Medicine (Dr Shamsul Shah) | This workshop consists of four practical skill-based workshops, with students working in small groups (maximum of 20 students) with a multidisciplinary team of palliative care doctors, nurses and allied health professionals, with actors portraying patients at some stations. Real case studies will be used to help solve practical palliative issues faced by house officers and use clinical reasoning to problem-solve the case studies. Case scenarios include:
  * practice in prescribing opioids including converting oral to parenteral medications in a syringe driver
  * managing pain and other acute distressing symptoms in the last days of life e.g. acute breathlessness, respiratory tract secretions and agitation
  * responding to difficult questions from people who may be in the last year of life and how to introduce the concept of palliative care to patients and families |
| Māori Health  
(Dr Jade Tamatea) | This interactive session focuses on wider contexts that shape Māori health and the implications for health professionals and clinical care. We examine the role of health professionals in addressing factors beyond the immediate clinical interaction. The session consists of a brief introduction, a video and a series of small group exercises with facilitated discussion. Students will be able to apply this learning in clinical attachments and in population health settings to consider how to contribute more effectively to advancing Māori health and reducing inequities. |
| --- | --- |
| Professionalism & Legal Requirements in Practice: PPS Workshop  
(Dr Vicki Jones & Dr Jill Yielder) | This workshop focuses on the importance of professional behaviour as a foundation for good medical practice, and on the specific legislative requirements for practicing as a doctor in New Zealand. For example, it will include how to fill out death certificates and requirements for working within the Coroner’s Act. There will be access to senior members of the medical profession through a panel discussion and time allocated for questions. Students will be encouraged to use these learning experiences to document supporting evidence for their portfolios. |
| Preparation of patients for Surgery: an anaesthetic perspective for the junior doctor  
(Prof Simon Mitchell) | The identification of risk factors for surgical complications and the optimisation of patients to ameliorate those risks prior to surgery are key responsibilities of the surgical house surgeon. An optimally prepared patient is likely to be exposed to less risk during anaesthesia and surgery. A generic approach to preoperative evaluation and optimisation is proposed in this interactive session. There is emphasis on the integration of knowledge from earlier years in recognising or identifying potential risks. Typical risk mitigation strategies are discussed. We discuss how case acuity can affect the scope and duration of efforts to reduce perioperative risk through patient optimisation, and how risk versus benefit matters frequently influence decisions on whether to operate or not. |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Understanding and managing addiction and drug seeking behaviours (Dr Ryan San Diego)</td>
<td>The session has two parts. Part 1 consists of exploring dependency and the complexity of addiction in general. There will be a specific focus on prescription drug seeking behaviour, the types of drugs that are sought and the doctor’s role in managing drug seeking behaviour. The session includes role-plays of different ways of responding to drug seekers and solicits student assessments of the different approaches. Part 2 focuses on the management of withdrawal and clinical manifestations of dependency.</td>
</tr>
<tr>
<td>Presentations that Challenge the Biomedical Model (Assoc. Prof David Menkes)</td>
<td>These sessions address two common clinical challenges that nearly all junior doctors will face. The first session deals with medically unexplained physical symptoms (MUPS), the second with a more wide-ranging group of problems in the doctor-patient relationship, including lack of cooperation (ranging from non-compliance to outright sabotage), inappropriate requests for investigations or treatments, and professional boundary issues. We will consider personality, behavioural science, and other approaches to understand and manage these challenges to clinical practice.</td>
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</tbody>
</table>
| Infectious Diseases (Assoc. Prof Mark Thomas) | 1. Travel Associated Infections. This session will outline the epidemiology, clinical features, diagnosis, treatment and prevention of five important infections in travellers - malaria, typhoid fever, dengue fever, and hepatitis A.  
2. Sexually Transmitted Infections. This session will outline epidemiology, clinical features, diagnosis, treatment and prevention of five important sexually transmitted infections - gonorrhoea, chlamydia, syphilis, herpes and wart (papilloma) virus infections. |
<p>| Preparation for paediatrics: Understanding why kids get sick and how to tackle parents' common questions (A/P Stephen Howie) | This topic will enable preparation for clinical paediatric attachments and highlights the multifactorial nature of critical determinants of health in the life span. This symposium uses a case study to review issues which impact on child health, including housing, nutrition, poverty, and infectious exposures. Another important health intervention across the life span is immunisation. Understanding the NZ immunisation schedule is a critical part of all doctors’ practice from tetanus prophylaxis in emergency department to prevention of pneumonia in the very young and very old. Finally practical advice to answer common parent or practitioner concerns about immunisation will be presented. |</p>
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<tr>
<th>Session Title</th>
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<tbody>
<tr>
<td>Violence vs Women/Interpersonal Violence (Prof Peter Adams)</td>
<td>This session covers physical, emotional and sexual abuse in close relationships. The first hour introduces the health impacts of violence, a rationale for screening and responding in medical contexts, a conceptual frame for understanding how violence occurs in the home and procedures for identifying patients at risk and ways of initiating conversations. For the next two hours students will work in small groups with facilitators who have backgrounds in this field. These sessions will give you valuable skills in how to manage these very difficult situations as junior doctors.</td>
</tr>
<tr>
<td>Effective interventions for young people (Assoc. Prof Simon Denny)</td>
<td>Improving the health of young people requires effective approaches which may differ from children and adults. This symposium will engage students in learning about effective interventions for young people, including working in teams, strengths-based approaches and effective communication. There has been rapid rise of new morbidities: behavioural, developmental, chronic health conditions and social challenges. This session will teach students how to work effectively with young people facing these.</td>
</tr>
<tr>
<td>What You Need to Know About Child and Adolescent Mental Health (Dr Hiran Thabrew and Dr Grant Christie)</td>
<td>Mental health problems often develop before adulthood. Most kids with such problems will present to primary care, paediatric and emergency medical settings, rather than specialist mental health services. This session will include a description and some videos of common childhood and adolescent mental health problems. You will also meet a young person who's had mental health problems and their family members, so that they can tell you what was hardest and most helpful for them. This session will increase your ability to recognize common childhood and adolescent mental health problems and help you to know how to manage such problems by yourself and with others.</td>
</tr>
<tr>
<td>Women's Health Symposium (Dr Joy Marriott, Dr Ngaire Anderson, Dr Miriam Nakatsuji)</td>
<td>The Women’s Health Symposium's focus is on interdisciplinary teaching, bridges primary and secondary care, and is interactive and case-based. You will apply your anatomy and physiology knowledge from Phase 1 to common clinical presentations. Using cases from clinical practice, you will be challenged to provide a rationale for choosing which investigations to order, and how to initially manage the patient. You will learn from experts in the field, including some clinicians who have won teaching awards. You will see first-hand how important it is to work within a team, each with a role to play in a patient’s health care journey.</td>
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<tr>
<td>Session and Coordinator</td>
<td>Key features</td>
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<tr>
<td>Clinical Pathology (Dr Andrew Dubovyi)</td>
<td>A self-directed asynchronous learning tutorial composed of six cases and questions to answer. These cases are intended for use as self-assessment following self-directed learning around the topic. A model answer will be provided following completion of each quiz.</td>
</tr>
<tr>
<td>Clinical Pharmacology: The National Prescribing Curriculum (Dr Catherine Han)</td>
<td>The National Prescribing Curriculum (NPC) is a series of interactive case-based modules that encourage confident and rational prescribing. The modules follow a stepwise approach as outlined in the &quot;WHO's Guide to Good Prescribing.&quot; In 2019 completion of the modules is not compulsory however it is strongly recommended that you complete as many modules as possible to help prepare for the assessment of prescribing competence in Year 5, and as preparation for independent prescribing as a graduate doctor. The modules have been divided into &quot;required&quot; and &quot;recommended&quot; modules and a number of modules (typically 4-5 in each section) have been assigned to each of Years 4 and 5. You are encouraged to continue to work through the modules in Year 6. Further details are available on the MBCHB Portal/Clinical Attachments/Year 5/Clinical Pharmacology.</td>
</tr>
<tr>
<td>Complementary &amp; Alternative Medicine (Assoc Prof Joanne Barnes)</td>
<td>Complementary and alternative medicine (CAM) describes a wide range of systems, practices and therapies that are not typically part of contemporary medical practice. However, this definition will depend upon context. There is also a blurring of boundaries as some CAM practices have been incorporated into mainstream health care. In a New Zealand context, examples of CAM range from those with European origins (e.g. homoeopathy and chiropractic), Asian origins (e.g. Traditional Chinese medicine) and local origin (e.g. Rongoa Māori). In your studies and in your professional careers, you will encounter patients who are using or considering the use of CAM. As a student or practitioner, you need to be able to discuss CAM, advise and consider safety issues with patients. The online resource is divided into sections: intended learning outcomes, topic presentations, case scenarios for exploration and guidelines for practice. You are encouraged to explore the content in preparation for the lecture during campus learning. The online resource is available on the MBCHB Portal: Phase 2 and 3 Resources/Clinical Attachments and Formal Learning/Year 5/Complementary and Alternative Medicine</td>
</tr>
<tr>
<td>Subject</td>
<td>Description</td>
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| **Emotional Intelligence**    | Year 5 Emotional Intelligence On-Line Module (Optional): Applying the Concept of EI to the Clinical Environment  
Learning Outcomes:  
• Analyse own EI and examine the strengths and weaknesses of specific EI components  
• Appraise how doctors’ EI can impact on their work with patients and with colleagues  
• Apply the concept of EI to the clinical environment, and evaluate its use by reflecting on the relevance for clinical practice (e.g. ‘clinical role model’ exercise), leadership (e.g. leadership questionnaire) and teamwork |
| **Haematology**               | This is an Asynchronous Learning self-directed tutorial with 3 clinical cases and questions about each case which follow. This Tutorial complements Formal Learning in Haematology. Three cases are presented with questions following. When you submit your answers, a model answer will be provided. Your submissions are not assessed; however you will learn more if you consider your answers carefully! You may print the model answer if you prefer. The answers are succinct, and you may choose to use your extra time to read around the topics. |
| **Health Informatics**        | The Health Informatics asynchronous learning defines what ‘Health Informatics’ is and explores its role in clinical care, with particular reference to its role in your everyday practice as a doctor.                                                                                           |
| **Clinical Imaging**          | The Clinical Imaging modules follow a series of topics to encourage mastery of image reading in various areas. The modules have been divided into year groupings (typically three per year) for Years 4, 5 and 6. Students are encouraged to work through the modules assigned to their chronological year, however all modules are accessible to all students in Years 4, 5 and 6. |
| **Sexual Health**             | This online learning resource comprises a series of cases of common presentations of sexually transmitted infections: genital ulcers, vaginal discharge and pelvic pain, urethral discharge, genital skin lumps and systemic febrile illness. Each case has been developed by a sexual health physician to highlight common presentations and core knowledge. They incorporate a series of questions that allows you to test your current level of knowledge of these topics, and also provide information about epidemiology and public health. This resource is particularly designed to complement teaching in General Practice, Infectious Disease/Microbiology, Population Health, Gynaecology and Urology; yet sexual health topics are important in all branches of medicine. |
### Year 5 Formal Learning Timetable

<table>
<thead>
<tr>
<th>Topic/Discipline</th>
<th>Hours</th>
<th>Convener</th>
<th>Teaching Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunology: Venoms to Vasculitis</td>
<td>3</td>
<td>Rohan Ameratunga</td>
<td>ASYNCHRONOUS</td>
</tr>
<tr>
<td>Transfusion Essentials</td>
<td>1</td>
<td>Laura Young</td>
<td>FACE-TO-FACE</td>
</tr>
<tr>
<td>Clinical Pharmacology</td>
<td>4</td>
<td>Catherine Han</td>
<td>FACE-TO-FACE</td>
</tr>
<tr>
<td>CAM</td>
<td>1</td>
<td>Jo Barnes</td>
<td>ASYNCHRONOUS</td>
</tr>
<tr>
<td>Toxicology</td>
<td>1</td>
<td>Chris Lash</td>
<td>FACE-TO-FACE</td>
</tr>
<tr>
<td>Professionalism and Legal Requirements in Practice</td>
<td>4</td>
<td>Jill Yielder / Vicki Jones</td>
<td>FACE-TO-FACE</td>
</tr>
<tr>
<td>Optimised Patient</td>
<td>2</td>
<td>Simon Mitchell</td>
<td>FACE-TO-FACE</td>
</tr>
<tr>
<td>Dilemmas in Palliative Medicine</td>
<td>3.5</td>
<td>Shamsul Shah</td>
<td>SYNCHRONOUS</td>
</tr>
<tr>
<td>Major Health</td>
<td>2</td>
<td>Jade Tamatea</td>
<td>FACE-TO-FACE</td>
</tr>
<tr>
<td>Ethics - Primum non nocere: “First, be not silent”</td>
<td>2</td>
<td>TBA</td>
<td>TO BE ALLOCATED</td>
</tr>
<tr>
<td>Violence vs Women/Interpersonal Violence</td>
<td>3</td>
<td>Peter Adams</td>
<td>TO BE ALLOCATED</td>
</tr>
<tr>
<td>Presentations that Challenge the Biomedical Model</td>
<td>3</td>
<td>David Menkes</td>
<td>ASYNCHRONOUS</td>
</tr>
<tr>
<td>Women’s Health Symposium</td>
<td>4</td>
<td>Michelle Wise/Jay Marriott</td>
<td>SYNCHRONOUS</td>
</tr>
<tr>
<td>Effective Interventions in Young People</td>
<td>2</td>
<td>Simon Denny</td>
<td>ASYNCHRONOUS</td>
</tr>
<tr>
<td>Child &amp; Adolescent Mental Health</td>
<td>4</td>
<td>Hiran Thabrew/Grant Christie</td>
<td>ASYNCHRONOUS</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>2</td>
<td>Mark Thomas</td>
<td>ASYNCHRONOUS</td>
</tr>
<tr>
<td>Preparation for Paediatrics</td>
<td>2</td>
<td>Stephen Howie</td>
<td>ASYNCHRONOUS</td>
</tr>
<tr>
<td>Addiction</td>
<td>2</td>
<td>Ryan San Diego</td>
<td>FACE-TO-FACE</td>
</tr>
<tr>
<td>TO BE ALLOCATED</td>
<td>44.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| VENUE: LECTURE THEATRE ROOM 505-011 (AMRF Auditorium) |
|------------------|-------|----------|-----------------|
| Monday, 18th January | Tuesday, 19th January | Wednesday, 20th January | Thursday, 21st January | Friday, 22nd January |
| **FACE-TO-FACE** | **FACE-TO-FACE** | **SELF-DIRECTED LEARNING** | **SELF-DIRECTED LEARNING** | **FREE DAY** |
| **Year 5 Orientation** | **Professionalism and Legal Requirements in Practice** | **Clinical Pharmacology** | **Preparation for Paediatrics** | **Addiction** |
| **Kira Bacal** | **Jill Yielder/Vicki Jones** | **Laura Young** | **TBA** | **Ryan San Diego** |
| 8.45am - 10.00am | 11.00am - 12.00am | 9.30am - 12.00pm | 9.30am - 12.00pm | 9.30am - 12.00pm |
| **Break (1hr)** | **Break (30min)** | **Break (1hr)** | **Break (30min)** | **Break (30min)** |
| **FACE-TO-FACE** | **FACE-TO-FACE** | **FACE-TO-FACE** | **FACE-TO-FACE** | **FACE-TO-FACE** |
| **Tag Meeting** | **Clinical Pharmacology** | **Miscellaneous** | **Miscellaneous** | **Miscellaneous** |
| **Kira Bacal** | **Laura Young** | **TBA** | **TBA** | **TBA** |
| 11.00am - 12.00pm | 9.00am - 12.00pm | 9.00am - 12.00pm | 9.00am - 12.00pm | 9.00am - 12.00pm |
| **FACE-TO-FACE** | **FACE-TO-FACE** | **FACE-TO-FACE** | **FACE-TO-FACE** | **FACE-TO-FACE** |
| **Optimised Patient** | **Addiction** | **Clinical Pharmacology** | **Clinical Pharmacology** | **Clinical Pharmacology** |
| **Simon Mitchell** | **Ryan San Diego & Vicki MacFarlane** | **Catherine Han** | **Catherine Han** | **Catherine Han** |
| 12noon - 1.00pm | 11.00am - 1.00pm | 12noon - 1.00pm | 12noon - 1.00pm | 12noon - 1.00pm |
| **Break (1hr)** | **Break (1hr)** | **Break (1hr)** | **Break (1hr)** | **Break (1hr)** |
| **FACE-TO-FACE** | **FACE-TO-FACE** | **FACE-TO-FACE** | **FACE-TO-FACE** | **FACE-TO-FACE** |
| **Presentations that Challenge the Biomedical Model** | | | | |
| **Shamsul Shah** | | | | |
| 8.30am - 10.30am | | | | |
| Break (30min) | | | | |
| **Holiday** | **Queens Birthday** | **Free Day** | **Free Day** | **Free Day** |
| **OFF-SITE/ON-LINE DELIVERY** | | | | |
| **Monday, 31st May** | **Tuesday, 1st June** | **Wednesday, 2nd June** | **Thursday, 3rd June** | **Friday, 4th June** |
| **OFF-SITE/ON-LINE DELIVERY** | | | | |
| **Monday, 7th June** | **Wednesday, 8th June** | **Thursday, 9th June** | **Friday, 11th June** | **OFF-SITE/ON-LINE DELIVERY** |
| **SYNCHRONOUS** | **SYNCHRONOUS** | **SYNCHRONOUS** | **SYNCHRONOUS** | **SYNCHRONOUS** |
| **Presentations that Challenge the Biomedical Model** | **Dilemmas in Palliative Medicine** | **Child & Adolescent Mental Health** | **Interdisciplinary Breast Seminar (Women’s Health)** | **CAM** |
| **Shamsul Shah** | **Shamsul Shah** | **Mark Thomas** | **Miriam Nakatsuji** | **Jo Barnes** |
| 8.30am - 11.00am | 11.00am - 12.00pm | 11.00am - 12.00pm | 11.00am - 12.00pm | 11.00am - 12.00pm |
| **Break (30min)** | **Break (30min)** | **Break (30min)** | **Break (30min)** | **Break (30min)** |
| **Holiday** | **Queens Birthday** | **Free Day** | **Free Day** | **Free Day** |
| **SYNCHRONOUS** | **FREE DAY** | **FREE DAY** | **FREE DAY** | **FREE DAY** |
| **Tickers in Palliative Medicine** | **Tickers in Palliative Medicine** | **Tickers in Palliative Medicine** | **Tickers in Palliative Medicine** | **Tickers in Palliative Medicine** |
| **Shamsul Shah** | **Shamsul Shah** | **Shamsul Shah** | **Shamsul Shah** | **Shamsul Shah** |
| 9.30am - 1.00pm | 11.00am - 1.00pm | 11.00am - 1.00pm | 11.00am - 1.00pm | 11.00am - 1.00pm |

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**2.00pm - 4.00pm**

**3.00pm - 5.00pm**

**4.00pm - 6.00pm**

**5.00pm - 7.00pm**

**6.00pm - 8.00pm**

**7.00pm - 9.00pm**

**8.00pm - 10.00pm**

**9.00pm - 11.00pm**

**10.00pm - 12.00am**

**12.00am - 2.00am**

**2.00am - 4.00am**

**4.00am - 6.00am**

**6.00am - 8.00am**

**8.00am - 10.00am**

**10.00am - 12.00pm**

**12.00pm - 2.00pm**

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**POPULATION HEALTH INTENSIVE WEEK OFF-SITE/ON-LINE DELIVERY**

**Monday, 7th June**

**Wednesday, 10th June**

**Friday, 11th June**

**SYNCHRONOUS**

**SYNCHRONOUS**

**SYNCHRONOUS**

**ADDRESSES: VENUE: LECTURE THEATRE ROOM 505-011 (AMRF Auditorium)**

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**CONVENORS**

**Phase 2 (Year 5) Guidebook | Page 44**
C.4.4. Population Health Intensive

Population Health Intensive (PHI), from Monday 31 May through Friday 4 June 2021, is a compulsory week-long learning activity to broaden students understanding of prevention, health inequalities, societal determinants of health and the role various community agencies can have in improving health. **Attendance is mandatory.**

All students are required to zoom in from their respective cohorts into the opening symposium on the Monday at 9am for the welcome, programme outline, expectations and an inspirational keynote address.

**Purpose of PHI**

To engage and enthuse students by exposing them to a different way of thinking about health– a population health perspective. ‘Population health’ refers to the health of a community (population) and to a set of strategies operating at a group level that have a beneficial impact on society’s health.

**Learning Outcomes for PHI**

By the end of the week, students will be able to:

- Articulate a population health approach including policies, health promotion programmes, and highlight the underlying determinants of health
- Demonstrate the application of population health principles and strategies to address a specific health issue
- Describe how population health and personal health approaches complement each other
- Describe the relationship of community agencies with the health of the population
- Understand the context of health provision, funding sources, and the influences impacting the access and success of health improvement strategies.

**Summary Overview of the Week**

The week has been carefully planned to provide a balance of stimulation from experts together with self-directed and small group learning. This consists of:

- A symposium, which comprises:
  - A scene-setting keynote address from a population health expert and
  - Short presentations from a panel of clinicians, who will introduce the students to a range of views on population health.
  - An overview of the tasks and activities within PHI week
- Small group work requiring teamwork from the students to complete the allocated tasks during the week. Students will be allocated to a pre-chosen topic, and will need to find answers to a range of questions to enable the formation of a prevention campaign. Each group has a facilitator assigned to them to give direction and support.
Scheduled opportunities to meet with a range of agencies in the wider community who are associated with the topic area.

A locally based panel discussion highlighting current examples of Population Health in Action.

A written summary of findings, lessons and outline of the campaign. This includes the roles of team members to highlight participation.

A presentation from each group of students on the final day, outlining a feasible campaign addressing the particular topic area studied.

Students have the opportunity to gain the grade of distinction by submitting a short piece of writing that reflects on some aspect of their experience and learning from PHI.

Preparation and background:

- Students will be allocated teams and topics in their own cohort.
- Students are not able to change teams or not participate in PHI Week. No practical placements are to be attended during this week.
- More information on PHI Week will be available on Canvas prior to the intensive including background readings and population health exemplars.
- Team members and facilitators should meet on the first afternoon (Monday) to determine roles, allocation of work and discuss possible campaign ideas.
- Team members will need to regularly discuss their findings and contributions.
- Every team member must attend at least 3 community agency meetings (whether in person or via zoom/phone). These appointment times will be made for you, but they will need to be confirmed prior.
- One team member should attend the daily Q&A sessions to ensure the team is on the right track.
- Oral presentations will be held in 5 streams via zoom on the Friday. The winning team in each stream will be recognised.

C.4.5. Urgent and Immediate Patient Care Week

UIPC week is not just about trying to solve clinical problems but also – and perhaps more importantly – about how to better understand the different professions and dynamics that are an integral part of modern medicine. To provide optimal care for your patients, you will need to appreciate not only your role as a doctor but also the specialised roles of other professions involved in patient care and how you can work collaboratively alongside them. You will also need to help your patient navigate all the various teams and settings that they will experience during an episode of care. Over the four days of UIPC Week, facilitators from different professional backgrounds will help you understand what successful inter-professional work is and how to achieve it.
Students from all cohort sites return to Auckland for UIPC Week on a rotational basis. Staff from the Simulation Centre for Patient Safety (SCPS) at Grafton, as well as interprofessional faculty, deliver a programme of scenario-based interprofessional learning where medical students work in teams alongside nursing, paramedicine, and pharmacy students from the Faculty of Medical and Health Sciences as well as AUT and MIT.

2021 Dates of the Urgent and Immediate Patient Care Week

The Urgent and Immediate Patient Care Week is scheduled for the seven times below.

<table>
<thead>
<tr>
<th>CYCLE</th>
<th>INCLUSIVE DATES</th>
<th>4 DAYS</th>
<th>GROUP AND COHORT ALLOCATED</th>
</tr>
</thead>
</table>
| 1     | 8-11 March      | MON/ TUE/WED/THU | Group A: Waikato/Lakes  
Group RR1: Waikato Regional Rural  
Group 1: Pūkawakawa Regional Rural  
Group N/Q: Taranaki Regional Rural |
| 2     | 16-19 March     | TUE/WED/THU/FRI | Group D: Auckland  
Group D: South Auckland  
Group D: Waitemata  
Group D: Waikato/Lakes |
| 3     | 3-6 May         | MON/TUE/WED/THU | Group A: Auckland  
Group A: South Auckland  
Group A: Waitemata  
Group B: Waikato/Lakes  
Group RR2: Waikato Regional Rural  
Group G1/K2/K3: Bay of Plenty Regional Rural |
| 4     | 17-20 May       | MON/TUE/WED/THU | Group E: Auckland  
Group E: South Auckland  
Group E: Waitemata  
Group 2: Pūkawakawa Regional Rural  
Group O/R: Taranaki Regional Rural |
| 5     | 16-19 August    | MON/TUE/WED/THU | Group B: Auckland  
Group B: South Auckland  
Group B: Waitemata  
Group E: Waikato/Lakes  
Group RR3: Waikato Regional Rural  
Group I1/I2/I3: Bay of Plenty Regional Rural  
Group P: Taranaki Regional Rural |
| 6     | 24-27 August    | TUE/WED/THU/FRI | Group C: Auckland  
Group C: South Auckland  
Group C: Waitemata  
Group C: Waikato/Lakes  
Group 3: Pūkawakawa Regional Rural |
Note that the Urgent and Immediate Patient Care “Week” is only four days long. Attendance is mandatory. Please note that if you miss any part of the four days, a medical certificate is required. The main purpose of this week is for medical students to identify the complex, multi-level leadership situations in patient management, to experience the essential nature of interprofessional teamwork, to learn to optimise team performance, and to gain confidence in managing calls in busy clinical environments by harnessing the expertise of all team members.

Of the four days, day one is dedicated to the management of acute and undifferentiated patients in the community. Day two has a particular focus on palliative medicine, a field growing in importance and one in which interprofessional management is key to optimising the quality of life for patients and whānau. Simulations on days three and four are hospital-based ward calls which a Year 6 student or PGY1 might be expected to manage, particularly after hours.

The week includes interactions with trained actors and uses the facilities at SCPS that provides sophisticated patient manikins, real ward equipment and rooms very similar to those found in hospitals. While some students are immersed in the clinical simulation, the other team members will observe via one-way mirror glass, then all reunite for a facilitated debrief afterwards.

Debriefs will explore interprofessional aspects from each scenario such as communication across roles and disciplines, definitions of leadership, and optimising teamwork, as well as clarifying any points of medical management.

Supporting activities include small group activities, table-top exercises and short presentations that cover topics such as triage skills, how to formulate a structured handover, prioritisation of tasks and how to escalate concerns.

Medical students will be present for all 4 days, while Pharmacy students will join for 3 of the days, and paramedic students and nursing students each participate over two days.

The Learning Outcomes to be achieved for the week are:

- Describe how the respective roles and responsibilities of health professionals are complementary in enhancing patient-centred and community-oriented care in acute settings.
- Summarise the characteristics of being a good team player and the importance of clear and concise communication, especially in a hand-over of patient care.
- Devise strategies to meet specific patients’ care needs in urgent and acute settings, using the complementary professional expertise of a range of health professionals.
- Integrate knowledge, experience and scopes of practice of other professionals to inform patient care decisions.
- Explain how teamwork is beneficial to the patient, their whānau/ family and to the health system.
- Summarise ways to identify and escalate concerns about patient care in a safe and effective manner.
- Reflect on the development of own clinical judgement in high acuity medical settings.

In preparation for the UIPC week, please download the ADHB RMO Clinical Handbook to your phone or personal device. This can be found in your App store or via google play. Access can be provided on the day if required.

**C.4.6. Quality Improvement**

This is a compulsory module which must be completed satisfactorily in order to progress to Year 6.

For the Year 5 Quality Improvement (QI) module, you are required to complete and pass each of the following Institute for Healthcare Improvement (IHI) online courses:

1. QI 101: Introduction to healthcare improvement
2. QI 102: How to improve with the Model for Improvement
3. QI 103: Testing and measuring changes with PDSA cycles
4. QI 104: Interpreting data: run charts, control charts and other measurement tools

Course content is delivered through text and videos (and optional interactive components) and is assessed by multiple choice quizzes. Please see instructions for completion in Canvas.
C.5. Overview of Year 5 Clinical Attachments

For the standard programme, Phase 2 (Year 5) consists of the following clinical attachments and learning:

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice (urban practice)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>5 weeks</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Selective</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Specialty Surgery</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Formal Learning</td>
<td>2 weeks</td>
</tr>
<tr>
<td>PHI Week</td>
<td>1 week</td>
</tr>
<tr>
<td>Urgent and Immediate Patient Care</td>
<td>1 week</td>
</tr>
</tbody>
</table>

C.5.1. General Practice

This section should be read in conjunction with the information for students on the General Practice section of the MBChB portal.

General Practice is a core attachment and mainly follows two formats: a 4-week urban GP placement for Waikato/Lakes, Waitemata, Auckland and South Auckland cohort sites; or a site- specific attachment in the four regional-rural programmes (Pūkawakawa, Bay of Plenty, Taranaki and Waikato). Students will work with general practitioners with two key objectives in mind:

- the community management of medical and psychiatric illness, including the early detection of disease, population health surveillance and acute and chronic care management;
- the role of general practice within the wider health care network.

Placements are assigned by the Department of General Practice and Primary Health Care or via the regional-rural programme team and are based on a complex decision tree. Any requests for changes can only be made for exceptional circumstances (i.e. significant health related problems, pregnancy, or changed family circumstances) and must be made in writing to the Practicum Placement Coordinator at the Department of General Practice and Primary Health Care as soon as possible.

Please let the Department know immediately if you have been placed with your own general practitioner or any other provider with whom there is a clear conflict of interest (e.g. your aunt’s practice).

Changes will **NOT** be made due to the need for or difficulties with transport. You should assume you will require transport. Arranging this is your responsibility. **Please note that neither self-selection nor swaps of assigned practices are possible.** The GP attachment generally takes place at one general practice, but occasionally it may be split between two. You will be attached to a particular GP (your clinical supervisor), mostly doing...
clinical work with patients, but you are expected to become involved in many aspects of the practice to gain insight into the roles of practice nurse, receptionist and other health or allied professionals based at the practice or in the surrounding community.

**Learning agreement and contribution to the practice**

At the start of your attachment you should complete a learning agreement with your supervisor, outlining your goals and strategies to achieve these. You also describe your planned contribution. You are asked to make a contribution to your practice or their community during your attachment. You may ask for guidance from your supervisor if necessary, but you need to take ownership of the activity. Consider your interests, talents and skills when thinking about this. Your contribution is between you and the practice and is not assessed. The learning agreement and information about making a contribution is on the MBChB portal General Practice site (Clinical attachments- Year 5 and Year 6).

**Palliative Care**

All Year 5 students also spend one day at a hospice or with palliative care specialists and/or nurses to experience team-based care of patients requiring palliative care during your general practice attachment (for Waikato Regional-Rural students, this will be during your five-week rural hospital attachment, and for Pūkawakawa during your surgical run). This palliative care practicum is a requirement of the attachment. Any visit with the palliative care nurse to a patient at home requires patient consent which will be organised by the nurse. An introduction to the palliative care practicum, learning outcomes, resources and questions to answer before your visit, as well as the timetable, will be posted on Canvas.

The palliative care practicum has the following learning outcomes:

1. Discuss the psychological, emotional and spiritual impact of life-limiting/life-threatening illness and death on patients, families/whānau and carers, and (demonstrate) skills to respond in an empathic manner
2. Demonstrate effective and respectful interdisciplinary teamwork in hospital and community settings in palliative and end of life care.
3. Utilise understanding of the social, cultural and health system determinants of palliative and end of life care, and an awareness of Māori concepts, values and tikanga related to grief, death, dying and tangihanga, to promote equitable and culturally safe care for Māori patients/whānau/community.

**Regional-Rural Programme information**

As these attachments are in a rural or regional location, public transport options will be limited, and you will likely need to have access to private transport.
**Pūkawakawa students** undertake general practice experience during the seven-week integrated attachment with general practice and rural hospital placements and have a one-day palliative care practicum during the surgical attachment. Pūkawakawa students attend a one-day symposium at Northland Base Hospital or via Zoom. See below for information about the symposium.

**Bay of Plenty (BoP) Regional-Rural** students complete a five-week attachment in general practice in the Eastern Bay of Plenty region (Whakatane, Ohope, Edgecumbe, Opotiki or Kawerau). Your one-day palliative care practicum is either at the nurse-led Eastern Bay of Plenty hospice or Waipuna hospice in Tauranga. For one day per week during this attachment, students participate in the Rural Health Interprofessional Programme (RHIP) in collaboration with students from occupational health, physiotherapy, pharmacy and/or nursing. Your online discussion forum and GP symposium is combined with students from the Taranaki RR programme. The symposium is facilitated by use of Zoom. [Please also note that BoP students must complete a Selective in Whakatane in Rural Medicine.]

**Taranaki Regional-Rural** students do not currently spend time in a General Practice in the region but will see GP type patients in the rural hospital setting. In particular, your experience in ED at Hawera hospital will provide exposure to many typical GP patient presentations. The academic rural hospital doctor will complete the eCSR for each student. The students attending the BoP RHIP and those attending the Taranaki Regional-Rural programme have a combined online discussion forum and do the GP symposium together, moderated by either the BoP GP academic Dr Emily Gill, or the Taranaki Regional-Rural GP academic Dr Nadja Gottfert. This is facilitated by use of Zoom.

**Waikato Regional-Rural students** are coherded in Hamilton. You spend five weeks at a rural hospital (Thames, Te Kuiti, Tokoroa, or Taupo) in lieu of a Selective and five weeks at a rural general practice. You will attend your one day palliative care practicum during your rural hospital attachment. You will do your online forum for the full ten weeks, and your symposium day will be held in Hamilton or by Zoom at the end of the attachment.

The five week general practice attachment is assessed in the usual way (online forum plus symposium day; mini-CEX; eCSR). The five week rural hospital attachment is a mandatory rural Selective. You will meet with your academic rural hospital doctor to negotiate goals and draw up the learning agreement. You will produce and submit your
Selective report in the same way as other Selectives. You may also choose to complete a project so that you can be considered for distinction. This will usually be a clinical audit supervised by your rural hospital doctor. Your supervising rural doctor also will complete a CSR form in your final week of placement. It is recommended that you go through the completed form with the doctor and ask for any feedback prior to leaving the attachment.

Assessment for the attachment

There are three assessments for this attachment:

- Online Discussion Forum and Symposium presentation (see rubric)
- Mini-CEX
- Clinical Supervisor Report (CSR)

Attendance at the Symposium Day is compulsory to receive a grade for the attachment.

Online Discussion Forum

Clinical practice requires regular self-reflection on diagnosis and treatment, management issues that arise, system failure issues and difficult cases. There may also be times when the consultation went poorly, and you are left wondering if a different approach might have worked better. These concerns are common in general practice. The purpose of the forum is to help develop critical thinking skills and reflective practices, as well as problem solve and access collegial support to address the sorts of issues that arise during a general practice consultation. Postings will lead to reflection upon a troubling consultation or a difficulty the student has experienced. The discussion forum takes place on the discussion site accessed through Canvas. This discussion forum is intended to be student-led. A GP academic (who will also facilitate your symposium during the attachment) will contribute to the symposium and help to facilitate discussion.

Each student is expected to post either their own case or make a comment on another student's posting within the first two weeks of the GP attachment and to continue posting throughout the attachment. It is expected that the student will check the postings regularly and freely contribute as they are able. Please include literature relevant to the case and subsequent discussions. Comments made online are confidential within your group and are not to be discussed, other than in very general anonymous terms, with others outside the group. The online discussion provides an opportunity to deepen learning that started during the attachment and continues during the symposium day.

Posts on discussion forum should be throughout the attachment rather than all at once. Please refer to the rubric for specific assessment requirements.

Symposium day

You are required to attend a day-long symposium with a group of students and a GP academic from the Department of General Practice and Primary Health Care. This will
most be via Zoom but may be in person in Northland (Whangarei or Northland Base Hospital), Auckland (Grafton campus), Hamilton (Waikato Clinical campus), Whakatane, Hawera or another convenient venue depending on the location of your attachment.

During the Symposium day each student will present a 10-minute, SOAPEL case (subjective, objective, assessment, plan, evaluation/reflection, learning objectives & literature) with reference to evidence- using a PowerPoint (or similar) presentation. Wherever possible, you should present a patient with whom you have been involved during your GP attachment. After presenting the case, you should structure a clinically useful question related to the case and conduct a literature search to answer this question with best evidence. You are expected to refer to evidence-based guidelines and/ or refer to databases such as Medline, and to demonstrate some critical thinking with regards to the strengths and shortcomings of the evidence and its relevance to the patient case presentation. The use of PowerPoint (or similar) is compulsory, with a maximum of 10 slides for the 10-minute presentation.

**Reflective Practice Group Session**

A reflective practice group session is held after the presentations. During this session, you will have the opportunity to discuss professional and ethical issues associated with your clinical attachment. The discussion and information shared in the self-reflective group is confidential to the group participants.

Attendance at the symposium day and associated reflective group is mandatory. The reflective group component is not graded. The rubric for the SOAPEL presentation is below.

**Assessment of the Online Discussion Forum and Symposium Day**

The following rubric is used to mark and grade the forum and symposium day presentations. While attendance at the reflective part of the symposium day is compulsory, this component of the day is not graded.
Rubric for General Practice online discussion forum and symposium

<table>
<thead>
<tr>
<th>Component</th>
<th>3 points</th>
<th>2 points</th>
<th>1 point</th>
<th>0 points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reflection - SOAPEL</strong></td>
<td>Clear evidence of critical reflection with comprehensive meaning making and reflecting on actions or events to guide understandings or appreciations within general practice context</td>
<td>Some critical reflection and meaning making with attempt to reflect on actions or events to guide understandings or appreciations.</td>
<td>Little reflection or meaning making with only beginning awareness of link between actions or events and behaviour</td>
<td>No reflection or meaning making</td>
</tr>
<tr>
<td><strong>Literature - SOAPEL</strong></td>
<td>Refers to range of literature relevant to general practice or rural hospital context and able to analyse and apply this literature to clinical questions</td>
<td>Refers to a range of literature relevant to general practice or rural hospital context</td>
<td>Minimal reference to literature or literature not focussed on general practice or rural hospital context</td>
<td>No reference to literature</td>
</tr>
<tr>
<td><strong>Engagement - online discussion</strong></td>
<td>Active engagement and enthusiasm throughout the attachment with timely and consistent posts</td>
<td>Active engagement in the majority of the attachment</td>
<td>Some engagement demonstrated</td>
<td>Little engagement demonstrated with late posting &gt;2 weeks past start of attachment and few posts</td>
</tr>
<tr>
<td><strong>Collegiality - online Discussion</strong></td>
<td>Uses critical skills wisely to open discussion and challenge sensitively, provides constructive feedback to others</td>
<td>Provides some constructive feedback with an attempt to open discussions</td>
<td>Minimal constructive feedback and little attempt to open discussions</td>
<td>No constructive feedback and no attempt to open discussions</td>
</tr>
<tr>
<td><strong>Reflection - online discussion</strong></td>
<td>Clear evidence of critical reflection with comprehensive meaning making and reflecting on actions or events to guide understandings or appreciations within general practice context</td>
<td>Some critical reflection and meaning making with attempt to reflect on actions or events to guide understandings or appreciations.</td>
<td>Little reflection or meaning making with only beginning awareness of link between actions or events and behaviour</td>
<td>No reflection or meaning making</td>
</tr>
<tr>
<td><strong>Literature - online discussion</strong></td>
<td>Refers to range of literature relevant to general practice or rural hospital context and able to apply this literature appropriately to clinical cases</td>
<td>Refers to a range of literature relevant to general practice or rural hospital context</td>
<td>Minimal reference to literature or literature not focussed on general practice or rural hospital context</td>
<td>No reference to literature</td>
</tr>
</tbody>
</table>

1 Year 5 and 6 standards distinguished by different expectations in literature search (i.e. greater knowledge expected in Year 6) and reflection (i.e. reflections drawing from wider experiences in Year 6) 2Literature presented may include rural hospital context for students undertaking a rural hospital or integrated care attachment
Final grade

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>15-18</td>
</tr>
<tr>
<td>Pass</td>
<td>10-14</td>
</tr>
<tr>
<td>Borderline performance</td>
<td>6-9</td>
</tr>
<tr>
<td>Fail</td>
<td>0-5</td>
</tr>
</tbody>
</table>

Mini-CEX

The mini-CEX contributes to the provisional grade for this attachment. In addition, it is one of the clinical skills assessments that contribute to the Clinical and Communication Skills domain grade in Year 5. The following points provide clarity about the mini-CEX.

1. Your supervising GP is to observe you in at least one consultation in the first half of the attachment and grade you using the (formative) mini-CEX form. Your supervising GP will provide feedback to you. This part of the assessment is considered formative.

2. Your supervising GP will also conduct a summative assessment using the same mini-CEX form format during the last week of the attachment. Your GP will need to observe you conduct at least one consultation including the history, examination and provisional diagnosis and/or plan to be assessed as a mini-CEX (mini clinical examination). For the mini-CEX you will receive a distinction, pass, borderline performance or fail.

3. If you fail the summative assessment, you may have a second attempt. The practice will then return forms from both mini-CEXs to the University.

4. All mini-CEX forms – one formative and either one or two summative - must be returned to Department of General Practice and Primary Health Care administration.

Clinical Supervisor Report

This follows the format for the CSR used during all clinical attachments, is filled in by your GP or hospital doctor supervisor and is submitted electronically (eCSR).
C.5.2. Obstetrics and Gynaecology

**Background:** This branch of medicine is concerned with the health and wellbeing of women across their reproductive life span, from puberty to after menopause, with consideration of the underlying physiological, psychological, and pathological events of the processes. You will develop competency in O&G history taking and in common clinical examinations.

Since most doctors, regardless of their discipline will care for women and families, core experience in Obstetrics and Gynaecology is a requirement for all students.

Special emphasis is placed on the physiological and pathological aspects of pregnancy, childbirth, and the postnatal period. Students are also required to gain clinical experience in the labour and birthing suite, and this may include some weekend and/or evening rostered time. Birth is generally a momentous experience in which you may be able to participate with the woman’s consent. Being part of the family experience of childbirth is a great privilege. Examination of the new-born is also covered, whereas common neonatal complications are included in the Paediatric attachment.

In gynaecology you will learn about fertility control, subfertility and common problems which affect many women, such as miscarriage, urinary incontinence and prolapse, and abnormal menstrual bleeding.

**Clinical O&G Attachment:** Before you start your O&G clinical attachment, you need to read and digest the essential information in your Year 5 Coursebook concerning professionalism (page 12), behaviour and dress code (page 13) and consent & patient’s rights (page 14). During your attachment you are required to be involved with a wide range of women’s health issues in various clinical settings (ward rounds, outpatient clinics, theatres), including specialist clinics such as diabetes in pregnancy, fertility, family planning, abortion care and colposcopy. You will also have the opportunity to observe common O&G procedures such as caesareans, laparoscopy, and hysterectomy.

You are required to attend a local abortion service and observe qualified medical practitioners consulting with patients who request abortion or discussion of pregnancy options (NOT to observe the medical or surgical procedure). This will enable you to sign off the logbook objective ‘Attend assessment of a women seeking an abortion’. For more detailed information please read the relevant section in your Year 5 O&G Coursebook (page 20).

Clinical experience in O&G is acquired over two years, with the combined Year 5 and 6 logbook detailing the required clinical competencies and skills. **It is compulsory to complete the logbook requirements in order to pass your O&G attachment.** The main clinical focus during Year 5 is obstetrics, whereas learning opportunities in gynaecology are more concentrated during Year 6.

**Formal Teaching:** Core clinical content will be taught through weekly case presentations, and bedside teaching, together with Canvas self-directed learning modules. Please refer to your Year 5 Coursebook for details on your formal teaching. At the start of your attachment, you will have an evening teaching session (Gynaecology Teaching
Associates – GTA programme) where you are taught how to perform pelvic and speculum examinations with surrogate patients. **All students must attend the GTA teaching- if you do not attend, then you will not be permitted to start the O&G attachment.**

### C.5.3. Paediatrics

The paediatric attachment provides the opportunity to focus on the special professional and clinical skills required to assess and manage new-borns, infants, children, and young persons with acute and chronic illnesses. You will gain skills in paediatric history taking, physical examination, begin to diagnose some acute illnesses and learn to manage some common paediatric problems. A key component of this attachment is the ability to relate well to families and whānau and the other health care team members.

During this attachment, you experience practice in both hospital and ambulatory care settings with an opportunity to visit some community-based paediatric services. The attachments are based at a number of hospitals. At most hospitals you will not be part of one team but will be rotating through different sections to broaden your exposure to paediatrics, so a pro-active and enthusiastic approach is encouraged.

The learning during this attachment includes large group teaching sessions, small group bedside clinical teaching, as well as observing and participating in inpatient, outpatient, and emergency department care. A key component of this attachment is learning about the assessment and care of the new-born baby. Some students may have part of their attachment in a paediatric sub-specialty. Whilst this may mean you are assigned to clinical teams that care for children with uncommon diseases, the issues the children with such diseases and their family/whānau face, are common to many diseases. Time in the community gives you an opportunity to learn more about the assessment and management of children and young persons with chronic disabilities. In addition, you will begin to appreciate the prevalent health issues of the region and understand how health strategies can lead to improved health outcomes.

**Before commencing the paediatrics attachment, it is important that you are up to date with vaccinations for hepatitis B, pertussis, measles, mumps, that you receive your annual influenza vaccine and know you are immune to varicella.** New Zealand children still experience episodes of vaccine preventable disease, for example pertussis and measles, which require hospital inpatient care. On the paediatric wards and in the Emergency Department it is possible for you to come into contact with children who have or who are incubating these infections. If you are not immune to these and come in contact with a child with one of these infections, not only are you at risk of acquiring the infection yourself, but you could also transmit it to other children who are particularly vulnerable because of their age and/or immunocompromised state. Hence, you would need to be excluded from contact with patients until it is clear that you have not acquired an infection - this could exclude you from your paediatric attachment for up to three weeks.
Learning resources and attachment outline are available on a website, myPaediatrics, which includes myNeonates. This outlines the objectives for your learning and contains references to important online resources and our recommended textbooks. There are also links to relevant New Zealand websites, video demonstrations of how to examine young children and clinical cases to practise using your knowledge. On our introductory day, you will learn at interactive clinical skills stations, to enable a rapid start to skills development in paediatrics.

**Assessment for the attachment**

The following table provides a full outline of the assessment requirements for Paediatrics in Year 5:

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Supervisor Report (CSR)</td>
<td>This is completed by a paediatric teacher at the end of the attachment with input from other team members who have been teaching you during the cycle.</td>
</tr>
<tr>
<td>mini-CEX</td>
<td>The mini-CEX is to be done towards the end of the cycle (fourth to sixth week).</td>
</tr>
</tbody>
</table>
| Written Reports (2 components)                  | • One acute or chronic case is to be completed during the cycle, one of which must be a Hauora Māori case.  
  • A community case is to be completed during the cycle which may or may not be a Hauora Māori case. |
| New-born Examination Evaluation                 | The New-born Examination Evaluation is to be completed towards the end of the cycle. |

**C.5.4. Psychiatry**

Mental health problems are common, can present in all clinical settings, and often complicate the management of other illnesses and injuries. Psychiatry is the medical specialty that deals with the assessment and treatment of mental illnesses and of other disorders, both behavioural and physical, in which psychological factors are important as causes or clinical features. Most people with mental disorders will never be seen by a psychiatrist or mental health service; some never come to clinical attention, while others present to GPs or hospital specialists, often with somatic symptoms.

For some of you, this will be the first time that you will have had any exposure to psychiatry as a specialty; it can be daunting. There is a steep learning curve in grasping the breadth and complexity of psychiatric disorders – some of which you will encounter in your Year 5 attachment: others in Year 6 or in your future career. For some, there may be reminders of mental health issues you, your family or friends have experienced. It is important that you highlight any difficulties early with your relevant lead tutor (and other relevant staff) for your cohort site.

The Year 5 attachment of six weeks is in community or hospital-based services which provide a setting in which to learn to recognise common psychiatric presentations, take relevant histories, perform mental state examinations, develop formulations and differential diagnoses. Assessment, including risk assessment, is emphasised in Year 5;
management planning will be introduced here and extended in Year 6. In addition, there will be opportunities to learn specific skills required for clinical assessments of patients at different developmental stages: children, adolescents, and older people. Evenings on call with a registrar or consultant provide unique learning opportunities and are an important part of the attachment.

Small group tutorials during the attachment are intended to facilitate the development and application of clinical skills relevant to psychiatry. We have developed an evolving collection of electronic resources to guide self-directed learning (MyPsychiatry found on the MBChB portal); your feedback and suggestions are welcomed.

To ensure that students have the opportunity for a range of clinical experiences, these are tracked via a logbook known as the Clinical Experience Checklist. Although the Checklist is not graded, it can provide a focus for discussion with your cohort tutor and clinical supervisor during the attachment and will inform assessment via the Clinical Supervisor Report (CSR). Other assessments for psychiatry include a critically appraised topic (CAT), a case history (submitted via Turnitin) and at least two mini-CEXs: one (or more) formative around the mid-way point, and one summative towards the end of the attachment. We encourage practice on the mini-CEXs to ensure that you learn and can demonstrate clinical skills essential for all medical practitioners.

**Assessment for the attachment**

Below is an outline of the assessment requirements in Year 5 Psychiatry:

<table>
<thead>
<tr>
<th>Assessment Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Supervisor Report (CSR)</td>
<td>All students must get this completed by their consultant supervisor(s) as a fundamental part of their assessment. Supervisors are encouraged to include input from other members of the clinical team.</td>
</tr>
<tr>
<td>Critically Assessed Topic (CAT)</td>
<td>This will be presented in a Journal Club, Grand Round or team setting, and assessed by one or more consultants. Refer to Year 4 Guidebook for CAT Guidelines.</td>
</tr>
<tr>
<td>Case History</td>
<td>A single case history is required, synthesising information from clinical assessment and file review of a patient you have found interesting. This should include relevant aspects of the history, mental state exam, appropriate formulation, risk assessment, differential diagnosis, investigations, management plan, references (optional), and reflection. Please refer to the Psychiatry handbook for a useful guide on how to summarise the key areas of a case history.</td>
</tr>
<tr>
<td>Mini-Clinical Evaluation Exercise (mini-CEX)</td>
<td>Students must pass a summative mini-CEX towards the end of the rotation. To help develop skills, at least one formative mini-CEX should be done mid-way in the attachment so that any difficulties can be identified and addressed.</td>
</tr>
<tr>
<td>Clinical Experience Checklist</td>
<td>A mandatory but ungraded log of your clinical experiences in psychiatry (see above).</td>
</tr>
</tbody>
</table>
C.5.5. Selective

The Selective is a unique opportunity for students to identify their learning needs and professional interests, and to study in a professional environment to pursue these needs and interests. You must pass the Selective to pass Year 5.

In Year 5 you undertake a six-week Selective (five weeks for those in Waikato and Pūkawakawa), in which you seek a workplace opportunity to achieve one of the following development 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.

Selective basics:

Free choice of discipline except:

- Compulsory rural Selective in BoP and Waikato Regional-Rural programmes
- Students with Directed Selective
- Single Selective: cannot be split between two disciplines
- Single primary supervisor +/- secondary supervisor
- All Selectives must be in the upper North Island (UoA territory)
- Supervisors should not be close family or friends (or anyone whose ability to provide objective feedback may be questioned)
- There are no overseas Selectives until further notice (none in 2021)

All Selective arrangements are provisional until results are confirmed by the end-of-year 4 Board of Examiners. Some students may be required to do a Directed Selective. Students with a Directed Selective are not eligible to be cohorted to Bay of Plenty (BoP) or Waikato regional rural programmes. Students at Taranaki or Pūkawakawa may be required to return to a major clinical centre for the Directed Selective.

Selective types:

- Selective list
- Self-generated non-DHB
- Selectives within DHBs
1. ‘Off-the-list’ Selective
There is a list held by MPD of possible Selective placements outside DHBs. These are offered by people willing to supervise students and ensure an interesting experience. If you are interested in an off the list Selective, you should contact the supervisor with your dates and organise directly with them.

2. Self-generated, non-DHB
You can organise your own Selective. This must be within University of Auckland territory and outside DHBs. All self-generated Selectives must be approved by the Selectives coordinator.

3. Selectives within DHBs
If you want to do a Selective within a DHB, you will need to apply via the centralised MPD process. This process will allow you to specify DHB and speciality (and indicate supervisor). Applications will be co-ordinated by MPD with individual sites. The goal of this process is to allow students to have optimal experience whilst managing student numbers on each site, and preventing multiple applications to supervisors.

4. Regional-Rural programme
Students on regional-rural programmes in BoP and Waikato have compulsory Selectives which will be organised with the RR programme coordinator. They should still involve student selection and the ability to pursue an area of interest.

5. 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 and usually must be done in either a major clinical centre (Auckland/Waikato) or in an approved general practice. The Selective Coordinator will provide students assigned to a Directed Selective with additional information early in the academic year.

Selective and General Practice

The Department of General Practice & Primary Health Care encourages student interest in primary care, however undertaking a Selective in general practice, is subject to prior negotiation with the 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 can be no assurance that a practice will be available at the right time and in the right location for a Selective. Requests will be considered on a case by case basis.

In all cases where a Selective in General Practice is desired, the student must approach Dr Rachel Roskvist (rachel.roskvist@auckland.ac.nz) 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.

Arranging a Selective

The following caveats should be noted when arranging the Selective.

- The Board of Studies (Medical Programme) has adopted a policy that the Selective cannot be split.
- 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.
- There is no payment associated with the Selective – to the discipline or the clinical attachment.
- Regardless of which type of Selective 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.

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.
Policies relevant to the Selective

Relevant policies for the Selective include:

- 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.

- A Selective cannot be used for remediation purposes identified during Year 5, but in special circumstances it may be used, with the permission of the Selective Coordinator and Phase 2 Director, to offset time lost through an illness or another excused absence when approved by the Directors of Medical Student Affairs and Phase Director.

- If a student receives a provisional fail in an attachment early in the year, they are not permitted to complete a Selective overseas (not applicable at present).

Requirements for Selectives

All Selectives (except Directed Selectives) must have:

1. Selective learning agreement
2. Supervisor report
3. Selective report +/- project

The Learning Agreement

All Selective Learning Agreements must be completed as per the attached Appendix (MPD can supply required info). Out of date/ insufficient documentation will be rejected. 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 via the Selective Learning Agreement. You are required to complete this with your supervisor and submit the document via Canvas to the Practicum Placement Co-ordinator by midnight (NZ time) on the first Thursday of your attachment.

Supervisor report

Supervisors will complete the standard Phase 2 Clinical Supervisor Report at the end of the attachment. This needs to be completed at the end of your attachment and submitted via Canvas to the Practicum Placement Co-ordinator by midnight (NZ time) on the Thursday following your attachment.
The Selective Report

All students must submit a Selective report +/- project. This needs to be completed at the end of your attachment and submitted via Canvas (with links to Turnitin) via Assignments to the Practicum Placement Co-ordinator by midnight (NZ time) on the Thursday following your attachment.

In general, Selectives will be enhanced by completion of a clinical or basic research project. 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.

The report must use the standard template that includes a title page, abstract page (200 words approx.) and report (4-6 pages). The report should be completed in 11-point Calibri, single spaced.

An excellent report is considered one that provides a comprehensive and in-depth summary of the Selective experience with reflection on specific learnings during the attachment. Where a project has been completed, a brief additional summary of the project (maximum 2 pages) should be submitted as an appendix to the report. Resubmission of the Selective report is not permitted.

<table>
<thead>
<tr>
<th>Front page</th>
<th>Selective Title</th>
<th>What your Selective is about</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selective Dates</td>
<td>Start and end dates of your Selective</td>
<td></td>
</tr>
<tr>
<td>Supervisor (s)</td>
<td>Name(s) Supervisor + position/ name of your supervisor and their position in chosen institution</td>
<td></td>
</tr>
<tr>
<td>Institution</td>
<td>Name of the institution or organisation where your Selective was based</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Name of the town, city, region, or state where your Selective was based</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Name of the country where your Selective was based</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td>Your family name (last name, surname)</td>
<td></td>
</tr>
<tr>
<td>First Name(s)</td>
<td>Your first name(s) in full please</td>
<td></td>
</tr>
<tr>
<td>Keywords</td>
<td>Words and/or phrases describing the topics covered in your Selective. Examples: For a Selective in a Canadian ski area, you could use keywords like; Skiing; Orthopaedics; Emergency Med.</td>
<td></td>
</tr>
</tbody>
</table>

| Second page (1) | Abstract | Approx. 200 words typed in a central box (10 x 15cm). This abstract is to be a factual summary of activities, achievements, and conclusions and not merely descriptive. |
Grading of the Selective

The overall Selective grade is based on satisfactory attendance during the attachment, completion of a satisfactory Selective Learning Agreement and the Selective Report by the deadline and Clinical Supervisor Report. Directed Selectives are not eligible for Distinctions grades and may have different and individualised assessment criteria.

Additional information will be obtained regarding attendance from the supervisor. The following grades are used for assessing the Selective:

- Distinction
- Pass
- Borderline Performance
- Fail

The achievement of distinction is characterised by the following:

- A comprehensive, in-depth excellent quality Selective report from the student.
- Provides a comprehensive and in-depth summary of the Selective experience with significant reflection on learnings during the attachment.
- Demonstration of an excellent knowledge of medical practice/research in the student’s chosen area.
- Excellent work effort and exceptional involvement in clinical practice or research.
- Demonstration of a self-initiated project, in addition to other Selective activities.
- Provides specific examples of personal learnings, often through examples of patient presentations.
- Demonstrates a holistic and thoughtful approach to medical practice, with consideration of social, psychological, and cultural aspects of the attachment.
- Has few or no spelling, grammar, or formatting errors.
- Demonstration of satisfactory attendance.

In order to achieve **distinction**, the following are required:

1. Clinical Supervisor Report: For a clinical Selective, at least 80% ‘excellent’ for the domains of Clinical and Communication Skills, Personal and Professional Skills and Applied Science for Medicine. This...
equates to 6 or more descriptors marked as ‘excellent’. For a non-clinical Selective, at least 80% ‘excellent’ for all marked descriptors.

2. Distinction must be given for the Selective Report.

3. A project must be completed.

4. Satisfactory attendance

A distinction grade will not be considered unless all Documents (Self-Generated Approval Form – if relevant submitted on ViaTRM, the Selective Learning Agreement, Selective Report, and project summary) are received by the due date.

The achievement of a pass grade is characterised by the following criteria:

- A satisfactory quality Selective report from the student with summary of Selective learning experience with some reflection.
- Demonstration of adequate attendance.
- Satisfactory participation in the activities of the Supervisor’s team or unit (clinical or research).
- Demonstration of learning medical, surgical, procedural or research skills during the Selective.
- Demonstration of an appreciation of social, psychological, and cultural issues relevant to their Selective experience.
- Has only occasional spelling, grammar, or formatting errors

In order to achieve a passing grade, students must have a satisfactory CSR and report with satisfactory attendance. NOTE: a single performance descriptor of ‘some reservations’ for the domains of Clinical and Communication Skills, Personal and Professional Skills or Applied Science for Medicine will lead to a borderline performance grade.

The achievement of a borderline grade is characterised by:

- Submission of a weak report that demonstrates qualities associated with both fail and pass grades.
- Fails to meet one or more of the pass criteria but does not meet the fail criteria.

The grade of fail is characterised by the following criteria. Any of these criteria may result in a fail:

- Failure to demonstrate that adequate time had been spent on the Selective.
- Failure to submit a timely/ any Selective Learning Agreement or Selective report.
Submission of an inadequate report which may be characterised by (but not limited to):
  o short or cursory summary of the experience
  o demonstrates little reflection on specific learnings
  o demonstrates little consideration of social, psychological and/or cultural aspects of the attachments
  o Extensive spelling, grammar, or formatting errors
  o shows evidence of plagiarism

Unsatisfactory Clinical Supervisor Report (one performance descriptor of ‘major deficiency’, or two or more some performance descriptor of ‘some reservations’).

Supervisor has serious concerns about student’s performance. Before failing a student on these grounds, the supervisor will be contacted to discuss the student’s performance.

Selective Dates:

If your Selective attachment has a progress test, you need to confirm the site you have been allocated for that progress test. You will need to arrange with your supervisor for one days leave to attend. Any cost for travel, accommodation etc. is your responsibility.

Selective Learning Agreement: to be uploaded to CANVAS by midnight on the Thursday of the first week of the Selective.

Selective Report and Clinical Supervisor Report: to be uploaded to CANVAS by midnight on the Thursday following the end of the Selective.

Example:

Selective period- 4 October -12 November

Selective Learning Agreement due midnight Thursday 7 October

Selective Report and Clinical Supervisor report due midnight 18 November

Waitemata, Auckland, South Auckland Cohorts (6 WEEKS AS INDICATED BELOW)

<table>
<thead>
<tr>
<th>Group</th>
<th>Period</th>
<th>PT Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>25 January – 5 March</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>8 March – 16 April *PT 25: Friday, 16th April</td>
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</tr>
<tr>
<td>F</td>
<td>19 April – 28 May</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>14 June – 23 July *PT 26: Friday, 16th July</td>
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<tr>
<td>D</td>
<td>26 July – 3 September</td>
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<tr>
<td>A</td>
<td>6 September – 15 October</td>
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</tbody>
</table>

Waikato & Lakes Cohort Only (6 WEEKS AS INDICATED BELOW)

<table>
<thead>
<tr>
<th>Group</th>
<th>Period</th>
<th>PT Date</th>
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</thead>
<tbody>
<tr>
<td>F</td>
<td>25 January – 5 March</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>8 March – 16 April *PT 25: Friday, 16th April</td>
<td></td>
</tr>
</tbody>
</table>
Group C 19 April – 28 May
Group E 14 June – 23 July *PT 26: Friday, 16th July
Group A 26 July – 3 September
Group D 6 September – 15 October

Waikato Regional-Rural Programme (5 WEEKS RURAL SELECTIVE AND 5 WEEK RURAL GP ATTACHMENT AT EITHER THAMES, TE KUITI, TOKOROA OR TAUPO HOSPITALS ONLY)
Group B-RR2 25 January – 26 February and 1 March – 2 April
Group E-RR3 26 April – 28 May and 14 June – 16 July *PT26: Friday, 16th July
Group A-RR1 9 August – 10 September and 13 September – 15 October

Pūkawakawa Regional-Rural Programme (5 WEEKS AS INDICATED BELOW)
Group PUK1 15 March – 16 April *PT25: Friday, 16th April
Group PUK2 12 April – 14 May *PT25: Friday, 16th April
Group PUK3 19 July – 20 August

BOP Regional-Rural Programme (6 WEEKS AT WHAKATANE HOSPITAL ONLY)
Group I1/I2/I3 25 January – 5 March
Group L1/L2/L3 8 March – 16 April *PT 25: Friday, 16th April
Group G2/G3/K1 19 April – 28 May
Group G1/K2/K3 14 June – 23 July *PT 26: Friday, 16th July
Group H1/H2/H3 26 July – 3 September
Group J1/J2/J3 6 September – 15 October

Taranaki Regional-Rural Programme (6 WEEKS AS INDICATED BELOW)
Group O 25 January – 5 March
Group N 15 March – 23 April *PT25: Friday, 16th April
Group P 19 April – 28 May
Group M 14 June – 23 July *PT 26: Friday, 16th July
Group R 26 July – 3 September
Group Q 6 September – 15 October
Notes on Overseas Selectives (NOT APPLICABLE FOR 2021)

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 Canvas). 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](#) section of the Policy Guides.

Only some cycles are eligible to go overseas on Selective.

- Selectives may be completed in Australia if there is no progress test scheduled during the Selective attachment.
- Selectives 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 Pūkawakawa. 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 Pūkawakawa). This period can be used for the travel required for international Selectives.
- 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.
- Attachments to the Pacific Islands will not be approved due to lack of appropriate supervision.
- All applications must be approved by the Selective Coordinator.

**University Travel Policy for students**

Please see [section H.5.3](#)

**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](http://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.

Insurance

Free travel insurance is provided to all overseas Selective students who meet the ViaTRM Student Insurance Procedures. 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).

To qualify for free travel insurance, you need to:

1. Complete the Self-Generated Overseas Selective Form in ViaTRM. You will also need to complete the “Student International Travel Details” form in ViaTRM which will be available to you once the Selective Coordinator has committed your Selective plans. You can find this form in the forms section of your Traveller Dashboard.

2. If you have a pre-existing condition, complete the Medical Assessment Form, and email it to traveleasy.nz@marsh.com – include in your email that you are travelling on the University of Auckland corporate policy for registered student travel.

3. If you are travelling to a high or extreme risk country, complete the High-Risk Travel Form and email it to riskoffice@auckland.ac.nz. Note: you must complete this form even if you are not travelling near the area of high/extreme risk. You also need to complete the form if you are transiting through or taking vacation days in a country of high/extreme risk. This includes countries such as Japan and India and other countries you may not think of as high risk. It is best to check the risk level for your countries here: https://www.safetravel.govt.nz/travel-advisory-risk-levels

If you meet all those criteria, you automatically come under the University’s corporate policy. You can send this document to your host institution if they need proof of your insurance.

As part of the University’s corporate insurance policy, you are covered for up to 14 days of associated holiday travel. If you are having more than 14 days of associated holiday travel you must contact Marsh (traveleasy.nz@marsh.com) to arrange cover and...
payment for the additional days. Include in your email that you are travelling on the University of Auckland corporate policy for registered student travel but require more than 14 days leisure travel.

You also need to ensure you have the appropriate cover to comply with medical indemnity requirements if you are undertaking an overseas Selective. You should check the requirements with your host institution and your cover arrangements with your provider. If you are undertaking your Selective in Australia, the Medical Protection Society has made arrangements with Medical Indemnity Protection Society (MIPS) to provide this cover. You need to logon to www.mips.com.au click the student icon and complete the online application form. Ensure that in the field titled “Please enter any message you wish to send here” you provide full details of the intended Selective including location, hospital involved, name of supervisor, nature of your work and the start and end dates of your Selective period. Once your application has been approved, MIPS will issue you with an insurance certificate and policy documents for the duration of your Selective. Other providers may have similar arrangements.
C.5.6. Specialty Surgery

Specialty surgery exposes you to a range of surgical experiences in a number of settings. Because of the prevalence and importance of eye, ear, nose and throat diseases in the general population and the special examination skills required, all students will experience:

- a minimum of five days in ophthalmology;
- five days in otolaryngology;
- a minimum of three days in urology.

For all specialties, students will attend a combination of clinics and operating sessions in order to gain an appreciation of the prevalence and management of these conditions in the population, and the clinical diversity and morbidity of diseases of the ears, nose, and throat. Most of the learning opportunities occur in the pre- and post-operative periods and ambulatory settings, and not in the operating theatre.

Aside from these minimum requirements there is some variation at the different cohort sites, as shown below.

<table>
<thead>
<tr>
<th>Cohort Site</th>
<th>Summary of Experience</th>
<th>Length of time</th>
</tr>
</thead>
</table>
| South Auckland, Waitemata, Auckland | • Ophthalmology  
• Otolaryngology  
• Urology or Neurosurgery                                                        | 2 weeks  
1 week  
1 week |
| Waikato/Lakes                | • Ophthalmology  
• Otolaryngology  
• Urology  
• Vascular Surgery, Cardiothoracic, Maxillofacial or Plastic Surgery (Waikato) | 1 week  
1 week  
1 week  
1 week |

For Bay of Plenty, Northland (Pūkawakawa) and Taranaki cohorts, please refer to the cohort section of this Guidebook.

For the South Auckland cohort, departments responsible for the student allocation to clinics will try and use clinics within the local vicinity.

Ophthalmology

All students are expected to develop competence in clinical skills, such as taking an appropriate history from patients, examining the eye, diagnosing common ocular diseases, and formulating appropriate management plans. All students will need to demonstrate these skills in a clinical OSCE at the end of the attachment. The learning objectives and expected outcomes can be found in the Ophthalmology Year 5 handout. Learning resources include:
Clinical skills videos
- Online tutorial sessions
- Copies of the PowerPoint slides for the majority of tutorial presentations
- Two interactive websites
- Copy of the Ophthalmology Year 5 hand-out
- List of related YouTube videos
- EveSi Ophthalmoscopy simulator

The selected textbook for the attachment is “Ophthalmology. An Illustrated colour text” by Batterbury & Bowling. 3rd Edition. Copies should be available to all students during their attachment. All recommended reading is from this textbook. For a list of the recommended reading, see the Ophthalmology Year 5 hand-out.

The Clinical Supervisor Report form must be completed at the end of the attachment. In the Pūkawakawa, Bay of Plenty Regional-Rural, Waikato/Lakes and Taranaki Regional-Rural cohorts, the form will be completed by an appropriate consultant. In the Auckland region sites, the form will be completed by the University Department of Ophthalmology. All reports will be issued by the Department of Surgery.

You will receive a separate grade for the Ophthalmology attachment, and it is possible to achieve Distinction, Pass or Fail. This grade will be identified on your Faculty Academic Record for Year 5.

**Otolaryngology**

During your five days in Otolaryngology (ORL) a formative approach is taken to teaching you essential clinical skills. There are specific techniques you must complete, and you will be supervised while you practise them. These include an examination of the oral cavity, the ear, the neck, and the nose. Your achievement of these tasks satisfactorily is a requirement for passing your ORL component of Specialty Surgery.

You will also need to ask the clinical tutor with whom you spend most of your time, to complete the Personal and Professional Skills section of the Clinical Supervisor Report form.

The following outlines the assessment requirements for ORL, for which you will be graded as Pass or Fail:

- Completion of the Clinical Supervisor Report form, and
- All required tasks completed and signed off

**Urology**

During your time in Urology, your focus will be to enhance your learning for managing patients with common conditions, especially urological stones, urinary retention
problems and solutions (including catheterisation) and prostate cancer. To achieve this, you will spend time with a number of consultants and/ or registrars, with some time spent observing in theatre, participating in at least one outpatient clinic during the week and attending two tutorials to discuss case scenarios.

You will receive a grade of Pass or Fail for this component of Specialty Surgery, based on your attendance and the Clinical Supervisor report form.

At the end of the two-week period after completing ORL and Urology, you will also complete a series of MCQs for formative purposes only.

**Neurosurgery**

During the week there is time on the ward to interview and examine patients. You will receive a grade of Pass or Fail for this component of Specialty Surgery, based on your attendance. At the end of the two-week period after completing ORL and Urology or Neurology, you will also complete a series of MCQs for formative purposes only.

**Clinical Skills Based**

- Neurological examination of a patient
- Assessment of Glasgow Coma Score
- Systematic Examination of the central and peripheral nervous systems

**Procedural Skills Based**

- Understand indications and procedural details of a lumbar puncture including its complications
- Basic suturing skills

**Recommended reading**

Vascular Surgery

Those completing Specialty Surgery in the Waikato/Lakes Cohort have the opportunity to spend time in Vascular Surgery, and a Clinical Supervisor Report form will be completed to provide feedback on your active engagement during this time.

C.5.7. Clinical Pathology

The Clinical Pathology module in Year 5 has two components: a project and asynchronous learning.

Firstly, there is a compulsory Clinical Pathology Project. The grade for this work is the equivalent of a clinical attachment. Greater detail is available on the Portal.

A first option for the project is a report based on attending an autopsy. This is available to a very limited number of students due to capacity of the Department of Forensic Pathology. This will be discussed further during Orientation.

The second option is a medical laboratory visit. After the start of the semester, a series of laboratory visits will be offered spread out over the year between February and July. Your laboratory visit is to be scheduled during one of the longer attachments at your cohort site (Psychiatry, Paediatrics, O&G, Selective, General Practice) and not during Specialty Surgery, PHI or UIPC weeks. As a general rule, before organising your laboratory visit you must first check with your cohort site administrator about the most appropriate time to undertake the visit during an attachment – there are certain dates/times in your attachment that you may not miss. For more information about scheduling your visit, please refer to the Clinical Pathology Coursebook.

At the visit, a general introduction to the laboratory will be provided and a specific test will be discussed in great detail. Students are encouraged to read about the test in advance and to select a relevant clinical scenario from the MBCHB portal for hypothetical case discussion. A report answering a series of questions about the test, including a literature review, is required. The visit is compulsory and feedback from the laboratory will be obtained.

The second component of the Clinical Pathology course is self-directed Asynchronous learning via the Portal, based on clinical cases.
C.6. Learning Outcomes for Clinical Attachments

By the end of the clinical attachments 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>Clinical knowledge</td>
</tr>
<tr>
<td></td>
<td>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>Clinical and Communication Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Patient assessment and management</td>
</tr>
<tr>
<td></td>
<td>Evaluate and prepare appropriate management plans for patients with common and important problems in general practice environments.</td>
</tr>
<tr>
<td></td>
<td>• Recognise key warning signs of serious illness in patients treated in primary care;</td>
</tr>
<tr>
<td></td>
<td>• Demonstrate skills for dealing with uncertainty in clinical diagnosis in general practice;</td>
</tr>
<tr>
<td></td>
<td>• Use an evidence-based approach to diagnosis formulation;</td>
</tr>
<tr>
<td></td>
<td>• Demonstrate skills in rational prescribing;</td>
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<tr>
<td></td>
<td>• Appreciate the impact of psychosocial stress on mental health;</td>
</tr>
<tr>
<td></td>
<td>• Recognise different types of general practice consultations (range: first contact, acute care, episodic care, continuity of care, diagnosis).</td>
</tr>
<tr>
<td></td>
<td>• Develop an appropriate management plan for the Māori patient and family that is consistent with whānau strengths and resources.</td>
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<thead>
<tr>
<th>Domain</th>
<th>Personal and Professional Skills</th>
</tr>
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<tbody>
<tr>
<td>3</td>
<td>Clinical decision making</td>
</tr>
<tr>
<td></td>
<td>Develop skills for shared decision making with patients.</td>
</tr>
<tr>
<td></td>
<td>• Explain the importance of patient goals in achieving the best clinical outcome.</td>
</tr>
<tr>
<td></td>
<td>• Identify specific patient values with particular attention to practicing in a culturally diverse community.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Domain</th>
<th>Communication with patients and families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Demonstrate skills in negotiating lifestyle changes for patients.</td>
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<table>
<thead>
<tr>
<th>Domain</th>
<th>Engagement in team</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Professional qualities</td>
</tr>
<tr>
<td></td>
<td>• Demonstrate appropriate attitudes and skills in managing patients and their families.</td>
</tr>
<tr>
<td></td>
<td>• Demonstrate time management and punctuality in clinical work.</td>
</tr>
<tr>
<td></td>
<td>• Identify own learning opportunities, ask questions and contribute in role to educate others.</td>
</tr>
<tr>
<td></td>
<td>• Demonstrate responsibility, commitment and ability to reflect on your judgement and practice.</td>
</tr>
<tr>
<td>6</td>
<td>Engagement in team</td>
</tr>
<tr>
<td></td>
<td>• Explain how and when other health professionals need to contribute to the care of a patient.</td>
</tr>
<tr>
<td></td>
<td>• Contribute to the initiation of referrals for specialist advice appropriately for a range of conditions.</td>
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<tr>
<td></td>
<td>• Understand the roles, responsibilities and linkages of those contributing to a primary health care team.</td>
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</tr>
</tbody>
</table>
| 7 | **Health and well-being**  
- Recognise own limits in stressful situations and in regard to own knowledge. |
| 8 | **Domain**  
**Hauora Māori**  
- **Critical reflection**  
  - Identify the strengths and areas for improvement in both your communication and clinical skills when dealing with Māori patients and their whānau. |
| 9 | **Domain**  
**Population Health**  
- **Commitment to equity**  
  - Identify key Māori health issues and explain the approaches to addressing the issues. |
| 10 | **Health promotion**  
- Identify areas where health promotion, prevention and screening techniques are appropriate.  
**Disease prevention**  
- Identify benefits and challenges associated with managing chronic disease in the general practice setting and within the wider healthcare network through the use of clinical audit.  
- Identify the impact of regional variation in health care provision.  
- Describe methods of defining practice population profiles and their specific needs. |
**Obstetrics & Gynaecology**

<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>Explain the progress and management of women in labour.</td>
</tr>
<tr>
<td></td>
<td>• Summarise the normal progress of labour;</td>
</tr>
<tr>
<td></td>
<td>• Analyse the methods used, and their effectiveness, for pain relief in labour;</td>
</tr>
<tr>
<td></td>
<td>• Explain the normal mechanism for delivery;</td>
</tr>
<tr>
<td></td>
<td>• Describe the types of and need for fetal monitoring.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Clinical knowledge</strong></td>
</tr>
<tr>
<td></td>
<td>Explain the correct and effective use of common methods of contraception, including Long Acting Reversible methods (LARCS).</td>
</tr>
<tr>
<td>3</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Evaluate women attending for routine antenatal care.</td>
</tr>
<tr>
<td></td>
<td>• Elicit an obstetric history for patients booked for antenatal care;</td>
</tr>
<tr>
<td></td>
<td>• Perform appropriate and supervised obstetric examinations of pregnant women;</td>
</tr>
<tr>
<td></td>
<td>• Calculate gestational age and correlate this to uterine size;</td>
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<tr>
<td></td>
<td>• Determine the investigations, including prenatal diagnosis and ultrasound, required for effective pregnancy care at various stages of pregnancy;</td>
</tr>
<tr>
<td></td>
<td>• Describe the major obstetric emergencies and basic principles for their management;</td>
</tr>
<tr>
<td></td>
<td>• Assist with the care of women in labour and vaginal birth;</td>
</tr>
<tr>
<td></td>
<td>• Develop an appropriate management plan for a Māori patient and baby.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Appraise the characteristics and management of the new-born infant.</td>
</tr>
<tr>
<td></td>
<td>• Summarise the normal characteristics and management of the new-born infant;</td>
</tr>
<tr>
<td></td>
<td>• Perform a competent physical examination of the term new-born baby;</td>
</tr>
<tr>
<td></td>
<td>• Explain the routine management of the puerperium;</td>
</tr>
<tr>
<td></td>
<td>• Select an effective approach to support a woman who wishes to breastfeed her infant.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Clinical decision making</strong></td>
</tr>
<tr>
<td></td>
<td>Evaluate women attending gynaecology clinics.</td>
</tr>
<tr>
<td></td>
<td>• Elicit a gynaecology history for patients attending clinic;</td>
</tr>
<tr>
<td></td>
<td>• Outline the differential diagnosis, investigations and treatment options.</td>
</tr>
<tr>
<td>6</td>
<td><strong>Clinical decision making or Patient assessment and management?</strong></td>
</tr>
<tr>
<td></td>
<td>Perform supervised speculum and pelvic examinations.</td>
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<tr>
<td></td>
<td>• Decide, in consultation with clinical staff, situations for which an examination is appropriate;</td>
</tr>
<tr>
<td></td>
<td>• Use appropriate communication skills during all stages of the examination;</td>
</tr>
<tr>
<td></td>
<td>• Demonstrate the correct technique for the examinations.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Present evidence-based knowledge in core topics of obstetrics and gynaecology to peers.</td>
</tr>
<tr>
<td>8</td>
<td><strong>Communication with patients and families</strong></td>
</tr>
<tr>
<td></td>
<td>• Communicate with patients and families with respect and cultural sensitivity</td>
</tr>
</tbody>
</table>

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| 9 | **Professional qualities**  
|   | • Demonstrate appropriate attitudes and skills in managing obstetric and gynaecologic patients and families.  
|   | • Demonstrate time management and punctuality in clinical work.  
|   | • Demonstrate ethical decision making including obtaining appropriate consent from patients and families.  
|   | • Identify own learning opportunities, ask questions and contribute in role to educate others.  
|   | • Demonstrate responsibility, commitment and ability to reflect on your judgement and practice.  
|   | • Maintain appropriate boundaries in the workplace with patients, families and colleagues. |
| 10 | **Engagement in team**  
|   | • Work as part of a team including with allied health, other health professionals and recognising the role of community organisations.  
|   | • Summarise the roles, responsibilities and collaborative processes of health professionals in obstetrics and gynaecology. |

**Domain** | **Hauora Māori**
---|---
| 11 | **Cultural safety**  
|   | • Identify key Māori health issues and explain the approaches to addressing the issues. |
| 12 | **Critical reflection**  
|   | • Identify the strengths and areas for improvement in both your communication and clinical skills when dealing with Māori patients. |

**Domain** | **Population Health**
---|---
| 13 | **Disease prevention**  
|   | • Locate the hospital management of childbirth within the wider context of primary and community-based care.  
|   | • Communicate understanding of the Cervical Screening Programme in NZ.  
|   | • Outline the guidelines for management of women with abnormal cervical smears. |
# Paediatrics

<table>
<thead>
<tr>
<th>Domain</th>
<th>Clinical and Communication Skills</th>
</tr>
</thead>
</table>
| 1 | **Clinical Knowledge**  
| | • Demonstrate the essential knowledge base for paediatrics.  
| | • Apply knowledge of basic anatomy, physiology and pathology to the assessment management of new-born and paediatric patients.  
| | • Use knowledge of growth and development in new-borns, children and adolescents to interpret manifestations of disease.  
| | • Explain the differences in therapeutics and prescribing between new-borns, children and adults.  
| 2 | **Patient assessment and management**  
| | • Evaluate paediatric patients presenting with a range of clinical problems.  
| | • Elicit from caregivers and, if appropriate, from the child or young person presenting, a relevant, logical comprehensive history of presenting problem(s).  
| | • Obtain family, social, developmental and immunisation history.  
| | • Perform a competent structured physical examination of the new-born, pre-schooler, school-aged child and adolescent.  
| | • Perform appropriate developmental assessment for age.  
| | • Recognise, giving reasons, patients with serious acute illness.  
| | • Develop an appropriate management plan for the Māori patient and family/whānau that is consistent with whānau strengths and resources.  
| 3 | **Clinical decision making**  
| | • Use an evidence-based approach to formulate most likely diagnosis and differential diagnosis.  
| | • Formulate logical problem lists for a range of paediatric patients.  
| | • Select appropriate tests that will confirm or alter the working diagnosis.  
| | • Interpret simple laboratory and radiology tests.  
| 4 | **Communication with patients and families**  
| | • Outline the requirements for gaining parental consent.  
| | • Communicate information to families in a clear manner.  
| | • Recognise and respect differences in parenting and family dynamics.  
| 5 | **Personal and Professional Skills**  
| | **Professional qualities**  
| | • Demonstrate appropriate attitudes and skills in managing new-borns, children, adolescents and their families.  
| | • Demonstrate time management and punctuality in clinical work.  
| | • Use ethical decision making including obtaining appropriate consent from families.  
| | • Identify own learning opportunities, asking questions and contribute in role to educate others.  
| | • Demonstrate responsibility, commitment and ability to reflect on your judgement and practice.  

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**Phase 2 (Year 5) Guidebook | Page 81**
| 6 | **Engagement in team**  
• Work as part of a team including with allied health, other health professionals and recognising the role of community organisations.  
• Summarise the roles, responsibilities and collaborative processes of child health professionals. |
|---|---|
| 7 | **Health and Wellbeing**  
• Recognise own limits in stressful situations and in regard to own knowledge.  
• Maintain appropriate boundaries in the workplace with families and colleagues. |
| Domain | **Hauora Māori** |
| 8 | **Critical reflection**  
• Reflect on own practice and systemic factors in relation to ethnic inequalities.  
• Identify areas for improvement in communication and clinical skills when dealing with Māori whānau. |
| 9 | **Commitment to equity**  
• Identify key health issues for Māori children and adolescents, and explain the approaches to addressing the issues.  
• Propose strategies to address issues of ethnic inequality. |
| Domain | **Population Health** |
| 11 | **Disease prevention**  
• Outline paediatric conditions that significantly contribute to morbidity and mortality in New Zealand.  
• Determine how access to health professionals occur– special complexities of adolescent health services, non-accidental injury and roles of referral networks including governmental agencies (e.g. Oranga Tamariki https://www.orangatamariki.govt.nz/ and hospital teams).  
• Identify and advise on disease prevention (understands key risk factors, the benefits and harm of screening for risks and early disease, continuity of care and management in community). |
| 12 | **Health promotion**  
Impart information about health promotion and healthy lifestyle choices. |

*One paediatric case or community report is specified to relate to Hauora Māori and discussion is to reflect on student learning in this area.*
## Psychiatry

<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;• Explain the key diagnostic features, aetiology and principles of management of patients with common psychiatric problems.&lt;br&gt;• Explain the concept of recovery in mental health.&lt;br&gt;• Describe the principles of basic clinical psychopharmacology.&lt;br&gt;• Describe the principles of psychotherapy and other non-medical interventions in psychiatry.&lt;br&gt;• Integrate clinical practice with knowledge of normal development through the lifespan; consider factors that may disturb development, and interactions between body and mind.&lt;br&gt;• Apply scientific principles, research methodologies and evidence to improve practice and the mental health of individuals and communities.</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>&lt;br&gt;• Evaluate patients presenting with high prevalence psychiatric disorders as well as those with low prevalence conditions associated with high risk, across different development stages (childhood, adolescence, adulthood, old age).&lt;br&gt;• Perform a formal psychiatric history and mental state examination.&lt;br&gt;• Present the findings of a mental state examination in a logical manner, both written and orally.&lt;br&gt;• Synthesise information to formulate differential diagnoses.&lt;br&gt;• Develop an appropriate management plan for a Māori patient and family that is consistent with whānau strengths and resources.</td>
</tr>
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<table>
<thead>
<tr>
<th>Domain</th>
<th>Clinical decision making</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td><strong>Formulate diagnoses using DSM-5 or ICD-10 (it may be useful to include the multi-axial classification system of DSM-IV).</strong>&lt;br&gt;• Develop a biopsychosocial management plans based on formulation.&lt;br&gt;• Assess and describe risks to safety; identify risk issues to be managed and include these in management planning.</td>
</tr>
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<table>
<thead>
<tr>
<th>Domain</th>
<th>Communication with patients and families</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td><strong>Inform and, where necessary, educate patients and their families.</strong>&lt;br&gt;<strong>Communicate with patients and families clearly and sensitively.</strong></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Domain</th>
<th>Personal and Professional Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td><strong>Professional qualities</strong>&lt;br&gt;• Demonstrate time management and punctuality in clinical work.&lt;br&gt;• Consider the ethical implications of decision making.&lt;br&gt;• Reflect on the role and importance of good doctor-patient relationships.&lt;br&gt;• Demonstrate capacity for critical thinking and constructive self-criticism.&lt;br&gt;• Use a developmental approach to clinical problems.&lt;br&gt;• Maintain appropriate and respectful boundaries with patients, families</td>
</tr>
</tbody>
</table>
| 6 | **Engagement in team**  
|   | - Work as part of a multidisciplinary team, including allied staff.  
|   | - Demonstrate a constructive approach in collaborative working environments. |
| 7 | **Health and Wellbeing**  
|   | - Flexibly apply a range of approaches to promote psychological and physical well-being for self and others. |

<table>
<thead>
<tr>
<th><strong>Domain</strong></th>
<th><strong>Hauora Māori</strong></th>
</tr>
</thead>
</table>
| 8 | **Critical reflection**  
|   | - Reflect on own practice and systemic factors in relation to ethnic inequalities.  
|   | - Identify areas for improvement in communication and clinical skills when dealing with Māori patients and families. |
| 9 | **Commitment to equity**  
|   | - Propose strategies to address issues of ethnic inequality. |
| 10 | **Cultural safety**  
|    | - Participate in and observe a whānau meeting, being mindful of health beliefs, customs and cultural practices.  
|    | - Engage appropriately with Māori individuals, whānau and communities, identifying their strengths. |

<table>
<thead>
<tr>
<th><strong>Domain</strong></th>
<th><strong>Population Health</strong></th>
</tr>
</thead>
</table>
| 11 | **Disease prevention**  
|    | - Identify major threats to mental health and critically appraise healthcare delivery in NZ and internationally.  
|    | - Suggest improvement that may lead to better collaboration among mental health agencies.  
|    | - Appraise the organisation of health services for patients with psychiatric problems.  
|    | - Consider the importance of the family and wider environment on the patient. |
| 12 | **Health promotion**  
<p>|    | - Apply the principles of mental health promotion, population screening, and disease management for individuals and populations. |</p>
<table>
<thead>
<tr>
<th>Domain</th>
<th>Applied Science for Medicine</th>
</tr>
</thead>
</table>
| 1 | Apply key basic science principles to the evaluation of patients presenting with a selected range of specialty surgical problems.  
- Appraise the respective importance of basic anatomy, physiology and pathology knowledge to the management of patients in specialty surgery;  
- Determine other knowledge bases that are used in specific areas of specialty surgery. |

<table>
<thead>
<tr>
<th>Domain</th>
<th>Clinical and Communication Skills</th>
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</table>
| 2 | Evaluate patients presenting with surgical problems of the selected specialty.  
- Elicit from patients presenting with a given problem, a relevant, logical and comprehensive history;  
- Perform an organised and professional examination of relevant organ systems;  
- Present the cases orally and support this with clear written histories. |
| 3 | 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. |
| 4 | Prepare basic management plans for selected specialty surgical problems.  
- Apply best available evidence to solve clinical problems;  
- Identify and discuss areas of controversy in patient management;  
- Determine and correct gaps in underpinning knowledge;  
- Describe the roles of the main health professionals contributing to the care of patients in this specialty. |
| 5 | Demonstrate competence in specifically defined surgical procedures.  
- Decide, in conjunction with clinical staff, situations for which an examination is appropriate.  
- Use appropriate communication skills during all stages of the examination;  
- Demonstrate the correct procedural techniques. |

<table>
<thead>
<tr>
<th>Domain</th>
<th>Personal and Professional Skills</th>
</tr>
</thead>
</table>
| 6 | Demonstrate responsibility, commitment and a reflective attitude to clinical practice.  
- Provide appraisal and feedback on educational experiences.  
- Identify own limits and seek out additional support or learning opportunities.  
- 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. |

<table>
<thead>
<tr>
<th>Domain</th>
<th>Hauora Māori</th>
</tr>
</thead>
</table>
| 7 | Reflect on own practice and systemic factors in relation to ethnic inequalities.  
- Identify strategies to overcome barriers with a view to improving Māori health outcomes. |

| Domain | Population Health |
| 8 | Determine the relative roles of primary, secondary, tertiary, outpatient and ambulatory care for selected surgical specialties. |
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 site staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th>Site Academic Coordinator</th>
<th><a href="mailto:nprice@adhb.govt.nz">nprice@adhb.govt.nz</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Academic Coordinator</td>
<td>Dr Neil Price</td>
<td></td>
</tr>
<tr>
<td>Group Services Manager</td>
<td>Natasha Tinkler</td>
<td><a href="mailto:n.tinkler@auckland.ac.nz">n.tinkler@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Group Services Team Leader</td>
<td>Francoise Godet</td>
<td><a href="mailto:f.godet@auckland.ac.nz">f.godet@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>

Dermatology contact for Auckland

<table>
<thead>
<tr>
<th>Dermatology</th>
<th>Greenlane Clinical Centre Dermatology Clinic Reception Building 4 Level 1, Reception J Green Lane Hospital (enter from Gate 1)</th>
<th>Dr Denesh Patel (09) 307 4949 Ext. 26459</th>
</tr>
</thead>
</table>

Palliative Care contact for Auckland

<table>
<thead>
<tr>
<th>Palliative Care</th>
<th>Auckland DHB Palliative Care</th>
<th>Dr Shamsul Shah <a href="mailto:shamsuls@adhb.govt.nz">shamsuls@adhb.govt.nz</a></th>
</tr>
</thead>
</table>

D.1.3. Orientation and attachment reporting arrangements
At the start of each attachment there will be a short orientation by a University administrator and the academic clinician responsible for the attachment. There is no orientation for the entirety of the cohort at the start of the year. Most will commence between 8.30 – 9.00am. You will be advised of the precise timing and location nearer the time.
D.1.4. DHB Security Access Cards
Access cards will be issued a week before or at orientation and you will be required to complete an online form and show photo ID for allocation of your 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.

For other cohort students attending ADHB
For students in other cohorts who are at the ADHB for an attachment or Selective, your security card will be issued from the 12th floor of the Auckland Hospital Support Building. Please contact Natasha Tinkler on n.tinkler@auckland.ac.nz

D.1.5. 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 this 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 the 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 not only adhere to these policies but to actively promote these policies and guide their colleagues should they notice them in breach.

**D.2. South Auckland Clinical Campus**

**D.2.1. General Information**

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

Please note that being cohorted to South Auckland means that clinical placements can be anywhere in the Counties Manukau Health catchment area and not solely at Middlemore Hospital. Travel will be required as a number of services are located in the community. SACC is physically located at Middlemore Hospital (2nd Floor, Esme Green Building 30), the largest hospital operated by CM Health.

**D.2.2. 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><strong>Middlemore Hospital</strong></th>
<th>100 Hospital Road, Otahuhu, Auckland Private Bag 93311, Otahuhu, Auckland 1640</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Manukau Health Park</strong></td>
<td>901 Great South Road, Manurewa, Auckland Located on the corner of Great South Road and Browns Road</td>
</tr>
<tr>
<td>• Manukau Super Clinic</td>
<td></td>
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<tr>
<td>• Manukau Surgical Centre</td>
<td></td>
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</tbody>
</table>
D.2.3. Clinical Campus Staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th>Assistant Dean &amp; Head of SACC</th>
<th>Professor Andrew Hill</th>
<th><a href="mailto:a.hill@auckland.ac.nz">a.hill@auckland.ac.nz</a></th>
</tr>
</thead>
<tbody>
<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>
<td></td>
</tr>
<tr>
<td>SACC Site Coordinators</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>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Academic Clinical Discipline Coordinators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
</tr>
<tr>
<td>Paediatrics</td>
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<tr>
<td></td>
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<tr>
<td>Psychiatry</td>
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</table>

D.2.4. Attachment reporting details
At the start of each attachment at South Auckland, students will be given a short orientation to that attachment by a University South Auckland Clinical Campus administrator and the academic clinician responsible for the attachment. Most will commence between 8.00 – 9.00am. You will be advised by email directly by SACC Administration of the start time and venue in advance of each attachment.

D.2.5. 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.2.6. Conduct
Be on time. Notify your team in advance if you will be absent from key team activities. You are to notify the South Auckland Clinical Campus of any clinical placement absences (such as sickness, approved leave or appointments). Use of cell phones and other electronic devices in tutorials, ward rounds etc. is not deemed acceptable behaviour.

D.2.7. DHB 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 card use 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 University Campus ID Card is a mandatory requirement for being able to use a DHB security access card.
- The DHB security access card is only to be used to enter areas of the hospital in which you are working, at the time you are working.
- The DHB security 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 issuer (South Auckland Clinical Campus Administrative Office). The access 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:

- DHB security access cards are issued by the SACC Student Administration Office.
- When your security card is issued, a refundable deposit of $50.00 must be paid in cash. Payment by cheque, credit card or EFTPOS will not be accepted.
- When you complete your attachments at the hospital you must return your card promptly, 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 SACC Administration Office. 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.2.8. 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 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.
Electronic Prescribing

CM Health has moved away from paper medication charts and uses electronic prescribing. Year 5 students are provided with view only access to this application.

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.2.9. Pastoral Care

The health and wellbeing of students is important at every Clinical Campus/Site.

- Each Cohort Site has staff (academic and administrative) available to help and information.
- At Counties, the CM Health Occupational Health and Safety and the Spiritual Centre at Middlemore Hospital are also available to students.

Further specific information can be found on the MBChB Portal under the section Phase 2 & 3 Resources → “where to get HELP!”. The University has free confidential counselling services available to all students, with counsellors on-site at the Grafton Campus Clinic.

D.2.10. 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 the Ko Awatea Centre.

D.2.11. Transportation information

Student Car Parking

- Students undertaking clinical attachments at Middlemore Hospital currently 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.3. Waitemata Clinical Campus

D.3.1. General information
The Waitemata Clinical Campus coordinates teaching and research in partnership with Waitemata District Health Board (WDHB), which services the population of both West Auckland and the North Shore. The Waitemata Clinical Campus office is physically located on Level 1, Building 5, North Shore Hospital. There is also student space on the 3rd Floor of the Snelgar Building at the Waitakere Hospital. Staff are based at both sites.

With the current Covid-19 requirements, restrictions to caring for patients with or suspected of Covid infection will be in place. As the situation continues to evolve, the University will issue guidance and instructions in consultation with the DHB.

D.3.2. Clinical site staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Dean Waitemata Clinical Campus</td>
<td>Professor Martin Connolly</td>
<td>(09) 442 7146 <a href="mailto:Martin.connolly@waitematadhb.govt.nz">Martin.connolly@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Site Team Leader</td>
<td>Deborah Clifford</td>
<td>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>027 562 4630 <a href="mailto:janine.joubert@waitematadhb.govt.nz">janine.joubert@waitematadhb.govt.nz</a></td>
</tr>
</tbody>
</table>

Dermatology contact for Waitemata

| Dermatology | Greenlane Clinical Centre Dermatology Clinic Reception Building 4 Level 1, Reception J Green Lane Hospital (enter from Gate 1) | Dr Denesh Patel (09) 307 4949 Ext. 26459 |

Palliative Care contact for Waitemata

| Palliative Care | Hospice North Shore 7 Shea Terrace, Takapuna | Dr Moira Camilleri Ph 486 1491, ext 43135 or 021586382 |

D.3.3. Orientation and attachment reporting arrangements
At the start of each attachment, students will be given a short orientation to that attachment by a WDHB administrator and/or the academic clinician responsible for the attachment. There is an orientation for the entirety of the cohort at the start of the year, apart from those on Selectives. Most attachments will commence between 8.00 – 9.00am. You will be advised by email of the starting time and place. Attachments can
be at either North Shore Hospital and Waitakere Hospital or community/specialty clinics (e.g. Mason Clinic) and are allocated by the campus. Students cannot request to be placed predominantly at one site without prior approval from the Phase Director.

**D.3.4. Infection control**
The clinical campus and Waitemata DHB require you to be familiar with the immunisation and prevention of infectious diseases policy found on the MBChB portal before you start your first attachment.

**D.3.5. Transportation Information**

**Cycling**
Bicycle parking is available at both sites. There is a covered bike park outside Building 5 at NSH (the Clinical Campus Building).

At North Shore and Waitakere Hospital, there are also secure bike parks for staff. It is not automatic or open access but 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 car parking**
- Due to building works student parking is restricted at both North Shore and Waitakere Hospitals. Currently students should only park in the grounds when on a late shift or if they have mobility requirements. Daily parking rate is $3.
- Alternative parking is available at the North Shore Events Centre, Parona Road, Wairau Park. It is charged at $8 per week or $2 a day if using on a casual basis. A shuttle service is provided between the centre and the hospital during peak times. Full details are available via the Traffic Department.

**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 coach service that operates regularly between North Shore and Waitakere Hospitals. Please note the shuttle cannot be used as a Park and Ride service or 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 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-minute 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.3.6. 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 driver’s 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 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

- 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.
- You must wear your Campus Card Photo when using a swipe card.

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.3.7. 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. For Psychiatry, there is a specific electronic patient record system (HCC) separate to the Clinical Portal.

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 WDHB 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.
D.3.8. Communication
The University Site Team Leader and or the Site Coordinator and WDHB administrative staff will 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.3.9. 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 or on your Selective.

District Health Board Library
Students are welcome to use the library and have 24 hour access. You can take books out of the library once you have signed up to the library system.
D.4. Waikato/Lakes Clinical Campus

D.4.1. Clinical site staff
The following table provides a summary of the key staff.

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Dean of Waikato Clinical Campus</td>
<td>Assoc Prof Michael Jameson</td>
<td>• Implement the curriculum approved by the Board of Studies and maximise the region’s teaching resources and capacity</td>
</tr>
<tr>
<td>Manager (WCC)</td>
<td>Raewyn Wooderson</td>
<td>• Organisational management of the clinical campus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maintain administrative systems, and act as the conduit with Auckland Medical Programme Directorate (MPD)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Manage the financial aspects of the campus, including assets and equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Oversee the computer support function and links with University of Auckland</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Manage the Health and Safety programme for Waikato Clinical campus</td>
</tr>
<tr>
<td>General Practice Coordinator (WCC)</td>
<td>Dr Stewart Wells</td>
<td>• Coordination of the GP teaching programme.</td>
</tr>
<tr>
<td>Rotorua Academic Site Coordinator</td>
<td>Dr Stephen Bradley</td>
<td>• Coordination of the programme in Rotorua</td>
</tr>
<tr>
<td>Medical Student Coordinator</td>
<td>Irene Warren</td>
<td>• Organisational management of the programme in Rotorua</td>
</tr>
<tr>
<td>Rotorua Hospital</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D.4.2. Orientation reporting arrangements
The orientation for the Waikato/Lakes cohort will take place on **Monday 25 January**, commencing at 9am, in Seminar Room 2, WCC, Hamilton.
D.4.3. Attachment reporting arrangements

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Coordinators</th>
<th>Time and Place</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waikato</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Surgery</td>
<td>Mr Andrew Wood</td>
<td>Attachment handouts will be available with specific meeting times for each attachment.</td>
</tr>
<tr>
<td>O &amp; G</td>
<td>Dr Cor van der Wal</td>
<td></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Dr Sneha Sadani</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Assoc Prof David Menkes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rotorua</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O &amp; G</td>
<td>Dr Ruth Swarbrick</td>
<td>7.55am, In Atrium, Rotorua Hospital – Irene Warren</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Dr Danny De Lore</td>
<td></td>
</tr>
</tbody>
</table>

D.4.4. Cohort arrangements for Waikato/Lakes

**General Practice and Specialty Surgery**

Refer to sections C.7.1 and C.7.6

**Palliative Care**

Students have one day with Palliative Care which will involve patient visits with a specialist nurse in the morning and then a teaching session in the afternoon. Report to Hospice Waikato, 334 Cobham Drive, Hillcrest, Hamilton 3216.
E. Year 5 Regional- Rural Programmes

All Year 5 regional-rural programmes have the following guiding principles, key objectives and learning outcomes.

**Rural-specific learning outcomes**

<table>
<thead>
<tr>
<th>Learning outcomes</th>
<th>Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the breadth of presentations in comprehensive rural generalist care</td>
<td>Applied Science for Medicine</td>
</tr>
<tr>
<td>Describe the factors influencing health care for Māori living in rural areas</td>
<td>Hauora Māori</td>
</tr>
<tr>
<td>Identify the roles of the rural doctor which go beyond being the “medical expert,” including advocate, communicator, collaborator, leader, professional and community member</td>
<td>Personal and Professional Skills</td>
</tr>
<tr>
<td>Recognise the challenges presented by geography, distance, and local resources in managing patients in rural NZ</td>
<td>Population Health</td>
</tr>
</tbody>
</table>

**Guiding principles**

<table>
<thead>
<tr>
<th>Guiding principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme equivalence</td>
<td>Students study an alternative but equivalent programme, and achieve learning outcomes that are common to all Year 5 students</td>
</tr>
<tr>
<td>Explicit curriculum</td>
<td>Curriculum for delivery needs to be explicit, so that students and teaching staff are aware of expectations</td>
</tr>
<tr>
<td>Workload containment</td>
<td>Regional-rural curriculum should not place an undue extra workload on students or supervisors</td>
</tr>
<tr>
<td>Curriculum flexibility</td>
<td>Designed curriculum needs to allow some flexibility to maximise special learning opportunities, especially at the rural sites</td>
</tr>
<tr>
<td>Curriculum sustainability &amp; transferability</td>
<td>Designed curriculum needs to be sustainable</td>
</tr>
<tr>
<td>Continuity of attachment</td>
<td>Minimise broken attachments and ensure continuous time in both regional and rural settings wherever possible, to appreciate all facets of rural medicine</td>
</tr>
</tbody>
</table>
### Key objectives

<table>
<thead>
<tr>
<th>Key objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn in regional rural settings</td>
<td>Enable study in regional and rural settings, and closer to the communities where they may practise once qualified</td>
</tr>
<tr>
<td>Learn from undifferentiated patients</td>
<td>Opportunity to interact with and learn from patients with diverse and/ or undifferentiated clinical conditions</td>
</tr>
<tr>
<td>Diverse learning experiences</td>
<td>Incorporate more diverse community learning experiences that match the community’s strength</td>
</tr>
<tr>
<td>More continuity of care</td>
<td>Maximise the opportunities to follow patients over a longer period of care than is often possible in a large metropolitan setting</td>
</tr>
<tr>
<td>Rich experiences in rural community</td>
<td>Gain an appreciation of the richness of a rural community</td>
</tr>
<tr>
<td>Appreciation of interprofessional cooperation</td>
<td>Gain an appreciation of the role of strong interprofessional cooperation in smaller communities</td>
</tr>
</tbody>
</table>
E.1. Bay of Plenty (BoP) Regional-Rural

E.1.1. General Information

Welcome to the Bay of Plenty Regional-Rural Programme. We will do everything we can to ensure you are looked after and receive excellent teaching and clinical experience. You will spend about half of your time in Tauranga Hospital and the other half in Whakatane Hospital (General Practice, Selective and either O&G or Paediatrics). Any queries you may have during the year are best directed to the Tauranga Student Placement Coordinator while in Tauranga and to the Whakatāne Site Coordinator while in Whakatane. Alternatively, you may contact the BoP Academic Coordinator who is responsible for all academic issues. Attachment coordinators in each discipline are Honorary Senior lecturers with FMHS. They are your first point of contact with the academic departments in Auckland.

E.1.2. Clinical site staff

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.

<table>
<thead>
<tr>
<th>Bay of Plenty Regional-Rural Programme</th>
<th>Position</th>
<th>Name</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Head of Bay of Plenty Clinical Site</td>
<td>Prof Peter Gilling</td>
<td>• Academic lead for the Tauranga Clinical Site.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:peter.gilling@bopdhb.govt.nz">peter.gilling@bopdhb.govt.nz</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(07) 579 8016</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regional-rural Academic Coordinator</td>
<td>Dr Kylie Gilmore</td>
<td>• Oversee the delivery of the regional-rural curriculum in the region.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Kylie.Gilmore@bopdhb.govt.nz">Kylie.Gilmore@bopdhb.govt.nz</a></td>
<td>• Support Rural Medicine Selectives in Whakatāne in liaison with the Selective Coordinator.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Deal with any issues arising that are unresolved at ‘attachment’ level, in line with the University policies, referring to the relevant academic department as appropriate.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Liaise with the Phase 2 Director for serious/urgent academic or Fitness to Practise issues and for student pastoral care and/or welfare issues.</td>
</tr>
<tr>
<td></td>
<td>Academic support (Whakatane)</td>
<td>Dr Kelly Phelps</td>
<td>• Oversee the arrangements and supervise the Rural Medicine Selective, in addition to general academic support in Whakatāne.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Kelly.Phelps@bopdhb.govt.nz">Kelly.Phelps@bopdhb.govt.nz</a></td>
<td></td>
</tr>
<tr>
<td>Role</td>
<td>Contact Person</td>
<td>Email</td>
<td>Responsibilities</td>
</tr>
<tr>
<td>------</td>
<td>----------------</td>
<td>-------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Student Placement Coordinator (Tauranga)</td>
<td>Leonie Alley</td>
<td><a href="mailto:leonie.alley@bopdhb.govt.nz">leonie.alley@bopdhb.govt.nz</a></td>
<td>(07) 579 8694</td>
</tr>
<tr>
<td>Programme and Site Coordinator (Whakatāne)</td>
<td>Matt Sinton</td>
<td><a href="mailto:matt.sinton@bopdhb.govt.nz">matt.sinton@bopdhb.govt.nz</a></td>
<td>(07) 306 0705</td>
</tr>
<tr>
<td>BOP Campus Business Leader</td>
<td>Sarah Strong</td>
<td><a href="mailto:sarah.strong@bopdhb.govt.nz">sarah.strong@bopdhb.govt.nz</a></td>
<td>(07) 579 8022</td>
</tr>
</tbody>
</table>

### Tauranga Academic Clinical Discipline Coordinators

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Coordinators</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Dr Claire Brenman</td>
<td><a href="mailto:claire.brenman@bopdhb.govt.nz">claire.brenman@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Mr Mike O’Rourke</td>
<td><a href="mailto:mikeor4@gmail.com">mikeor4@gmail.com</a></td>
</tr>
<tr>
<td>ORL</td>
<td>Mr Wouter Ten Cate</td>
<td><a href="mailto:wouter.tencate@bopdhb.govt.nz">wouter.tencate@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Dr Kendall Crossen, Dr Anita Lala</td>
<td><a href="mailto:kendall.crossen@bopdhb.govt.nz">kendall.crossen@bopdhb.govt.nz</a>, <a href="mailto:anita.lala@bopdhb.govt.nz">anita.lala@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Dr Marcel Hediger, Dr Bronwyn Copeland, Dr Mark Lawrence</td>
<td><a href="mailto:marcel.hediger@bopdhb.govt.nz">marcel.hediger@bopdhb.govt.nz</a>, <a href="mailto:bronwyn.copeland@bopdhb.govt.nz">bronwyn.copeland@bopdhb.govt.nz</a>, <a href="mailto:mark.lawrence@bopdhb.govt.nz">mark.lawrence@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Selective</td>
<td>Dr Laura Chapman</td>
<td><a href="mailto:laura.chapman@waitematadhb.govt.nz">laura.chapman@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Urology</td>
<td>Mr Liam Wilson</td>
<td><a href="mailto:liam.wilson@bopdhb.govt.nz">liam.wilson@bopdhb.govt.nz</a></td>
</tr>
</tbody>
</table>
E.1.3. Administration Matters

**Swipe cards for Tauranga and Whakatāne**

You will be issued with a swipe card by the Student Placement Coordinator upon your arrival in Tauranga. If you lose your key and/or swipe card, please notify the Placement Coordinator as soon as possible.

You will be issued with a swipe card by the Site Coordinator upon your arrival in Whakatāne. If you lose your key and/or swipe card, please notify the Placement Coordinator as soon as possible.

**Policy on Transport Reimbursement**

The Medical Programme policy will be followed for all transport and accommodation allowances. For the most part, these will be paid at the start of the year by staff in Tauranga.

E.1.4. BOP Regional-Rural Programme

**Principles governing the curriculum design**

The following principles were adopted for the development of the programme:

- Students will study an alternative but equivalent programme and achieve the learning outcomes that are common to all Year 5 students.
- The experience should include time in both regional and rural settings, with a minimum continuous time spent in the latter to appreciate all facets of rural medicine.
- The curriculum for delivery in the Bay of Plenty needs to be explicit, so that students and teaching staff are aware of expectations.
- The curriculum should not place an undue extra workload on students or supervisors.
- The designed curriculum needs to allow some flexibility to maximise special learning opportunities, especially at the rural site.
- The programme, wherever possible, should include the strengths that have made Pūkawakawa successful.
- The designed curriculum needs to be sustainable.

**Other key objectives and features**

The following features are important aspects of the student’s learning and experience:

- There should be opportunity to interact with and learn from undifferentiated patients with diverse clinical conditions;
- More integrated learning experiences and more diverse community learning experiences that match the community’s strength should be incorporated;
- It should maximise the opportunities to follow patients over a longer period of care than is possible in a large metropolitan setting;
Students should gain an appreciation of the richness of a rural community and the role of strong interprofessional cooperation in smaller communities.

Regional Curriculum for Tauranga

Students study the following attachments in either Tauranga Hospital or Whakatāne Hospital over 21 weeks, which are the same attachments as those for students at all other campus and cohort sites.

- Obstetrics and Gynaecology: 5 weeks (either Tauranga or Whakatāne)
- Paediatrics: 6 weeks (either Tauranga or Whakatāne)
- Psychiatry: 6 weeks (Tauranga)
- Specialty Surgery: 3 weeks (all at Tauranga)
  - Ophthalmology: 1 week
  - Otolaryngology: 1 week
  - Urology: 1 week

Note that Specialty Surgery is three weeks and not four weeks. This has enabled the extension of general practice to five weeks, thereby combining learning with the RHIP programme (see below).

Rural and Community Curriculum for Whakatāne

Whakatāne Hospital provides 24-hour acute and elective capability in emergency, surgical, maternity and child health, medical and mental health services. The hospital has more than 160 beds and is assisted by clinical support services of laboratory, radiology and pharmacy. The governance and funding is from the Bay of Plenty DHB, and a number of consultants work at both Tauranga and Whakatāne through the operation of specialist clinics.

Students will spend 11 weeks of their study in rural and community medicine in Whakatāne, which broadly has two components.

General Practice/ RHIP

With the development of the Rural Health Interprofessional Programme (RHIP) programme in Whakatāne, supported by Health Workforce New Zealand, strong links have been created between a number of general practices and the University in the Eastern Bay of Plenty region. Many general practices have contributed to the RHIP programme in the past by hosting Year 6 students. This is now available to Year 5 students. Practices available for the RHIP programme are in Whakatāne, Ōpōtiki, Ōhope, Edgecumbe, Tāneatua and Kawerau.

For the Bay of Plenty Regional-Rural programme, Year 5 students participate in the Rural Health Interprofessional Programme (RHIP) for one day a week, in tandem with their general practice attachment, for a total of five weeks. This is the equivalent of four weeks in general practice, which is consistent with other cohort sites. During their time on the
RHIP programme, students will be accommodated with students from other disciplines and other providers.

During this time, students will also spend one day in the nurse-led Eastern Bay of Plenty hospice, which is equivalent with what occurs at all other sites.

There may also be opportunities to spend time in other community-based health programmes. Students are encouraged to maximise these opportunities to gain a sense of how the broader community works to enhance health care and outcomes. Students are also encouraged to learn how teams work in rural environments, including what can be looked after locally, what conditions need to be transferred, what treatment options are available in the community.

**Rural Medicine Selective in Whakatāne**

Students in the BoP RR programme are required to complete a Rural Medicine Selective at Whakatāne Hospital, Eastern Bay of Plenty. This is designed by the Supervisors and the student (ahead of time). All Selectives are approved by the Selective Coordinator, which is the normal process for students at all cohort sites.

Refer to [Section C.7.5](#) for other aspects of the Selective.

**Assessment and the Bay of Plenty programme**

The assessment for all attachments is the same as that for students at all other clinical sites. The following points are important for students to note:

- Students will travel to Tauranga to sit all three progress tests.
- Students from Tauranga and Whakatāne need to travel to Hamilton to complete their O&G OSCE with those from the Waikato Clinical Campus. The start time for the OSCE will be confirmed at a later date.
- Students are required to complete a presentation (with other members of their small group) as part of the RHIP programme. While this is compulsory for the RHIP programme, at this stage it does not contribute to the summative assessments for any Year 5 attachments.
**E.2. Northland Regional-Rural (Pūkawakawa)**

**E.2.1. Clinical site staff**

The following table gives a summary outline of where to go if you need help or advice, if you have issues to discuss or if you have queries to be solved.

<table>
<thead>
<tr>
<th>Person</th>
<th>Advice/Issue/Question</th>
</tr>
</thead>
</table>
| Dr Win Bennett  
Academic Coordinator  
w.bennett@auckland.ac.nz | • Most routine academic, attachment and professional matters  
• Initial student support and Fitness to Practise issues or queries  
• Finding potential Selectives and Supervisors in Northland |
| Caroline Strydom  
Site Team Leader  
c.strydom@auckland.ac.nz | • Routine and organisational matters relating to Pūkawakawa and associated student support  
• Accommodation and IT queries; Security Cards; Room bookings for Whangarei  
• Administrative aspects for Pūkawakawa  
• PHI week  
• Booking of Videoconferencing facilities/teaching room |
| Dr Yvette Ahmad  
The Starfish Clinic, Level 4, 35 Robert Street, Whangarei  
www.starfishclinic.com  
Phone 021-1897540 | • Independent counselling needs for students for any aspect of living and studying in Northland |

**E.2.2. Support for Northland students**

It is expected that the majority of the support will come from the Whangarei-based University staff. However, all Auckland-based support mechanisms and staff can be contacted directly by any student.

**E.2.3. Staff links between Northland and Auckland**

Below is a summary of the key conduits between Northland and Auckland.

<table>
<thead>
<tr>
<th>Specialty / Region</th>
<th>Auckland-based</th>
<th>Northland-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmology</td>
<td>Dr Stuti Misra</td>
<td>Dr Andrew Watts &amp; Dr David Dalziel</td>
</tr>
<tr>
<td>ORL</td>
<td>Dr Andy Wood</td>
<td>Dr Subhash Shetty, Dr Christopher Seeley, Dr David Waterhouse</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Prof Cameron Grant</td>
<td>Dr Rosemary Ayers</td>
</tr>
<tr>
<td>Obstetrics and Gynaecology</td>
<td>Dr Joy Marriott</td>
<td>Dr Jennifer Blasingame</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>Dr Jacob Munro</td>
<td>Mr Margy Pohl</td>
</tr>
</tbody>
</table>
Integrated Care and General Practice Attachment staff

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Staff</th>
<th>Contact details</th>
</tr>
</thead>
</table>
| Kaitaia                            | Dr John Bradley Dr Mike Lomb Neta Smith | John.bradley@northlanddhb.org.nz  
Mike.lomb@northlanddhb.org.nz  
Neta.smith@northlanddhb.org.nz |
| Dargaville                         | Jen Thomas Judy Harris       | jen.thomas@northlanddhb.org.nz  
jharris@dargavilledocs.co.nz    |
| Rawene                             | Dr Mark Lankshear Dr Steve Main | mark.lankshear@hokiangahealth.org.nz  
steve.main@hokiangahealth.org.nz |
| Bay of Islands                     | Dr Hilary Trouw Jen Thomas Elaine Belben Margaret Smith | Hilary.Trouw@northlanddhb.org.nz  
jen.thomas@northlanddhb.org.nz  
elaine.belben@mahitahihausura.co.nz  
Margaret.Smith@northlanddhb.org.nz |

E.2.4. Administration Matters

Swipe cards

You will be issued with a room key and swipe card by the Northland Site Team Leader upon your arrival in Whangarei. These will only be issued once the bond of $50 is paid. If you lose your key and/or swipe card, please notify the Site Team Leader as soon as possible.

Policy on transport reimbursement

For students on the Pūkawakawa programme the University of Auckland will reimburse the following transports costs, by way of petrol vouchers, which must be signed for.

1. Auckland to Whangarei
2. Between Northland sites

**One** return trip to **one** of the four sites below:

- Whangarei to Kaitaia - $50 per car return paid into bank account
- Whangarei to Dargaville - $30 per car return paid into bank account
- Whangarei to Rawene - $30 per car return paid into bank account
- Whangarei to Bay of Islands - $30 per car return paid into bank account

For both financial and environmental reasons, students are expected to share rides whenever practical. This policy is based on trust; where it is found to be abused the students involved will receive no further travel assistance during their time in Northland.

For those students who don't have a car and can't share a lift, reimbursement will be on a least-cost basis, with prior agreement required of the method and cost of transport.

**Other transport options**

There are some reasonably inexpensive transport options between some of the sites that the students will be involved in.

There is a Kaitaia Hospital bus that travels between Whangarei and Kaitaia from Monday to Friday. The bus needs to be booked through the administration staff at Kaitaia (09) 4080010 or internally on ext. 4003.

- Leaves Kaitaia at 07.45am; arrives in Whangarei at 10.30am
- Leaves Whangarei at 3.00pm and arrives in Kaitaia at 5.30pm

**E.2.5. Expected work hours of Pūkawakawa students**

For the majority of the attachments you are expected to complete ward duties, case presentations and attendance at clinics between the hours of 8.00/9.00am to 4.30/5.00pm (7.30am – 4.00pm for Otolaryngology).

The following exceptions will occur:

1. During the Integrated Care and General Practice attachment, you are expected to do one overnight, on-call clinical session each week, with a maximum of seven nights during the attachment.

2. Weekend work is not part of the normal routine roster for students. Students who choose to work additional hours over the weekend are welcome to do so, as long as clinical supervision is provided. Some may be necessary in Women and Children's Health, to get exposure to a broad range of cases and women in labour.
E.2.6. Occupational Health and Safety and NDHB
The Site Team Leader will be the first point of contact, otherwise refer to the following NDHB Policies:
- Health and Safety HEA 120-2
- Safety-Fire SAF 110-1
- Hazard Management HAZ 100-2
- Staff Accident/ Near Miss ACC 110-4
- Manual Handling MAN 100-2
- Healthy Workplace HEA 100-16

E.2.7. Library Access and flexible services
For Philson Library access for students at Whangarei please refer to Section J.

1. When you are at Whangarei Hospital and request a book delivery, put this street address in the comment box:
   Your name
   C/o Northland District Health Board Staff Library
   2nd Floor, Whangarei Hospital
   Hospital Road, Whangarei 0110
When the book arrives, NDHB Library staff will contact the Site Team Leader who will then notify you to collect it.

2. When you are at one of the rural sites (Dargaville, Rawene, Kaitaia, Kawakawa), you must enter your name and a local street address where you wish the book to be sent. Ensure you will be there to receive the book, and have not left for another location.

   There are two options for returning books:
   - Return books via normal post, using the return address label supplied.
   - Return books to the University of Auckland’s Te Tai Tokerau Library at L Block, 13 Alexander St, Whangarei (off Rust Ave). There is an ‘after-hours’ return slot to the right of the library entrance.

If you have any problems returning books by their Due Date, please call the Philson Library to discuss, BEFORE the Due Date.

The Northland DHB Library
The University of Auckland Library and the Northland DHB Library have signed an agreement to ensure adequate access to library facilities for students studying on the Pūkawakawa programme.
Northland DHB Library Staff contact information

<table>
<thead>
<tr>
<th>Role</th>
<th>Person</th>
<th>Ext</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library Manager</td>
<td>Karen Goosen</td>
<td>7250</td>
<td><a href="mailto:karen.goosen@northlanddhb.org.nz">karen.goosen@northlanddhb.org.nz</a></td>
</tr>
<tr>
<td>Senior Library</td>
<td>TBA</td>
<td>7251</td>
<td><a href="mailto:library@northlanddhb.org.nz">library@northlanddhb.org.nz</a></td>
</tr>
<tr>
<td>Assistant</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Library Assistant</td>
<td>TBA</td>
<td>7251</td>
<td><a href="mailto:library@northlanddhb.org.nz">library@northlanddhb.org.nz</a></td>
</tr>
</tbody>
</table>

Phone and Fax

Phone (09) 430 4101
Fax (09) 4304106, or 7076 for Internal Fax

Location

Level 2, next to Conference Room

Opening Hours

8.00am – 4.30pm, Monday to Friday

Northland library provision for Pūkawakawa students

Students have access to all book collections in the Northland DHB Library. Most of these (except “Reference” copies) are available for a two-week loan, with an option to renew up to 3 times.

Please visit the library during opening hours to borrow books. After-hours access to the library is available for reading only; this will be explained during the student orientation in Whangarei.

Computers for student study are available in The University of Auckland computer room at Maunu House, Level 2 and wifi in the accommodation area. Computers in the Northland DHB Library are not to be used for study by Pūkawakawa students.

Accessing books from Rural Sites

There are no dedicated library holdings at Kaitaia, Dargaville, Rawene and Kawakawa. Books can be sent to you from the Philson Library (see details above about the Flexible Service).

E.2.8. Pūkawakawa Programme

Tena koutou, tena koutou, tena koutou katoa

The Pūkawakawa Story

The Northland District Health Board Kaunihera Kaumatua (Council of Elders) has provided the name Pūkawakawa for the Northland Regional-Rural medical programme.

There are many korero from different points in time and perspectives concerning the name Pūkawakawa. Most importantly, the site where the Whangarei hospital is located was a Te Parawhau pā (the local hapū). That pā is still known as Pūkawakawa. On the ridge and cliff face above the hospital running towards Maunu were large unusual reefs of rocks, some are still visible today amongst the houses. To Te Parawhau, they were steeped in cultural significance and secrecy.
Pūkawakawa also refers to:

- the pā was shaped in a manner like two arms ‘to embrace, or defend the people;
- the name of a traditional Whare Wanānga (place of learning)
- the Kawakawa, a plant used as a rongoa (medicine) by Māori.

This plant is still commonly found in Te Tai Tokerau and is abundantly found on the grounds of the hospital.

While the name Pūkawakawa is perhaps most deeply connected to the Whangarei locality, the Kaunihera noted the references to the Kawakawa plant as a rongoa and a traditional Whare Wanānga and in their view this makes Pūkawakawa an apt name for all sites in the programme.

The University of Auckland and the Faculty of Medical and Health Sciences is honoured to accept this name for the Northland Regional-Rural programme. He hōnore nui tēnei, mauri ora ki a tātou katoa!

**The Pūkawakawa Carving**

*Ngā Kōrero Whakamārama e Pā Ana Ki te Whakairo*

The manaia figurehead on the right hand side represents the tutors with two baskets of knowledge to pass on to the students through the Whare Wananga.

The manaia figurehead on the left hand side depicts the students with one basket awaiting the other two baskets that contain knowledge of healing and wisdom. The central figure is in remembrance to those ancestors of Te Parawhau iwi, who were the occupants of the Pā Pūkawakawa where the current hospital stands today.

On the right hand side of the central figurehead is the reef of unusual rocks running to the right above the hospital, which are steeped in cultural significance, secrecy and tapu.

The kawakawa leaves and vines that weave their way through the carving are associated with Māori rongoa medicine, and are found in abundance on the hospital grounds. The three baskets of knowledge is also a reminder that this place is a Whare Wananga.

The circled four leaves of the kawakawa tree in the bottom left symbolise wellbeing and the collaboration of the Northland District Health Board, the University of Auckland and the Faculty of Medical and Health Sciences accepting the name Pūkawakawa provided by the Kaunihera Kaumatua o Te Taitokerau (Council of Elders) for the Northland Regional-Rural programme.

The Tohunga Whakairo Master Carver was Stan Wihongi of Ngāpuhi.

Stan and his brothers have carved numerous pieces for the Wellington Museum Te Papa.

Haere Mai Te Toki, Haumi e, Hui e, Tae ki e.

Kia Tina! Tina!
Principles governing curriculum design of Pūkawakawa

The following principles have been adopted for the Pūkawakawa programme:

- students study an alternative but equivalent programme, and achieve the common set of learning outcomes for the Year 5 attachments;
- the curriculum for delivery in Northland is explicit, so that students and teaching staff are aware of expectations;
- the regional-rural curriculum should not place an undue extra workload on students;
- the curriculum should allow some flexibility to maximise special learning opportunities at each teaching site;
- the curriculum needs to be sustainable and generally transferable to other rural sites.

In addition, the following principles were used to derive the final structure:

- minimise overlaps between attachments
- attach vacations to the Selective, to benefit students
- minimise broken attachments
- Integrated Care and General Practice attachment is continuous and not broken.

Key objectives and features

One of the key objectives of the programme is to enable you to study in regional and rural settings and closer to the communities where you may practise once qualified.

The academic programme employs a “hub-and-spoke” educational model, with you being based in Whangarei Hospital (the ‘hub‘). Dargaville, Kaitaia, Rawene and Bay of Islands comprise the “spokes” of the model. During placements at these sites, you will be immersed in rural health care through exposure to selected general practices, some of the region’s Māori health providers and several community health care professionals.

The Board of Studies (Medical Programme) believes the following features are an important aspect of the student’s learning and experience:

- opportunity to interact with and learn from undifferentiated patients;
- more integrated learning experiences and more diverse community learning experiences;
- opportunities to follow patients over a longer period of care than is possible in a large metropolitan hospital;
- greater involvement of students in patient care;
- diversity of patients and clinical conditions;
- gain an appreciation of the richness of a rural community.
The Attachments

There are five attachments in the Pūkawakawa programme.

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Length</th>
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<tbody>
<tr>
<td>Specialty Surgery</td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>ORL</td>
<td></td>
</tr>
<tr>
<td>Women and Children’s Health at Hub location</td>
<td>10 weeks</td>
</tr>
<tr>
<td>5 weeks of Paediatrics</td>
<td></td>
</tr>
<tr>
<td>5 weeks of Obstetrics &amp; Gynaecology</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Integrated Care and General Practice</td>
<td>7 weeks</td>
</tr>
<tr>
<td>Selective</td>
<td>5 weeks</td>
</tr>
</tbody>
</table>

There is a compulsory regular monthly meeting to discuss issues and receive feedback.

Specialty Surgery

Some aspects of Specialty Surgery has been modified from the Auckland-based curriculum, to maximise the opportunities available in Northland. Four weeks will be spent in surgical clinical environments.

Otolaryngology

The curriculum is consistent with that delivered at other locations and in response to student feedback the attachment has been extended to six days. The formative test will be held on the afternoon of the last day.

During the week of Otolaryngology you will have model-based teaching, participate in clinical examination techniques and spend time in the operation theatre for a range of ORL surgery, including tonsils, grommets, swallowing disorders and skin cancers.

The clinician responsible for ORL sessions at Whangarei is Mr Subhaschandra Shetty, ENT Department, 5th Floor, Whangarei Hospital. The other consultants involved with the students are Mr Chris Seeley and Mr David Waterhouse. Students will be involved from 7.30am – 4.00pm each day of the week, except Fridays, which will finish at 12.30pm. Students are requested to be prompt for all sessions. All model-based lectures and reference material will be supplied by Mr Shetty.
Ophthalmology

In response to student feedback, the programme for Ophthalmology has been extended to seven days and is delivered in Whangarei by NDHB clinicians. There will be a formative test on the last day. Tutorials are held before or after clinics etc. as needed.

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
<td>1.30pm – 2pm</td>
<td>Glaucoma WB/ Registrar</td>
</tr>
<tr>
<td>Tuesday</td>
<td>1.30pm – 2pm</td>
<td>Paediatric Ophthalmology &amp; Strabismus BKS</td>
</tr>
<tr>
<td>Wednesday</td>
<td>1.30pm – 2pm</td>
<td>Medical Retina DD</td>
</tr>
<tr>
<td>Thursday</td>
<td>1.30pm – 2pm</td>
<td>Clinical Examination Skills AW</td>
</tr>
</tbody>
</table>

There will be other learning sessions with Ophthalmic nurses, e.g. for Visual acuity and Visual field tests.

Urology

You will have four days in Urology. The experience will include two out-patient clinics, a formal teaching session and a ward round. This includes a formative test on the last day. The urology will be complimented with a day with the Palliative Care team and a half day with the oral health/dentistry team.

Palliative Care and Dental

In addition to the above, you will have one half day in a dental clinical and two full days in Palliative Care.

Women and Children’s Health Attachment

The health of women and children are closely linked, and the Departments of Paediatrics and Obstetrics and Gynaecology reinforce this throughout this attachment. The intention is to give you a sense of integration and teamwork from community to primary care to hospital and across both specialties.

The concept of integration remains central to the attachment and this is seen by maintaining some joint teaching sessions and by further developing the learning in O&G and Paediatrics in the Integrated Care and General Practice attachment.

You will receive an individual timetable to enable the best use of the time available in the two small departments. While you will benefit from the intimate nature of these attachments, your learning will depend on you vigorously engaging with staff and energetically pursuing opportunities to learn.

Approximately five weeks will relate to the Learning Outcomes for O&G, and the other five weeks in Paediatric setting.
**Obstetrics and Gynaecology**

In broad terms your learning experience will involve the following:

- a week in the delivery suite, which includes some teaching
- two evenings and one weekend day with an acute house surgeon
- at least one half-day with Family Planning
- attendance at gynaecology clinics and antenatal clinics
- attendance at two colposcopy clinics
- attend at outpatient theatre sessions
- participation in O&G case presentations
- participation in Neonatology tutorials each Monday afternoon
- spend one or two half days with Community Midwives

You are also encouraged to take advantage of other learning opportunities including time in delivery suite during weekends.

The O&G team has a handover at 8.00am each morning where teaching occurs. Your attendance is expected when you are on O&G. Midwives meet at 7.00am each day in delivery suite to plan the day – your attendance is compulsory when you are spending time in the delivery suite. This takes priority over the 8am handover.

In order to do pelvic examinations in theatre, remember that you must first get written consent from the patient before the patient goes into theatre. Consent may be arranged at the time of the pre-op doctors’ round (7.30am for the morning lists and 12.45pm for the afternoon lists). You have stickers to fill out and place in charts of women who you have asked for consent.

**Paediatrics Indicative roster for Paediatrics**

You will spend two weeks on the ward and three weeks in clinics. Over the five weeks you will attend bedside teaching twice a week.

On the ward fortnight you are expected to:

- attend ward rounds;
- spend at least one weekend day in the hospital, attending the ward round and being attached to the house officer;
- have at least two long days per week, i.e. staying until 10 –11pm.

During the three weeks in clinics you are expected to:

- Attend 6-7 paediatrics clinics (morning or afternoon or a whole day visiting the Bay of Islands clinic (BOI));
- Spend one morning or afternoon with the eczema nurse;
- Spend a half day with a member of the child health team development (CH Team);
- Spend a half day looking at community health in a school
Please note: This timetable is subject to change. Any updates will be made available on the first day of the attachment.

Psychiatry

During this six-week attachment your attachment supervisor is Dr Shak Ansari. There are multiple teams providing mental health service in Northland and you will each have a home team. Each home team will have a supervisor and you will spend Monday, Tuesday and Friday with your home team. On Tuesdays there is a roster of presentations by the mental health doctors. This occurs fortnightly in the Tumanako Unit at 11.30am, and you will be provided with the schedule.

Thursday is dedicated to tutorials and these will take place in the University teaching rooms at Whangarei.

On Wednesdays you will rotate between different teams to give you an experience of the breadth and diversity of psychiatry.

You will receive invitations/ relevant information to attend the following:

- The mental health journal club at the Kamo base on the last Tuesday of the month;
- The general grand round every week at 12.30pm at the Whangarei hospital.
- We will provide details of allocation of home teams, maps, library facilities and other details at the orientation. The Department of Psychiatry provides a Handbook for Students which will also be given to you at orientation. You will have two study half days on Fridays during the attachment.

Integrated Care and General Practice Attachment

This attachment provides for innovative and exciting opportunities. You will be based at one of the four smaller sites (Dargaville, Kaitaia, Rawene or Bay of Islands), and each offers a unique set of learning opportunities to achieve the learning outcomes. The experience will encompass time in small local hospitals, time with general practitioners and time with community-based health programmes and specialist professionals.

You will:

- be involved with a wide range of patients in a rural setting;
- gain a sense of how communities work and how this affects health care and outcomes; and
- see the importance of teamwork across clinical and geographic boundaries.
- complete a day of Dermatology teaching in Dargaville

The main purpose of this attachment is to participate in multidisciplinary learning in a rural setting. There will usually be two students studying together at each rural site. You should also pay attention to obstetric, gynaecology and paediatric presentations while on this attachment. There is also a Paediatric assessment that needs to be completed during this attachment. There is also a one day dermatology teaching session in
Dargaville to which non-Dargaville students will have to travel. You will be notified of dates and arrangements.

**Learning Outcomes for this attachment**

Please note that you are expected to achieve the same learning outcomes as those for the General Practice attachment and especially as they apply to integrated care environments in rural New Zealand. You may also need to refer to those for O&G and Paediatrics.

Refer to the general practice segment of the guidebook for information about assessment of general practice.

**Principles Underpinning Attachment**

- The attachment should maximise learning from local strengths and ensure students learn what rural medicine and rural health entail, including from an interprofessional perspective.
- Maximise the longitudinal exposure to patients whenever possible (e.g. ED → admitting → hospital; hospital → community; transfer of patient by ambulance from region to Whangarei), so that the continuity of care is an important facet for learning.
- Maintain a balance of in-hospital and out-of-hospital learning (General Practice and community experiences).
- Adopt a flexible approach to encourage longitudinal exposure, learning from a novel experience or similar, within the bounds of students being professional to meet particular commitments made previously.
- Attendance at clinics should be flexible and should focus on how they work in a rural environment.
- A key thread through all the experiences will be to learn how a team works in a rural setting (what to look after, what conditions need to be transferred, what treatment options are available in the community etc).
- Students should be critically self-reflective of the region’s initiatives in terms of the national Primary Health Care Strategy, its primary care objectives and important issues of screening.

**Expectations at all four rural sites**

- You will be expected to do one overnight, on-call clinical session each week (with the doctor on call, but it may be a delivery), with a maximum of seven nights during the attachment.
- You will have your study half day every second Friday afternoon, so any clinical/community work is voluntary at that time.
- You may be invited to participate in two Paediatric teleconferences.
- You are not expected to work weekends, unless you choose otherwise.
Kaitaia site overview

- You will spend time with:
  - The Kaitaia Hospital; and
  - Top Health GP Services.
- The seven half-day Community-based programme will be organised by Te Hauora Te Hiku and will include a range of visits from the following:
  - CVD screening at the Mill
  - Mobile Nursing
  - Immunisation Outreach
  - Paediatric Outreach
  - Adolescent Health Clinics
  - Breast screening Clinic
  - Chronic Care Clinic
  - Health Promotion

Dargaville site overview

You will be provided with a roster on your arrival, which is a guide only. Some days may change.

Overall, you will spend time in/ with the following:

- Dargaville Medical Centre (DMC)
- Dargaville Hospital Ward
- Te Ha nurse and Naumai Mare
- Paediatric liaison nurse
- District nurse
- Specialty clinics, including surgery, gynaecology, paediatric and orthopaedic
- Surgical bus
- The Hospice

Notes

1. Please check the day prior to OPD clinics that there are no cancelled clinics.
2. Where there are gaps, you will be at the DMC or the Hospital
3. Please ensure you write on the White Board at DMC your whereabouts.
4. You must check in every morning with Dr Humm.

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1The community-based programme may vary from Cycle to Cycle, depending on what is available.
5. You need to arrange visits for the following; Jen will advise you how to contact these services.
   - Diabetes Nurse Specialist
   - Plunket Nurse
   - Public Health Nurse
   - Laboratory
   - Asthma Nurse

6. Contact Jen Thomas or Judy Harris if you have any changes or queries.

Rawene site overview

Welcome to Rawene Hospital and Hokianga Health. Hokianga Health is unusual among Primary Care Organisations and General Practices in New Zealand in many ways and unique in some. It is best thought of as an “integrated care” facility as there are both outpatient and inpatient services. To our enrolled population of about 6500 all services are provided free of charge to users. Prescriptions are also free of charge. You will not be passive observers here. You will be expected to take an active role in seeing and managing patients under supervision and also to help out with some of the routine medical and nursing procedures. It is hoped, for example, that you will become adept at phlebotomy, and thus able to assist the Health Centre Nurses with this time-consuming but important task, as well as routine clinical measurements (including BP, ECGs, PF/spirometry, pulse oximetry), and point of care blood testing (e.g. blood glucose, basic biochemistry using the I-stat machine and coagulation checks).

It would be greatly appreciated on any day you are in Rawene if you would assist the health centre and/or ward nurses in taking and processing of blood samples – this is from 8 am onwards.

Daily routine

On a day-to-day basis please touch base each weekday morning with either Dr Kati Blattner or Dr Steve Main so we know where you are and what you are planning to do.

For the student attached to the hospital, the daily ward round usually starts at 9 am. After the round and unpredictably at any time of the day there may be patients to admit and other tasks/interest arising from the round. Otherwise you will spend the rest of the day in the health centre seeing patients as they present. Please introduce yourselves to the receptionists and “attach” yourselves to one of the nurses working from Rawene that day and to one or other of the doctors.

For continuity also it is advised you go to the ward about 5 pm each evening to check on progress of patients you may already have met and also for feedback/case discussion/debrief of days activity. No more than half an hour is envisaged for this.
This attachment is an opportunity to get a grip on how all the various members of the Primary Health Care Team function. You will spend time with the following health professionals:

- Midwives (Anne Humphries and Liz Bowker)
- the Mental Health team (Katherine Johnstone in the Mental Health suite or Mark Lankshear)
- Physiotherapist – Stuart Kaye
- Community health services for Hokianga (Lyn Foster)

The paediatric department is very keen that you see as many child cases as possible. You also need to find a couple of cases to follow up in depth – don’t leave organising this till week 7 – “carpe diem” from the start!

**Tutorials & Meetings**

On Fridays at 12 to 1 pm and Tuesdays at 4.15-4.30 pm there will be a more formal teaching session with one of the Doctors, which will also include case presentations from you and discussion of any issues arising from these or any other patients you may have seen. You should also attend the weekly doctors meeting (case discussions, business and CME presentations) each Monday at 4.15 pm. It is anticipated that you will each lead a topic presentation at least once during the attachment. (Power point presentation or other visual aids appreciated).

**On call and other arrangements**

On call is an inescapable feature of medical practice, certainly in rural areas. However, it is also one of the more interesting, challenging and rewarding aspects of the job. During evenings/overnight it is suggested you have an arrangement with each other and the ward/on-call doctor so as to be alerted when emergencies come in. We suggest too that you will probably want to be around at weekends at least some of the time as this is one of the best opportunities to see emergency situations, major or minor. One student at a time is more than welcome. There is a daily ward round at 9 am Saturday and Sunday mornings and Rawene Health Centre is staffed till 5 pm each day by the on call doctor and nurse. After that calls are directed through the ward.

Contacts will be provided to you on your arrival at Rawene.

Each student will have two blocks of three weeks.

- One block involves Rawene Hospital (wards and clinics), a day with community staff, either midwives or a community nurse
- The second block involves three days at one of the Hokianga Health peripheral clinics, one day with the midwives and Friday at the Rawene HC/ A+E

**Bay of Islands site overview**

In the Bay of Islands you will experience integrated rural practice including inpatient hospital medicine, hospital outpatient and outreach services and rural general practice.
One student will spend 3½ weeks at Kawakawa Hospital and the other 3½ weeks in the Mid North Community – in general practice and as part of Ngati-Hine Health. Other community experiences (outreach nurses) will be organised. After 3½ weeks the students will swap.

You will spend time with:

- Hospital clinicians
- Hospital outpatient services
- Hospital ED, including after hours
- Diabetes Nurse outreach
- Paediatrics outreach nurse
- General practice (a minimum of 10 days)
- Kaeo Mobile Clinic (2 days)
- District Nurse outreach
- Kaupapa Māori provider
- Midwives
# E.3. Taranaki Regional-Rural

## E.3.1. Clinical site staff

The following table gives a summary outline of where to go for help or advice, if you have issues to discuss or if you have queries to be solved.

<table>
<thead>
<tr>
<th>Taranaki Regional-Rural Programme</th>
<th>Position</th>
<th>Name</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
|                                   | Academic Coordinator and Regional-Rural Academic Coordinator (Taranaki) | Dr John Doran | • Oversee the delivery of the regional-rural curriculum in the region.  
• Liaise regularly with clinical staff at Hawera and the relevant local DHB departments.  
• Deal with any issues arising that are unresolved at ‘attachment’ level, in line with the University policies, referring to the relevant academic department as appropriate.  
• Liaise with the Phase 2 Director for serious/urgent academic or Fitness to Practise issues and for student pastoral care and/or welfare issues. |
|                                   | Academic support and supervision (Hawera) | Dr Hannah Lawn  
Dr Rory Kennelly | • Provide general academic support in Hawera.  
• Provide clinical supervision to students while in ED at Hawera.  
• Approve the appropriate programme of study for each student at Hawera. |
|                                   | Site Coordinator (New Plymouth) | Taryn Hall | • Administration and student placements at Taranaki Base Hospital.  
• Organisational management of the programme in Taranaki and associated student support.  
• Support for assessment that are taken locally.  
• Maintain administration systems and liaison with MPD. |
|                                   | Site Coordinator (Hawera) | Linda Smith | • Coordination of the Integrated Care and General Practice of the programme.  
• Support for the Hawera academic clinical supervisors.  
• Develop draft programme for each individual students and notify relevant departments and agencies.  
• Organisational matters relating to the programme components delivered in Hawera and associated student support.  
• Maintain effective relationships with stakeholders in the region.  
• Accommodation and IT queries; Security cards, room bookings for Hawera. |
|                                   | GP Academic Coordinator | Dr Nadja Gottfert | • Assessment aspects of General Practice. |
### Academic Clinical Discipline Coordinators and attachment reporting details

<table>
<thead>
<tr>
<th>Integrated Care and General Practice, Hawera</th>
<th>Dr Hannah Lawn</th>
<th>8.00am Hawera Hospital Foyer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:Hannah.lawn@tdhb.org.nz">Hannah.lawn@tdhb.org.nz</a></td>
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<tr>
<td></td>
<td>Dr Nadja Gottfert</td>
<td><a href="mailto:Nadja.Gottfert@tdhb.org.nz">Nadja.Gottfert@tdhb.org.nz</a></td>
</tr>
<tr>
<td></td>
<td>Dr Rory Kennelly</td>
<td><a href="mailto:rory.kennelley@tdhb.org.nz">rory.kennelley@tdhb.org.nz</a></td>
</tr>
<tr>
<td>Obstetrics and Gynaecology</td>
<td>Dr Eddie Williams (lead)</td>
<td>8.00am Maternity Ward Handover Room</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Edward.Williams@tdhb.org.nz">Edward.Williams@tdhb.org.nz</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Lindy Fookes</td>
<td><a href="mailto:Lindy.Fookes@tdhb.org.nz">Lindy.Fookes@tdhb.org.nz</a></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Dr Richard Smiley</td>
<td>8.00am Ward 2B meeting room</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Richard.Smile@tdhb.org.nz">Richard.Smile@tdhb.org.nz</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Stephen Butler</td>
<td><a href="mailto:Stephen.Butler@tdhb.org.nz">Stephen.Butler@tdhb.org.nz</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Dr Yariv Doron (lead)</td>
<td>8.30am CAMHS room B108</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Yariv.Doron@tdhb.org.nz">Yariv.Doron@tdhb.org.nz</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Dan Shlosberg</td>
<td><a href="mailto:Dan.Shlosberg@tdhb.org.nz">Dan.Shlosberg@tdhb.org.nz</a></td>
</tr>
<tr>
<td></td>
<td>Dr Jessica Meyers</td>
<td><a href="mailto:Jessica.meyers@tdhb.org.nz">Jessica.meyers@tdhb.org.nz</a></td>
</tr>
<tr>
<td></td>
<td>Dr Mamdouh Abou-Rabiah</td>
<td><a href="mailto:Mamdouh.Abou-Rabiah@tdhb.org.nz">Mamdouh.Abou-Rabiah@tdhb.org.nz</a></td>
</tr>
<tr>
<td></td>
<td>Dr Alice Law</td>
<td><a href="mailto:alice.law@tdhb.org.nz">alice.law@tdhb.org.nz</a></td>
</tr>
<tr>
<td>Specialty Surgery</td>
<td>Dr Simon Nicholas</td>
<td>Students will be notified of the time and location prior to their start</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Mr Nicholas Steventon</td>
<td><a href="mailto:Nicholas.Steventon@tdhb.org.nz">Nicholas.Steventon@tdhb.org.nz</a></td>
</tr>
<tr>
<td>ORL</td>
<td>Mr James Johnston</td>
<td><a href="mailto:James.Johnston@tdhb.org.nz">James.Johnston@tdhb.org.nz</a></td>
</tr>
<tr>
<td>Urology</td>
<td>Mr Murray Cox</td>
<td><a href="mailto:Murray.Cox@tdhb.org.nz">Murray.Cox@tdhb.org.nz</a></td>
</tr>
<tr>
<td>Vascular</td>
<td>Mr Peter Liston</td>
<td><a href="mailto:Peter.Liston@tdhb.org.nz">Peter.Liston@tdhb.org.nz</a></td>
</tr>
<tr>
<td>Maxillo Facial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### E.3.2. Taranaki Regional-Rural Programme

**Principles governing the curriculum design**

The following principles were adopted for the development of the programme:

- Students will study an alternative but equivalent programme, and achieve the learning outcomes that are common to all Year 5 students.
- The experience should include time in both regional and rural settings, with a minimum continuous time spent in the latter to appreciate all facets of rural medicine.
- The curriculum for delivery needs to be explicit, so that students and teaching staff are aware of expectations.
- The curriculum should not place an undue extra workload on students or supervisors.
- The designed curriculum needs to allow some flexibility to maximise special learning opportunities, especially at the rural site.
The programme, wherever possible, should include the strengths that have made other regional-rural programmes successful.

The designed curriculum needs to be sustainable.

**Other key objectives and features**

The following features are important aspects of the student's learning and experience:

- There should be opportunity to interact with and learn from patients with diverse and/or undifferentiated clinical conditions;
- More integrated learning experiences and more diverse community learning experiences that match the community’s strength should be incorporated;
- It should maximise the opportunities to follow patients over a longer period of care than is often possible in a large metropolitan setting;
- Students should gain an appreciation of the richness of a rural community and the role of strong interprofessional cooperation in smaller communities.

**Regional-Rural Curriculum for Taranaki**

There are six non-overlapping cycles, with three students in each. Three students will be completing their Selective at any one time, so it is likely that there may be only 15 Year 5 students in the region at any one time.

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

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics and Gynaecology</td>
<td>5 weeks (Taranaki)</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>6 weeks (Taranaki)</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>5 weeks (Taranaki) + 1 week (Hawera)</td>
</tr>
<tr>
<td>Specialty Surgery</td>
<td>3 weeks (Taranaki)</td>
</tr>
<tr>
<td>Selective</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Integrated Care and General Practice</td>
<td>6 weeks (Hawera)</td>
</tr>
</tbody>
</table>

**Obstetrics and Gynaecology**

Students will complete at least five weeks of Obstetrics and Gynaecology. Supervision will occur by staff from Taranaki Base Hospital. Students complete their OSCE at Taranaki Base Hospital.

**Psychiatry**

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, especially in community mental health.
**Specialty Surgery**

Each student will complete a week of Ophthalmology, ORL and Urology as part of Specialty Surgery, and each of these occurs at the Taranaki Base Hospital.

**Selective**

Students may complete the Selective at any site, according to the MPD guidelines. They are not restricted to completing this in the Taranaki region, although the site may wish to add some new and different opportunities to students. All other Selective processes, as outlined in Section C.7.5 are relevant to this attachment for students at the Taranaki site.

**Rural and Community Curriculum for Hawera**

Hawera has a diverse range of learning opportunities for students, which forms the basis of the six weeks of Integrated Care and General Practice.

The ED Unit at Hawera Hospital sees about 18,000 patients in per year. Because this is the only 24-hour service in the community and due to the limited after-hour access to general practitioners, the ratio of presentations is about 50:50 ‘general practice’ cases and acute ED consultations – with many undifferentiated patients. In addition to the extensive community services provided and the ED Unit, Hawera hospital has 15 inpatient beds (one for palliative care), four inpatient maternity beds and seven outpatient rooms. In addition to the learning in the ED Unit at Hawera hospital, each student will spend two weeks with a local general practitioner. There are great learning opportunities in Hawera in community mental health and often in obstetrics. During your time at Hawera, an equivalent of one week will be spent with community mental health as part of the psychiatry attachment.

The mobile surgical bus visits this site, usually on an 8-week rotation, and this may also provide excellent learning opportunities for students.

As in Pūkawakawa rural sites, each student will have a tailor-made programme of study, which will incorporate:

- approximately one-week equivalent in the community mental health services;
- regular shifts in the ED unit, where students will engage with undifferentiated patients, some of whom will present with typical ‘general practice’ problems and some as acute/urgent care. It is anticipated that the equivalent of about two weeks minimum will be spent in this unit;
- significant learning time (approximately two weeks) learning from and with other health professionals (specialist nurses for diabetes, dietetics, asthma), the OT and Physiotherapy unit, laboratory testing unit, district health nurses and palliative care (the latter usually done within the Year 5 general practice attachment as a one-day hospice visit).
Assessment and the Taranaki programme

The assessment for all attachments is the same as that for students at all other clinical sites/campuses.

The following points are important for students to note. Students will:

- travel to New Plymouth to sit all three progress tests;
- there will be three OSCEs in Taranaki Base Hospital for O&G so some groups will not complete their OSCE immediately after their attachment;
- complete their O&G OSCE at the Taranaki Base Hospital at the end of the four-week attachment;
- complete their Psychiatry assessment (miniCEX and CAT) at the Taranaki Base Hospital.

E.3.3. Administration Matters

Swipe cards

You will be issued with a swipe card at the Taranaki Clinical Site by the Human Resources Department at the end of the induction. If you lose your key and/or swipe card, please notify the SMO or Site Coordinator as soon as possible. A replacement fee may be charged. No swipe card is needed for Hawera.

Access to electronic patient records

Year 5 students working at the Taranaki DHB will be provided with an individual login account for access to patient information. Key information about IT systems at the Taranaki DHB are as follows:

- applications are accessed from a Citrix platform;
- computers and printers are available in all clinical areas for access to patient information;
- Concerto Portal is used to access patient information;
- students may bring their own personal devices for access to the BYOD (Bring Your Own Device) network. This network allows access to the internet locally and clinical applications via Citrix;
- if printing is required, it is only available via Citrix, not locally on personal devices.

For any assistance with the Taranaki DHB IT systems contact the IT Service Desk on:

Phone: (06) 753 6139, ext 7325
Email: IT.Servicedesk@tdhb.org.nz
Library services for students based in Taranaki

Taranaki DHB Library

<table>
<thead>
<tr>
<th>Role</th>
<th>Person</th>
<th>Ext</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library Manager</td>
<td>Charmaine Tarrant</td>
<td>7914</td>
<td><a href="mailto:Charmaine.Tarrant@tdhb.org.nz">Charmaine.Tarrant@tdhb.org.nz</a></td>
</tr>
<tr>
<td>Library Assistant</td>
<td>Marion Helmers</td>
<td>7913</td>
<td><a href="mailto:Marion.Helmers@tdhb.org.nz">Marion.Helmers@tdhb.org.nz</a></td>
</tr>
<tr>
<td>Further Contacts</td>
<td>Generic email</td>
<td></td>
<td><a href="mailto:library@tdhb.org.nz">library@tdhb.org.nz</a></td>
</tr>
<tr>
<td></td>
<td>Phone (06) 753 7765</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax (06) 753 7730</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>2nd Floor, next to the Human Resources Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening Hours</td>
<td>8.00am – 4.30pm, Monday to Friday</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>After hours access is available</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Students are welcome to become a member of the DHB library; bring your ID card to register. Advise library staff of your leaving date when registering. Students may borrow material from the DHB library 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. Fines may be imposed for lost or damaged books.

Student car parking

Students undertaking clinical attachments at Taranaki Hospital have access to staff car parking facilities on a similar basis to hospital staff. Parking is free on the site, although this is subject to review.

Accommodation

Taranaki DHB has quiet, clean, self-catering hostel accommodation on the Taranaki Base Hospital site. The hostel is available for Taranaki DHB staff and students. Rooms come complete with bed, linen, bath towels, wardrobe, drawers, desk, chair and eating utensils. Rooms with single beds are $95.00 per week and rooms with double beds are $115.00 per week. Costs are subject to change. It may be possible to vacate your room and store your belongings while you are on your Selective. For further information, contact the hostel manager. Email: graeme.watts@tdhb.org.nz Phone: 06 753 6139 extn 8899 Mobile: 027 289 6302

Policy on Transport Reimbursement

The Medical Programme policy will be followed for all transport and accommodation allowances. For the most part, these will be paid at the start of the year by staff in New Plymouth. It is acknowledged that students are likely to retain their main place of accommodation in New Plymouth for the year. The University has budgeted to pay each student’s accommodation while placed in Hawera for six weeks, up to a maximum amount.
E.4. Waikato Regional-Rural

E.4.1. Clinical site staff

The following table gives a summary outline of where to go if you need help or advice, if you have issues to discuss or if you have queries to be solved.

<table>
<thead>
<tr>
<th>Waikato Lakes Regional-Rural programme</th>
<th>Position</th>
<th>Name</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assistant Dean, Waikato Clinical School</td>
<td>Assoc Professor Michael Jameson</td>
<td>• Most routine academic, attachment and professional matters</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Michael.Jameson@waikatodhb.health.nz">Michael.Jameson@waikatodhb.health.nz</a></td>
<td>• Initial student support and Fitness to Practise issues or queries</td>
</tr>
<tr>
<td></td>
<td>Manager, Waikato Clinical School</td>
<td>Raewyn Wooderson</td>
<td>• Routine and organisational matters relating to Waikato cohort placement and</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Raewyn.Wooderson@waikatodhb.health.nz">Raewyn.Wooderson@waikatodhb.health.nz</a></td>
<td>associated student support</td>
</tr>
<tr>
<td></td>
<td>Department of General Practice &amp; Primary</td>
<td>Dr Rachel Roskvist</td>
<td>• General academic issues regarding Waikato-Lakes GP placements</td>
</tr>
<tr>
<td></td>
<td>Health Care</td>
<td><a href="mailto:Rachel.roskvist@auckland.ac.nz">Rachel.roskvist@auckland.ac.nz</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Academic GP for Waikato Lakes</td>
<td>Dr Stewart Wells</td>
<td>• Assessment aspects of general practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:sj.wells@auckland.ac.nz">sj.wells@auckland.ac.nz</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practicum placement coordinator</td>
<td>TBC</td>
<td>• Practice and hospital placement issues</td>
</tr>
</tbody>
</table>

E.4.2. Support for Waikato/Lakes students

It is expected that the majority of the support will come from the Waikato and Lakes based University staff. However, all Auckland-based support mechanisms and staff can be contacted directly by any student.

General information on placements

- Contact your allocated practice/rural hospital to introduce yourself and to find out start times. Your GP supervisor/rural hospital doctor will be provided with
your name and assessments prior to you attending the practice, but it is your responsibility to contact the practice first.

- Dress professionally and conduct yourself in a professional manner. (No jeans, sandals, or t-shirts) - wear your name badge and your stethoscope. Please do not use your mobile phone during consultations or use the practice computer for personal emails.
- Seek feedback from your GP supervisor/rural hospital doctor during your attachment - do not wait until the last day. Complete at least one formative mini-CEX early in your attachment.
- Accompany a patient on an acute admission to hospital if the opportunity arises and if the patient agrees.
- For all email correspondence we use your University address only
- If, for any reason you cannot attend the practice during attachment, please phone immediately and let the practice manager know – then contact the practicum placement coordinator.

### Thames Staff

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic rural hospital doctor</td>
<td>Dr Rory Miller</td>
<td>Supervisor for rural Selective</td>
</tr>
<tr>
<td>Thames Hospital</td>
<td><a href="mailto:Rory.Miller2@waikatodhb.health.nz">Rory.Miller2@waikatodhb.health.nz</a></td>
<td></td>
</tr>
<tr>
<td>Rural hospital manager</td>
<td>Leanne O’Brien</td>
<td>Hospital accommodation; IT set-up &amp; queries, general information on hospital placement</td>
</tr>
<tr>
<td></td>
<td>leane.o'<a href="mailto:brien@waikatodhb.health.nz">brien@waikatodhb.health.nz</a></td>
<td></td>
</tr>
<tr>
<td>Rural hospital service manager</td>
<td>Jade Sewell (07 868 0040 ext 28767 or 027 616 2866)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:jade.sewell@waikatodhb.health.nz">jade.sewell@waikatodhb.health.nz</a></td>
<td></td>
</tr>
<tr>
<td>Supervising GP</td>
<td>Kate Armstrong</td>
<td>GP Supervision</td>
</tr>
<tr>
<td>Colville Health</td>
<td><a href="mailto:emilykate@colville.org.nz">emilykate@colville.org.nz</a></td>
<td></td>
</tr>
<tr>
<td>Practice manager</td>
<td>Jo</td>
<td>Accommodation; general support &amp; information</td>
</tr>
<tr>
<td>Colville health</td>
<td><a href="mailto:practicemanager@colville.org.nz">practicemanager@colville.org.nz</a></td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td>Name</td>
<td>Responsibility</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Academic rural hospital doctor</strong></td>
<td>Dr Keith Buswell</td>
<td>Supervisor for rural Selective</td>
</tr>
<tr>
<td>Te Kuiti Hospital</td>
<td><a href="mailto:buz@actrix.co.nz">buz@actrix.co.nz</a></td>
<td></td>
</tr>
<tr>
<td><strong>Rural hospital manager</strong></td>
<td>Tania Te Wano</td>
<td>Hospital accommodation; IT set-up &amp; queries, general information on hospital &amp; Otorohanga GP placement</td>
</tr>
<tr>
<td>Te Kuiti practice manager</td>
<td><a href="mailto:Tania.tewano@waikatodhb.health.nz">Tania.tewano@waikatodhb.health.nz</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24 / 28 Ailsa Street Te Kuiti Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>07 878 733307;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peter Liddle</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:peterl@tktmed.co.nz">peterl@tktmed.co.nz</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practice 07 878 7878; 07 878 788</td>
<td></td>
</tr>
<tr>
<td><strong>Supervising GP Kawhia Health Centre</strong></td>
<td>Dr John Burton</td>
<td>GP supervision</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:burtonjands@outlook.com">burtonjands@outlook.com</a></td>
<td></td>
</tr>
<tr>
<td><strong>Practice manager Kawhia Health</strong></td>
<td>Heather Sherman</td>
<td>Accommodation; general support &amp; information</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:kawhia.hc@outlook.com">kawhia.hc@outlook.com</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>07 871 0884, 10 Tainui Street Kawhia</td>
<td></td>
</tr>
<tr>
<td><strong>Supervising GP Otorohanga Medical Centre</strong></td>
<td>Dr Joyce Wong</td>
<td>GP supervision</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:joyce.wong@otomed.co.nz">joyce.wong@otomed.co.nz</a></td>
<td></td>
</tr>
<tr>
<td><strong>Practice manager Otorohanga</strong></td>
<td>Michelle McKenzie</td>
<td>General support &amp; information</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:michelle.mckenzie@otomed.co.nz">michelle.mckenzie@otomed.co.nz</a></td>
<td></td>
</tr>
</tbody>
</table>
### Tokoroa Staff

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Academic rural hospital doctor Tokoroa Hospital | Dr Jan Desmet  
[link](mailto:jan.desmet@waikatodhb.health.nz)  
Dr Stephen Ram  
[link](mailto:Stephen.Ram@waikatodhb.health.nz) | Supervisor for rural Selective |
| Rural hospital Administration & Operational support Manager | Nora Creigh-Smith  
[link](mailto:nora.creigh-smith@waikatodhb.health.nz)  
55-75 Maraetai Road, Tokoroa 07 886 7239 | Hospital accommodation; IT set-up & queries, general information on hospital & GP placement |
| Supervising GP Putaruru- Tirau Family Doctors | Dr David Sulaiman  
[link](mailto:david@ptfd.org.nz)  
Dr Amrin Srinivasagam  
[link](mailto:amrinhakem@gmail.com) | GP supervision |
| Practice manager Putaruru- Tirau Family Doctors | Trish Cole  
[link](mailto:duke.putaruru@xtra.co.nz)  
8 Duke Street, Putaruru 07 883 3965 | General support & information |

### Taupo Staff

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Academic rural hospital doctor Tokoroa Hospital | Dr Jeremy Webber 027 2000 997  
[link](mailto:Jeremy.Webber@lakesdhb.govt.nz) | Supervisor for rural Selective |
| Rural hospital Manager                        | Barbara Adam  
[link](mailto:Barbara.Adam@lakesdhb.govt.nz)  
Kotare Street, Taupo 07 376 1000 | Hospital accommodation; IT set-up & queries, general information on hospital & GP placement |
| Supervising GP Pihanga Health Turangi         | Dr Rene Lenoir  
[link](mailto:drlenoir@pihanga.co.nz) | GP supervision |
| Practice manager Pihanga                     | Heather Harris  
[link](mailto:manager@pihanga.co.nz)  
28 Tautahanga Road, Turangi 07 384 7576 | General support & information |
| Supervising GP Lakes Surgery                 | Natalie Clark  
[link](mailto:natalie.clarke@phcl.health.nz) | GP supervision |
| Practice Manager Lakes Surgery                | Anne Hall  
[link](mailto:anne.hall@phcl.health.nz)  
109 Tongariro St, Taupo, 07 378 6294 | General support & information |
### Taumarunui Staff

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic rural hospital doctor Taumarunui Hospital</td>
<td>Dr Jason Peterken <a href="mailto:jason.peterken@waikatodhb.health.nz">jason.peterken@waikatodhb.health.nz</a></td>
<td>Supervisor for rural Selective</td>
</tr>
<tr>
<td>Rural hospital Administration &amp; Operational support Manager</td>
<td>Nora Creigh-Smith <a href="mailto:nora.creigh-smith@waikatodhb.health.nz">nora.creigh-smith@waikatodhb.health.nz</a> 63 Kururau Rd, Taumarunui</td>
<td>Hospital accommodation; IT set-up &amp; queries, general information on hospital placement</td>
</tr>
<tr>
<td>Supervising GP Taumarunui Medical Centre</td>
<td>Dr Anna Teata <a href="mailto:anna.Teata@kokiritrust.org.nz">anna.Teata@kokiritrust.org.nz</a></td>
<td>GP supervision</td>
</tr>
<tr>
<td>Practice manager Taumarunui Medical Centre</td>
<td>Lynda Bowles <a href="mailto:lynda.Bowles@kokirittrust.org.nz">lynda.Bowles@kokirittrust.org.nz</a> 63 Kururau Rd, Taumarunui</td>
<td>General support &amp; information</td>
</tr>
</tbody>
</table>

### E.4.3. Administration Matters

#### Swipe cards

When you arrive you the manager or coordinator will arrange any necessary keys or swipe cards you may need.

#### Policy on transport reimbursement

For students on the Waikato Lakes RR programme the University of Auckland will reimburse the following transports costs, by way of petrol vouchers, which must be signed for.

1. Hamilton to rural hospital
   - Hamilton to Thames $30 per return trip
   - Hamilton to Te Kuiti $30 per return trip
   - Hamilton to Tokoroa $30 per return trip
   - Hamilton to Taupo $50 per return trip
   - Hamilton to Taumarunui $50 per return trip

2. Between rural hospital and general practice
   - Thames to Colville – one return trip $30 paid into bank account
- Te Kuiti to Kawhia - one return trip $30 paid into bank account
- Te Kuiti to Otorohanga –five daily return trips $50 per week for five weeks
- Taupo to Turangi – one return trip $30 paid into bank account
- Tokoroa to Putaruru – five daily return trips $40 per week for five weeks

**E.4.4. Expected work hours of Waikato/Lakes RR students**

For the majority of the attachments you are expected to work the usual working hours Monday to Friday but also at the discretion of your supervisor. Weekend work is not part of the normal routine roster for students. Students who choose to work additional hours over the weekend are welcome to do so, as long as clinical supervision is agreed upon ahead of time and subsequently provided.

**E.4.5. Waikato/Lakes Regional-Rural Programme**

**Principles governing curriculum design for Waikato Lakes RR**

- The attachment should maximise learning from local strengths and ensure students learn what rural medicine and rural health entail, including from an interprofessional perspective.
- Maximise the longitudinal exposure to patients whenever possible (e.g. GP → ED → admitting → hospital; hospital → community; transfer of patient by ambulance), so that the continuity of care is an important facet for learning.
- Adopt a flexible approach to encourage longitudinal exposure, learning from a novel experience or similar, within the bounds of students being professional to meet particular commitments made previously.
- A key thread through all the experiences will be to learn how a team works in a rural setting (what to look after, what conditions need to be transferred, what treatment options are available in the community etc).
- Students should be critically self-reflective of the region’s initiatives in terms of the national Primary Health Care Strategy, its primary care objectives and important issues of screening.
F. Requirements and Responsibilities on Clinical Attachments

F.1. Overarching Rules

- Wear your University of Auckland photo Student 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 5 Medical Student); and
  - Be dated and timed.

F.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 are attempting to develop with patients and whānau, 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.
- Do not be on your phone – even if you are looking up relevant clinical information or taking notes, you are likely to be perceived as using it for personal email, social media, etc.
F.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 University of Auckland photo Student ID at all times while on the hospital site. This is a mandatory requirement. Your Student ID must be current.
- 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 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.

F.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.

Please note that the ADHB Concerto login may expire if not used within 3 months from the date it is set up. The login can be reset by emailing the School of Medicine Group Services Manager, Natasha Tinkler (n.tinkler@auckland.ac.nz). Also, please contact your relevant DHB login issuer if you require authorised access to additional online applications such as patient discharge summaries.

A word about 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 as a very serious breach of professionalism under the Fitness to Practice policy.
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 Practise policy.

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

F.5. Specific Requirements and Responsibilities

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

F.5.1. Attendance during Phase 2

You are expected to attend all scheduled activities during the academic calendar. This includes clinical attachments and Formal Learning weeks. Planned leave must be taken during scheduled holidays.

Please note that for some students, a Progress Test will fall during a vacation. As you are expected to sit all Progress Tests, you will need to make your vacation plans accordingly.

Planned leave outside the scheduled holidays can only be granted in exceptional circumstances and requires prior approval in writing. The appropriate first approach, should you wish to apply for planned leave outside the scheduled holidays, is an email to the Phase 2 Director explaining the situation and your request. Please provide details such as your full name, ID number, UPI, 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.

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 K.3 – K.4 for further detail on attendance and leave.

F.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 university 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.

F.5.3. Case notes
The hospital case records of patients are confidential documents whose custody and security are 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.

F.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 or 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 monitor those accessing patient notes, and misuse is taken very seriously.
F.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.

F.5.6. Obtaining consent
It is the responsibility of the registered health 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.

F.5.7. Procedures
Medical procedures can range from relatively straightforward, such as intravenous line or urinary catheter insertion, to more difficult and complex endeavours. You must not attempt to carry out any 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 you are unable to obtain venous access 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.

F.5.8. Allergies
On every occasion, a check for allergies with the patient must be made. Take note of any medical alert bracelets.

F.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 minimise infection is to ensure you are up to date on immunisations, including annual flu vaccine.
Be sure to follow local guidelines regarding the prevention of COVID-19 and other community infections, such as seasonal flu.

**F.5.10. Punctuality**

Be on time. Notify your team in advance if you will be late to or absent from team activities. Repeated tardiness or absences may raise a fitness to practise concern and/or impact your attachment grade.

**F.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. Greater clinical 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 and when progress tests or other assessments are rapidly approaching, if you find your total weekly study time is vastly exceeding this figure, you should speak with your Year Coordinator or Phase Director.

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. **Departure timing.** Students should expect to complete a clinic/theatre list before departing for the day, unless explicitly permitted by their consultant. In other words, students should not 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.
F.6. Signing and responsibilities

F.6.1. Prescribing
You should not sign prescriptions under any circumstances.

1. For inpatients, all prescriptions must be written on an official hospital prescribing sheet and signed by a registrar, house officer, or other registered medical practitioner.

2. For outpatients, you must not write or sign prescriptions for medicines controlled under the Misuse of Drugs Act.

3. You may write, but not sign, all other prescription medicines for hospital outpatients and while in general practice.

F.6.2. Administration of drugs
From time to time, you may be asked to administer intramuscular injections, put additives in intravenous bottles or carry out intravenous injections through established lines.

All drugs must be written in the prescription sheet and countersigned by a junior doctor or more senior person.

Intramuscular injections may be given where you have personally drawn up the medication, checked it against the hospital prescription sheet, and identified the patient by checking the wrist bracelet prior to administration. All steps must be checked either by a registered nurse, junior doctor, or more senior medical practitioner.

On every occasion the injection must be supervised by one of the above people. Take note of any medical alert bracelets.

F.6.3. Intravenous medications and charting

Intravenous medications
The same regulations apply as for intramuscular medications, except that even greater caution is required. Unless an emergency situation exists, the administration of drugs other than antibiotics by the intravenous route should only be performed on the direct instruction of a junior doctor or more senior doctor.

Intravenous fluids
You are encouraged to learn the intricacies of fluid balance management and you should actively participate in management decisions in this area. However, all intravenous fluid instructions must be countersigned by a registered medical practitioner. You may not order the administration of blood or blood products.
F.6.4. Procedures and requisition of investigations

You are encouraged to fill out the request forms for radiological investigations and other procedures. Requests for procedures involving ionising radiation must be signed by a registered medical practitioner. Similarly, where written consent for procedures is required this must be signed by a registered medical practitioner.

Procedures range from relatively straightforward, such as intravenous line or urinary catheter insertion, to more difficult and complex procedures, such as the insertion of central venous lines and chest drains. 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 always be supervised.

F.6.5. Discharge letters

Note Section 11, FAQ 8 in Clinical Practice: guidelines, policies & legislation. DHBs may differ in what they allow students to do (e.g. ordering blood tests, writing discharge letters). Discharge letters are often electronically generated. You are encouraged to formulate these, but they must be countersigned by a registered medical practitioner.

F.7. 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 such as Paediatrics.

**F.8. Blood and Body Fluid Accidents**

**F.8.1. 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.

**F.8.2. 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)
G. Assessment and Phase 2 (Year 5)

G.1. Overview of Assessment in Year 5

As was the case with the assessments in Year 4, Year 5 standards are to be met both within clinical disciplines and longitudinally in the domains. The longitudinal view takes primacy over the assessment for an individual attachment in the domains of Clinical and Communication Skills and Personal and Professional Skills.

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

G.2. General Assessment Policies

The following general policies apply to Year 5.

- Students must pass the year as a whole and are required to gain a pass in each clinical attachment, AND a pass in EACH of the domains that are assessed longitudinally over the year.
- Because of the diversity of experiences, the grade for the Selective is treated as an attachment grade only and is not included in any domain grades.
- The clinical pathology project is equivalent to an attachment grade and is included in the overall attachment grade for the year.
- In Year 5 the following domains are assessed:
  - Applied Science for Medicine
  - Clinical and Communication Skills
  - Hauora Māori
  - Personal and Professional Skills
  - Population Health
- It is possible for students to receive a distinction for the Population Health domain, based on a voluntary individual piece of assessment to be completed after the PHI week. The Year 5 Faculty Academic Record includes this domain grade. However, this domain grade is not included in the overall domain grade for Year 5.
- Unless approved by the Board of Studies (Medical Programme), the assessment for each discipline attachment is the same at each cohort site, with the Head of Department recommending each student’s grade to the Board of Examiners.
- The grade for each attachment is a provisional grade only, until approved by the Board of Examiners at the end of the year.
Departments are responsible for the assessment of their clinical attachments, and for ensuring that their assessment is consistent with policies of the University and Board of Studies (Medical Programme).

G.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
- Hauora Māori
- Personal and Professional Skills
- Population Health

For clinical attachments of longer than one week, departments may use the following system for reporting provisional grades to the Board of Examiners:

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

**Grade Descriptors**

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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>Distinction</td>
<td>• Student consistently exceeds expected standards of knowledge, clinical</td>
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<td></td>
<td>skills and professional attitudes, and contributes to the group/team.</td>
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<tr>
<td></td>
<td>• Well formulated arguments based on strong and sustained evidence.</td>
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<td></td>
<td>• Approach to patient management shows evidence of sound clinical</td>
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<td></td>
<td>judgment and balanced, prioritised planning.</td>
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<td></td>
<td>• Well-developed awareness of professionalism, competence and own limits.</td>
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<tr>
<td>Pass</td>
<td>• Student is performing at an expected standard. Underpinning knowledge</td>
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<tr>
<td></td>
<td>and clinical skills are satisfactory with contribution to the group/team.</td>
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<tr>
<td></td>
<td>• Arguments clearly developed and based on convincing evidence.</td>
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<td></td>
<td>• Has adequate problem orientation and management planning, which would</td>
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<td></td>
<td>ensure good patient care and safety.</td>
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<td></td>
<td>• No inappropriate management.</td>
</tr>
<tr>
<td></td>
<td>• Work showing good to strong grasp of subject matter and understanding of</td>
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<tr>
<td></td>
<td>major issues though not necessarily the finer points.</td>
</tr>
<tr>
<td></td>
<td>• Satisfactory integration of professional roles and responsibilities.</td>
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| Borderline performance (formative only) | • 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. |

**G.4. Assessment and Clinical Attachments**

Most departments use closely aligned assessment forms for grading students (Clinical Supervisor Reports [CSR] and mini-CEX). In addition to their contribution to summative assessment, these forms also provide students with constructive feedback on various aspects of performance in each attachment.

The disciplines associated with Specialty Surgery use modified CSR forms because of the special nature of their respective weeks and student interaction with multiple consultants.

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 students will have their attachment results and provisional grades within four weeks of the end of each attachment. Students are encouraged to inform the MPD if there is any significant delay.

**G.4.1. Grades reported**

For clinical attachments of longer than one week, departments may use the following system for reporting provisional grades to the Board of Examiners:

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

In Year 5 this applies to the attachments in general practice, obstetrics and gynaecology, ophthalmology, paediatrics, psychiatry and the Selective.
The grade for the clinical pathology project is distinction, pass or fail.

Borderline performance is regarded as having a formative element to provide an indication to students of aspects of performance that should be strengthened.

Unless the Assessment Subcommittee of the Board of Studies approves exemptions, any attachment of one week uses pass and fail provisional grades only. In Year 5 this applies to Urgent & Immediate Patient Care Week and to otolaryngology, urology, vascular surgery (Waikato), orthopaedics (Pūkawakawa) in the Specialty Surgery attachment.

**G.4.2. Summary of Year 5 clinical assessments**

The following chart provides a summary of the clinical attachment assessments students are required to complete for this year for the standard programme.

<table>
<thead>
<tr>
<th>Clinical Attachments</th>
<th>Assessment</th>
</tr>
</thead>
</table>
| Urban General practice, integrated rural general practice and rural hospital medicine attachment (Pūkawakawa); rural general practice, rural hospital medicine (BoP, Taranaki and Waikato Lakes regional–rural programmes) | Clinical Supervisor Report  
Mini-CEX (1)  
Online Discussion Forum and Symposium presentation |
| Obstetrics and Gynaecology                                                           | Clinical Supervisor Report  
OSCE at end of attachment  
Case presentation  
Obstetric case discussion  
Logbook |
| Ophthalmology                                                                        | Clinical Supervisor Report  
Clinical skills assessment |
| Paediatrics                                                                          | Clinical Supervisor Report  
Mini-CEX (1)  
Neonatal examination competency  
Written case reports (2) |
| Psychiatry                                                                           | Clinical Supervisor Report  
Mini-CEX (1)  
CAT  
Case history  
Clinical Experience Checklist (required- unmarked log of clinical contacts which may be factored into the CSR) |
| Selective                                                                            | Clinical Supervisor Report  
Student Selective Report |
| Specialty Surgery | Otolaryngology  
|                  | Clinical Supervisor Report  
|                  | MCQ (formative only)  
|                  | Urology  
|                  | Clinical Supervisor Report  
|                  | MCQ (formative only)  
|                  | Neurosurgery  
|                  | Clinical Supervisor Report  
|                  | MCQ (formative only)  
|                  | Vascular Surgery (Waikato)  
|                  | Clinical Supervisor Report |
| Clinical Pathology | Completion of a project, which is equivalent to an attachment grade. |
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.

<table>
<thead>
<tr>
<th>Clinical Attachment</th>
<th>Distinction</th>
<th>Pass</th>
<th>Borderline Performance</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Practice</strong> (3 assessments)</td>
<td>• At least two assessments passed with distinction, and no borderline performance or fail grades</td>
<td>• Pass in all 3 assessments</td>
<td>• Borderline performance in either the CSR or the mini-CEX or</td>
<td>• Fail in CSR or mini-CEX or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Attendance at Symposium day</td>
<td>• Fail in online forum and symposium presentation</td>
<td>• Two borderline performances in any assessment</td>
</tr>
<tr>
<td><strong>Obstetrics &amp; Gynaecology</strong> (4 assessments)</td>
<td>• A distinction in the OSCE and</td>
<td>• Pass the OSCE and</td>
<td>• Pass the OSCE, Case presentation and obstetric case discussion but</td>
<td>• Fail in the OSCE or</td>
</tr>
<tr>
<td></td>
<td>• Pass the 3 other assessments (CSR, Case presentation, obstetric case discussion)</td>
<td>• Pass the 3 other assessments</td>
<td>• Fail CSR</td>
<td>• Pass OSCE but Fail 2 or more of the 3 other assessments (CSR, Case presentation, obstetric case discussion) OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Fail all 4 assessments</td>
</tr>
<tr>
<td><strong>Ophthalmology</strong> (2 assessments)</td>
<td>• Distinction in the clinical skills assessment and two excellent categories on the CSR</td>
<td>• Pass the clinical skills assessment and ‘good’ categories on the CSR</td>
<td>• Pass the clinical skills assessment and one or more ‘some reservations’ on the CSR</td>
<td>• Fail the clinical skills assessment, or the ‘major deficiency’ category on the CSR</td>
</tr>
<tr>
<td>Clinical Attachment</td>
<td>Distinction</td>
<td>Pass</td>
<td>Borderline Performance</td>
<td>Fail</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
<td>------</td>
<td>------------------------</td>
<td>------</td>
</tr>
<tr>
<td><strong>Paediatrics</strong> (4 assessments)</td>
<td>• A distinction in the CSR and • Distinction in any two other assessments (Mini-CEX, Written Reports or New-born Examination Evaluation) and • No Borderline Performance or Fail in any assessment</td>
<td>• Pass in all the assessments (CSR, Mini-CEX, Written Reports and New-born Examination Evaluation)</td>
<td>• Borderline Performance in either CSR or Mini-CEX or Written Reports</td>
<td>• Fail in either CSR or Mini-CEX or Written Reports or New-born Examination Evaluation or • Borderline Performance in any two assessments (CSR, Mini-CEX, Written Reports)</td>
</tr>
<tr>
<td><strong>Psychiatry</strong> (5 assessments)</td>
<td>• Distinction in the CSR and • Case History and • Distinction in the CAT OR Mini-CEX</td>
<td>• Minimum of Pass in the CSR And • Mini-CEX And • Borderline or Pass in the Case History And • Borderline or Pass in the CAT</td>
<td>• Borderline Performance in the CSR or Mini-CEX or • Fail in the Case History or CAT or • Borderline in Case History and CAT</td>
<td>• Fail in the CSR or Mini-CEX or • Fail in the Case History and CAT</td>
</tr>
<tr>
<td><strong>Selective</strong></td>
<td>• Distinction in supervisor report and • Distinction in the Selective report and • A project must be completed</td>
<td>• Pass all assessments</td>
<td>• Borderline Performance in any assessment</td>
<td>• Fail in any assessment</td>
</tr>
<tr>
<td><strong>Specialty Surgery</strong></td>
<td>• No applicable</td>
<td>• Pass all assessments</td>
<td>• Not applicable</td>
<td>• Fail any assessment</td>
</tr>
<tr>
<td><strong>Clinical Pathology</strong></td>
<td>• Distinction in report</td>
<td>• Pass Report</td>
<td>• Borderline Performance in Report</td>
<td>• Fail in Report</td>
</tr>
</tbody>
</table>
G.4.3. Combining attachment grades
Attachment grades are combined to give an overall attachment grade for Year 5. The overall grade for the clinical attachments for Year 5 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, including clinical pathology, no borderline performance or fails in attachments.</td>
</tr>
<tr>
<td>Pass</td>
<td>Passes in all clinical attachments, including clinical pathology, but not meeting the criteria for Distinction. Maximum of one borderline performance.</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail one or more attachments. More than one borderline performance.</td>
</tr>
</tbody>
</table>

Notes
1. The clinical pathology assignment is included in the rubric for distinction, pass, fail the overall year attachment grade for Year 5, and is equivalent to a clinical attachment grade.
2. There are a total of seven assessments that can contribute to the overall clinical attachment grade of distinction.
3. The Selective is treated as an attachment grade only, and is not included in domain grades. It is included in the overall attachment grade for the year.

G.5. Assessment and Domains
Students receive a grade for each of five domains. Domain grades are reported as distinction, pass or fail.

G.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.

Progress tests provide a longitudinal test of growth of a student’s medical knowledge across the whole programme. 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 changes, 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 5, progress tests 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 are 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>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Excellent</td>
<td>Satisfactory</td>
<td>Borderline</td>
<td>Doubtful</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Unsatisfactory</td>
<td>Doubtful</td>
</tr>
<tr>
<td>Borderline</td>
<td>Excellent</td>
<td>Satisfactory</td>
<td>Unsatisfactory</td>
<td>Doubtful</td>
</tr>
<tr>
<td>Borderline</td>
<td>Satisfactory</td>
<td>Unsatisfactory</td>
<td>Unsatisfactory</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Excellent</td>
<td>Borderline</td>
<td>Doubtful</td>
<td>Excellent</td>
<td>Doubtful</td>
</tr>
<tr>
<td>Excellent</td>
<td>Unsatisfactory</td>
<td>Doubtful</td>
<td>Satisfactory</td>
<td>Doubtful</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Borderline</td>
<td>Doubtful</td>
<td>Satisfactory</td>
<td>Doubtful</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Unsatisfactory</td>
<td>Doubtful</td>
<td>Unsatisfactory</td>
<td>Doubtful</td>
</tr>
<tr>
<td>Borderline</td>
<td>Borderline</td>
<td>Doubtful</td>
<td>Unsatisfactory</td>
<td>Doubtful</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Excellent</td>
<td>Doubtful</td>
<td>Satisfactory</td>
<td>Doubtful</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Satisfactory</td>
<td>Doubtful</td>
<td>Unsatisfactory</td>
<td>Doubtful</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Borderline</td>
<td>Doubtful</td>
<td>Unsatisfactory</td>
<td>Doubtful</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Unsatisfactory</td>
<td>Unsatisfactory</td>
<td>Unsatisfactory</td>
<td>Unsatisfactory</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 a Progress Test is missed, which may be for a number of reasons, the policies in Section G.8 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 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 is 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. Entering Year 5 with an aggregate doubtful category and an aggregate of doubtful at year end**.</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%.

4. ** See “Double Doubtful” policy outlined below.
**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) OR

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 5.
- If a student enters Year 5 with an aggregate doubtful grade and has an aggregate grade of doubtful at year end (‘double doubtful’), the Board of Examiners will 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 5 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 4 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 2021

Progress tests are scheduled to commence at 10am on:

- Progress Test 1 (PT25): Friday 16th April 2021
- Progress Test 2 (PT26): Friday 16th July 2021
- Progress Test 3 (PT27): Tuesday 26th October 2021

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

Wherever practicable, students will be excused from attachment commitments. Students will need to check with their individual team to confirm whether or not they are excused.

Phase 2 students are expected to sit all three Progress Tests over the course of the year. Please note that for some students, this means that the Progress Test will fall during a vacation. As you are still required to sit the test, you will need to make your plans accordingly.

G.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 synthesis of the clinical presentation and the development of a problem list.

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. The following assessments will contribute to both the provisional attachment grade and the domain grade:

- General Practice mini-CEX
- Obstetrics and Gynaecology OSCE
- Paediatrics mini-CEX
- Psychiatry mini-CEX

For those students who are not exempt, the Year 5 clinical skills assessments also contribute to the pass/fail grade for this domain. Case reports and clinical supervisor reports within clinical attachments contribute to the provisional attachment grades only.

Year 5 Clinical Skills Assessment and exemptions

The end-of-Year 5 clinical skills assessment is only for those students for whom there are concerns or uncertainty regarding their clinical skills. It is anticipated that a significant number of students will be granted ‘provisional exemption’ from this assessment, based on:

- the demonstration of satisfactory clinical and communication skills at the end of Year 4; and
continuing satisfactory clinical and communication skills during the clinical attachments in Year 5.

Those **not** exempt from the end-of-Year 5 clinical skills assessment are defined by one of the following:

1. Required by the Board of Examiners at the end of Year 4, based on their performance during that year.

2. A student who is required to complete a Directed Selective from the Year 4 Board of Examiners (unless a subsequent exemption is granted).

3. During Year 5 if one of the following conditions arises, the student will lose their ‘provisional exemption’ and be required to sit the end-of-Year 5 clinical skills assessment:
   - more than one provisional borderline performance in clinical attachments during Year 5.
   - one or more provisional fails in clinical attachments during the year.
   - Please note that a provisional fail or a second provisional borderline performance in any of the attachments of the year, **including the final one**, will cause the student to lose their ‘provisional exemption’ (*unless directed by the relevant attachment convenor*). As a result, any student is at risk of losing their exemption until the provisional grade for the last attachment of the year is provided.

4. Unless directed by the Board of Examiners, repeating students will complete all aspects of Year 5, including the Clinical Skills Assessment (CSA).

**The Year 5 Clinical Skills Assessment**

The purpose of this assessment is to provide additional information to the Year 5 Board of Examiners regarding students for whom there have been concerns about performance in this domain.

The end-of-Year 5 clinical skills assessment requires each non-exempt student to be assessed at six OSCE-style stations. There is one station each for medicine, surgery, obstetrics and gynaecology, paediatrics, general practice and psychiatry. This encompasses the four attachments during Year 5, as well as medicine and surgery.

Each station is 15 minutes long, comprising of approximately 10 minutes of taking a history, performing an examination or a combination of history and examination. This is followed by testing an additional competency such as selecting and/or interpreting diagnostic investigations, formulating an appropriate differential diagnosis, formulating a management plan or informing and/or educating a patient. There are multiple versions for each station, so students do not have advance knowledge of the station they will face. Pre-specified questions have been developed to facilitate the probing of clinical
reasoning, to help with standardisation across examiners. The stations may involve actors as patients or have real patients. Each station is awarded a grade of pass, borderline performance or fail. The results are combined with other information in the Clinical and Communication Skills domain to determine if the domain grade is pass or fail.

Each student sitting the end-of-Year 5 clinical skills assessment is provided with formative feedback in the form of a short-written report derived from the examiners’ grading sheets for each station.

In preparation for the assessment students should develop and be able to demonstrate ordered, sequential consultation skills that are applicable over the disciplines. Content knowledge that is discipline specific is examinable within the structure of an effective consultation. The administration and assessment duration is approximately three hours.

**Reported grade for a clinical skills assessment in an attachment**

If a mini-CEX or OSCE is failed, a student has the opportunity to re-sit the assessment. In this situation both assessment results (the reported grade) may be incorporated into the provisional domain grade using an approved rubric. The following table outlines the resit combinations to be reported for the CCS domain:

<table>
<thead>
<tr>
<th>Clinical assessment 1</th>
<th>Clinical assessment 2</th>
<th>Reported grade for CCS domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>No resit</td>
<td>Distinction</td>
</tr>
<tr>
<td>Pass</td>
<td>No resit</td>
<td>Pass</td>
</tr>
<tr>
<td>Borderline performance</td>
<td>No resit</td>
<td>Borderline performance</td>
</tr>
<tr>
<td>Fail</td>
<td>Distinction</td>
<td>Borderline performance</td>
</tr>
<tr>
<td>Fail</td>
<td>Pass</td>
<td>Borderline performance</td>
</tr>
<tr>
<td>Fail</td>
<td>Borderline performance</td>
<td>Fail</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail</td>
<td>Fail</td>
</tr>
</tbody>
</table>

This reported grade for the OSCE in Obstetrics and Gynaecology does not include borderline performance. If a student fails the first and passes the re-sit, a grade of pass is reported for the Clinical and Communication Skills domain grade.

**Policies relating to the Domain grade**

There are important policies approved by the Board of Studies, in determining a distinction or pass for this domain at the end of Year 5.

1. The award of distinction for the Clinical and Communication Skills domain in Year 5 is determined across those assessments that are completed by all Year 5 students. This ensures the equitable treatment of all students, in line with the approved assessment principles.
2. The Year 5 clinical skills assessment will be used for making a
decision of pass/ fail only for those students who are required to sit
due to uncertain performance or identified weakness.

3. No student can request to specifically sit the end-of-Year 5 clinical
skills assessment for either formative or summative purposes.

The following table indicates how your final domain grade for clinical and communication
skills will be determined.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Requirement</th>
</tr>
</thead>
</table>
| Distinction | • Distinction in the majority of clinical skills assessments for general practice, obstetrics and gynaecology, paediatrics and psychiatry  
• No more than one borderline performance, and  
• No fails in clinical skills assessments. |
| Pass | • Not meeting the criteria for distinction or fail. |
| Fail | • Fail three or more clinical skills assessments, or  
• Two fails and two borderline performances; or  
One fail and three borderline performances; or  
• Four or more borderline performances. |

G.5.3. Hauora Māori Domain
Year 5 Hauora Māori learning outcomes are listed below:

- Explain how social, cultural, political, economic and environmental determinants impact on Māori patients in relation to health care access & quality and health outcomes
- Analyse clinical practice simulations or scenarios with respect to cultural safety
- Discuss the role of support services in improving health care and outcomes for Māori whānau
- Plan a clinical audit to identify inequities in clinical care
- Identify approaches to address the wider determinants of Māori health including racism
- Create a plan for your ongoing personal/professional development in Māori health with a focus of your role in addressing Māori health
- Identify actions you can take to recognise your own biases and mitigate their impact.
Hauora Māori Year 5 is made up of a) a 2-hour formal teaching session, b) three online modules, and three assessments (personal learning plan, case report, significant learning event). The following tasks and assignments constitute Hauora Māori Year 5 assessments.

1. **Formal teaching**

Māori Health formal learning is undertaken one 2-hour session on Thursday 21st January. An interactive small group approach will be used to analyse a clinical situation.

2. **Asynchronous formal learning**

As part of Year 5 Hauora Māori teaching there are three online modules to support student learning and increase student engagement with Hauora Māori. Each module will take approximately an hour to complete. Students are expected to complete the modules and the associated tasks in the modules.

1. Te Kete-Tuauri (Developing your personal learning plan)
2. Te Kete-aronui (Clinical interactions)
3. Te Kete-tuatea (Addressing biases)

3. **Māori patient case report and discussion** (associated with the Paediatrics clinical attachment)

During the Year 5 Paediatrics attachment, students are required to submit a case report on a Māori child and whānau. This case report involves a standard clinical case history and a discussion section that addresses aspects of the case related to Hauora Māori learning. This assessment contributes to both the Paediatrics attachment grade and the Hauora Māori Domain grade.

During the Paediatrics run, a report on community visits is submitted. This includes a Hauora Māori component. This aligns with the Year 5 Hauora Māori teaching, but does not contribute to Year 5 Hauora Māori grade.

4. **Hauora Māori significant learning event (SLE)**

Students will be asked to reflect on a learning experience they have had in relation to Māori health. They will be required to submit a SLE (300-400 words) reflective writing piece. It is important to remember that this piece of writing needs to be independent of any reflection submitted for other assignments during the degree.
5. Hauora Māori personal learning plan (PLP)

Students will be required to complete a Hauora Māori Personal Learning Plan (PLP), aligned with the process used in the PPS Domain Year 4 & Year 6 and with the personal development plan required by the MCNZ for PGY1 & 2. This seeks to encourage ongoing professional development in Hauora Māori. One of the online modules will provide support for this assessment, including resources, sequential tasks and a template. A learning plan will be submitted at the beginning of the year (up to 1000 words) and then reflected on later in the year (200-400 words).

Grading

Students **must pass** the Hauora Māori Domain (receive an overall grade of Pass or Distinction) in order to pass MBChB Year 5 overall.

<table>
<thead>
<tr>
<th>Year 5 Assessment</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online modules</td>
<td>Complete / Incomplete</td>
</tr>
<tr>
<td>Māori patient case report and discussion</td>
<td>Distinction Pass Fail</td>
</tr>
<tr>
<td>Significant learning event</td>
<td>Distinction Pass Fail</td>
</tr>
<tr>
<td>Personal Learning Plan</td>
<td>Distinction Pass Fail</td>
</tr>
<tr>
<td>Year 5 Hauora Māori Domain overall</td>
<td>* See below</td>
</tr>
</tbody>
</table>

*2 or more distinctions and no fails/incomplete = Distinction overall; 2 or more fails / 1 fail and 1 incomplete / fail for the Personal Learning Plan= Fail overall; Any other combination = Pass overall

**PLP is a must pass component of the Hauora Māori Domain**

G.5.4. Personal and Professional Skills Domain

During Year 5 students build on Year 4 learning within this domain and are expected to demonstrate increasing levels of professionalism during all of their clinical attachments, community visits and similar. In common with Year 4, the collection of evidence for this domain includes both staff-led and student-driven processes throughout the year.

**Staff-led component**

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

**Student-led components**

There are two student-led components in the assessment of this domain.
1. Assignment
The written assignment for PPS in Year 5 is the ethics assignment. This is a summative assessment and is graded as distinction, pass or fail.

2. 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 (PPS) domain link on the MBChB Portal for further information and suggestions for relevant evidence. The portfolio is graded as distinction, pass or fail.

**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 PPS domain is used for calculating the pass or fail grade. A ‘major deficiency’ in two or more Clinical Supervisor Reports or clinical skills assessments* 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 Practice: 1 CSR; 1 mini-CEX
Obstetrics and Gynaecology: 1 CSR; 1 OSCE
Ophthalmology: 1 CSR
Paediatrics: 1 CSR, 1 mini-CEX
Psychiatry: 1 CSR, 1 mini-CEX
Specialty Surgery: 2 CSRs (with one subfield 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>Assignments</th>
<th>Portfolio</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass</td>
<td>Distinction</td>
<td>Distinction</td>
<td>Distinction</td>
</tr>
<tr>
<td>Pass</td>
<td>Distinction</td>
<td>Pass</td>
<td>Pass</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass</td>
<td>Distinction</td>
<td>Distinction</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
</tr>
<tr>
<td>Fail</td>
<td>Pass</td>
<td>Pass</td>
<td>Discuss</td>
</tr>
<tr>
<td>Pass</td>
<td>Fail</td>
<td>Pass</td>
<td>Discuss</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass</td>
<td>Fail</td>
<td>Discuss</td>
</tr>
<tr>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td>Fail</td>
</tr>
<tr>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail</td>
<td>Fail</td>
<td>Fail</td>
</tr>
</tbody>
</table>

Notes

1. The Portfolio has a higher weighting in determining the overall domain grade.
2. If a student achieves one or more fail grades in the three components, the Board of Examiners is the final arbiter of whether a student passes or fails this domain, after considering their overall performance longitudinally. If the portfolio is graded as a fail, it is probable that the Board of Examiners will require additional work.

G.5.5. Population Health Domain

The grade for this domain is pass / fail and is determined by attendance, participation and completion of the Population Health Intensive (PHI) week activities. Each student is required to fully contribute to the development and delivery of team’s campaign and written summary, demonstrating an understanding of population health. If a student fails to satisfy the criteria, additional work may be required to gain a pass.

To be considered for the grade of distinction and for the prize in Population Health, the student must submit an individual piece of creative work or an essay. This work is optional. This does not contribute to the overall distinction grade for Year 5.
G.6. Overall Year Grade and Progression to Year 6

G.6.1. Overall Grade for Year 5

The following table summarises the possible outcomes of assessment in Year 5 in terms of passing or failing. The Board of Examiners looks 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 Phase 3</td>
</tr>
<tr>
<td>Distinction</td>
<td>Pass</td>
<td>Discuss</td>
<td>Progress to Phase 3</td>
</tr>
<tr>
<td>Pass</td>
<td>Distinction</td>
<td>Discuss</td>
<td>Progress to Phase 3</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
<td>Progress to Phase 3</td>
</tr>
<tr>
<td>Fail</td>
<td>Pass</td>
<td>Discuss</td>
<td>Consider Remediation period or Progression with a Tag or Fail</td>
</tr>
<tr>
<td>Pass</td>
<td>Fail</td>
<td>Discuss</td>
<td>Consider Remediation period or Progression with a 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 principles considered when the Year 5 Board of Examiners makes the final decision for each student.

1. The longitudinal domain view takes primacy.
2. The Board of Examiners takes account of all evidence before determining grades.
3. All student results from modules, attachments and progress tests are accessible to members of the Boards of Examiners for making end-of-year progression decisions.
4. The final grades for each category should not be made independently of other components.

Where a student receives a provisional fail in an attachment or a domain, the Board of Examiners at the end of Year 5 takes account of all evidence before recommending a grade.
G.6.2. Requirements for Repeating Year 5  
Those students who clearly fail both attachments and domains will be required to repeat Year 5.  

*Below is an overview of the Year 5 curriculum and what repeating students are expected to complete (any modules or assessments not explicitly listed below must be completed):*

<table>
<thead>
<tr>
<th>Attachment/Assessment/Project</th>
<th>Required</th>
<th>Not Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Selective</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Specialty Surgery</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Applied Science for Medicine (Progress Tests)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Personal and Professional Skills (Reflective Essay)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Clinical Pathology*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethics*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hauora Māori assessment*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHI week*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QI*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UIPC week*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 5 CSA*</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 do not have an overall year grade reported on Canvas will be required to complete remediation. Students will be contacted with specific requirements. The official transcript from the University records pass or fail only. The Faculty also provides a more
detailed summary of your achievements for each attachment and domain (The Faculty Academic Record).

G.7. Remediation Policy and Principles for Year 5

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 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 Phase 2 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 Year 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” usually requires 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 are 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 (CMEF). 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 (CMEF), will not be formally tracked and assessed.
2. A Tag (assistance)
Students may be tagged if they experience an academic difficulty during Years 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 also offers 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 Elective (FOR 2022)
A Directed Elective is formally imposed by the Board of Examiners at the end of Year 5 and requires a student to follow an individualised and prescribed course of study for four to eight weeks in Year 6. The student forgoes the flexibility of choice usually associated with the Elective. Selective. Specific learning outcomes and assessments for the Directed Elective are dictated by the Board of Examiners and agreed among the Elective 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 re-assessment. 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 re-assessment, 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 the student failing Year 5 and/or potentially being excluded from the programme. Students should thus keep all travel plans flexible prior to the Board of Examiners in case they are required to return to Auckland to participate in the Remediation Period.

Year 5 Remediation prior to progression to Phase 3
1. Students who are assigned to the Remediation Period will require enrolment in an extension course with an associated fee.
2. A written assessment plan identifying area of concern and specific learning objectives will be developed by the Year 5 Board of Examiners and provided to both the student and clinical teacher at the start of the remediation period.

3. Responsibility for arranging remediation placement lies with the Board of Examiners and is not the responsibility of individual departments.

4. The Remediation supervisors will be experienced clinical teachers willing and able to provide supervision at this time of the year.

5. Remediation practices and assessment methods will be equitable and consistent across departments and students.

6. While it is usually the case that a student will be attached to the discipline in which a deficiency has been identified, for global issues, remediation could occur in any discipline including those not usually used in Phase 2 (e.g. oncology, geriatric medicine).

7. A subcommittee of the Year 5 Board of Examiners will decide on the progression of students to Year 6 following remediation. The members will be: Head of School of Medicine, Head of the Medical Programme, Directors of Medical Student Affairs, Phase 2 Director, Phase 3 Director, Director of Assessment and at least two Heads of Academic Departments, or their delegates.

Those students who are required by the Board of Examiners to complete some form of remediation (e.g. Directed Elective 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 are accessible to the members of the Boards of Examiners for 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 Elective, Tags) are not recorded on the Faculty Academic Record.

**Remediation Policy for Year 5**

- Students with tags will be identified to all clinical departments and sites so that assistance can be offered with their identified learning needs.

- Oversight of tagged students rests with the Phase Director. Tagged students will correspond with the Phase Director on a regular basis through the year to ensure that progress is being made and desired assistance is being utilised.

- The Year 5 Board of Examiners will determine the focus of the Directed Elective for each student, and the Elective Coordinator will confirm the Learning Objectives. Students with a Directed Elective will be assumed to be tagged to ensure they are assisted with their learning needs during Year 6.

- At the end of the year, for students who have not met the required standard in the programme, the Year 5 Board of Examiners will award a fail grade, require a Remediation Period with assessment(s), or assign a tag for Year 6. A supplementary Board of Examiners will evaluate the progress of Remediation Period students and award each a Fail grade for Year 5, a Pass grade with progression to Year 6, or a Pass grade with progression to Year 6 with a tag.
G.8. Impaired performance in Tests and Coursework

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

- The Medical Programme utilises the University Health and Counselling’s Aegrotat or compassionate consideration for written tests process for all test and coursework Aegrotats (including Progress Tests). Please ensure to specify the assessment.

- 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 no later than seven days. A Medical Certificate or other evidence will be required, and it must relate to the actual day(s) of the examination(s) affected.

- When illness or misfortune prevents you from sitting a minor in-course test on time or impairs your performance during the test; or prevents you from handing in an assignment on time; or interferes with your attendance during the attachment you should see the staff member responsible for the course. Students are encouraged seek assistance as early as possible – ideally, well in advance of the assignment deadline, date of assessment, or attachment completion.

- 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.

- If a student has applied for an aegrotat or compassionate pass for a final clinical assessment in Year 5, in extremely rare circumstances the Board of Examiners may be able to recommend a pass to the Senate, based on their previous academic
record and standards achieved in assessments during Year 5. The aegrotat or compassionate consideration is not generally a substitute for sitting assessments.

- University Health and Counselling provides a confidential process in which the MPD is notified of the severity of the impairment, but not the cause. It is sometimes helpful for either the Academic staff/Attachment convenor or an FMHS Student Support Advisor to know of specific situations as this may then facilitate specific recommendations at the Board of Examiners, which is tailored to the student's situation. All students may seek advice from either an FMHS Student Support Advisor, Year Coordinator or Phase Director before or immediately after applying for an aegrotat or compassionate pass, who may then refer them to the Director(s) of Medical Student Affairs (DMSAs) if further advocacy for a health or pastoral condition is needed at the end-of-year Board of Examiners meeting. Students with longer-term conditions who require multiple aegrotat applications may be better supported by the FMHS Fitness-To-Practise (FTP) Procedures for Health, though this will only apply to a minority of referred students. Students who are already known to the DMSAs for other reasons should contact dmsa@auckland.ac.nz directly. We ask that students do not approach the DMSAs directly unless they have been previously referred.

_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 didn't sit/no authorisation or application</td>
<td>Student awarded an Unsatisfactory grade for missed test.</td>
</tr>
<tr>
<td>Student didn't sit/application for consideration declined</td>
<td>Student awarded an Unsatisfactory grade for the missed test.</td>
</tr>
<tr>
<td>Student didn't 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>
G.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); or
- 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 and/or Year Coordinator/Phase Director 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 an end of year/module clinical 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/module 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. Some students may be referred to the DMSAs if there are significant concerns about their ability to undergo their assessments.

6. The outcome for 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.

G.9. Prescribing Skills Assessment

A compulsory assessment of prescribing competence is scheduled for the morning of **Wednesday 27th October**. This is a 2-hour online test, and further information will be provided closer to the time. Later that same day, the induction session for Year 6 will be held. Both of these events take place in Auckland. Students who fail the Prescribing Safety Assessment will be required to re-sit and pass the assessment in Year 6 (two opportunities: mid-year and October). They will be provided with support in Year 6 to improve their prescribing competence prior to resitting the assessment.

G.10. MBChB Regulations

G.10.1. Practical Requirements (**2021 Calendar**)

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.

G.10.2. Deferred Results (**2021 Calendar**)

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.
**G.11. Year 5 Prizes**

The prizes below are awarded annually to selected Year 5 students.

<table>
<thead>
<tr>
<th>Year 5 Prizes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Bush Memorial Prize</td>
<td>Awarded annually to the student who secures the highest overall grade during Part V in the Paediatrics attachment undertaken for the MBChB degree</td>
</tr>
<tr>
<td>Calvin Ring Prize for Clinical Ophthalmology</td>
<td>Awarded annually to the candidate who is a full-time student achieving the best performance in the Calvin Ring Prize competition. The candidates will be selected on the basis of results of the MBChB Part V OSCE Examination.</td>
</tr>
<tr>
<td>Dean’s Prize – MBChB Part V</td>
<td>Awarded annually to the full-time student achieving the best overall grade in MBChB Year 5.</td>
</tr>
<tr>
<td>Douglas Pharmaceuticals Prize in Clinical Communication Skills</td>
<td>Awarded annually to the Part V medical student with the best all round performance in communication skills based on appropriate written and clinical examinations in Phase 2 (Parts IV and V) of the MBChB.</td>
</tr>
<tr>
<td>First in Course</td>
<td>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.</td>
</tr>
<tr>
<td>Flora Smith Prize in Pathology</td>
<td>Subject to Regulation 5 the Prize will be awarded annually to the Part V medical student who has displayed the best all-round performance in Pathology throughout the degree of MBChB</td>
</tr>
<tr>
<td>Population Health Intensive Prize</td>
<td>The Prize will be awarded annually to the student who submits the best individual piece of work in the Population Health Intensive component of Part V of the MBChB degree</td>
</tr>
<tr>
<td>ProCare Prize in General Practice</td>
<td>Awarded annually, to a Māori and a Pacific student who secures the highest overall marks during Part V General Practice attachment undertaken for the MBChB degree</td>
</tr>
<tr>
<td>Royal College of General Practitioners 5th Year General Practice Prize</td>
<td>Awarded annually to the 5th year medical student who secures the highest overall marks during Part V in the general practice component undertaken for the MBChB degree.</td>
</tr>
<tr>
<td>S R De La Mare Memorial Prize</td>
<td>Awarded every year to the woman studying medicine in the Faculty of Medical and Health Sciences who is judged to have the best academic record based on her work in Phase 2</td>
</tr>
<tr>
<td>University of Auckland Prize in Clinical Pharmacology and Therapeutics</td>
<td>Awarded each year to the best student in Clinical Pharmacology and Therapeutics in Phase 2 of the MBChB. The evaluation for the Prize may include an oral examination.</td>
</tr>
<tr>
<td>Year 5 Psychiatry Prize</td>
<td>Awarded annually to the full-time student achieving the best overall grade in psychiatry in MBChB Part V.</td>
</tr>
</tbody>
</table>
H. Policies Relevant to Phase 2 (Year 5)

H.1. Attachment Disciplines and Lengths

H.1.1. Standard programme
Each student is required to complete the following attachments, with the minimum time as listed.

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>5 weeks</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Selective</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Specialty Surgery</td>
<td></td>
</tr>
<tr>
<td>Otolaryngology (1 week)</td>
<td>1 week</td>
</tr>
<tr>
<td>Urology (1 week)</td>
<td></td>
</tr>
</tbody>
</table>

H.1.2. Bay of Plenty Regional-Rural Programme
Each student is required to complete the following attachments, with the minimum time as listed.

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice</td>
<td>5 weeks</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>5 weeks</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Specialty Surgery</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology (1 week)</td>
<td>1 week</td>
</tr>
<tr>
<td>Otolaryngology (1 week)</td>
<td>1 week</td>
</tr>
<tr>
<td>Urology (1 week)</td>
<td></td>
</tr>
<tr>
<td>Selective</td>
<td>6 weeks</td>
</tr>
</tbody>
</table>
H.1.3. Northland Regional-Rural Programme (Pūkawakawa)
Each student is required to complete the following attachments, with the minimum time as listed.

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Surgery</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Urology (1 week)</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology (1 week)</td>
<td></td>
</tr>
<tr>
<td>ORL (1 week)</td>
<td></td>
</tr>
<tr>
<td>Orthopaedics (1 week)</td>
<td></td>
</tr>
<tr>
<td>Women and Children’s Health at Hub location</td>
<td>10 weeks</td>
</tr>
<tr>
<td>5 weeks of Paediatrics</td>
<td></td>
</tr>
<tr>
<td>5 weeks of Obstetrics &amp; Gynaecology</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Integrated Care and General Practice</td>
<td>7 weeks</td>
</tr>
<tr>
<td>Selective</td>
<td>5 weeks</td>
</tr>
</tbody>
</table>

H.1.4. Taranaki Regional-Rural Programme
Each student is required to complete the following attachments, with the minimum time as listed.

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Care and General Practice</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>5 weeks</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>5 weeks</td>
</tr>
<tr>
<td>Specialty Surgery</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Ophthalmology (1 week)</td>
<td></td>
</tr>
<tr>
<td>Otolaryngology (1 week)</td>
<td></td>
</tr>
<tr>
<td>Urology (1 week)</td>
<td></td>
</tr>
<tr>
<td>Selective</td>
<td>6 weeks</td>
</tr>
</tbody>
</table>
H.1.5. Waikato Regional- Rural Programme

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selective- Rural hospital medicine</td>
<td>5 weeks</td>
</tr>
<tr>
<td>Rural General Practice</td>
<td>5 weeks</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>5 weeks</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Specialty Surgery</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology (1 week)</td>
<td></td>
</tr>
<tr>
<td>Otolaryngology (1 week)</td>
<td></td>
</tr>
<tr>
<td>Urology (1 week)</td>
<td></td>
</tr>
<tr>
<td>Choices may be available (1 week)</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

**Rural medicine attachment**

This is a required rural Selective under the guiding principles, key objectives and rural-specific learning outcomes listed above.

You will meet with your academic rural hospital doctor to negotiate goals and draw up the learning agreement. You will produce and submit your Selective report in the same way as other Selectives, noting that this Selective is five weeks duration rather than the usual six weeks (refer to the Selectives section for dates). You may also choose to complete a project so that you can be considered for distinction. This will usually be a clinical audit supervised by your rural hospital doctor.

Your supervising rural doctor also will complete a CSR form in your final week of placement. It is recommended that you go through the completed form with the doctor and ask for any feedback prior to leaving the attachment.

**Rural general practice attachment**

In addition to the specific rural learning objectives, please note that you are expected to achieve the same learning outcomes as those for the General Practice attachment. Refer to the general practice segment of the guidebook for information about assessment of general practice.

**Palliative Care Practicum**

A one-day palliative care practicum is included within the rural hospital portion of your attachment. There is no assessment, but attendance is compulsory. Please ensure you check the schedule on CANVAS prior to starting your placement as your palliative care practicum may be early in your attachment.

**Learning objectives for palliative care practicum**

1. To utilise opportunistic learning experiences that arise in course of the visit and discussion with doctors, nurses and allied health team members.
2. To describe the principles and philosophy of palliative and end-of-life care and gain an understanding of the difference between palliative and curative approaches.

3. To get an overview of the range of specialist palliative care services available in local region as well as other support services and their associated referral criteria (e.g. psychosocial, financial, cultural, sexual and spiritual) for patients and their whanau.

4. To understand an interdisciplinary approach to meeting a patient’s needs using the expertise of all members of the team in a co-ordinated and efficient way.

5. To have an awareness of the common symptom management problems that may arise in a palliative setting.

H.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</td>
<td>Waitemata</td>
<td>Waitemata</td>
</tr>
<tr>
<td>(North Shore Hospital, Waitakere Hospital)</td>
<td>(North Shore Hospital, Waitakere Hospital)</td>
<td>(North Shore Hospital, Waitakere Hospital)</td>
</tr>
<tr>
<td>Auckland</td>
<td>Auckland</td>
<td>Auckland</td>
</tr>
<tr>
<td>(Auckland City Hospital, Starship Hospital, Greenlane Clinical Centre)</td>
<td>(Auckland City Hospital, Starship Hospital, Greenlane Clinical Centre)</td>
<td>(Auckland City Hospital, Starship Hospital, Greenlane Clinical Centre)</td>
</tr>
<tr>
<td>South Auckland</td>
<td>South Auckland</td>
<td>South Auckland</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>(Middlemore Hospital, Manukau Super Clinic)</td>
<td>(Middlemore Hospital, Manukau Super Clinic)</td>
<td>(Middlemore Hospital, Manukau Super Clinic)</td>
</tr>
<tr>
<td>Waikato</td>
<td>Waikato &amp; Lakes</td>
<td>Waikato</td>
</tr>
<tr>
<td>(Waikato Hospital)</td>
<td></td>
<td>(Waikato Hospital)</td>
</tr>
<tr>
<td>Rotorua</td>
<td>(Waikato Hospital, Rotorua Hospital, Waikato Regional-Rural)</td>
<td>Rotorua</td>
</tr>
<tr>
<td>(Rotorua Hospital)</td>
<td></td>
<td>(Rotorua Hospital)</td>
</tr>
<tr>
<td>Bay of Plenty</td>
<td>Bay of Plenty Regional-Rural</td>
<td>Bay of Plenty</td>
</tr>
<tr>
<td>(Tauranga Hospital)</td>
<td>(Tauranga Hospital, Whakatane Hospital)</td>
<td>(Tauranga Hospital)</td>
</tr>
<tr>
<td></td>
<td>Pūkawakawa</td>
<td>Northland</td>
</tr>
<tr>
<td></td>
<td>(Whangarei Hospital and sites in the Bay of Islands, Kaitaia, Rawene, and/or Dargaville)</td>
<td>(Whangarei Hospital)</td>
</tr>
<tr>
<td></td>
<td>Taranaki Regional-Rural</td>
<td>Taranaki</td>
</tr>
<tr>
<td></td>
<td>(Taranaki Hospital, Hawera Hospital)</td>
<td>(Taranaki Hospital)</td>
</tr>
</tbody>
</table>

**H.3. Allocation of students to Hospitals/Teams**

**Changes to Attachments, Swaps or Transfers**

Refer to Section 3 of the [Academic & programme-related policies](#). 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 Director.*

**H.4. Registration Requirements**

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.5. Travel, accommodation and cohorts

The following policies have been approved for Year 5 students:

H.5.1. Accommodation

1. Students being transferred from the Waikato cohort to placements in Rotorua for O & G and/ or Paediatrics in Year 5 have accommodation which has been pre-booked and funded the FMHS on site at no cost to the student. Therefore, students choosing not to stay at the provided accommodation will not be eligible for any accommodation supplement.

2. There is no funding for accommodation in Hamilton for the Waikato/Lakes cohort students. Students must make their own arrangements.

3. An accommodation supplement of $25/night for up to 28 days will be provided for students in cohorts out of Auckland to attend Formal Learning weeks in Auckland.

H.5.2. Transport supplement

1. For return journeys between:
   - Auckland and Hamilton
   - Tauranga/ Rotorua and Hamilton a transport supplement of $30 each return trip will be provided.

   *Note that Cambridge and similar locations are considered to be part of Hamilton and transport and accommodation supplements do not apply.

2. For return journeys between:
   - Auckland and Whakatane
   - Auckland and New Plymouth/Hawera a transport supplement of $50 each return trip will be provided. The transport supplement will only apply for travel that is directed by the FMHS.

H.5.3. University policy for students travelling abroad

(not applicable for 2021)

All students must familiarise themselves with this policy. 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.

Completing a medical elective or Selective overseas carries different risk to recreational travel and therefore recreational travel insurance is unlikely to cover things incurred in a clinical work environment. Students doing international Selectives need to ensure that all risk needs are covered to the extent possible (even if they are doing elective in their home country, where they may have standard health cover). 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. 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 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). 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.
I. Student Advice and Support

I.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 is 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 provided 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 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.

I.2. Personal Wellbeing

Please check the Phase 2 Where to get HELP! section 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.

I.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 an existing 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 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 mini-CEX examiner is your own orthopaedic specialist
- Witnessing the surgery of a friend who has been admitted to the hospital

In any of these cases, please immediately let your supervisor 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 the 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 Phase Director to ensure that your professionalism is not put into question, as that could result in a Fitness to Practise report.

I.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! document to find out who to talk to; these conversations can be informal, confidential, or “on the record”, as you decide. 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 at all times.
I.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! Document to find out who to approach about this issue.

I.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
   Email: fmhssupport@auckland.ac.nz

I.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 2021 to January 2022.

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 (i.e. June 2021- June 2022). In this situation you will need to ensure that you meet with the relevant staff in the MPD 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 Student Support Advisor, Phase Director, or DMSA as early as possible so as to make a timely and informed decision.

I.7. Scholarships and Financial Support

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

In general, it is never wise to make social media posts about your patients, colleagues, or clinical experiences. While you may feel you have sufficiently anonymized your content, there are stiff penalties if you are found to have violated someone’s privacy. Patients and others can be very quick to search for their doctors’ online presence, and this may easily lead to uncomfortable situations for you. Please review your social media presence after considering recommended guidelines, such as those of the New Zealand Medical Association. The NZMSA in association with other Australasian partners developed a guide which is available on its website.

You are 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.
J. Learning Resources

J.1. The Philson Library – Te Herenga Hauora

J.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.

J.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-servicesregistration/

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

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

J.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

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Philson library staff can assist with specific referencing queries.

**Philson Library contacts**

<table>
<thead>
<tr>
<th>Intercampus delivery service</th>
<th><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></th>
</tr>
</thead>
<tbody>
<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>
<thead>
<tr>
<th>Physical address:</th>
<th>Philson Library, 85 Park Rd, Grafton, Auckland.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal address:</td>
<td>Private Bag 92019, Auckland.</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(09) 373 7599</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>

**Overseas Selective**

You must return all Philson library books before you go on holiday or on your Selective. Failure to do so may result in substantial overdue fines if the book is recalled during your absence. The library can tell you if you still have books out.

**J.1.4. District Health Board Libraries**

Details about the DHB libraries at each of the cohort sites are provided in the section related to that cohort.

**Library membership**

Students are welcome to become a member of some DHB libraries 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 some DHB libraries although each library may have different loan periods and there may be limits to the number of books able to be borrowed at any one time. All items must be returned when your attachment ends or if you are going away. Late fines may be imposed.

**Library Resources**

The library catalogue, databases, e-books, e-journals can be searched via each DHB Library Intranet homepage. Many DHB libraries enable student access to UpToDate. For all other databases use the UoA Library homepage.
K. Administrative Details

K.1. Enrolment and Fees

- To enrol you must login to your account through Student Services Online: [www.student.auckland.ac.nz](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. 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](http://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.
- 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.

K.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.
K.3. Scheduled Leave and Planned Holidays

- Your academic year includes four weeks holiday (except for Pūkawakawa which is three weeks), which are taken at different time periods. These periods are indicated on the timetable. There is a further break before the commencement of Phase 3 (Year 6).

- **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 your Phase 2 Director as the first approach and do so as far in advance as possible. Dr Bacal will then advise you and liaise with the various stakeholders on your behalf. These may include, but are not limited to, your Clinical Supervisor, Clinical Attachment Convenor, and Head of Clinical School (if outside Auckland).

- An appropriate email might read something like: "Kia ora Dr Bacal, I am a Year 5 student in the South Auckland cohort, Group B. Our family is celebrating my great-grandmother's 106th birthday in Invercargill on 20 April. (The Prime Minister has indicated she will attend.) To participate in the festivities, I would need the week of 18 April off, rather than doing the last week of my Psych run. I could make up the week during my scheduled holiday week of either 25 Apr or 2 May, whichever suits the team better."

- Unless specifically exempted by the Clinical Attachment Convenor and Phase Director, you will be required to make up any such leave, most likely during scheduled holidays.

- While the programme encourages students to present at professional conferences, an exemption to the leave policy must still be requested if the conference at which you have been invited to speak takes place outside your scheduled holidays. Students should limit their applications for leave outside scheduled holiday time to one conference per year, even if they have an opportunity to present at other meetings. Please note that the opportunity merely to attend a professional conference will not be as highly regarded as the chance to present original research at a conference. 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 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.

K.3.1. Study Half Day
In Year 5, each student is entitled to have one “study half day” per fortnight, except in Specialty Surgery. It is important to take account of the needs of each specific attachment, and you may therefore need to schedule a different day/time for each. Please discuss this with your clinical team so that they can account for it in your timetable. The Study Half Day is intended for completion of asynchronous learning material and self-directed learning. It also provides time for you to work on your PPS portfolio. This time is for learning and is not considered leave. This time cannot be accrued for any other purpose (e.g. to cover a period of absence for health reasons.)

K.3.2. Clinical Attachment 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.

K.4. Absences
If you are unable to attend an attachment or scheduled activity due to illness, you should notify the MPD immediately (mpd@auckland.ac.nz) as well as your clinical team and site coordinator. In the event that you are able to return to your studies within 1-2 days, please notify the MPD and your site coordinator of your return so we have an accurate record of your absence. A GP certificate is not necessary under these circumstances, but see exception below for mandatory attendance activities.

Being absent for a longer period than 1-2 days may impact your successful completion of the attachment or module. In this event, please advise Dr Bacal as soon as possible so that we may support you. This might be an absence of 3 days or more on a short (<4 week) attachment or 5 days or more on a longer (6 week) attachment. Should you miss more than 5 days, you must notify Dr Bacal of your absence, and it is highly likely that a GP certificate will be required to confirm it is safe for you to return and to identify any accommodations you may require.

If you are absent for any part of any mandatory attendance, e.g. Progress Tests/UIPC, PHI etc., then a GP certificate is required and Dr Bacal should be notified, irrespective of absence duration.
- Any absence must be reported immediately (i.e. as soon as you are aware you will be absent) to your Team/Clinical Supervisor and your local Clinical Campus/Site administrative staff (see FAQ section).

- You should not attend clinical placement if you have respiratory symptoms or a possible Covid exposure. Please follow the current DHB and MOH guidelines.

- If you or a dependent are unwell and you need to be absent, notify your campus/site coordinator and your clinical supervisor as soon as possible. You should indicate the first date of your absence due to illness and your expected date of return.

- If your illness will cause you to miss a significant portion of your attachment (absent for >2 days, i.e. 3 days or more) and are on a short attachment (eg < 4 weeks) you will be required to notify your campus/site coordinator, clinical supervisor, and the Phase Director as soon as possible to discuss your options.

- Any absence of more than one week (5 days or more) requires written notification to the Phase Director.

- 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 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 mandatory activities (such as Progress Tests, Population Health Intensive or Urgent and Immediate Patient Care Week). If you are unable to attend part or all of any of these days, you must notify the convenor, your campus/site coordinator, clinical supervisor, and the Phase Director as early as possible.

- If you do not attend, have not notified the attachment convenor (in advance or by the following day), or don’t have an ‘approved absence’ by the Phase Director, then this may become a fitness to practise 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.

- Health issues affecting academic performance or ability to complete the programme will be dealt with under the Fitness to Practise policy. Refer to the Fitness to Practise section of the Policy Guides.

K.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 Student E-mail Policy.

The policy specifically states:

1. Email is the official, 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:

- Ensure your Full Name, ID Number and UPI is included in your e-mail.
- 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.
- 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.

**K.6. Locators**

- Locators are available on some attachments, but are not routinely available on all attachments.
- Locators are always in short supply and must be handed in promptly at the end of your attachment.
- You are requested to handle locators carefully, as they are expensive to buy or repair. They are particularly prone to damage if dropped or if sat upon when carried in a hip pocket.
- It is essential that locators are handed in prior to departure for your Selective.

**K.7. 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-Nansen guide etc.) must be ordered through the FMHS online shop http://store.fmhs.auckland.ac.nz/

K.8. 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/.

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 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/ 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/ 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.
L. Evaluation and Feedback for MBChB Year 5

L.1. Why is student evaluation undertaken?

Students have an important role in maintaining the quality of the medical programme as well as contributing to the improvement of the programme. Formal and informal student feedback is therefore regularly sought from medical students for various areas/aspects of the programme.

L.2. The Medical Programme Evaluation and Feedback Process

Evaluation processes and feedback loops have been established to ensure that student feedback is reported at a programme and a faculty level. This process ensures a timely response to any identified issue. The student feedback and evaluation process is illustrated below:

A comprehensive evaluation of the Year 5 curriculum was last undertaken in 2019 with the greater proportion of students indicating that they were generally satisfied with the Year 5 programme and opportunities across all attachments and clinical settings. A summary of feedback and outcomes was presented to the relevant groups and boards in early 2020. The next comprehensive evaluation of the Y5 curriculum will be undertaken in 2023.
L.3. HOTSPOTS

HOTSPOTS is a joint initiative between the University of Auckland (UoA) Medical Programme Directorate and UoA medical students, with input from the Ministry of Health Taskforce for Professional Behaviours in Wellington, and the Chief Medical Officers national forum. It is a 6-monthly anonymous survey for students in Years 4-6. Its’ purpose is to enable students to provide information about their perceptions of bullying, harassment, discrimination and levels of respect and inclusion, identifying both areas of concern and areas of excellence during their recent clinical placements. Results are collated, any attachments which appear to be outliers are identified, and individualised reports are sent to Chief Medical Officers and Heads of Department. Senior members of the MPD associated with HOTSPOTS then follow-up to discuss any areas of concern (HOTSPOTS) and excellence (BRIGHTSPOTS) identified. If need be, action can be taken, enabling improvements to occur.

HOTSPOTS identify potential areas of concern (not individual people), in line with the evidence that bullying, discrimination and harassment is a complex issue often involving wider system factors. It also allows students to have a sense of safety in numbers, as data is only reported once an agreed invitation or response threshold is met. The HOTSPOTS ‘slogans’: “where not who”, and “safety in numbers”, serve as reminders of these core points. HOTSPOTS has been designed to be an additional reporting mechanism, not a replacement, for formal complaints processes.

L.4. Evaluation outcomes & changes made from previous feedback

The Medical Programme Directorate (MPD) is responsible for managing evaluation outcomes data and reporting on evaluation outcomes. The medical programme departments are proactive and responsive to student feedback as well as any new advances in medicine. This approach has resulted in continuous minor modification to the curriculum and have recently included the following:

<table>
<thead>
<tr>
<th>Sites</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay of Plenty</td>
<td>• Improvement to student accommodation, maintenance upgrades, etc.</td>
</tr>
<tr>
<td>Waitemata</td>
<td>• Lectures now largely shared across both sites via Zoom etc. More streamlined systems and shared IT to improve efficiency, including a new campus website</td>
</tr>
<tr>
<td></td>
<td>• New teaching room at Waitakere</td>
</tr>
<tr>
<td>Northland</td>
<td>• Student computers upgraded</td>
</tr>
<tr>
<td></td>
<td>• Addition of Zoom teaching sessions for Psych</td>
</tr>
<tr>
<td>Grafton</td>
<td>• New option for students to use CANVAS rather than hard copy to complete a required logbook</td>
</tr>
<tr>
<td>Attachments</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Waikato RR</td>
<td>• Recent inauguration of Waikato RR programme</td>
</tr>
</tbody>
</table>
| O&G                         | • Revised OSCE stations and curriculum map, along with ongoing evaluation of OSCE performance, especially following reduction in OSCE stations from 8 to 6  
• Runs in the greater Auckland region have been strengthened |
| Specialty Surgery           | • New ORL curriculum developed                                                   |
|                             | • ORL PT questions reviewed to ensure alignment with new curriculum               |
|                             | • New approach to reviewing student feedback by site                               |
| Paediatrics                 | • Updated distribution of students across teaching sites to align with DHB Children Population  
• Increased number of teaching teams at Starship from 3 to 4  
• Reduction in written reports from 3 to 2 (one community report and one case with Hauora Māori) |
| Psychological Medicine      | • Revisions to *MyPsychiatry*                                                      |
|                             | • Moving to standardise approach to CAT presentations/assessments across sites     |
|                             | • Development and use of exemplars to assist with case history marking             |
M. Forward Planning for Phase 3 (Year 6)

M.1. The Elective

Early in Year 5 students must begin to make plans for their elective quarter. Specific dates for each quarter will be posted on Canvas at the beginning of Year 5.

For more information on the Elective process see the Elective Handbook.

If you are undertaking your Elective placement during the first quarter in Year 6, you may be allowed to start your eight-week placement before the 1st quarter date officially begins (i.e. in Nov/Dec).

If you arrange to do this and it is confirmed by the Chair of the Elective Committee, Dr Andrew MacCormick (Andrew.Maccormick@middlemore.co.nz), you cannot claim the Medical Intern Special Supplementary Grant early, on the grounds that you are studying over the summer. The grant is linked to the financial (calendar) year, which means the stipend cannot be paid before the 1st of January and is then calculated over Year 6 (44 weeks).

Please ensure you are clear about this and arrange your finances accordingly – there are no exceptions. Also note that you cannot claim student allowances prior to the start day of January in any year.

M.2. Year 6 Research

As alternatives to the Elective in Year 6, you may want to consider doing either a Research Elective or a 10-week Research Project. Refer to the Year 6 Guidebook on the Portal for details. If you want to find out more about these options please contact either Professor Cris Print c.print@auckland.ac.nz or Professor Chris Bullen c.bullen@auckland.ac.nz
Appendix 1: Guidelines for Preparing Case Reports

Purpose 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 ongoing 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 ongoing learning, and/or summative, i.e. contributing to your grade.

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 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 Academic & programme-related policies).
- There is no information that identifies specific patients in any case report (other than in the hospital record). Do not record the NHI.
- Case reports are legible.
- Case reports are dated, signed and named (with status). E.g. Harriet Potter, Year 5.
- Patients have been personally interviewed by you. Plagiarism of case reports or fabrication of data 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 to plagiarise assignments and case reports. When you submit a case report for assessment, you are required to complete a signed cover 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 are extended over each year of your study in the clinical environment. This builds on the basic skills learned in Year 4 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.

<table>
<thead>
<tr>
<th>Years 4, 5 and 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>• History</td>
</tr>
<tr>
<td>• General and basic examinations</td>
</tr>
<tr>
<td>• Specialised system examinations – a wider range each year</td>
</tr>
<tr>
<td>• Summary</td>
</tr>
<tr>
<td>• Problem list</td>
</tr>
<tr>
<td>• Differential diagnosis</td>
</tr>
<tr>
<td>• Management plan</td>
</tr>
<tr>
<td>• Discussion</td>
</tr>
</tbody>
</table>

### Standards for Case Reports

<table>
<thead>
<tr>
<th>Year 4</th>
<th>Year 5</th>
<th>Year 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets all general standards</td>
<td>Meets all general standards</td>
<td>Meets all general standards</td>
</tr>
<tr>
<td>Sections complete and appropriate for case</td>
<td>History and clinical examination recorded clearly and concisely</td>
<td>History and clinical examination recorded clearly and concisely</td>
</tr>
<tr>
<td>Main problem(s) identified, and short differential diagnosis proposed</td>
<td>Problem list and differential diagnosis are accurate and comprehensive</td>
<td>Problem list and differential diagnosis are accurate and comprehensive</td>
</tr>
<tr>
<td>Basic management plan outlined</td>
<td>Detailed, appropriate management plan developed, with clinical reasoning</td>
<td>Detailed, appropriate management plan developed, with clinical reasoning</td>
</tr>
</tbody>
</table>
Short discussion (1-2 pp) on aspect of case: may be pathophysiological, diagnostic, therapeutic or professional in nature, and it must relate back to the case and assist your learning

Discussion shows understanding of important clinical, ethical, professional or cultural issue(s)

Discussion shows understanding of important clinical, ethical, professional or cultural issue(s)

Clinical consultation and case report (excl. discussion) are completed in a timely fashion (≤ 1 hour for medical admission)

Case report identifies all important aspects of case and its management, including psychosocial and preventative aspects

Reference all sources

A brief list of references is provided

A detailed referenced discussion is submitted when requested

**Grading case reports**

For each clinical attachment, departments and coordinators should provide an indication of the weighting given to individual case reports and any specific standards or formats required. You will find that most departments will use 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 5. Meets all general standards (accurate, referenced, legible, dated and named), complete in all areas, detailed management plan developed and discussion shows understanding of important clinical issues (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>N/A</td>
<td>Not assessed this attachment.</td>
</tr>
</tbody>
</table>
Appendix 2: Selective Learning Agreement
Selective Learning Agreement

Purpose of the Selective

The Selective experience provides a professional environment in which you may seek a workplace opportunity to:

- Develop increased competence and confidence in a medical discipline that you require more exposure in;
- Develop in-depth knowledge in a medical discipline and apply it to more complex clinical situations,
- Develop appropriate research skills and methods by constructively participating in an ongoing research project;
- Develop knowledge and skills in areas not covered in depth (eg unorthodox medicine) in the undergraduate curriculum;
- Overcome remedial deficiencies in clinical performance, as directed by the Board of Examiners.

Roles and Responsibilities

While the supervisor is responsible for ensuring the opportunity of experience is available, it is up to the individual student to gain the required experience and make the most of the opportunities made available by the supervisor.

<table>
<thead>
<tr>
<th>The Student is responsible for:</th>
<th>The Supervisor is responsible for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Securing a suitable Supervisor (by application process if at DHB or individually if non-DHB)</td>
<td>• Acting as a guide, coach and role model for the Student</td>
</tr>
<tr>
<td>• Negotiating the learning outcomes for this experience</td>
<td>• Meeting regularly with the Student to review experience gained and guide learning</td>
</tr>
<tr>
<td>• Submitting the completed Learning Agreement via Canvas by Thursday midnight of week 1</td>
<td>• Helping to transfer information to a new Supervisor if required</td>
</tr>
<tr>
<td>• Completing the Selective period and ensuring that he/she meets with the Supervisor to review experience gained</td>
<td>• Completing the Supervisor Report within 1 week of the completed attachment; highlighting concerns or excellence</td>
</tr>
<tr>
<td>• Writing the report of the Selective and submitting via Canvas by Thursday midnight after selective end</td>
<td>• Sending the Supervisor Report to the University or delegating to the student</td>
</tr>
</tbody>
</table>

Please note: illegible documents will be returned. Feel free to type.
Selective Learning Agreement

Student: [Student ID: ___]

Student email + phone:

Supervisor and location:

Selective dates and cycle:

Selective speciality/ focus:

Selective dates and cycle:

OVERALL GOAL: What is the overall aim for your selective?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

OBJECTIVES: List 3 or more key learning objectives to focus on. Consider the MBChB Learning Outcomes (listed on page 4) and be specific and realistic e.g. gain confidence in acute assessment, learn research skills esp. data collection and analysis.

1. ___________________________________________________________________

2. ___________________________________________________________________

3. ___________________________________________________________________

SUCCESS CRITERIA: How will you know if you have achieved your objectives? Identify 3+ outputs/ standards to be met e.g. completion of 2 mini-CEX, logbook with reflections, completion of paper, independent examination without major omissions.

1. ___________________________________________________________________

2. ___________________________________________________________________

3. ___________________________________________________________________
Supervisor’s Responsibilities

I agree to provide the following support for the student to assist their learning during the Selective period.

- Meet student at beginning of Selective
- Outline timetable and learning opportunities
- Meet student regularly to check progress
- Review and mark written work e.g. Cases, project (if done)
- Meet student at end of Selective
- Complete supervisor report at the end of the Selective and return to the Selective Co-ordinator at mpd@auckland.ac.nz

Notes for Supervisor: Any unexplained absence, untoward or unprofessional behaviour or any issue of concern should be reported to the University of Auckland at mpd@auckland.ac.nz

Students should be advised of any issues in a timely manner in order to give them the opportunity to address these issues.

Student signature:.................................................................Date:.........................

Supervisor signature:..........................................................Date:.........................

NB: Keep the original Selective Learning Agreement for your reference and upload the completed and signed to CANVAS by 4pm on the Thursday of the first week of your Selective:

* ALL documents should be returned by students via Canvas
Any issues? Email mpd@auckland.ac.nz

SLA approved by Dr Laura Chapman
Selective Co-ordinator
l.chapman@auckland.ac.nz

Date.......................
MBChB Graduate Learning Outcomes

Domain 1: Applied Science for Medicine
Graduates will, with a broad scientific body of knowledge encompassing biological, behavioural and social sciences:
1. 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;
2. Apply the scientific body of knowledge appropriately to common and important clinical problems and to the management of patients;
3. Apply scientific principles, research methodologies and evidence to improve practice and the health of individuals and communities.

Domain 2: 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:
4. 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.
5. Communicate sensitively and effectively with patients, their families and colleagues using a process of shared decision-making where appropriate;
6. Access, evaluate and use new knowledge and information sources to support clinical decision-making.

Domain 3: Personal and Professional Skills
Graduates will:
7. Practise ethically and with regard to medicolegal obligations;
8. Practise self-reflection in personal and professional settings;
9. Explain the influence of own culture and that of the health system on patient and population health outcomes;
10. Apply a range of approaches to maintain psychological, physical and overall wellbeing to themselves and others;
11. Demonstrate the capacity for independent critical thought, rational inquiry and self-directed learning;
12. Use appropriate teaching and learning strategies to educate themselves, peers, other health care professionals and the community;
13. 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;
14. Make appropriate decisions in situations of incomplete knowledge, complexity/ambiguity, or resource constraint.

Domain 4: Hauora Māori
Graduates will, with a critical understanding of the social, cultural, political, economic and environmental determinants impacting on Māori health:
15. Engage in a culturally safe manner with Māori individuals, whānau and communities;
16. Identify approaches to reducing and eliminating health inequities including actively challenging racism;
17. Engage in a process of reflection on own practice, as it relates to obligations under the Treaty of Waitangi.

Domain 5: Population Health
To guide practice and to improve health care in New Zealand, graduates will:
18. Identify feasible strategies to improve health that incorporate the broader determinants of health at community and population level;
19. Identify major threats to health and critique trends in health care delivery in New Zealand and internationally;
20. Apply the principles of health promotion, population screening and disease management involving individuals and populations to a range of health care settings.