Dear Student

Re: Compulsory Declaration – Year 6

You are required to confirm that you have read your Guidebook and the Policy Guides by completing your Phase 3 (Year 6) Compulsory Declaration by 2 February 2021. This is to be completed online. An individual link will be sent to your university email address. The wording of the declaration is provided below for your information.

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

Medical Programme Directorate
Medical Programme Directorate

Compulsory Declaration – Year 6

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 3 (Year 6) Guidebook, and have read and understood the information therein with particular reference to:
  - Requirements and Responsibilities on Clinical attachments (Section E)
  - Assessment and Phase 3 Policies (Year 6) (Section F)
  - Scheduled Leave, Planned Holidays, and Absences (Sections I.4 and I.5)

☐ 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, psychological or addictive (drug or alcohol) conditions and physical impairment due to injury, disease, or degeneration.*

   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 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 in my final year in the programme, of any unresolved issues (that require ongoing monitoring or support) relating to the health, competence or conduct of a graduating medical student.

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

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

Welcome to the final year of the medical programme. This guidebook contains the information you need to help you navigate the year and should be your first point of reference for queries.

Although challenging at times, Year 6 is generally both rewarding and enjoyable. In Year 6, you are an important part of the healthcare team and make a valuable contribution to patient care and other services provided by District Health Boards and General Practices, in hospitals and in the community.

In contrast to previous phases, you will find that there is significantly less formal teaching in Year 6. Learning is mostly experiential, and the focus of the year is on your preparation to join the workforce. This is the year in which you will make the transition from medical student to junior doctor. Your focus should be on developing clinical assessment and decision-making skills. There is no substitute for seeing as many patients as you are able, in the ward and in other clinical settings. You should continue to read around cases, to revise the underlying science of medicine and reinforce the knowledge you have gained. You should consolidate your learning and take questions to more experienced colleagues. Your clinical supervisors are there to support you and to help develop your skills and understanding.

Students who have been identified as having academic or other concerns from Phase 2, or who encounter difficulties during the year, will be invited to meet me to ensure that they receive any necessary support. Any student is welcome to contact me. Appointments can be made through the Medical Programme Directorate or by contacting me directly, by email.

Because of the class size and the complexity of the timetable, there is generally very little room to accommodate requests for changes to clinical attachments or leave outside of scheduled holiday times. Where there are compelling reasons, such as bereavement, health or family concerns, or if you have been asked to present a paper at an academic meeting, every effort will be made to accommodate changes. All such requests must be made to the Phase Director, who will liaise with the Department concerned. In an emergency, it may be most appropriate to immediately notify your clinical supervisor and the Clinical Campus Manager or Site Administrator at your cohort site, who will inform the Phase Director. In most other circumstances, changes are unlikely to be approved.

General Practice experience in Year 6 is in rural settings and you should expect to be away from your usual accommodation. If you have special circumstances, which would make this unreasonably difficult, such as caring for small children or other dependents, or major health concerns, please put requests to remain within driving distance of your accommodation to me, as Phase Director, as early in the year as possible and a minimum of six weeks before the placement.
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 final year medical students in the workplace. As a result of these negotiations, Year 6 students in 2020 were classified as Essential Workers and were able to continue in clinical placements, with some altered experiences and minor disruptions. We anticipate that if there is significant community transmission of this coronavirus in 2021, final year medical students will continued to be classified as Essential Workers and will remain on clinical placements.

While we hope that 2021 will be less affected by Covid, due to the likely continuing presence of this coronavirus, there are 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.

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.

Congratulations on your achievements thus far, I hope that you will find the year stimulating and enjoyable.

Dr Briar Peat
Phase 3 Director
C.5.5. General Medicine ............................................................................................................................... 48
C.5.6. General Practice .................................................................................................................................... 51
C.5.7. General Surgery ....................................................................................................................................... 57
C.5.8. Obstetrics and Gynaecology .................................................................................................................. 58
C.5.9. Paediatrics ............................................................................................................................................... 61
C.5.10. Psychiatry .............................................................................................................................................. 63

D. Cohort Details ................................................................................................................................................. 66

D.1. Auckland Clinical Campus .......................................................................................................................... 66
D.1.1. General Information .................................................................................................................................. 66
D.1.2. Clinical Campus Staff .............................................................................................................................. 66
D.1.3. Reporting times for Auckland .................................................................................................................. 66
D.1.4. Access Cards ........................................................................................................................................... 67
D.1.5. Teal Theatre Scrubs ................................................................................................................................... 68
D.1.6. Access to electronic patient records ....................................................................................................... 69
D.1.7. Library access for students based in Auckland ......................................................................................... 69
D.1.8. Student carparking .................................................................................................................................. 69
D.1.9. Pastoral care ............................................................................................................................................ 69

D.2. South Auckland Clinical Campus ............................................................................................................... 70
D.2.1. General Information .................................................................................................................................. 70
D.2.2. Clinical Campus Staff .................................................................................................................................. 70
D.2.3. Addresses .................................................................................................................................................. 71
D.2.4. Attachment reporting details ................................................................................................................... 71
D.2.5. Communication ......................................................................................................................................... 71
D.2.6. Conduct .................................................................................................................................................... 71
D.2.7. DHB Security Access Cards .................................................................................................................... 71
D.2.8. Passwords for electronic patient records ................................................................................................. 72
D.2.9. Pastoral care ............................................................................................................................................ 73
D.2.10. Library access for students based in South Auckland ............................................................................. 73
D.2.11. Transportation information .................................................................................................................... 74
D.3. Waitemata Clinical Campus ................................................................. 75
  D.3.1. General Information ..................................................................... 75
  D.3.2. Clinical Campus Staff. ................................................................. 75
  D.3.3. Addresses .................................................................................. 76
  D.3.4. Orientation and Attachment reporting details ......................... 76
  D.3.5. Infection control ........................................................................ 76
  D.3.6. Hospital security access cards ................................................... 76
  D.3.7. Passwords for electronic patient records ................................. 77
  D.3.8. Communication ......................................................................... 78
  D.3.9. Library access for students based at Waitemata ....................... 78
  D.3.10. Transportation Information ..................................................... 79

D.4. Bay of Plenty Clinical Campus ..................................................... 80
  D.4.1. General Information ................................................................... 80
  D.4.2. Clinical Campus Staff ................................................................. 81
  D.4.3. Commencement of attachments ............................................... 81
  D.4.4. Attachment Details .................................................................... 81
  D.4.5. Health and safety ...................................................................... 85
  D.4.6. Teaching and learning ................................................................. 86
  D.4.7. Library services for students based in Tauranga ....................... 86
  D.4.8. Regional Māori Health Services ............................................... 86
  D.4.9. Regional Māori Health Services Te Matakite Vision .................. 87

D.5. Northland Clinical Campus ......................................................... 89
  D.5.1. General Information ................................................................. 89
  D.5.2. Clinical Campus Staff ............................................................... 89
  D.5.3. Reporting details ...................................................................... 90
  D.5.4. Whangarei Hospital Security Swipe Cards ............................... 90
  D.5.5. Access to electronic patient records ....................................... 90
  D.5.6. Library services for students based in Northland .................... 91
  D.5.7. Student carparking ................................................................. 92
D.8.9. Library services for students based at Waikato

E. Requirements and Responsibilities on Clinical Attachments

E.1. Overarching Rules

E.2. Behaviour in the Wards and General Practices

E.3. Workload and attendance expectations

E.4. Specific Requirements and Responsibilities

E.4.1. Access to wards and patients

E.4.2. Case notes

E.4.3. Involvement in acute admitting and out of hours duties

E.4.4. Surgical procedures

E.4.5. Student use of patient information

E.4.6. General physical examination

E.4.7. Obtaining consent

E.4.8. Allergies

E.4.9. Carrying infection

E.5. Signing and Responsibilities

E.5.1. Certificates

E.5.2. Prescribing

E.5.3. Administration of drugs

E.5.4. Intravenous medications and charting

E.5.5. Procedures and Requests for investigations

E.5.6. Discharge letters, e-Referrals

E.6. Immunisations and Infectious Diseases

E.7. Blood and Body Fluids Accidents

E.7.1. In DHB Hospitals

E.7.2. In General Practice

E.8. Responsibilities to DHBs and General Practitioners

E.9. Acting as a House Officer
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 on Level 2, Building 507, 22-30 Park Avenue, Grafton

A.1.1. Key University Contacts

<table>
<thead>
<tr>
<th>Role</th>
<th>Person</th>
<th>Phone &amp; email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 3 Director</td>
<td>Dr Briar Peat</td>
<td>027 205 5012&lt;br&gt;<a href="mailto:briar.peat@middlemore.co.nz">briar.peat@middlemore.co.nz</a></td>
</tr>
<tr>
<td>Head of the Medical Programme</td>
<td>Assoc Prof Andy Wearn</td>
<td>(09) 923 8953&lt;br&gt;<a href="mailto:a.wearn@auckland.ac.nz">a.wearn@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Directors of Medical Student Affairs</td>
<td>Dr Emme Chacko, Dr Ben Ling</td>
<td><a href="mailto:director.medstudentaffairs@auckland.ac.nz">director.medstudentaffairs@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Acting Director of Assessment</td>
<td>Dr Aritra Ray</td>
<td><a href="mailto:aritra.ray@auckland.ac.nz">aritra.ray@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Group Services Manager MPD</td>
<td>Shika Sharan</td>
<td><a href="mailto:y.sharan@auckland.ac.nz">y.sharan@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Practicum Placement Coordinator</td>
<td>Teresa Timo</td>
<td>(09) 923 6745&lt;br&gt;<a href="mailto:mpd@auckland.ac.nz">mpd@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Academic Systems Coordinator</td>
<td>Viveca Dourado</td>
<td>(09) 923 8527&lt;br&gt;<a href="mailto:mpd@auckland.ac.nz">mpd@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Information Systems Coordinator</td>
<td>Thiviya Sritharan</td>
<td>(09) 923 1837&lt;br&gt;<a href="mailto:mpd@auckland.ac.nz">mpd@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Student Support Advisor for Domestic and</td>
<td>Daniel Heke</td>
<td>(09) 923 7071&lt;br&gt;027 801 3726 (office hours only)&lt;br&gt;<a href="mailto:fmhssupport@auckland.ac.nz">fmhssupport@auckland.ac.nz</a></td>
</tr>
<tr>
<td>International students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Health &amp; Counselling</td>
<td></td>
<td>(09) 923 7681&lt;br&gt;<a href="mailto:uhsinfo@auckland.ac.nz">uhsinfo@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Student Academic Services &amp; Engagement</td>
<td>Mel Cross</td>
<td>(09) 923 6516&lt;br&gt;<a href="mailto:mel.cross@auckland.ac.nz">mel.cross@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAPAS</td>
<td>Akanesi Moala</td>
<td><a href="mailto:a.moala@auckland.ac.nz">a.moala@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>
### A.1.2. Site Academic Coordinators

<table>
<thead>
<tr>
<th>Campus/ Site</th>
<th>Person</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland</td>
<td>Dr Neil Price</td>
<td><a href="mailto:nprice@adhb.govt.nz">nprice@adhb.govt.nz</a></td>
</tr>
<tr>
<td>Northland</td>
<td>Dr Win Bennett</td>
<td><a href="mailto:w.bennett@auckland.ac.nz">w.bennett@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Rotorua</td>
<td>Dr Stephen Bradley</td>
<td><a href="mailto:Stephen.Bradley@lakesdhb.govt.nz">Stephen.Bradley@lakesdhb.govt.nz</a></td>
</tr>
<tr>
<td>South Auckland</td>
<td>Prof Andrew Hill</td>
<td><a href="mailto:a.hill@auckland.ac.nz">a.hill@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Taranaki</td>
<td>Dr John Doran</td>
<td><a href="mailto:John.Doran@tdhb.org.nz">John.Doran@tdhb.org.nz</a></td>
</tr>
<tr>
<td>Bay of Plenty</td>
<td>Prof Peter Gilling</td>
<td><a href="mailto:peter.gilling@bopdhb.govt.nz">peter.gilling@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Waikato</td>
<td>Assoc Prof Michael Jameson</td>
<td><a href="mailto:michael.jameson@waikatodhb.health.nz">michael.jameson@waikatodhb.health.nz</a></td>
</tr>
<tr>
<td>Waitemata</td>
<td>Assistant Dean Professor Martin Connolly</td>
<td><a href="mailto:Martin.connolly@waitematadhb.govt.nz">Martin.connolly@waitematadhb.govt.nz</a></td>
</tr>
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</table>
# A.1.3. Site Administrative Staff

<table>
<thead>
<tr>
<th>Site Contacts</th>
<th>Auckland Clinical Campus</th>
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<tbody>
<tr>
<td>Group Services Manager</td>
<td>Natasha Tinkler</td>
</tr>
<tr>
<td></td>
<td>(09) 923 1534</td>
</tr>
<tr>
<td></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>
</tr>
<tr>
<td></td>
<td>(09) 923 6391</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:f.godet@auckland.ac.nz">f.godet@auckland.ac.nz</a></td>
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<tr>
<th>South Auckland Clinical Campus</th>
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<tr>
<td>Group Services Manager</td>
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<tr>
<td>SACC Site Coordinators (Student Administration)</td>
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<th>Waikato Clinical Campus</th>
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<tr>
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<tr>
<td>Medical Student Coordinator</td>
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<tr>
<td>Site Team Leader</td>
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<tr>
<td>Site Coordinator</td>
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<tr>
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<tr>
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<tr>
<td>Student Placement Coordinator</td>
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<th>Taranaki Clinical Campus</th>
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<tr>
<td>Site Coordinator</td>
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## A.1.4. Practicum Placement Coordinators

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Person and Location</th>
<th>Phone and Email</th>
</tr>
</thead>
</table>
| Clinical Imaging and PSA          | Kathryn Siow  
Level 1, Building 505,  
85 Park Avenue,  
Grafton          | (09) 923 6370  
k.siow@auckland.ac.nz                          |
| Elective                          | Claudia Makgill  
Level 3, Building 532,  
93 Grafton Road,  
Grafton          | (09) 923 4243  
claudia.makgill@auckland.ac.nz                    |
| Emergency Medicine and General Surgery | Christine Ganly  
Level 3, Building 507  
22-30 Park Avenue,  
Grafton          | (09) 923 2861  
c.ganly@auckland.ac.nz                             |
| General Medicine                  | Maggie Naidoo  
Level 3, Building 507,  
22-30 Park Avenue,  
Grafton          | (09) 923 9801  
m.naidoo@auckland.ac.nz                           |
| General Practice                  | Litea Tubu  
Level 3, Building 507,  
22-30 Park Avenue,  
Grafton          | (09) 923 6406  
l.tubu@auckland.ac.nz                             |
| Obstetrics & Gynaecology          | Michelle Carvalho  
Level 3, Building 507,  
22-30 Park Avenue,  
Grafton          | (09) 923 9822  
m.carvalho@auckland.ac.nz                        |
| Paediatrics                       | Shelly D’Silva  
Level 3, Building 507,  
22-30 Park Avenue,  
Grafton          | (09) 923 6243  
s.dsilva@auckland.ac.nz                           |
| Psychiatry                        | Saira Khan  
Level 3, Building 507,  
22-30 Park Avenue,  
Grafton          | (09) 923 6751  
s.khan@auckland.ac.nz                             |
## A.1.5. Academic Leads

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Coordinators</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort Option (NA for 2021)</td>
<td>Dr Michelle Locke</td>
<td><a href="mailto:michelle.locke@middlemore.co.nz">michelle.locke@middlemore.co.nz</a></td>
</tr>
<tr>
<td>Elective</td>
<td>Mr Andrew MacCormick</td>
<td><a href="mailto:andrew.maccormick@middlemore.co.nz">andrew.maccormick@middlemore.co.nz</a></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Dr Christopher Lash</td>
<td><a href="mailto:christopher.lash@middlemore.co.nz">christopher.lash@middlemore.co.nz</a></td>
</tr>
<tr>
<td>General Medicine</td>
<td>Assoc Prof Nigel Lever</td>
<td><a href="mailto:nlever@adhb.govt.nz">nlever@adhb.govt.nz</a></td>
</tr>
<tr>
<td>General Practice</td>
<td>Dr Kyle Eggleton</td>
<td><a href="mailto:k.eggleton@auckland.ac.nz">k.eggleton@auckland.ac.nz</a></td>
</tr>
<tr>
<td>General Surgery</td>
<td>Mr Michael Puttick</td>
<td><a href="mailto:MPuttick@adhb.govt.nz">MPuttick@adhb.govt.nz</a></td>
</tr>
<tr>
<td>Clinical Imaging</td>
<td>Assoc Prof Miriam Scadeng</td>
<td><a href="mailto:m.scadeng@auckland.ac.nz">m.scadeng@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Dr Michelle Wise</td>
<td><a href="mailto:m.wise@auckland.ac.nz">m.wise@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Prof Cameron Grant</td>
<td><a href="mailto:cc.grant@auckland.ac.nz">cc.grant@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Dr Nicholas Hoeh</td>
<td><a href="mailto:n.hoeh@auckland.ac.nz">n.hoeh@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Research Project or Research Elective</td>
<td>Prof Cristin Print</td>
<td><a href="mailto:c.print@auckland.ac.nz">c.print@auckland.ac.nz</a></td>
</tr>
<tr>
<td></td>
<td>Prof Chris Bullen</td>
<td><a href="mailto:c.bullen@auckland.ac.nz">c.bullen@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>

## Assessment Convenors

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Coordinators</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPS</td>
<td>Dr Jill Yelder</td>
<td><a href="mailto:j.yelder@auckland.ac.nz">j.yelder@auckland.ac.nz</a></td>
</tr>
<tr>
<td></td>
<td>Dr Vicki Jones</td>
<td><a href="mailto:vicki.jones@auckland.ac.nz">vicki.jones@auckland.ac.nz</a></td>
</tr>
<tr>
<td>PSA</td>
<td>Dr Catherine Han</td>
<td><a href="mailto:c.han@auckland.ac.nz">c.han@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>
### A.1.6. Who to contact for advice

The following table gives a summary outline of who to go to if help or advice is needed. Additional information can also be found in the **where to get HELP!** documents 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>Phase 3 Director</td>
<td>Any academic or professional matter in relation to Phase 3 <strong>Any request for leave</strong> including extended absence, change in allocation or variation to current policy.</td>
</tr>
<tr>
<td>Attachment Coordinator</td>
<td>Most routine, academic and organisational matters relating to the attachment.</td>
</tr>
</tbody>
</table>
| Directors of Medical Student Affairs        | Concerns regarding Fitness to Practice  
Concerns about signing the Compulsory Declaration  
Plans to defer or request leave from the programme |
| Elective Coordinator                        | Academic policy matters relating to the Elective.                                     |
| FMHS Student Centre                         | General support and advice on health, financial and welfare matters, training grant administration Medical Qualifying Ceremony and Graduation |
| Head of the Medical Programme               | Issues requiring the approval of the Dean.                                             |
| MAPAS Student Support Advisor               | Student Support Advisor for MAPAS students. First point of contact for any enquiries from MAPAS students. |
| MPD Practicum Placement Coordinator        | Administration of student choices  
Coordination of student allocations to hospitals  
Ordering standard letters                      |
| Site Coordinator                            | Administrative or organisational aspects specific to the site cohort.                 |
| Student Support Advisor                     | General support for Domestic and International students (non- MAPAS).                |
| UoA Student Counselling                     | Personal Counselling (for Auckland-based students) – for appointment, phone (09) 923 7681 (or the Student Support Advisor can assist if urgent) or make a request online. For students based outside of Auckland, please refer to the “Where to Get Help” section on the [MBChB portal](#). |
A.2. Summary Outline of Year 6

<table>
<thead>
<tr>
<th>Date (2021)</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday 11(^{th}) January</td>
<td>First day of Year 6 attachments</td>
</tr>
<tr>
<td>Friday 16(^{th}) April</td>
<td>Progress Test 1 (PT25)</td>
</tr>
<tr>
<td>Friday 16(^{th}) July</td>
<td>Progress Test 2 (PT26)</td>
</tr>
<tr>
<td>Wednesday 28(^{th}) July</td>
<td>Prescribing Skills Resit* (*Oral examination to be held in October if required)</td>
</tr>
<tr>
<td>Tuesday 26(^{th}) October</td>
<td>Progress Test 3 (PT27)</td>
</tr>
<tr>
<td>Monday 6(^{th}) September</td>
<td>PPS PDP Submission</td>
</tr>
<tr>
<td>Friday 5(^{th}) November</td>
<td>Last day of Year 6 attachments</td>
</tr>
<tr>
<td>Friday 19(^{th}) November (TBC)</td>
<td>Board of Examiners</td>
</tr>
<tr>
<td>TBC</td>
<td>Graduation</td>
</tr>
</tbody>
</table>

A.3. Accessing information for the medical programme

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

- 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/)

There are links from the front page of the portal to the Clinical Scenarios and other resources and information relevant to the Medical Programme, including the [Policy Guides](http://mbchb.auckland.ac.nz/).

A.4. Allocation of students to hospitals/ teams

Once final allocations have been determined and confirmed by the Phase 3 Director, no student is able to swap attachments, rotations or teams, except in exceptional circumstances. Any student wishing to transfer must make a written, formal request to the Phase 3 Director who will consider the request in consultation with the departmental Phase 3 coordinator.

A.5. Registration requirement

Under the Health Practitioners Competence Assurance Act 2003, the New Zealand Medical Council has no jurisdiction over medical students.

Nevertheless, the conduct and health of students prior to graduation may have a significant bearing on future eligibility for registration as a medical practitioner. Please refer to the Medical Programme [Policy Guides](http://mbchb.auckland.ac.nz/) for more detail.
### B. Student Frequently Asked Questions (FAQs)

<table>
<thead>
<tr>
<th>Student Questions Absences and Leave</th>
<th>Response</th>
</tr>
</thead>
</table>
| Under what circumstances do I need to apply for leave? | - You need to apply for leave in advance whenever you want or need to miss 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. |
| How do I apply for leave for a scheduled event (one with more than 24 hour notice, e.g. conference, family reunion, wedding, etc.)? | - See [section I.4](#). 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 3 Director explaining the situation and your request in appropriate detail; include your full name, ID number, UPI, cohort, group, reason for the request. The Phase Director 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 then 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, birth of a child, etc.)? | - See [section I.5](#). You should immediately contact your supervisor and site coordinator to request the leave.  
  - You should then advise other relevant individuals (Clinical Attachment Convenor, MPD, Phase 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, family emergency)? | - Notify your supervisor and associated department and/or site coordinator as soon as possible of your illness or emergency 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 the MPD, mpd@auckland.ac.nz, 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 I.5) 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 campus/site and department. |
| How much leave can I have during the year without having to make up extra time? | • In general, up to three days excused leave during an attachment, or a total of seven days excused leave during the year is permissible. The final decision rests with the Phase 3 Director and the Head of the Medical Programme. |

### 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 your local Academic Coordinator, or the Phase 3 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 the Guidebook.  
• If you are unable to locate the needed information here, contact the attachment administrator or convenor at your clinical site, the departmental administrator or convenor, or Teresa Timo. |
| Can I apply for a travel grant if I have to travel away from my cohort site? | • No, Year 6 students receive a training grant and are not eligible to receive travel and accommodation grants. |
| 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 3 Director, if you believe your situation falls into this category.  
• If your need is based on a non-academic concern, you should also contact a Student Support Advisor. |
| What do I do if I think I am being treated unfairly by a | • In the first instance, you should speak with your local convenor for that attachment. |
clinical supervisor or member of my team?

- If you prefer, you may speak to the Phase 3 Director, or your Student Support Advisor.
- It is always a good idea to address such issues proactively, rather than wait until the end of the attachment when it may be too late to address matters.

What happens if I have an FtP (Fitness to Practise) form filed against me?

- See the [Fitness to Practise](#) policy.
- An FtP may be filed for health concerns, a lack of professionalism, or a number of other issues which are felt to reflect upon your fitness to practise as a medical professional.
- The Phase 3 Director will discuss non-critical incidents with you and, barring further issues, the information is likely to be expunged from your record upon graduation.
- Please note that if you accumulate three non-critical incidents, you will be called before the Fitness to Practise Committee.
- Critical or extraordinary incidents (such as those dealing with the safety of yourself or patients) may result in your immediate suspension from clinical attachments and summoning before the Fitness to Practise Committee.

### Academic Assistance

<p>| Who do I contact if I am having academic problems? | If your concerns are specific to an individual attachment, you can seek feedback or guidance from your clinical supervisor or the attachment convenor. |
| Who do I contact if I need help with my English language skills? | English Language Support is available from <a href="#">English Language Enrichment</a>. |
| Who do I contact if I need help with my clinical presentation skills? | Your first approach should be to your clinical supervisor or another member of your clinical team and request assistance. |
| Who do I contact if I need help with my history taking and physical examination skills? | Your first approach should be to your clinical supervisor or another member of your clinical team and request assistance. |</p>
<table>
<thead>
<tr>
<th><strong>Phase 3 (Year 6) Guidebook</strong></th>
<th><strong>Progress Tests</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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...)</strong></td>
<td>• First discuss your performance and concerns with your supervisor. If, despite this, your concerns remain, approach the attachment convenor and/or the Phase 3 Director. • Do not put off addressing this matter – it is easier to fix things during an attachment, rather than afterwards.</td>
</tr>
<tr>
<td><strong>Who do I contact if I need help with my test-taking skills (e.g. concerns about progress test performance)?</strong></td>
<td>• University Student Learning Services • The Phase 3 Director or Student Support Advisor can also provide advice and suggestions.</td>
</tr>
<tr>
<td><strong>Who do I contact if I need help with my time management skills?</strong></td>
<td>• University Student Learning Services or Student Support Advisor can help.</td>
</tr>
<tr>
<td><strong>Progress Tests</strong></td>
<td><strong>Wellness Issues</strong></td>
</tr>
<tr>
<td>Are progress tests compulsory?</td>
<td>• For 2021, Year 6 students are expected to sit <strong>ALL</strong> three progress tests.</td>
</tr>
<tr>
<td>How are grades in progress tests in Year 6 determined?</td>
<td>• In Year 6, progress test grades are standards based and are reported as Excellent, Pass and Fail.</td>
</tr>
<tr>
<td>What happens if I fail a progress test?</td>
<td>• Refer to section F.5.1 for details. The result of no one test is considered in isolation. Refer also to the Academic Assistance questions above.</td>
</tr>
<tr>
<td><strong>Wellness Issues</strong></td>
<td><strong>Who do I contact if I am worried about a classmate’s wellbeing?</strong></td>
</tr>
<tr>
<td>Who do I contact if I have a problem with a classmate?</td>
<td>• Assuming you have been unable to work it out with your classmate directly, you can seek assistance from your Clinical Campus Manager/Site Administrator, Academic Coordinator, Phase 3 Director, your Student Support Advisor OR approach the <a href="#">University Mediation Services</a> or <a href="#">University Counselling Services</a>.</td>
</tr>
<tr>
<td>Who do I contact if I have financial problems?</td>
<td>• 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 <a href="#">University Counselling Services</a> (or similar services at out of Auckland sites) for assistance in coping with the stresses associated with financial strain. It may be helpful to contact your Clinical Campus Manager/ University Site Administrator and Academic Coordinator, and the Phase 3 Director.</td>
</tr>
</tbody>
</table>
### 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/University Site Administrator and Academic Coordinator are available to provide support locally at your Cohort site.
- 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 3 Director or Student Support Advisor.
- You will then, as appropriate, be referred to the Directors Medical Student Affairs, for further discussions.
- All formal ' Interruption to Study ' applications will need to be approved by the Head of the Medical Programme Directorate (see [section G.9.1](#)).

### What do I do if my situation changes and this affects my academic performance (e.g. divorce, move house, financial crisis, etc.)?

- In such a situation, it is always better to speak to your local Academic Coordinator, the Phase 3 Director, or Student Support Advisor, **before** your academic performance is affected.
- With notice, it may be able to assist you in ways that mitigate or prevent the impact on your performance.
- For advice on aegrotat and compassionate considerations, contact your Student Support Advisor as early as possible, so all required forms are completed.

### What happens if someone reports concerns about me or my wellbeing or performance?

- You will be notified by the Phase 3 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.
- If you prefer, you may speak to the Phase 3 Director.

#### 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.

### I received a borderline performance in an attachment – what does this mean?

- Don’t panic!
- A borderline performance is a provisional grade only and your first step should be to discuss your grade with your clinical supervisor and the local or departmental attachment convenor. They should be able to give you a
clear understanding of what aspects of your performance need work.

- You should then speak to your local Academic Convenor or the Phase 3 Director to put academic assistance in place as quickly as possible before the same problem occurs in another attachment.
- The Board of Examiners will take into account all your results and grades, when making decisions about your specific situation.
- Borderline performances may become problematic if you receive more than one.

| I have failed an attachment – what does this mean? | Don’t panic!
- Your first step should be to discuss your grade with your clinical supervisor and the local or departmental attachment convenor. They should be able to give you a clear understanding of what aspects of your performance need improving.
- You should then speak to your local Academic Convenor or the Phase 3 Director to put academic assistance in place as quickly as possible before the same problem occurs in another attachment.
- All grades are provisional until the Board of Examiners meeting at the end of the year.
- The Board of Examiners will take into account all your results and grades, when making decisions about your specific situation. |

**Clinical Questions**

| Do I need Professional Indemnity insurance? | Yes, this must be taken out before you start Year 6. |
| What blood tests are we allowed to request? | DHBs differ in their policies on this, and are changing as a result of electronic ordering and sign-off of investigations (most systems will only allow sign-off from the doctor who ordered the test).
- It is best to assume you are not permitted to order blood tests unless you are told otherwise.
- It is likely that you will only be permitted to order simple haematology, biochemistry and microbiological tests and not complex, unusual or send-away tests.
- Whenever you are permitted to make a written request, it must be countersigned by a doctor. |
| **What imaging investigations are we allowed to request?** | • The law states that you are not able to sign any form for investigations requiring the use of ionising radiation (e.g. Chest XRay, CT scan).
• While the law does not preclude you from ordering investigations such as MRI scans or ultrasound, most DHBs do not allow you to order these.
• You must ensure that you practise within the law, and are not tempted to bend to perceived expectations from clinical staff – let them know of your legal limitations. |
| **What referrals are we allowed to sign?** | • You may make referrals, but you must make it clear that this is being done at the request of your supervisor.
• Referrals made by Year 6 students in General Practice must be read and signed by a registered medical practitioner. |
| **Am I allowed to prescribe medications?** | • Only registered medical practitioners are allowed to prescribe medications. You may be permitted to write prescription orders on hand written drug charts, which must be signed by your House Officer/Registrar or Supervising Consultant. If your hospital has electronic prescribing, you will receive training to use the system and will receive “write only” permission to prepare prescriptions, but will not be able to sign off prescribing orders. |
| **What would be a safe practice for us to follow in hospital-based settings in relation to clinical records?** | • All students are advised to sign:
  o Name
  o Medical Student (Year 6)
  o On behalf of: House Officer/Registrar or Supervising Consultant
• In addition to safe practice, the name of the House Officer/Registrar or clinical team is needed to receive the electronic sign-off of results.
• Where hospitals have introduced electronic patient records, you are likely to have permission to prepare, but not sign off, clinical notes. Local practice and permissions should be confirmed at your clinical site as these may vary, as electronic systems are introduced. |
| **Workload and attendance** | **What hours are expected of Year 6 students?** | • Year 6 students have the privilege of being allowed into clinical areas at almost any time and are encouraged to take advantage of all learning opportunities.
• Except where you are on clinical attachments which have rostered shifts, you are expected to be present during normal working hours on weekdays. Some clinical attachments may include rostered night duties. In general, you will be expected to do one long call day per week and one weekend per attachment. In some clinical attachments, this may include the weekend following the final week of the attachment. |
<p>| <strong>Does being on call take priority over tutorials?</strong> | • In general, acute duties take priority over tutorials in Year 6 but if it is possible, you should attend the tutorial. |
| <strong>University Graduation</strong> | | |</p>
<table>
<thead>
<tr>
<th>How do I receive information about graduation?</th>
<th>• Make sure your mailing address is up to date and you continue to check your university email address. This can be linked to another email address, see <a href="#">section 1.6</a>.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>• 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. <strong>Students are expected to check their University email on a regular, ideally daily, basis. Please ensure that your contact details, including a working phone number are kept up to date on your Student Services Online page.</strong> (See <a href="#">section 1.6</a> for more detail).</td>
</tr>
<tr>
<td>How can I be sure I am being professional in my communications?</td>
<td>• 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 <strong>professional way</strong>. (Hint: this generally involves proper spelling, correct grammar, and using formal greetings such as “Dear Dr Peat”, rather than “Yo, Briar!”). It also means providing the appropriate level of detail, including, but not limited to, <strong>your full name, ID Number, UPI, year, cohort</strong>, 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.”</td>
</tr>
</tbody>
</table>
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. Success will depend on the intended research topic that a student chooses, and personal circumstances and aspirations.
### University of Auckland Medical Programme – Courses and Clinical Attachments 2021

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

#### Phase 2(4) 41 wks
- Auckland
  - South Auckland
  - Waitemata, Waikato Rotorua & Bay of Plenty
  - Paediatrics
  - Obstetrics & Gynaecology
  - Psychiatry
  - Selective
  - General Practice
  - Specialty Surgery
  - U & I Patient Care

#### Phase 2(5) 36 wks
- Taranaiki Regional-Rural
  - Waikato Regional-Rural
  - Paediatrics
  - Obstetrics & Gynaecology
  - Psychiatry
  - Selective
  - General Practice
  - Specialty Surgery
  - U & I Patient Care

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

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

#### Phase 3 (6) 41 wks
- Northland, Waitemata, Auckland, South Auckland, Waikato, Rotorua, Bay of Plenty & Taranaki
  - General Medicine
  - General Surgery
  - Obstetrics & Gynaecology
  - Psychiatry
  - Paediatrics
  - General Practice
  - Clinical Imaging
  - Emergency Medicine

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

#### Phase 1 (2)
- 26 weeks
  - Professional and Clinical Skills 2
  - Hauora Māori
  - Nervous System
  - Reproduction & Development
  - Sensory Systems
  - Principles of Medicine
  - Medical Humanities

#### Year 1
- 24 weeks
  - BIOSCI: Cellular Processes and Development (15)
  - POPLHLTH: Population Health (15)
  - CHEM: Chemistry of the Living World (15)
  - Central Concepts of Biology / Health and Society (15)
  - Courses in Yr 1 Bold: Courses common to BHSc & BSc (Biomed)
  - Italics: BSc only, Normal: Courses in BHSc only
  - Intercalated BMedSc(Hons) may be completed anytime after Year 3.
  - Numbers refer to points (120 points per year)
  - 15 points per course over 1 semester
  - ILA: Integrated Learning Activity
  - Formal Learning Weeks

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

**Italics:** BSc only, Normal: Courses in BHSc only

**ILA:** Integrated Learning Activity

**Formal Learning Weeks**

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**Phase 3 (Year 6) Guidebook |Page 29**
C.2. Phase 3 in Context

Phase 3 is a clinically based year in which learning is primarily through clinical experience. You will effectively act as apprentices in clinical teams as you move through clinical attachments. The year provides the opportunity to reinforce prior learning, to increase clinical competence and experience and to add depth and breadth to your practice. By the end of the year, you should have acquired the necessary skills to take on the role of a first-year junior doctor (PGY1) and thereafter, to undertake postgraduate training.

C.3. Objective of Phase 3

The purpose of Phase 3 is to introduce you, in a graded manner, to increasing responsibility for patient care as a member of the healthcare team, while still under academic supervision.

On clinical attachments, it is expected that you will provide care, under supervision, for approximately one-third of the patients under the care of the team to which you are assigned. In each of the clinical attachments, it is important to follow patients from admission to discharge, or from presentation to resolution of their current problem. The level of care provided should be that given by a first-year junior doctor.

Midway through each attachment, and again towards the end of the attachment, you are expected to discuss your progress, including your strengths and weaknesses, with your supervisor. You should use this feedback to aid your personal and professional development of essential knowledge, skills and attitudes.

C.4. Learning in Phase 3 (Year 6)

C.4.1. Overview

The ability to identify personal learning needs and to undertake self-directed learning is an essential component of competent medical practice.

In Phase 3, the key to effective learning is to maximise clinical experience. Reading about cases, and discussing these, reinforces your clinical knowledge. Opportunities for learning may occur in day-to-day practice, in small group tutorials which will frequently take the form of case-based discussions, by the use of electronic and other learning resources and by attendance at departmental and hospital teaching sessions.

You should reflect on your progress towards achieving the Graduate Learning Outcomes and develop your own plan to address your learning needs. Make the most of opportunities to learn as much as you can from your clinical experience. Read widely and seek feedback on your progress.
C.4.2. Formal learning

There is no whole-class teaching in Year 6. Year 6 is based on an apprenticeship model of learning. The majority of your learning will occur in clinical settings and from your attendance at clinical meetings (at which you may be required to do case presentations) with your team and in your clinical department. This will be supplemented by some small group tutorials. These are usually case-based and student-led. Further details of these will be provided with local attachment details.

There are two timetabled formal learning sessions which are compulsory for all Year 6 students: The Certificate of Resuscitation and Emergency Care (CORE) and the Procedural Skills workshop.

Certificate of Resuscitation and Emergency Care (CORE)

In order to graduate, the Medical Council of New Zealand requires you to have completed a mastery certification course in Resuscitation and Emergency Care (CORE Advanced), or an equivalent course accepted by the MCNZ. The CORE Advanced course is designed to ensure you are competent to initiate resuscitation measures, should you be required to do so.

You will be provided with required pre-reading in advance of the course. You should make sure that you do this. During the course, there is a written test and assessment of practical skills. You must pass these. If you do not pass it, you are required to repeat the test. Failure to complete the course satisfactorily will delay your graduation.

Arrangements for CORE differ according to your cohort

Students in the greater Auckland area (Waitemata, Auckland, South Auckland) complete a two-day course at the Tāmaki Campus during their Emergency Medicine attachment. This is an interprofessional course. On day 2, students work in teams with students from other healthcare professions. You will be provided with the dates prior to the beginning of your Emergency Medicine or Surgery attachment. Enquiries should be directed to Christine Ganly, c.ganly@auckland.ac.nz.

Students in Northland, Bay of Plenty, Rotorua and Taranaki will be timetabled to attend scheduled CORE Advanced courses run at your respective cohort sites. These occur throughout the year and you will be excused from the attachment you are on (medicine, surgery, or emergency medicine) to attend the course. You will be notified of the dates well in advance of the course. Enquiries should be directed to the local administrator in the first instance.

Students at Waikato do their two day CORE Advanced course at the Waikato Clinical Campus. This will occur during medicine, surgery or emergency medicine. You will be notified of the dates well in advance and will be excused from the attachment you are on. Enquiries should be directed to Raewyn Wooderson, raewyn.wooderson@waikatodhb.health.nz.
C.4.3. Procedural Skills Course

In Year 6, all students are required to attend a refresher course on procedural skills. This includes individual stations for excision and closure of a skin lesion, lumbar puncture, aspiration of a pleural effusion and an effusion of the knee joint. Students watch a video of the insertion and removal of a chest drain, with each student performing a chest drain removal.

Students in the Northland, Bay of Plenty, Rotorua and Taranaki cohorts undertake the procedural skills course prior to commencing the year. Enquiries should be directed to Christine Ganly, c.ganly@auckland.ac.nz.

Students in the greater Auckland area (Waitemata, Auckland and South Auckland) complete their procedural skills course at the Advanced Clinical Skills Centre, Grafton Campus during their general surgery attachment. Enquiries should be directed to Christine Ganly, c.ganly@auckland.ac.nz.

Students at Waikato will undertake their procedural skills course at the Waikato Clinical Campus. This will usually be timetabled after the two-day CORE course. Enquiries should be directed to Raewyn Wooderson, raewyn.wooderson@waikatodhb.health.nz.
C.5. Overview of Phase 3 Attachments

Phase 3 (Year 6) consists of the following clinical attachments:

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective or Research Project</td>
<td>10 weeks</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>2 weeks</td>
</tr>
<tr>
<td>General Medicine</td>
<td>6 weeks</td>
</tr>
<tr>
<td>General Practice (regional/rural)</td>
<td>6 weeks</td>
</tr>
<tr>
<td>General Surgery</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Clinical Imaging</td>
<td>1 week</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Paediatrics (including neonatal paediatrics)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

C.5.1. Clinical Imaging

Clinical Imaging makes a major and increasing contribution to the diagnosis and management of a wide range of medical and surgical conditions. The rapid pace of technological advancement, and the range of modalities available, means that you must be up to date with recent developments to practise effectively as a junior doctor.

The final week of your elective quarter is set aside for a compulsory one-week intensive course in clinical imaging.

For students from the three Auckland cohorts, this is held in the Department of Anatomy and Medical Imaging, FMHS, Grafton. Students outside the greater Auckland area will undertake this course at their clinical site.

A key outcome from this one-week intensive is that you are able to identify the strengths and weaknesses of particular modalities and make appropriate requests for imaging. You will consolidate your skills in interpreting radiographs in important acute conditions.

You will also gain insights into how radiologists work with the rest of the clinical team to provide the most effective patient care. During your other clinical attachments in Year 6, you are strongly advised to attend the weekly multidisciplinary imaging meetings. This will give you a greater awareness of the capabilities of the range of modalities and the need for multidisciplinary decision making. This will also help you make appropriate requests for more advanced imaging investigations.

There is an online Clinical Imaging learning resource on the MBChB Portal. You should review the Year 4 material for chest, cardiovascular, musculoskeletal, and gastrointestinal imaging and the Year 5 material for genito-urinary, paediatric, neurological...
and women’s health imaging. You should then complete the online Year 6 material during self-directed learning sessions in the Clinical Imaging week.

**Specific Emphases for Learning**

Refer to the clinical scenarios for on the [MBChB portal](#) as well as the Medical Imaging online learning resource.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical and Communication Skills</td>
<td>• Processes for use and interpretation of imaging modalities in urban, regional and rural settings.</td>
</tr>
<tr>
<td></td>
<td>• Relative strengths and weaknesses of imaging modalities for diagnosis, including economic considerations and radiation dose.</td>
</tr>
<tr>
<td></td>
<td>• Important information in referral process from clinician to radiologist and vice versa.</td>
</tr>
<tr>
<td></td>
<td>• Communication with patients (both benefits and risks) of what radiological procedures entail.</td>
</tr>
<tr>
<td>Personal and Professional Skills</td>
<td>• Participate and actively contribute to multidisciplinary team discussions to improve patient care.</td>
</tr>
<tr>
<td>Hauora Māori</td>
<td>• Strategies identified to overcome barriers to imaging procedures to improve Māori health outcomes.</td>
</tr>
<tr>
<td>Population Health</td>
<td>• Role of imaging in screening and epidemiology.</td>
</tr>
<tr>
<td>Applied Science for Medicine</td>
<td>• Interpretation of normal and abnormal findings in a range of imaging modalities.</td>
</tr>
</tbody>
</table>

**Summary of Assessment**

1. Compulsory attendance.
2. End of week test. This consists of an online test with twenty-five clinical questions based around clinical imaging. The pass mark is 50%.

**C.5.2. Elective**

**Purpose**

The Elective provides you with a chance to experience medical practice to extend your knowledge in a specific area of interest to you in New Zealand. Full details about electives are available in the Elective handbook which is available on [Canvas](#) and via the [MBChB portal](#). You should have your elective organised well in advance.

It is important to note that you are expected to complete the full ten weeks of your elective, unless you have express permission from the Chair of the Elective Committee or the Phase Director. You are able to split your elective into two five week blocks. Refer to the Elective Handbook for details.

**Process for all 2021 Electives**
Due to the COVID 19 pandemic, significant changes have been needed to be made to the elective process. Please read this carefully. Please follow the instructions below and email t.saritharan@auckland.ac.nz if you have any questions.

**In 2021 the elective will be 10 weeks and there will be no cohort option. We are offering either a 10 week placement (one placement) or two 5 weeks (in two placements). No overseas electives will be allowed.**

If you wish to undertake a clinical elective in a University of Auckland teaching hospital in the upper half of the North Island, you will need to follow the steps below and fill in the Elective Survey which will be distributed ahead of your elective quarter.

**Please note:**
- 5-week placements are likely to be better able to be accommodated at clinical sites rather than a single 10-week placement.
- You are able to split an Elective 5 + 5 weeks only.
- No other split configuration will be accepted.

An example of a split Elective at a DHB:

Option 1 - 5 weeks General Surgery and 5 weeks General Medicine at Auckland Hospital (at a single cohort site)

Option 2 – 5 weeks Radiology at Waikato Hospital and 5 weeks ED at Middlemore Hospital (at two different cohort sites) NB Choices across two different regions may be disrupted by further regional COVID lockdowns requiring short notice changes to you attachments.

If you wish to do the Research Option, a research elective or a clinical elective with a private (non DHB) provider, you should discuss these options with your Elective Advisor, go ahead and make these plans and have them approved by your Elective Advisor. Evidence of confirmation of the placement and approval from your Elective Advisor will need to be uploaded into the Elective Survey.

Non-DHB, non-GP attachments are encouraged. We are collating a list of these that have been available in previous years. Please discuss these options with your elective advisor and provide the approvals on the Elective Survey, when it is distributed.

**Research Electives:**

If you wish to do a 10-week research elective, please see section C.7.3.

**NZ based GP Electives**

The Department of General Practice and Primary Health Care have requested that no GP based electives be conducted.
Electives in University of Otago teaching hospitals

Electives in New Zealand hospitals which are used as teaching hospitals by the University of Otago require special approval from the relevant Otago University Clinical School to ensure that there is sufficient capacity. These will only be accepted on an exceptional basis. If you believe you have exceptional reasons for needing such a placement, please contact the Chair of the Elective Committee, andrew.maccormick@middlemore.co.nz, or the Phase 3 Director.

Directed Electives

Because Covid-related extensions to teaching time in 2020 meant that no time was available at the end of the year for catch up time due to matters such as illness, or remediation, students who have not entirely completed the requirements for year 5 have been given the opportunity to meet these requirements by doing a Directed Elective in year 6. These arrangements will be made in conjunction with the Phase 3 Director. If you have been required by the year 5 Board of Examiners to do a Directed Elective, please contact the Phase 3 Director, briar.peat@middlemore.co.nz, before the Elective Survey for your quarter is released.

Steps to Arranging your 2021 elective:

- Make contact your approach your Elective Advisor via email (not via TRM) with six elective options you would like to undertake next year with an identified cohort site(s).

  **NB:** Do not directly approach SMOs, or potential Elective Supervisors directly for a placement.

- Once your Elective Advisor has reviewed your choices, please fill out the Elective Option Survey form. This form will be sent out to you 15 weeks before you begin your Elective.

  **NB:** If you have already arranged an Elective then please note that on the Survey. If your options can’t be fulfilled, you will need to go back to your Elective Advisor to discuss an alternative placement.

- Once the MPD receive your Elective Option Survey form, the information will then be passed onto the Cohort Site Coordinators who will do their best to try and allocate you to your preferred Elective Option.
• You will receive an email from the Cohort Site Coordinator with confirmation of your Elective choice up to two months prior to the commencement of your Elective.

• Once you receive your confirmation from the Cohort Site Coordinators, can you let your Elective Advisor know of the outcome.

• After discussing your final Elective plans (including goals, objectives, logistics etc.) with your Elective Advisor, please log into viaTRM and fill in the application for 2021 MBChB Elective -NZ.

• You will need to upload a screenshot of confirmation of your Elective from you Elective Advisor in the viaTRM application. The MPD will review your application on viaTRM and ‘commit’ your Elective.

**NB:** If you have already started a viaTRM application, you will have to withdraw that and begin the process for this application instead: 2021 MBChB Year 6 Elective – NZ.

• Once your application is ‘committed’ on viaTRM, you don’t need to do anything further and you can look forward to your Elective.

**Progress Tests**

In 2021, all Progress Tests are compulsory. Once your elective has been confirmed, please contact the Medical Programme Directorate, mpd@auckland.ac.nz, if you need to request a change of testing site because your elective is away from your usual cohort site.

**Elective approval**

All student electives MUST be approved by an Elective Advisor, who is a member of the Elective Committee. You MUST discuss your elective plans with your advisor before committing yourself to the plan (including booking flights etc.) and well in advance of the survey, in case changes need to be made. Please be aware that Elective Advisors may have leave commitments themselves, so it is your responsibility to make direct contact them in a timely manner.

If late changes to your elective are required, these must be approved by your elective advisor, in conjunction with the site coordinators.
1st Quarter Students

If you are undertaking your Elective placement during the first quarter, you may be allowed to start your 10-week placement before the first quarter date officially begins, that is, during November or December. Your elective cannot start before the Year 5 Board of Examiners have met. If you organise an early start, it must be approved by the Chair of the Elective Committee. If this is approved, you will normally be required to undertake your elective in two, five-week blocks on each side of the Christmas-New Year holiday break. You cannot claim the Year 6 training grant early on the grounds that you are studying over the summer. You must complete enrolment prior to commencing your elective.

Travel

The attachment prior to your elective does not finish until 5.00pm on the preceding Friday. No permission will be given to leave an attachment before its completion for travel purposes.

Similarly, you should plan your return travel so that you have are on time and prepared to start your next clinical attachment. Being late for your next attachment, or being too tired to learn, is unprofessional, and will be treated as such.

Risk assessment and personal safety

It is essential to consider your personal safety when planning your elective.

You are required to complete a pre-Elective Risk Assessment form and discuss this with your elective advisor before the elective will be approved.

Other issues of personal safety to consider in your planning include: petty and violent crime, intentional or unintentional exposure to illicit drugs, unwanted sexual attention including sexual assault, and risks to your health from such things as transport related accidents, exposure to hepatitis B and HIV, sexually transmitted diseases, other infectious diseases, including tuberculosis (which may be drug resistant), and other health risks. Please see the Elective handbook for further detailed information.

Report significant problems

If, for any reason, you feel unsafe on your elective, you should immediately contact the academic coordinator or site manager of the cohort in which you are doing your elective, the Chair of the Elective Committee or the Phase Director. If necessary, an alternative local elective will be arranged. In these circumstances, you will not be required to make up missed time unless there are other reasons making such a requirement necessary. It is important that you formally document your experience and the Chair of the Elective Committee and the Phase Director are notified.
Elective Report and Assessment

The grade from your elective contributes to your overall Attachment grade and your Phase 3 grade. You will receive a grade of Distinction, Pass or Fail. The grade is determined by a combination of your elective report (or elective research report), the supervisor’s report and your elective interview or seminar, if you have done a research only elective. Where you have completed two five week elective placements, a Clinical Supervisor’s Report should be submitted from each five week placement. A combined grade will be determined on the basis of both Clinical Supervisors’ Reports.

- An elective is only complete when the Elective Declaration, your report and the reports from your Supervisors have been received, and your elective interview and/or seminar has been completed.
- You will be required to sign an Elective Declaration on return from your elective stating that you have completed the 10-week placement in full, unless permission has been received for an exemption because of exceptional circumstances.
- The format for the elective report is explained in the Elective Handbook, which you should take with you on your elective. A template is loaded on Canvas. The report must contain a full summary of your elective activities, focussing on your clinical experiences and using medical programme domains as subheadings. Past reports are available to read on the elective database. Where you have done two 5 week elective placements, your Elective report should cover both placements. You are not required to write separate reports on each five week elective placement.
- You are advised to prepare your report during the last two weeks of your elective. The deadline to submit this report via Turnitin is no later than midnight on the last Friday of your elective. This allows members of the Elective Committee the opportunity to read your report before your post-elective interview. Instructions for submitting this report via Turnitin will be posted on Canvas.
- If your elective is in the fourth quarter, it is especially important that you submit both reports before the deadline and that your elective interview occurs prior to the Board of Examiners meeting or the award of your qualification may be delayed.
- At the completion of your elective, you are required to complete the Post-Elective Health form. A link to complete the form online will be e-mailed to you during the final week of your elective. Take the completed form to discuss at your elective interview.
- At the completion of your elective, a 15-minute interview with members of the Elective Committee will be scheduled, usually during Clinical Imaging week. The interview is required to gain a grade for the elective and it also provides important feedback.
For Auckland students, appointment times and venues will be published on Canvas by the Friday before Clinical Imaging week.

Whangarei, Waikato, Tauranga, Rotorua and Taranaki based students will be advised of their interview time by the local administrative team.

You will not be eligible for a pass with distinction unless your elective report is submitted by the due date. If your report is late, your elective interview may be deferred.

You can only be eligible for a distinction if you have engaged with your elective advisor in a professional manner regarding the planning of your elective. This is rated on a scale of 1-4 (1 being minimal level of professionalism). This score will be submitted to the post-elective interview panel for consideration.

C.5.3. Elective Research Options

Research Elective

You may choose to complete an elective with a research component, either in New Zealand, or at an overseas institution. Your first point of contact to discuss this pathway is with your Elective Advisor.

If you choose this type of elective, the assessment requirements will depend upon the exact nature of the elective. Most students who undertake research as part of an elective do so alongside a clinical attachment. In this case, the assessment is usually the same as for other electives, with the requirements being an Elective Supervisor’s Report, the standard Elective Report and Interview.

If your elective is mostly or solely focused on research and does not include a significant clinical component, but is not a Research Project (see below), then a non-clinical Supervisor’s Report and a research elective report of approximately 3,000, written in the format of a publishable journal article, takes the place of the standard elective requirements (you will be provided with guidance to assist with your report writing). You will also complete an Elective Interview. It may also be appropriate to present your research at a research seminar, rather than completing a standard elective interview. You should discuss the assessment requirements with your Elective Advisor and one of the Research Electives Coordinators, Prof Cris Print, c.print@auckland.ac.nz, or Prof Chris Bullen, c.bullen@auckland.ac.nz. The non-clinical Supervisor Report form is available from the MPD mpd@auckland.ac.nz.

A research elective may be especially appropriate for students wishing to undertake research in Year 6 but who have already completed a BMedSci(Hons), or another honours degree or higher, rather than doing the 10-week Year Research Project. Please discuss this with your Elective Advisor and Prof Cris Print or Prof Chris Bullen.
Year 6 Research Project

Purpose of the Research Project
The purpose of the Research Project is to provide you with the opportunity to pursue learning in medical research in an area of interest to you. It is focused on enhancing your understanding of medical research as an integral part of your career in medicine and provides a pathway for eligibility to undertake doctoral research (PhD) in the future.

The 10-week research project must take place in New Zealand, but does not necessarily need to take place in Auckland. At least one supervisor must be an academic staff member of the University of Auckland FMHS.

Contact details for Research Project Coordinator
The joint Research Project Coordinators are Prof Cristin Print, and Prof Chris Bullen. Either of them are happy to act as the point of contact for academic and organisational matters, especially those to do with establishing an appropriate research project, assessment and the recording of grades. In the first instance please copy both of them onto any emails about Research Projects; they will identify who can assist you.

Students who are uncertain whether to undertake a research project or a research-focused elective are advised to discuss this with one of the Research Project Coordinators. They also act as the elective advisors for students undertaking an eight-week overseas elective that is planned to have a significant research component (see research elective below).

Any student experiencing difficulties during their research project should speak to their supervisor in the first instance. If problems remain, the Research Project Coordinator should be contacted as soon as possible.

Description
You will work under the supervision of an appointed supervisor(s) on a specific project for a period of 10 weeks. Before the Research Project begins you need to expect to spend a significant amount of your own time identifying your topic and supervisor, reading about the research field, preparing your research plan and meeting with one of the Research Project Coordinators. Identifying the combination of a supportive supervisor and a topic that really excites you is critical in order to set you up for an enjoyable and productive Research Project. This can take longer than students expect.

In your preparation and during the 10 weeks you will develop a deep understanding of the field, including the most recent published literature, and be responsible for the design and execution of your defined research project. While you need to take personal responsibility for your project’s successful completion, you will be supported by your supervisor and possibly by others in your host research team. Given that you only have
10 weeks in total, your defined project may often be a small part of a larger project already underway.

Students and supervisors are encouraged to find opportunities for the research to contribute to papers published in an appropriate journal and/or to be presented at a relevant scientific meeting. It is recognised that not all Year 6 research projects will have the same potential for publication and presentation.

**Choosing a Project and Supervisor**

You may already be aware of a research group or supervisor with whom you would like to work. Alternatively, the Research Project Coordinators may know of available projects that are suitable. In either case, you will contact the potential supervisor and if both parties agree to proceed, register your intention to undertake a Research Project with the MPD by the dates they specify, and submit a Year 6 Research Project Proposal to the Research Project Coordinators at least 6 weeks before your proposed project start date. This proposal will include:

- Project title.
- A one paragraph written summary of the project.
- What are the academic project goals? (Please provide a short bullet point list of the planned research achievements, keep these precise, realistic and achievable, these goals are for your own contribution, not for the project as a whole, which may have broader goals).
- What research methods you will use for your contribution to the project.
- What needs to be assembled before you start your research period, so you can 'hit the ground running' (e.g. ethical approvals, data, laboratory reagents).
- Who will supervise you? Will you have a day-to-day supervisor assigned to assist you, as well as your overall supervisor?
- What are the potential risks that may hold up the project and how can these be mitigated?
- What are your own personal goals for the research period – precisely what do you hope to get out of it? (Please provide a short bullet point list)
- The supervisor’s name and signature and your daily contact details including phone and email.
- The approval of the academic head of the cohort site at which the proposed research project is to take place.

After you have submitted this information, the combination of project, student and supervision arrangements need to be approved by the Research Project Coordinators; this usually involves a brief meeting between yourself, your supervisor and one of the Research Project Coordinators.
Requirements

1. A student may undertake only one project.
2. Eligibility: To be eligible for the Research Project, you must have:
   - A clear pass in Year 5 with no remedial work required in Year 6.
   - A clearly defined project and an academic supervisor willing to supervise the project. The supervisor or a co-supervisor must be a member of the University of Auckland academic staff.
   - In some cases, the academic coordinator at your cohort site is required to endorse your research project.
3. One of the Research Project Coordinators approves the project and supervision arrangements.
4. You will be in the same locality as your supervisor or co-supervisor for the period of the project, except during any project-related travel.
5. You will observe the hours and conditions of work as required by the supervisor.
6. You are required to have a plan for an alternative elective in place, which may be an elective in New Zealand.
7. Due to the examination process of the written report, the Research Project may not be taken in Quarter 4, the final cycle of the year.
8. Please note: if you have already completed previous research that makes you eligible for doctoral admission, the grade you receive for the Research Project, and its impact on doctoral admission eligibility, will supersede this.

Guidelines for Identifying Supervisors

- You and the supervisor need to work together identify a specific project that you could take part in. It should be suitable for a Year 6 medical student with 10 weeks available, inclusive of the time required for write-up. The project might be self-contained, or could be part of a larger project involving collaboration. It should be hypothesis-driven and must not be an audit only.

- You and your supervisor should discuss the project with one of the Research Project Coordinators, who needs to formally approve it. The Coordinator will wish to meet with you, and may ask for progress reports during the 10 week period.

- Before committing to the Research Project, discussion between you and the supervisor must take place. This will encompass the general nature of the project, the aim(s) of the project, problems that may realistically be encountered and expectations around the student-supervisor relationship.

- The project will be organised in such a way that it can begin immediately at the start of the 10 week period. This means that anything on which the
project depends, for example appropriate ethical approval(s) covering your work, will need to be obtained before the project begins. It is the responsibility of both the supervisor and the student to ensure that all aspects of the project are in place before the student’s start date.

- Supervisors are responsible for introducing you to other members of the research team, ensuring that you undergo appropriate induction to the research environment, including health, safety, containment and ethical considerations, and inviting you to relevant research meetings.

- Time needs to be put aside on a regular basis by your supervisor to talk to you about the work and to monitor your progress.

- Supervisors or their delegates may need to be available, outside of scheduled meetings with you, for questions that might arise.

**Assessment**

The assessment for the research project has three parts.

- **Supervisor’s Report**

  The supervisor/s will complete a Supervisor Report Form, evaluating your performance during the Research Project.

- **Written Report**

  - The report has the equivalence of a 30 point dissertation.

  - The written report is the primary assessment of the Research Project. It will be in the format of a publishable paper at 10,000 to 15,000 words length, including references, figure and table legends but excluding any text in figures and tables themselves. It will be rare for a 10 week student project to produce results sufficiently complete for an actual publication. However, following the format of a publication ensures that your report will contain the relevant information. Students of past Year 6 Research Projects have submitted papers to journals as well as giving invited Grand Round and conference presentations based on their work.

  - Your report will include an abstract (no more than 300 words), background, materials & methods, results and discussion. Key points should be referenced. Ideally your report will contain figures, tables and diagrams. It should be easily intelligible to readers with a general clinical and scientific training but who may be outside the research specialty.

  - You should commence writing the background section of the report early in the research period, as you undertake a thorough literature review and are encouraged to write progressively during the 10 weeks. You should liaise closely with your supervisor as the report is prepared, and seek feedback on draft documents.
- In a document accompanying your report, please write one paragraph about each of the following:

i. your precise contribution to the research field,

ii. what research outputs are anticipated (e.g. peer-reviewed publications in the future, conference presentations etc.),

iii. how the work fits into the research field internationally,

iv. skills you have acquired and what you personally learned from undertaking the project,

v. any additional work undertaken during the 10 weeks (e.g. clinical work or teaching)

- The report will be formally examined and assessed by experts in the field. To allow this, the final report, with a signed coversheet, must be submitted as a PDF document by email to the Research Project Coordinators (with a copy sent to your supervisor) no later than midnight on the last Friday of your Elective.

- An electronic copy of the report text (as either a plain text file or MS Word file) must also be submitted by the deadline to the Research Project Coordinators, who will check it for academic integrity using Turnitin or similar software.

- Oral Presentation/ Seminar

You will give a 20-30 minute presentation about your research. This can be given during the Research Project or during Clinical Imaging week immediately following the research period. There may be some flexibility allowed in the timing if good presentation opportunities arise outside this week. The presentation audience will, as a minimum, include your supervisor(s), the research group with whom you have worked and, where possible, one of the Research Project Coordinators. However, previous students have instead presented at Grand Rounds, research competitions and research symposia – please discuss your oral presentation plans well ahead of time with your supervisors and the Research Project Coordinators.

Overall Assessment

You will receive a letter grade from A+ to D for the written report based on an evaluation by an examiner and assessor.

To be eligible for this letter grade, students must also complete a satisfactory oral presentation, and have no major deficiencies in the CSR form in the domains relevant to the research project, especially the domains of Applied Science for Medicine and Personal and Professional Skills.
The Research Project Coordinators will recommend a letter grade to the Board of Examiners. The final grade letter will be made available following the approval of the Board of Examiners, appear on your Faculty Academic Record, and can be made available to the University for any further research (e.g. doctoral) applications.

**Note:** If you have completed a BMedSci(Hons) and are considering a PhD, your eligibility for Doctoral study and a University of Auckland scholarship will be **decided by your qualifying programme**. This is the most recently completed programme of study that qualifies you for entry. Please discuss with the Project Coordinators before selecting the Research Project option.

**C.5.4. Emergency Medicine**

The Emergency Medicine attachment consists of seven shifts over a two-week period. This consists of a mixture of day, evening and weekend shifts, **which may include the final weekend of the attachment including shifts on a Sunday afternoon**. You will be provided with an individualised timetable. If your Emergency Medicine attachment is immediately prior to your elective, or your general practice attachment, and you are travelling away from your cohort site, please contact c.ganly@auckland.ac.nz (Auckland City Hospital students) or your site administrator, as soon as your following placement is confirmed.

During your attachment in the Emergency Department you will assess undifferentiated patients and develop plans for their initial management. You will see a wide variety of conditions covering all specialties of medicine.

Due to the likely continuing presence of coronavirus there are some restrictions on patients students may see. Students are NOT to see any patients suspected or confirmed to have coronavirus. Students are not to enter any areas of the Emergency Department dedicated to patients with a risk of coronavirus.

Coronavirus continues to have unpredictable effects on Emergency Departments and changes may have to be made at short notice. Year 6 students are regarded as part of the essential workforce.

Your Emergency Medicine attachment provides an excellent opportunity to gain practical experience in venepuncture, IV cannulation, urinary catheterisation and suturing. Other procedures that you may be exposed to include fracture manipulation, joint reduction, joint aspiration and lumbar puncture. You may be able to observe or participate in the resuscitation of patients.
Specific Emphases for Learning

Refer to the clinical scenarios and the Core Medicines list on the MBChB portal.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your Learning</th>
</tr>
</thead>
</table>
| Clinical and Communication Skills | • Recognition of signs of an unstable patient and recommended action are applied.  
• Formulation of differentials for a range of undifferentiated patients, along with proposed management plans.  
• Presentation of patient in a structured and clear manner  
• Determine and order appropriate investigations under supervision.  
• Procedural skills are enhanced, especially for venepuncture, IV lines and urinary catheters.  
• Review the cases covered in the Year 4 attachment in emergency medicine and identify gaps on which to focus. |
| Personal and Professional Skills | • Personal safety for blood and body fluid exposure is demonstrated.  
• Personal safety in situations involving abusive patients and/or family.  
• Interactions with all healthcare professions occur effectively, especially with emergency ambulance officers. |
| Hauora Māori                    | • Involvement of whānau and patients is incorporated in decisions about recommended management plans.                                                                                                                   |
| Population Health               | • The Ministry of Health screening guidelines are applied for patients in ED settings who may present with domestic violence, elder abuse and neglect, child abuse and neglect, smoking and drug and alcohol abuse. |
| Applied Science for Medicine     | • Physiology is applied to unstable patients in ED settings.  
• The ABCD protocol is applied to all ED patients.  
• Interpretation of laboratory tests are reviewed, using key principles. |

Summary of Assessment

1. Shift Attendance Record: This should be signed by your supervising consultant at the end of each shift. To achieve a pass in Emergency Medicine, a student is required to attend seven shifts and to gain a pass in a minimum of 6 out of 7 shifts except under Exceptional Circumstances approved by the Head of Department.

2. Clinical Supervisor Report: The CSR will be completed by your Emergency Medicine Academic Coordinator with reference to the shift attendance record.
C.5.5. General Medicine

Students in Phase 3 undertake their attachment with either a General Medicine or a Subspecialty Medicine team depending on the cohort site.

During your attachment, you will encounter patients with a wide range of medical problems. The spectrum of medicine includes patients of varying age, acuity, complexity and co-morbidities, with a variety of contributory social and psychological factors to consider. As patients with these problems commonly present to services other than medicine, this attachment equips you well to work as a junior doctor and to embark on postgraduate training in any field.

You will consolidate your history taking, physical examination and communication skills and further develop clinical reasoning skills including developing an appropriate differential diagnosis, problem list, and plan of investigation and management, including discharge planning. Under supervision, you will take increasing responsibility for the in-hospital management of patients. You are expected to do a minimum of one evening of after-hours call per week with your team, including two evenings of ward calls, and one weekend call during the attachment. It may be possible to split the weekend if you have other commitments on a Saturday or Sunday. You may be rostered on for a period of night duty. Requirements may vary in detail between sites and should be clarified at the Orientation session. Acute work provides excellent learning opportunities that should be used to the fullest. Aim to present every patient you admit, to gain confidence and allow feedback on your progress. With the current Covid-19 requirements, restrictions to caring for patients with, or suspected of having, Covid infection will be in place. As the situation continues to evolve, the University will issue guidance and instructions in consultation with the DHB. Year 6 students are regarded as part of the essential workforce.

To consolidate your knowledge base, you will need to continue to use the resources on the MBChB portal, including the Year 4 Medicine and Musculoskeletal resources, the clinical scenarios and the Core Medicines list. You should continue to read clinical texts and other resources, focussing on common clinical problems you encounter during your attachment. It is expected that you will read at least one leading article/editorial each week from one of the major general medical journals. These include the BMJ, Lancet, New England Journal of Medicine, American Journal of Medicine, Annals of Internal Medicine, JAMA or the Quarterly Journal of Medicine.

Attendance at tutorials and other educational opportunities with your clinical team is expected. To maximise your learning opportunities, full participation with your team is essential. You are expected to be immersed in the assessment, investigation and management of the patients under your team’s care, with the aim of taking care (under supervision) of at least one third of the team’s patients.
### Specific Emphases for Learning

Refer to the clinical scenarios and the Core Medicines list on the [MBChB portal](#).

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your learning</th>
</tr>
</thead>
</table>
| **Clinical and Communication Skills** | • Comprehensive patient assessments are conducted for common general medical problems including relevant, logical and comprehensive histories.  
  • Organised and professional medical examinations of the relevant organ systems are performed.  
  • Differential diagnoses are developed with a determination of the most likely working diagnosis.  
  • Logical problem lists and clinical priorities are formulated for a range of patients and clinical conditions.  
  • Diagnostic tests/investigations are selected and evaluated to confirm or alter a working diagnosis.  
  • Common investigations are interpreted (ECGs, plain radiology, pulmonary function tests and general laboratory tests).  
  • Patient centred management plans are prepared for common general medical problems.  
  • Principles of complex co-morbidities and their interactions in terms of diagnosis and management are recognised.  
  • Elements of management plans are implemented under supervision.  
  • Principles of prescribing and de-prescribing treatments, potential drug interactions and avoiding common prescription errors are understood.  
  • Problems that arise on general medical wards after hours are prioritised.  
  • Clinical information is presented in a concise and coherent fashion (written and oral). |
| **Personal and Professional Skills** | • Familiarity with local hospital practices relevant to the practice of medicine is demonstrated.  
  • Limits in knowledge and skills are identified and action taken to correct these.  
  • Responsibility for decision making at appropriate levels is developed, while recognising the need for assistance.  
  • Skills around time management and reflective practice are strengthened.  
  • Ability to work within a multidisciplinary environment is developed. |
| **Hauora Māori** | • Factors contributing to poorer health outcomes for Māori are identified and strategies applied to address these.  
  • Potential bias in working with Māori patients and whānau is identified and strategies are used to overcome biases. |
Population Health

• Relevant preventative medicine strategies are incorporated into daily practice – emphasis on vaccinations, smoking cessation, cardiovascular risk assessment and preventative strategies.

Applied Science for Medicine

• Key basic and clinical science principles are revised and applied to the management of patients presenting with a range of common acute and chronic medical conditions.
• Relevant anatomy, physiology and pathophysiology are revised for the presentation, diagnosis and management of common and important clinical conditions as outlined in the clinical scenarios.
• Application of pharmacologic principles is demonstrated in disease management and safe prescribing practice.
• Relevant evidence bases are used to critically evaluate literature pertinent to clinical problems.

Outline of scheduled learning opportunities

Department staff run weekly clinical tutorials for Year 6 students at each Hospital. Tutorials are meant to cover clinical aspects of Medicine. Tutorials may cover a wide variety of topics focussed on preparation for House Officer duties. The content and format will vary from site to site.

Scheduled Year 6 tutorials take precedence over Ward duties. You are expected to attend these unless you are on call and have acute patients to care for. You are also expected to attend the weekly intern (House Officer) teaching sessions, whenever possible. Ward duties take precedence during the intern teaching and attendance must be negotiated with the House Officer.

You are also encouraged to attend Grand Rounds, Radiology conferences and other clinical teaching sessions available at your site.

Summary of Assessment


2. Clinical assessment: The observed long case examination will be held near the end of the final week of the attachment and may occur at a site different from your attachment location. This assessment includes an assessment of safe prescribing. Students who fail the long case in medicine will be given the opportunity to re-sit the assessment at a later date.

NB: Should there be changes in the alert levels that restrict access to facilities and prevent conduction of the Long Case assessment, an alternative clinical assessment will be undertaken. This is likely to be a miniCEX, but if this is not possible, Case Scenarios will be used as a replacement. Students who carry tags or who have unsatisfactory CSR reports will be reviewed by the Department of Medicine and
may be required to undertake Long Case assessments at a later stage if the usual Long Case has not been possible.

3. The case report is due by 4pm on the Friday of week 4 of the attachment. You should discuss the choice of a suitable patient with your clinical supervisor(s).

A more detailed set of instructions and details about the attachment and its assessment will be given at the start of the attachment when you meet with the senior staff at the hospital to which you have been attached. Should the Covid-19 situation change during the attachment, further instructions will be issued.

C.5.6. General Practice

This section should be read in conjunction with the general notes for students on General Practice attachments provided by the University of Auckland Department of General Practice & Primary Health Care.

The general practice attachment provides you with the opportunity to learn and train in community-based general practices. In your position as a final year medical student, you will be providing acute care, complex disease management and preventive care. In this attachment, you will be acting as an apprentice, consulting with patients allocated to you by the practice. Your clinical management will be overseen by the GP supervisor. You will have the opportunity to work within teams, across disciplines, and engage with the community.

Year 6 students generally complete a six-week attachment in an approved regional or rural practice. Practices are located in the upper North Island: in Northland, the peripheries of Auckland, Waikato, Lakes, Bay of Plenty and Taranaki. Where possible practices are located within reasonable proximity to your cohort, but you should expect to be away from your usual accommodation for this attachment. As the attachment will be in a rural location, public transport options may be limited, and you may need to have access to private transport. Students who have spent the Year 5 general practice attachment with a regional/rural practitioner may be assigned an urban practice to undertake their Year 6 general practice.

Assignment to practices is complex. Any requests for consideration of exceptional circumstances (i.e., significant health-related problems, pregnancy, or changed family circumstances) must be made in writing to the Phase 3 Director as early as possible in the year and always a minimum of six weeks before the attachment begins. Every attempt will be made to notify allocations four weeks before the attachment begins. Once allocations have been made, changes are usually not possible.

Please let the Department know immediately if you have been placed with your own general practitioner.
**General Practice Reporting**

Please contact your practice before travelling and report on the first day of your attachment to the general practice to which you have been attached, unless you have been informed to attend a first day orientation.

**Progress Tests**

In 2021, all Progress Tests are compulsory. Please contact the Medical Programme Directorate, mpd@auckland.ac.nz, if you need to request a change of testing site because of your general practice location, or are attached to a general practice more than a 1.5 hour drive from a testing site.

**Specific Emphases for Learning**

Refer to the clinical scenarios and the Core Medicines list on the MBChB portal.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical and Communication</td>
<td>• Key warning signs of serious illness are recognised and acted upon.</td>
</tr>
<tr>
<td>Skills</td>
<td>• Skills for dealing with medical uncertainty are demonstrated.</td>
</tr>
<tr>
<td></td>
<td>• Competence is demonstrated in a range of consultations, especially for acute care, long-term conditions, episodic care and palliative care.</td>
</tr>
<tr>
<td></td>
<td>• Skills in working with distressed patients of all ages and ethnicities are identified, along with those for family and whanau.</td>
</tr>
<tr>
<td></td>
<td>• Sensitivity discussing diagnoses is demonstrated.</td>
</tr>
<tr>
<td></td>
<td>• Documentation of medical information is accurate.</td>
</tr>
<tr>
<td></td>
<td>• Skills in writing referral letters are demonstrated.</td>
</tr>
<tr>
<td></td>
<td>• Specialist advice is integrated appropriately for a range of conditions.</td>
</tr>
<tr>
<td></td>
<td>• Management plans are culturally appropriate.</td>
</tr>
<tr>
<td>Personal and Professional</td>
<td>• Competency is developed in transfer of care to medical and other healthcare teams.</td>
</tr>
<tr>
<td>Skills</td>
<td>• Collaborative skills with all health professionals are identified.</td>
</tr>
<tr>
<td>Hauora Māori</td>
<td>• Key issues leading to health inequalities for Māori patients are identified and interventions proposed to address them.</td>
</tr>
<tr>
<td></td>
<td>• Work to achieve correct pronunciation of names in Te Reo Māori.</td>
</tr>
<tr>
<td></td>
<td>• Social, cultural, political and economic factors are integrated into clinical practice.</td>
</tr>
</tbody>
</table>
Population Health

• The role of general practice and its integration with the wider health care network is articulated, including regional variations in healthcare provision; health promotion and prevention appropriate for the community; major primary health care targets.
• Broader social and economic environment determinants are applied to patient wellbeing and outcomes.

Applied Science for Medicine Domain

• Medical, social and psychological principles are incorporated in the GP consultation.
• Application of pharmacologic principles is demonstrated in disease management and safe prescribing practice.
• Basic principles are used to detect cancer in early stages.
• Medical literature is appraised and consolidated for the management of presenting patients in general practice.

Summary of Assessment

There are three summative assessments for this attachment.

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

The Symposium Day attendance is compulsory in order 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 plain old difficult cases. There may also be times when the consultation went poorly, and you are left wondering if a different approach might have been 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.

A GP academic (who will also facilitate the symposium during the attachment) will contribute to the symposium and help 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 the 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 mostly be via Zoom but may be in Northland, Auckland, Tauranga, Hamilton or New Plymouth, 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 and literature) - with reference to evidence, using a PowerPoint presentation (or similar). Wherever possible, you should present a patient with whom you have been involved during your GP attachment. You may present a patient you have discussed during the online discussion forum or some other patient. 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. In addition, you should reflect on the event and your actions critically. The use of PowerPoint is compulsory, with a maximum of 10 slides for the 10-minute presentation.

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 reflective group is compulsory. 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.
<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>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 some 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>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>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>
<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>
</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)

2 Literature 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 considered longitudinally as one of the clinical skills assessment that contribute to the grade for the Clinical and Communication Skills domain in Year 6. The following points provide clarity about the mini-CEX.

1. Your supervising GP will 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 for all clinical attachments and is completed by your GP supervisor.
C.5.7. General Surgery

During the general surgery attachment, you will consolidate your knowledge of the physiology and management of acutely unwell surgical patients, many of whom will also have significant medical comorbidity.

Most of your learning will be experienced in the pre-operative and post-operative periods and not in theatre. You should spend at most one day a week in theatre, during which the focus should be on observing and assisting the multidisciplinary team at work, rather than on holding instruments.

As on other 6th year runs, students are expected to make themselves available for on call days. This would usually involve one long day a week and daytime hours during one weekend when the team is on call. Some students prefer to split the weekend if they have other commitments on a Saturday or Sunday. You may be rostered on for a period of night duty.

Endotracheal intubation training

All Year 6 students are required to obtain supervised experience in endotracheal intubation in the operating theatre during their surgical attachment. In Auckland, this is part of the CORE course. It is your responsibility to work with a consultant to ensure consent has been obtained, usually from a patient with whose care you have been involved on the ward. The senior anaesthetists are happy to teach you the practical skills required, once consent has been gained.

Specific Emphases for Learning

Refer to the clinical scenarios and the Core Medicines list on the MBChB portal.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical and Communication Skills</td>
<td>• Specific emphasis on blood loss, sepsis, fluid and electrolyte disturbances and postoperative pain relief.</td>
</tr>
<tr>
<td></td>
<td>• Clinical information is presented orally in a concise and coherent fashion.</td>
</tr>
<tr>
<td></td>
<td>• Problems that arise after hours in surgical wards are prioritised.</td>
</tr>
<tr>
<td>Personal and Professional Skills</td>
<td>• Familiarity with local hospital practices and procedures relevant to the practice of surgery is demonstrated.</td>
</tr>
<tr>
<td></td>
<td>• Key factors in the continuity of patient care are demonstrated (preoperative, operative, postoperative and discharge).</td>
</tr>
</tbody>
</table>
| Hauora Māori         | • Inequities in the incidence and outcomes of surgical conditions for Māori are understood and strategies identified to reduce and eliminate these inequities.  
|                     | • Potential bias in clinical decision making is identified, with a particular focus on how to minimise bias in the informed consent process. |
| Population Health    | • Preventative strategies relevant to surgical patients are applied.  
|                     | • Consider the following from a community and population level: traffic safety for trauma, alcohol for trauma, obesity for multiple diseases.  
|                     | • Consider rationing of services/ prioritisation of acute or elective care, futile surgery. |
| Applied Science for Medicine | • Review anatomy, physiology and pathology from Phases 1 and 2 and apply normal structure and function to clinical scenarios.  
|                     | • Emphasis on blood loss, sepsis, fluid and electrolyte disturbances and postoperative pain relief. |

**Summary of Assessment**

1. Clinical Supervisor Report

2. Mini-CEX: One mini-CEX is required during this attachment. It should be completed a week before the end of the attachment, so that there is time for any necessary remediation, including repeat assessment, before the end of the attachment.

**C.5.8. Obstetrics and Gynaecology**

During this four-week attachment you have the opportunity to increase both your knowledge and skills in obstetrics, gynaecology, and women’s health. An integrated learning process, drawing on the core knowledge of your Year 5 experience, is an essential requirement of this attachment.

The most important component of this attachment is to be part of the clinical team and to further develop your clinical skills of history-taking, physical exam, clinical decision-making, and communication with women and their families and other health care professionals.

You will have the opportunity to experience practice in hospital in-patient and out-patient services, as well as some community settings. Because women’s health encompasses many overlapping disciplines, this attachment provides an excellent opportunity to experience how multidisciplinary teams function.
You are expected to do some night, weekend or public holiday on-call. At Auckland City Hospital, this may include the weekend following the final week of the attachment. If you need to make travel plans for the following attachment, please get in touch with Michelle Carvalho in advance of your O&G attachment to find out your personal schedule.

As preparation for your attachment, it would be valuable to review your Year 3 Reproduction & Endocrinology notes and your Year 5 O&G notes. Use the O&G resources on the MBChB portal to reinforce your learning.

- It is important to ensure that you gain experience over the range of common presentations and procedures in obstetrics, gynaecology and women’s health.
- Review your logbook and use your Year 6 attachment to fill in gaps where you were unable to get experience in Year 5.
- You will be allocated to a team or a supervisor. Where your own team has a limited spectrum of practice (for example: if it is a subspecialty team) or there are unavoidable cancellations, be flexible and ask to be able to attend another team’s clinics or theatre sessions.
- Students work in groups on a clinical audit project. Details of the project can be found in the Year 6 O&G Coursebook (available on Canvas) and will also be provided on the first day of your attachment.
- In Year 6, the key to effective learning is to maximise clinical experience. Reading about cases, and discussing these, reinforces your clinical knowledge. Formal teaching sessions are not a requirement but may be arranged at your request.

Specific Emphases for Learning

Refer to the clinical scenarios and the Core Medicines list on the MBChB portal.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your Learning</th>
</tr>
</thead>
</table>
| Clinical and Communication Skills | • Key messages from Year 5 GTA training and Women’s Health Symposium are reviewed.  
• Specifically concentrate on taking histories and performing sensitive examinations, using correct techniques and appropriate communication.  
• Supervised obstetric examinations for pregnant women are performed and evaluated for those attending for routine antenatal care, including determination of gestational age and antenatal risk factors.  
• Special emphasis on the importance of the diagnosis and management of preeclampsia and ectopic pregnancy. |
### Personal and Professional Skills
- Collaboration with patients and other team members and respect for each other’s skill set.

### Hauora Māori
- Factors contributing to poorer health outcomes for Māori women, including access to and quality of care, and the application of strategies to address these factors.
- Consideration of Māori customary practices associated with pregnancy and childbirth in the context of patient- and whānau-centred approaches to care.
- Clinical audit is used to identify and address healthcare inequities.

### Population Health
- Techniques, uses and limitations of screening within O&G, including cervical screening and screening for fetal abnormality.
- Influence of obesity, smoking, drugs and alcohol, intimate partner violence and STIs on pregnancy outcomes.
- Special features of maternity care provision in New Zealand.
- QI project completed.

### Applied Science for Medicine
- Review Reproduction, Development and Aging module (Phase 1) and apply normal structure and function to clinical scenarios.
- Review Year 5 tutorial topics and clinical science base.
- Normal mechanism for delivery and the principles of assisted instrumental and caesarean delivery.

### Summary of Assessment

1. **Electronic Clinical Supervisor Report (E-CSR):** It is recommended that where you work closely with more than one senior medical staff, you obtain a separate assessment from each person. You can use photocopies of a paper-based ICCF Form (Individual Clinician Contribution Form). Your supervisor can then collate all this information on your E-CSR. Please encourage your supervisors to give you feedback midway through the attachment. It is your responsibility to arrange a time to meet with your supervisor during the final week to review the completed form.

2. **Mini-CEX:** One mini-CEX is required during this attachment. We encourage you to practice mini-CEX cases with different assessors (including registrars), and use these in a formative way. It is important that you initiate a discussion with your supervisor for local arrangements for the mini-CEX case. It should be completed a week before the end of the attachment, so that there is time for any necessary remediation, including repeat assessment, before the end of the attachment.

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Phase 3 (Year 6) Guidebook | Page 60
3. **Logbook:** This is a combined Year 5 and 6 logbook detailing your experience in O&G. It will be returned to you on the first day of your attachment, and it is your responsibility to complete it and return it on the last day of your attachment. Speak to your local supervisor during the first week to highlight clinical experiences you still require in order to meet all your learning objectives. Your logbook needs to be signed off by your local supervisor.

4. **QI project:** Details about assessment are provided in the O&G Coursebook and will be reviewed on the first day of the clinical attachment.

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**C.5.9. Paediatrics**

The paediatric attachment provides the opportunity to focus on the special professional and clinical skills required to manage children with illnesses. You will improve your clinical competence in history taking, physical examination, constructing differential diagnoses and problem solving. You will be encouraged to develop an understanding of normal child development and health related issues in well children. You will also experience neonatal paediatrics and management of health problems in the newborn. In addition, you will observe a range of paediatric procedures and, where appropriate, undertake these under supervision. The skills learnt will assist future practice in many fields, particularly general practice.

A key component of this attachment is the ability to relate well with families, whānau, and the other members of the health care team. You will develop an understanding of the importance of whānau and social issues in the delivery of appropriate healthcare to children. You will experience practice in both hospital and ambulatory care settings. Use the resources in [myPaediatrics](#) on the MBChB portal to reinforce your learning.

You are expected to do some night, weekend or public holiday on-call. This may include the weekend following the final week of the attachment. If you need to make travel plans for the following attachment, please get in touch with the site co-ordinators at your clinical site in advance of your attachment to find out your personal schedule.
**Specific Emphases for Learning**

Refer to the clinical scenarios and the Core Medicines list on the [MBChB portal](#).

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical and Communication Skills</strong></td>
<td>• Time on ward is used to practice taking a history from caregivers and, as appropriate for age, the child.</td>
</tr>
<tr>
<td></td>
<td>• Exposure to acute patients is used to reliably and rapidly identify the sick child.</td>
</tr>
<tr>
<td></td>
<td>• Focus on structuring examinations to be appropriate for the patient’s age for newborn, preschool and school aged children, and adolescents.</td>
</tr>
<tr>
<td></td>
<td>• An appropriate developmental assessment for age is performed.</td>
</tr>
<tr>
<td></td>
<td>• Communication with patients and families.</td>
</tr>
<tr>
<td></td>
<td>• Practice gaining consent from guardians while including the patient as appropriate.</td>
</tr>
<tr>
<td></td>
<td>• Participate in patient/carer education e.g. asthma action plans and immunisation.</td>
</tr>
<tr>
<td><strong>Personal and Professional Skills</strong></td>
<td>• Team activities are used for particular focus on:</td>
</tr>
<tr>
<td></td>
<td>• Participation in handover and the use of structured tools for safe transfer of clinical cases.</td>
</tr>
<tr>
<td></td>
<td>• Interaction with and understanding the roles of other medical, nursing and allied health staff, and appropriate community organisations.</td>
</tr>
<tr>
<td><strong>Hauora Māori</strong></td>
<td>• Key health issues for Māori children and adolescents are identified, and approaches explained to addressing the issues.</td>
</tr>
<tr>
<td></td>
<td>• Appropriate management plans are developed for Māori children and whānau consistent with the whānau context, including addressing barriers to care.</td>
</tr>
<tr>
<td><strong>Population Health</strong></td>
<td>• Poverty, social and economic policies impacting on child health are identified.</td>
</tr>
<tr>
<td></td>
<td>• Situations of potential child abuse are recognised and roles of referral network including social work and child abuse teams are outlined.</td>
</tr>
<tr>
<td></td>
<td>• Factors contributing to risk taking behaviour, drug abuse and suicide in the child and adolescent population are summarised.</td>
</tr>
<tr>
<td></td>
<td>• Special complexities and specific concerns for adolescent health services are outlined.</td>
</tr>
</tbody>
</table>
Applied Science for Medicine

- Use myPaediatrics for guidance with further self-directed learning to build on Year 5 knowledge.
- Normal growth and development, the significance of deviation from normal, and their relationship with manifestations of disease are understood.
- Differences in therapeutics and prescribing between different ages and sizes are understood, safely prescribe and chart medication, fluids and enteral feeds for newborns, preschool and school aged children and adolescents.

Summary of Assessment


2. Mini-CEX: One mini-CEX is required during this attachment. It should be completed a week before the end of the attachment, so that there is time for any necessary remediation. Students that 'Fail' the mini-CEX will be required to repeat the assessment before the end of the attachment. In this case, both mini-CEX forms will be returned to the Department administration.

3. Logbook: This is to be completed during the cycle and reviewed and signed by your Supervisor, it is to be handed in within 7 days of completion of your cycle.

A more detailed set of instructions and details about the attachment and its assessment will be given at the start of the attachment when you meet with the senior staff at the hospital to which you have been attached.

C.5.10. Psychiatry

During the psychiatry attachment, you have the opportunity to consolidate your knowledge of psychiatry and refine your practice in taking psychiatric histories, performing mental state examinations and making formulations looking at the whole person, not just a list of symptoms.

You will learn how to manage common psychiatric conditions found in general practice, the medical wards and the emergency department, using the integrated biopsychosocial model of management.

To help you get reacquainted with psychiatry, please go to MyPsychiatry on the MBChB portal prior to starting the attachment. Specifically, spend time on:

1. “History Taking & MSE”, with special emphasis on Screening Questions, the Mental State Exam and History Taking Videos
2. “Core Modules” with special emphasis on the videos from each module and the “Practice with MyVideos”
3. SCBE interview of Conor and Liam on SCBE exemplar section of MyPsychiatry

(https://www.coursebuilder.cad.auckland.ac.nz/flexicourses/2530/publ
ish/1/81_3_2.html)

Please note that if you only watch this clip on fullscreen mode you will miss the comments/tips in the comments section.

**Specific Emphases for Learning**

Refer to the clinical scenarios and the Core Medicines list on the [MBChB portal](https://www.coursebuilder.cad.auckland.ac.nz/flexicourses/2530/publish/1/81_3_2.html).

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your Learning</th>
</tr>
</thead>
</table>
| Clinical and Communication Skills | • Specific emphasis on thorough history taking, mental state examination and risk assessment for patients across the lifespan with various common psychiatric disorders.  
• Salient mental status examination findings are reported accurately.  
• Preferred diagnosis and differentials are provided using current nomenclature.  
• Patient-centred management plans are developed, incorporate a biopsychosocial approach, and with emphasis on family.  
• Empathetic explanations given in layman’s term. |
| Personal and Professional Skills | • Ethical implications of psychiatric decision-making and ramifications of use of Mental Health Act are considered.  
• Rapport with patients and approaches towards challenging patients are developed.  
• Appropriate boundaries with patients, families, team and colleagues are maintained.  
• Personal vulnerabilities and transference/counter-transference issues are reflected upon; techniques to enhance own wellbeing using positive psychology principles are practised. |
| Hauora Māori                  | • Elimination of mental health inequities through better access to psychiatric care and challenging racism in diagnosis.                                  |
| Population Health             | • Review relevant topics from PHI week in Year 5.  
• Threats to mental health from childhood trauma/abuse, poverty, substance abuse) and potential population-level interventions.  
• Principles of population screening for depression, anxiety, psychosis and substance abuse and their health promotion at a national level.  
• Improvements in public health mental services through reflection on current delivery models of mental health care. |
Applied Science for Medicine

- Review neuroscience from Phase 1 and Psychiatry from Year 5 and apply knowledge to clinical scenarios.
- Refer to myPsychiatry for guidance with further self-directed learning to build on Year 5 knowledge
- Understand principles of basic medication, for common mental health disorders.

Summary of Assessment

1. Clinical Supervisor Report

2. Single Case Based Exam (SCBE): This a live actor/patient assessment performed by you, usually graded by two examiners, in the last week of your attachment. This involves a 15 minute interview and assessment of a patient with psychiatric symptoms, followed by a 15 minute viva which consists of (but is not limited to) reporting of findings/ Mental State Examination, formulation, diagnosis including differential diagnoses, management planning and explanation to the patient. If it is not possible to hold SCBE assessments in 2021, due to a resurgence in Covid for example, a miniCEX will be undertaken as an alternate clinical assessment.
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 at Auckland City Hospital, Starship Hospital, or in the community. This section provides locally relevant information about your clinical attachments and should be read in conjunction with the information provided by the academic departments in the first part of this guidebook. You will receive more specific information at the start of your attachments.

D.1.2. Clinical Campus Staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Academic Coordinator</td>
</tr>
<tr>
<td>Group Services Manager</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Group Services Team Leader</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

D.1.3. Reporting times for Auckland

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice</td>
<td>Please refer to the attachment description for General Practice in section C.7.5.</td>
</tr>
<tr>
<td>Medicine</td>
<td>8:30am. Dr Nigel Lever. Department of Medicine, Level 12 Auckland Hospital</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>8.15am. Mr Neil Price, Starship Paediatrics Phase 3 Coordinator. Ward 24B, Level 4 Starship Children’s Health, Auckland City Hospital.</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Please see details on Canvas</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Information on your timetable will be provided prior to the attachment, by the PPC. Preceptors: Dr Peter Jones, <a href="mailto:PJones@adhb.govt.nz">PJones@adhb.govt.nz</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>9:00am on the first day</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Dr Simon Bainbridge/Angela Ryan/Karl Jansen/Peter McColl</td>
</tr>
<tr>
<td></td>
<td>Te Whetu Tawera, Building 35, Auckland Hospital, Park Road</td>
</tr>
<tr>
<td></td>
<td>Dr Josephine Stanton/Deborah Heath</td>
</tr>
<tr>
<td></td>
<td>Child &amp; Family Unit, Starship Hospital, 2 Park Road, Grafton</td>
</tr>
<tr>
<td></td>
<td>Dr Richard Worrall/Paul Jones</td>
</tr>
<tr>
<td></td>
<td>Fraser McDonald Unit, Building 15, Auckland Hospital, Park</td>
</tr>
<tr>
<td></td>
<td>Road</td>
</tr>
<tr>
<td></td>
<td>Dr Marcos Melese/Fiona Wilson</td>
</tr>
<tr>
<td></td>
<td>Manaaki House, 15 Pleasant View Road, Panmure</td>
</tr>
<tr>
<td></td>
<td>Dr Ian Goodwin</td>
</tr>
<tr>
<td></td>
<td>Mason Clinic, Gate 2, Carrington Road, Pt Chevalier</td>
</tr>
<tr>
<td></td>
<td>Dr Nicholas Hoeh</td>
</tr>
<tr>
<td></td>
<td>Taylor Centre, 308 Ponsonby Road, Ponsonby</td>
</tr>
<tr>
<td></td>
<td>Dr Prabha Gunawardena</td>
</tr>
<tr>
<td></td>
<td>Lotofale Services, Greenlane, Greenlane Clinical Centre</td>
</tr>
<tr>
<td></td>
<td>Dr Paul Jones/Gary Cheung</td>
</tr>
<tr>
<td></td>
<td>MHS for Older People, Greenlane Clinical Centre, Greenlane</td>
</tr>
</tbody>
</table>

**D.1.4. Access Cards**

Auckland DHB has proximity card access to enable you to enter protected areas at both Auckland City Hospital and Starship Hospital. The card provides access to areas of the hospitals that are relevant to your Year 6 learning. In effect, you are provided with the same access status as a Registered Medical Officer and your use of the card can be traced by security. The card will be taken from you if you fail to comply with the following rules below.

**Rules**

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

- Level 12 will get you to complete an access card form, then, with proof of photo ID, security on Level 5 of ADHB will issue access cards.
- Cards will be issued and returned to ADHB Security in the support building of Auckland City Hospital.
- When you complete your attachment at the hospital, you must return your card to the Level 5 Security office promptly, so it can be reissued to another student. Card numbers are limited, and overdue returns could result in non-availability to other students. Overdue cards will be de-activated.
- If your card is lost or stolen, it must be reported immediately by contacting n.tinkler@auckland.ac.nz. Depending on the circumstances, a replacement fee ($40) may be charged.

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

D.1.5. 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, FMHS or shops in the street). Public perceptions about our diligence to reducing hospital acquired infections count in this regard as well.
- Please do not wear your own jackets or jerseys over the scrubs as these leave lint on the scrubs which compromises our environment in theatre.
- Please do not wash the theatre scrubs yourself as they require high temperature lint free processing.
- If you think your scrubs have been soiled please change them before coming back into theatre.
- Please do not use teal scrubs as a convenient dress code while spending all day on the wards. Blue scrubs are available for those purposes from Taylors (level 3 support building) if required.
- If you are spending 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)
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.

Everyone, surgeons, theatre staff and medical students alike, have been asked to adhere to and actively promote these policies and guide their colleagues should they notice breaches of policy.

D.1.6. Access to electronic patient records
Year 6 students working at Auckland are provided with individual usernames and passwords for accessing patient records electronically. Students are also provided with internet access. Please check the DHB policy on appropriate use. The hospital uses Concerto as its ‘umbrella’ application, which allows integrated access to a number of clinical applications. You may require additional authorisation to access applications such as patient discharge summaries. Year 6 students are also provided with online access to old patient records through 3M. You will be issued a separate password for 3M.

Please note that your ADHB concerto login may expire if not used within three months from the date it is set up. The login can be reset by emailing the School of Medicine office (n.tinkler@auckland.ac.nz). If you experience any problem with the online service, please contact the IS Help Desk on Ext. 27000.

D.1.7. Library access for students based in Auckland
Continue to use the Philson Library, Te Herenga Hauora, and the Library website as usual. You must return all Philson Library books before you go on holiday or on your elective. Refer also to section H for other relevant information about learning resources.

D.1.8. Student carparking
Onsite parking priority is given to patients and DHB employees. Students who are on clinical attachments at Auckland City Hospital and Starship Hospital are requested to use public transport or available street parking in the vicinity of the hospital.

D.1.9. Pastoral care
ADHB welcomes UoA medical students to their “Schwartz Rounds” run at Auckland Hospital. These are monthly safe, confidential forums where all staff and students can talk about their experiences whilst caring for patients and their families, with particular reference to how challenges faced in this context influence emotional wellbeing. Evidence suggests that sharing experiences fosters a sense of shared humanity, illustrates strength, and ensures individuals do not feel alone. Find out more on the
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 that services the population of Counties Manukau, an area that stretches from Otahuhu to Port Waikato and Kaiapoi.

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. Clinical Campus Staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Dean &amp; Head of SACC</td>
</tr>
<tr>
<td>Group Services Manager</td>
</tr>
<tr>
<td>SACC Site Coordinators (Student Administration)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Academic Clinical Discipline Coordinators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
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<tr>
<td>Paediatrics</td>
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<tr>
<td>Psychiatry</td>
</tr>
<tr>
<td>Surgery</td>
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<tr>
<td>Emergency Medicine</td>
</tr>
</tbody>
</table>
D.2.3. Addresses
During the year you will spend time in hospital, out-patient or community-based services/practices. The community placements may be in services located in Otahuhu, Howick, East Tāmaki, Manukau, and/or Papakura.

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

D.2.4. Attachment reporting details
At the start of each attachment, students will be given a short orientation to the attachment by a University SACC administrator and the academic clinician responsible for the attachment. Most will commence between 8:00–9:00 am. You will be advised directly by SACC administration via email of the start time and venue. Some students may be allocated to Starship Hospital for paediatrics.

For General Practice placements, you will be notified directly by the Department of General Practice & Primary Health Care administrators with your reporting information. Please refer to the attachment description for General Practice in section C.7.6.

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.

Please notify the South Auckland Clinical Campus of any clinical placement absences (such as sickness, approved leave or appointments).

Use of cellphones 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 DHB security access card is issued, a refundable deposit of $50.00 must be paid in cash. Payment by cheque, credit card or EFTPOS is not possible.
- When you complete your attachments at the hospital you must return your issued DHB security access card promptly to SACC Administration, so that it can be re-issued 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 access card is lost or stolen, it must be reported immediately to the issuer (South Auckland Clinical Campus Administration Office). Depending on the circumstances, a replacement fee may be charged.
- You may not write on the access 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 6 students are provided access to prepare electronic prescriptions following a compulsory training session. Please also see section E.5.2 which describes important conditions and restrictions around prescribing. A similar system may soon become operational for electronic clinical records.

**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 offer assistance 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.

- How to make appointments is on their website which is found via Counselling services.
- University Health Services (Grafton Campus) can be contacted on (09) 9237681.

**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 or on your Elective. 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 carparking**

- 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](http://www.aclandtransport.govt.nz) 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 serves the populations of West Auckland and the North Shore. The Waitemata Clinical Campus has two physical locations: Level 1, Building 5, North Shore Hospital (NSH) and 3rd Floor Snelgar Building, Waitakere Hospital (WTH). Staff are based at both locations.

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 Campus Staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Dean</td>
<td>Professor Martin Connolly</td>
</tr>
<tr>
<td>Waitemata Clinical Campus</td>
<td>(09) 442 7146</td>
</tr>
<tr>
<td></td>
<td><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>
</tr>
<tr>
<td></td>
<td>027 562 4630</td>
</tr>
<tr>
<td></td>
<td><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>
</tr>
<tr>
<td></td>
<td>027 5624360</td>
</tr>
<tr>
<td></td>
<td>(09) 487 1299 (NSH)</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:janine.joubert@waitematadhb.govt.nz">janine.joubert@waitematadhb.govt.nz</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Academic Clinical Discipline Coordinators</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>Dr Vinod Singh</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Vinod.singh@waitematadhb.govt.nz">Vinod.singh@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Dr Wendy Burgess</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Wendy.burgess@waitematadhb.govt.nz">Wendy.burgess@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Dr Tim Jelleyman</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Timothy.Jelleyman@waitematadhb.govt.nz">Timothy.Jelleyman@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td></td>
<td>Dr Hannah Noel</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Hannah.Noel@waitematadhb.govt.nz">Hannah.Noel@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td></td>
<td>Dr Maneesh Deva</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Maneesh.Deva@waitematadhb.govt.nz">Maneesh.Deva@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Dr Fred Sundram</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:fred.sundram@waitematadhb.govt.nz">fred.sundram@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Surgery</td>
<td>Mr Ian Stewart</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Ian.stewart@waitematadhb.govt.nz">Ian.stewart@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Dr Daniel Anderson</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Daniel.anderson@waitematadhb.govt.nz">Daniel.anderson@waitematadhb.govt.nz</a></td>
</tr>
</tbody>
</table>
D.3.3. Addresses

During your year you will spend time in hospital, out-patient and/or community-based services/practices. Your attachments may be at North Shore or Waitakere Hospitals. In addition, some students may undertake their psychiatry attachment at the Mason Clinic and some students may undertake their paediatrics in Northland, Whakatane and Starship Children’s Hospital.

<table>
<thead>
<tr>
<th>North Shore Hospital</th>
<th>Level 1, Building 5 (Outpatients), North Shore Hospital University of Auckland, c/o Waitemata District Health Board, PO Box 93 503, Auckland, 0740</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waitakere Hospital</td>
<td>55-75 Lincoln Road, Henderson, Auckland Private Bag 93-115, Henderson, Auckland 0650</td>
</tr>
<tr>
<td>Mason Clinic</td>
<td>Unitec Gate 2, Carrington Road, Point Chevalier, Auckland Mason Clinic Regional Forensic Psychiatry, Private Bag 19986, Avondale Auckland</td>
</tr>
</tbody>
</table>

D.3.4. Orientation and Attachment reporting details

There is a cohort orientation at the start of the year, except for those on elective or GP based outside Auckland. 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. Most will commence between 8:00–9:00am. You will be advised by email of your start time and place. For General Practice placements you will be notified directly by the Department of General Practice & Primary Health Care administrators with your reporting information. Please refer to the attachment description for General Practice in section C.7.5. Attachments will be at North Shore Hospital, Waitakere Hospital or community/specialty clinics (e.g. Mason Clinic) and are allocated by the campus.

D.3.5. 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.3.6. 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 drivers licence or passport to orientation. Once issued, the card is programmed with the same level of access as a Registered Medical Officer and your use of the card can be traced by WDHB Security. Cards are issued for life but with an expiry date. At the end of your attachment, there is no need to return the card. However, should you re-join the Waitemata Cohort as a year 5 or year 6 student, you will be expected to bring your card with you. Should you not be able to locate you 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 WDHB 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 WDHB 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.
- Wearing your Campus Card Photo ID is a mandatory requirement for being able to use 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 will 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.

**Electronic Prescribing**

WDHB has moved away from paper medication charts and uses electronic prescribing. Year 6 students are provided access to prepare electronic prescriptions following a compulsory training session. Please also see section E.5.2 which describes important conditions and restrictions around prescribing. A similar system may soon become operational for electronic clinical records.

**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 elective.

**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.3.10. 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 carparking

- 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, but with the appropriate permission, students can have the use of the facility. Access is loaded via your WDHB access card. Let the Traffic Department know that you require this access and it will be loaded when your WDHB access card is activated.

Shuttle service

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

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

To book go to http://booking.datasyn.co.nz/schedule/wdhb/BusBooking and follow the instructions.
Public transport

- Bus stops are situated outside the North Shore and Waitakere Hospitals.
- Bus schedules can be obtained from the hospital’s main information/reception desk; or visit the Auckland Transport Website or phone (09) 366 6400.
- Expressway bus service operates from Britomart to Smale’s Farm Station (3 minutes’ walk from North Shore Hospital). This is a frequent, quick, cheap service with a student discount available.
- The nearest train stations for Waitakere Hospital are Henderson and Sturges Road.

D.4. Bay of Plenty Clinical Campus

D.4.1. General Information

Welcome to Tauranga Hospital and the Bay of Plenty DHB. We will do everything we can to ensure you are looked after and receive excellent teaching and clinical experience. Year 6 students in Bay of Plenty are regarded as part of the medical team and have every opportunity to be involved.

Any queries you may have during the year are best directed to the Student Placement Coordinator, Leonie Alley, in the first instance. Alternatively, you may contact the Bay of Plenty Clinical Site Academic Coordinator, Professor Peter Gilling, who is responsible for all academic issues. Attachment coordinators in each discipline are Honorary Clinical Senior Lecturers with the FMHS. They are your first point of contact with the academic departments in Auckland. This section provides locally relevant information about your clinical attachments and should be read in conjunction with the information provided by the academic departments in the first part of this guidebook. Some of the hospital departments will give you more specific information at the start of the attachment.
D.4.2. Clinical Campus Staff

| Administrative Staff |
|---------------------------------|---------------------------------|---------------------------------|
| Head of BOP Clinical Site       | Prof Peter Gilling              | peter.gilling@bopdhb.govt.nz (07) 579 8016 |
| Student Placement Coordinator Tauranga Hospital | Leonie Alley | leonie.alley@bopdhb.govt.nz (07) 579 8694 |
| Clinical Campus Administrator Tauranga Hospital | Sandra Peter | sandra.peter@bopdhb.govt.nz (07) 579 8565 |
| RHIP Programme and Site Coordinator Whakatane Hospital | Matt Sinton | Matthew.Sinton@bopdhb.govt.nz (07) 306 0705 |
| BOP Clinical Campus Business Leader Tauranga Hospital | Sarah Strong | sarah.strong@bopdhb.govt.nz (07) 579 8022 |

D.4.3. Commencement of attachments

Monday, 11\textsuperscript{th} January 2021, 9.30am (or as informed by Tauranga), Clinical School, Ground Floor, Pohutukawa House, Tauranga Hospital, Tauranga.

D.4.4. Attachment Details

**General Practice**

Please refer to the attachment description for General Practice in section C.7.5.
**Medicine**

**Reporting details**

Please report at 8:00am on the first day of your attachment to Leonie Alley, Student Placement Coordinator. Please feel free to ask the attachment coordinator, Dr Kylie Gilmore, any questions you have during your attachment.

**Structure of attachment and expectations**

You will be assigned to one of the medical teams under the direct supervision of one or more consultant physicians. You should have the opportunity to attend at least one medical outpatient clinic per week but are welcome to attend more.

When your team is on-call for admissions, it is expected that you will remain on site until 10pm one evening per week, and over one weekend during your attachment with your team. In addition, you are expected to be available for ward calls during the attachment. The house officer will take the first call from the ward and ask you to go and do the initial assessment of the problem, under the supervision of the house officer. You should liaise with the junior doctors attached to your team regarding this.

During the attachment you will attend and participate in Tauranga Hospital’s formal Department of Medicine teaching programme. You also have the opportunity to attend teaching sessions for junior doctors and the Tuesday lunchtime grand round. There may be other teaching/learning opportunities such as informal tutorials, sub-speciality X-Ray and/or pathology sessions, departmental meetings and visiting departments linked closely to the medical department such as clinical physiology and the day stay unit. Take the opportunity to familiarise yourself with investigations undertaken in the department e.g. clinical physiology (exercise stress testing, pulmonary function testing etc.), echocardiography, sleep studies, endoscopy. You will also attend a regular 9am Tuesday tutorial session with the attachment coordinator.

**Obstetrics & Gynaecology**

**Reporting details**

Please report to Dr Chris Thurnell or the on-call registrar at the Delivery Suite on the first floor of the main hospital at 8:00am on the first morning of your attachment. Local information about your attachment will be received from your supervisor at this first meeting. After this orientation to the department, you will join the clinical team to which you will be attached. You are encouraged to be involved in day-to-day clinical management of patients, and to attend as many clinics and operating sessions as possible. You are expected to be on call at least once a week, and for at least one weekend during the attachment.
Attachment details
You will be given a roster upon commencement allocating you to clinics, long days and one weekend. This will mean attending clinics with different consultants. Medical staff at Tauranga Hospital are divided into two teams and you will be allocated a consultant & registrar in your team who will function as your mentors. You will be responsible to the consultant, the senior house officer and/or registrar working within the team. You will be mainly working in the delivery suite on the first floor and in clinics on the ground floor.

Paediatrics

Reporting details
A full attachment description and timetable including on-call requirements will be provided on the first day by Dr Wilde (Year 6 supervisor) or if he is away, Dr Crossen or Dr Lala. The paediatric departmental teaching timetable will be provided at orientation.

Consultants in Paediatrics
There are ten paediatric consultants (nine involved in providing acute on-call services) and two senior registrars. The two registrars work as junior consultants when on call and are the first point of contact for emergencies and advice for the paediatric house officer when they are on call.

Inpatient work
You will be responsible for the admission and management through to discharge of inpatients under the paediatric team. Remember the need to do discharge planning and summaries, which must be reviewed by the senior house officer or consultant. Five days during the attachment will be spent in SCBU (Special Care Baby Unit). This is usually five days during the attachment rather than five consecutive days.

Outpatient work
You are expected to attend two Paediatric Outpatient Clinics per week. Try and sit in with each consultant at least once. A sheet will be provided for you and the consultant to identify a learning objective for each patient prior to clinic.

Year 6 presentation
You will be expected to present a brief presentation on a paediatric topic late in the attachment. This will be discussed at the beginning of the attachment.
Psychiatry

Reporting details

8.15am on first day of attachment Report to Dr Marcel Hediger, Dr Bronwyn Copeland and Dr Mark Lawrence, Year 6 Coordinators. You will be orientated to the department and receive the information specific to the attachment.

The Te Whare Maiangiangi Unit is the inpatient building, which houses acute adult beds and seclusion care beds. When rotating to the community teams please note that each team has its own team meetings, which you are required to attend. You should avail yourself of other relevant educational opportunities that take place on the campus. However, please confirm with Dr Miller, Dr Copeland and/or Dr Lawrence before you attend any of the specialist teams.

Clinical duties

You will be responsible for assessing patients and monitoring their care, under the direction of the registrar and consultant. You are expected to make progress notes, under supervision, to help develop patient management plans, and to understand the prescribing of psychiatric medicines.

Assessment

The SCBE assessment will take place in Kowhai House, Tauranga Hospital. You will be given detailed reporting instructions during your attachment.

Feedback

After the completion of your attachment and clinical assessment, you will be offered the opportunity for feedback from Dr Hediger, Dr Copeland and/or Dr Lawrence during the last week of your attachment. Feedback will also be provided by your consultant as part of the assessment for the attachment.

General Surgery and Emergency Medicine

Reporting details

Reporting details to be advised – contact Leonie Alley to confirm. The attachment coordinator is Mr Jeremy Rossaak.

<table>
<thead>
<tr>
<th>Clinical Teams and Contacts for Specialty Surgery Attachments</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
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<tr>
<td>Emergency Department</td>
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</tbody>
</table>
**Attachment**

The attachment consists of four weeks in general surgery and 7 shifts over a two week period in emergency medicine at either the beginning or end of the attachment.

**Attachment details**

You are strongly encouraged to attend clinics, as you will gain intensive exposure to a great deal of clinical material and consultant teaching.

You are expected to be available for one call night per week up to approximately 10pm, and one weekend during the attachment. In addition, you are expected to be available for ward calls on two evenings during the attachment under the supervision of the house officer.

Attendance in the operating theatre is encouraged, particularly if you admitted the patient. However, hours spent standing in theatre observing (i.e. not scrubbed) during long operations may be better spent elsewhere. You may be asked to assist on occasions, which gives you more involvement and interest in the case than merely observing.

**Clinical Imaging**

**Reporting details**

The Coordinator is Dr Elton Zheng.

Please report to Leonie Alley at 8.00am at the Clinical Site, Pohutukawa House on Monday morning. Radiology is a clinical area and you will not be allowed to go there if you have not complied with DHB requirements regarding MRSA clearance and TB screening.

You will also have your elective interview during this week. You will be advised of the time and venue by email.

**D.4.5. Health and safety**

Students working in the BOPDHB may access local information from:

- Student Placement Coordinator, Leonie Alley, (07) 579 8000 ext. 8694
- Human Resources Department, (07) 579 8000 ext. 8812
- Infection Control Nurse Consultant, (07) 579 8000 ext. 8619
- Health and Safety Advisor, ext. (07) 579 8000 8374
- Mentoring and Counselling via Student Placement Coordinator, Leonie Alley (07) 579 8000 ext. 8694
You still have access to Health and Counselling services at Auckland University (refer section G.2).

**D.4.6. Teaching and learning**

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

**D.4.7. Library services for students based in Tauranga**

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

Students on clinical placement outside the Auckland region may register for flexible (distance) services at no charge. Books you request using the service are couriered to you. You must return all Philson Library books before you go on holiday or on your elective.

Bay of Plenty District Health Board Libraries

<table>
<thead>
<tr>
<th>Librarians</th>
<th>Tauranga</th>
<th>Whakatane</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Raewyn Adams</td>
<td>Carol Charters</td>
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<tr>
<td></td>
<td>Lynley Whitaker</td>
<td>07 306 0999 Ext 4819</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Hours</th>
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<tbody>
<tr>
<td>Monday – Friday</td>
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<td>8.00am – 5.00pm</td>
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<tr>
<th>Email</th>
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<tbody>
<tr>
<td><a href="mailto:library@bopdhb.govt.nz">library@bopdhb.govt.nz</a></td>
</tr>
</tbody>
</table>

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

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

**D.4.8. Regional Māori Health Services**

BOPDHB, through Regional Māori Health, delivers a number of services and supports a number of strategies to ensure that health services across Mai I Nga Kuri a Wharei are appropriate and supportive of Māori health and wellbeing.

These include specialist Māori staff that support Urihaumate (patients) through the clinical systems and process of our organisation through the medium of Te Reo me ona...
Tikanga (Māori Language, Values and Beliefs), a medical ward dedicated to support Māori nursing that supports Māori Wellness and Kaumatua representation of the 18 iwi that stretch across the BOPDHB.

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

**D.4.9. Regional Māori Health Services Te Matakite Vision**

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

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

Takahia Te Ara Poutama O Tawhaki
Kia U Te Waka Whakairo O
Te Kupenga A Irakewa
Ki Te Tihi O Nga Rangi Tuhaha.
To Journey The Ascending Pathway
Of Tawhaki So The Intricately Carved Waka
Belonging To The Descendants Of Irakewa
May Strive Towards The Highest Peaks
Within The Heaven

Director Regional Māori Health Leadership

Key
- : Iwi Relationship
- - : Management Relationship
- --- : Direct Reports
- ---- : Service Matrix

Medical Director

Mental Health

Director of Nursing

Allied Health Leader

COO

Pou Tahu Ahorangi
Director Regional Māori Health

Kahutu Kaumatua Council

Business Leaders

Nurse Leaders

Clinical Leaders

Te Kahika Whakahaere Regional Manager

Te Pounamu Ahorangi
Refhua Clinical Coordinator

Tumu Takahi Projects Coordinator

Te Tumuherenga Workforce Coordinator

Pou Manutakihoe PA

Pou Tahu Cultural Coordinator

Mental Health Addiction

Radiology/Anaesthesia & Surgery

Medical, ED & Pharmacy

Women, Child & Family

Clinical Support

Non-Clinical Support

Regional Community

Service Delivery
Workforce/HR
Planning
Relationships
Leadership
D.5. Northland Clinical Campus

D.5.1. General Information

The Northland cohort is based in the Northland DHB, with attachments occurring both at Whangarei Hospital and in the community. We will do everything we can to ensure you are looked after and receive excellent teaching and clinical experience. Year 6 students in Whangarei are regarded as part of the medical team and have every opportunity to be involved.

The Pōwhiri/ welcome will take place on Monday morning 11th January at 9am in the University of Auckland meeting room, level 2, Maunu House, Whangarei 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. Some departments will give you more specific information at the start of their attachment.

D.5.2. Clinical Campus Staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
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</thead>
<tbody>
<tr>
<td>Academic Coordinator</td>
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<tr>
<td>Northland Clinical Site</td>
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<tr>
<td></td>
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<tr>
<td>Site Team Leader</td>
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<table>
<thead>
<tr>
<th>Academic Clinical Discipline Coordinators</th>
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<tbody>
<tr>
<td>General Practice</td>
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<tr>
<td>Medicine</td>
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<tr>
<td>Obstetrics &amp; Gynaecology</td>
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<tr>
<td>Paediatrics</td>
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<tr>
<td>Psychiatry</td>
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<tr>
<td>Surgery</td>
</tr>
<tr>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Clinical Imaging</td>
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</tbody>
</table>
D.5.3. Reporting details

General Practice

Please refer to the attachment description for General Practice in section C.7.5.

The academic GP for Northland is Dr Kyle Eggleton. Students attached to mid-North and Far North practices have an orientation day on their first day. You will be contacted by Elaine Belben, Coordinator, Student Placements for the Te Tai Tokerau PHO: Elaine Belben (elaine.belben@mahitahihaora.co.nz) if you are attached to the following practices: Paihia Medical Services, Russell Medical Centre, Kawakawa Medical Centre, Commercial Street Surgery, Moerewa Medical Services, Broadway Health Centre, Kerikeri Medical Centre, Whangaroa Health Services, Te Whare Hauora & Top Health. You will be sent a start-up pack by email, which includes accommodation options for the area, a snapshot profile of your practice & orientation day instructions.

Hospital attachments

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>8.00am TBC, Department of Medicine</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>8.00am Dr Sarah Goffin, Child Health Clinic</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>8.00am Dr David Bailey, Dept of O&amp;G, Ground Level</td>
</tr>
<tr>
<td>General Surgery</td>
<td>8.00am Dr Raj Patel, Department of Surgery</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>8.00am Dr Gary Payinda, Emergency Department</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>8.00am Dr Chommy Kelly, Tumunako Unit, Whangarei Hospital</td>
</tr>
<tr>
<td>Clinical Imaging</td>
<td>8.00am Dr Luci Bolalailai, Radiology Dept</td>
</tr>
</tbody>
</table>

D.5.4. Whangarei Hospital Security Swipe Cards

Card issue

- Whangarei Hospital
  - Cards are issued by the Northland Clinical Site.
  - If you lose the card, it must be reported immediately by contacting the Site Team Leader at the Northland Clinical Site. A replacement fee is charged.

Please remember that the card access system is in place to ensure that you have the safest possible working environment. Do not do anything that may compromise this protection.
D.5.5. Access to electronic patient records

Year 6 students working at the Whangarei Hospital will be provided with individual user names and passwords for accessing patient records electronically. The arrangement does not include student access to the hospital’s internet services. The hospital uses Concerto as their ‘umbrella’ application, which allows integrated access to a number of clinical applications.

<table>
<thead>
<tr>
<th>DHB Patient Clinical System</th>
<th>Access Issued By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northland Clinical Site</td>
<td>Site Team Leader</td>
</tr>
</tbody>
</table>

If you experience any problem with the on-line service, please contact the relevant IS Help Desk on the following internal hospitals phone numbers: Northland District Health Board (09) 470 0000 Ext 7469

D.5.6. Library services for students based in Northland

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

Students on clinical placement outside the Auckland region may register for flexible (distance) services at no charge. Books you request using the service are couriered to you. You must return all Philson Library books before you go on holiday or on your elective.

Northland 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>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>Library Assistant</td>
<td>TBA</td>
<td>7251</td>
<td>TBA</td>
</tr>
</tbody>
</table>

Further contacts

- Generic email: library@northlanddhb.org.nz
- Phone (09) 430 4101
- Fax (09) 4304106, or 7076 for Internal Fax

Location

- 2nd Floor, next to Conference Room

Opening Hours

- 8.00am – 4.30pm, Monday to Friday

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. Late fines may be imposed.
D.5.7. Student carparking

Students undertaking clinical attachments at Whangarei Hospital have access to staff car parking facilities on a similar basis to hospital staff. Parking costs $1 a day. Cards will be issued by the Northland Clinical Site. If you lose the card, a replacement can be provided by the NDHB Property Services Office.

D.6. Rotorua Clinical Campus

D.6.1. General Information

Welcome to Rotorua Hospital and Lakes DHB. We will do everything we can to ensure you are looked after and receive excellent teaching and clinical experience. Year 6 students in Rotorua are regarded as part of the junior medical team and have every opportunity to be involved.

Any queries you may have during the year are best directed to the Rotorua Medical Student Coordinator, Irene Warren, in the first instance. The Rotorua Clinical Site Year 6 Academic Coordinator is Dr Stephen Bradley and he is responsible for academic issues. Dr Nic Crook is the co-Academic Coordinator, and can be contacted if Dr Bradley is unavailable. Attachment coordinators in each discipline are Honorary Clinical Senior Lecturers appointed by the FMHS.

They are your point of contact with the academic departments in Auckland.

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

D.6.2. Clinical Campus Staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Coordinator Rotorua</td>
<td>Dr Steve Bradley, <a href="mailto:Stephen.Bradley@lakesdhb.govt.nz">Stephen.Bradley@lakesdhb.govt.nz</a> (07 349 7955 ext. 7884)</td>
</tr>
<tr>
<td>Co-Academic Coordinator</td>
<td>Dr Nic Crook, <a href="mailto:Nic.Crook@lakesdhb.govt.nz">Nic.Crook@lakesdhb.govt.nz</a></td>
</tr>
<tr>
<td>Medical Student Coordinator</td>
<td>Irene Warren, <a href="mailto:irene.warren@lakesdhb.govt.nz">irene.warren@lakesdhb.govt.nz</a> (07) 3497955 ext. 8470 Medical Management Unit, Rotorua Hospital</td>
</tr>
</tbody>
</table>
D.6.3. Commencement of attachments

Rotorua Hospital Monday 11th January 2021, 8.20am, Atrium, Main Entrance ground floor.

Whakatau

All students, except those on their elective, are expected to attend a Whakatau on the morning of Monday 11 January. A whakatau is a formal Māori welcome that will be accorded by the Lakes DHB Māori Health Team. This will be followed by an explanation of administrative processes including the IT system, security badges and an orientation. Clinical attachments commence on Tuesday 12 January.

D.6.4. Reporting details

General Practice

Please refer to the attachment description for General Practice in section C.7.5. Although the department makes efforts to place students in the Bay of Plenty, this is not always possible. Some rural attachments are in more remote rural areas including Murupara, Kawhia and Colville.

Rotorua students will attend the one day seminar and reflective practice session at the Waikato Clinical Campus. The academic coordinator for Hamilton and Rotorua is Dr Liza Lack.

Medicine

Reporting details

Please report at 8.00am to Medical conference room, Level 2, Bridgman South Building, Rotorua Hospital on the first day of your attachment. The attachment coordinator is Dr Nic Crook.

Structure of attachment and expectations

You will be assigned to one of the four medical teams under the direct supervision of a consultant physician. You should have the opportunity to attend at least one medical outpatient clinic per week. It is assumed you will assist your team with routine phlebotomy and other procedures as required.

When your team is on-call for admissions, it is expected that you will remain on site until 10pm one evening per week, and also work one weekend during your attachment. You are also expected to be available for evening ward calls twice during the attachment. The house officer will take the first call from the ward and ask you to go and do the initial assessment of the problem, under the supervision of the house officer.
Ward calls will usually be from 4.30-10pm; you should liaise with the junior doctor attached to your team.

During the attachment you will attend and participate in Rotorua Hospital’s formal medical teaching programme, including the medicine/ radiology meeting, Thursday lunchtime teaching sessions for junior doctors and the Friday lunchtime grand round.

**Relevant learning opportunities**

<table>
<thead>
<tr>
<th>Session</th>
<th>Day and Time</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>RMO Teaching</td>
<td>Thursdays 12.30 – 1.30pm</td>
<td>Medical Conference Room 2nd floor Bridgman South Building</td>
</tr>
<tr>
<td>Grand Round</td>
<td>Fridays 12.30 – 1.30pm</td>
<td>CSB Conference Room, 3rd floor</td>
</tr>
</tbody>
</table>

**Obstetrics & Gynaecology**

**Reporting**

The week before your attachment commences, you will be sent an orientation letter with detailed instructions to your DHB email address.

Please join the morning handover at 8.00am on the first morning of your attachment. Dr Alice Pan will review your logbooks and discuss the orientation document at this first meeting. You are encouraged to be involved in day-to-day clinical management of patients and to attend as many clinics and operating sessions as possible. Expect to be on call at least one evening a week and for at least one weekend during the attachment.

**Teaching sessions**

Teaching is provided ‘on the go’ with no formal sessions; however, our expectation is that you will learn with each case you encounter.

**Paediatrics**

**Reporting details**

Please report to Woman, Child & Family Service (WCF) conference room, 1st floor, Ngati Whakaue building, Rotorua Hospital at 8.00 am on the first day of your attachment. Dr Davidkova (Year 6 Liaison), Dr Bradley, or one of their colleagues will orientate you to the department on the first day of your attachment.
Attachment details

You are allocated to a consultant for the attachment, mainly Dr Davidkova. Each consultant has an individual roster, which will vary from week to week. Find out each consultant’s schedule from them at the start of the attachment. You will be responsible to the consultant, the senior house officer and/or registrar working within the team.

**Note** that there is a consultant ‘on the ward’ each week. When doing inpatient work, this is the person to whom you will be responsible, the consultant changes each week. However, in outpatient work and for overall supervision, there will be one designated paediatrician to supervise you, usually Dr Davidkova.

Inpatient work

You will be responsible for the admission and management to discharge of a number of patients within the paediatric team. You will be expected to see patients, work in the children’s ward, SCBU and paediatric referrals from GPs and ED. Duties will include assisting with inpatient management and assistance on ward rounds, obtaining appropriate blood and other samples under the supervision of the SHO, Registrar and/or Consultant and following up on results. You will be "on call" one long day a week, and a minimum of one weekend on the attachment.

Outpatient work

You are expected to attend Paediatric Outpatient Clinics with your supervising consultant when your ward duties allow.

Please check with Dr Davidkova at the start of the rotation.

Learning opportunities

The Paediatric Departmental teaching takes place as follows:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Aspect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday afternoon</td>
<td>12:00-12:45 hours</td>
<td>Paediatric X-ray meeting</td>
</tr>
<tr>
<td>Monday afternoon</td>
<td>12:45-14:00 hours</td>
<td>Paediatric teaching, Inpatient review and Te Reo teaching</td>
</tr>
<tr>
<td>Tuesday lunchtime</td>
<td>12:30-13:30 hours</td>
<td>SHO teaching</td>
</tr>
<tr>
<td>Wednesday morning</td>
<td>08:00-09:00 hours</td>
<td>Starship Update (Videoconference)</td>
</tr>
<tr>
<td>Thursday lunchtime</td>
<td>12:30-13:30 hours</td>
<td>SHO Teaching</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Friday morning CSB Conference Room</td>
<td>08:30-09:15 hours</td>
<td>Perinatal meeting fortnightly alternating with Scenario Teaching in the Boardroom</td>
</tr>
<tr>
<td>Friday lunchtime (Either/ or option)</td>
<td>12:30-13:30 hours</td>
<td>Rotorua hospital Grand Round, CSB Conference Room</td>
</tr>
<tr>
<td></td>
<td>13:00-14:00 hours</td>
<td>Starship Grand Round (video-conference) WCF Conference Room</td>
</tr>
</tbody>
</table>

**Neonatal expectations**

You are expected to spend time on the Newborn Unit, attend deliveries and be part of the neonatal team as you are attached to a paediatric SHO.

**Psychiatry**

**Reporting details**

8.30am on first day of attachment report to Dr Jennifer Macks, Psychiatrist to the inpatient unit, Whare Whakaue. You will be orientated to the department and receive information specific to the attachment.

Your attachment is based for three weeks in general adult inpatient psychiatry with one-week rotation to community psychiatry, but opportunities for exposure to emergency psychiatry, Mental Health for the Older Person, Consultation and Liaison Psychiatry and Child and Adolescent Psychiatry exist. You may also be able to visit police cells in Rotorua for assessments with the Crisis Assessment Team.

The Whare Whakaue Unit is the inpatient facility, which houses 14 acute beds (adult, psychogeriatric and detox) and two seclusion care beds. When rotating to the community teams and Adult community, ICAMHS and MHSOP please note that each team has its own team meetings, which you will be required to attend. You should take advantage of other relevant educational opportunities within the department especially history taking in new patient clinics. Please consult either Dr Macks or Dr van Zyl(psychogeriatric) or Dr Quan (adult community) or Dr Khan (ICAMHS) before you attend any of the specialist teams. Your attendance at a community clinic needs to be prearranged and discussed with the respective team.

**Clinical duties**

You will be responsible for assessing patients and monitoring their care, under the direction of the registrar and consultant. You will be expected to make progress notes under supervision, to help develop patient management plans, and to understand certain prescribing.
Learning opportunities

In addition to a daily MDT handover 8.30 – 9.30am you are encouraged to participate in the weekly psychiatric teaching programme/journal club on Tuesday from 2.30pm.

Assessment

The SCBE assessment will take place in Rotorua on the last Friday of the attachment. You will be given detailed reporting instructions during your attachment.

Feedback

You will primarily be working alongside Dr Jennifer Macks. After the completion of your attachment and clinical assessment, you will be offered the opportunity for feedback from Dr Macks during the last week of your attachment.

General Surgery

Reporting details

You should report at 7.45am on the first day of the General Surgery attachment to the Surgical Unit, 2nd floor, Rotorua Hospital. The attachment coordinator is Mr Anupam Modi.

Attachment details

The attachment consists of four weeks of general surgery. This will either be preceded or followed by your emergency medicine attachment. Details of the weekly tutorials will be given at the beginning of or during the attachment.

You are strongly encouraged to attend clinics, as you will gain intensive clinical exposure and consultant teaching.

You are expected to be available for one call night per week until approximately 10.00pm, and one weekend during the attachment. In addition, you are expected to be available for ward calls on two evenings during the attachment, under the supervision of the house officer.

Attendance in the operating theatre is encouraged, particularly if you admitted the patient. However, hours spent standing in theatre observing unscrubbed during long operations may be better spent elsewhere. You may be asked to assist on occasions, which will give you more involvement. You should be able to gain experience in wound suturing, provided you present yourself and appear enthusiastic.
**Emergency Medicine**

The Lead Clinical Teacher is Dr Mazen Shasha.

All students will do 7 shifts over a two week period in the Emergency Department. This will occur either before or after your general surgical attachment. Your emergency medicine roster will be scheduled to fit in with staff rosters (morning/afternoon/evening shifts) so that you can gain the best experience possible. Dr Shasha will advise on this at the beginning of the attachment. However you should report to the Emergency Department at 9.00am on your first day. We expect students to attend our departmental teaching on Tuesday from 11am-2pm.

**Clinical Imaging**

**Reporting details**

The Coordinator is Dr Barbara Hochstein.

Please report to the Radiology Department at 8.00am on Monday morning. Radiology is a clinical area. Therefore students returning from elective must provide new evidence of their TB status if they have been working in an area where TB is endemic. Note that you will usually also have your elective interview during this week. You will be advised of the time and venue by email.

**D.6.5. Health and safety**

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

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

Note also that you still have access to Health and Counselling services at Auckland University (refer section G.2).
D.6.6. Your health status
Before commencing work at Lakes DHB, you need to provide evidence of the following:

- Completed Health Questionnaire form
- Immunity status and test results

This information should be forwarded to Irene Warren, Medical Student Coordinator well before you arrive in Rotorua. You will not be allowed in clinical areas until this has been received, and you will be required to make up any time lost from your clinical attachment. Do not leave it until you arrive in Rotorua. Students returning from electives must provide new evidence of their TB status if they have been working in an area where TB is endemic.

D.6.7. Mentors
Mentors are available to students during the year at the Rotorua Clinical Site. Mentoring is a process whereby you can receive guidance in matters relating to your academic progress and general wellbeing. Having a mentor is strongly encouraged, and potentially a significant advantage to you. Mentors are all local doctors, who have volunteered their time to help you. They may be in general practice or hospital based, and may or may not be involved directly in student teaching.

Whilst all students may benefit from the mentoring relationship, students who have been ‘tagged’ from Year 5 will be formally approached and offered a mentor, as will any student who appears to be having difficulties.

If you would like to take advantage of this opportunity you should approach Dr Steve Bradley or Irene Warren in the first instance.

D.6.8. Teaching and learning
In addition to teaching from Rotorua consultants, videoconferencing may be offered for some tutorials. The videoconferencing equipment is located in the University of Auckland teaching room on Level One, Bridgman North building. This room also has eight computer workstations linked directly to University of Auckland fileservers and two Lakes DHB computers for your use.

D.6.9. Library services for students based in Rotorua

The Philson Library, Te Herenga Hauora, and the Library website
Students on clinical placement outside the Auckland region may register for flexible (distance) services at no charge. Books you request using the service are couriered to
you. You must return all Philson Library books before you go on holiday or on your elective.

**Lakes District Health Board Clinical Library**

<table>
<thead>
<tr>
<th>Librarians</th>
<th>Janet Arnet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Brendan Smith</td>
</tr>
<tr>
<td><strong>Hours</strong></td>
<td>Monday – Friday</td>
</tr>
<tr>
<td></td>
<td>8.00am – 4.30pm</td>
</tr>
<tr>
<td><strong>Contact</strong></td>
<td>Telephone : 07 349 7912</td>
</tr>
<tr>
<td></td>
<td>Internal ext.: 7912</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:medlib@lakesdhb.govt.nz">medlib@lakesdhb.govt.nz</a></td>
</tr>
</tbody>
</table>

Students are welcome to borrow books from the Lakes DHB library following a registration process. Items are issued for three weeks. All items must be returned if you are going away on leave.

**D.6.10. Māori Health**

**Lakes District Health Board and Māori Health**

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

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

Te Aka Matua Kaupapa Services mission is to:

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

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

**Te Oranga (Taupo Hospital)**

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

**Po Te Atatu (Māori Mental Health)**

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

- Po Te Atatu work in Whare Whakaue Inpatient Unit and Mental Health Community Teams
- Provide cultural support, assessment and intervention
- Supports Whanau Ora
- Works in partnership with staff

**D.7. Taranaki Clinical Campus**

**D.7.1. General Information**

Welcome to the Taranaki Clinical Site and the Taranaki community. We are looking forward to providing an excellent learning experience for you. While your cohort is based in the Taranaki Base Hospital, you will gain experience with consultants during outpatient clinics in smaller towns, and other opportunities to learn in the community. We will do everything we can to ensure you are looked after and receive excellent teaching and clinical experience.

Year 6 students in Taranaki are regarded as junior members of the health care team and have every opportunity to be involved.

The welcome will take place on the morning of Monday 11th January 2021. You will be advised of the precise time and location closer to the date.
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 departments may give you more specific information at the start of their attachment.

### D.7.2. Clinical Campus Staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic Coordinator</strong></td>
<td><strong>Taranaki Clinical Site</strong></td>
</tr>
<tr>
<td>Dr John Doran</td>
<td><a href="mailto:John.Doran@tdhb.org.nz">John.Doran@tdhb.org.nz</a></td>
</tr>
<tr>
<td><strong>Site Coordinator</strong></td>
<td></td>
</tr>
<tr>
<td>Taryn Hall</td>
<td><a href="mailto:Taryn.Hall@tdhb.org.nz">Taryn.Hall@tdhb.org.nz</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Academic Clinical Discipline Coordinators</th>
<th></th>
</tr>
</thead>
</table>
| **General Practice** | Dr Ngaire Kerse  
Dr Nadja Gottfert  
n.kerse@auckland.ac.nz  
n.gottfert@auckland.ac.nz |
| **Medicine** | Dr Allister Williams  
Allister.Williams@tdhb.org.nz |
| **Obstetrics & Gynaecology** | Dr Lindy Fookes  
lindy.fookes@tdhb.org.nz |
| **Paediatrics** | Dr John Sanders (till 1.3.21)  
Dr Silvia Croker  
John.Sanders@tdhb.org.nz  
Silvia.Croker@tdhb.org.nz |
| **Psychiatry** | Dr Yariv Doron  
Yariv.Doron@tdhb.org.nz |
| **Surgery** | Mr Falah El-Haddawi  
Mr Glenn Farrant  
Falah.El-Haddawi@tdhb.org.nz  
farrant@me.com |
| **Emergency Medicine** | Dr Jennifer Lim  
Jennifer.Lim@tdhb.org.nz |
| **Clinical Imaging** | Dr Peter Canaday  
peter.canaday@tdhb.org.nz |
D.7.3. Reporting details
At the start of clinical attachments at Taranaki Base Hospital, students will be given a short orientation by the Academic Coordinator. Reporting details and any individualised timetables will be confirmed by the Site Administrator by email prior to commencement of the attachment.

Hospital attachments and start times

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Details</th>
</tr>
</thead>
</table>
| Medicine                          | 8.00am Dr Allister Williams  
Education Centre, Room 4 or 5                                                  |
| Paediatrics                       | 8.00am TBC, Ward 2B                                                             |
| Obstetrics and Gynaecology        | 8.00am Dr Lindy Fookes, Labour Ward Foyer                                    |
| General Surgery                   | 8:30am Mr Falah El-Haddawi Endoscopy Unit, email Mr ElHaddawi the week prior to find out your team allocation. |
| Emergency Medicine                | Email Dr Jennifer Lim the week prior to arrange                              |
| Psychiatry                        | 8.00am Dr Yariv Doron, Room B108, Community and Adolescent Mental Health Service |
| Clinical Imaging                  | 8.30am Dr Peter Canaday, Fulford Radiology Conference Room                  |

General Practice arrangements
Please refer to the attachment description for General Practice in section C.7.5.

All Year 6 regional/rural general practice placements are arranged through the Department of General Practice & Primary Health Care in Auckland. The Year 6 practicum placement coordinator is Litea Tubu (l.tubu@auckland.ac.nz).

Depending on the distance from New Plymouth, some students may need to find accommodation near to their general practice attachment. A GP academic may travel down from Auckland to run the Symposium day (oral case presentations and reflective groups) or may join the group at the DHB by videoconference. Students from other cohorts who are also attached to Taranaki practices will join the Taranaki online discussion group and the Symposium day.
D.7.4. Taranaki Hospital Security Swipe Cards

Card issue
- Cards are issued at the Taranaki Clinical Site by the Human Resources Department at the end of the induction.
- If you lose the card, it must be reported immediately by contacting the SMO/Site Coordinator at the Taranaki Clinical Site. A replacement fee may be charged.
- You may not write on the card or label the card in any way.

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

D.7.5. Access to electronic patient records

Year 6 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 within a Citrix environment;
- 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

D.7.6. Library services for students based in Taranaki

The Philson Library, Te Herenga Hauora, and the Library website
Students on clinical placement outside the Auckland region may register for flexible (distance) services at no charge. Books you request using the service are couriered to you. You must return all Philson Library books before you go on holiday or on your elective.
### 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>Gen Martin</td>
<td>7913</td>
<td><a href="mailto:Gen.Martin@tdhb.org.nz">Gen.Martin@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>7.00am – 4.00pm, Monday to Friday. Access available by door code 24/7.</td>
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</tr>
</tbody>
</table>

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

Students may borrow material from the DHB library. The standard loan period for books is four weeks, with one renewal allowed. Please check limits to the number of books able to be borrowed at any one time. Please do not take books away on electives without prior arrangement. There are no fines for overdue books but replacement fees apply for any lost or damaged books.

#### D.7.7. Student carparking

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.

#### D.7.8. 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 $120.00 per week and rooms with double beds are $140.00 per week. Costs are subject to change. It may be possible to vacate your room and store your belongings while you are on your elective. For further information, contact the hostel manager. Email: graeme.watts@tdhb.org.nz Phone: + 64 6 753 6139 extn 8899 Mobile: 027 289 6302.
D.8. Waikato Clinical Campus

D.8.1. General Information
This section provides locally relevant information about your clinical attachments and should be read in conjunction with the information provided by the academic departments in the first part of this guidebook. Some of the hospital departments will give you more specific information at the start of the attachment.

D.8.2. Clinical Campus Staff

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

<table>
<thead>
<tr>
<th>Academic Clinical Discipline Coordinators</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>Dr Marianne Elston</td>
<td><a href="mailto:Marianne.elston@waikatodhb.health.nz">Marianne.elston@waikatodhb.health.nz</a></td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Dr Richard Foon</td>
<td><a href="mailto:richard.foon@waikatodhb.health.nz">richard.foon@waikatodhb.health.nz</a></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Dr Alex Wallace</td>
<td><a href="mailto:alex.wallace@waikatodhb.health.nz">alex.wallace@waikatodhb.health.nz</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Dr Etu Ma’u</td>
<td>Etuini.ma’<a href="mailto:u@waikatodhb.health.nz">u@waikatodhb.health.nz</a></td>
</tr>
<tr>
<td></td>
<td>Dr David Brunskill</td>
<td><a href="mailto:David.brunskill@waikatodhb.health.nz">David.brunskill@waikatodhb.health.nz</a></td>
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<tr>
<td>Surgery</td>
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<td>Hauora Māori MAPAS support</td>
<td>Dr Jade Tamatea</td>
<td><a href="mailto:jade.tamatea@waikatodhb.health.nz">jade.tamatea@waikatodhb.health.nz</a></td>
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D.8.3. Commencement of Year 6
Waikato Hospital; Monday 11th January 2021 – 9.00am- Waikato Clinical Campus (WCC), Seminar Room 2.
D.8.4. Attachment details

General Practice

Please refer to the attachment description for General Practice in section C.7.5. Although the department makes efforts to place students in the Waikato, this is not always possible. Some rural attachments are in more remote rural areas including Murupara, Kawhia and Colville.

Medicine

Reporting details

You will receive your team attachment notification via hard copy in your mail drop based in the computer lab at Waikato Clinical Campus.

Structure of attachment

- You are attached to one of the medical teams under the direct supervision of a senior lecturer, and will be directly responsible to the consultant leading that team.
- You are responsible for attending at least one medical outpatient clinic per week, with your consultant physician, seeing either new or follow-up patients and presenting your assessment and management plans to the consultant physician.
- You must attend and participate in the WCC’s teaching programme. This includes the weekly Grand Round between 12.30 and 1.30 pm Thursdays, the weekly Medical Unit clinical meeting in the lecture theatre in the Acute Medical Unit (AMU) midday Tuesday, and any formal tutorials for which you will receive details from WCC administration.
- You must attend the specific teaching sessions and x-ray conferences associated with your ward attachment.

Obstetrics & Gynaecology

Reporting details

An orientation to O&G will be held by Dr Richard Foon, your local Year 6 Co-ordinator. You will be assigned to a team.

Your tutors are Dr Richard Foon (Supervisor) or Dr Cor Van Der Wal. Local information about your attachment will be received from your tutor. Should your first day fall on a statutory holiday, you will need to check at the WCC the previous week for alternative arrangements.
Review your logbook and Year 5 experience to assess your learning needs and plan what you need to focus on during the attachment.

As part of the clinical team, you will be assigned to a registrar or a SMO of the team as a contact person. The registrar/SMO can help you with orientation to the unit and act as a mentor. They can provide you with information about procedures and practices as well as activities within the unit. You may follow your contact clinician according to their roster, but you should ensure you gain experience across the different areas of O&G including ED, theatre, clinics and the wards. You are welcome to attend any clinical activities of the team e.g. consultants, SHO & registrars as well as nurse-led clinics such as EPAC. You should plan your daily activities based on a self-assessment of your needs, your experience to date and the opportunities available. Your supervisor and registrar/SMO can provide you with guidance.

**Paediatrics**

**Reporting details**

Please report on day one of your attachment to Dr Alexandra Wallace or Dr Penny Brandt at 9.00am at Level 6, ERB unless advised otherwise. Any queries should be directed to Drs Wallace or Brandt.

The Waikato paediatric attachment provides plenty of opportunities for exposure to a wide range of child health experiences. We expect you to attach yourself to your ward team, participate in your team’s acute call schedule, attend your clinic at least twice a week, and engage fully in the Department’s teaching programme. We are keen for you to become part of the paediatric team, to immerse yourself in the work of the wards and wider department, and to get a really good feel for how to look after sick children and their families. Throughout your attachment Drs Wallace or Brandt will be your primary point of contact. Drs Sadani or McCay can be contacted if Drs Wallace or Brandt are not available.

**Psychiatry**

**Reporting details**

You should report at the time and location stated in your packs on the first day of the Psychiatry attachment.

The Waikato DHB Mental Health and Addiction Service, based at Waikato Hospital, provides a wide range of psychiatric services including General Adult, Forensic, Mental Health Services for Older People (MHSOP). Some Mental Health (Crisis Assessment and Treatment (CATT), Child & Adolescent Service, Community Alcohol and Drug Service, Rehabilitation Service for High and Complex Needs) are in the community. The General Adult, Forensic and Older Person Services all provide both inpatient and community
services. All inpatient assessment and treatment take place at the Henry Rongomau Bennett Centre (HRBC).

You will have the opportunity to refresh the psychiatric knowledge learned in Year 5 and to put this into practice under the supervision of your consultant and registrar. You will learn from other clinical staff including nurses and social workers. You are expected to apply yourself diligently and to take advantage of the learning opportunities available to you. Clinical duties are the major priority as these provide you with the best opportunities for learning. You are also expected to participate in out-of-hours clinical situations.

You are required to attend all scheduled tutorials, the Grand Round on Thursdays at noon and the Journal Club on Wednesdays at 0830.

**General Surgery and Emergency Medicine**

The six-week surgical attachment consists of four weeks in general surgery and 7 shifts in emergency medicine over a period of two weeks.

**Reporting details**

Please report to your allocated team on day one at 8.00 am. You will receive a roster in advance, giving team attachment details and advising of the dates of your emergency medicine attachment.

**Attendance**

You are expected to attend acute call including one weekend on call. You should also attend one or two vascular clinics. This is best done in pairs. The clinics available are with Mr Ferrar on a Monday morning, Mr Kashram on a Wednesday afternoon and Mr Holdaway on a Thursday morning. Regular general surgical and subspecialty general surgical clinics are also run with attendance expected. Inquire about times with your allocated teams.

You are also expected to attend a Day Theatre session to be taught basic operative techniques and to see minor surgery. Suture workshops are held approximately three times per year.

**NB:** Please be aware of the policy concerning labelling requirements for Laboratory Samples.
**Weekly tutorials**

| Mr Ly                        | - operative care  
|------------------------------|-------------------
|                              | - pre-operative assessment  
|                              | - post-operative complications  
|                              | - miscellaneous/ requested topics/clinical case  
|                              | - suturing session  
| Other topics with appropriate patients | - the acute abdomen  
|                              | - colorectal pathology  
|                              | - breast disease  
|                              | - pancreaticobiliary pathology  
|                              | - thyroid pathology  
|                              | - hernias  
|                              | - vascular problems  

**Meetings**

You are expected to attend the weekly Tuesday clinic-radiology meetings from 8.30-9.00am (Level 1 radiology meeting room) and the weekly Thursday clinical meetings from 8.00-9.00am (Level 4 Waiora meeting room). There is a four-weekly rotation for the clinical meetings; two are case presentations with brief literature review and discussion; one is a clinic-pathology meeting; and one is a surgical audit session. You are also welcome to attend the Friday morning surgical registrar teaching session from 7.00am.

There is a weekly Wednesday 8.00am Multidisciplinary Breast Cancer meeting. Year 6 students are welcome to attend this and the Wednesday afternoon Breast Screening Programme Assessment Clinic. In addition, there is a weekly Vascular Radiology meeting on Fridays at 9.00am, as well as a weekly Colorectal multidisciplinary meeting at 8.00am on Wednesday.

**Clinical Imaging**

**Reporting details**

The Coordinator is Dr Aideen Ni Mhuineachain. Please report to the WCC by 9:00am.

Your timetable will be given to you on Monday of your Clinical Imaging week. Attendance at tutorials is compulsory. You are expected to be on time. The course handouts will be given to you at the start of the week.

- You will be required to log into the Waikato Hospital computer network and PACS. Please make sure your passwords are current.
- We encourage you to attend any radiology conferences. They are listed on the weekly timetable.
D.8.5. Log in access to electronic patient records

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

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

D.8.6. Occupational Health and Safety

Waikato students can access local information via:

- Raewyn Wooderson, Manager, WCC
- Infection Prevention and Control Department, (07) 839 8899 Ext.98113
- Health & Safety, Karren Moss, (07) 839 8899 Ext.98608
- Counselling and/or mentoring contacts can be sought via Raewyn Wooderson, or directly to Counselling Services at Grafton Campus (Auckland) on (09) 923 7681 or 09 923 7895 City Campus (Auckland).

D.8.7. Mentors

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

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

While all students may benefit from the mentoring relationship, students who have been ‘tagged’ from Year 5 will be formally approached and offered a mentor, as will any student who appears to be having difficulties.

To take advantage of this opportunity, you should approach Raewyn Wooderson in the first instance.

D.8.8. Laboratory and labelling – Waikato DHB policy
Labelling requirements for laboratory samples and forms

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

The policy requirements are:

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

All samples/ request forms that do not comply will be rejected. As stated in the policy, critical or irreplaceable samples are exempt. However, an Error Collection Declaration Form must be completed before results are released. In exceptional circumstances, the Medical Laboratory Scientist, in consultation with the authorised requestor, may release results without prior completion of the declaration form. Refer to policies for details.
Phlebotomy Service: Phlebotomists will not collect blood samples when the request form does not comply with the policy as outlined above. The request form will be returned to the clip with a fluorescent yellow label stating the reason for rejection.

D.8.9. Library services for students based at Waikato

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

Students on clinical placements outside the Auckland region may register for flexible (distance) services at no charge. Books you request using the service are couriered to you. You must return all Philson Library books before you go on holiday or on your elective.

Waikato District Health Board Library

Library Hours:

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<td>Monday to Friday</td>
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<td>Saturday</td>
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Students are welcome to become a member of the DHB library while on attachment; take your ID card to register, as registration is required. Advise library staff of your leaving date when registering.

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

E.1. Overarching Rules

- Wear your University of Auckland Campus Card at all times in hospitals and general practices.
- If you are not sure about anything, ask someone who knows.
- 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.
- Do not sign forms saying, “Registered Medical Practitioner”.
- Every time you write your name on any patient-related documentation (on case notes, letters etc.), you must add the endorsement “Year 6 Medical Student” after your signature, as well as the date and time.
- Do not discuss patients in public areas, especially in lifts, corridors or coffee shops.

E.2. Behaviour in the Wards and General Practices

You should adopt professional attitudes with respect to dress and behaviour. Consider the effect of how you present yourself on the therapeutic relationship with patients, and professional relationships with the healthcare team and public. Some minimum expectations follow.

- When working on the wards and in general practices, dress should be professional, neat and tidy.
- 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. Refrain from an extreme hairstyle that detracts from your professional appearance.
- Theatre scrubs are designed to protect patients from outside contamination and to protect your own clothes. They are not a status symbol and should not be worn in inappropriate situations, such as in outpatient clinics or outside the hospital.

E.3. Workload and attendance expectations

You are expected to provide care, under supervision, for approximately one-third of the patients under the care of the team to which you are assigned. Patients should be followed from admission to discharge, or from presentation to problem resolution.
Except where you are on clinical attachments which have rostered shifts, you are expected to be present during normal working hours on weekdays. Be on time. You will be required to work out of hours. In general, you will be expected to do one long call day per week and one weekend per attachment. In some clinical attachments this may include the weekend following the final week of the attachment. You are generally not required to attend after 10.00pm in the evenings, although you may do so if you wish. Please take care if you are leaving the hospital out of hours and follow hospital guidelines concerning such matters as security escorts. Notify your team if you will be absent from key team activities. For issues associated with illness refer to section I.5.

E.4. Specific Requirements and Responsibilities

There are some specific requirements with which you need to be familiar before going to any clinical attachments.

E.4.1. 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 campus card;
- 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. Please see the Medical Students and Informed Consent article in the Clinical Practice: guidelines, policies & legislation section of the Policy Guides.

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

- if the clinical team is present, it is appropriate to request permission from a member of that team; or
- 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.

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 gain advice from the senior members of the clinical team to which you are attached or to consult the Phase 3 coordinator or the Head of Department of the relevant academic department for advice. Alternatively, you may wish to discuss your concerns with the Phase Director or your Student Support Advisor who can also contact the
Directors of Medical Student Affairs if required. Refer to the Clinical Practice: guidelines, policies & legislation section of the Policy Guides for more detail.

E.4.2. Case notes

As a Year 6 medical student you are expected to write case notes and progress notes under the supervision of your more senior colleagues. Always write your name legibly in the notes, with ‘Year 6 medical student’ after your name.

The hospital case records of patients are confidential documents whose custody and security is the responsibility of the DHB. Clinicians in charge of patients are responsible to the Chief Executive Officer (CEO) 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. Electronic case notes are being introduced to some DHBs. You are likely to have write, but not sign, privileges for progress notes. Notes are likely to need to be countersigned, as with electronic prescribing. Further information will be provided as these are rolled out.

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 responsibilities. For example, you must not access your own personal records or those of any acquaintances, including staff. While the system allows users to access any patient record, all access is logged and can be tracked, so you must be able to completely justify every access transaction that you make through Concerto or equivalent electronic patient management systems. Any access that is not authorised under the DHB policy and which you cannot adequately justify will be treated very seriously under the Fitness to Practise policy.

E.4.3. Involvement in acute admitting and out of hours duties

Your clinical team will have rostered periods of acute admitting and out of hours duties. You should take your proper share of acute admitting, including after-hours call. When the team is on acute duty, you need to be present and assist the team as part of your responsibilities during the attachment, unless the consultant rules otherwise. You are expected to attend post-acute ward rounds as these are an essential learning experience. You are generally expected to attend one long day per week and one weekend per clinical attachment. You are generally not expected to be in the hospital after 10pm unless specifically rostered.
E.4.4. Surgical procedures
You are encouraged to assist in the operating theatre and you may be allowed to carry out certain procedures such as suturing. In such situations, there must be a qualified person scrubbed at the table. Long hours spent observing only, are discouraged.

E.4.5. 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 numbers and/or date of birth) can be printed out or copied and stored to any personal device such as a memory stick or laptop computer.

The Health Information Privacy Code and its implications are outlined in the Clinical Practice: guidelines, policies & legislation section of the Policy Guides, and you must know and attend to its requirements. DHB audit systems monitor those accessing patient notes, including the electronic medical record, and misuse is taken very seriously.

E.4.6. General physical examination
You should consider the use of a chaperone for conducting physical examinations, depending upon patient wishes and the general context. This applies to any encounter you have with a patient, irrespective of gender.

Refer also to the Sensitive Examination Policy in the Clinical Practice: guidelines, policies & legislation section of the Policy Guides.

E.4.7. Obtaining consent
Please read the informed consent paper as found on this link. It is the responsibility of the professional performing the procedure or operation to gain consent. Students are encouraged to participate in this process.

Refer also to the Clinical Practice: guidelines, policies & legislation section of the Policy Guides.

E.4.8. Allergies
You must always enquire about drug and other allergies and should take note of any medical alert bracelets.
E.4.9. Carrying infection

Best practice concerning Hand Hygiene should be observed. Remember that all respiratory tract infections are highly communicable, especially in the early stages of illness when streaming nose, cough, sneeze, handkerchiefs and hands are sources of enormous numbers of infectious particles. Similarly, acute gastrointestinal illnesses are highly communicable. Notify your supervisor and stay out of the ward. Infected skin lesions should be covered. If in doubt, please ask your supervisor for advice.

E.5. Signing and Responsibilities

E.5.1. Certificates

A number of certificates commonly used in medical practice must be signed by a registered medical practitioner. A list of these is provided below. You must not sign any of these, even if you are functioning as an acting house officer. It is good practice not to sign anything unless you have checked that you are able to do so.

- Death Certificates
- Cremation Certificates
- Certificates under the Alcoholism and Drug Addiction Act
- Certificates under the Mental Health Act
- ACC Certificates
- Social Security/Invalid Benefits
- Medical Reports for Insurance Companies

E.5.2. Prescribing

It is the legal responsibility of all prescribers to be conversant with the requirements of Section 41 of the Medicines Regulations 1984. If you don’t know the requirements of these regulations, they can be found at:


Students should not sign prescriptions under any circumstances.

1. For in-patients, prescriptions may be written on the official hospital drug chart but must be signed by a registrar, house officer, or other registered medical practitioner.

2. For out-patients, 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 out-patients and while in general practice.
Electronic Prescribing

Electronic prescribing is being progressively rolled out in hospitals in New Zealand. Where this is occurring in University of Auckland teaching hospitals, frameworks are being developed for year 6 students to prepare the electronic prescription of medications. If this occurs in your DHB during your year 6, you will be informed and receive training. Principles 2. and 3. above continue to apply.

E.5.3. 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. You should not do this unless you have received appropriate training and are under supervision.

All drugs must be written on the drug chart and countersigned by a registered medical practitioner.

Intramuscular injections may be given where you have personally drawn up the medication and checked it against the hospital drug chart. All steps must be checked either by a registered nurse or a registered medical practitioner. The injection must always be supervised by one or other of the above people. You must identify the patient by checking the hospital wrist band prior to administration.

E.5.4. Intravenous medications and charting

Intravenous medications

The same regulations apply as for intramuscular medications, but even greater care is required. Except in emergency situations, the administration of drugs other than antibiotics by the intravenous route should be on the direct instruction of a registered medical practitioner.

Charting of intravenous fluids

You are expected to learn about fluid balance management and you should actively participate in management decisions in this area. All intravenous fluid instructions must be countersigned by a registered medical practitioner. You must not order the administration of blood or blood products without it being countersigned by a registered medical practitioner.

E.5.5. Procedures and Requests for 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 should be signed by a registered medical practitioner.
Procedures range from the relatively straightforward, such as insertion of an intravenous line or urinary catheter, 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 be supervised.

E.5.6. Discharge letters, e-Referrals

Note the Patient Health Information section in Clinical Practice: guidelines, policies & legislation of the Policy Guides. District Health Boards may differ in what they permit Year 6 students to do (e.g. ordering blood tests, writing discharge letters).

Discharge letters are often electronically generated. You are expected to prepare these, but they must be checked and countersigned by a registered medical practitioner.

Many referrals to other services are now made electronically. Again, you may prepare these, but they must be checked and countersigned by a registered medical practitioner.

E.6. Immunisations and Infectious Diseases

This section needs to be read in conjunction with the Immunisations and the Prevention of Infectious Diseases section of the Policy Guides.

Some DHBs require you to provide evidence of your hepatitis serology and Tb and immunisation status. DHBs also require this information prior to making appointments.

Students are strongly advised to have the seasonal influenza vaccine.

In addition, you are advised to review with your own doctor your immunisation status with regard to infections that you may be at increased risk of acquiring as the result of changes in living situations (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 MMR (measles, mumps and rubella) diphtheria, tetanus, and polio.

E.7. Blood and Body Fluids Accidents

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
E.7.1. In DHB Hospitals

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 agreeing to this with each of our partner DHBs. 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 3 Director, if an incident has occurred.

E.7.2. In General Practice

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

1. 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.

2. 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 the ED or ID clinician to know your name as well as the name of the source patient, so that they can access the laboratory results, and to know how to contact you to communicate advice in a timely manner.

3. 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.

4. 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).

5. 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).

6. 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.

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

8. 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.

9. 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.

10. 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.

11. 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.

12. 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.

13. Please inform the MPD via the Phase Director 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)
E.8. Responsibilities to DHBs and General Practitioners

- Under the terms of the agreement between the FMHS and the DHBs and general practices, you are responsible, through the senior clinical staff, to the CEO for the quality of your work with respect to its impact on standards of patient care and for all other aspects of your duties while on clinical attachments.
- DHBs and general practitioners require appropriate standards of personal conduct, professional behaviour and clinical competence and manage these matters on a daily basis. If concerns about your personal conduct, professional behaviour or competence are raised, this will be discussed initially between the head of the academic department and the DHB or general practice concerned.
- Your relationships with all members of the health care team are similar to that of a junior doctor.
- You should attend the intern and other teaching sessions available in any clinical attachment.

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’s information appropriate to their clinical responsibility. This means you must be able to justify every access transaction you make through hospital patient management systems such as Concerto. Any access not authorised by DHB policy, that you cannot justify, will be treated very seriously. Similarly, it is a very serious breach of patient confidentiality to allow anyone else access to your personal ID/Log on. Logging off is essential. Please read ‘Patient Health Information’ in Clinical Practice: guidelines, policies & legislation of the Policy Guides for protocols on the appropriate use of electronic clinical information.

E.9. Acting as a House Officer

You may, at the discretion of the Head of Department and your Year 6 Supervisor, agree to assume the duties of a house officer who is absent on account of illness or other leave. This should only occur on the team to which you are assigned, and in the latter part of your attachment. Temporary "fill-in" assignments should not be more than 1-2 weeks in duration. No extra teaching grant will be received for this. Rather, the added responsibility should be regarded as an increased opportunity for your learning. You should not spend more than six weeks as an acting House Officer during the year. If you are being pressured to work outside of these guidelines, please contact the Phase 3 Director.
F. Assessment and Phase 3 (Year 6)

F.1. Overview of Assessment in Phase 3

Many assessments involve integration across the five domains of the programme. The required standards for Phase 3 must be achieved longitudinally by domain and within each clinical discipline. In the domains of Personal and Professional Skills and Clinical and Communication Skills, performance in individual clinical disciplines is brought together to provide an assessment of overall performance across the year as a whole.

F.2. General Assessment Policies

The following general policies apply to Phase 3.

- Students must pass the year as a whole. To achieve this, students are required to gain a pass in the clinical attachments AND a pass in EACH of the domains that are assessed longitudinally over the year. In Phase 3, the following domains are assessed:
  - Applied Science for Medicine
  - Clinical and Communication Skills
  - Personal and Professional Skills

- The domains of Hauora Māori and Population Health feature in aspects of some assessment tools and are not assessed independently in Phase 3.

- 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 each 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).

F.3. Grading System

The final end-of-year grades confirmed by the Board of Examiners are reported as distinction, pass or fail. These grades apply to the overall year outcome, the three assessed domains and the clinical attachments.

For clinical attachments of four weeks or longer, and for CCS assessments, departments may use the following system for reporting grades to the Board of Examiners:
The grade of borderline performance in each clinical attachment in Phase 3 is regarded as a ‘formative’ grade, to indicate to a student that enhanced performance is needed in other attachments. The formative grade is confirmed as either a pass or a fail for each clinical attachment at the end of the year and for the end-of-year grade for the Clinical and Communication Skills domain. All grades are provisional until the final grade is confirmed by the Board of Examiners.

**Grade Descriptors**

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

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

- Student is not meeting the expected standard.
- Student has poor underpinning knowledge, significant gaps in clinical skills.
- Does not contribute to group/team.
- Inconsistent, irrational or poor judgment, which may threaten patient care or safety.
- Unable to integrate professional roles and responsibilities into consistent practice.

F.4. Assessment and Clinical Attachments

Most departments use standardised assessment forms for grading students (Clinical Supervisor Reports and mini-CEX forms). In addition to their contribution to summative assessment, these forms also provide students with constructive feedback (formative) on various aspects of performance in each attachment. Other types of assessment, (for example: oral or written examinations, written assignments, OSCEs and projects) may be used, as deemed appropriate by the Head of the Department and approved by the Board of Studies (Medical Programme).

Before completing a student’s Clinical Supervisor Report (CSR), supervisors are expected to obtain a consensus concerning their performance from a variety of members of the health care team, i.e. other consultants, the registrar and house officer, nursing and other allied health professionals.

Except for the 10 week Research Project, the Board of Studies has endorsed an expectation that students will have 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.

F.4.1. Grades Reported

For the attachments in general practice, obstetrics and gynaecology, medicine, paediatrics, psychiatry, surgery, and the elective or research elective, students receive a provisional grade of distinction, pass, borderline performance or fail. At the end of the year, the Board of Examiners approves a grade of distinction, pass or fail for each attachment. In Phase 3, attachments of less than four weeks use provisional grades of pass and fail only. This applies to Emergency Medicine and Clinical Imaging.

The Research Project uses letter grades (E.g. A+, A, A-) etc. Grades in the A range are equivalent to a distinction grade.

F.4.2. Summary of Phase 3 clinical assessments

The following chart provides a summary of the clinical attachment assessments you are required to complete for this year.
<table>
<thead>
<tr>
<th>Clinical Attachments</th>
<th>Assessment</th>
</tr>
</thead>
</table>
| Clinical Imaging          | • Compulsory attendance  
                          • End of week test                                                                                                                                  |
| Emergency Medicine        | • Clinical Supervisor Report                                                                                                                                                                               |
| General Medicine          | • Clinical Supervisor Report  
                          • Observed long case clinical examination  
                          • Case report                                                                                                                                     |
| General Practice          | • Clinical Supervisor Report  
                          • Mini-CEX  
                          • Online Discussion Forum and Symposium presentation  
                          • Compulsory attendance at Symposium                                                                                                               |
| General Surgery           | • Clinical Supervisor Report  
                          • mini-CEX                                                                                                                                                                                                 |
| Obstetrics and Gynaecology| • Clinical Supervisor Report  
                          • mini-CEX  
                          • Logbook completion  
                          • QI project                                                                                                                                    |
| Paediatrics               | • Clinical Supervisor Report  
                          • mini-CEX  
                          • Logbook completion                                                                                                                             |
| Psychiatry                | • Clinical Supervisor Report  
                          • Single Case Based Exam (SCBE)                                                                                                                     |
| Elective OR               | • Supervisor Report(s)  
                          • Student Report  
                          • Interview  
                          • Elective Advisor Engagement Report                                                                                                               |
| Research Elective OR      | • Supervisor report (Clinical or non-Clinical)  
                          • Written report (~3,000 words in journal article format)  
                          • Elective Advisor Engagement Report  
                          • Elective Interview or Oral presentation                                                                                                          |
| Research Project          | • Supervisor Report (including Engagement)  
                          • Written report (10,000 – 15,000 words)  
                          • Oral presentation                                                                                                                             |

For each attachment, the provisional grade is derived using a set of departmental rules combining the various components of the assessment. **If the observed clinical assessment during an attachment is failed (mini-CEX, long case, SCBE), students have the opportunity to re-sit the assessment.**
<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>Clinical Imaging</td>
<td>• Not applicable</td>
<td>• Complete attendance as required • Pass in test</td>
<td>• Not applicable</td>
<td>• Fail attendance requirements • Fail in test</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>• Not applicable</td>
<td>• Pass on Clinical Supervisor Report</td>
<td>• Not applicable</td>
<td>• Fail on Clinical Supervisor Report</td>
</tr>
<tr>
<td>General Medicine (3 assessments)</td>
<td>• Two or more assessments passed with distinction (no resit Long Case or Resubmissions for Case History)</td>
<td>• Pass in all three assessments</td>
<td>• Borderline performance in Clinical Supervisor Report</td>
<td>• Fail in CSR, OR • Fail in long case (re-sit) OR • Fail in resubmitted case history</td>
</tr>
<tr>
<td>General Practice (3 assessments)</td>
<td>• At least two assessments passed with distinction, and no borderline performance or fail grades</td>
<td>• Pass in all three assessments Attendance at Symposium day</td>
<td>• Borderline performance in either CSR OR mini-CEX OR • Fail in ‘online forum &amp; Symposium’</td>
<td>• Fail in CSR or mini-CEX OR • Two borderline performances in any assessment</td>
</tr>
<tr>
<td>General Surgery (2 assessments)</td>
<td>• Distinction in Supervisor Report AND • Distinction in mini-CEX.</td>
<td>• Pass in Supervisor Report • Pass in mini-CEX</td>
<td>• Borderline performance in Clinical Supervisor Report OR • Borderline performance in Mini-CEX</td>
<td>• Fail in Supervisor Report OR • Fail in mini-CEX</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology (3 assessments and completed logbook returned)</td>
<td>• Distinction in at least two of the three assessments (CSR, mini- CEX, QI project) AND • Completed logbook returned</td>
<td>• Pass in all three assessments AND • Completed logbook returned</td>
<td>• Borderline performance in Clinical Supervisor Report or Borderline performance in mini-CEX</td>
<td>• Fail in either the CSR or mini-CEX OR • QI project not completed OR • Logbook incomplete or not returned</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> (2 assessments and logbook returned)</td>
<td>• Distinction in Supervisor Report, and distinction or pass in mini-CEX, and completed logbook returned</td>
<td>• Pass in Supervisor Report, pass in mini-CEX and completed logbook returned</td>
<td>• Borderline performance in Clinical Supervisor Report or Borderline performance in mini-CEX</td>
<td>• Fail in mini-CEXs, OR • Fail in Supervisor Report, OR • Non-return of logbook</td>
</tr>
<tr>
<td><strong>Psychiatry</strong> (2 assessments)</td>
<td>• Distinction in Supervisor Report AND • Distinction in the SCBE</td>
<td>• Pass in Supervisor Report and the SCBE or a combination of pass and distinction in the Supervisor Report and the SCBE</td>
<td>• Borderline performance in Clinical Supervisor Report OR • Borderline performance in SCBE</td>
<td>• Fail in Supervisor Report, OR • Fail in SCBE</td>
</tr>
<tr>
<td><strong>Elective</strong></td>
<td>• Distinction in Elective interview and Elective report, and Supervisor Report indicates ‘excellent’ in 80% of fields • Elective report submitted by due date • Score of 3 or 4 for level of professionalism shown in pre-departure planning</td>
<td>• Pass each of Elective interview, Elective report and Supervisor Report</td>
<td>• Borderline performance in Clinical • Supervisor Report</td>
<td>• Absent from interview, • no or inadequate report submitted OR • a fail in Supervisor Report; OR • Does not demonstrate that adequate time was spent doing the Elective.</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>
</tbody>
</table>
| **Research Elective** | • Distinction in Supervisor Report, Research Report and seminar or presentation  
  • Research report is submitted by due date | • Pass in each of Supervisor Report, Research Report and seminar or presentation | • Borderline performance in Clinical Supervisor Report | • Fail on Supervisor Report, OR no report submitted OR no or failed seminar/presentation  
  • Does not demonstrate that adequate time was spent doing research project |
| **Research Project** | • Research report is submitted by the final day of the Research Project  
  • Grade in the A range for the Written Report  
  • Complete the oral presentation to at least the standard of a borderline performance, and have no major reservations in the CSR form in the domains relevant to the research project (especially the domains of Applied Science for Medicine and Personal and Professional Skills) | • Grade between B+ and C- for the Written Report and a Pass in both the Supervisor Report and seminar or presentation  
  • Complete the oral presentation to at least the standard of a borderline performance, and have no major reservations in the CSR form in the domains relevant to the research project (especially the domains of Applied Science for Medicine and Personal and Professional Skills ) | • Not applicable | • An inadequate report submitted (D+ grade or below) OR a fail in the  
  • Supervisor Report or the seminar or presentation |
F.4.3. Combining clinical attachment grades

Attachment grades are combined to give an overall clinical attachment grade for Phase 3 using the following rubric.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>Distinction in the majority of attachments, no borderline performance or fails in attachments.</td>
</tr>
<tr>
<td>Pass</td>
<td>Passes in all clinical attachments, but not meeting the criteria for distinction. Maximum of one borderline performance.</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail one or more attachments. More than one borderline performance.</td>
</tr>
</tbody>
</table>

Note: There are a total of seven assessments that can contribute to an overall clinical attachment grade of distinction.

F.5. Assessment and Domains

Students receive a grade for the domains of Applied Science for Medicine, Clinical and Communication Skills and Personal and Professional Skills. Domain grades are reported as distinction, pass or fail.

F.5.1. Applied Science for Medicine domain

Progress tests

The Applied Science for Medicine domain in Year 6 is derived from the progress tests. Progress testing assesses applied medical knowledge across all five domains of the programme. Each test may cover any aspect of the curriculum.

Progress tests are a longitudinal test of growth of a student’s medical knowledge across the whole medical programme. Their entire record will therefore be available to the Board of Examiners and may be used for making decisions on progression.

Three tests are scheduled during Year 6. For 2021, Year 6 students are expected to sit ALL three tests.

The best grade from test one or test two will be used along with the grade from test three for determining the final Applied Science for Medicine grade.

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.

Calculating the Domain grade for Applied Science for Medicine

For Year 6, the level of performance to be achieved in each individual test is determined by standards-based methods. It is therefore theoretically possible for all students to pass all of the tests using this method. Grades on individual tests are recorded as excellent (E), pass (P), and fail (F). The grades of excellent and fail are determined using standards based methods.

Year 6 Grade aggregation of progress tests is summarised in the following table.

<table>
<thead>
<tr>
<th>Year 5 Aggregated Progress test result</th>
<th>Best of first or second test in Year 6</th>
<th>Compulsory third test in Year 6</th>
<th>Year 6 Applied Science for Medicine domain Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>Excellent</td>
<td>Distinction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pass</td>
<td>Pass/Discuss&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fail</td>
<td>Discuss&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Pass</td>
<td>Excellent</td>
<td>Pass/Discuss&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pass</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fail</td>
<td>Discuss&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Fail</td>
<td>Excellent</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pass</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fail</td>
<td>Fail</td>
<td></td>
</tr>
<tr>
<td>Doubtful</td>
<td>Excellent</td>
<td>Distinction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pass</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fail</td>
<td>Discuss&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Pass</td>
<td>Excellent</td>
<td>Pass/Discuss&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pass</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fail</td>
<td>Discuss&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Fail</td>
<td>Excellent</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pass</td>
<td>Discuss&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fail</td>
<td>Fail</td>
<td></td>
</tr>
</tbody>
</table>

Explanatory notes

1. Those in the pass/discuss field for the domain have their Year 5 Applied Science for Medicine domain grade taken into consideration to consider a final domain result of pass or distinction.
2. Those with the discuss field for the domain have their Year 5 Applied Science for Medicine domain grade taken into consideration to consider a final domain result of pass or fail.

Repeating Years 3-6

Determination of grade when repeating Years 3-6*

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

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

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

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

Policies and Progress Tests

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

- 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.

F.5.2. Clinical and Communication Skills domain

The emphasis in the clinical assessments in Year 6 is on clinical reasoning, as demonstrated by the synthesis of the clinical presentation and the development of an appropriate problem list and management plan. Students should focus on generic skills and attitudes in the context of the clinical discipline, rather than the specific knowledge related to the discipline, which is assessed elsewhere.

The summative observed clinical skills assessments within the various clinical attachments are considered both for provisional attachment grades and longitudinally
for the Clinical and Communication Skills (CCS) domain. The following assessments contribute to both the provisional attachment grade and the CCS domain grade:

- General Practice mini-CEX
- Obstetrics and Gynaecology mini-CEX
- Paediatrics mini-CEX
- Surgery mini-CEX
- Psychiatry Single Case Based Exam (SCBE)*
- Medicine observed long case*

*unless replaced by alternative clinical assessment in 2021

In addition, there is a Prescribing Safety Assessment which is a ‘must pass’ assessment, but is not included in the calculation of the domain grade (see below).

**The reported grade for a clinical skills assessment**

If a mini-CEX or alternative observed clinical assessment (long case, SCBE) is failed, students have the opportunity to re-sit the assessment. In this situation both attempts are combined to create a reported grade for the CCS domain which is also used for the provisional attachment grades using an approved rubric. The following table outlines the re-sit combinations to be reported for the CCS domain:

<table>
<thead>
<tr>
<th>Clinical assessment attempt 1</th>
<th>Clinical assessment attempt 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><strong>Clinical assessment attempt 1</strong></td>
<td><strong>Clinical assessment attempt 2</strong></td>
<td><strong>Reported grade for CCS domain</strong></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>

**Policies relating to the domain grade**

The Board of Studies has approved the following policies for determining a distinction or pass for this domain at the end of Phase 3.

The award of distinction for the Clinical and Communication Skills domain in Phase 3 is determined across those assessments that are completed by all students (general
practice, medicine, surgery, obstetrics and gynaecology, paediatrics, psychiatry). This ensures the equitable treatment of all students, in line with the approved assessment principles.

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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>• Distinction in the majority of clinical skills assessments and</td>
</tr>
<tr>
<td></td>
<td>• No more than one borderline performance, and □ No fails in clinical</td>
</tr>
<tr>
<td></td>
<td>skills assessments.</td>
</tr>
<tr>
<td>Pass</td>
<td>• Not meeting the criteria for distinction or fail.</td>
</tr>
<tr>
<td>Fail</td>
<td>• Fail three or more clinical skills assessments</td>
</tr>
<tr>
<td></td>
<td>• Two fails and two borderline performances; or</td>
</tr>
<tr>
<td></td>
<td>• One fail and two borderline performances; or</td>
</tr>
<tr>
<td></td>
<td>• Three or more borderline performances.</td>
</tr>
</tbody>
</table>

Students who receive a provisional fail or borderline performance in a clinical attachment during Year 6 should arrange to meet with the Phase 3 Director to receive additional academic support.

**Prescribing Safety Assessment**

The Prescribing Safety Assessment (PSA) is a summative two-hour online test of prescribing competence which students are required to undertake at the end of Year 5. Students who fail the PSA in Year 5 will be provided with support in Year 6 to improve their prescribing competence prior to resitting the assessment.

There will be two further opportunities for students to demonstrate their prescribing competence, if any Year 5 students fail the PSA. One opportunity to re-sit a written test will be scheduled in the middle of year 6. Students who fail the re-sit of the written test will be required to undergo an oral examination (viva) at the end of the year.

Students who have not demonstrated their prescribing competence in time for the Year 6 Board of Examiners will be required to undertake a remediation period before graduation.

**F.5.3. Hauora Māori Domain**

The formal Hauora Māori Year 6 activity is a *facilitated small group session*. A two hour session that occurs at clinical cohort sites, facilitated by clinical educators. The aim is for students to share clinical experiences and unpack these to consider how Māori Health principles apply in clinical practice and the implications for students' future
development. These occur over the year at the discretion of the Hauora Māori clinical educator in each cohort site. You will be informed of dates by cohort site administrators.

F.5.4. Personal and Professional Skills domain

The Personal and Professional Skills (PPS) domain is assessed longitudinally in Year 6. There are two components of assessment: a Professional Development Plan (PDP) and direct observation (from CSRs and mini-CEXs forms).

The PDP component is evolving for 2021 to better align with the MCNZ ePort. Further details on this will be provided together with details on overall grading for the domain. However, critical reflection will remain a key component of this assessment as it is an important part of life-long learning required of a health care professional. The reflective portfolios completed in previous years of the programme, as part of PPS domain assessment, have developed students’ skills in critical reflection. Students will be expected to consolidate and use their skills in critical reflection to complete the PDP. The Year 6 ‘Learning and Teaching’ website, which can be accessed through the PPS website, will contain comprehensive details of how to complete this assessment.

MCNZ ePort

In previous years, completing learning outcomes on the Medical Council of New Zealand’s ePort (used in postgraduate years 1 & 2 as part of prevocational training) has been part of Year 6 PPS assessment. However, we have been notified that the format of the ePort is changed for 2020. Therefore, this year it will not form part of the PPS assessment. However, once we are aware of the format of the new ePort, we will develop resources to support you to begin to engage with it before you graduate.

Professional Development Plan

Students are required to submit a PDP for the PPS domain assessment in Year 6. The PDP is graded as distinction, pass or fail. It must be completed on the provided template and submitted by the Monday 6th September 2021 via Turnitin.

The PDP is mainly a goal-setting exercise and based on the format of the PDP within the ePort. The ePort is currently in the process of changing as of the end of 2019 (see below). Creating a PDP helps students identify individual learning needs and goals to help them with their ongoing development in Year 6. It also includes a section for students to reflect on their learning over the course of the year (as well as their transition into PGY1 & 2).

Students need to use good time management skills, particularly if their elective is in the last quarter. Students may submit their PDP from mid-August onwards, prior to the beginning of their elective. Alternatively, they may choose to submit it while away, as the elective experience may offer useful opportunities for learning both personally and...
professionally, and may identify important content for the PDP. The PDP is reviewed and graded by a junior doctor, and written feedback provided before a student starts their first job after graduation. This enables them to amend their PDP to take account of the feedback before completing it on the ePort in preparation for ongoing learning in PGY1 and 2.

**Direct observation of performance by clinical staff**

Professional skills are assessed as components of clinical assessments (e.g. mini-CEX, OSCEs) and CSRs. These are considered independently and longitudinally as evidence of meeting the domain learning outcomes. This aspect of the PPS domain assessment is graded as distinction, pass or fail.

**Distinction criteria for direct observation component**

PPS information from CSR from 6 core attachments (Medicine, Psychiatry, General Practice, Obstetrics and Gynaecology, Paediatrics and General Surgery) and 4 Mini-CEX assessments (General Practice, Obstetrics and Gynaecology, Paediatrics and General Surgery) are used to determine direct observation distinction grade.

Students must achieve:

1. Excellent in at least 2 (out of the 3) PPS subsections for at least 5 (out of the 6) CSR reports, with no major deficiencies or more than one 'some reservations' (within the PPS subsection) on any CSR

And

2. Excellent for professionalism in at least 3 (out of 4) mini-CEX assessments

**Fail criteria for direct observation component**

A ‘major deficiency’ in two or more CSRs or clinical skills assessments from the possibilities listed below, leads to a fail grade. In any one CSR, the lowest reported standard in any of the three sub-fields of the Personal and Professional Skills domain is used for calculating the pass or fail grade.

- Medicine CSR, observed long case
- Psychiatry CSR, Single Case Based Exam
- General Practice: CSR; mini-CEX
- Obstetrics and Gynaecology: CSR; mini-CEX
- Paediatrics: CSR, mini-CEX
- General Surgery: CSR, mini-CEX

Phase 3 (Year 6) Guidebook | Page 137
- Emergency Medicine: CSR
- Cohort Option: Supervisor Report
- Elective: CSR
- Research Elective: Supervisor Report
- Research Project: Supervisor Report

The table below indicates the combinations of ‘major deficiency’ and ‘some reservations’ that may contribute to a fail grade for the direct observation component.

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

**Rules for determining the domain grade**

The following rules are used to determine the PPS domain grade:

1. The PDP and direct observation grade are graded as distinction, pass or fail.
2. To gain overall distinction in the PPS domain students must be graded distinction in both the PDP and direct observation component.
3. If students achieve one or more fail grades, or if there are other professionalism issues identified during Year 6, the BOE is the final arbiter of the grade for this domain, after looking at student performance throughout the year as a whole.

<table>
<thead>
<tr>
<th>Direct Observation</th>
<th>PDP</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>Distinction</td>
<td>Distinction</td>
</tr>
<tr>
<td>Distinction</td>
<td>Pass</td>
<td>Pass</td>
</tr>
<tr>
<td>Pass</td>
<td>Distinction</td>
<td>Pass</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
</tr>
<tr>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
</tr>
<tr>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail</td>
<td>Fail</td>
</tr>
</tbody>
</table>
F.5.5. Overall Domain Grade for Phase 3

The grades from the three domains assessed longitudinally in Phase 3 are combined into one overall grade, using the following rules.

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

F.6. Overall Year Grade

Before being eligible to be considered for an overall pass for the year (and completion of the programme), a student must have gained:

- a passing grade for each domain and attachment, and
- a pass in Certificate of Resuscitation and Emergency Care (CORE Advanced) training.
- A pass in the Prescribing Skills Assessment

The following table summarises the possible outcomes of assessment in Phase 3. The Board of Examiners will look at the performance of each student overall before determining the final overall year grade, using the following rubric as a guide.

<table>
<thead>
<tr>
<th>Overall Attachment grade</th>
<th>Overall Domain grade</th>
<th>Decision</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>Distinction</td>
<td>Distinction</td>
<td>Completion</td>
</tr>
<tr>
<td>Distinction</td>
<td>Pass</td>
<td>Discuss¹</td>
<td>Completion</td>
</tr>
<tr>
<td>Pass</td>
<td>Distinction</td>
<td>Discuss¹</td>
<td>Completion</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
<td>Completion</td>
</tr>
<tr>
<td>Fail</td>
<td>Pass</td>
<td>Discuss²</td>
<td>Consider remediation period, Completion or fail</td>
</tr>
<tr>
<td>Pass</td>
<td>Fail</td>
<td>Discuss²</td>
<td>Consider remediation period, Completion or fail</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail</td>
<td>Fail</td>
<td>Fail year</td>
</tr>
</tbody>
</table>
Explanatory notes

1. All those in these categories are discussed according to the principles outlined below to consider a final overall grade of pass or distinction.

2. All those in these categories are discussed according to the principles outlined below to consider a final overall grade of pass or fail.

Associated principles for decision-making

There are a number of associated principles considered when the Phase 3 Board of Examiners makes the final decision for each student.

1. The domain grade takes precedence (representing a longitudinal view).

2. The Board of Examiners takes account of all evidence before determining grades.

3. All student results from modules, attachments and progress tests will be accessible to members of the Boards of Examiners for the purpose of making end-of-year progression decisions.

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).
F.7. Remediation Policy and Principles for Phase 3

Introduction

Remediation and other academic assistance to students have been carefully designed for Years 4, 5, and 6 to ensure that any concerns about 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 a student’s overall performance and make any necessary decisions about whether a student may require additional time to complete the requirements of the year. A student may be directed to receive assistance or to participate in remediation by the Board of Examiners prior to 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 spend additional time to demonstrate clear achievement of the required standard.

“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 assessment and a 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 deemed necessary.

There are three levels of assistance and remediation available to students in Year 6.

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

If a student is concerned that a certain aspect of their performance is lacking but has not yet resulted in an unsatisfactory grade, he/she can approach the Phase Director for additional assistance in the form of advice, academic counselling, or access to the Clinical Medical Education Fellows. Similarly, a staff member can notify the Phase Director about a student who, while managing an overall pass for the attachment, would nevertheless benefit from additional assistance in a particular area. The Phase Director will then contact 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 will not be formally tracked and assessed.
2. A Tag (assistance)

Students may be tagged entering Year 6 if they experience academic difficulty during Year 5. Tags usually relate to problems with clinical performance identified by the Board of Examiners arising from either attachments or end of year clinical assessments, rather than from formal academic performance. Students with a tag meet with the Phase Director to discuss the concerns. The Phase Director will offer a range of additional resources to the student. 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 assessment is required, beyond that which is part of the student’s normal curriculum.

3. Remediation Period

The Board of Examiners at the end of Phase 3 may identify a specific component of coursework in which a student has demonstrated significant weakness. In this situation, the student is given a deferred result by the Board and is required to successfully complete an additional period of prescribed study and reassessment. The Board of Examiners holds a supplementary meeting after the prescribed Remediation Period to review the student’s performance and determine a final grade for the year. If the student fails this re-assessment, the student is considered to have failed the year.

Remediation will be a minimum of 4 weeks (or longer as directed by the Board of Examiners). This means the commencement of PGY1 may be delayed.

While a student assigned to remediation is normally attached to the discipline in which a deficiency has been identified, where global issues have been identified, 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 period, will result in failing Phase 3 or potentially being excluded from the Medical Programme.

Year 6 Remediation

1. Students who are assigned to the Remediation Period will complete a period of additional learning and 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 Phase 3 Board of Examiners and provided to both the student and clinical supervisor at the start of the remediation period.

3. Responsibility for arranging remediation placement lies with a centralised group and is not the responsibility of individual departments.
4. The supervisors overseeing a remediating student will be experienced supervisors willing and able to provide supervision at this time of the year.

5. Remediation 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 for compulsory attachments in Phase 3.

7. A subcommittee of the Phase 3 Board of Examiners will meet to decide on the completion of students following remediation. The members are: Head of School of Medicine, Head of the Medical Programme, Director of Assessment, Director(s) of Medical Student Affairs, Phase 3 Director, and two heads of academic departments.

Those students who are required by the Board of Examiners to complete remediation will be contacted by the MPD prior to the posting of results and will be formally notified in writing of the arrangements for remediation within 10 days of the Board of the Examiners’ meeting.

**Remediation extensions and fees**

*Any additional attachment requirements for remediation are 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.
- Borderline performances in clinical attachments are used for the purpose of feedback and to highlight the possible need for academic assistance.
- The final grades for each domain should not be determined independently of other components.
- Remediation and assistance options have been designed to provide the minimum 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 Phase 3**

- Students with Tags from Year 5 will be identified by the Departmental Year Coordinator to the Heads of all clinical departments so assistance can be offered with their identified learning needs.
- Oversight of tagged students rests with the Phase Director. Tagged students will meet with the Phase Director or Cohort Academic Coordinator on a regular basis through the year to ensure that progress is being made and desired assistance is being utilised.
- Students who receive a provisional fail or borderline performance in a clinical attachment during Year 6 should arrange to meet with the Phase 3 Director to receive additional academic support.
- If a weakness is identified during Year 6 and the student has not yet completed their elective, they may request to use their elective for a period of remediation.
- At the end of Year 6, for students who have not met the required standard of the programme, the Phase 3 Board of Examiners may award a fail grade for the year, or require a Remediation Period including a programme of assessment, which may delay the start of PGY1.

**F.8. Impaired performance in Tests and Coursework**

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

- The Medical Programme utilises the University’s Aegrotats 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 you 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 to 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 your 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 6, 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. 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 for those who miss a progress test.

<table>
<thead>
<tr>
<th>Progress test in Year 6</th>
<th>Grade recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student didn't sit/no authorisation or application</td>
<td>Student awarded a fail grade for the missed test.</td>
</tr>
<tr>
<td>Student didn't sit/application for consideration declined</td>
<td>Student awarded a fail grade for the missed test.</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 didn't sit Test 1 or sat test with impaired performance. Application for consideration approved</td>
<td>Student is asked to take Test 2. If taking Test 2 is not possible then student is awarded a pass grade for Test 1.</td>
</tr>
<tr>
<td>Student didn't sit Test 2 or sat test with impaired performance. Application for consideration approved</td>
<td>If Student has taken Test 1 then this Grade is used in place of Test 2. If Student has not taken Test 1 (assuming approved reason) then student is awarded a Pass grade for Test 2.</td>
</tr>
</tbody>
</table>

**F.8.2. Impaired preparation for observed clinical skills assessments**

The Board of Studies has endorsed a consistent approach to be used for students who have impaired preparation for, or performance in, clinical assessments. These students may either have:

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

Some of these students may be able to sit the scheduled assessment despite their existing impairment while others may be unable to sit the assessment at all and have a medical certificate or documented extenuating circumstances.
However, even where a student does not have a medical certificate excusing them from participating on the day, it is recognised that these students may have missed preparation time such as clinical attachment time and may, in addition, be required to make up that missed learning time. There may therefore be limited time available for these students to make up missed attachment time and to complete a delayed clinical assessment or to re-sit a supplementary assessment after a poor performance on the scheduled one.

**Principles:**

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

2. Students who are anticipated to sit a clinical assessment with an impairment should be identified in advance to the assessment coordinator, so that accommodations which are appropriate and feasible can be made.

3. Students who feel their preparation or performance in a 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.

4. Students who have an unsatisfactory or borderline performance in a clinical 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.

5. Students who have an unsatisfactory or borderline performance in a clinical 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 completion of Phase 3 and the Medical Programme.

6. The performance of students with anticipated and unanticipated impairments in clinical assessments, including possible ‘re-sits’ or substitute assessments, will be directed by the Board of Examiners.
F.9. MBChB Regulations

F.9.1. 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.

F.9.2. Deferred Results (2021 Calendar)

MBChB Part VI

Where a student has not achieved a pass in a particular component or components of this Part, the Examiners may withhold the result and require a further period of assignment to a department. This will involve postponement of completion of the qualification.

If, in the opinion of the Board of MBChB Examiners, a particular weakness in a component or components is such that it cannot be, or has not been, addressed by this additional work, the student will fail the Part.
### F.10. Phase 3 Prizes

The prizes below are presented annually to selected Year 6 students.

*This prize is announced at the Graduation Ceremony, and is presented at a Rotary Club luncheon.

<table>
<thead>
<tr>
<th>Phase 3 Prizes</th>
<th>Qualifying Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan Simpson Memorial Prize</td>
<td>Year 6 student with the best performance in Paediatrics.</td>
</tr>
<tr>
<td>Brenda Dawson Award</td>
<td>Year 6 student who has shown the most altruism, support and help for their peers throughout the medical programme.</td>
</tr>
<tr>
<td>Butland Prize</td>
<td>Year 6 student who, during Phase 3, is judged to have shown most clinical ability.</td>
</tr>
<tr>
<td>Carrick Robertson Prize</td>
<td>Year 6 medical student who secures the highest marks in examinations and clinical assessments in Surgery.</td>
</tr>
<tr>
<td>Dean’s Medal</td>
<td>Year 6 student who has made an outstanding contribution to the academic development of the Faculty during their time as a student.</td>
</tr>
<tr>
<td>Douglas Robb Prize</td>
<td>Most distinguished academic performance throughout the MBChB.</td>
</tr>
<tr>
<td>First in Course Award</td>
<td>Year 6 student having achieved the highest overall mark in the progress tests provided they have also achieved an overall clinical distinction.</td>
</tr>
<tr>
<td>J D K North Prize in Clinical Medicine</td>
<td>Year 6 student who secures the highest marks in clinical assessment conducted by clinicians of the Department of Medicine.</td>
</tr>
<tr>
<td>J S Werry Prize in Psychiatry</td>
<td>Year 6 student who obtains the highest marks in examinations and clinical assessments in Psychiatry throughout the whole MBChB programme.</td>
</tr>
<tr>
<td>RANZCOG Women’s Health Award</td>
<td>Year 6 student achieving general excellence in Obstetrics &amp; Gynaecology.</td>
</tr>
<tr>
<td>Richards Prize in Primary Health Care</td>
<td>Best elective report presented by students who chose to do work in the field of Primary Health Care. In the event that no elective candidate meets the criteria, the award may be made to the final year medical student who performs best in the GP Year 6 attachment.</td>
</tr>
<tr>
<td>Rotary Club of Auckland Prize *</td>
<td>Most distinguished graduate taking into account personal qualities and all-round abilities.</td>
</tr>
<tr>
<td>Royal College of General Practitioners Prize</td>
<td>Best overall performance in the family practice component of the course. Special attention will be paid to performance in Phase 3.</td>
</tr>
<tr>
<td>T R Plunkett Memorial Prize</td>
<td>Year 6 student achieving the most outstanding results in Obstetrics &amp; Gynaecology.</td>
</tr>
<tr>
<td>W E Henley Prize in Clinical Medicine</td>
<td>Year 6 student who submits the best case history with associated commentary, while attached to the Department of Medicine.</td>
</tr>
</tbody>
</table>
G. Student Advice and Support

G.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 campus entrance.

For Year 6 Students the services we provide include:

- General enrolment issues;
- Fees and Studylink issues;
- Year 6 training grant (stipend);
- Scholarships;
- Graduation matters;
- 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.

G.2. Personal Wellbeing

Please see the Phase 3 where to get HELP! document which can be found in the Student Welfare section of the MBChB Portal for the most up to date information on where to get assistance if you are experiencing psychological, physical, academic and/or financial challenges. Information on scholarships can also be found in this document.

G.3. Professional Boundaries

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

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

Examples of unacceptable behaviour would include:

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

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

In the event that a friend’s mother is one of the 15 patients on your medicine team, you may be able simply to avoid participating in her care, but can otherwise stay on the team. In the event that your registrar is your ex-partner, it will be more appropriate to re-assign you.

In every case, however, the matter should be raised and discussed with your supervisor and the appropriate academic coordinator and potentially the Phase Director to ensure that your professionalism is not called into question.

**G.4. Professional Relationships**

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

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. The FMHS makes every effort to ensure this respectful relationship is preserved, however from time to time situations may arise where staff behaviour may adversely affect you.

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. As such, a procedure has been established which enables you to discuss concerns about such incidents in confidence.
G.5. Harassment

In the large and complex society of the University, you may encounter problems with the behaviour of staff or fellow students. This may be considered harassment. 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 Where to get HELP! to find out who to approach about this issue.

G.6. Bullying

According to Workplace New Zealand (2017), “workplace bullying is repeated, and unreasonable behaviour directed towards a worker or a group of workers that can lead to physical or psychological harm”. Please refer to the “How to Prevent and Respond to Workplace Bullying” document in the Student Welfare section of the MBChB Portal. This document contains a useful flow chart called “Am I Being Bullied?” on page 16.

If you perceive bullying is taking place or want to talk to someone about whether it is bullying or not, please come forward and speak to one of the following people you feel comfortable with: your Student Support Advisor, Phase Director, Head of School, Site/Campus Coordinators, or the university Proctor for advice and support. As mentioned above, these individuals can help you find psychological support, and can take action to ensure your safety.

G.7. Response to Inappropriate Behaviour, Harassment and Bullying

Your notes are helpful in achieving a just and a timely resolution to unacceptable behaviour. Document your concerns thoroughly (including the day and time of the event(s), a description of what happened and/or was noted about the conversation). You can choose with whom you feel most comfortable raising your concerns. You can approach your Student Support Advisor, Site/Campus Coordinators, Phase Director, Head of School, or the University Proctor. These individuals can help you access support, and can take action to ensure your safety.

G.8. Professionalism, online social media and the curriculum

Many students have a presence on online social media sites, with varying levels of detail (personal and professional) and with varying levels of security. There are significant personal and professional risks posed by online social media for medical students and doctors which are becoming increasingly apparent as the number and use of such sites increases.
The New Zealand Medical Students’ Association has prepared some excellent guidelines in association with Australian partners, and has a guide on its website. You are urged to look critically at the information on your personal site and consider the material from a professional perspective as a medical student engaging with the public and other stakeholders in hospital and community settings. There is a specific policy on sharing images of patients which you need to read. This can be found in the Academic & programme-related policies section of the Policy Guides. The NZMSA website can be accessed [here](#).

G.9. Student Advice

A 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

G.9.1. 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 Phase Director and the DMSA as early as possible so as to make a timely and informed decision (director.medstudentaffairs@auckland.ac.nz). You may also seek advice from the Student Support Advisor (fmhssupport@auckland.ac.nz).
H. Learning Resources

H.1. The Philson Library – Te Herenga Hauora

H.1.1. Library access for students based in Auckland

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

H.1.2. Library services for students based outside Auckland

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

Before using the Flexible Service, you must register - go to the Library Webpage click on About click on Borrowing and Requesting Click on Flexible Service http://www.library.auckland.ac.nz/services/borrowing-and-requesting/flexible-service

To register go to http://www.library.auckland.ac.nz/forms/offcampus-services-registration/

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

If you have any problems with the service, click this link


H.1.3. All students

Interlibrary Loans

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

Help with finding information

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


Referencing styles

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

Library

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

Overseas Electives and Holidays

You must return all Philson Library books before you go on holiday or on your elective. 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.

H.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.
I. Administrative Details
I.1. Enrolment and Fees

- To enrol you must login to your account through Student Services Online: 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 commencement of classes. Failure to pay the fee means you will not be enrolled and will be ineligible to receive the training grant and may not be indemnified. Note: Fees can be paid on a semester basis by negotiation with Student Financial Services. Payment methods are outlined on: www.auckland.ac.nz/uoa/cs-how-to-pay-your-fees
- Note that you are enrolled in a course of study in which the academic year runs outside the standard university semester dates, and that the regulations relating to withdrawal from the course and the refund of fees are as for all enrolled students. Refer to the Calendar for the relevant regulations.
- 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.

I.2. Training Grant and Medical Indemnity

Year 6 Training Grant

Year 6 domestic students are eligible for a tax-free training grant of $26,756 per annum throughout the period of Year 6, including the elective. The University of Auckland pays the grant in fortnightly instalments into an account designated by you. It is not possible to pay you by cash or cheque. Graduate entrants who are eligible to receive the stipend can opt to receive it as a lump sum at the beginning of the year.

Because of the level of the training grant, all fee grants and bursaries, and particularly student allowances, are not available to Year 6 Students. All enquiries about these arrangements should be made to the FMHS Student Centre.

A training grant payment form with bank details must be completed and submitted to the FMHS Student Centre. Payment is contingent on your enrolment and forms submitted late may lead to delays in individual payments. The first instalment (or the lump sum payment) will be paid in January.
1st Quarter Students

Students leaving early for first quarter electives must be enrolled, including having paid their tuition fees prior to commencing their electives.

If you have approval to start your first quarter elective prior to the official start of the year, you cannot claim the Year 6 training grant early on the grounds that you are studying over the summer. You need to arrange your finances accordingly. The training grant is calculated over the duration of year 6 (41 weeks) and is linked to the financial (calendar) year and so cannot be paid before the 1st of January. The receipt of the training grant for year 6 removes any entitlement to the standard allowances. Any attempt to claim additional weeks of student allowance over the summer prior to the official start date of the course will be construed as fraudulent.

Medical Indemnity

Once you accept some independent responsibility for patient care, even under careful supervision, you also accept liability for accidental or negligent practice. This liability is usually shared by FMHS and either the Clinical Supervisor in General Practice or the DHB in which you are placed.

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

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 which ought to have been in place since earlier years of the programme.

I.3. Accommodation and travel costs

Your training grant is intended to help with accommodation and travel costs in Year 6. You are likely to incur additional costs when you have attachments away from your cohort site, including during your rural general practice attachment. The Faculty makes every effort to minimise accommodation costs for you, but costs may vary depending on the location.
I.4. Scheduled Leave and Planned Holidays

- Your academic year includes two weeks’ holiday, as indicated on your timetable.

- If a clinical attachment is scheduled to begin on a public holiday, you must check in advance with your Clinical Campus or Site administration, or the Department of General Practice and Primary Health Care regarding reporting requirements.

- Students must use these scheduled holiday times for planned events such as weddings, travel and conferences. Leave periods outside scheduled holiday times are unlikely to be approved because it is extremely difficult to ensure adequate alternative training when scheduled academic time is missed.

- 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.”

- 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. 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.

- 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.
I.4.1. Self-directed learning time

Year 6 students are entitled to a half-day off the wards each week, to have time for other learning, research projects and/or assignment completion. This also applies to general practice attachments. This time is for learning, and is not considered to be leave. It cannot therefore be accrued for any other purpose, such as to make up for a period of absence for health reasons.

I.4.2. Clinical Attachments and Public Holidays

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

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

I.5. 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 Peat 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 Peat 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, then a **GP certificate is required** and Dr Peat 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 3 Director.

- A student may miss up to seven days throughout the year due to illness, without consequences. However, 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). 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.

I.6. Communication

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

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

- 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.

### I.7. Documentation Requirements for Medical Students

MPD staff are often asked by students to certify a range of personal documentation, including copies of passports and academic transcripts.

Please note the following:

- Students must request official transcripts of their academic record from Student Records.
- Students should ensure copies of official documentation are certified by the issuing authority or an official such as solicitor, notary public, or Justice of the Peace.
- The MPD cannot verify copies of official documents, except where the MPD is the issuing authority.
- The MPD will assist students with non-routine documentation or where significant customisation is required e.g. academic references or
scholarship applications. Once received by the MPD, requests for documents will be processed within five working days.

- Routine documentation requests such as bone fide letters or jury service letters should be referred to the Student Services Centre in the first instance.

- Duplicates of MPD source documents (Immunisation Status Reports, Faculty academic records, North-Nanson guide etc.) must be ordered through the FMHS online shop http://store.fmhs.auckland.ac.nz/

- Verification of transcripts for internal UOA scholarships are done through the FMHS Student Centre; (Note: transcripts for the ACE job application process are submitted directly on your behalf by the Student Centre, subject to having received your release authority. This does not include your year-end MPD transcript).

- Once you have received your CORE certificate, you should keep this in a safe place as you may be asked to produce it by your employing DHB. It may be difficult to replace.

- The MPD does not advise on ACE or MCNZ processes including Medical Council Registration. Enquiries should be directed to the relevant body.

I.8. Medical Student Campus Cards

- The new Campus Card has replaced the name badges for all MBChB students. The new naming format will display your preferred name (first 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.
J. Evaluation and Feedback- Phase 3/ Year 6

J.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.

J.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 for Phase 3 last occurred in 2018, as required by the University. This indicated high overall satisfaction with Year 6, with 80% of students agreeing strongly or moderately. Over 90% also strongly/ moderately agreed that they were able to develop clinical and professional skills. Of particular note was the number of students who reported having increased responsibility and a feeling of being valued as a member of the healthcare team. The next comprehensive Phase 3 evaluation will be undertaken in 2022.
J.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 identifies 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.
**J.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. Changes that have been instituted in Year 6 as a result of student feedback include;

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<thead>
<tr>
<th>Domains</th>
<th>Sites</th>
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<tr>
<td>PPS</td>
<td>• Year 6 learning &amp; teaching website updated</td>
</tr>
<tr>
<td>Sites</td>
<td></td>
</tr>
<tr>
<td>Bay of Plenty</td>
<td>• Improvement to student accommodation in Whakatane, renovation of</td>
</tr>
<tr>
<td></td>
<td>facilities</td>
</tr>
<tr>
<td>Waitemata</td>
<td>• Lectures now largely shared across both sites via Zoom. More</td>
</tr>
<tr>
<td></td>
<td>streamlined systems and shared IT to improve efficiency, including</td>
</tr>
<tr>
<td></td>
<td>a new campus website, scheduled for activation mid-2020.</td>
</tr>
<tr>
<td></td>
<td>• New teaching room at Waitakere</td>
</tr>
<tr>
<td>Northland</td>
<td>• Student computers upgraded</td>
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<tr>
<td></td>
<td>• Addition of Zoom teaching sessions for Psychiatry</td>
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<tr>
<td>Attachments</td>
<td></td>
</tr>
<tr>
<td>General Medicine</td>
<td>• Changes being made to student evaluation form</td>
</tr>
<tr>
<td>O&amp;G</td>
<td>• Review and strengthening of attachments in the greater Auckland</td>
</tr>
<tr>
<td></td>
<td>region</td>
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<tr>
<td>Paediatrics</td>
<td>• New option for students to use CANVAS rather than hard copy to</td>
</tr>
<tr>
<td></td>
<td>complete a required logbook</td>
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<tr>
<td>Psychological Medicine</td>
<td>• Revisions to <em>MyPsychiatry</em></td>
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</table>