Dear Students

**Re: Compulsory Declaration – Year 3**

You are required to confirm that you have read your Guidebook and Policy Guides by completing your Phase 1 (Year 3) Compulsory Declaration by **Monday 14 March 2022**. This is to be completed online, and an individual link will be sent to your university email address. The wording of the declaration is provided below for your information.

Please note that it is your sole responsibility to complete the declaration by the deadline. Any delay risks disciplinary action.

Medical Programme Directorate
Medical Programme Directorate
Compulsory Declaration – Year 3

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 1 (Year 3) Guidebook, and have read and understood the information therein with particular reference to:

- Policies Relevant to Phase 1 (Year 3) (Section E)
- Research or Teaching involving Human Subjects (Section H.8)

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

☐ I am not affected by any health condition or impairment with the capacity to affect my ability to perform the functions required for the practice of medicine. These include neurological, psychiatric or addictive (drug or alcohol) conditions and physical impairment due to injury, disease, or degeneration. I am able to complete the year without any form of accommodation for my allocation, attachment, assessments, etc.

OR

I have met with the Directors of Medical Student Affairs director.medstudentaffairs@auckland.ac.nz and confirmed my ability to perform the functions required for the practise of medicine. I have spoken with them about my need for accommodation(s) to complete my medical studies.

☐ I confirm that my vaccination status, including against, but not limited to, Covid, meets the current programme guidelines and that I will maintain my status in keeping with any updates or changes to this guidance

☐ 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 practise of medicine confirmed.

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

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

☐ I consent to assessment and evaluation data being used in educational research.
Impact of the COVID pandemic on the medical programme

(Please note, some of the content is for Y4-6 only)

COVID has affected all aspects of our lives – social, personal, professional, academic, study, work, travel etc. The uncertainty and constant changes have taken a toll on all of us; but we have learnt to adapt, to be resilient, and to be patient. There has been significant fallout for individuals and communities, and we have seen this compound existing inequities, but we continue to move forward and ‘live with COVID’.

2020-21 Experience

As a country, we have suffered far less than many. In spite of this, the programme has been significantly affected by the COVID pandemic in 2020 and 2021. We have spent large portions of Phase 1 learning offsite and online, and in Phase 2 and 3 we have lost clinical placement time. The Medical Programme Directorate and the Faculty (FMHS) leadership have worked hard with stakeholders to keep medical students on placement in the workplace as far as possible. This has involved discussions at local, regional and national levels, compliance with ever-changing policies, and close engagement with our DHB and GP partners as well as the academic and government sectors. It has been challenging to rapidly transition to meaningful online learning and assessments have been challenging, and we continue to refine how we adapt and implement these changes. There are often barriers which are not obvious to all. Faculty and staff have also had to cope with enormous changes to how they work, and many have continued to be on the front line of clinical care throughout this time. “Postpone and adapt” has become the norm.

We had hoped that 2021 would be less affected by COVID. The short lockdown at the start of the year allowed us to successfully implement our continuity plan and put in place the lessons learned from 2020. We were able to pivot and maintain clinical placements.

But the arrival of Delta changed things radically. Once again, we drew on what we had learnt and engaged in key negotiations and forward-planning with stakeholders. Communication was also vital, but the environment was even more unpredictable than before, and often events overtook us. Weekly meetings with AUMSA senior exec and class representatives were again utilized to ensure concerns were promptly raised and addressed. These meetings were valued by both staff and students. We also developed a communication approach that was student-led and have developed some joint principles for the future.

Planning for 2022 and beyond

As we all know, vaccination has been a significant weapon in the fight against COVID in NZ and overseas. To your great credit, medical students were among the fastest groups in NZ to get vaccinated! Vaccination and restrictions, alongside appropriate PPE and streaming, have allowed the health system to adapt and function. This has also meant that students were able to return safely to clinical placements at a level of COVID activity that would not have been possible in
2020. The medical programme has played a key role at both regional and national levels to bring this about.

N95 masks have now become an important part of PPE for specific settings. We are fortunate to have a Faculty that has invested in in-house fit-testing (and at the time of this writing, UoA is the only tertiary institution to have done so). It is vital that you ensure you have completed annual testing through this service or a local site service to maintain your ability to attend clinical placements.

Placements in 2022

There will still be some restrictions on patients that students may see, but we are working within a ‘business as usual’ model, in which COVID is increasingly treated as any other contagious infection that students may encounter and need to guard against, like meningitis and measles.

Your safety and adequate supervision are central to placement decisions. At present you will not be placed on teams that are solely providing COVID care, but this may change. You will be able to see patients presenting with respiratory symptoms and may be on teams that manage COVID patients amongst others.

However, COVID continues to have unpredictable effects on hospitals and General Practices and changes may again be made at short notice. **You must follow any and all advice from your clinical site** as to how they are managing student access to patients, at-risk students (e.g. those who are immunocompromised and/or at increased risk of COVID), and other COVID-related issues. The MPD will continue to work closely with the sites to develop and implement coordinated policies, but it is possible (as in 2021) that students at different sites will be managed differently from time to time.

All FMHS courses now include this continuity statement: “**In the event of an unexpected disruption we undertake to maintain the continuity and standards of teaching and learning in all your courses throughout the year. If there are unexpected disruptions the University has contingency plans to ensure that access to your course continues and your assessment is fair, and not compromised. Some adjustments may need to be made in emergencies. You will be kept fully informed by your course co-ordinator, and if disruption occurs you should refer to the University website for information about how to proceed. The delivery mode may change depending on COVID restrictions. Any changes will be communicated through Canvas.**”

**Your health (also see FAQ)**

**You should not attend clinical placements if you are unwell, especially 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.

Students in Years 4-6 will have completed the online risk assessment required by our clinical partners. If you feel you are at higher risk due to existing health conditions, please ensure that you have discussed your situation with the DMSA as soon as possible. It is your professional responsibility to have this conversation before starting your clinical attachments for 2021. You must also notify the DMSA immediately, should your health status change at any time during the year.

A process for managing COVID contacts in the clinical environment is provided in the Guidebook FAQ section.

Haere whakamua | Go forward!

There are still many uncertainties around the evolving pandemic, our government’s response framework, and the impact of this and future outbreaks.

However, we have used the past two years wisely. We have continually revised continuity plans and built strong relationships with stakeholders. All sectors, from central government to individual GP practices, are unanimous in their desire to ensure you have an appropriate learning environment. All are agreed on the goal of having you graduate on time, as knowledgeable, competent doctors.

We envisage less disruption to clinical placements in 2022. At Red level, there will still be some disruption to campus learning for large groups, but we hope to deliver a more “normal” experience in future.

We know that your experience has been different to cohorts in the years before COVID. But we also know that you have learnt new things by being part of a health system responding to a pandemic. Your abilities in the personal and professional domain have expanded in response to many of these challenges, though sometimes the path has been a challenging one.

As we move into the phase of “living with COVID”, we should all keep our own wellbeing in mind; physical, mental, and emotional. We also must look out for each other, as we are often our own worst critics and evaluators (and doctors often make terrible patients!)

In 2022, take advantage of any and all learning experiences. If you are on placement, make the most of it! If you are able to do face-to-face learning on campus, maximize those opportunities! If we are forced back into an offsite and online modality, find the positives and capitalise on them. It is the ‘can-do’ attitude you bring, the determination to learn regardless of where you are, and the enthusiasm to make the most of ALL of your experiences, that will allow you not only to grow and mature as a budding physician, but also to become a compassionate and resilient one. I wish you all the best for this coming year and onwards, into the future.
A/Prof Andy Wearn
Outgoing Head of Programme

On behalf of the medical programme
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A. Essential Information

A.1. Key Contacts

A.1.1. Medical Programme website

Links to all relevant aspects of the medical curriculum can be found on the MBChB Portal at: http://mbchb.auckland.ac.nz

A.1.2. Medical Programme Overall

Medical Programme Directorate (MPD) general enquiries:

Email MPD@auckland.ac.nz

Website: www.fmhs.auckland.ac.nz/mpd

MPD is located on Level 2, Building 507, 22-30 Park Avenue, Grafton.

Key Staff

<table>
<thead>
<tr>
<th>Role</th>
<th>Person</th>
<th>Phone &amp; email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 Director</td>
<td>Carolyn Barrett</td>
<td>923 6475 <a href="mailto:c.barrett@auckland.ac.nz">c.barrett@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Year 3 Coordinator</td>
<td>Dr Stephen Ritchie (Molecular Medicine &amp; Pathology)</td>
<td>923 3184 <a href="mailto:s.ritchie@auckland.ac.nz">s.ritchie@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Head of the Medical Programme</td>
<td>Dr Kira Bacal</td>
<td>923 3046 <a href="mailto:k.bacal@auckland.ac.nz">k.bacal@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Deputy Head of the Medical Programme</td>
<td>Dr Laura Chapman</td>
<td><a href="mailto:l.chapman@auckland.ac.nz">l.chapman@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Directors of Medical Student Affairs</td>
<td>Dr Emme Chacko Dr Susy Lai</td>
<td><a href="mailto:director.medstudentaffairs@auckland.ac.nz">director.medstudentaffairs@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Student Support Advisor Domestic and International students</td>
<td></td>
<td><a href="mailto:fmhssupport@auckland.ac.nz">fmhssupport@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Student Support Advisor MAPAS students</td>
<td>Akanesi Moala</td>
<td><a href="mailto:a.moala@auckland.ac.nz">a.moala@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Group Services Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 1 Team Leader</td>
<td>Kathryn Siow</td>
<td>923 6370 <a href="mailto:k.siow@auckland.ac.nz">k.siow@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Academic Systems Coordinator</td>
<td>Viveca Dourado</td>
<td><a href="mailto:mpd@auckland.ac.nz">mpd@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Clinical Skills Coordinator</td>
<td></td>
<td>923 6840 <a href="mailto:csc@auckland.ac.nz">csc@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Information Systems Coordinator</td>
<td>Elizabeth Whelan-Jones</td>
<td>923 1837 <a href="mailto:mpd@auckland.ac.nz">mpd@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Practicum Placement Coordinator (MPD)</td>
<td>Teresa Timo</td>
<td><a href="mailto:mpd@auckland.ac.nz">mpd@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>
## A.1.3. Module Coordinators

<table>
<thead>
<tr>
<th>Module</th>
<th>Coordinator</th>
<th>Phone &amp; Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory Systems/ BMedSc(Hons)</td>
<td>Dr Ali Mirjalili (Anatomy and Medical Imaging)</td>
<td>923 7487 <a href="mailto:a.mirjalili@auckland.ac.nz">a.mirjalili@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Nervous System</td>
<td>Prof Maurice Curtis (Anatomy and Medical Imaging)</td>
<td>923 6999 <a href="mailto:m.curtis@auckland.ac.nz">m.curtis@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Reproduction, Development and Aging</td>
<td>Prof Larry Chamley (Obstetrics &amp; Gynaecology)</td>
<td>923 9501 <a href="mailto:l.chamley@auckland.ac.nz">l.chamley@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Regulation of Body Function</td>
<td>Assoc Prof James Fisher (Physiology)</td>
<td><a href="mailto:jp.fisher@auckland.ac.nz">jp.fisher@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Blood, Immunity and Infection</td>
<td>Dr Stephen Ritchie (Molecular Medicine &amp; Pathology)</td>
<td>923 3184 <a href="mailto:s.ritchie@auckland.ac.nz">s.ritchie@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Professional and Clinical Skills 2</td>
<td>Dr Vicki Jones (Psychological Medicine)</td>
<td><a href="mailto:vicki.jones@auckland.ac.nz">vicki.jones@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Hauora Māori</td>
<td>Dr Rhys Jones (Te Kupenga Hauora Māori)</td>
<td>923 6278 <a href="mailto:rq.jones@auckland.ac.nz">rq.jones@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Clinical Skills Centre</td>
<td>Dr Harsh Bhoopatkar Admin enquiries</td>
<td>923 8862 <a href="mailto:h.bhoopatkar@auckland.ac.nz">h.bhoopatkar@auckland.ac.nz</a> <a href="mailto:csc@auckland.ac.nz">csc@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Human Early Life Development (HELD) project</td>
<td>Dr Diane Emery (Paediatrics)</td>
<td>923 9368 <a href="mailto:d.emery@auckland.ac.nz">d.emery@auckland.ac.nz</a></td>
</tr>
<tr>
<td>MBCHB 311 Medical Humanities (research option)</td>
<td>Dr Susan Bull (Psychological Medicine)  Dr Katie Burns (Molecular Medicine and Pathology)</td>
<td>923 3775 <a href="mailto:susan.bull@auckland.ac.nz">susan.bull@auckland.ac.nz</a> 923 8877 <a href="mailto:k.burns@auckland.ac.nz">k.burns@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>
A.1.4. Who to contact for advice

The following table gives a summary outline of who to go if help or advice is needed.

<table>
<thead>
<tr>
<th>Person</th>
<th>Advice/ Issue/ Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Lecturer</td>
<td>Questions about material in individual lectures (contact details for lecturers are given in the respective module guidebooks on Canvas).</td>
</tr>
<tr>
<td>Module Coordinator</td>
<td>Most routine and organisational matters relating to modules.</td>
</tr>
<tr>
<td>Year 3 Coordinator</td>
<td>Any matter in relation to MBCHB III.</td>
</tr>
<tr>
<td>Phase 1 Director</td>
<td>Any academic or professional matter in relation to Phase 1. Any request for variation to current policy and extended absence.</td>
</tr>
<tr>
<td>Dr Ali Mirjalili</td>
<td>BMedSc(Hons) pathway queries.</td>
</tr>
<tr>
<td>Head of the Medical Programme</td>
<td>Issues requiring the approval of the Dean.</td>
</tr>
<tr>
<td>Student Support Advisor</td>
<td>General support and advice on financial and welfare matters. Personal issues affecting academic progress. Personal counselling.</td>
</tr>
<tr>
<td>Phase 1 Team Leader</td>
<td>General enquiries about Year 2 and Year 3. Course information, timetabling and change in allocation.</td>
</tr>
<tr>
<td>Practicum Placement Coordinator (MPD)</td>
<td>Administration of student choices for Years 4 and 5. Coordination of student allocations to hospitals.</td>
</tr>
<tr>
<td>Clinical Skills Coordinator</td>
<td>Clinical Skills Centre Enquiries.</td>
</tr>
</tbody>
</table>

A.2. Teaching and learning venues

All students are required to have their University ID cards with them in all laboratory-based, clinical skills and small group teaching sessions as they may be scanned for identification purposes at any time during such teaching sessions.

A.2.1. Medical Sciences Learning Centre & Human Anatomy

Location: On the first floor of Building 502.

These areas are not accessible to first year students or other unauthorised visitors. At no time should you invite a first year student or visitor to accompany you into this area. This rule also applies to the ADHB Mortuary and Autopsy rooms.

A.2.2. The Clinical Skills Centre (CSC)

Location: 502 Ground Floor (opposite the MDL)
Standards Expected

- Students are expected to behave in this room as they would in a clinical environment (e.g. hospital). Dress code advice is given in the Clinical Skills Guide – available on Canvas.
- Respect for peers, patients, actors, staff, and equipment.
- Preservation of confidentiality of any clinical information obtained during the course of study in CSC.
- Access by those involved in Faculty programmes only.
- No eating or drinking (except water).
- Use of CSC or equipment outside of scheduled teaching sessions only by arrangement with teaching staff.
- Reporting of any information obtained to be done accurately and honestly.
- No recording of images without the consent of CSC staff.

A.3. Health and Safety and Equipment for Year 3 onwards

The Health and Safety in Employment Act, HSNO Code of Practice and the University Injury and Illness Prevention Programme all require that appropriate personal protective equipment is worn in laboratories and that you should not take food or drinks into laboratories. For further information see:


You must wear white coats in the dissection room and all laboratories or you will not be allowed entry. You must provide and launder your own coats. Lab coats must not be obtained from any of the hospitals. Adequate footwear must be worn in the laboratories, i.e. closed-toe shoes and definitely no sandals or jandals. You will also need a pair of protective glasses, which you can purchase from any hardware shop.

Appropriate equipment for tissue dissection will be provided. Students do not need to bring their own dissection kits and must not remove equipment from the laboratories.

A.3.1. Essential equipment

Stethoscope

Choose a stethoscope with a head that has a separate bell and diaphragm or a single tuneable head (that can reproduce the effect of bell and diaphragm) and a tube length that allows you to comfortably examine. It is important that earpieces fit comfortably; most manufacturers offer soft and hard earpieces.

The most popular model purchased has been the 3M Littmann Classic II SE (~$160). In 2016, the Littmann Classic III was launched (~$180). They are both available online from a range of local online suppliers (two sources are given below). AUMSA may arrange a bulk purchase once each year. Cheaper models tend to be less robust and may have poorer acoustic qualities. More expensive models are a luxury at this
stage. Welch Allyn also make good quality stethoscopes and Ultrascope have made inroads into the NZ market (non-tuneable acrylic single head with hand-painted embedded images).

**Pocket Flashlight/Pen torch**

Look for a torch with a bright, tightly-focused beam. Avoid those with ragged beams. Medical Books have them for $26 - 28. Also consider the LED pen torches available at electrical & DIY outlets.

The FMHS Online Store sells two styles of pen torch ($11 or $40).

[http://store.fmhs.auckland.ac.nz/](http://store.fmhs.auckland.ac.nz/)

### Sources of equipment:

<table>
<thead>
<tr>
<th>Stethoscope/torch</th>
<th>Stethoscope/torch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Books</td>
<td>Capes Direct/Capes Medical</td>
</tr>
<tr>
<td>Albany</td>
<td>Mount Maunganui</td>
</tr>
<tr>
<td>Auckland</td>
<td>P: 07 575 9777</td>
</tr>
<tr>
<td>P: 09 4797105</td>
<td><a href="http://www.capesmedical.co.nz">www.capesmedical.co.nz</a></td>
</tr>
<tr>
<td><a href="http://www.medicalbooks.co.nz">www.medicalbooks.co.nz</a></td>
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### A.3.2. Optional extra equipment

**Reflex Hammer**

The Queen’s Square type with a round head (metal with a rubber rim) and long nylon handle is the best. Prices range from $15.00 to $25. Don’t buy one with a metal handle.

The FMHS Online Store sells a good quality tendon hammer for $20.

[http://store.fmhs.auckland.ac.nz/](http://store.fmhs.auckland.ac.nz/)

<table>
<thead>
<tr>
<th>Product Code 1119</th>
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<tbody>
<tr>
<td>$25*</td>
<td>$15</td>
</tr>
<tr>
<td>USL Medical</td>
<td>Medical Books</td>
</tr>
<tr>
<td>527A Rosebank Road</td>
<td>Albany</td>
</tr>
<tr>
<td>Avondale</td>
<td>Auckland</td>
</tr>
<tr>
<td>P: 09 829 0960</td>
<td>P: 09 4797105</td>
</tr>
<tr>
<td><a href="http://www.uslmedical.co.nz">www.uslmedical.co.nz</a></td>
<td><a href="http://www.medicalbooks.co.nz">www.medicalbooks.co.nz</a></td>
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*Handling fee of $20 for <=3, so organise a group buy*
B. The Medical Curriculum

B.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. On completion, the student will return to complete the remaining MBChB studies and graduate with two qualifications. See Section B.4.7 for more information.
### University of Auckland Medical Programme – Courses and Clinical Attachments

<table>
<thead>
<tr>
<th>Phase 1 (3) 26 wks</th>
<th>General Medicine</th>
<th>General Surgery</th>
<th>Obstetrics &amp; Gynaecology</th>
<th>Psychiatry</th>
<th>Paediatrics</th>
<th>General Practice</th>
<th>Clinical Imaging</th>
<th>Emergency Medicine</th>
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</table>

<table>
<thead>
<tr>
<th>Phase 2(5) 35 wks</th>
<th>Paediatrics</th>
<th>Obstetrics &amp; Gynaecology</th>
<th>Psychiatry</th>
<th>Selective</th>
<th>General Practice</th>
<th>Specialty Surgery</th>
<th>U &amp; I Patient Care</th>
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<td>Waitemata / Auckland</td>
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<td>South Auckland, Waikato/Lakes</td>
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<th>Phase 2(5) 35 wks</th>
<th>Paediatrics</th>
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<th>Rural Medicine Selective</th>
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<th>General Practice</th>
<th>Specialty Surgery</th>
<th>U &amp; I Patient Care</th>
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<th>Obstetrics &amp; Gynaecology</th>
<th>Psychiatry</th>
<th>Selective</th>
<th>General Practice</th>
<th>Specialty Surgery</th>
<th>U &amp; I Patient Care</th>
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<th>Specialty Medicine</th>
<th>Geriatrics</th>
<th>Musculoskeletal</th>
<th>Anaesthesia</th>
<th>General Surgery</th>
<th>GPOP</th>
<th>Emergency Medicine &amp; Acute Care/Procedural Skills</th>
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<td>BMedSc(Hons) which may lead to PhD</td>
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<tr>
<td>South Auckland, Waikato, Rotorua &amp; Tauranga</td>
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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**

<table>
<thead>
<tr>
<th>Phase 1 (9) 26 weeks</th>
<th>Professional and Clinical Skills 1</th>
<th>Hauora Māori</th>
<th>Nervous System</th>
<th>Reproduction &amp; Development</th>
<th>Sensory Systems</th>
<th>Medical Humanities</th>
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<table>
<thead>
<tr>
<th>Phase 1 (2) 26 weeks</th>
<th>Professional and Clinical Skills 2</th>
<th>Hauora Māori</th>
<th>Blood, Immunity &amp; Infection</th>
<th>Regulation of Body Function</th>
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<thead>
<tr>
<th>Year 1 24 weeks</th>
<th>Principles of Medicine</th>
<th>Clinical Pharmacology</th>
<th>Hauora Māori</th>
<th>Respiratory System</th>
<th>Cardiovascular System</th>
<th>Genitourinary System</th>
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<tr>
<th>Courses in Yr 1</th>
<th><strong>Bold</strong>: Courses common to BHSc &amp; BSc (Biomed)</th>
<th><strong>Italics</strong>: BSc only. Normal: Courses in BHSc only</th>
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</thead>
<tbody>
<tr>
<td>ILA: Integrated Learning Activity</td>
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</tbody>
</table>

**Formal Learning Weeks**

**Phase 1 (Year 3) Guidebook |Page 17**
B.2. Options and Planning your Programme of Study to Graduation

While the diagram of the entire programme indicates that much of the curriculum is compulsory, there are some important optional elements that students need to consider. Having this information early means they are able to map out preferred choices and do some forward planning to make their preferences more achievable.

There are several research opportunities that students may wish to pursue, including the route that involves the BMedSc(Hons).

B.2.1. Phase 1 (Year 3) optional curriculum components

In Year 3 students complete a general education course by choosing one of several Medical Humanities options.

B.2.2. Phase 1 (Year 3) and summer studentships

If students are interested in pursuing research opportunities a number of summer studentship projects will be available, which students may apply for around July. These normally involve about ten weeks of research conducted over the summer vacation. A list of the projects will be posted on the Faculty website. Some will be clinical projects and others will be biomedical or basic science. These studentships are very popular with all students from the Faculty, so prompt action is needed; a number of students will apply for each. A student who is successful in being selected by the Project Leader will then need to write a research proposal that is considered by a Research Group within the Faculty, to determine which ones will be funded. If successful, students will receive a grant of about $5,000 to complete the project over the summer.

A summer studentship is a good way to get a taste of what a research career pathway is like. Students who enjoy research should consider deferring a year of MBChB study to do the BMedSc(Hons) degree described in section B.4.7 and then returning to qualify and graduate with two qualifications.

B.2.3. Allocation policy for clinical years (Years 4 – 6)

It is essential that you are familiar with the student allocation policy, see section 3 of the Academic & Programme-Related Policies.

Hospital locations and travel within a cohort

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

Students in Phase 2 and 3 will be allocated to a cohort site where you will rotate through a number of different clinics and hospitals. You should expect to travel among all the different teaching sites within your cohort site. These will defer somewhat by year. Please note that in addition to working at any of the hospitals within a cohort location over the course of the year, students may also be required to attend community placements or travel outside their cohort, for example for the Year 4 GP/PC attachment or the Year 6 rural GP attachment. Further details are available at the cohort launch or from the Year Coordinators or Phase Directors.
<table>
<thead>
<tr>
<th>Year 4 Cohort Sites</th>
<th>Year 5 Cohort Sites</th>
<th>Year 6 Cohort Sites</th>
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<tbody>
<tr>
<td>Waitemata</td>
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<td>(North Shore Hospital, Waitakere Hospital)</td>
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<td>Auckland</td>
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<td>(Auckland City Hospital, Starship Hospital, Greenlane Clinical Centre)</td>
<td>(Auckland City Hospital, Starship Hospital, Greenlane Clinical Centre)</td>
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<tr>
<td>South Auckland</td>
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<tr>
<td>(Middlemore Hospital, Manukau Super Clinic)</td>
<td>(Middlemore Hospital, Manukau Super Clinic)</td>
<td>(Middlemore Hospital, Manukau Super Clinic)</td>
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<tr>
<td>Waikato</td>
<td>Waikato &amp; Lakes</td>
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<tr>
<td>(Waikato Hospital)</td>
<td>(Waikato Hospital, Rotorua Hospital)</td>
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<td>(Tauranga Hospital)</td>
<td>(Tauranga Hospital, Whakatane Hospital)</td>
<td>(Tauranga Hospital)</td>
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<tr>
<td>Bay of Plenty Rural</td>
<td>Pūkawakawa</td>
<td>Northland</td>
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<tr>
<td>(Tauranga Hospital, Whakatane Hospital)</td>
<td>(Whangarei Hospital and sites in the Bay of Islands, Kaitaia, Rawene, and/or Dargaville)</td>
<td>(Whangarei Hospital)</td>
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<tr>
<td>Taranaki Regional-Rural</td>
<td>Taranaki Regional-Rural</td>
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<td>(Taranaki Hospital, Hawera Hospital)</td>
<td>(Taranaki Hospital, Hawera Hospital)</td>
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**B.2.4. Phase 2 (Year 4) optional sites**

Year 3 students will be given the opportunity in June to indicate their preference of cohort site in Year 4.

Year 4 is an exciting and challenging year in which the focus moves from basic medical science to one of seeing many patients in a variety of clinical situations. Because of the demands and diversity of this year, all aspects are compulsory to assist students to become a junior medical colleague. It is important to realise that all students will need to move out of Auckland for some of their clinical experience, and each student is required to complete at least one year of study outside of the area encompassed by Auckland DHBs. See section 3 of the [Academic & Programme-Related Polices](#).
B.2.5. Phase 2 (Year 5) optional components

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

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

Please refer to the Year 4 or 5 Guidebook on the MBCHB Portal (refer to the link: https://wiki.auckland.ac.nz/display/MBChB/MBChB+Portal) for further details in regards to types of Selective available and relevant policies.

It is recommended that you self-generate your own Selective and planning should commence as early as possible.

For additional queries about the Selective, please contact Claudia Makgill claudia.makgill@auckland.ac.nz.

Regional-Rural pathways
During Year 4 students have the opportunity to apply for a Regional-Rural pathway of study for all of Year 5. This is offered as the Pūkawakawa programme, based in Northland, the Bay of Plenty Regional-Rural Programme, and the Taranaki Regional-Rural Programme.

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

It is not compulsory for Regional Rural Admission Scheme (RRAS) students to apply for these programmes; nor will they be selectively balloted if there are insufficient applicants. To date, students from all four categories have been accepted onto the programme.

B.2.6. Phase 3 (Year 6) optional component

The Elective
The eight-week elective is a unique experience that allows students the chance to experience medical practice in another country or to extend their knowledge and skills
in a specific area of interest or to formulate ideas about their future vocation. Students have a free choice of activity, whether it be medical, paramedical or medicosocial, or research (outside New Zealand, for NZ-based research see the Research Project description below) and there is an approval process for the elective proposal. During this period students will be encouraged to show initiative and to have a sense of responsibility with minimal direction.

To gain the most out of this, students need to start planning early, at least in Year 4, especially if they intend to do this overseas. Note that any work students undertake is in a non-salaried capacity.

An elective overseas is more likely to be approved where it involves experience that is not readily available in New Zealand. Electives in the South Pacific and the developing world are especially encouraged.

Previous elective reports are held on a database linked to the MBCHB portal – reading these, as well as talking to Year 6 students and junior doctors, should help give students inspiration about feasible options.

**Two week Option**

Each clinical campus/ site has developed a suite of options, and there are different options at different sites, to build on local strengths at that site.

**Research Project**

Students have the opportunity to complete an 10-week Research Project in New Zealand during Year 6. For this project, students need to have a University of Auckland supervisor, who should be at the location where this research project will be completed. It is possible for this project to be scientifically-based, clinically-based or population-based. Successful completion of this Project with an appropriate GPA is a pathway to a PhD. If students are interested in this option, they should contact Professor Cris Print or Professor Chris Bullen in the first instance.

**B.2.7. Research Degree Pathways**

It is possible to consider doing an Honours degree or a PhD while you are still doing medicine.

**Bachelor of Medical Science (Honours)**

An important research opportunity you may wish to pursue during the medical programme is the BMedSc(Hons), which is a pathway towards a PhD. This is an intercalated research-focused degree that may be completed at the end of Year 3 or subsequent years. Students may consider whether to take up this option during Year 3 and plan their future years accordingly. It has proved to be a valuable qualification for those seeking international postgraduate scholarships at a later date in their careers.

This degree allows highly motivated and able students to gain some research training before continuing with their clinical medical education. Research opportunities are offered in both all medical disciplines. Applicants are required to have passed the MBChB Part III courses, or its equivalent, with an average of B or higher. The degree
involves one year of full-time study, during which a student completes courses to the total value of at least 120 points, and must not exceed 160 points. Students have the option of completing:

- a 90 point thesis and 30 points from an approved schedule of courses; or
- a 120 point thesis.

Following completion the student returns to complete the remaining years of MBCHB to qualify and graduate with two qualifications.

If students wish to discuss this career pathway further, it is suggested they contact a senior member of the Faculty in their area of interest and/or the BMedSc(Hons) Coordinator, Dr Ali Mirjalili.

**PhD**

For exceptional students it is possible, with careful planning of the programme, to put MBChB study on hold to commence a PhD. This pathway will usually involve extending the student’s MBChB programme and pursuing doctoral research during the clinical years. Before being eligible to be admitted to doctoral study students need to have completed a relevant entry programme such as the BMedSc(Hons). Additionally the 10-week Research Project that may be undertaken in Year 6 as an alternative to the Elective is another pathway to the PhD. Please note that unless this Research Project is undertaken the MBChB itself is not a direct pathway to a PhD.

Those interested in this route are advised to talk to people in the Faculty’s Postgraduate Research office.

**B.3. Exit Pathways from the MBChB**

On rare occasions, students find they do not wish to complete their medical degree. The most frequent time for this to occur is early in the fourth year of study when students experience the challenges of the clinical environment.

For those who wish to pursue a career in science or health science, the Faculty has two other degrees to which students may credit their study. These are:

- Bachelor of Science (Biomedical Sciences)
- Bachelor of Health Science

While cross credits are considered on a case-by-case basis, students should expect to complete at least an extra year of study, after completion of Phase 1, to be awarded either degree.

Students who wish to exit the MBChB after completing Year 3 may also be able to enrol in the BMedSc(Hons) if they meet the admission criteria (see above).

**B.4. Interruption to Studies**

The MBChB regulations require that students follow the programme for this degree continuously. However, provision is made for interrupted study. This is only an option if completing the BMedSc(Hons), commencing a PhD or there is another pressing reason to interrupt study. Interruption of study is usually only permitted for one year, and re-
entry to the medical programme may be subject to specific conditions being met. The person who approves the interrupted study is the Head of the Medical Programme after advice from the Directors of Medical Student Affairs and the relevant Phase Director. Students who wish to interrupt study should make an appointment with their Student Support Advisor in the first instance.

Students who need to interrupt their studies within the academic year to recommence in the future may be subject to fees in each of those years.

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 2022 to January 2023.

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 2022- June 2023). In this situation, you will need to ensure that you meet with the relevant staff in the Medical Programme Directorate and the Student Centre to learn about your options in terms of the University guidelines and regulations. These regulations may affect such issues as payment of tuition fees or carrying over academic results, as well as having implications for Studylink.

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

B.5. Academic honesty

Academic honesty is a key feature of professional behaviour and the Faculty takes any breaches of it very seriously. If a student is suspected of cheating during a test the Guidelines: Conduct of Coursework will be applied.

If a student is found to have cheated a penalty will be applied, and the offence entered in the academic misconduct register (as required in the Guidelines: Conduct of Coursework). The Board of Studies (Medical Programme) Fitness to Practice (FTP) process may be invoked as a part of the penalty.

For further information, please refer to section 1 of the Academic & Programme-Related Policies.
C. Year 3

C.1. Clinical scenarios and learning

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

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

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

Please be assured that we do not expect you to engage with the learning in all scenarios in any one year, as this would overwhelm you. We believe you will find them useful to relate to the patient conditions you encounter during this year.

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

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

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

When lecturers refer to specific scenarios in their teaching, we expect you to review these scenarios and any links provided within them. When doing this, please consider how what you have learned in the teaching session applies to the clinical scenario. While you may not yet have learned about all the clinical aspects of a scenario, nevertheless you can still use the scenario to understand better and remember what you are learning in teaching sessions. Some written assessments will use these scenarios to provide a clinical context for questions. Therefore, we also expect you to use these scenarios during your revision. For example, using relevant scenarios as a starting point, you could write yourself and your colleagues’ questions about what you have learned. That will help you to apply your knowledge to clinical situations. Some specific points you may find helpful are below:

1. Title of scenarios: the titles are broad and mainly indicate the presenting problem.

2. Clinical discipline(s)/ organ system(s) (and their weightings) and progress test topic(s) associated with each scenario are provided as a guide to areas of content.

3. Most scenarios start with a brief clinical description of a patient as they may present to a medical practitioner or equivalent. A small number of scenarios start with an outline of an issue relevant to medicine.

4. There are learning points under each of the five domains of the curriculum, to encourage you to think about all aspects of the clinical problem and closely related medical issues. On the Scenario website, you can search these learning points within each of the graduate learning outcome domains in order to find scenarios relevant to a particular lecture or a particular topic you are revising.

5. For each scenario, learning points that are particularly important have been selected. To keep the scenarios reasonably succinct, they do not include every learning point that may be relevant. However, across the entire set of scenarios, the intention is that all key learning points in the curriculum will be represented somewhere. The learning points in each scenario that are most relevant to Phase 1 (MBChB Years 2 and 3) can be highlighted by clicking a check box at the top of the scenario.

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

7. Links to relevant resources (mainly on the Portal but some external) and to ‘related scenarios’ are provided. The scenarios are valuable for finding information related to learning points, with over 700 links now established, in addition to those for most of the medicines.
8. It is possible to search the scenario database using text or through a listing of diagnoses, so that you are able quickly to gain an idea of clinical scenarios with relevant content. The scenarios may also be searched according to clinical discipline/ organ system and by progress test topic.

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

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

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

12. Work is continuing to have progress test-type questions associated with each scenario, so that you can use these to enhance your learning. Currently there are over 160 such question associated with almost 80 of the scenarios.

Feedback

It is intended that there will be continual improvement of the scenarios and feedback is welcomed. There is a link on the scenarios website for providing feedback. If you believe that something in a scenario requires changing, please do tell us. We would also like to hear of any important learning points that you feel are missing from the entire set of scenarios.
C.2. MBCHB 321

This year of the programme deals with human organ and behavioural systems. Material presented in previous years is developed and integrated to provide a basis for understanding the human response to normal and pathological disturbances of function. This year is intended to provide a bridge to subsequent clinical years, in terms of both the emphasis of the teaching and the subjects, which are covered. Year 3 comprises the following courses and practical requirements.

**Nervous System**
A coordinated, multidisciplinary approach to the central and peripheral nervous systems. Provides a firm scientific understanding of the structure and function of the nervous system with particular emphasis on clinical problem solving, clinical examination skills and clinically important aspects of the nervous system.

**Sensory Systems**
A multidisciplinary approach to the scientific basis of the structure and function of the Sensory Systems, head and neck. Emphasizes the interpretation of changes to function and structure in disease, including radiological images, compared to the normal. Each major component of the visual system, auditory system, olfaction, taste, pharynx, larynx, thyroid and salivary glands and cranial nerves is examined. Taught in a context of clinical examples and examination skills.

**Reproduction, Development and Aging**
An integrated study of the biology of reproduction, development and endocrinology. Emphasis is placed on understanding the endocrine regulatory mechanisms of the hypothalamic/pituitary/gonadal axis and the control of oogenesis and spermatogenesis, on the endocrinology and physiology of the menstrual cycle and pregnancy, on the control of growth, development, and aging from conception through puberty, menopause and beyond, and on metabolic endocrinology. Throughout there is a strong emphasis on clinical relevance and clinical sessions are an important component of the module.

**Blood, Immunity and Infection**
An integrated and multidisciplinary approach to the normal and abnormal function of the haematopoietic and immune systems, and how bacteria and viruses produce infections. Teaching and learning will be based around clinical examples and will include instruction in relevant examination skills.

**Regulation of Body Function**
An integrated treatment of the regulation of human body function and its modification by drugs. Topics include: the regulation of cardiovascular function; electrolytes and fluid volume; respiration; energy balance and body weight; body temperature; gastrointestinal function; and the physiology of exercise. Clinical problem sessions are an important component and common illnesses are analysed to demonstrate that knowledge of normal function provides a basis for understanding and managing these disorders.
Professional and Clinical Skills 2
This builds on the Part II PCS1 module. There is an emphasis on developing and applying the key professional, clinical and communication skills for medicine in the clinical context. The module culminates in a hospital-based clinical skills attachment.

Hauora Māori
Two activities throughout the year – a deconstruction exercise and questions relating to inequities in the cancer care pathway for Māori (associated with the Cancer Continuum) – continue the process of developing a critical understanding of the social, cultural, political, economic and environmental determinants impacting on Māori health.

Laboratories and Integrated Learning Activities
Throughout the year, students engage in practical, laboratory-based projects as well as other integrated learning activities designed to complement learning in the organ system-based and theme-based modules.

C.3. MBCHB 311A and 311B (7.5 Points each) Medical Humanities
A variety of options from the study of medical humanities.
To complete this course students must enrol in MBCHB 311A and B

C.4. Special Features

C.4.1. Integrated Learning Activities (ILAs)

Human Early Life Development (HELD)
The HELD study begun in Year 2 will be continued throughout year 3. The study is organised by Dr Diane Emery (Paediatrics). Completion of the two year study is a requirement of Year 3 before you can proceed to Year 4.

The Cancer Continuum
This study introduces students to the journey of three cancer patients from diagnosis, through laboratory tests, treatment, disease progression, recovery and follow-up management. It is designed to introduce and develop the principles of oncology in a systematic manner and to demonstrate the importance of good communication skills at all levels, multidisciplinary management, patient-focussed management, the distinction between curative and palliative management, and the critical role of holistic care. This ILA reinforces basic principles of normal cellular function and how this goes wrong in disease, therefore it is useful for understanding many pathologies, not just cancer.

A Patient with a Fever
Fever is common in children and can result from a variety of causes. In this ILA, students will follow a patient with a fever from his initial presentation to his GP, examining various possible causes of the fever, exploring diagnostic and treatment scenarios, and discussing the biomedical mechanisms underlying the condition.
C.4.2. Clinical Skills

The clinical skills component in this year builds on the learning from Year 2 and is part of the Professional and Communication Skills module (PCS2). There are four Clinical Skills blocks, CS1–4, plus neurology clinical skills. For CS1-3, these sessions bring together elements from PCS1 into focussed history and examination assessments of the abdominal, cardiovascular and respiratory system. CS4, at the start of semester 2, will provide a collection of skills stations with simulated patients to prepare you for your ward experience.

In semester 2, you will be allocated to a clinical team at Auckland City, Middlemore or North Shore/Waitakere hospitals. You will attend for seven half days, revising and practicing your clinical skills with real patients. Prior to this you will spend part of one nursing shift on a ward with a nurse to orientate you to the ward environment.

Assessment of this part of PCS2 is by an objective structured clinical examination (OSCE) at the end of the year. The assessment covers skills learnt in small group activities, clinical skills sessions and ward-based clinical methods. More detail will be given in your PCS2 guide book.

In addition, an ‘Emergency Care’ course runs in parallel with the clinical skills blocks. There are two modules that cover Basic Life Support (BLS), airway management, simulation-based training and an introduction to venepuncture, intravenous cannulation and ‘sharps’ safety. These modules take place at the Simulation Centre for Patient Safety (see URL below). Students will be assessed on the skills learnt, within the timetabled sessions. A certificate will be awarded on the successful completion of the course. Students may have multiple attempts until they reach the “pass” standard.


C.5. Recommended Texts

Textbooks recommended for Year 3 can be found on Canvas in the ‘Reading Lists’ section.

It is not necessary to purchase all the books listed under each subject. Choose the one that you find easiest to learn from. If necessary, Module Coordinators will be able to advise you on your choice. Copies of many of these books are available in the Philson Library. Some of the books will also be relevant for later years, so it is useful to have your own copy.
C.6. Web Links for Year 3

The Year3 Canvas site (which also contains links to all other relevant resources):

https://canvas.auckland.ac.nz/

Results and Feedback Website:

https://medprog.fmhs.auckland.ac.nz/mbchbresults/

Online Timetable:

https://medprog.fmhs.auckland.ac.nz/phase1timetable/
**C.7. Learning Outcomes for Year 3 Modules**

### Domain: Applied Science for Medicine

| 1 | Apply basic knowledge of anatomy, physiology, pathology, pharmacology and biochemistry to: |
|   | - Interrelate structure and function of the brain, brainstem, intracranial vasculature, spinal cord, peripheral and cranial nerves, in selected common and important neurological conditions / diseases. |
|   | - Describe motor pathways, and the elements of the nervous system important in coordination of movement. |
|   | - Compare the clinical features of upper and lower motor neurone lesions. |
|   | - Describe the sensory pathways and common disturbances of sensation. |
|   | - Relate clinical presentations to neurotransmitter disturbances. |
|   | - Correlate appearances on selected imaging modalities with the underlying pathophysiology. |

| 2 | Describe important pain pathways and the principles of analgesia. |

| 3 | Outline the principles of anaesthesia and the actions of the major classes of drugs used for sedation and anaesthesia. |

| 4 | Describe the effects of drug abuse on neurotransmitters. |

| 5 | Describe normal sleep and common disorders of sleep. |

| 6 | Explain how the EEG may assist in the diagnosis of brain disorders. |

### Domain: Clinical and Communication Skills

| 7 | Use the problem solving approach of “where is the lesion” and “what is the lesion” to study selected neurological disorders. |

| 8 | For selected neurological presentations and clinical findings, select the most appropriate initial investigations, including imaging modality. |

| 9 | Perform selected parts of a detailed neurological examination on healthy people. |

| 10 | Interpret CSF abnormalities in terms of likely underlying pathology. |

### Domain: Population Health

| 11 | Identify risk factors, including social determinants, for selected neurological and psychiatric disorders. |

| 12 | Describe the personal, population and economic impacts of neurological and psychiatric disease in New Zealand and how these might be lessened. |

---

**Symptoms & Presentations**

- Weakness
- Incoordination
- Sensory disturbance
- Dysphasia
- Seizure

**Conditions/Diseases**

- Stroke
- Epilepsy
- Cerebral tumours
- Meningitis
- Spinal cord injury
- Peripheral nerve lesions

**Clinical Skills**

- Motor system examination (including coordination)
- Sensory examination
- Cranial nerve examination
- Alzheimer’s disease
- Parkinson’s disease
- Schizophrenia
- Affective disorders
- Sleep disorders
- Intracerebral haemorrhage
**Domain: Applied Science for Medicine**

1. Apply basic knowledge of the anatomy, physiology, pathology and pharmacology of the systems located in the head and neck to:
   - Relate clinical presentations to pathological processes in local structures.
   - Predict the wide-reaching clinical effects of enlargement of selected structures of this system.
   - Correlate appearances on selected imaging modalities with the underlying structures and pathology, both in situ and in sectional planes.
   - Describe the eye and central visual pathways in health and disease.
   - Describe the ear and central auditory/vestibular pathways in health and disease.
   - Describe the mechanisms of taste and smell, and common disturbances in these.
   - Identify factors that change at different stages of life.

**Domain: Clinical and Communication Skills**

2. Perform selected physical examinations.
   - Verify the structural and functional integrity of the bones and joints of the head and neck.
   - Examine visual and auditory pathways and describe major deficits.
   - Describe the location of normal structures, and lesions, by using surface markings, and the ‘triangles’ of the neck.

3. Indicate the most appropriate investigations for assessing symptoms and signs in the head and neck.
   - Interpret radiological images of normal structures and detect main changes seen in important clinical conditions.
   - Describe the use of audiograms, intraocular pressure measures, perimetry, tympanometry, visual evoked potential.

**Domain: Population Health**

5. Outline strategies to reduce the morbidity of disturbances of hearing and vision in the population and specific community groups in New Zealand.

---

**Symptoms & Presentations**

- Disturbance of vision
- Disturbance of hearing
- Neck swelling

**Conditions/Diseases**

- Cataract
- Glaucoma
- Macular degeneration
- Otitis media / glue ear
- Bell’s palsy
- Horner’s syndrome
- Temporal Arteritis
- Carotid artery dissection / stenosis
- Cervical fracture
- Rhinitis
- Enlarged thyroid (goitre)
- Thyrotoxicosis
- Branchial cyst
- Thyroglossal cyst
- Lymphadenopathy

**Clinical Skills**

- Cranial nerve examination
- Detailed examination of vision including Ophthalmoscopy
- Testing of auditory pathway

**Procedural Skills**

- Emergency tracheostomy (cadaver)
- Ultrasound examination of the neck in living subjects
## Domain: Applied Science for Medicine

### Reproduction
Apply basic knowledge of anatomy, physiology, pathology and pharmacology to:

- Describe the hierarchical arrangement of the hypothalamic/pituitary/gonadal axis, the feedback loops, associated hormones and receptors, and vascular and neural linkages.
- Explain the links between changes in the endometrium and ovarian steroid hormones during the menstrual cycle.
- Explain the functions of the male accessory reproductive glands.
- Describe the processes necessary for gametogenesis and conception.
- Describe the mechanism and use of common assisted reproduction technologies (ARTs).
- Discuss mechanisms for fertility control.
- Describe the structure of the human placenta, how it supports normal pregnancy and contributes to the development of a healthy embryo/fetus/baby.
- Explain the physiological adaptations of the mother during pregnancy.
- Describe the changes to the breast during pregnancy, control of milk production and delivery, and the special nutritional properties of milk.
- Describe the processes and control of parturition and premature birth.

### Development and Aging
Use knowledge of the regulation of growth and development to:

- Describe the major events and endocrine regulatory changes that occur during puberty.
- Discuss current ideas on the consequences of poor fetal growth for lifelong health.
- Describe how imaging may be used to detect fetal abnormalities.
- Identify major causes of abnormal growth.
- Describe the common genitourinary malformations, including the intersexual conditions.

### Metabolic Endocrinology
Apply basic knowledge of anatomy, physiology, pharmacology and pathology to:

- Describe the hormones of the adrenal gland and their roles in regulating metabolic processes.
- Describe the role of the thyroid, thyroid hormone synthesis and regulation, and the consequences of thyroid hormone deficiency and excess.
- Describe the regulation of calcium and phosphate and discuss the common disorders of calcium and phosphate metabolism.
- Describe the regulation of glucose and counter-regulatory hormones during hypoglycaemia.
- Describe the types of diabetes and discuss the role of insulin resistance in development of hyperglycaemia.

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Phase 1 (Year 3) Guidebook | Page 33
### Domain: Clinical and Communication Skills

<table>
<thead>
<tr>
<th>5</th>
<th>For selected common and important clinical case presentations:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Determine likely underlying endocrine and/or structural abnormalities and initial investigations</td>
</tr>
<tr>
<td></td>
<td>• Explain the pathologic changes that underlie disease conditions</td>
</tr>
</tbody>
</table>

| 6 | Use postnatal growth curves in order to propose underlying causes for abnormal growth |

### Domain: Population Health

| 7 | Describe NZ population demographics and outline some of the major impacts of its changing distribution on society and the health care system. |

#### Symptoms & Presentations
- Short stature / poor growth
- Pregnancy
- Infertility
- Delayed puberty
- Frailty

#### Conditions/Diseases
- Preeclampsia/Intrauterine growth restriction (IUGR)
- Thyroid disease (hyper and hypo)
- Adrenal diseases (excess and deficit)
- Diabetes and complications
- Osteoporosis
- Hypercalcaemia
1. Explain the key haematological parameters used in the diagnosis and treatment of disease.
   - Describe the cellular and molecular components of the blood.
   - Summarise the roles of these in human health.

2. Outline the complications that may arise from transfusion and how they may be prevented.
   - Identify the basic principles of blood transfusion.
   - Explain the key parameters used to match blood products for transfusion.

3. Explain the key immunological parameters used in the diagnosis of disease.
   - Describe the cellular and molecular components of the immune system.
   - Summarise, using supporting clinical examples, the positive and negative contributions of the immune system to health.

4. Outline the principles of how infectious diseases may be diagnosed, treated and prevented, using appropriate examples of medically-important pathogens.
   - Identify the pathogenic properties of microbes.
   - Discuss the importance of host defence.
   - Summarise how microbes cause disease.

5. Explain the relationship between immunological and haematological processes in the body’s response to infections.

6. Explain the implications of the human lifespan as a risk factor for haematological, immunological and infectious diseases.

Domain: Clinical and Communication Skills

7. Solve clinically-based problems using integrated knowledge of haematology, immunology and microbiology, both independently and in groups.

8. Critically evaluate concepts and results presented in publications relating to haematology, immunology and microbiology, using a selected literature search.

Domain: Hauora Māori

9. Establish reasons why selected infectious diseases are more prevalent in Māori and compare with other ethnic communities.

Domain: Population Health

10. Explain the reasons for population-based vaccination programmes targeted against selected infectious diseases.

11. Identify factors that affect vaccine efficacy at both individual and population levels.

### Symptoms & Presentations

<table>
<thead>
<tr>
<th>Conditions/Diseases</th>
<th>Clinical Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaemia</td>
<td>General examination</td>
</tr>
<tr>
<td>Lethargy</td>
<td>Abdominal examination</td>
</tr>
<tr>
<td>Fever</td>
<td></td>
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<tr>
<td>Bleeding and bruising</td>
<td></td>
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<tr>
<td>Diarrhoea</td>
<td></td>
</tr>
</tbody>
</table>

### Conditions/Diseases

- Allergy / anaphylaxis
- Autoimmune disease
- Iron deficiency
- B12 and folate deficiency
- Myeloproliferative disorders

### Procedural Skills

- IV Cannulation (model)
- Venous blood sampling (model)
### Domain: Applied Science for Medicine

1. Apply knowledge of the key mechanisms that underlie the regulation of major body organ systems to:
   - Explain the integrated control of the cardiovascular system.
   - Explain body fluid volumes and electrolyte content.
   - Explain the control of breathing.
   - Explain acid-base status.
   - Describe the major effects of hormones and neurotransmitters.
   - Explain the processes important in digestion.

2. Develop a personal framework to comprehend and analyse the multi-factorial nature of the organ systems interactions in healthy and diseased states.

3. Examine the roles and actions of drugs for correcting disordered physiology and pathology.
   Summarise the modes of action of drugs at cellular and organ levels.
   For each drug class, explain the potential adverse effects, drug interactions and dose adjustments required in diseased states.
   Explain the essential features of clinical trials.

### Domain: Clinical and Communication Skills

4. Interpret and solve clinical problems using an integrated knowledge of the mechanisms of organ system control.

5. Determine the most appropriate drug to administer in selected cases.

### Domain: Population Health

6. Critical review of the design and interpretation of clinical trials.

### Symptoms & Presentations

<table>
<thead>
<tr>
<th>Conditions/Diseases</th>
<th>Clinical Skills</th>
<th>Procedural Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute illness</td>
<td>Integrated physical examination</td>
<td>Basic life support to NZRC level 3</td>
</tr>
<tr>
<td>Single organ failure</td>
<td></td>
<td>IV cannulation and venesection (model)</td>
</tr>
<tr>
<td>Multiple organ failure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Conditions/Diseases

- Shock
- Hypertension
- Asthma and Allergy
- Ischaemic Heart Disease
- Arrhythmia
- Endocrine dysfunction
- Impaired GI function
- Acid-base disturbances
- Electrolyte disturbances
- Renal dysfunction
- Respiratory failure
- Arrhythmia
- Endocrine dysfunction
Broadly, this module aims to **prepare students for the transition to the clinical learning environment that are characteristic of Phase 2**. Specifically, at the end of this module, students will be able to:

<table>
<thead>
<tr>
<th>Domain: Applied Science for Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate an understanding of how underlying pathology may be experienced and reported by patients in terms of symptoms and signs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Mental Health and Health Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Explain the components of the mental state examination</td>
</tr>
<tr>
<td>• Identify the symptoms of common psychiatric disorders and explain the impact of stigma on the experience of these disorders</td>
</tr>
<tr>
<td>• Recognise and describe how actions as a doctor can directly impact on patient outcomes, including adherence and placebo effects</td>
</tr>
<tr>
<td>• Explain how a patient’s experience of wellbeing and illness can be influenced by their psychological, social and cultural context</td>
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</table>

<table>
<thead>
<tr>
<th>Domain: Clinical and Communication Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Information Gathering: The History and the Physical Examination</td>
</tr>
<tr>
<td>• Explain the planned assessment and seek consent from patients (real or simulated)</td>
</tr>
<tr>
<td>• Demonstrate a systematic and structured approach to history-taking and clinical examination and to the documentation of both</td>
</tr>
<tr>
<td>• Actively explore the patient’s illness experience</td>
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<thead>
<tr>
<th>4. Clinical Communication</th>
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</thead>
<tbody>
<tr>
<td>• Use effective basic communication skills in controlled settings with patients (real or simulated)</td>
</tr>
<tr>
<td>• Demonstrate an awareness of non-verbal communication</td>
</tr>
<tr>
<td>• Outline principles of using an interpreter</td>
</tr>
<tr>
<td>• Demonstrate the use of a supportive and empathic communication style throughout the clinical assessment</td>
</tr>
<tr>
<td>• Discuss the issues and communication techniques used in the context of sensitive interactions (e.g. death and dying, sexual history)</td>
</tr>
<tr>
<td>• Develop strategies to close consultations with patients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Clinical Decision-Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Explain and apply some of the concepts of clinical decision making to clinical examination</td>
</tr>
<tr>
<td>• Demonstrate an awareness of objective versus subjective findings</td>
</tr>
<tr>
<td>• Identify key findings and create simple problem lists</td>
</tr>
<tr>
<td>• Apply the principles of evidence-based practice to clinical examination</td>
</tr>
<tr>
<td>• Describe the principles of safe work practices</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. The Clinical Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Compare and contrast the use of a patient-centred or doctor-centred approach</td>
</tr>
<tr>
<td>• Outline the importance of setting boundaries in various situations</td>
</tr>
<tr>
<td>• Discuss strategies for dealing with uncertainty</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>7. Emergency procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Demonstrate basic emergency skills in a simulated setting</td>
</tr>
<tr>
<td>• Demonstrate safe practice in relation to venesection and cannulation in a simulated setting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain: Personal and Professional Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Professionalism and Reflective Practice</td>
</tr>
<tr>
<td>• Examine the criteria and desirable characteristics for a profession and how they relate to medical practice</td>
</tr>
</tbody>
</table>
- Demonstrate an empathetic and professional approach to patients in a real or simulated setting
- Discuss professional practice issues relating to power, hierarchy, vulnerability and conflict of interest
- Demonstrate the ability to write reflectively on personal and learning experiences

### Ethics and the Law
- Discuss ethical and legal principles and issues relating to surrogate decision-making, including at the end of life.
- Discuss the role of rights in medical practice and draw upon the Code of Health and Disability Service Consumers’ Rights in discussions about access to treatment and resource allocation in health
- Apply ethical and legal principles to practice and ethical reasoning to medical dilemmas

### Health and Well-Being
- Critically reflect on and apply resiliency skills you need to be prepared for the clinical workplace
- Discuss the ways that compassion and self-compassion can impact on yourself and patients
- Analyse your own help-seeking behaviour
- Apply strategies to take care of self and colleagues

### Cultural Competence
- Critically reflect on own and other cultural norms and their impact on health care
- Outline the cultural differences that affect grief, death and dying
- Adapt communication approaches to account for cultural differences in health care settings

### Learning and Teaching
- Critically discuss the impact of the hidden curriculum on academic and clinical practice
- Examine the principles of assessment and appraisal in academic and clinical contexts
- Analyse own contribution to a group (roles and skills)
- Compare and contrast methods of clinical learning

#### Domain: Hauora Māori
- Discuss how our worldviews shape our understanding about an issue.
- Critically analyse statements about Māori people and Māori health using a deconstruction process.
- Discuss Māori concepts and values related to grief, death and dying

#### Domain: Population Health
- Teaching/Health Education
  - Outline behaviours that adversely impact on health and describe interventions to alter behaviours at both the level of the population and the individual
  - Describe the factors that influence the effectiveness of patient education
  - Describe the patterns of smoking, alcohol, drug use and gambling in New Zealand
  - Recognise the relevance of historical, political and social processes with respect to people’s health

**Clinical Skills**
General examination
Systems-based physical examination
Introduction to integrated physical examination
### Domain: Hauora Māori

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Critically analyse worldviews, positioning and assumptions and their implications for Māori health.</td>
</tr>
<tr>
<td>2</td>
<td>Critically analyse differences in quality of care between Māori and non-Māori in the New Zealand health system.</td>
</tr>
<tr>
<td>3</td>
<td>Explain how biases can influence clinical interactions and health care outcomes.</td>
</tr>
<tr>
<td>4</td>
<td>Discuss the impact of health professionals’ interaction with Māori patients and whanau in clinical interactions.</td>
</tr>
<tr>
<td>5</td>
<td>Identify healthcare policies and clinical practice interventions to reduce and eliminate health inequities for Māori.</td>
</tr>
<tr>
<td>6</td>
<td>Identify professional development needs to enable more culturally safe practice for Māori patients and whanau.</td>
</tr>
</tbody>
</table>

### Domain: Population Health

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>7</td>
<td>Explain the influence of one’s own culture and that of the health system on patient and population health outcomes.</td>
</tr>
<tr>
<td></td>
<td>Medical Humanities</td>
</tr>
<tr>
<td>---</td>
<td>-------------------</td>
</tr>
<tr>
<td>1</td>
<td>Identify what constitutes scholarship or excellence in the discipline they have studied.</td>
</tr>
<tr>
<td>2</td>
<td>Define the differences between excellence in the Arts and excellence in Science or Medicine.</td>
</tr>
<tr>
<td>3</td>
<td>Evaluate the strength of an argument in the discipline studied.</td>
</tr>
<tr>
<td>4</td>
<td>Present and defend their own ideas in oral debate; at the same time giving others’ ideas a fair, dispassionate and considered hearing.</td>
</tr>
<tr>
<td>5</td>
<td>Write a well-structured, carefully reasoned essay, fully referenced and putting forward a specific point of view, supported by both reading and original thinking.</td>
</tr>
<tr>
<td>6</td>
<td>Demonstrate their developing critical thinking, analytical and presentation skills.</td>
</tr>
</tbody>
</table>
D. Assessment

D.1. Assessment Schedule for MBCHB 321

Dates or deadlines for all written or oral assessments in MBCHB 321 are available on the following Phase 1 Results and Feedback website under the ‘Assessment Dates’ menu:

https://medprog.fmhs.auckland.ac.nz/mbchbresults/

Please make sure you have these dates and deadlines in your diaries. See sections D.4 to D.7 for details of weightings etc.

D.2. General Assessment Policies

The following general policies apply to Year 3.

- Students must pass the year as a whole and are required to gain a pass in each module within the MBCHB 321 course as well as the MBCHB 311 Medical Humanities course.

- Students must pass the assessment relating to each domain within each year in order to progress to the next year of the programme. The domains relevant to Year 3 are:
  - Applied Science for Medicine
  - Clinical and Communication Skills
  - Personal and Professional Skills
  - Hauora Māori

- The grade for each module is a provisional grade only, until approved by the Board of Examiners at the end of each year.

D.3. Progress Testing

D.3.1. Overview

Progress testing is a method of assessing applied medical knowledge across all five domains of the programme. Hence each test may cover all aspects of the curriculum. Progress testing is also the primary method of assessing the domain of the Applied Science for Medicine in Phases 2 and 3.

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

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

In Year 3, Progress Tests will form 32% of the grade for MBChB 321.
As a student progresses through the programme, the percentile graded as unsatisfactory or borderline on an individual test will change, as indicated in the table below. Note that Year 6 is standards-based.

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

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

**D.3.2. Grading and Progress Tests**

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

Thus note that four possible grades from individual tests translate to three possible cumulative grades.

Grade aggregation of Progress Tests is summarised in the table below.
Explanatory notes

1. You need to refer to the first two columns for your first two summative Progress Tests in Year 2 only. Note that there are 16 possible outcomes after two Progress Tests, 6 of which give a Satisfactory, 8 which result in a Doubtful and 2 which result in Unsatisfactory.

2. You need to keep referring to the latter three columns for your remaining Progress Test results and new aggregated grade.

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

4. If you miss a Progress Test, which may be for a number of reasons, the policies in Section D.3.4 will apply.

5. Because of the progressive nature of the testing, you will carry the summative aggregate grade from the end of the year to the start of your Year 4 so that aggregation of grades is continuous over Years 2-5 of the programme.

D.3.3. Progress Test dates for 2022

Progress tests are scheduled to commence at 10am on:

- Progress Test 1 (PT28): Friday 29th April
- Progress Test 2 (PT29): Friday 15th July
- Progress Test 3 (PT30): Tuesday 25th October

IMPORTANT NOTE: All progress test dates are regarded as part of the Phase 1 calendar and are not vacation times therefore students are expected to be available to sit the tests on those days.

D.3.4. Policies and Progress Tests

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

- An end-of-year aggregate of Unsatisfactory for Progress Tests will lead to a fail grade for the domain at the end of Year 3.
- A Doubtful aggregate category for Progress Tests at the end of Year 3 is treated as a pass for this domain, providing there are no other academic concerns.
- If a student enters Year 4 with an aggregate Doubtful category and has an aggregate of Doubtful at year end ('double doubtful'), the Board of Examiners will review their longitudinal performance (details provided in the Year 4 Guidebook).
- The results of the third Progress Test in each year are not released until after the Board of Examiners for that year has met and considered all student assessments.

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.

**Aegrotat and Compassionate Considerations**

All applications for aegrotats and compassionate consideration will be dealt with using standard University processes applying to all written tests (refer to this [University website](#) and also Section D.7).

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

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

**Special circumstances: Out-of-time/ Out-of-centre**

Applications for sitting Progress Tests Out-of-Time or Out-of-Centre will be considered on an individual basis at the discretion of the MPD, applying University guidelines.

**Cheating**

If a student is suspected of cheating during a Progress Test the [Student Academic Conduct Statute](#) will be applied.

If a student is found to have cheated a penalty will be applied, and the offence entered in the academic misconduct register. The Board of Studies (Medical Programme) FtP process may also be invoked.
Operation and supervision of progress tests
Progress Tests are run according to the University of Auckland Examinations policies, processes and guidelines, except that there will be no reading time for the tests. At the start of each test 10 minutes is set aside for administration and a standard briefing.

D.3.5. Guidelines to approaching a Progress Test

The format
- Refer to Instructions on the front cover of the test.
- Each test paper is individually identified. This is to ensure all test papers will be returned and accounted for, including the colour copy sheets with photos, diagrams and similar.
- Each question starts with a clinical scenario or patient case, and there are six choices on the Scantron sheet for your answer:
  - 5 choices relate to applied knowledge potential answers
  - The 6th choice is to answer as “Don’t know” (the question mark on the Scantron sheet).

The standard
The test is set at the level of knowledge required of a new graduate at beginning of the PGY1 year. Please interpret your results with this in mind. Compare your result with others at your stage of medical educational development and training.

All questions focus on applied medical knowledge and require integration of knowledge and clinical reasoning.

Condition for sitting Progress Tests
The test is sat under standard University of Auckland rules:
- You may not enter your Progress Test later than halfway through.
- You may not leave the room until 15 minutes after the midway point of the examination writing time, and then only with the supervisor’s permission and upon handing in your Scantron sheet and progress test paper.
- You may not leave the progress test room in the last 15 minutes.

Marking and the progress test
- Choose ONE option only. If you choose two answers your answer will be marked as wrong.
- You gain 1 mark for each question answered correctly.
- You gain 0 marks for a ‘don’t know’ choice, and you are encouraged to acknowledge what you don’t know.
- Not answering a question is equivalent to ‘don’t know’ and you will gain 0 marks.
- Negative marking is used and 0.25 of a mark is deducted for a wrong answer.
- Make sure you use a soft pencil (4B is good) and fill the circle completely for your chosen option.

Strategy for tests with negative marking
Remember that if your answer is correct, you gain a mark, if you choose don’t know you get no mark, if your answer is wrong, you lose 0.25 of a mark.

It is useful to apply the ‘cover-up’ test first i.e. hide all answers, read the scenario, identify the likely answer and then read to see if it is there (you then don’t waste time reading all five choices).

If you have no idea of the right answer your best strategy is to answer ‘don’t know’.

If you feel reasonably sure that you know the answer, your best option is to answer the question.

Results and feedback
Following the progress test, you will access via the Progress Test website:

- a mark for the test, and a grade of excellent, satisfactory, borderline or unsatisfactory, which is based on the results for your cohort of students;
- a table that shows what questions you got right (green), wrong (red) or don’t know (amber);
- key learning point for all questions.

Probity message to all those sitting the test
We wish to advise you of the following points:

1. No question is used again for at least a period of three years.

2. Each clinical scenario may have a number of different questions associated with it, and each with a different learning point.

3. Neither you nor any of your immediate and future colleagues will benefit from trying to remember questions and ‘save/ circulate’ them after the test is completed.

4. Severe consequences through the University of Auckland Academic Misconduct policy and/ or the FTP policy will be implemented for anyone who either removes a progress test from the examination room or who tries to remember, share and pass a question onto others.

Note: we are anticipating the progress tests will be delivered electronically going forward, so any reference to the paper versions can be ignored, but the general principles remain the same.
### D.4. Year 3 Assessments and Weightings

<table>
<thead>
<tr>
<th>Module</th>
<th>Assessment</th>
<th>Contribution</th>
<th>321 Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervous System</td>
<td>2hr SAQ test</td>
<td>100%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Sensory Systems</td>
<td>2hr SAQ test</td>
<td>100%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Reproduction, Development and Aging</td>
<td>2hr SAQ test</td>
<td>100%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Blood, Immunity and Infection</td>
<td>2hr SAQ test</td>
<td>100%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Regulation of Body Function</td>
<td>2hr SAQ test</td>
<td>100%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Professional and Clinical Skills 2</td>
<td>2hr SAQ test</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>OSCE (must pass)</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SGA participation</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SGA attendance</td>
<td>Must attend</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ward participation</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Case histories</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Portfolio</td>
<td>Must pass</td>
<td></td>
</tr>
<tr>
<td>Progress tests</td>
<td>3hr MCQ test 1</td>
<td>33.3%</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>3hr MCQ test 2</td>
<td>33.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3hr MCQ test 3</td>
<td>33.4%</td>
<td></td>
</tr>
<tr>
<td>Laboratories and Integrated Learning Activities (ILAs)</td>
<td>SS PST *</td>
<td>19%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>BII Lab reports</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BII Critical Review</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HELD ILA *</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fever ILA</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancer Continuum</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency care</td>
<td>Must pass</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quality and Safety</td>
<td>Must complete</td>
<td></td>
</tr>
<tr>
<td>Hauora Māori</td>
<td>Deconstruction exercise</td>
<td>50%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Cancer Continuum questions</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

* indicates that students must attend and perform to our satisfaction in this assessment in order to pass the module as a whole

**PPS domain:**  
SAQ test 10%, OSCE 10%, SGA participation 7.5%, Ward participation 2.5%, Portfolio (Total: 30%)

**CCS domain:**  
SAQ test 15%, OSCE 35%, SGA participation 7.5%, Ward participation 2.5%, Case histories 10% (Total: 70%)

*Note:* Students must achieve a pass in each of these domains.

### D.5. Pass, Fail and Remediation Decisions

The Examination Regulations for Deferred Results for Parts II, III, IV and V are as follows (University Calendar Examination Regulations, clause 20c):

---

Phase 1 (Year 3) Guidebook | Page 47
“Where a student has not achieved a pass in a particular component or components of a Part the Examiners may withhold the result pending the completion of specified additional work and/or examination to the satisfaction of the Examiners. If in the opinion of the Examiners for MBChB a particular weakness in a component or components is such that it cannot be addressed by the setting of additional work and/or examination, the student will fail that Part.”

The Board of Examiners will make the following decisions for each student:

- A student who fails modules that have an aggregate weighting of more than 20% from the table listed above fails the year as a whole.
- At the discretion of the Board of Examiners, a student who fails modules with an aggregate of less than 20% and has an overall grade-percent average for the year of at least 2.5, may be offered further directed study and a further exam/assessment in the failed module(s).

Students who experience academic setbacks may be offered a meeting with a Clinical Medical Education Fellow (CMEF) to support their learning. Those students who are failing or repeating the year have priority for CMEF time and attention. CMEFs may also offer tagged students group sessions on selected topics.

### D.6. Grades reported to students

Throughout the year, students can access grades for each component of the course that has been completed using the following website:

https://medprog.fmhs.auckland.ac.nz/mbchbresults/

This site also calculates an estimate of the final grade for the year based on completed components to date. Feedback on topics assessed in each module test is also provided with indications of a student’s performance in each topic relative to the rest of the class. This feedback is designed to assist students in focussing their revision as they proceed through the medical programme.

<table>
<thead>
<tr>
<th>Module</th>
<th>MBCHB 321 Weighting</th>
<th>Indicative Grade</th>
<th>Numeric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervous System</td>
<td>8.4%</td>
<td>A+ - D-</td>
<td>9 - 0</td>
</tr>
<tr>
<td>Sensory Systems</td>
<td>8.4%</td>
<td>A+ - D-</td>
<td>9 - 0</td>
</tr>
<tr>
<td>Reproduction, Development &amp; Aging</td>
<td>8.4%</td>
<td>A+ - D-</td>
<td>9 - 0</td>
</tr>
<tr>
<td>Blood, Immunity &amp; Infection</td>
<td>8.4%</td>
<td>A+ - D-</td>
<td>9 - 0</td>
</tr>
<tr>
<td>Regulation of Body Function</td>
<td>8.4%</td>
<td>A+ - D-</td>
<td>9 - 0</td>
</tr>
<tr>
<td>Professional &amp; Clinical Skills 2</td>
<td>14% (CCS) 6% (PPS)</td>
<td>D, P, BP, F</td>
<td>9, 6, 3, 0</td>
</tr>
<tr>
<td>Progress tests</td>
<td>32%</td>
<td>E, S, B, U</td>
<td>9, 6, 3, 0</td>
</tr>
<tr>
<td>Laboratories and ILAs</td>
<td>2%</td>
<td>D, P, BP, F</td>
<td>9, 6, 3, 0</td>
</tr>
<tr>
<td>Hauora Māori</td>
<td>3%</td>
<td>D, P, F</td>
<td>9, 6, 0</td>
</tr>
</tbody>
</table>

Once all the assessments have been completed for a module, students will receive an
indicative grade for that module as shown in the table above. At the end of the year, each of these module grades will be converted to a numeric (see table above), multiplied by the MBHCB 321 weighting for that module, and then summed and used to generate a single final grade for MBHCB 321. Following the end-of-year Board of Examiners meeting, that single grade for the MBCHB 321 course is reported to students through the normal process of the Examinations Office. Results for MBCHB 311 (Medical Humanities) will be reported as A+ to D- through the Examinations Office in the normal way.

In addition, through the website above, students will have access to an internal transcript containing each of their Domain grades as listed in the following table:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied Science for Medicine</td>
<td>Each graded A+ to D-</td>
</tr>
<tr>
<td>NS, SS, RDA, BII, RBF</td>
<td>Satisfactory, Doubtful, Unsatisfactory *</td>
</tr>
<tr>
<td>Progress Tests Aggregate</td>
<td>Distinction, Pass, Fail</td>
</tr>
<tr>
<td>ILAs and Laboratories</td>
<td></td>
</tr>
<tr>
<td>Clinical and Communication Skills</td>
<td>Distinction, Pass, Fail</td>
</tr>
<tr>
<td>Personal and Professional Skills</td>
<td>Pass, Fail</td>
</tr>
<tr>
<td>Hauora Māori</td>
<td>Distinction, Pass, Fail</td>
</tr>
</tbody>
</table>

* Note that Satisfactory, Doubtful, Unsatisfactory refer to the cumulative Progress Test categories derived by combining the Excellent, Satisfactory, Borderline and Unsatisfactory grades from Progress Tests according to the Board of Studies-approved rubric described in section D.3.2.
D.7. Impaired performance in Examinations, Tests and Coursework

The examinations office has clear and detailed guidelines available at the following website to support you through the whole examinations process:


D.7.1. Impairment in tests and coursework (before or on the day)

The Medical Programme utilises the University Health and Counselling’s Aegrotat or compassionate consideration for In-Semester Tests process for all test and coursework Aegrotats (including Progress Tests). Please ensure to specify the course and assessment (e.g. MBCHB 321 Nervous System Test).

When illness or misfortune prevents a student from sitting a major test on time, or impairs their performance during the test, they may apply for an aegrotat pass (in the case of illness) or a compassionate pass (misfortune). It is critically important that students follow the directions in the University Calendar (also available on the University website). The application must be made no later than seven days. A Medical Certificate or other evidence will be required, and it must relate to the actual day(s) of the test(s) affected. Application forms are available from https://www.auckland.ac.nz/en/students/academic-information/exams-and-final-results/during-exams/aegrotat-and-compassionate-consideration.html

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

When illness or misfortune seriously affects a student’s study prior to tests or coursework assignments, the aegrotat and compassionate pass regulations may also apply. The requirements for a successful application are stringent, and students must have seen a doctor (aegrotat) or counsellor (compassionate) so that the degree of impairment can be properly assessed. In all situations involving illness, accidents or personal or whānau 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.

University Health and Counselling provides this 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 MPD or an FMHS Student Support Advisor to know of specific situations as this may then facilitate specific accommodation 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.

D.7.2. Aegrotat and compassionate considerations relating to Progress Tests

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

<table>
<thead>
<tr>
<th>Student situation</th>
<th>Grade recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student didn’t sit/no authorisation or application</td>
<td>Student awarded an Unsatisfactory grade for missed test.</td>
</tr>
<tr>
<td>Student didn’t sit/application for consideration declined</td>
<td>Student awarded an Unsatisfactory grade for the missed test.</td>
</tr>
<tr>
<td>Student didn’t sit/application for consideration approved</td>
<td>Student receives no grade for the current test but will carry forward the most recent aggregate grade. A student who misses the first summative test for any reason will be awarded an aggregate Doubtful grade.</td>
</tr>
<tr>
<td>Student sat test/application for consideration not approved</td>
<td>Grade achieved in test is awarded.</td>
</tr>
<tr>
<td>Student sat test/application for consideration approved</td>
<td>Student will carry forward the most recent grade or the grade achieved on test, whichever is to the student’s greater advantage.</td>
</tr>
<tr>
<td>Student misses two or more consecutive tests (with or without approved consideration)</td>
<td>Student awarded a Doubtful aggregate grade.</td>
</tr>
</tbody>
</table>
E. Policies Relevant to Phase 1, Year 3

E.1. Health and Safety

In light of COVID-19, you must NOT attend any sessions on campus if:

- You have symptoms of a new or worsening cough, sore throat, coryza (head cold e.g. runny nose, sneezing, post-nasal drip), anosmia (loss of sense of smell) with or without fever. You may only attend once well for at least 24 hours (or until advised by your doctor), even if it was confirmed that it wasn’t COVID-19. Please remember to phone your GP or Healthline to find out whether you need testing.

- You have had contact with a confirmed or probable COVID-19 case within the last 14 days, travelled overseas in the last 14 days, had direct contact with a person who has travelled overseas within the last 14 days, or works in border or quarantine facilities.

E.2. Assessment Policy

E.2.1. General

In order to progress from Year 3 to Year 4, a student must pass the year as a whole by achieving a pass in each module and component.

Where a student fails to obtain a pass grade in one or more modules, the Board of Examiners may apply the Deferred Result mechanism. However, this does not apply where the result constitutes a serious failure to meet the requirements of the module or modules concerned.

E.2.2. Deferred result

Where a student has clearly failed a module or modules (totalling not more than 20% weighting in MBCHB 321), so that the student is not able to pass the year as a whole, the result for MBCHB 321 will remain internal to the school, with the result to the student deferred.

In order to pass the year as a whole, the student will be required to complete additional work (normally over the summer) and obtain a pass grade for each module reassessed. The grade awarded for each module passed in this way may not be higher than a C+.

Failure to satisfy the examiners in these modules means that the student does not pass the year, and s/he cannot progress to the next year of the programme.

E.2.3. Repeating a year

Each Part of the MBChB programme is to be completed to the satisfaction of Senate or its representative before a student is permitted to enrol for the next Part. In the event that a student does not pass all modules, s/he does not pass the year as a whole. The Board of Examiners may allow a student one further attempt at the year as a whole.
However, at the discretion of Senate or its representative, a student who fails any of Parts II-VI may be declined permission to re-enrol in the programme as a whole. A student who fails twice to pass the same Part will not be permitted to continue with this degree (University Calendar).

**E.2.4. Grading system**

For Phase 1 (Year 3) end of year results, the medical programme uses the standard A+ to D- grading system of the University of Auckland. The internal grade for each module is described in section D.6.

**E.2.5. How to calculate your Grade Percent Average (GPA)**

Each module has a percentage contribution to your final MBCHB 321 grade.

Each module grade can be converted to a number as follows:

- A+ = 9, A = 8, A- = 7, B+ = 6, B = 5, B- = 4, C+ = 3, C = 2, C- = 1, D+ = 0, D = 0, D- = 0
- Distinction = 9, Pass = 6, Borderline Performance = 3, Fail = 0
- Excellent = 9, Satisfactory = 6, Borderline = 3, Unsatisfactory = 0

For Year 3, the GPA is a weighted average of the grade percent values across all of your modules. The weighting is based on the percentage each module is worth.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Module</th>
<th>Example Grade</th>
<th>Numb.</th>
<th>321 Weighting</th>
<th>Grade x Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied Science for Medicine</td>
<td>Nervous System</td>
<td>A</td>
<td>8</td>
<td>8.4%</td>
<td>67.2</td>
</tr>
<tr>
<td></td>
<td>Sensory Systems</td>
<td>B+</td>
<td>6</td>
<td>8.4%</td>
<td>50.4</td>
</tr>
<tr>
<td></td>
<td>Repr., Dev. &amp; Aging</td>
<td>A-</td>
<td>7</td>
<td>8.4%</td>
<td>58.8</td>
</tr>
<tr>
<td></td>
<td>Blood, Imm. &amp; Infection</td>
<td>B-</td>
<td>4</td>
<td>8.4%</td>
<td>33.6</td>
</tr>
<tr>
<td></td>
<td>Reg. Body Function</td>
<td>C+</td>
<td>3</td>
<td>8.4%</td>
<td>25.2</td>
</tr>
<tr>
<td></td>
<td>Progress tests</td>
<td>S</td>
<td>6</td>
<td>32%</td>
<td>192</td>
</tr>
<tr>
<td></td>
<td>Labs and ILAs</td>
<td>P</td>
<td>6</td>
<td>3%</td>
<td>18</td>
</tr>
<tr>
<td>Clinical and Communications Skills</td>
<td></td>
<td>D</td>
<td>9</td>
<td>14%</td>
<td>126</td>
</tr>
<tr>
<td></td>
<td>Personal and Professional Skills</td>
<td>P</td>
<td>6</td>
<td>6%</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>Hauora Māori</td>
<td>P</td>
<td>6</td>
<td>3%</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>100</strong></td>
<td></td>
<td><strong>625.2</strong></td>
</tr>
<tr>
<td><strong>Grade Percent Average</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>6.25</strong></td>
</tr>
</tbody>
</table>

*Note:* So that you can monitor your progress, this calculation is done for you automatically throughout the year as your results accumulate on the website:

[http://medprog.fmhs.auckland.ac.nz/mbchbphase1/](http://medprog.fmhs.auckland.ac.nz/mbchbphase1/)
E.3. Registration Requirements

Under the Health Practitioners Competence Assurance Act 2003, the Medical Council has no jurisdiction over medical students. Nevertheless, the conduct and health of students prior to graduation may have significant bearing on future eligibility for registration as a medical practitioner. Please refer to section 2 of the Fitness to Practice policy for more detail.

E.4. Immunisation and Infectious Diseases

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

From this year, you are expected to be able to provide evidence of your hepatitis serology and immunisation status if your clinical experience host requests it. It is highly likely that this information will be sought in the clinical training years 4, 5 & 6. In part, the test results and vaccinations you received in Year 2 will provide useful evidence. You are responsible for maintaining your records and having a copy readily accessible. You should ensure the following:

- you have evidence of up to date immunisation for Varicella and Pertussis;
- you know your Quantiferon TB Gold status;
- you know your immune status for Measles, Mumps, Varicella and Rubella;
- you complete an annual S.aureus transmission risk survey to gain a clearance certificate.

Students are strongly advised to have the seasonal influenza vaccine, which is provided annually by the Faculty and is free to students.

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

- You also are advised to ensure that you are you have acquired Hepatitis B surface antibodies;

up to date with other vaccinations, for example diphtheria, tetanus, and polio.

Staphylococcus aureus transmission risk certification

Refer to section 4 in the Immunisation and Prevention of Infectious Diseases Policy for background on the compulsory annual surveys and certification.

All students participating in clinical environments (including HELD studies) are required to have a current transmission risk clearance certificate and be prepared to present it if evidence is requested. Organisations which host students have the right to insist on further testing or swabs prior to allowing a student to start patient contact. Few organisations require swabbing but it does depend on circumstances which are changeable. Clearance from swabs requires up to 5 working days (significantly more time is needed if MRSA positive) which is a lot of patient contact time to lose so it is
important to clarify with the host administrator if swabs are required or not at least 2 weeks in advance of moving to a new institution. This will ensure you have time to get the issue resolved prior to arrival.

If a student has a clearance certificate but is moving to an institution which requires swabs, or subsequently develops symptoms which need further investigation, they have a duty to self-refer for a nurse appointment at University Health Services (student health), Grafton. FMHS will meet the costs of this appointment and testing (but not treatment) service.
F. **Student Advice and Support**

**F.1. Student Centre**

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

For medical students the services we provide include:

- general enrolment issues;
- fees and Studylink issues;
- scholarships – application forms;
- graduation matters, academic advisement and the Medical Qualifying Ceremony;
- standard letters - verification of enrolment and academic record/transcript, jury service exemptions, bona fide letters, ISIC card applications
- general advice on postgraduate study;
- general support and advice on health and welfare matters;
- general support and advice on examination matters, including support for special circumstances, aegrotat and compassionate consideration applications.

Other general information can be found on the Student Centre web pages:

[www.fmhs.auckland.ac.nz/en/faculty/about/student-support-services.html](http://www.fmhs.auckland.ac.nz/en/faculty/about/student-support-services.html)

**F.2. Personal Wellbeing**

Please check the Phase 1 Where to get HELP! section in the MBChB Portal for the most up to date information on where to get assistance with personal wellbeing issues, including health and counselling.

[http://mbchb.auckland.ac.nz](http://mbchb.auckland.ac.nz)

**F.3. Professionalism, Online Social Media and the Curriculum**

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

The New Zealand Medical Students’ Association has prepared guidelines in association with other Australasian partners, and this guide is available on its website (see below).

While discussion on the use of online social media comprises part of the curriculum, you are also strongly encouraged to look critically at the information on your personal site(s) and consider the material from the professional perspective of being a student doctor engaging with the public and many other stakeholders in health and community settings.
F.4. Professional Relationships

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

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

While the FMHS makes every effort to ensure this will not be the case, it has responded to the student request to have a procedure established which enables you to discuss any concerns about such incidents in confidence. In the first instance, you should contact your Student Support Advisor. It is very helpful to document your concern in writing, including the day and time of the event, a description of what happened and/or notes about the conversation. This helps achieve a more timely resolution to the satisfaction of all parties.

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

F.5. Harassment

In the large and complex society of the University, you may encounter problems with the behaviour of staff or fellow students. If this behaviour is unwarranted, unacceptable, or offensive, it may be harassment. University policy is that harassment on any grounds, whether it be sexual, racial, religious, academic, intellectual, is totally unacceptable. For informal and confidential assistance in dealing with harassment problems, students may approach any member of Mediation Services.

Website address for Mediation Services is:


Contact the service by phone 923 8905 or by email mediation@auckland.ac.nz

F.6. International Student Advice

The FMHS Student Support Advisor is available for all international students. Local support is focussed on the special needs of international health professional students.

Contact: Meg Davis, Student Support Advisor

Location: The Student Centre, Grafton Campus, Room 503-023

Phone: (09) 923 7988 or fmhssupport@auckland.ac.nz
F.7. Scholarships and Financial Support

Staff in the main University Scholarships Office are available to assist with:

- advice and administration of the large range of scholarships, prizes and awards for first year students through to doctoral level students;
- advice and financial assistance to students in financial hardship (where appropriate);
- presentations on funding opportunities.

Contacts:
Location: Student Information Centre, Clock Tower Building
Hours: 8.30am to 5.00pm Monday to Friday
        9.00 am to 12 pm Saturdays
Phone: 0800 60 62 63
Website: www.auckland.ac.nz/scholarships
Email: scholarships@auckland.ac.nz

Advice and support in financial matters can also be discussed in confidence with the Student Academic Services and Engagement Manager (Mel Cross), in the Faculty Student Centre at Grafton. Emergency funds are available to support medical students (Wallath Trust) and students wishing to make an application should make an appointment with the Student Services Manager.

For students applying for scholarships, the MPD is able to provide letters explaining the grading system used in the programme, on request.
G. Learning Resources

G.1. Medical Programme Portal

Links to all relevant aspects on the medical curriculum can be found at the MBChB Portal at: http://mbchb.auckland.ac.nz

G.2. The Philson Library – Te Herenga Hauora

Use Philson Library and the Libraries and Learning Services website for your information needs: https://www.library.auckland.ac.nz/

Visit the Philson Library (details below) or contact the library for help to ensure you know more about the range of useful resources.

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 Interloans link on the Library’s home page under About Us.

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 www.library.auckland.ac.nz/guides/medical-health

Ask us: https://www.library.auckland.ac.nz/contact-us/

Philson Library
Building 530, Level 1, Faculty of Medical & Health Sciences, Grafton Campus, Auckland
Phone: +64 9 923 5532

G.3. Library Skills Programme – Philson Library

Students should be skilled in acquiring, organising and presenting information using the Philson Library’s electronic and print resources. For assistance with any of the skills listed below, or with using any of the resources, please see one of Philson’s Subject Services team, or contact us by phone/email.

G.3.1. Expected Library skills

By the time you complete Phase 1, students should be:

- able to formulate a question /information needed
- able to decide what sort of information is needed to answer that question (background information? statistics? recent research? evidence-based information?)
- aware of the tools on the Library website to find resources to answer different information needs (e.g. LibrarySearch; basic databases such as Medline, PsycInfo; a range of evidence-based databases; drug databases; etc)
• able to make efficient use of those tools (search techniques used on LibrarySearch differ from those needed to search Medline, which differ from those needed to search other databases)

• able to locate and access the resources found (is it a book or a journal article? is it available electronically or in print? can I get it at Philson, or is it in another library? If it is in another library, how do I get hold of it?)

• aware of help offered by Philson Library Subject Services staff (advice on appropriate tools and resources; tuition in how to use them; how to set out a reference list; etc)

To start developing your library skills, see Philson’s online tutorial – “Information Skills Online”. Follow this up by attending library courses (See “Book a Library Course” on the library website). Philson has a huge range of printed and electronic books, reports, theses and journals which can be accessed online, borrowed or photocopied, so if you need additional help to find something appropriate ask Philson Subject Services staff. They offer all sorts of help from comprehensive hands-on tutorials on a range of resources, through to brief on-the-spot assistance.
H. Administrative Details

H.1. Medical Indemnity

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

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

There are a number of providers of Professional Indemnity Insurance who provide (no fee) student memberships. These include the Medical Protection Society (MPS) and Medicus. Most of you will have joined in the earlier years of the programme. If you are not currently a member please contact the Student Centre for an application form, as evidence of membership is required for the commencement of Phase 2.

H.2. Student use of patient information

Year 3 students do not have permission to access patient notes electronically or in hard copy.

H.3. Year 3 notices and communication

H.3.1. Year 3 notices

Class notices, messages and announcements will be posted on the MBCHB 321 or 311 Canvas sites. Results for tests, coursework etc. will be posted on the results website:

https://medprog.fmhs.auckland.ac.nz/mbchbresults/

Where it is necessary to post information, your mailing address on Student Services Online will be used. Any queries regarding passwords should be referred to the Student Services Online Help Desk.

H.3.2. Email communication

To avoid a breakdown in communication it is vital to keep your address, and phone numbers up to date. Please update any changes as soon as they occur, via Student Services Online.

Please ensure that you are aware of the University Policy on student email as found here. The policy specifically states:

1. Email is an official and the primary means of communication with students.
2. All official email to a student will be sent to a student’s current University email address (username@aucklanduni.ac.nz) and the student is responsible for ensuring that any desired forwarding to other addresses is in place and operating correctly.

3. Official emails will be deemed to have been received by a student at the time they are delivered to the student’s current University email address.

4. Failure to read an official email does not exempt a student from their responsibility to comply with the message.

H.4. Occupational Health and Safety

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

H.4.1. In DHB Hospitals

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

If you suffer a needlestick injury during your clinical training you should follow the identical procedure to that for staff in the relevant Hospital / DHB. There is an agreement with each of our partner DHBs to this arrangement. The clinical staff in the relevant area will be able to guide you to the appropriate resources.

H.4.2. In General Practices

Please adhere to the following procedure:

- advise supervisor of practice manager immediately;
- carry out first aid;
- supervisor or practice manager will speak to the patient and ask consent for any tests;
- contact University Health if it occurs during working hours, or Emergency Department of nearest large hospital or Infectious Diseases Registrar;
- student is to arrange for appropriate tests.

H.5. University Travel Policy for students

The University of Auckland has a “Travel Policy for Students Undertaking University Activities Abroad” for all students travelling overseas for university related activities. The policy applies to all overseas travel whether funded by grants, research contracts, the University, or funded by students themselves and is for activities such as electives, internships, visiting scholars or travel to conferences or events related to their study.

All students must familiarise themselves with this policy available here. The aim of the policy is to help ensure the safety of students completing studies or study related business (e.g. conferences) overseas. You need to be aware of your obligations under Section 6.2 that detail your travel planning and responsibilities which include adequate travel insurance.
The University strongly recommends the University of Auckland Corporate Travel insurance which is now available to students and economically covers situations such as incidents on medical conferences/selective/elective. An advantage of this insurance is that the university will be able to liaise with the insurer on your behalf if the need arises. The broker, Marsh Ltd can be contacted directly Traveleasy.nz@marsh.com

As part of this process you are also required by the University to register your travel plans with the Ministry of Foreign Affairs and Trade (MFAT) available here. This is not an arduous process and details can be updated as your plans change.

The policy requires you to book your overseas travel through the University’s preferred travel provider Orbit, who undertake to keep your travel and contact details. Alternative travel suppliers can be used by you to arrange your travel, however in this case you must register your travel plans on the Survey Gizmo from this link which is for ad hoc travel (e.g. conferences).

Registration is compulsory under the policy, which includes penalties for travel outside of this process except through the preferred supplier.

If you have any questions about the policy please email mpd@auckland.ac.nz for clarification.

H.6. University Policy on Audiotape Recordings of Lectures

A lecture is regarded as the intellectual property of the lecturer. Lectures may only be taped with the express permission of the individual lecturer concerned. Also, recorded lectures made available to you through Canvas are not public property and may only be used by you for personal study purposes.

H.7. Medical Programme Research

In order to study aspects of the effectiveness of the medical programme, a small group of senior researchers in the FMHS has access to anonymised student data from assessments and course evaluations. This enables staff to answer specific research questions such as: "Is there any difference across clinical sites in how well students perform in end-of-year examinations?" The results are used to improve the quality of the medical programme, as well as to better understand medical student learning.

The ethics approval for this project is UAHPEC 2011/7437. If you have any concerns, please contact the Principal Investigator, Prof Phillippa Poole p.poole@auckland.ac.nz

H.8. Research or Teaching Involving Human Subjects

The University of Auckland recognises the need for studies in which human subjects may serve as research or teaching subjects. The University is also aware of its responsibility for ensuring that the privacy, safety, health, social sensitivities and welfare of such subjects are adequately protected. Thus the University has established a committee to review and approve the adequacy of protection for human subjects. It is the policy of the University that all staff or student projects and teaching sessions that involve human subjects (with certain exceptions) must receive the approval of the
Human Participants Ethics Committee of the University of Auckland (UAHPEC) prior to commencement.

Detailed provisions relating to research and teaching ethics may be found in UAHPEC Guidelines (2003) which may be obtained electronically from:

https://www.auckland.ac.nz/en/about/research/re-ethics.html


H.9. Copyright

Students should be aware that the course materials, and content and delivery of lectures in each course, are protected by copyright. Course materials have been copied either under the Education provisions of the Copyright Act 1994 or one of the Copyright licences the University has entered into. Recording of lectures is at the discretion of the lecturer. Lecturers own copyright in the lectures, materials they have created which supplement the course, and their power point presentations.

Unless specifically allowed by the copyright owner, you must not copy, alter, distribute (for example on a social media site such as Facebook) or sell to any other person any part of these course materials or lectures. Failure to comply with the terms of this warning may expose you to legal action for copyright infringement by the copyright owner, and disciplinary action by the University.

For further information see the Academic Integrity Course


Module 4: Using Copyrighted Material Correctly, and “Copyright for students” downloadable from that site.

H.10. Withdrawal from MBChB 3

The last day for withdrawal from MBChB 3 without penalty is 14 March 2022.

H.11. Year 4 2023 Dates

Provisional 2023 start date for Year 4- 31st January 2023.
I. Evaluation and Year 3

I.1. Student evaluations for Year 3

Students have an important role in contributing to the improvement of the programme. Hence student feedback is regularly sought for various areas of the programme. An important forum for raising issues as they arise is through the Staff-Student Committee meetings, which are held four times a year. Please keep your class representative informed of aspects you wish to be raised.

Last year, students were asked to complete a survey evaluating the MBCHB 321 course as a whole. This was important feedback that assists the Module Coordinators and the Phase 1 Curriculum Group to improve the course for future years.

I.2. Changes made from previous feedback

Over the past few years since the re-invigorated curriculum for MBChB commenced, Year 2 and 3 students have provided substantial feedback and valuable suggestions. Here are some of the changes that have been made as a result of that student feedback:

- Recording lectures where possible
- Reducing the number of formal teaching sessions immediately before end-of-module tests
- Providing access to provisional results throughout the year with an estimate of final grade
- Delaying assignment deadlines until after end-of-module tests where possible
- Providing practice short-answer questions for all modules with anonymous access to answers from other students
- Providing feedback on end-of-module test performance
- Linking Progress Test feedback to relevant Clinical Scenarios
- Providing more guidance on the use of Clinical Scenarios
- Increased time in clinical skills learning
- Including an overview of the medical programme and career options
- Spacing assessments throughout the year as much as possible and providing an assessment timetable and information about assessments as early as possible
- Providing test dates and assignment deadlines online at the beginning of the year ([https://medprog.fmhs.auckland.ac.nz/mbchbresults/](https://medprog.fmhs.auckland.ac.nz/mbchbresults/))
- Providing summary whole-class feedback about each end-of-module test
- Setting up a mechanism to highlight Phase 1-relevant learning points in the Clinical Scenario database
- Providing workshops with guidelines on how best to approach progress tests
- Providing practice progress test-type questions through the MBChB Portal and associated with clinical scenarios