



MEDICAL AND HEALTH SCIENCES

The Phase 3 (Year 6) Elective

Retain this book until you have satisfactorily completed your elective

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GLOSSARY OF TERMS

Elective Advisor

A member of the Elective Committee who advises and approves a student's elective in his or her field of interest, assesses student and Supervisor reports, and conducts the elective interview on return.

Elective Supervisor

A person, either medical or non-medical, who supervises a medical student during their elective in the final year of the medical programme. This is an honorary position. More than one student may sometimes work together on an elective under the same Supervisor.

Elective Associate

A person who assists the supervisor in the supervision of medical students during the elective.

ELECTIVE COMMITTEE 2017

Mr Andrew MacCormick (Chair)	andrew.maccormick@middlemore.co.nz	Dept of Surgery, Middlemore Hospital
Dr Gordon Royle	gordon.royle@middlemore.co.nz	Dept of Haematology, Middlemore Hospital
Mr Zahoor Ahmad	zahoor.ahmad@middlemore.co.nz	Dept of ORL, Middlemore Hospital
Dr Paul Jarrett	paul.jarrett@middlemore.co.nz	Dept of Dermatology, Middlemore Hospital
Dr Briar Peat	briar.peat@middlemore.co.nz	Dept of Medicine, Middlemore Hospital
Dr Matthew Dawes	m.dawes@auckland.ac.nz	Dept of Medicine, Auckland Hospital
Dr Nigel Lever	NLever@adhb.govt.nz	Dept of Electro Cardiology, Auckland Hosp
Dr Rinki Murphy	r.murphy@auckland.ac.nz	Dept of Medicine, Auckland Hospital
Dr Rebecca De Souza	rebeccaD@adhb.govt.nz	Dept of Anaesthesiology, Auckland Hospital
Dr Stephen Ritchie	s.ritchie@auckland.ac.nz	Dept of Mol. Medicine and Pathology, FMHS
Dr Win Bennett	w.bennett@auckland.ac.nz	Whangarei Hospital
Ms Judith McCool	j.mccool@auckland.ac.nz	Social & Community Health, SOPH
Mr Giri Mahadevan	Giri.mahadevan@middlemore.co.nz	Dept of Surgery, Middlemore Hospital
Dr Emma Best	e.best@auckland.ac.nz	Dept of Paediatrics, Auckland Hospital
Ms Michelle Locke	Michelle.locke@middlemore.co.nz	Dept of Plastic Surgery, Middlemore Hospital
Dr Mark Thomas	Mg.thomas@auckland.ac.nz	Dept of Mol. Medicine and Pathology, FMHS
Chris Bullen	c.bullen@auckland.ac.nz	Social & Community Health, SOPH

RESEARCH PROJECT AND RESEARCH ELECTIVE ADVISOR ONLY

Prof Cris Print	c.print@auckland.ac.nz	Dept of MMP, Level 2, Bldg 502 FMHS
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ADMINISTRATION CONTACTS

Alison Mayson	a.mayson@auckland.ac.nz	Group Services Manager – Medical Programme
Teresa Timo	t.timo@auckland.ac.nz	Practicum Placement Coordinator – Medical Programme

THE PHASE 3 (YEAR 6) ELECTIVE

1 THE PHILOSOPHY

1.1 Definition

The elective is a quarter during your trainee intern Year 6 in which you have a free choice of activity - medical, paramedical or medico-social. A non-medical elective may only be undertaken under exceptional circumstances.

1.2 Aims

- To provide you with an opportunity to explore some aspect of a chosen medical topic in depth.
- To enable you to experience medical practice in other countries and reflect on differences and implications for health care in New Zealand.
- To encourage you to think about your future and to provide opportunity for contact with possible future vocational areas.
- To allow you to extend and consolidate knowledge in areas of interest and weakness.
- To enable you to round off your training through study of a topic not directly related to future vocation.
- To encourage initiative, social accountability, and a sense of responsibility with minimal direction.

1.3 Anticipated Results

- Students will have the opportunity to prove themselves in their own chosen field of endeavor.
- Facilitation of the transition from 'student' with no responsibility to 'doctor' with total responsibility.
- Students will at least partly formulate ideas about their future vocations.
- Closer relationships between students and staff.
- Upgrading of specific skills in the area of medicine that the student works during his or her elective.
- Enhancement of student's general education.
- Deeper understanding and appreciation of different cultures and their health care needs.
- Enhanced appreciation of the interconnected endeavors of different health care professionals and the environments in which they work.

1.4 The Elective and the Graduate Learning Outcomes for the Medical Programme

The elective must also relate to the Graduate Learning Outcomes for the medical programme. While it is anticipated that you will work towards achieving a significant number of these, there will be three or four that you should particularly concentrate on for your personal elective. You will be asked to identify these, as part of the application process and provide evidence of how you have achieved these in your report and/or during interview at the completion of the elective.

Students undertaking their elective overseas will be expected to comment on differences and similarities in disease profiles, models of healthcare, cultural, political and resources issues that impact on healthcare.

1.5 The Nature of the Elective Scheme

The elective represents a mutual contract between your Supervisor and yourself and is subject to minimal interference by the Faculty.

The elective period is a prescribed part of the medical programme and as such must be accounted for. The elective activity must occupy eight weeks of the elective quarter.

2 THE ACTIVITY

Students have a free choice of elective that but **is subject to approval by the appropriate Elective Advisor in advance**. This approval process **occurs in Year 5 of your study**.

Electives may be clinical, research project-oriented or simply designed to widen the students experience in a particular sphere. In general, electives should be designed with some definite goal(s) in view. Electives may be taken overseas but only in a non-salaried capacity and providing that suitable financial arrangements to cover the costs can be made either by the student or the Supervisor. Your 8 week elective should be spent at one site, as this facilitates your involvement and learning experience.

2.1 Split Electives

The overarching principle is that split electives are NOT allowed. This was established to ensure a better medical educational experience rather than having a medical travel/voyeuristic experience of little value (either to you or the institution). The following situations are 'not split' electives:

1. Same Institution, 2 different specialties.
2. 2 different Institutions, same city where there is specific medical education reason to attend two institutions e.g., specific medical specialties only available at different institutions in the same city.
3. 2 different sites in a developing country if the medical sites are linked in some way e.g., a main hospital and an outreach community service provided by the hospital.

The only situation where a split elective may be approved is if the institution has rigid rules regarding duration i.e. 6 weeks in Cambridge. If an Elective of this duration is permitted by your Elective Advisor the other 2 weeks should be completed in NZ unless there is a specific medical education reason that necessitates spending the time in a specific centre overseas. It is not appropriate that the other 2 weeks is spent in a developing country.

2.2 NZ based GP Elective

Department of General Practice has requested students be referred to the Department to ensure the practice is suitable and that practices currently used for teaching are not being over committed and there is no impact on teaching. All students must contact the departmental administrator Litea Tubu via email [.l.tubu@auckland.ac.nz](mailto:l.tubu@auckland.ac.nz).

3 DECIDING ON YOUR ELECTIVE

Students should begin thinking about the elective in Year 4, ready for more specific action in Year 5. Don't leave the organisation until the last minute. It takes much longer than you may think. Talk to current trainee interns or junior doctors who have done electives which interest you. Read Elective Reports from previous years for information and inspiration. Elective reports from 1995 onwards are available on Elective report database available via the MBChB Portal.

Talk to colleagues and friends who may have personal contacts with existing or possible supervisors. There is also an elective website that can provide information on how to organize and where to go for an elective. The website address is <http://www.electives.net/>

4 OVERSEAS ELECTIVES

4.1 General

Approval will depend on the quality of the Elective proposal. A clear statement of aims and learning outcomes of the elective, nomination of a suitable Supervisor and confirmation from the Supervisor that they agree to supervise your elective is required in order to confirm your Elective proposal.

An overseas Elective is likely to be approved where it involves experience which is not readily available in New Zealand.

Electives in the South Pacific and the developing world are encouraged. Elective Reports from previous students provide particularly valuable information on these electives.

4.2 University of Auckland Student International Travel Policy

The University now requires all students traveling overseas to abide by standards set for assuring safe student travel. As your travel may involve risks to your safety, you must plan how you will manage those risks. Your Elective Advisor will discuss this with you and provide information to assist you in planning your Elective placement.

All students must familiarise themselves with this policy available on <https://policies.auckland.ac.nz/policy-display-register/students-travelling-abroad-policy.pdf>. You need to be aware of your obligations under Section 6 that details your travel planning and responsibilities.

Once your Elective placement has been confirmed by the host site and your Elective Advisor, a survey link will be sent to you a few weeks prior to the commencement of your elective quarter. You must populate where you are going and upload your travel itinerary. The survey link will ask you if you have registered with the Ministry of Foreign Affairs and Trade (MFAT) on their Safe Travel link. All NZ citizens and permanent residents must register with MFAT. International students must register their travel plans with their embassy. This is not an arduous process. You will be unable to complete the survey until you have indicated that you have either registered with MFAT or your embassy.

An elective carries different risks to recreational travel and recreational travel insurance is unlikely to cover things incurred in a clinical work environment like needle stick injury. Students doing international electives need to ensure that all risk needs are covered including medical repatriation (even if they are doing elective in their home country). **The University of Auckland corporate AGA NZ insurance, is very comprehensive (the most highly recommended on the market) and is offered to students on (s)elective for \$5 per day (recreational days included) worldwide. The application form and policy detail is obtainable on the MBChB portal.**

If something goes wrong on your elective, one of the advantages of the above policy is that the University can assist you and liaise directly with the insurer if necessary.

The MFAT address is <http://www.mfat.govt.nz> Click on the Travel Information and Visas link for the Safe Travel registration portal.

Please ensure you familiarise yourself with the policy before your meeting with your Elective Advisor.

4.3 Personal Risk

In general the choice of elective destination is your decision, as long as it meets academic requirements. Whilst the Faculty places no constraints on electives in any overseas countries, the political situation in some parts of the world can be volatile. This has become increasingly important when considering overseas destinations. You should discuss your proposed destination with your Elective Advisor and make every effort to check, through different sources, that the region of your planned elective will not place you under undue risk. The Elective Advisor or the Chair of the Elective Committee may decline to approve destinations which are considered unduly dangerous, and advise you to arrange an alternative elective. A back-up plan must be organized for this reason. You should monitor potential problems up to the time of your departure and take

all reasonable precautions to ensure your personal safety. At times, this may result in late cancellation of an elective.

Some issues to consider in your planning (please note this list is not exhaustive):

- Sexual assault
- Consensual sexual activity that carries risks
- Drug use
- Petty and violent crime
- Medical illness
- Trauma
- Internal conflicts
- Unwanted attention

The Faculty accepts no responsibility for the decision of the student as to the region chosen for the elective. Your personal safety while away is your responsibility. The Ministry of Foreign Affairs & Trade website must be watched both prior to and during your elective, and the student should act on any advice on health or safety concerns given by the Ministry. If you find yourself in a situation where your personal safety is at risk, please contact the Elective Administration or Chair of the Elective Committee. Every endeavor will be made to assist you, but the University cannot take responsibility for your personal safety while you are away.

Useful web sites: (links on studentnet)

<http://www.safetravel.govt.nz> Ministry of Foreign Affairs & Trade – Travel Information

www.fco.govt.uk UK Foreign & Commonwealth Office – Travel Information

www.who.int/ith WHO International Travel & Health

An elective will not be approved if the following travel warnings for an area are given by the New Zealand Ministry of Foreign Affairs & Trade on their website:

Extreme Risk: Countries or parts of countries where we advise against all travel

High Risk: Countries or parts of countries where we advise against tourist and other non-essential travel

4.4 Personal Safety

If for any reason you feel unsafe on your elective you should immediately return to NZ. On return to NZ, and in consultation with the Chair of the Elective committee, your back-up or an alternative local elective will be arranged. In these circumstances you would not be required to perform additional elective time unless there were other reasons to consider such a requirement. It is important that your experiences are formally documented by you, and that Ms Teresa Timo and the Chair of the Elective Committee are notified.

4.5 Health Risks

4.5.1 HIV infection

In most parts of Africa between 5 - 50% of the population are infected with HIV. In Thailand and some other Asian countries approximately 1-10% are infected with HIV. The prevalence of infection in patients receiving medical care in these countries is likely to be much higher than in the general population. During your elective you may be exposed to a risk of acquiring HIV infection through sexual contact, inadvertent injury (e.g. accidental needle prick), or transfusion of blood in the event of a major injury, illness or surgery.

Caution on your part, to avoid exposure to potentially infectious blood and body fluids, whether by accident at work or by other routes away from work, is the most important means of preventing infection.

Post-exposure prophylaxis – taking anti-HIV medications after an episode of exposure to HIV-infected blood or body fluids – can reduce the risk of becoming HIV infected. Such prophylaxis usually involves taking two or three anti-HIV medications for a period of four weeks. Prophylaxis should be started as soon as possible (ideally within a couple of hours) after the exposure. It is unlikely to be helpful if begun more than 72 hours after the exposure.

When you are planning your elective, you should ask your elective supervisor about the estimated prevalence of HIV infection in the patients you will care for during your elective, the risk of accidental percutaneous exposure to blood during your clinical experience, and the availability of post-exposure prophylaxis if you suffer a significant exposure. You should then consider whether this information affects your decision to choose this elective.

Antiretroviral therapy is not always available in all elective sites. You may wish to consider taking a 5 day course of antiretroviral therapy with you, for immediate availability, should you be unfortunate enough to sustain a needle stick or other injury. You may wish to discuss the issues with Associate Professor Mark Thomas, Dept of Molecular Medicine and Pathology, (email: mthomas@adhb.govt.nz). He may be able to provide you with enough anti-HIV medications for 5 days but cannot provide enough for the full 4 weeks.

4.5.2 Tuberculosis

Many hospitals and other health care environments in developing countries care for very large numbers of patients with tuberculosis. In many of these environments there is little or no effective infection control and health care workers, such as elective students, have a high risk of acquiring *Mycobacterium tuberculosis* infection. For instance a study of health care workers in KwaZulu, South Africa, in 2006 found that 1% of health care workers developed tuberculosis disease each year. The incidence of newly acquired *M. tuberculosis* infection which had not progressed to disease in these health care workers is likely to have been 10-100 times greater! An elective student working in such an environment for 8 weeks might have a 20% chance of acquiring *M. tuberculosis* infection.

Resistance of *M. tuberculosis* to the drugs that are commonly used to treat tuberculosis has increased rapidly in many developing countries. For example, in KwaZulu during 2006-2007, 20% of cases of tuberculosis were multi-drug resistant and 2% were extremely drug resistant. The rates of cure of tuberculosis due to drug resistant strains are considerably less than in fully sensitive strains.

Students contemplating electives in developing countries should be aware that they may have a significant risk of becoming infected with *M. tuberculosis*, and that people with *M. tuberculosis* infection have a 10% lifetime risk of this infection progressing to disease. Disease due to drug resistant strains may be very difficult to cure, and may have short to medium term implications for the person's ability to work in a health care setting. Students who have a condition that affects their immunity, or who are treated with medications that suppress immune responses, should be especially cautious about choosing an elective with a high risk of exposure to patients with tuberculosis.

BCG vaccination has little or no efficacy in protecting adults against acquisition of *M. tuberculosis* infection. There is no effective antimicrobial prophylaxis.

Students who consider that they have been at risk of acquiring *M. tuberculosis* infection during their elective should have a Quantiferon Gold test performed 3 months after their return to New Zealand. Comparison with the results of the Quantiferon test performed during preclinical year 2

may help to determine whether *M. tuberculosis* infection has been acquired. Students whose Quantiferon Gold results indicate that they have acquired *M. tuberculosis* infection should be referred to a public health, or respiratory medicine or infectious diseases specialist for consideration of treatment of latent tuberculosis.

STUDENTS RETURNING FROM COUNTRIES WHERE TUBERCULOSIS IS ENDEMIC SHOULD VISIT UNIVERSITY HEALTH SERVICE GRAFTON ON THEIR RETURN TO DISCUSS WHAT FOLLOW-UP TESTING IS REQUIRED. STUDENTS AT WCS (INCLUDING ROTORUA AND TAURANGA) SHOULD CONTACT RAEWYN WOODERSON FOR REFERRAL ADVICE.

4.5.3 Other infectious Diseases

Electives in developing countries may place you at risk of a range of other infectious diseases such as malaria, typhoid fever, hepatitis A and yellow fever. You should consult student health or your general practitioner for advice about precautions to reduce these risks. You should especially consider malaria prevention, including regular prophylactic medications, vaccination against hepatitis A, and depending on your travel itinerary, yellow fever vaccination and Japanese encephalitis vaccination. Students who are considering travel to high risk locations may wish to consult Dr Joan Ingram, an infectious disease physician with expertise in travel medicine (ph (09) 524 7431) or another travel medicine specialist.

Students who are considering travel to high risk locations may wish to consult Dr Joan Ingram, an infectious disease physician with expertise in travel medicine phone (09) 524 6249 www.aucklandtravelmedicine.com or another travel medicine specialist.

4.5.4 Other Health Risks

Travel to unfamiliar places often results in deliberate or inadvertent exposure to a variety of health risks that include motor vehicle accidents, injuries resulting from dangerous activities such as climbing or diving, assaults from locals or other travelers, etc. Lack of familiarity with the local conditions, unwise use of alcohol or other intoxicants, and an enhanced appetite for risky behaviors, can all contribute to travelers placing themselves in dangerous situations. Students should review the elective reports from others who have visited the same regions and other sources of advice to reduce the chances of suffering injuries .

<p>NOTE: On return from elective all students will be sent a link to their university email to complete a confidential post health questionnaire. This will be discussed at the post elective interview.</p>

5 PROJECTS AND ELECTIVE

In general, completion of a clinical or basic research project will enhance the elective. Such projects are not compulsory although they are encouraged. A project may range from audit of a clinical experience, a small clinical research project to performing specific laboratory-based research. If research (other than audit) is planned, this will usually require ethical approval which will need to be arranged before commencing the elective.

6 TAKING ACTION TO ARRANGE YOUR ELECTIVE

An Electives Evening, is organised in early February and all Year 4 students are invited to hear about a range of elective experiences from the completing Year 6 students. The elective handbook is issued at this time. Year 4 students should start thinking about where they would like to undertake an elective placement.

Early in Year 5 students must begin to make more specific plans for their elective quarter.

Quarter Dates*	There are 4 x 8 week elective blocks, one per quarter
1 st Quarter	early January to late February (8 week elective)
2 nd Quarter	early March to early May (8 weeks plus 2 weeks vacation)
3 rd Quarter	early June to early August (8 week elective plus 2 week vacation)
4 th Quarter	early August to early October (8 week elective plus 2 week vacation)

*Specific dates for each quarter will be posted on Canvas at the beginning of Year 5.

The post-elective interviews will be conducted during the Clinical Imaging Week for each quarter.

A quarter of the class must undertake their elective in each quarter of the coming Year 6 in order to divide the teaching groups evenly for the rest of the year.

6.1 Elective Organisation Steps During Year 5

late January	Elective Quarter Choice database made available to the class during first week of Formal Learning Week.
late February	Results from above database advised via CECIL
early March	Elective Approval Form made available to students to commence elective enquiries
April/June	Follow-up any preliminary contact with Supervisors and decide on your first elective choice or commence enquiries. Obtain confirmation in writing (email) that they and their institution are able to host you for your elective.
June	Submit completed Elective Approval form to Ms Teresa Timo. This should include copies of documentation from your Supervisor and/or their institution.
July	Elective Advisors allocated students (with email contacts) in the first week in July. You will be contacted by your Elective Advisor to arrange a pre-elective interview. At this interview they will discuss your elective, check your Elective Approval form with you and ensure that there is adequate confirmation from you supervisor/host institution. You will be asked to follow-up any incomplete arrangements and documentation within the next month (*see note 2 below).
August 31	1 st quarter elective approval by Elective Advisors sent to Ms Teresa Timo.
September 15	Submission of Scholarship Applications. To be eligible for a scholarship requires approval of your elective by your Elective Advisor.
October 31	2 nd quarter elective approval by Elective Advisors sent to Ms Teresa Timo
November	Check your elective mailing address is entered on SSO and until departure finalise travel arrangements, entry documentation etc. including MPD Elective Information Survey.
January 31	3 rd quarter elective approval by Elective Advisors sent to Ms Teresa Timo
March 31	4 th quarter elective approval by Elective Advisors sent to Ms Teresa Timo

6.2 Notes

1. All elective proposals must be approved by **the deadlines indicated for each quarter in the previous organization steps for Year 5.**

2. Any changes to approved electives must be resubmitted to your Elective Advisor to be re-approved. Please ensure that your supervisor(s) of electives that are cancelled are notified to avoid any inconvenience for them. This responsibility and courtesy is considered to be a fitness to practice issue.
3. At some institutions in the UK and USA, the process for final elective approval will not be complete until September-Jan of your TI year. In this situation you should still have made contact with a supervisor and will need to demonstrate that you have applied to the institution. Electives in these institutions cannot be approved for the first quarter, and it is risky to arrange such an elective for the second quarter in case you are not accepted.
4. **You must not leave the country until after the Year 5 Board of Examiners meeting held, in the last week of the standard University semester in mid-November. Do not make travel arrangements to leave before this date.**
5. All Year 6 students must be back in time for Cohort Option week and Clinical Imaging week which include the post-elective interviews.

7 FINANCE, INCLUDING SPONSORSHIPS, BURSARIES AND SCHOLARSHIPS

Financial assistance may normally be used to cover:

- Traveling expenses overseas or within New Zealand.
- Cost of equipment, stationery, mailing etc. likely to be incurred during the elective project.
- Subsistence allowance if the project involves additional living expenses.
- Course fees if these are more than \$20.00

7.1 The Application Process

The same application process applies for the WW Phillip's Bequest, New Zealand Medical Women's Association (Auckland Branch) Elective Bursary, Newton Wickham Award.

The Elective Scholarship Application form can be obtained from Cecil or from the FMHS Student Centre at Grafton Campus. Your elective must have been approved by your Elective Advisor to be eligible. Submit your completed application to the FMHS Student Centre. You must use separate applications for each grant.

The Elective Scholarship Application form requires a detailed description of your proposed elective. It includes a section on the reasons for your elective choice and the potential benefits of your electives. The following also need to be attached:

- Elective Approval form
- Supervisor and/or Host Institution confirmation
- A statement of expenses

Deadline for submission is September 15 of Year 5.

Approval notification will occur in early October.

7.2 Awards

The WW Phillip's Bequest

The main source of finance available to you is the WW Phillip's Bequest in the form of awards in which the academic standing of the applicant is taken into account. The Phillip's Bequest particularly aims to support electives in the Pacific basin and developing countries.

The success or failure of your application is influenced to a considerable degree by the quality of the elective proposal. A poorly documented application is unlikely to gain support.

New Zealand Medical Women's Association (Auckland Branch) Elective Bursary

This is a Bursary of \$500.00 for female students undertaking electives in an area related to women's health.

Newton Wickham Award

There is a \$500.00 scholarship available for electives undertaken in a Pacific Island or in New Zealand when the field of study is Pacific Island Health. The basis of selection is academic merit, nature of study proposed and the likely contribution to medical progress. The successful candidate must prepare a report for the sponsor on return from the elective.

Flavell Bequest:

Provides a sum of £2000 each for 2 Barts/London students to exchange with 1 student from University of Otago Medical School and 1 from The University of Auckland Medical School to undertake an elective at one of the approved London Hospitals – Barts and The London, Queen Mary's School of Medicine and Dentistry and University of London.

For more information on all the above University of Auckland FMHS elective scholarships contact the Student Services Centre fmhs@auckland.ac.nz

Jacob Beck Jaffurs Scholarship

The Jacob Beck Jaffurs Scholarships is up to \$3,000 and is for non-mainstream, innovative selective and elective. Please refer to Cecil for further information.

The Prime Ministers ASEAN Scholarship

The Prime Ministers ASEAN Scholarship can cover accommodation, living and travel expenses in target Asian countries. There are two application rounds in March and September for each year. Refer to: <http://www.enz.govt.nz/how-we-work/scholarships/pmsa>

Other Sources of Finance

Depending on the specific field of work to be covered in your elective, other Foundations and Organisations may be able to provide financial assistance. **Use your imagination** and approach them e.g. Service Clubs, health support groups, local authority "Scholarships" for residents.

8 INSURANCE AND VISAS

It is the student's responsibility to have personal travel and health insurance when travelling overseas and to arrange appropriate entry visas in adequate time before departure. Find out early what entry documentation is necessary as there may be time delays for issuing visas and some will require fees to be paid.

You should also check you have medical indemnity insurance in the country you are going to be staying in. All students from Year 3 onwards should already be a member of the Medical Protection Society (MPS). MPS provides free cover for medical students undertaking electives. A letter of confirmation should be requested by the student to give to their host institution. MPS can be contacted via 0800 2255677 or Email: MPS@NZMA.ORG.NZ for more detailed information. (add link)

An elective carries different risks to recreational travel and recreational travel insurance is unlikely to cover things incurred in a clinical work environment like needle stick injury. Students doing international electives need to ensure that all risk needs are covered including medical repatriation (even if they are doing elective in their home country). **The University of Auckland corporate AGA NZ insurance, is very comprehensive (the most highly recommended on the market) and is offered to students on (s)elective for \$5 per day (recreational days included) worldwide. The application form and policy detail is obtainable on the MBChB portal.**

If something goes wrong on your elective, one of the advantages of the above policy is that the University can assist you and liaise directly with the insurer if necessary.

Note: Students going away on elective should also ensure they have home and/or contents insurance to cover burglary etc. while away.

9 MEDICAL AID ABROAD NEW ZEALAND (INC)

MAANZ is a recognised charitable volunteer organisation that provides recycled medical equipment and pharmaceuticals to developing countries. Further information can be found on www.maa.org.nz or by emailing maap.nz@gmail.com, the medical student organisation. The two organisations work closely together.

Students traveling to Third World countries often find it useful to take with them some equipment or pharmaceuticals to meet any pressing hospital needs. Usually the student determines what may be useful for the hospital and then arranges to carry the supplies by hand to the destination and then presents them as a gift to the recipient hospital.

10 ETHICAL AND PROFESSIONAL EXPECTATIONS OF MEDICAL STUDENTS ON ELECTIVES

The opportunity to undertake an elective is an exciting component of your medical training. Some of you will undertake your elective in NZ, others will return to your home country, yet others still will experience medicine in a context quite different to what you are used to (for instance, a developing country). Obviously the context is important in terms of the kinds of challenges you are likely to face. Regardless of where you undertake your elective, a number of ethical and professional challenges may arise. Some of the challenges (both professional and ethical) that may arise during your elective:

- The assumption from host sites that your levels of knowledge and skills proficiency are higher than you actually possess. This may also happen in NZ. Some countries may have a very poor (or no) understanding of medical education in NZ (and elsewhere), not realising that in NZ medical students cannot diagnose, treat or prescribe without adequate

supervision from a qualified practitioner. Patients in other countries have a right to be informed that you are not fully qualified.

- The expectation from patients that '*because you are a westerner*' or '*because you have trained in a western country*' you will be able to help
- Being given experiences that exceed your level of training – perhaps without adequate supervision. For instance, being expected to run and take responsibility for a clinic or a ward
- Inadequate resourcing of health care provisions. Feeling overwhelmed by the poverty you see. Uncertainty about how best to help your patients
- For instance, wondering whether you should pay for things out of your own pocket
- Responding to an emergency: In the absence of suitably qualified staff, be extremely cautious in intervening. Don't intervene where you think you may make matters worse. However if there is a reasonable likelihood that you can improve outcomes or prevent or mitigate serious harm, then it may be appropriate to assist. Try to document what happened and what you did as soon as possible after your involvement
- Witnessing another elective student 'having a go' at a procedure that they would not be allowed to carry out at home without supervision (for instance a spinal tap – LP)
- Feeling discomfort about what you can actually offer. In a study by Elit et al, they found some elective students were troubled by the resources that were diverted from patients to them (time to explain, teach, supervise, and translate – less time with patients). Supporting the elective experience does place an additional administrative burden on health systems that are already stretched.

"We're not volunteers, we're medical students and I think we all went in realising that we're going for a learning experience and we're taking more out of it than we can probably give back"

It is important to remember that you are a medical student and not (yet) professionally qualified. The following guidelines apply regardless of where you undertake your elective. You:

- have a duty to identify yourself to your patients and to make sure (to the best of your ability) that your patients know you are a student doctor
- should clearly explain to patients what your involvement in their care will entail. Patients have a right to refuse to be examined or to submit to a procedure
- must ensure that where there is an indication for a sensitive examination, a qualified doctor or midwife is present. Ideally a female chaperone must be present when a sensitive examination is carried out on female patients (see The Medical Programme Policy Guide, pp 14-15)
- must endeavour to seek a patient's verbal consent to observe procedures in theatre. 'Written informed consent must be obtained before premedication for any procedure or examination that you will perform whilst the patient is under anaesthesia or sedation' (see The Medical Programme Policy Guide, pp 36-41)
- must get the written consent of any patient whose photo(s) or medical information is identified and used by you (by way of a report or presentation)
- must keep a patient's personal information confidential (unless you have their written consent to use such information)
- should respect cultural differences in any decision-making process. This may entail the involvement of family members or community/spiritual elders.

It is recognised that situations may occur (especially in developing and non-English speaking countries) where it may be difficult to ensure the above are carried out satisfactorily. It is expected that you will keep in mind that the care of your patients is your first concern and your duty to provide a good standard of care. Treat patients and their families politely and respectfully and at all times recognise professional boundaries and your limitations.

In some communities a variety of ethical challenges and opportunities may present themselves:

- It is advisable to find out what the most common diseases are in the area you are going to and investigate them before you go. What are the main health burdens in the area in which you will be going? You may experience seeing diseases that are seldom - if ever - seen in NZ.
- In some cultures, certain individuals may be involved in the decision-making process for others, that in NZ we would expect to be made by the patient. For instance, a father or elder male may make reproductive decisions for women in the family
- Health care resources may be unavailable for patients who are unable to pay for them, or in communities that are resource-poor,
- Gender based violence may be more generally tolerated than it is in NZ.
- Do consider keeping in touch with the host organisation – share the results of any research you undertook, send copies of any photos you took, or simply let them know you arrived home safely. This is a common courtesy and is appreciated by the host community.

If you are placed in a situation where you are concerned about what is expected of you (in terms of your role as a student doctor), or the behaviour or competency of a peer or senior colleague, in the first instance speak to your supervisor. It may also be appropriate to speak to peers who are also concerned about the situation at hand: talking to your supervisor together will give you all support. If the supervisor is the problem, there may be someone else whom you trust and who may be able to offer help and support. It is also important that your elective report include details about any concerns you had whilst undertaking your elective. You are also encouraged to discuss your concerns with your Elective Advisor.

You may be invited or expected to participate in activities that you consider to be unethical or unprofessional, but that your hosts do not view as problematic or troubling. Although we recognise this is difficult territory, “you should politely but firmly decline. Cultural differences should not be used as an excuse to mask poor practice or to permit avoidable harm” (BMA 2009). It is recognised that speaking out can be very difficult, especially as a student, however it is important to speak up when you encounter ethical problems and concerns. Change cannot happen if you remain silent on important and potentially serious matters that concern you and your patients.

Please familiarise yourself with the following resources. They give additional information on what is expected of you in your role as a student doctor, as well as being informative about the Elective process:

- The Medical Programme Policy Guide (MPD)
- British Medical Association. *Ethics and medical electives in resource-poor countries: A tool kit* (2009): 1-28. Available at: http://www.bma.org.uk/images/medicalelectivestoolkit_tcm41-191632.pdf
- Editorial. *What should you do when you see a fellow student behaving inappropriately?* BMJ (2009): 338; 204-207
- Banatvala, N and Doyal, L. *Knowing when to say “no” on the student elective.* BMJ (1998): 316; 1404-1405
- Editorial. *The overseas elective: purpose or picnic?* Lancet (1993): 342; 753-75

11 **GRADING SYSTEM FOR ELECTIVE**

You must pass the elective to pass the final year of your qualification. A satisfactory Elective Report must be submitted before the end of the elective attachment.

The Elective Committee will use the following grades for assessing your elective:

- Distinction
- Pass
- Fail

The achievement of **distinction** is characterised by the following criteria. Most, but not all criteria must be achieved:

- The Elective Report is submitted by the deadline (Friday, 4pm before cohort option week)
- Demonstration of an excellent knowledge of medical practice/research in the student's chosen area.
- Excellent work effort and exceptional involvement in clinical practice or research.
- Acquisition of in depth understanding of professional cultural and social issues relevant to their medical elective experience.
- Development of exceptional procedural/surgical skills during elective.
- A comprehensive, in-depth excellent quality elective report from the student.
- Confirmation from the supervisor of excellence in almost all areas (>80% excellent).
- Demonstration of excellent professionalism and communication skills during Elective placement and post-elective interview.

A distinction grade will not be considered unless your Elective Report is received by the due date.

The achievement of **pass** is characterised by the following criteria:

- Demonstration of adequate attendance.
- Satisfactory participation in the activities of the Supervisor's team or unit (clinical or research).
- Demonstration of learning medical, surgical, procedural or research skills during the elective.
- Demonstration of an appreciation of professional, cultural and social issues relevant to their medical elective experience.
- A satisfactory quality elective report from the student
- Satisfactory Supervisor's report.

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

- Absent from the elective interview without due cause.
- Failed to demonstrate that adequate time had been spent on the elective.
- Failed to submit an elective report.
- Submitted an inadequate report.
- Supervisor has serious concerns about student's performance. Before failing a student on these grounds, the supervisor will be contacted to discuss the student's performance.

The Committee's grading of your elective will be made following the interview and consideration of your supervisor's report. A provisional grade will be sent to the Board of Examiners.

12 ELECTIVE REPORT

There are two occasions on which you are given the opportunity to report back to your colleagues concerning your elective experience.

12.1 Elective Report

This is a formal account of your elective experience required as a condition of your qualification. **You are advised to write your report no later than the last week of your elective.** (This applies particularly to students on overseas electives who must plan to return to New Zealand before the end of the elective period). Many students keep a diary while they are away detailing their experiences throughout the placement.

Your report will be loaded on the Elective Report Database accessed via the MBChB Portal. It should be written with this in mind i.e. in a professional manner. The report should be 10 pages, including a 200 word abstract. Please complete the Post-Elective Student Evaluation and Recommendation Form. Appendices may be attached.

The report should give a concise account of what you did, whether you achieved your goals and emphasize the highlights of the elective. It should be reflective of your medical experiences, providing details of practical knowledge gained and lessons learnt, using the domains of the medical programme as subheadings*. It is not a Lonely Planet travel guide. Sometimes interesting case histories may be included. If you have carried out a project, the write-up of this should be in the form of an appendix (including tentative or conclusive findings) attached to the elective report. Data on social activities, accommodation and useful advice of interest to other students can be placed in an appendix. Comments, criticisms or recommendations which you feel may assist future elective students would be welcomed.

Your report must be submitted by 4.00pm on the Friday of the first week of your Cohort Option (follows your elective period) and submitted via Turnitin. Details regarding logins for Turnitin will be emailed to you at the start of your elective with reminders of deadlines and other information:

This is an important deadline for two reasons. The Elective Committee has to assess it prior to the Review Session (see (c) Pg11) which you attend with them on a date to be advised during Clinical Imaging week and for your report to be considered for a Distinction.(see section J Pg10).

- Clinical and Communication Skills domain: You may find that aspects of this domain are different in the setting of your elective. Take this opportunity to reflect on these and compare and contrast your experiences on elective with those you have experienced so far.
- Personal and Professional Skills domain: It is highly likely that you may encounter some personal and professional challenges during your elective as you will be working in an unfamiliar environment that may be outside your usual experience. This is a good opportunity to develop some insight into how you respond in different situations. You will be expected to reflect on the three PPS components included on the Elective CSR i.e. Professional Qualities; Engagement in Team; and Health and Wellbeing. You may wish to include this content in your PPS portfolio.
- Applied Science for Medicine domain: You may wish to reflect on the development of your knowledge in this area and/or the differences that exist between your experiences on elective and so far in your training.
- Hauora Maori domain: Please reflect on the listed components of this domain. On those electives overseas use this opportunity to reflect on cultural/ethnic differences appropriate to you setting.

Students who are working in a country where there are indigenous populations should critically reflect on the differential status, or otherwise of indigenous populations health status. In addition, students should reflect on the historical, political or other determinants of these inequalities and how they are being addressed, or otherwise, in the host institution (e.g. are there specific policies, practices and ethical considerations for how indigenous populations are managed). Provide concrete examples if possible. Reflect on how these issues are managed in the New Zealand healthcare context.

- Population Health: Please use this opportunity to comment on disease prevention and health promotion as relevant to your elective.

Students need to provide a profile of their host country burden of disease (morbidity and mortality risk factors) and reflect on how this is represented, or otherwise within their host medical / healthcare clinic. What are the emerging concerns for the country and the health care system (workforce retention etc.)?

Students need to provide evidence of their reflection on the broader social, cultural, economic and where relevant political drivers that underpin the health system of their host country. Where possible, students should present concrete examples of how these factors influence patient presentation and health provider responses.

Students should reflect on how the above dynamics are expressed in New Zealand and where the differences and commonalities lie. What are the key learning / messages that capture this experience?

12.2 Elective Interview

- A formal 15 minute interview with members of the Electives Committee at the end of your elective attachment. In regards to Year 6 students allocated to Waikato, Rotorua, Tauranga, Whangarei and New Plymouth, your interviews will be held on site by local Academic staff.
- The place, date and time for this interview (held during clinical imaging week) will be published via Canvas prior to the aforementioned week. Your Supervisor will be required to submit a report on your elective for consideration by the Committee.

12.3 Format for the setting out of your report

- A template for the report that includes the Post-Elective Student Evaluation and Recommendation Form will be available on Canvas.
- This report must be produced using Microsoft Word document. Pdf copies will not be accepted.

REMINDER: The completed report must be submitted to Turnitin no later than Friday of the first week of the Cohort Option.

You are reminded that Qualification is dependent on the completion of a satisfactory elective and report by the specified date.

FRONT PAGE	Elective Title	What your Elective is about
	Elective Dates	Start and end dates of your elective
	Institution	Name(s) of the institution(s) or organization(s) where your elective was based
	City	Name of the town or city where your elective was based
	Region/State	(Only complete if applicable). Name of the region or state country where your elective was based (e.g. North Sulawesi; New South Wales; Tennessee)
	Country	Name of the country where your elective was based
	Last Name First Name(s)	Your family name (last name, surname) Your first name(s) in full please
	Supervisor(s)	Name(s) of your supervisor(s)
	Associates	Name of any associates
	Keywords	Words and/or phrases describing the topics covered in your elective. <u>Examples:</u> For an elective in a Canadian ski area, you could use keywords like; Skiing; Orthopaedics; Emergency Med. For an elective in a GP with some delivery of babies, you could use the following keywords: General Practice; Obstetrics
File Name	This is made up of: Year (4digits) underscore (_) Elective Quarter (1,2,3or4) Family (last) Name Initials e.g.: 2001_2SmithJB.doc <u>Other examples:</u> Your family name is Holley, first names are Rose Jane Louise; you did your elective in the 4 th qtr of 2001 and you have saved your report in Word (.doc) format. The File Name would be: 2001_4HolleyRJL.doc Your family name is Wang, first names Chang Shieng; you did your elective in the second quarter of 2000 and you have saved your report in pdf format. Your file name would be:	
SECOND PAGE (1)	Abstract	Approx. 200 word typed in a central box (10 x 15cm). This abstract is to be a factual summary of activities, achievements and conclusions and not merely descriptive.
FOLLOWING PAGES (2-10)	Report	Report providing a full account of your elective activities with acknowledgements and references. Please use the domain of the medical programme as subheadings.
LAST PAGE (11)	Checklist	Post-Elective Student Evaluation and Recommendation Form

13 POST-ELECTIVE STUDENT EVALUATION AND RECOMMENDATION FORM

It is **compulsory** for students to complete the following form by ticking the appropriate box and include any specific comments and should be submitted with your final elective report as the final page.

Aspect of Elective	No	Yes	N/A	Comment / Recommendation
Would you recommend your choice of country / city for your elective?				
Would you recommend your choice of hospital for your chosen elective?				
Was hospital/ institution accommodation available?				
Was the standard of hospital accommodation acceptable?				
Was alternative acceptable and affordable accommodation available?				
Was the general cost of living acceptable?				
Was there adequate transport between accommodation and hospital ie safe and				
Was access to the nearest city / town acceptable?				
Did you encounter any threat to your personal safety?				
Did you encounter any problems with theft?				
Did you travel with a fellow medical student?				
Would you recommend traveling with another student?				
Was access to personal medical care available /				
	Poor	Satisfactory	Excellent	
Do you feel your supervision adequate?				
Did you consider your elective to be a worthwhile experience from a medical perspective?				
Did you consider your elective to be a worthwhile experience from a personal development perspective?				
Did you consider your elective to be a worthwhile experience, overall?				

Any further comments / recommendations: