



**MEDICAL AND  
HEALTH SCIENCES**

# **MBChB**

## **Phase 1 (Year 3)**

### **Guidebook**

#### **2017**

Available on MBChB Portal

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

(version 1.1, Released June 2017)

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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 Friday 17 March 2017. 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.

Johanna Beattie      Group Services Manager, 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 have downloaded a copy of the Phase 1 (Year 3) Guidebook and the Medical Programme Policy Guides 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.9)

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

I agree to abide by the Faculty and University policies and regulations.

I am not affected by any physical 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, including physical deterioration due to injury, disease, or degeneration.\*

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

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

\* If you have something to declare in relation to these items and cannot complete this declaration, please contact the Directors of Medical Student Affairs email: [director.medstudentaffairs@auckland.ac.nz](mailto:director.medstudentaffairs@auckland.ac.nz)

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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

#### Key contacts

MPD general enquiries: phone (09) 923 1606 or email [MPD@auckland.ac.nz](mailto:MPD@auckland.ac.nz)

Website: [www.fmhs.auckland.ac.nz/mpd](http://www.fmhs.auckland.ac.nz/mpd)

MPD is located in room 010 on the ground floor of building 501 at the Grafton Campus.

#### Key Staff

Role	Person	Phone & email
Phase 1 Director & Year 3 Coordinator	Assoc Prof Roger Booth	923 6475 <a href="mailto:rj.booth@auckland.ac.nz">rj.booth@auckland.ac.nz</a>
Student Support Advisor Domestic and International students	Carley Fletcher	(09) 923 7071 027 801 3726 (office hours only) <a href="mailto:fmhssupport@auckland.ac.nz">fmhssupport@auckland.ac.nz</a>
Student Support Advisor MAPAS students	William Nepia	923 4912 <a href="mailto:w.nepia@auckland.ac.nz">w.nepia@auckland.ac.nz</a>
Group Services Manager (Medical Programme)	Johanna Beattie	(09) 923 2773 <a href="mailto:j.beattie@auckland.ac.nz">j.beattie@auckland.ac.nz</a>
Phase 1 Team Leader	Kathryn Siow	923 6370 <a href="mailto:k.siow@auckland.ac.nz">k.siow@auckland.ac.nz</a>
Academic Systems Coordinator	Nicholas FitzHerbert	923 2553 <a href="mailto:n.fitzherbert@auckland.ac.nz">n.fitzherbert@auckland.ac.nz</a>
Practicum Placement Coordinator	Teresa Timo	923 6745 <a href="mailto:t.timo@auckland.ac.nz">t.timo@auckland.ac.nz</a>
Group Services Coordinator	Yvonne Chan	923 6747 <a href="mailto:y.chan@auckland.ac.nz">y.chan@auckland.ac.nz</a>
Information Systems Coordinator	Kimberley Weston	923 1734 <a href="mailto:k.weston@auckland.ac.nz">k.weston@auckland.ac.nz</a>
Directors of Medical Student Affairs	Dr Fiona Moir Dr Tony Fernando	<a href="mailto:director.medstudentaffairs@auckland.ac.nz">director.medstudentaffairs@auckland.ac.nz</a>
Head of the Medical	Prof Warwick Bagg	923 9794 or 923 6747

Programme		<a href="mailto:w.bagg@auckland.ac.nz">w.bagg@auckland.ac.nz</a>
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### A.1.3. Module Coordinators

Sensory Systems	Dr Ali Mirjalili (Anatomy and Medical Imaging)	923 7487 <a href="mailto:a.mirjalili@auckland.ac.nz">a.mirjalili@auckland.ac.nz</a>
Nervous System	Assoc Prof Maurice Curtis (Anatomy and Medical Imaging)	923 6999 <a href="mailto:m.curtis@auckland.ac.nz">m.curtis@auckland.ac.nz</a>
Reproduction, Development and Aging	Prof Larry Chamley (Obstetrics & Gynaecology)	923 9501 <a href="mailto:l.chamley@auckland.ac.nz">l.chamley@auckland.ac.nz</a>
Regulation of Body Function	Assoc Prof Ian LeGrice (Physiology)	923 6206 <a href="mailto:i.legrice@auckland.ac.nz">i.legrice@auckland.ac.nz</a>
Blood, Immunity and Infection	Dr Stephen Ritchie (Molecular Medicine & Pathology)	923 3184 <a href="mailto:s.ritchie@auckland.ac.nz">s.ritchie@auckland.ac.nz</a>
Professional and Clinical Skills 2	Dr Anne O'Callaghan (Psychological Medicine)	<a href="mailto:a.ocallaghan@auckland.ac.nz">a.ocallaghan@auckland.ac.nz</a>
Clinical Skills Centre	Assoc Prof Andy Wearn Admin enquiries	923 8953 <a href="mailto:a.wearn@auckland.ac.nz">a.wearn@auckland.ac.nz</a> <a href="mailto:csc@auckland.ac.nz">csc@auckland.ac.nz</a>
Human Early Life Development (HELD) project	Assoc Prof Trecia Wouldes (Psychological Medicine) Dr Diane Emery (Paediatrics)	923 6221 <a href="mailto:t.wouldes@auckland.ac.nz">t.wouldes@auckland.ac.nz</a> 923 9368 <a href="mailto:d.emery@auckland.ac.nz">d.emery@auckland.ac.nz</a>
MBCHB 311 Medical Humanities (research option)	Dr Phillipa Malpas (Psychological Medicine) Dr Fabiana Kubke (Anatomy and Medical Imaging)	923 3775 <a href="mailto:p.malpas@auckland.ac.nz">p.malpas@auckland.ac.nz</a> 923 6002 <a href="mailto:f.kubke@auckland.ac.nz">f.kubke@auckland.ac.nz</a>
BMedSc(Hons)	Dr Ali Mirjalili	923 7487 <a href="mailto:a.mirjalili@auckland.ac.nz">a.mirjalili@auckland.ac.nz</a>

### 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.

Person	Advice/ Issue/ Question
Individual Lecturer	Questions about material in individual lectures (contact details for lecturers are given in the respective module guidebooks on Canvas).
Module Coordinator	Most routine and organisational matters relating to modules.
Assoc Prof Roger Booth	Any academic or professional matter in relation to Phase 1. Any request for variation to current policy and extended absence. Any matters in relation to MBCHB III.
Dr Ali Mirjalili or Nicholas FitzHerbert (MPD)	BMedSc(Hons) pathway queries.
Prof Warwick Bagg	Issues requiring the approval of the Dean.
Student Support Advisor	General support and advice on financial and welfare matters. Personal issues affecting academic progress. Personal counselling.
Johanna Beattie	Administrative issues about Phase 1. Clarification of existing policies. Programme regulatory matters.
Kathryn Siow	General enquiries about Year 2 and Year 3. Course information, timetabling and change in allocation.
Teresa Timo	Administration of student choices for Years 4 and 5. Coordination of student allocations to hospitals.
Yvonne Chan, Teresa Timo, MPD	General Enquiries, Logins, Standard letters and Name Badges.

## 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:

<https://cdn.auckland.ac.nz/assets/science/for/current-students/HR/health-safety-wellness/documents/Personal-protective-equipment.pdf>

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 shop* now sells two styles of pen torch (\$11 or \$40).

<http://store.fmhs.auckland.ac.nz/>

### Sources of equipment:

Stethoscope/torch Medical Books 9 Canaveral Drive Albany Auckland P: 09 4797105 <a href="http://www.medicalbooks.co.nz">www.medicalbooks.co.nz</a>	Stethoscope/torch Capes Direct/Capes Medical Unit 2, 14 Portside Drive Mount Maunganui P: 07 575 9777 <a href="http://www.capesmedical.co.nz">www.capesmedical.co.nz</a>
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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 shop* now sells a good quality tendon hammer for \$20.

<http://store.fmhs.auckland.ac.nz/>

Product Code 1119 \$25*	Lighter weight product. \$15
USL Medical 527A Rosebank Road Avondale P: 09 829 0960 <a href="http://www.uslmedical.co.nz">www.uslmedical.co.nz</a>	Medical Books 9 Canaveral Drive Albany Auckland P: 09 4797105 <a href="http://www.medicalbooks.co.nz">www.medicalbooks.co.nz</a>

\* Handling fee of \$20 for <=3, so organise a group buy

## B. The Medical Curriculum

### B.1. MBChB Graduate Learning Outcomes

#### **Domain: Applied Science for Medicine**

Graduates will, with a broad scientific body of knowledge encompassing biological, behavioural and social sciences:

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

#### **Domain: Clinical and Communication Skills**

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

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

#### **Domain: Personal and Professional Skills**

Graduates will:

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

- Work as a constructive and collaborative health care team member and as a leader for elements of health care, with respect for complementary skills and competencies;
- Make appropriate decisions in situations of incomplete knowledge, complexity/ambiguity, or resource constraint.

#### **Domain: Hauora Māori**

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

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

#### **Domain: Population Health**

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

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

## **B.2. Purposes of Outcomes, Domains and Phases**

### **B.2.1. Graduate Learning Outcomes**

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

The set of outcomes is important for two purposes:

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

### **B.2.2. The Domains**

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

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

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

### **Purpose of Applied Science for Medicine Domain**

This is a standalone domain for three purposes:

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

### **Purpose of Clinical and Communication Skills Domain**

This domain is fundamental to the role of the doctor and has relevance in:

- Phase 1 as students develop and hone their communication and clinical skills throughout various modules.
- Phases 2 and 3 in all clinical attachments.

### **Purpose of Personal and Professional Skills Domain**

This domain has been developed as a standalone domain to give greater emphasis to professionalism and the health and wellbeing aspects of the role of a doctor across all years of the programme. There are specific assessments associated with this domain and hence it must be passed to progress to the following year. While the Board of Studies (Medical Programme) has approved six themes for this domain, for 2017, the following five themes will be incorporated into the curriculum.

1. Professionalism and Reflective Practice
2. Ethics and the Law
3. Health and Wellbeing
4. Cultural Competence
5. Learning and Teaching

The teaching and learning methods will include an emphasis on small group activities, skill development, and critically reflective individual and group processes.

### **Purpose of Hauora Māori Domain**

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

The FMHS has adopted a generic graduate profile in Hauora Māori (Te Ara) for students of all its undergraduate programmes to achieve as a baseline achievement, including medicine. The Te Ara learning outcomes are:

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

In the medical programme we encourage the use of a 'self-audit' approach, which allows students to reflect on the care patients receive and compare it to best practice.

### **Purpose of Population Health Domain**

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

### **B.2.3. The Phases**

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

Increased scope		Increased utility	Increased proficiency
Increased breadth	Increased difficulty	Application (to medical practice)	Increased accomplishment
Extension to more or new topics Extension to different practice contexts Accommodation of existing knowledge or skills to new knowledge or skills	More in-depth or advanced consideration Application to a more complex situation <ul style="list-style-type: none"> <li>– move from a unidimensional straightforward situation to one involving multiple problems or systems</li> <li>– move to multifactorial problems involving different factors (e.g. social, economical, medical)</li> <li>– complications (e.g. associated with treatment)</li> </ul> Less obvious or more subtle situations <ul style="list-style-type: none"> <li>– fewer cues</li> <li>– less obvious cues</li> <li>– atypical cues</li> </ul>	Move from general context to specific medical context Move from theory to practice of medicine Move to integration into the role of a doctor <ul style="list-style-type: none"> <li>– an integrated repertoire involving a holistic approach to practice and bringing together the different abilities expected of a doctor</li> <li>– dealing with and reconciling competing demands, such as time spent on curative and preventative medicine</li> </ul>	More efficient performance <ul style="list-style-type: none"> <li>– better organised</li> <li>– more confident</li> <li>– takes less time</li> <li>– more accessible</li> <li>– less unnecessary or redundant action</li> <li>– higher standards</li> <li>– fewer errors</li> </ul> Less need for supervision Takes initiative and anticipates events Better able to defend and justify actions Adopts routinely as part of practice

**University of Dundee, Centre for Medical Education, September 1999**

There are four distinct phases in the medical curriculum.

Phase	Year	Curriculum
Phase 3	Year 6	Preparation for Workforce
Phase 2	Years 4 and 5	Clinical Practice in Context
Phase 1	Years 2 and 3	Fundamentals of Clinical Practice
Phase A	Year 1	Health Science Foundation

Each phase of the curriculum builds on the one before it, and your competencies will build continuously much as outlined in the schema above.

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

### **B.3. Programme Structure**

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

#### **Note: Bachelor of Medical Science (Honours)**

The Bachelor of Medical Science (Honours) (BMedSc(Hons)) is a one year, full-time degree with a significant research component. Eligible students may elect to study for this degree after successfully completing Year 3, Year 4, Year 5 or Year 6.

Success will depend on the intended research topic that a student chooses, and personal circumstances and aspirations. On completion, the student will return to complete the remaining MBChB studies and graduate with two qualifications. See Section B.4.7 for more information.



## University of Auckland Medical Programme – Courses and Clinical Attachments 2017

<b>Phase 3 (6) 42 wks</b> Whangarei, Waitemata, Auckland, South Auckland, Waikato, Rotorua, Tauranga & Taranaki	General Medicine	General Surgery	Obstetrics & Gynaecology	Psychiatry	Paediatrics	General Practice	Clinical Imaging	Emergency Medicine	Elective	Option
	Research Project									
<b>Phase 2(5) 35 wks</b> Waitemata / Auckland South Auckland Waikato/Lakes	Paediatrics		Obstetrics & Gynaecology	General Practice	Selective			Psychiatry		Specialty Surgery
<b>Phase 2(5) 35 wks</b> Bay of Plenty Regional-Rural	Paediatrics		Obstetrics & Gynaecology	Psychiatry	Rural Medicine Selective			General Practice		Specialty Surgery
<b>Phase 2(5) 36 wks</b> Pūkawakawa	Integrated Care & General Practice		Specialty Surgery	Selective		Psychiatry	Women & Children's Health			
<b>Phase 2(4) 41 wks</b> Auckland South Auckland Waitemata, Waikato Rotorua & Tauranga	General Medicine		Specialty Medicine	Geriatrics	Musculoskeletal	Anaesthesia		General Surgery	GPOP	Emergency Medicine & Acute Care/ Procedural Skills
<b>Intercalated</b>	BMedSc(Hons) which may lead to PhD									
<b>Phase 1 (3)</b> 26 weeks	Professional and Clinical Skills 2					Professional and Clinical Skills 2				
	Nervous System	Reproduction & Development	Sensory Systems			Blood, Immunity & Infection			Regulation of Body Function	
	Medical Humanities									
<b>Phase 1 (2)</b> 26 weeks	Principles of Medicine					Maori Health Intensive	Clinical Pharmacology			
	Professional and Clinical Skills 1						Professional and Clinical Skills 1			
	Musculoskeletal System	Digestive System	Respiratory System				Respiratory System	Cardiovascular System	Genitourinary System	
	Human Anatomy, Pathology, Physiology laboratories, ILAs						Human Anatomy, Pathology, Physiology laboratories, ILAs			
<b>Year 1</b> 24 weeks	<b>BIOSCI: Cellular Processes and Development (15)</b> <b>POPLHLTH: Population Health (15)</b> <b>CHEM: Chemistry of the Living World (15)</b> <i>Central Concepts of Biology / Health and Society (15)</i>					<b>MEDSCI: Organ Systems (15)</b> <i>Physics for the Life Sciences / Behaviour, Health &amp; Development (15)</i> <i>Foundations of Biochemistry / Health Systems 1 (15)</i> General Education Option (15)				

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

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

ILA: Integrated Learning Activity

■ Formal Learning Weeks

Numbers refer to points (120 points per year)

15 points per course over 1 semester

Intercalated BMedSc(Hons) may be completed anytime after Year 3.

## **B.4. 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.4.1. 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.4.2. 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.4.3. 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**

Clinical learning can 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. Teaching hospitals available are:

- Four hospitals in Auckland (Auckland City, Middlemore, North Shore and Waitakere)
- New Plymouth Hospital
- Rotorua Hospital
- Tauranga Hospital
- Waikato Hospital

- Whakatane Hospital
- Whangarei Hospital, and the hospitals at Dargaville, Kawakawa, Rawene and Kaitiāia for the Year 5 Northland Regional-Rural Programme which combines secondary and rural primary care (available for 24 Year 5 students) and Year 6.
- Other North Island teaching hospitals that are used for some attachments.

#### **Timelines for indicative preferences**

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

#### **B.4.4. Phase 2 (Year 4) optional sites**

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 Policies](#).

#### **B.4.5. Phase 2 (Year 5) optional components**

##### **Selective**

The selective is a six week period (five weeks in Pūkawakawa) in which students seek a workplace opportunity to achieve one of the following developmental purposes:

- increased confidence and competence in a medical discipline in which they desire more exposure;
- greater knowledge of a medical discipline and apply it to more complex clinical situations;
- appropriate research skills and methods by constructively participating in an ongoing research project;
- knowledge and skills in areas not covered in depth in the curriculum e.g. complementary and alternative medicine.

The selective counts as a clinical attachment and students are required to have an approved supervisor. Once a student has a supervisor, s/he needs to negotiate the goals and learning objectives for this experience and how they will be met, as part of a Learning Agreement, before being given approval by the Selective Coordinator for their choice. These goals and objectives will form a component of the assessment. Please note that selective attachments will **not** be approved for the following:

- Pacific Islands, owing to a lack of appropriate supervision;
- New Zealand General Practices, due to existing pressures for other clinical experiences (undergraduate and postgraduate).

Some students will be required to overcome remedial deficiencies in performance in a clinical discipline, as directed by the Year 3 Board of Examiners (a Directed Selective).

Students are not informed of this decision until after the Board of Examiners has met. If you are required to complete a Directed Selective you will not be able to do the Selective you have arranged.

### **Regional-Rural pathways**

During Year 4 students will 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 and the Bay of Plenty 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 will 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.4.6. 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.

#### **Three week Option**

Each clinical campus is developing a suite of options for 2017, and there will be different options at different sites, to build on local strengths at that site.

#### **Research Project**

Students have the opportunity to complete an 11-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 Cristin Print in the first instance.

#### **B.4.7. 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 eleven 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.5. 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 can 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.6. Deferral of Study

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.

## B.7. 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 150 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. Emphasises 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.

### **Regulation of Body Function**

An integrated treatment of the regulation of human body function and its modification by drugs. Topics include: the regulation of gastrointestinal function; electrolytes and fluid volume; cardiovascular function; respiration; energy balance and body weight; body temperature; 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.

### **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.

## **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.

## **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 the year. The study is organised by Assoc Prof Trecia Wouldes, with the assistance of Dr Diane Emery and Assoc Prof Roger Booth. 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.

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 three 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, Tamaki campus (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.

Emergency Care course curriculum link:

[www.fmhs.auckland.ac.nz/en/som/about/our-departments/anaesthesiology/teaching-and-learning/mbchb/emergency-care-course.html](http://www.fmhs.auckland.ac.nz/en/som/about/our-departments/anaesthesiology/teaching-and-learning/mbchb/emergency-care-course.html)

Simulation Centre for Patient Safety link:

[www.fmhs.auckland.ac.nz/en/som/about/our-departments/anaesthesiology/simulation-centre-for-patient-safety/about-the-simulation-centre-for-patient-safety--scps-.html](http://www.fmhs.auckland.ac.nz/en/som/about/our-departments/anaesthesiology/simulation-centre-for-patient-safety/about-the-simulation-centre-for-patient-safety--scps-.html)

## 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. Learning Outcomes for Year 3 Modules

### Nervous System

<b>Domain: Applied Science for Medicine</b>	
1	Apply basic knowledge of anatomy, physiology, pathology, pharmacology and biochemistry to: <ul style="list-style-type: none"> <li>• Interrelate structure and function of the brain, brainstem, intracranial vasculature, spinal cord, peripheral and cranial nerves, in selected common and important neurological conditions / diseases.</li> <li>• Describe motor pathways, and the elements of the nervous system important in coordination of movement.</li> <li>• Compare the clinical features of upper and lower motor neurone lesions.</li> <li>• Describe the sensory pathways and common disturbances of sensation.</li> <li>• Relate clinical presentations to neurotransmitter disturbances.</li> <li>• Correlate appearances on selected imaging modalities with the underlying pathophysiology.</li> </ul>
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.
<b>Domain: Clinical and Communication Skills</b>	
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.
<b>Domain: Population Health</b>	
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

**Clinical Skills**

Motor system examination  
(including coordination)  
Sensory examination  
Cranial nerve examination

**Conditions/Diseases**

Stroke  
Epilepsy  
Cerebral tumours  
Meningitis  
Spinal cord injury  
Peripheral nerve lesions  
Alzheimer's disease  
Parkinson's disease  
Schizophrenia  
Affective disorders  
Sleep disorders  
Intracerebral haemorrhage

## Sensory Systems

<b>Domain: Applied Science for Medicine</b>	
1	<p>Apply basic knowledge of the anatomy, physiology, pathology and pharmacology of the systems located in the head and neck to:</p> <ul style="list-style-type: none"> <li>• Relate clinical presentations to pathological processes in local structures.</li> <li>• Predict the wide-reaching clinical effects of enlargement of selected structures of this system.</li> <li>• Correlate appearances on selected imaging modalities with the underlying structures and pathology, both in situ and in sectional planes.</li> <li>• Describe the eye and central visual pathways in health and disease.</li> <li>• Describe the ear and central auditory/vestibular pathways in health and disease.</li> <li>• Describe the mechanisms of taste and smell, and common disturbances in these.</li> <li>• Identify factors that change at different stages of life.</li> </ul>
<b>Domain: Clinical and Communication Skills</b>	
2	<p>Perform selected physical examinations.</p> <ul style="list-style-type: none"> <li>• Verify the structural and functional integrity of the bones and joints of the head and neck.</li> <li>• Examine visual and auditory pathways and describe major deficits.</li> <li>• Describe the location of normal structures, and lesions, by using surface markings, and the 'triangles' of the neck.</li> </ul>
3	<p>Indicate the most appropriate investigations for assessing symptoms and signs in the head and neck.</p> <ul style="list-style-type: none"> <li>• Interpret radiological images of normal structures and detect main changes seen in important clinical conditions.</li> <li>• Describe the use of audiograms, intraocular pressure measures, perimetry, tympanometry, visual evoked potential.</li> </ul>
<b>Domain: Hauora Māori</b>	
4	<p>Explain why the head is tapu (sacred) in Māori culture and identify similar values in other cultures.</p>
<b>Domain: Population Health</b>	
5	<p>Outline strategies to reduce the morbidity of disturbances of hearing and vision in the population and specific community groups in New Zealand.</p>

**Symptoms & Presentations**

Disturbance of vision  
Disturbance of hearing  
Neck swelling

**Clinical Skills**

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

**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

**Procedural Skills**

Emergency tracheostomy (cadaver)  
Ultrasound examination of the neck in  
living subjects

## Reproduction, Development and Aging

<b>Domain: Applied Science for Medicine</b>	
1	<p><i>Reproduction</i></p> <ul style="list-style-type: none"> <li>• Apply basic knowledge of anatomy, physiology, pathology and pharmacology to:</li> <li>• Describe the hierarchical arrangement of the hypothalamic/pituitary/gonadal axis, the feedback loops, associated hormones and receptors, and vascular and neural linkages.</li> <li>• Explain the links between changes in the endometrium and ovarian steroid hormones during menstruation.</li> <li>• Relate the functions of the male accessory reproductive organs to the neural and physiological control mechanisms of erection and orgasm.</li> <li>• Describe the processes necessary for gametogenesis and conception.</li> <li>• Explain how pregnancy may be detected.</li> <li>• Discuss mechanisms for fertility control, with particular reference to oral contraception.</li> <li>• Describe the mechanism and use of common assisted reproduction technologies (ARTs).</li> <li>• Explain the endocrine relationships and structural adaptations between the fetus and the mother during pregnancy and parturition.</li> <li>• Describe the changes to the breast during pregnancy, control of milk production and delivery, and the special nutritional properties of milk.</li> <li>• Describe major disturbances in endocrine control that impact on conception, pregnancy, parturition and breastfeeding.</li> </ul>
2	<p><i>Development and Aging</i></p> <ul style="list-style-type: none"> <li>• Use knowledge of the regulation of growth and development to:</li> <li>• Describe the major events and endocrine regulatory changes that occur during puberty.</li> <li>• Discuss current ideas on the consequences of poor fetal growth for lifelong health.</li> <li>• Describe how imaging may be used to detect fetal abnormalities.</li> <li>• Identify major causes of abnormal growth.</li> <li>• Describe the common genitourinary malformations, including the intersexual conditions.</li> </ul>
3	<p>Apply the knowledge of the effects of Aging on human body structure and function to:</p> <ul style="list-style-type: none"> <li>• Discuss current concepts of Aging.</li> <li>• Explain the biological and physiological basis, and the behavioural and endocrine events of menopause.</li> </ul>



4	<p><i>Metabolic endocrinology</i></p> <ul style="list-style-type: none"> <li>• Apply basic knowledge of anatomy, physiology, pharmacology and pathology to:</li> <li>• Describe the hormones of the adrenal gland and their roles in regulating metabolic processes.</li> <li>• Describe the role of the thyroid, thyroid hormone synthesis and regulation, and the consequences of thyroid hormone deficiency and excess.</li> <li>• Describe the regulation of calcium and discuss the common disorders of calcium metabolism.</li> <li>• Describe the regulation of glucose and counter-regulatory hormones during hypoglycaemia.</li> <li>• Describe the types of diabetes and discuss the role of insulin resistance in development of hyperglycemia.</li> </ul>
<b>Domain: Clinical and Communication Skills</b>	
5	<p>For selected common and important clinical case presentations:</p> <ul style="list-style-type: none"> <li>• Determine likely underlying endocrine abnormalities and initial investigations</li> <li>• Interpret laboratory results</li> </ul>
6	Use postnatal growth curves in order to propose underlying causes for abnormal growth
<b>Domain: Population Health</b>	
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**

Thyroid disease (hyper and hypo)  
Adrenal diseases (excess and deficit)  
Diabetes and complications  
Osteoporosis  
Hypercalcaemia

## Blood, Immunity and Infection

<b>Domain: Applied Science for Medicine</b>	
1	<p>Explain the key haematological parameters used in the diagnosis and treatment of disease.</p> <ul style="list-style-type: none"> <li>• Describe the cellular and molecular components of the blood.</li> <li>• Summarise the roles of these in human health.</li> </ul>
2	<p>Outline the complications that may arise from transfusion and how they may be prevented.</p> <ul style="list-style-type: none"> <li>• Identify the basic principles of blood transfusion.</li> <li>• Explain the key parameters used to match blood products for transfusion.</li> </ul>
3	<p>Explain the key immunological parameters used in the diagnosis of disease.</p> <ul style="list-style-type: none"> <li>• Describe the cellular and molecular components of the immune system.</li> <li>• Summarise, using supporting clinical examples, the positive and negative contributions of the immune system to health.</li> </ul>
4	<p>Outline the principles of how infectious diseases may be diagnosed, treated and prevented, using appropriate examples of medically-important pathogens.</p> <ul style="list-style-type: none"> <li>• Identify the pathogenic properties of microbes.</li> <li>• Discuss the importance of host defence.</li> <li>• Summarise how microbes cause disease.</li> </ul>
5	<p>Explain the relationship between immunological and haematological processes in the body's response to infections.</p>
6	<p>Explain the implications of the human lifespan as a risk factor for haematological, immunological and infectious diseases.</p>
<b>Domain: Clinical and Communication Skills</b>	
7	<p>Solve clinically-based problems using integrated knowledge of haematology, immunology and microbiology, both independently and in groups.</p>
8	<p>Critically evaluate concepts and results presented in publications relating to haematology, immunology and microbiology, using a selected literature search.</p>
<b>Domain: Hauora Māori</b>	
9	<p>Establish reasons why selected infectious diseases are more prevalent in Māori and compare with other ethnic communities.</p>
<b>Domain: Population Health</b>	
10	<p>Explain the reasons for population-based vaccination programmes targeted against selected infectious diseases.</p>
11	<p>Identify factors that affect vaccine efficacy at both individual and population levels.</p>

**Symptoms & Presentations**

Anaemia  
Lethargy  
Fever  
Bleeding and bruising  
Diarrhoea

**Conditions/Diseases**

Allergy / anaphylaxis  
Autoimmune disease  
Iron deficiency  
B12 and folate deficiency  
Myeloproliferative disorders  
Leukaemias  
DVT/PE  
Organ infections  
Skin and soft tissue infections  
Meningitis  
Viral infections

**Clinical Skills**

General examination  
Abdominal examination

**Procedural Skills**

IV Cannulation (model)  
Venous blood sampling (model)

## Regulation of Body Function

<b>Domain: Applied Science for Medicine</b>	
1	<p>Apply knowledge of the key mechanisms that underlie the regulation of major body organ systems to:</p> <ul style="list-style-type: none"> <li>• Explain body fluid volumes and electrolyte content.</li> <li>• Explain acid-base status.</li> <li>• Explain the determinants and control of arterial blood pressure.</li> <li>• Explain the control of breathing.</li> <li>• Describe major effects of cytokines, hormones and neurotransmitters.</li> <li>• Explain processes important in metabolism and their relationship to exercise.</li> </ul>
2	Develop a personal framework to comprehend and analyse the multi-factorial nature of the organ systems interactions in healthy and diseased states.
3	<p>Examine the roles and actions of drugs for correcting disordered physiology and pathology.</p> <p>Explain the essential features of clinical trials.</p> <p>Summarise the modes of action of drugs at cellular and organ levels.</p> <p>For each drug class, explain the potential adverse effects, drug interactions and dose adjustments required in diseased states.</p>
<b>Domain: Clinical and Communication Skills</b>	
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.
<b>Domain: Population Health</b>	
6	Critical review of the design and interpretation of clinical trials.

### **Symptoms & Presentations**

Acute illness  
 Single organ failure  
 Multiple organ failure

### **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

### **Clinical Skills**

Integrated physical examination

### **Procedural Skills**

Basic life support to NZRC level 3  
 IV cannulation and venesection (model)

## Professional and Clinical Skills 2

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:

<b>Domain: Applied Science for Medicine</b>	
1	Demonstrate an understanding of how underlying pathology may be experienced and reported by patients in terms of symptoms and signs
2	Mental Health and Health Psychology <ul style="list-style-type: none"> <li>• Identify the symptoms of depression and anxiety, and explain how these conditions are managed</li> <li>• Recognise and describe how their actions as a doctor can directly impact on patient outcomes, including adherence and placebo effects</li> <li>• Explain how a patient's experience of wellbeing and illness can be influenced by their psychological, social and cultural context</li> </ul>
<b>Domain: Clinical and Communication Skills</b>	
3	Clinical Decision Making <ul style="list-style-type: none"> <li>• Explain and apply some of the concepts of clinical decision making</li> <li>• Demonstrate an awareness of objective versus subjective findings</li> <li>• Identify key findings and create simple problem lists</li> <li>• Apply the principles of evidence-based practice</li> <li>• Describe the principles of safe work practices</li> </ul>
4	The Clinical Relationship <ul style="list-style-type: none"> <li>• Compare and contrast the use of a patient-centred or doctor-centred approach</li> <li>• Outline the importance of setting boundaries in various situations</li> <li>• Discuss the issues and communication techniques used in the context of sensitive interactions (e.g. death and dying, sexual history)</li> <li>• Discuss strategies for dealing with uncertainty</li> </ul>
5	Clinical Communication <ul style="list-style-type: none"> <li>• Use effective basic communication skills in controlled settings with patients (real or simulated)</li> <li>• Demonstrate an awareness of non-verbal communication</li> <li>• Outline principles of using an interpreter</li> <li>• Use a supportive and empathic communication style throughout the clinical assessment</li> <li>• Develop strategies to close consultations with patients</li> </ul>
6	Information Gathering: The History and the Physical Examination <ul style="list-style-type: none"> <li>• Explain the planned assessment and seek consent from patients (real or simulated)</li> <li>• Demonstrate a systematic and structured approach to obtaining and recording a clinical history</li> <li>• Actively explore the patient's illness experience</li> <li>• Demonstrate a systematic and structured approach to clinical examination</li> </ul>
7	Emergency procedures <ul style="list-style-type: none"> <li>• Demonstrate basic emergency skills in a simulated setting</li> <li>• Demonstrate safe practice in relation to venesection and cannulation in a simulated setting</li> </ul>

<b>Domain: Personal and Professional Skills</b>	
8	<p>Professionalism and Reflective Practice</p> <ul style="list-style-type: none"> <li>• Examine the criteria and desirable characteristics for a profession and how they relate to medical practice</li> <li>• Demonstrate an empathetic and professional approach to patients in a real or simulated setting</li> <li>• Discuss professional practice issues relating to power, hierarchy, vulnerability and conflict of interest</li> <li>• Demonstrate the ability to write reflectively on personal and learning experiences</li> </ul>
9	<p>Ethics &amp; The Law</p> <ul style="list-style-type: none"> <li>• Discuss ethical and legal principles and issues relating to decision-making at the end of life, including the role of families</li> <li>• Discuss ethical and legal principles relating to access to treatment and resource allocation in health</li> <li>• Demonstrate the ability for ethical reasoning about medical dilemmas, including the ability to apply ethical and legal principles to practice</li> </ul>
10	<p>Health &amp; Well-Being</p> <ul style="list-style-type: none"> <li>• Identify, act and reflect on the resiliency skills you need to be prepared for the clinical workplace</li> <li>• Illustrate the ways that compassion and self-compassion can impact on yourself and patients</li> <li>• Analyse your own help-seeking behaviour</li> </ul>
11	<p>Cultural Competence</p> <ul style="list-style-type: none"> <li>• Critically reflect on own and other cultural norms and their impact on health care</li> <li>• Outline the cultural differences that affect grief, death and dying</li> <li>• Adapt communication approaches to account for cultural differences in health care settings</li> </ul>
12	<p>Learning and Teaching</p> <ul style="list-style-type: none"> <li>• Critically discuss the impact of the hidden curriculum on academic and clinical practice</li> <li>• Examine the principles of assessment and appraisal in academic and clinical contexts</li> <li>• Analyse own contribution to a group (roles and skills)</li> <li>• Compare and contrast methods of clinical learning</li> </ul>

<b>Domain: Hauora Māori</b>	
13	<ul style="list-style-type: none"> <li>• Discuss how our worldviews shape our understanding about an issue.</li> <li>• Critically analyse statements about Māori people and Māori health using a deconstruction process.</li> <li>• Discuss Māori concepts and values related to grief, death and dying</li> </ul>

<b>Domain: Population Health</b>	
16	<p>Teaching/Health Education</p> <ul style="list-style-type: none"> <li>• Outline behaviours that adversely impact on health and describe interventions to alter behaviours at both the level of the population and the individual</li> <li>• Describe the factors that influence the effectiveness of patient education</li> <li>• Describe the patterns of smoking, alcohol, drug use and gambling in New Zealand</li> <li>• Recognise the relevance of historical, political and social processes with respect to people's health</li> </ul>

### **Clinical Skills**

General examination

Systems-based physical examination

Introduction to integrated physical examination

## Medical Humanities

	At the completion of the course, students will be able to:
1	Identify what constitutes scholarship or excellence in the discipline they have studied.
2	Define the differences between excellence in the Arts and excellence in Science or Medicine.
3	Evaluate the strength of an argument in the discipline studied.
4	Present and defend their own ideas in oral debate; at the same time giving others' ideas a fair, dispassionate and considered hearing.
5	Write a well-structured, carefully reasoned essay, fully referenced and putting forward a specific point of view, supported by both reading and original thinking.
6	Demonstrate their developing critical thinking, analytical and presentation skills.



## D. Assessment

### D.1. Assessment Schedule for MBCHB 321

Dates or deadlines for all written or oral assessments in MBCHB 221 are available on the following Phase 1 Results and Feedback website under the 'Assessment Dates' menu:

<http://medprog.fmhs.auckland.ac.nz/mbchbphase1/>

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 the 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 in 2017 are:

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

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.

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.

	<b>Unsatisfactory</b>	<b>Borderline</b>
Year 2	5%	10%

Year 3	4%	8%
Year 4	3%	6%
Year 5	2%	4%

Progress Tests will 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 40% of the grade for the Applied Science for Medicine Domain.

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

Grade for 1st Progress Test	Grade for 2nd Progress Test	Aggregated Grade	Grade for next Progress Test	Updated Aggregate Grade
Excellent	Excellent	Satisfactory	Excellent	Satisfactory
Excellent	Satisfactory		Satisfactory	Satisfactory
Satisfactory	Excellent		Borderline	Doubtful
Satisfactory	Satisfactory		Unsatisfactory	Doubtful
Borderline	Excellent			
Borderline	Satisfactory			
Excellent	Borderline	Doubtful	Excellent	Satisfactory
Excellent	Unsatisfactory		Satisfactory	Satisfactory
Satisfactory	Borderline		Borderline	Doubtful
Satisfactory	Unsatisfactory		Unsatisfactory	Unsatisfactory
Borderline	Borderline			
Unsatisfactory	Excellent			
Unsatisfactory	Satisfactory			
Unsatisfactory	Borderline			
Borderline	Unsatisfactory	Unsatisfactory	Excellent	Doubtful
Unsatisfactory	Unsatisfactory		Satisfactory	Doubtful
			Borderline	Doubtful
			Unsatisfactory	Unsatisfactory

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 above.

### 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 2017

Progress Tests are scheduled for:

Friday 28 April 2017	commencing at 2.15 pm
Friday 21 July 2017	commencing at 2.15 pm
Saturday 14 October 2017	commencing at 2.15 pm

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 for 2017 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, this will result in a Fail for the Domain for Year 4.
- The results of the third Progress Test in each year will not be released until after the Board of Examiners for that year has met and considered all student assessments.

### **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 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.

<b>Student situation</b>	<b>Grade recorded</b>
Student didn't sit/no authorisation or application	Student awarded an Unsatisfactory grade for missed test.
Student didn't sit/application for consideration declined	Student awarded an Unsatisfactory grade for the missed test.
Student didn't sit/application for consideration approved	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.
Student sat test/application for consideration not approved	Grade achieved in test is awarded.
Student sat test/application for consideration approved	Student will carry forward the most recent aggregate grade or the grade achieved on test, whichever is to the student's advantage.
Student misses two or more consecutive tests (with or without approved consideration).	Student awarded a Doubtful aggregate grade.

### **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 will be 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 will be set aside for administration and a standard briefing.

### **Students who fail the year**

For those students who fail and are required to repeat a year, the aggregated grade from their last year of satisfactory Progress Test achievement will be carried forward to the repeated year.

### 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 will be 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.

## D.4. Year 3 Assessments and Weightings

Module	Assessment	Contribution	321 Weighting
Nervous System	2hr SAQ test	100%	8.6%
Sensory Systems	2hr SAQ test	100%	8.6%
Reproduction, Development and Aging	2hr SAQ test	100%	8.6%
Blood, Immunity and Infection	2hr SAQ test	100%	8.6%
Regulation of Body Function	2hr SAQ test	100%	8.6%
Professional and Clinical Skills 2	2hr SAQ test OSCE (must pass) SGA participation SGA attendance Ward participation	25% 45% 15% Must attend 5%	20%

	Case histories Portfolio	10% Must pass	
Progress tests	3hr MCQ test 1 3hr MCQ test 2 3hr MCQ test 3	33.3% 33.3% 33.4%	32%
Laboratories and Integrated Learning Activities (ILAs)	SS PST RDA Lab test BII Lab reports BII Critical Review HELD ILA Fever ILA Cancer Continuum Emergency care Quality and Safety	17% 17% 17% 17% 22% 5% 5% Must pass Must complete	5%

*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 2017, Page 62, clause 21b):

*“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).

## D.6. Grades reported to students

Module	MBChB 321 Weighting	Indicative Grade	Numeric
Nervous System	8.6%	A+ - D-	9 - 0

Sensory Systems	8.6%	A+ - D-	9 - 0
Reproduction, Development & Aging	8.6%	A+ - D-	9 - 0
Blood, Immunity & Infection	8.6%	A+ - D-	9 - 0
Regulation of Body Function	8.6%	A+ - D-	9 - 0
Professional & Clinical Skills 2	14% (CCS) 6% (PPS)	D, P, BP, F	9, 6, 3, 0
Progress tests	32%	E, S, B, U	9, 6, 3, 0
Laboratories and ILAs	5%	D, P, BP, F	9, 6, 3, 0

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

<http://medprog.fmhs.auckland.ac.nz/mbchbphase1/>

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.

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 will be 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:

Domain	Grade
Applied Science for Medicine NS, SS, RDA, BII, RBF Progress Tests Aggregate ILAs and Laboratories	Each graded A+ to D- Satisfactory, Doubtful, Unsatisfactory * Distinction, Pass, Fail
Clinical and Communication Skills	Distinction, Pass, Fail
Personal and Professional Skills	Distinction, Pass, Fail

\* 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:

<https://www.auckland.ac.nz/en/for/current-students/cs-academic-information/cs-examination-information.html>

### **D.7.1. Impairment in tests and coursework**

When illness or difficulties prevent you from sitting a test, affects your preparation or impairs your performance during the test you may apply for aegrotat consideration (in the case of illness) or for compassionate consideration (other exceptional or unforeseen difficulties). It is important that you follow the directions in the University Calendar (also available on the University website). A Medical Certificate or other evidence will be required, and it must relate to the actual day(s) of the test(s) affected. Applications should be made through University Health Services. For further information about aegrotat or compassionate applications visit:

<https://www.auckland.ac.nz/en/for/current-students/cs-academic-information/cs-examination-information/cs-aegrotat-and-compassionate-consideration.html>

### **D.7.2. Impairment before tests**

In all situations involving illness, accidents or family circumstances where your work may be affected, you should check with staff responsible for a particular course. You are also encouraged to talk with your Student Support Advisor.

## **E. Policies Relevant to Phase 1, Year 3**

### **E.1. Assessment Policy**

#### **E.1.1. 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.1.2. 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.1.3. 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 (2017 University Calendar Regulation 5b, p293). 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 (2017 University Calendar Regulation 5c, p293).

A student who fails twice to pass the same Part will not be permitted to continue with this degree (2017 University Calendar Regulation 5d, p293).

#### **E.1.4. 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.1.5. 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.

Domain	Module	Example Grade	Numb.	321 Weighting	Grade x Percent
Applied Science for Medicine	Nervous System	A	8	8.6%	68.8
	Sensory Systems	B+	6	8.6%	51.6
	Repr., Dev. & Aging	A-	7	8.6%	60.2
	Blood, Imm. & Infection	B-	4	8.6%	34.4
	Reg. Body Function	C+	3	8.6%	25.8
	Progress tests	S	6	32%	192
	Labs and ILAs	P	6	5%	30
Clinical and Communications Skills		D	9	14%	126
Personal and Professional Skills		P	6	6%	36
<b>Total</b>				<b>100</b>	<b>624.8</b>
<b>Grade Percent Average</b>					<b>6.25</b>

*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/>

### E.2. 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.3. 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>

### 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.

The NZMSA guidelines can be accessed via:

[www.nzmsa.org.nz/wp-content/uploads/2008/08/Social-Media-Guide.pdf](http://www.nzmsa.org.nz/wp-content/uploads/2008/08/Social-Media-Guide.pdf)

#### **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:

<https://www.auckland.ac.nz/en/for/current-students/cs-student-support-and-services/cs-personal-support/dispute-resolution.html>

Contact the service by phone 923 8905 or by email [mediation@auckland.ac.nz](mailto: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: Student Support Advisor

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

Phone: (09) 923 7071 or [fmhssupport@auckland.ac.nz](mailto: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](http://www.auckland.ac.nz/scholarships)

Email: [scholarships@auckland.ac.nz](mailto:scholarships@auckland.ac.nz)

Advice and support in financial matters can also be discussed in confidence with the Student Academic Services and Engagement Manager (Kate Snow), 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

#### G.2.1. Library access for students based in Auckland

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

#### G.2.2. All Students

##### Interlibrary Loans

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

##### Help with finding information

If you are having problems finding information, contact Philson Subject staff (details below).

##### 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](http://www.library.auckland.ac.nz/guides/medical-health)

Philson Subject staff can assist with specific referencing queries.

##### Philson Library contacts

Role/ Person	DDL	Email
<b>Library Manager</b> Megan Clark	923 6130	<a href="mailto:mp.clark@auckland.ac.nz">mp.clark@auckland.ac.nz</a>
<b>Document Delivery</b> Patrick Graham	923 6125	<a href="mailto:philson.iclds@auckland.ac.nz">philson.iclds@auckland.ac.nz</a>
<b>Subject Staff</b> Sue Foggin	923 6123	<a href="mailto:sm.foggin@auckland.ac.nz">sm.foggin@auckland.ac.nz</a>
<b>General Enquiries and Lending</b>	923 6122	<a href="mailto:askalibrarian@auckland.ac.nz">askalibrarian@auckland.ac.nz</a>
<b>Grafton Information Commons Help Desk</b>	923 2300	<a href="mailto:ichelpdesk@auckland.ac.nz">ichelpdesk@auckland.ac.nz</a>



## Library

Physical address:	Philson Library, Level 1, Building 503, 85 Park Rd, Grafton, Auckland.
Postal address:	Private Bag 92019, Auckland.
Telephone:	(09) 373 7599 extn 85532
Fax:	(09) 373 7491
Email:	<a href="mailto:philson@auckland.ac.nz">philson@auckland.ac.nz</a>
Web:	<a href="http://www.library.auckland.ac.nz/">www.library.auckland.ac.nz/</a>

### 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 3.

### 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 Canvas site. Results for tests, coursework etc will be posted on CANVAS and on the results website:

<http://medprog.fmhs.auckland.ac.nz/mbchbphase1/>

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 or 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 (details on MBChB [Portal](#)) which is now available to students and economically covers situations such as incidents on medical 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.

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 APX ([www.apx.co.nz](http://www.apx.co.nz)) 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](mailto: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 Phillipa Poole [p.poole@auckland.ac.nz](mailto: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>

Attention is also drawn to the Research Policy Manual (2003) section F.4 *Guidelines for the Conduct of Research*.

## 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

<http://www.auckland.ac.nz/en/about/learning-and-teaching/policies-guidelines-and-procedures.html>

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 17 March 2017.

## H.11. Year 4 2018 Dates

Please note the provisional 2018 dates for Year 4.

Year Start	Tuesday 29 January with 2 weeks Formal Learning
Cohort Orientation	Monday 12 February
Clinical Placements	12 February - 15 June
Formal Learning	18 June - 29 June
Clinical Placements	2 July - 9 November
Clinical Skills Assessment	13, 14, 15 November
Year ends	16 November

# 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.

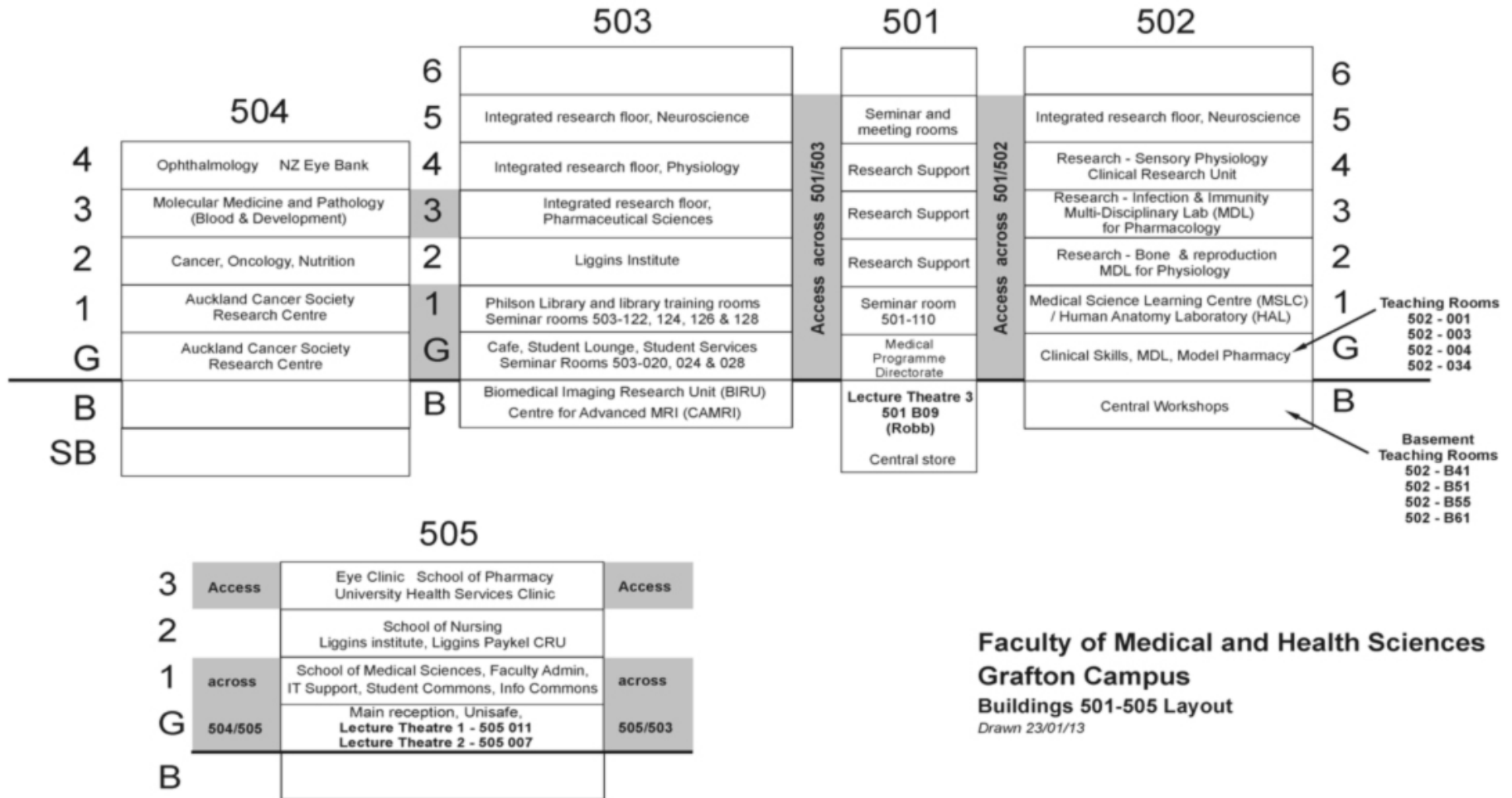
Towards the end of the year you will be asked to complete a survey evaluating the MBChB 321 course as a whole. This is important feedback that assists the Module Coordinators and the Phase 1 Curriculum Group to improve the course for future years. The Faculty encourages student feedback.

## I.2. Changes made from previous feedback

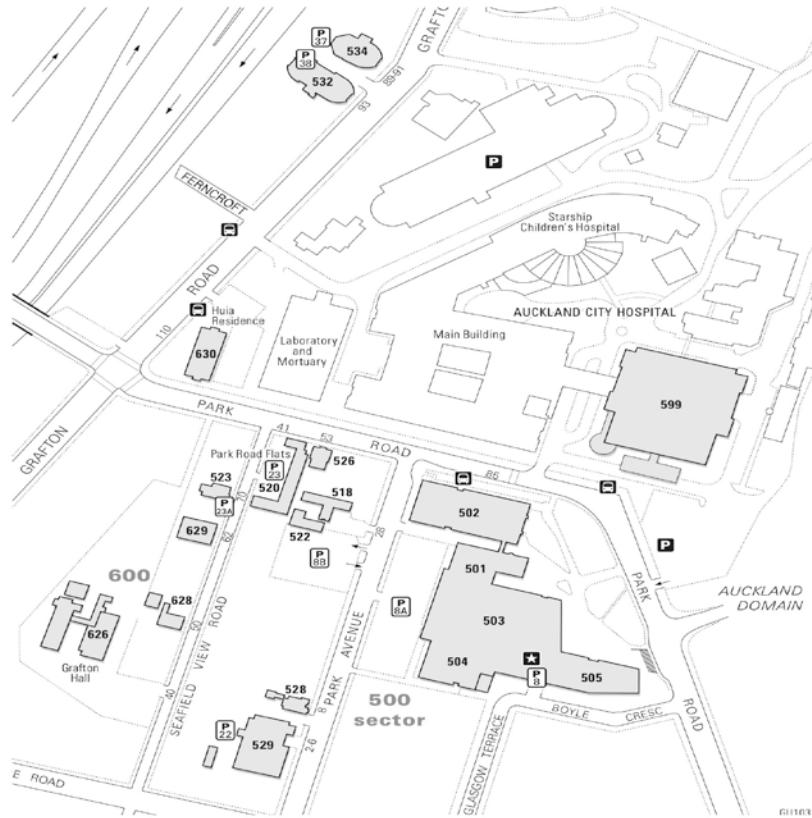
Over the past few years since the re-invigorated curriculum for MBChB commenced, Year 2 and 3 students have provided substantial feedback and valuable suggestions. Here are some of the changes that have been made as a result of that student feedback:

- 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 (<http://medprog.fmhs.auckland.ac.nz/mbchbphase1>)
- 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

Grafton campus building occupants by floor as at February 2017



## Grafton campus location map as at February 2017



 **THE UNIVERSITY OF AUCKLAND**  
**GRAFTON**

Te Whare Wananga o Tamaki Makaurau

**Directory**

- Administration 505
- AMRF Medical Sciences Learning Centre 534
- Anaesthesiology 599
- Anatomy with Radiology 505
- Auckland Cancer Society Research Centre 504
- Auckland Clinical School 599
- Biomedical Engineering Services 502
- Biomedical Imaging Research Unit 503
- Brain Research, Centre for 501-503
- Café 503
- Cancer Trials New Zealand 505
- Childcare Centre 518, 522
- Counselling Service 505
- Eye Clinic 505
- Faculty Reception 505
- Faculty Services 505
- Grafton Hall of Residence 626, 628-629
- Gravida: National Centre for Growth & Development 505
- Hua Residence 530
- Infant & Toddler Centre 522
- Information Commons 505
- Information Technology Services, ITS 505
- IT Support 505
- Learning Technology Unit 534
- LENS 505
- Liggins Institute 503, 505
- MAPAS Student Centre 532
- Medical & Health Sciences Education, Centre for 534
- Medical Programme Directorate (MPD) 501
- Medical Sciences 505
- Medicine 599
- Molecular Medicine & Pathology 503-505
- Neuroscience Laboratories 502-503
- Nursing 505
- Nutrition 504

- NZ National Eye Bank 504
- Obstetrics & Gynaecology 599
- Oncology 505
- Ophthalmology 504
- Ophthalmology Clinic 505
- Optometry & Vision Science 505
- Paediatrics: Child & Youth Health 599
- Park Road Student Flats 520, 523
- Pharmacology & Clinical Pharmacology 505
- Pharmacy 505
- Physiology 505
- Psychological Medicine 599
- Student Centre 503
- Student Commons (Study Area) 505
- Student Lounge 503
- Student Organisations 501
- Surgery 599
- The Royal Apartments 526
- Unisafe / Security 505
- University Health Services 505
- Well Child Clinic - Psychological Medicine 534