MBChB

Phase 2 (Year 4) Guidebook

2017

Available on MBChB Portal
www.mbchb.auckland.ac.nz
(version 1.4, June 2017)

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Email: mspd@auckland.ac.nz
Web: www.fmhs.auckland.ac.nz
Dear Students

Re: Compulsory Declaration – Year 4

You are required to confirm that you have read your Guidebook and Policy Guides by completing your Phase 2 (Year 4) Compulsory Declaration by 10 February 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 and/or potential withdrawal from clinical attachments.

Johanna Beattie  
Group Services Manager, Medical Programme Directorate

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**Medical Programme Directorate**

**Compulsory Declaration – Year 4**

This Guidebook is to be read in conjunction with the Medical Programme Policy Guides.

I have received a copy of the Phase 2 (Year 4) Guidebook, and have read and understood the information therein with particular reference to:

- Requirements and Responsibilities on Clinical attachments (Section E)
- Policies Relevant to Phase 2 (Year 4) (Section G)
- Scheduled Leave, Planned Holidays, and Absences (Sections J.3 and J.4)

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.*

---

* 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
Welcome from the Phase Director

Welcome to Phase 2 of the medical programme! In many ways, this phase marks your transition from ‘university student’ to ‘medical professional’, as you will be now be part of and assisting clinical teams, and will in general be viewed as a (junior) colleague by many in the profession. This is the time when many students say they first begin to ‘feel’ like a doctor, and it can be an exhilarating and challenging time. You will need to develop your skills in self-organisation and self-directed learning. As there are different cohort sites involved in Year 4 and due to the varied nature of clinical medicine it is important to bear in mind that each student will have a different journey of experiences on their road to qualification.

This guidebook contains the information you need to help you navigate the year and should be your first point of reference for queries. The Medical Programme Directorate (MPD) is here to support you in the course of your studies, and we will do our best to assist you, but the information in the guidebook, along with the Medical Programme Policy Guides, can answer many questions.

Students who are identified as having academic issues will be invited to meet with me to ensure that they are supported. However, any student is welcome to contact me at any time to discuss concerns or problems. Appointments can be made through the MPD, and please remember that it is most helpful if you are in touch before your academic performance is affected.

Please also take note of the leave policy that is detailed in the guidebook. With about 255 in the class, there is little room for flexibility, and in almost all cases, requests for leave outside the scheduled holidays have to be declined. However, where there are extraordinary circumstances, such as bereavement, health or family issues, we will try to accommodate you as far as possible.

You will need to conduct yourself as a professional. This means you must be punctual and reliable, have an appropriate appearance, and show respect to all those with whom you come into contact in both your written and verbal interactions. You will begin to develop your clinical skills and apply your basic science knowledge in a clinical setting.

This is a very exciting time for you, but you must never forget that the diagnosis made or the treatment prescribed is connected to a person, that every patient has a life, a whānau, and a context that is much larger than what you may see. Your clinical supervisors are there to help you learn how to move in this new medical environment, but the ultimate responsibility for becoming a doctor lies with you. Do not be shy about requesting help – you are now at a stage where not everything can be learned from a book, and you are surrounded by many mentors who are eager to support your learning. Enjoy your year!

Dr Kira Bacal
Phase 2 Director
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A. Essential Information

A.1. Key Contacts

MPD general enquiries: phone (09) 923 1606 or email mpd@auckland.ac.nz
Website: www.fmhs.auckland.ac.nz/mpd
MBChB Portal: http://mbchb.auckland.ac.nz
MPD is located in room 010, building 501 of the Grafton Campus

A.1.1. Key University Contacts

<table>
<thead>
<tr>
<th>Role</th>
<th>Person</th>
<th>Phone &amp; email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 4 Coordinator</td>
<td>Dr Matt Dawes</td>
<td>(09) 923 6389 <a href="mailto:m.dawes@auckland.ac.nz">m.dawes@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Phase 2 Director</td>
<td>Dr Kira Bacal</td>
<td>(09) 923 3046 <a href="mailto:k.bacal@auckland.ac.nz">k.bacal@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Student Support Advisor for Domestic</td>
<td>Carley Fletcher</td>
<td>(09) 923 7071 027 801 3726 (office hours only) <a href="mailto:fmhssupport@auckland.ac.nz">fmhssupport@auckland.ac.nz</a></td>
</tr>
<tr>
<td>and International students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Support Advisor for MAPAS</td>
<td>Ruby Timmo</td>
<td>(09) 923 4488 021 879 565 <a href="mailto:r.timmo@auckland.ac.nz">r.timmo@auckland.ac.nz</a></td>
</tr>
<tr>
<td>students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Health &amp; Counselling</td>
<td></td>
<td>(09) 923 7681 <a href="mailto:uhsinfo@auckland.ac.nz">uhsinfo@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Medical Programme Directorate</td>
<td></td>
<td>(09) 923 6747 <a href="mailto:mpd@auckland.ac.nz">mpd@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Practicum Placement Coordinator</td>
<td>Teresa Timo</td>
<td>923 6745 <a href="mailto:t.timo@auckland.ac.nz">t.timo@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Student Academic Services &amp; Engagement Manager</td>
<td>Kate Snow</td>
<td>(09) 923 6516 <a href="mailto:kate.snow@auckland.ac.nz">kate.snow@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Personal and Professional Skills Domain</td>
<td>Dr Sharyn Esteves</td>
<td>(09) 923 5432 <a href="mailto:s.esteves@auckland.ac.nz">s.esteves@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Coordinators</td>
<td>Dr Jill Yielder</td>
<td>(09) 923 9761 <a href="mailto:j.yielder@auckland.ac.nz">j.yielder@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Directors of Medical Student Affairs</td>
<td>Dr Fiona Moir</td>
<td>director.medstudentaffairs@auc kland.ac.nz</td>
</tr>
<tr>
<td>Dr Tony Fernando</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head of the Medical Programme</td>
<td>Prof Warwick Bagg</td>
<td>(09) 923 9794 or (09) 923 6747 <a href="mailto:w.bagg@auckland.ac.nz">w.bagg@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Health and Wellbeing Coordinator</td>
<td>Holly Dixon</td>
<td><a href="mailto:holly.dixon@auckland.ac.nz">holly.dixon@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Selective Coordinator</td>
<td>Prof Nicola Dalbeth</td>
<td>(09) 923 2568 <a href="mailto:n.dalbeth@auckland.ac.nz">n.dalbeth@auckland.ac.nz</a></td>
</tr>
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</table>
### A.1.2. Campus/ Site Coordinators

<table>
<thead>
<tr>
<th>Campus/ Site</th>
<th>Person</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland</td>
<td>Dr Matt Dawes</td>
<td><a href="mailto:m.dawes@auckland.ac.nz">m.dawes@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Rotorua</td>
<td>Dr Nic Crook</td>
<td><a href="mailto:Nic.Crook@lakesdhb.govt.nz">Nic.Crook@lakesdhb.govt.nz</a></td>
</tr>
<tr>
<td>South Auckland</td>
<td>Prof Andrew Hill</td>
<td><a href="mailto:a.hill@auckland.ac.nz">a.hill@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Tauranga</td>
<td>Prof Peter Gilling</td>
<td><a href="mailto:p.gilling@auckland.ac.nz">p.gilling@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Waikato</td>
<td>Assoc Prof Michael Jameson</td>
<td><a href="mailto:m.jameson@auckland.ac.nz">m.jameson@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Waitemata</td>
<td>Prof Martin Connolly</td>
<td><a href="mailto:m.connolly@auckland.ac.nz">m.connolly@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>

### A.1.3. Administrative Staff

<table>
<thead>
<tr>
<th>Department / Attachment</th>
<th>Person and Location</th>
<th>Extension and Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthesiology</td>
<td>Françoise Godet</td>
<td>(09) 923 6391 <a href="mailto:f.godet@auckland.ac.nz">f.godet@auckland.ac.nz</a></td>
</tr>
<tr>
<td></td>
<td>Level 12, Auckland Hospital Support Building</td>
<td></td>
</tr>
<tr>
<td>General Practice</td>
<td>Richard Fortier</td>
<td>(09) 923 7456 <a href="mailto:r.fortier@auckland.ac.nz">r.fortier@auckland.ac.nz</a></td>
</tr>
<tr>
<td></td>
<td>SOPH, Tāmaki Campus</td>
<td></td>
</tr>
<tr>
<td>Geriatrics</td>
<td>Deborah Clifford</td>
<td>027 5569048 deborah.clifford@waitemata dhb.govt.nz</td>
</tr>
<tr>
<td></td>
<td>3rd Floor, Snelgar Building, Waitakere Hospital</td>
<td></td>
</tr>
<tr>
<td>Medicine and Specialty Medicine</td>
<td>Maggie Naidoo</td>
<td>(09) 923 9801 <a href="mailto:m.naidoo@auckland.ac.nz">m.naidoo@auckland.ac.nz</a></td>
</tr>
<tr>
<td></td>
<td>Level 12, Auckland Hospital Support Building</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal, Surgery and Emergency Medicine</td>
<td>Christine Ganly</td>
<td>(09) 923 2861 <a href="mailto:c.ganly@auckland.ac.nz">c.ganly@auckland.ac.nz</a></td>
</tr>
<tr>
<td></td>
<td>Level 12, Auckland Hospital Support Building</td>
<td></td>
</tr>
</tbody>
</table>

### Auckland Clinical Campus

- **Operations Manager School of Medicine**: Natasha Tinkler  (09) 923 1534 n.tinkler@auckland.ac.nz

### South Auckland Clinical Campus

- **Group Services Manager SACC**: Maria Vitas  (09) 276 0044 Ext 8395 m.vitas@auckland.ac.nz
- **SACC Site Coordinators (Student Administration)**  (09) 276 0044 Ext 2864 or 8076 uniadmin@middlemore.co.nz

### Waikato Clinical Campus

- **Waikato Clinical Campus Manager**: Raewyn Wooderson  (07) 839 8750 raewyn.wooderson@waikatodhb.health.nz

### Waitemata Clinical Campus
Site Team Leader: Mere Vercoe  
Corner of North Shore Hospital and Health Road 
Building 5, Level 1  
(09) 487 1299  
mere.vercoe@waitematadhb.govt.nz

Site Coordinator: Deborah Clifford  
027 5569048  
deborah.clifford@waitematadhb.govt.nz

**Rotorua Clinical Site**
Medical Management Unit (MMU) Coordinator: Irene Warren  
MMU, Rotorua Hospital  
(07) 343 8711  
irene.warren@lakesdhb.govt.nz

**Tauranga Clinical Site**
Student Placement Coordinator: Leonie Alley  
(07) 579 8694  
leonie.alley@bopdhb.govt.nz

### A.1.4. Clinical Attachment Convenors

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Coordinators</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthesiology</td>
<td>Assoc Prof Simon Mitchell</td>
<td><a href="mailto:sj.mitchell@auckland.ac.nz">sj.mitchell@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Dr Chris Lash</td>
<td><a href="mailto:Christopher.Lash@middlemore.co.nz">Christopher.Lash@middlemore.co.nz</a></td>
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<tr>
<td>General Practice GPOPS</td>
<td>Dr Miriam Nakatsuji</td>
<td><a href="mailto:m.nakatsuji@auckland.ac.nz">m.nakatsuji@auckland.ac.nz</a></td>
</tr>
<tr>
<td>General Practice/Primary Care Place Coordinator</td>
<td>Dr Kyle Eggleton</td>
<td><a href="mailto:k.eggleton@auckland.ac.nz">k.eggleton@auckland.ac.nz</a></td>
</tr>
<tr>
<td>General Medicine</td>
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<td><a href="mailto:g.braatvedt@auckland.ac.nz">g.braatvedt@auckland.ac.nz</a></td>
</tr>
<tr>
<td>General Surgery</td>
<td>Mr Andrew MacCormick</td>
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</tr>
<tr>
<td>Geriatrics</td>
<td>Prof Martin Connolly</td>
<td><a href="mailto:m.connolly@auckland.ac.nz">m.connolly@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>Dr Nichola Wilson</td>
<td><a href="mailto:n.wilson@auckland.ac.nz">n.wilson@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Specialty Medicine</td>
<td>Dr Maggie Ow</td>
<td><a href="mailto:m.ow@auckland.ac.nz">m.ow@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>

### A.1.5. Campus Formal Learning Convenors

<table>
<thead>
<tr>
<th>Topic/Discipline</th>
<th>Convenor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Cancer Symposium</td>
<td>Prof Peter Browett</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:p.browett@auckland.ac.nz">p.browett@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Brief Motivational Interventions:</td>
<td>Dr Grant Christie</td>
</tr>
<tr>
<td>Topic</td>
<td>Speaker/Contact</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>How to promote positive behaviour change in patients</td>
<td><a href="mailto:g.christie@auckland.ac.nz">g.christie@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Challenging conversations in palliative medicine: strategies and</td>
<td>Dr Shamsul Shah <a href="mailto:shamsuls@adhb.govt.nz">shamsuls@adhb.govt.nz</a></td>
</tr>
<tr>
<td>practical solutions</td>
<td></td>
</tr>
<tr>
<td>Dealing with prejudice and discrimination as a doctor</td>
<td>Dr Lillian Ng <a href="mailto:lillian.ng@auckland.ac.nz">lillian.ng@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Dermatology</td>
<td>Dr Paul Jarrett <a href="mailto:paul.jarrett@middlemore.co.nz">paul.jarrett@middlemore.co.nz</a></td>
</tr>
<tr>
<td>Endocrinology – What You Need on the Wards</td>
<td>Assoc Prof Andrew Grey <a href="mailto:a.grey@auckland.ac.nz">a.grey@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Ethical problem solving: A discussion around clinical cases</td>
<td>Dr Monique Jonas <a href="mailto:m.jonas@auckland.ac.nz">m.jonas@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Evidence-Based Medicine</td>
<td>Prof Rod Jackson <a href="mailto:rt.jackson@auckland.ac.nz">rt.jackson@auckland.ac.nz</a></td>
</tr>
<tr>
<td>From the bench to the bedside: clinical pathology tutorial</td>
<td>Dr Laura Young <a href="mailto:l.young@auckland.ac.nz">l.young@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Dr Maggie Ow <a href="mailto:m.ow@auckland.ac.nz">m.ow@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Geriatric Medicine and Rehabilitation</td>
<td>Prof Martin Connolly <a href="mailto:m.connolly@auckland.ac.nz">m.connolly@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Global epidemics: How outbreaks like Zika occur</td>
<td>Dr Jude McCool <a href="mailto:j.mccool@auckland.ac.nz">j.mccool@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Gout Symposium</td>
<td>Prof Nicola Dalbeth <a href="mailto:n.dalbeth@auckland.ac.nz">n.dalbeth@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Healthcare Associated Infections</td>
<td>Assoc Prof Mark Thomas <a href="mailto:mg.thomas@auckland.ac.nz">mg.thomas@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Heart Disease What do you and your patients need to know?</td>
<td>Prof Rob Doughty <a href="mailto:r.doughty@auckland.ac.nz">r.doughty@auckland.ac.nz</a></td>
</tr>
<tr>
<td>How to thrive on the wards</td>
<td>Holly Dixon</td>
</tr>
<tr>
<td>Informed consent: When patients can’t speak for themselves</td>
<td>Prof Alan Merry <a href="mailto:a.merry@auckland.ac.nz">a.merry@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Introduction to ORL: What it is, who we treat and how we do it</td>
<td>Assoc Prof Richard Douglas <a href="mailto:richard.douglas@auckland.ac.nz">richard.douglas@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Māori Health</td>
<td>Dr Rhys Jones/ Dr Matire Harwood <a href="mailto:rg.jones@auckland.ac.nz">rg.jones@auckland.ac.nz</a> <a href="mailto:m.harwood@auckland.ac.nz">m.harwood@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>Prof Alistair Young</td>
</tr>
</tbody>
</table>
Neurology
Prof Alan Barber
a.barber@auckland.ac.nz

Neurosurgery: Its relevance to hospital medicine and general practice
Dr Patrick Schweder
p.schweder@auckland.ac.nz

Obesity Symposium
Dr Michelle Wise & Dr Rinki Murphy
m.wise@auckland.ac.nz
r.murphy@auckland.ac.nz

Oncology
Dr Ben Lawrence
b.lawrence@auckland.ac.nz

Orthopaedics
Prof Sue Stott
s.stott@auckland.ac.nz

Pacific People’s Health
Dr Teuila Percival
t.percival@auckland.ac.nz

Pneumonia: A paradigm of infectious disease
Assoc Prof Mark Thomas
mg.thomas@auckland.ac.nz

Prevention, diagnosis and treatment of venous thromboembolism (VTE): A multidisciplinary symposium
Dr Laura Young
l.young@auckland.ac.nz

Prostate Cancer
Dr Kamran Zargar
kamran.zargar@auckland.ac.nz

Rational Prescribing and Script-writing
Prof Nick Holford
n.holford@auckland.ac.nz

Renal Medicine Symposium: What do your patients need you to know about the kidneys?
Assoc Prof Helen Pilmore
h.pilmore@auckland.ac.nz

Respiratory Medicine
Dr Harry Rea
Harry.Rae@middlemore.co.nz

Safely Managing Health Information
Dr Monique Jonas
m.jonas@auckland.ac.nz

Screening, Brief Intervention, and Referral to Treatment: Skills for identify risky drinking
Ms Karen Hicks
karen.hicks@auckland.ac.nz

A.1.6. Synchronous Formal Learning Contacts
Please refer to the Staff and Student Guide to Synchronous Learning in Year 4 for contacts at respective cohort sites.

A.1.7. Asynchronous Formal Learning Contacts

<table>
<thead>
<tr>
<th>Topics</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Topics</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthesiology</td>
<td>Assoc Prof Simon Mitchell</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:sj.mitchell@auckland.ac.nz">sj.mitchell@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Clinical Pharmacology</td>
<td>Prof Nick Holford</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:n.holford@auckland.ac.nz">n.holford@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Dermatology</td>
<td>Dr Paul Jarrett</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:paul.jarrett@middlemore.co.nz">paul.jarrett@middlemore.co.nz</a></td>
</tr>
<tr>
<td>Evidence-based Medicine</td>
<td>Prof Rod Jackson</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:rt.jackson@auckland.ac.nz">rt.jackson@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Interpreting ECGs</td>
<td>Dr Matt Dawes</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:m.dawes@auckland.ac.nz">m.dawes@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Māori Health</td>
<td>Dr Rhys Jones/ Dr Matire Harwood</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:rg.jones@auckland.ac.nz">rg.jones@auckland.ac.nz</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:m.harwood@auckland.ac.nz">m.harwood@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>Professor Alistair Young</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:a.young@auckland.ac.nz">a.young@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>Assoc Prof Richard Douglas</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:richard.douglas@auckland.ac.nz">richard.douglas@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Dr Nikki Tugnet</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:NTugnet@adhb.govt.nz">NTugnet@adhb.govt.nz</a></td>
</tr>
</tbody>
</table>

### A.1.8. Who to Contact for Advice

The following table gives a summary outline of who to go to if help or advice is needed. Please also look at Phase 2 ‘Where to get Help’ section on the MBChB portal for more detailed campus-specific information about who to contact for academic, financial or wellbeing issues.

<table>
<thead>
<tr>
<th>Person</th>
<th>Advice/ Issue/ Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Programme Directorate</td>
<td>Administrative issues about Phase 2. Clarification of existing policies, and programme regulation matters. Administrative matters regarding student grades and progress. General enquiries, standard letters and name badges.</td>
</tr>
<tr>
<td>Student support advisor, Carley Fletcher</td>
<td>General support for Domestic and International students (non-MAPAS).</td>
</tr>
<tr>
<td>Student support advisor for MAPAS students, Ruby Timmo</td>
<td>Student Support Advisor for MAPAS students. First point of contact for any enquiries from MAPAS students.</td>
</tr>
<tr>
<td>Dr Matt Dawes</td>
<td>Any academic or professional matters in relation to Year 4. Any request for variation to current policy.</td>
</tr>
<tr>
<td>Dr Kira Bacal</td>
<td>Any academic matters that pertain to Phase 2 as a whole.</td>
</tr>
<tr>
<td>Name</td>
<td>Responsibilities</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Teresa Timo</td>
<td>Administration of student choices, including Selective.</td>
</tr>
<tr>
<td></td>
<td>Coordination of student allocations to hospitals.</td>
</tr>
<tr>
<td>Attachment Coordinator</td>
<td>Most routine, academic and organisational matters relating to the attachment.</td>
</tr>
<tr>
<td>UoA Student Counselling</td>
<td>Personal Counselling – for appointment, phone (09) 923 7681 (your students support advisor or your Phase Director can assist if urgent) or make a request online.</td>
</tr>
<tr>
<td>Prof Nicola Dalbeth</td>
<td>Academic policy matters relating to the Selective.</td>
</tr>
<tr>
<td></td>
<td>Sign off for Selective documentation/approvals.</td>
</tr>
<tr>
<td>Dr Sharyn Esteves or Dr Jill Yielder</td>
<td>Any matters relating to Personal and Professional Skills Domain.</td>
</tr>
<tr>
<td>Directors of Medical Student Affairs,</td>
<td>Concerns regarding Fitness to Practice.</td>
</tr>
<tr>
<td>Dr Fiona Moir or Dr Tony Fernando</td>
<td>Concerns about signing the Compulsory Declaration.</td>
</tr>
<tr>
<td></td>
<td>Plans to defer or request leave from the programme.</td>
</tr>
<tr>
<td>Prof Warwick Bagg</td>
<td>Issues requiring the approval of the Dean.</td>
</tr>
</tbody>
</table>

### A.2. Summary Outline of Year 4

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 January – 10 February 2017</td>
<td>Formal Learning Weeks 1 and 2</td>
</tr>
<tr>
<td>13 February – 16 June 2017</td>
<td>Clinical Attachments – includes:</td>
</tr>
<tr>
<td>18 April</td>
<td>Easter Tuesday - Not a Holiday</td>
</tr>
<tr>
<td>* Friday 28 April, 2.15pm</td>
<td>* Progress Test 1</td>
</tr>
<tr>
<td>19 June – 30 June 2017</td>
<td>Formal Learning Weeks 3 and 4</td>
</tr>
<tr>
<td>3 July – 10 November 2017</td>
<td>Clinical Attachments - includes</td>
</tr>
<tr>
<td>* Friday 21 July, 2.15pm</td>
<td>* Progress Test 2</td>
</tr>
<tr>
<td>* Saturday, 14 October, 2:15pm</td>
<td>* Progress Test 3</td>
</tr>
<tr>
<td>14 – 16 November 2017</td>
<td>Clinical Skills Assessments</td>
</tr>
<tr>
<td>4 December</td>
<td>Board of Examiners</td>
</tr>
<tr>
<td>15 January 2018</td>
<td>Year 5 Start Date</td>
</tr>
</tbody>
</table>

### A.3. Accessing information for the medical programme

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

- Clinical scenarios: [http://mbchb.auckland.ac.nz/scenarios](http://mbchb.auckland.ac.nz/scenarios)
- Progress Test results: [http://mbchb.auckland.ac.nz/logbook/](http://mbchb.auckland.ac.nz/logbook/)
- Canvas: [http://canvas.auckland.ac.nz/](http://canvas.auckland.ac.nz/)
### B. Frequently asked questions

#### B.1. Student Frequently Asked Questions (FAQs)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Absences and Leave</strong></td>
<td>• You need to apply for leave in advance if you wish to or need to miss part of your academic calendar.</td>
</tr>
<tr>
<td></td>
<td>• You should apply for this leave as early as possible.</td>
</tr>
<tr>
<td></td>
<td>• Your first approach should be to your Phase Director.</td>
</tr>
<tr>
<td>Under what circumstances do I need to apply for leave?</td>
<td></td>
</tr>
<tr>
<td>Do I need to apply for leave if I am only going to miss non-clinical</td>
<td>• Yes. You need to apply for leave if you are going to miss any part of the curriculum.</td>
</tr>
<tr>
<td>attachment time (e.g. Formal Learning Weeks at Grafton, Māori Health)?</td>
<td>• Your absence may have an impact on others, such as in small group work, participation in teleconferences, or any other time when your</td>
</tr>
<tr>
<td></td>
<td>absence may be noted.</td>
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<tr>
<td></td>
<td>• Failure to notify the Phase 2 Director and other relevant supervisors ahead of time may lead to concerns being raised about your</td>
</tr>
<tr>
<td></td>
<td>professionalism.</td>
</tr>
<tr>
<td>How do I apply for leave for a scheduled event (one with more than 24</td>
<td>• See section 3.3 of the Guidebook. You are expected to use holiday time for scheduled events.</td>
</tr>
<tr>
<td>hour notice, e.g. conference, family reunion, wedding, etc.)?</td>
<td>• In the event you cannot use holiday time but still wish to attend the scheduled event AND you believe your situation qualifies as</td>
</tr>
<tr>
<td></td>
<td>“exceptional circumstances”, you must request leave well in advance.</td>
</tr>
<tr>
<td></td>
<td>• An appropriate first approach would be an email to Phase Director, Dr Bacal or Year 4 Coordinator, Dr Dawes explaining the situation</td>
</tr>
<tr>
<td></td>
<td>and your request in appropriate detail. Dr Bacal or Dr Dawes can then advise you.</td>
</tr>
<tr>
<td></td>
<td>• Approval will eventually need to be obtained from your clinical supervisor and Clinical Attachment Convenor, as outlined in Section</td>
</tr>
<tr>
<td></td>
<td>A.1.4 of this Guidebook.</td>
</tr>
<tr>
<td></td>
<td>• Your leave application must be submitted in writing (e.g. via email) and as far in advance as possible. The final arbiter is the Phase 2</td>
</tr>
<tr>
<td></td>
<td>Director.</td>
</tr>
<tr>
<td></td>
<td>• If leave is approved, as above, it is the student’s responsibility to notify the leave arrangements in advance to your clinical team,</td>
</tr>
<tr>
<td></td>
<td>the MPD, and the Site Coordinators. Supporting documentation showing appropriate approvals must be submitted with the notification.</td>
</tr>
<tr>
<td>Questions</td>
<td>Response</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| How do I request leave for an event with very little (<24 hour) notice (e.g. funeral, birth of a child, etc.)? | • See section E.3.1 of the Guidebook. You should attempt to notify as many of the required persons as possible, but at a minimum, you must immediately contact your supervisor and site coordinator to request the leave.  
• You should then advise other relevant individuals (Clinical Attachment Convenor, MPD, Phase 2 Director, Year 4 Coordinator) as soon as possible. |
| How do I request leave when I had no notice (e.g. illness of myself or a dependent)? | • Notify your supervisor and associated department and/or site coordinator as soon as possible of your illness and the date when you hope to return to work.  
• If you are absent for more than two days, a medical certificate must be provided to both the MPD and your clinical campus/site upon your return. Submission via email is acceptable. |
| What do I do if I get sick and need to stay home?                        | • As above, if you are taken ill, notify your supervisor and associated department and campus/site coordinator as soon as possible.  
• You must provide a medical certificate if you miss more than two days. |
| What do I do if I am hospitalised?                                      | • You or your support person should contact the MPD (email: mpd@auckland.ac.nz or DD 09 923 1606) as soon as possible.  
• Under these circumstances, the MPD will take responsibility for informing the relevant clinical school and department. |

**Academic and Professional Matters**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who do I contact if I have an academic question?</td>
<td>• The Phase 2 Director (Dr Bacal) or the Year 4 Coordinator (Dr Dawes) can answer academic questions. (Refer to section A.1.1. for contact details).</td>
</tr>
</tbody>
</table>
| Who do I contact if I have questions about my attachment (sequence, location, or timing)? | • Answers to most attachment questions can be found in your Guidebook.  
• If you are unable to locate the needed information there, contact Teresa Timo at the MPD mpd@auckland.ac.nz or the attachment convenor or administrator (see Section A.1.3). |
| Who do I contact if I need to vary the timing or location of my clinical attachments? | • Changes to attachments (sequence, location, etc) can only be made under **exceptional** circumstances; refer to the Academic & programme-related policies in the Policy Guides.  
• You should approach the Phase 2 Director if you believe your situation falls into this category.  
• If your need is based on a non-academic concern, you should contact your Student Support Advisor. |
<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
</table>
| Who do I contact if I have a problem with my clinical supervisor?        | • You should speak with the convenor for that attachment (see list in Section A.1.4 of the Guidebook) in the first instance.  
• If you prefer, you may speak with Dr Bacal, Dr Dawes, or your Student Support Advisor.  
• It is always a good idea to address such issues proactively, rather than wait until the end of the attachment when it may be too late to address matters. |
| What do I do if I think I am being treated unfairly by a clinical supervisor or member of my team? | • You should speak with the convenor for that attachment (see list in Section A.1.4 of the Guidebook) in the first instance.  
• If you prefer, you may speak with Dr Bacal, Dr Dawes, or your Student Support Advisor.  
• It is always a good idea to address such issues proactively, rather than wait until the end of the attachment when it may be too late to address matters. |
| What happens if I have an FtP (Fitness to Practise) form filed against me? | • See the [Fitness to practise](#) policy.  
• An FtP may be filed for health concerns, a lack of professionalism, or a number of other issues which are felt to reflect upon your fitness to practice as a medical professional.  
• Dr Bacal or Dr Dawes will discuss non-critical incidents with you and, barring further issues, the information is likely to be expunged from your record upon graduation.  
• Please note that if you accumulate three non-critical incidents, you will be called before the Fitness to Practise Committee.  
• Critical incidents (which generally impact on the safety of yourself or patients) may result in your immediate suspension from clinical attachments and appearance before the Fitness to Practise Committee |

**Academic Assistance**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
</table>
| Who do I contact if I am having academic problems?                       | • If your concerns are specific to an individual attachment, you should seek feedback or guidance from your clinical supervisor or the attachment convenor.  
• For more global concerns, you can approach Dr Bacal, Dr Dawes, or the University Student Learning Centre for assistance. |
<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
</table>
| Who do I contact if I need help with my English language skills?         | • English Language Support is available from the English Language Enrichment [www.library.auckland.ac.nz/services/student-learning/ele](http://www.library.auckland.ac.nz/services/student-learning/ele)  
  • In the past, some students have also benefited from joining Toastmasters NZ to obtain experience in public speaking and presentation skills ([www.toastmasters.org.nz](http://www.toastmasters.org.nz)). They have a number of clubs close to the CBD, including two chapters which meet regularly on the city campus.  
  • Assistance may also be available through the English Language Academy ([www.ela.auckland.ac.nz](http://www.ela.auckland.ac.nz)) though this option would require self-funding on your part. |
| Who do I contact if I need help with my clinical presentation skills?     | • First and foremost, approach your clinical supervisor and request assistance.  
  • You should also speak with the attachment convenor and request additional support.  
  • Dr Bacal or Dr Dawes can also offer advice and suggestions. |
| Who do I contact if I need help with my history taking skills?            | • You should first approach your clinical supervisor and request assistance.  
  • You should then speak with the attachment convenor and request additional support.  
  • Dr Bacal or Dr Dawes can also offer advice and suggestions. |
| Who do I contact if I need help with my test taking skills?               | University Student Learning Services ([www.library.auckland.ac.nz/student-learning](http://www.library.auckland.ac.nz/student-learning))  
  • Dr Bacal or Dr Dawes can also provide advice and suggestions. |
<p>| Who do I contact if I need help with my time management skills?           | University Student Learning Services (<a href="http://www.library.auckland.ac.nz/student-learning">www.library.auckland.ac.nz/student-learning</a>) can provide assistance. |
| Wellness Issues                                                           |                                                                                                                                                                                                                                                                                                                                 |
| Who do I contact if I am worried about a classmate’s wellbeing?          | • You can contact your Student Support Advisor, your Clinical Campus/Site Manager and either Dr Dawes or Dr Bacal.                                                                                                                                                                                                                       |
| Who do I contact if I have a problem with a classmate?                   | • Assuming you have been unable to work things out with your classmate directly, you can seek assistance from your Student Support Advisor, Dr Dawes, Dr Bacal, the University Proctor (<a href="http://www.auckland.ac.nz/en/for/current-students/cs-student-support-and-services/cs-personal-support/proctor.html">www.auckland.ac.nz/en/for/current-students/cs-student-support-and-services/cs-personal-support/proctor.html</a>), or the University Counselling Services (<a href="http://www.auckland.ac.nz/uoa/cs-counselling-services">www.auckland.ac.nz/uoa/cs-counselling-services</a>) |</p>
<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
</table>
| Who do I contact if I have financial problems?                           | • The FMHS Student Centre can advise on potential funding sources and scholarships as well as assisting with emergency loan applications. See [here](#).  
• In addition, your Student Support Advisor can discuss options available to you and refer you to University Counselling Services for assistance in coping with the stresses associated with financial strain. |
| Who do I contact if I am having non-academic problems (e.g. feeling overwhelmed or depressed, problems with my partner, affected by crime or natural disaster, problems with my whānau, etc.)? | • Your Student Support Advisor, and the University Counselling Services [www.auckland.ac.nz/uoa/cs-counselling-services](http://www.auckland.ac.nz/uoa/cs-counselling-services) are all available to support students with non-academic concerns. |
| What do I do if I want to take some time off?                            | • Depending upon the reason for your desire to take time off and the amount of time needed, you can initially discuss your options with your Student Support Advisor, with Dr Bacal or Dr Dawes.  
• You will then, as appropriate, be referred to the Directors of Medical Student Affairs for further discussions. |
| What do I do if my situation changes and this affects my academic performance (e.g. divorce, move house, financial crisis, etc.)? | • In such a situation, it is always better to speak to your local Academic Coordinator, the Phase 2 Director, or your Student Support Advisor, **before** your academic performance is affected.  
• With notice, it may be able to assist you in ways that mitigate or prevent the impact on your performance.  
• For advice on aegrotat and compassionate considerations, contact your Student Support Advisor as early as possible, so all required forms are completed. |
| What happens if someone reports concerns about me or my wellbeing or performance? | • You will be contacted by Dr Dawes, Dr Bacal or the Directors of Medical Student Affairs.  
• If the expressed concerns relate to wellbeing and are thought to be legitimate, you may be required to undergo a screening examination to ensure your ability to practice safely. |

**Grades**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who do I contact if I think I received an unfair grade?</td>
<td>• You should speak with the convenor for that attachment (see list in Section A.1.4 of your Guidebook) or, if you prefer, you may speak with Dr Dawes or Dr Bacal.</td>
</tr>
<tr>
<td>Questions</td>
<td>Response</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| I have received a grade of Borderline or Unsatisfactory on a Progress Test – who should I discuss this with? | • You should make an appointment with Dr Dawes or Dr Bacal to discuss the matter and get suggestions on how to address those areas in which you demonstrated weaknesses.  
• The University Student Learning Services ([www.library.auckland.ac.nz/student-learning](http://www.library.auckland.ac.nz/student-learning)) can also provide assistance. |
| I just failed an attachment – what does this mean?                       | • Don’t panic!  
• All grades are provisional until the Board of Examiners meeting at the end of the year.  
• Your first step should be to discuss your grade with the attachment convenor and your clinical supervisor. You should obtain a clear understanding of what aspects of your performance need work.  
• You should then speak with Dr Dawes or Dr Bacal to put academic assistance in place as quickly as possible before the same problem occurs in another attachment.  
• The Board of Examiners will take into account all your results and grades when making decisions about your specific situation. |
| I got a Borderline Performance in an attachment – what does this mean?   | • Don’t panic!  
• All grades are provisional until the Board of Examiners meeting at the end of the year.  
• Your first step should be to discuss your grade with your attachment convenor and your clinical supervisor. You should obtain a clear understanding of what aspects of your performance need work.  
• You should then speak with Dr Dawes or Dr Bacal to put academic assistance in place as quickly as possible before the same problem crops up in another attachment.  
• The Board of Examiners will take into account all your results and grades, when making decisions about your specific situation. |
<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What do I do if I was having problems (e.g. physical health, emotional</td>
<td>• The aegrotat and compassionate consideration processes are intended for situations like this, when you are prevented from doing your best on an exam by factors beyond your control.</td>
<td></td>
</tr>
<tr>
<td>health, emotional health, social stresses) when I was preparing for or</td>
<td>• Talk to your Student Support Advisor as soon as you realise a problem exists, preferably before (or immediately after) the assessment takes place. Details are available at <a href="http://www.auckland.ac.nz/uoa/cs-aegrotat-and-compassionate-consideration">www.auckland.ac.nz/uoa/cs-aegrotat-and-compassionate-consideration</a></td>
<td></td>
</tr>
<tr>
<td>underwent an assessment (e.g. progress test, mini-CEX, OSCE, etc.)?</td>
<td>• Strict deadlines exist for submission of these forms, so do not delay if you feel your preparation or performance was impaired. Applying for an aegrotat or compassionate consideration will not disadvantage you.</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How can I be sure I’m aware of any changes to my schedule or any attempts</td>
<td>• In most cases, the MPD, clinical staff, attachment administrators, or others who need to reach you on Programme-related matters will contact you via your University email. Students are expected to check their University email on a regular, ideally daily, basis. Please ensure that your contact details, including a working phone number are kept up to date on your Student Services Online page. (See Section J.5 for more detail).</td>
<td></td>
</tr>
<tr>
<td>by faculty or staff to get in touch with me?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How can I be sure I am being professional in my communications?</td>
<td>• Check your University email regularly (i.e. at least daily) to ensure you are not missing important emails and respond to them in a timely and professional way. (Hint: this generally involves proper spelling, correct grammar, and using formal greetings such as “Dear Dr Bacal”, rather than “Yo, Kira!”). It also means providing the appropriate level of detail, including, but not limited to, your full name, year, cohort, and group as well as phrasing requests as requests, eg, “I would like to request leave to attend a conference” rather than “I will require time off as I have registered for a conference and my tickets are non-refundable.”)</td>
<td></td>
</tr>
</tbody>
</table>
C. The Medical Curriculum

C.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.
C.2. Purposes of Outcomes, Domains and Phases

C.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.

C.2.2. 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.

There are four distinct phases in the medical curriculum.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Year</th>
<th>Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 3</td>
<td>Year 6</td>
<td>Preparation for Workforce</td>
</tr>
<tr>
<td>Phase 2</td>
<td>Years 4 and 5</td>
<td>Clinical Practice in Context</td>
</tr>
<tr>
<td>Phase 1</td>
<td>Years 2 and 3</td>
<td>Fundamentals of Clinical Practice</td>
</tr>
<tr>
<td>Phase A</td>
<td>Year 1</td>
<td>Health Science Foundation</td>
</tr>
</tbody>
</table>

Each phase of the curriculum builds on the one before it, and your competencies will build continuously much as outlined in the following schema.
### C.2.3. 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.

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

**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, in 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

**Purpose of Hauora Māori Domain**

Ethnic inequalities in health care are extensively documented in both national and 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 medical and health science students of all its undergraduate programmes to achieve as a baseline achievement. 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 lifelong learning about Māori health.

In the medical programme we encourage the use of a ‘self-audit’ approach, which involves critical reflection and a commitment to ongoing monitoring of personal and institutional contributions to Māori health outcomes.

**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.

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

## Phase 3 (6) 42 wks
- 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

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

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

## Phase 2(5) 36 wks
- Pūkawakawa
- Integrated Care & General Practice
- Specialty Surgery
- Selective
- Psychiatry
- Women & Children’s Health

## Intercalated
- BMEdSc(Hons) which may lead to PhD

## Phase 1 (3) 26 weeks
- Professional and Clinical Skills 2
- Nervous System
- Reproduction & Development
- Sensory Systems
- Medical Humanities

## Phase 1 (2) 26 weeks
- Professional and Clinical Skills 1
- Musculoskeletal System
- Digestive System
- Respiratory System
- Principles of Medicine
- Human Anatomy, Pathology, Physiology laboratories, ILAs

## Year 1 34 weeks
- BIOSCI: Cellular Processes and Development (15)
- POPHLTH: Population Health (15)
- CHEM: Chemistry of the Living World (15)
- Central Concepts of Biology / Health and Society (15)
- Courses in Yr 1: Bold: Courses common to BHSc & BSc (Biomed)
- Italic: BSc only, Normal: Courses in BHSc only
- ILA: Integrated Learning Activity
- Formal Learning Weeks

## Year 2 (Year 4) 60 weeks
- MEDSCI: Organ Systems (15)
- Foundations of Biochemistry / Health Systems 1 (15)
- General Education Option (15)
- Physics for the Life Sciences / Behaviour, Health & Development (15)
- Numbers refer to points (120 points per year)
- 15 points per course over 1 semester
- Intercalated BMEdSc(Hons) may be completed anytime after Year 3.
C.4. Phase 2 in Context

Phase 2 (Years 4 and 5) is described as ‘Clinical Practice in Context’. You will spend the majority of your time each year (minimum of 30 weeks) working and studying in a variety of clinical environments. You will utilise your knowledge and basic professional and clinical skills learned earlier in the programme in an increasing range and complexity of clinical situations. To maximise your learning and experiences gained in these situations, it is essential that you regularly review the organ systems and professional skills learnt in your earlier years. Clinicians will expect you to converse regularly and intelligently using this knowledge base.

To perform well in your assessments this year requires you to take a proactive approach to seeing patients, practising skills and identifying your own learning needs. You will be expected to do considerable independent learning, as much of the experience is dependent on the cases that present themselves during your time there.

You will continue to develop a professional approach to your practice. At the end of the phase you will have demonstrated sufficient clinical knowledge and competence to act as a responsible member of the health care team (under supervision) as a Year 6 student in the hospital or in general practice.

C.4.1. Learning in the Clinical Environment, Year 4

Erik Heineman MD PhD FRACS

Former Professor of Paediatric Surgery at the University of Auckland, at present Professor of Surgery and Head of the Department of Surgery, University Medical Centre Groningen, The Netherlands. Member of the Board of Studies (Medical Programme), University of Auckland.

Dear Year 4 students! You are making the transition towards the clinical years. Exciting and challenging. I wish you a very happy year!

This short communication introduces you to Year 4. This year you will be introduced to clinical practice in the real context. You will apply your knowledge about the fundamentals of clinical practice. The Clinical Scenarios, which form the central building blocks of the core curriculum, will become very real. You will be seeing and you will be dealing with patients which should give you focus for your learning for your future role as a doctor.

We expect you to develop skills to be able to take a history, to perform a clinical examination and finally to demonstrate clinical reasoning and to develop a problem list. This does not come for free. It needs hard work. There are however a few tips and tricks which are very helpful:
- Be curious at all times and create and take opportunities;
- Look for the unexpected;
- Create a serendipitous state of mind.

Mindset is the all important factor in learning. The state of mind of both yourself and your teachers is fundamental in the success of the teaching and learning. I want to share with you that for optimal learning there needs to be a relation between the stage of the mind of the learner and the style of the teacher (see Figure 1).

![Teacher-styles diagram]

In Figure 1 you can see that the match between the mindsets of learner and teacher have to match to create a movement towards the development of a lifelong independent learning attitude.

For you as a student the vital message is that you should move from being a dependent learner towards being a self-directed learner. Moving to the next stage causes what we call ‘constructive friction’. This is a positive mental process with deep learning as a result (see Figure 2).
Obviously your question is: ‘How do I get into a state of `constructive friction’?’ The answer is: be curious and take the ownership of your own learning. You are in charge here!

The learning does not only include obtaining more medical knowledge and technical skills, but equally important training yourself in the appropriate attitudes and behavioural skills. Here we mean being a team worker with discipline and self-reflection.

### C.4.2. Logbooks and Learning

**Department logbooks**

Logbooks are used to record your learning experiences for anaesthesiology, emergency medicine and general surgery.

Year 4 is significantly different from your learning experiences earlier in the programme. Before you embark on your study you are strongly recommended to revise The Red Book (North-Nanson Clinical Manual) you were provided with in Year 2. The Red Book describes in detail the standards expected in history taking and examination skills and gives good guidelines for writing up case histories.

**C.4.3. Research Skills in Phase 2**

During Phase 2, especially in Year 4, you will be using research findings to aid your learning. For several clinical attachments, you will complete a Critically Appraised Topic (CAT), each of which contributes to your grade for that attachment. The requirement of a CAT is outlined in Appendix 2. You will continue to use this research skill in your postgraduate training as a
means of keeping abreast of new developments and findings in evidence based practice.

You will also need to review literature and use correct referencing in essays and projects throughout the year. The library has useful referencing guidelines to help you (refer to Library guidelines).

C.5. Objectives of Phase 2
The fundamental purposes of Phase 2 are to allow you to develop competence in history taking, examination, formulation of a differential diagnosis and to develop and start to implement a management plan (including performance of procedures) for a wide range of illnesses in a range of health care settings, in a culturally appropriate and professional manner.

It is expected that you will demonstrate this competence in a self-critical, ethical and responsible framework for your decision-making, while being under supervision at all times.

You need to keep these fundamental purposes to the fore, while being mindful of the graduate learning outcomes and the specific learning outcomes of each attachment that are provided to guide your learning.

C.6. Learning in Phase 2
C.6.1. Overview
The Auckland medical curriculum is increasingly centred on clinical scenarios and case-based learning. The exposure to a diverse range of clinical cases creates a student-centred learning environment. You will be expected to investigate some of the cases using your own resources and research, as not all will be covered in tutorials and small group discussion; i.e. you have the contexts to develop your own learning and integration of topics, instead of being reliant only on traditional teaching methods.

The ability to undertake self-directed learning is an essential skill for a competent medical practitioner, as is the ability to identify your own learning needs continuously as a lifelong learner.

For all of your learning, the graduate learning outcomes for the programme, as well as other learning outcomes more specific to some modules, domains and clinical attachments, are designed to assist you in identifying the expected competencies.

In Phases 2 and 3, you will reflect on your progress towards achieving the graduate learning outcomes and develop your own plan to address learning needs. The people and other resources in the clinical and academic environments are there to assist you to reach the competence required.

Midway through each attachment, and again when it is nearing the end, you are encouraged to remind your clinical teachers to discuss your individual
strengths and weaknesses. This is the best feedback you can get to aid your personal development of essential skills and attitudes.

**C.6.2. Clinical scenarios and learning**

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

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

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

Please be assured that we do not expect you to engage with the learning in all scenarios in any one year. We believe you will find them useful to relate to the patient conditions you encounter during this year and to provide a scaffolding for your progress test preparation.

The primary functions of the clinical scenarios for staff are to:

- support a range of teaching methodologies, both within an attachment and in formal learning;
- provide all clinical and academic staff with clearer definition of the core curriculum;
- guide the preparation of teaching materials (depth and content).

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

**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.

1. Title of scenarios: the titles are broad and mainly indicate the presenting problem.
2. Clinical discipline(s)/ organ system(s) (and their weightings) and progress test topic(s) associated with each scenario are provided as a guide to areas of content.

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

4. There are learning points under each of the five domains of the curriculum, to encourage you to think about all aspects of the clinical problem and closely related medical issues.

5. For each scenario, learning points that are particularly important have been selected. To keep the scenarios reasonably succinct, they do not include every learning point that may be relevant. However, across the entire set of scenarios, the intention is that all key learning points in the curriculum will be represented somewhere.

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

7. Links to relevant resources (mainly on the Portal but some external) and to ‘related scenarios’ are provided. The scenarios are valuable for finding information related to learning points, with over 700 links now established, in addition to those for most of the medicines.

8. It is possible to search the scenario database using text or through a listing of diagnoses, so that you are able quickly to gain an idea of clinical scenarios with relevant content. The scenarios may also be searched according to clinical discipline/ organ system and by progress test topic.

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

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

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

12. Work is commencing to have progress test-type questions associated with each scenario, so that you can use these to enhance your learning. Watch out for these being added during the year.
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.6.3. Formal learning at Grafton Campus
During 2017 all members of your class will be in Auckland for formal learning, in the weeks beginning:

- 31 January and 7 February 2017
- 19 June and 26 June 2017

Refer to Section C.3 for a summary overview of each of the formal learning weeks.

Considerable work has gone into what should be included, based on feedback from previous years. Learning during these weeks is designed to be relevant to your future clinical practice. There is a mix of large and small group sessions to aid your learning and for some sessions pre-reading and preparation is vital.

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

- Consistency and access/ opportunity: information that needs to be presented with absolute consistency to all students (e.g. health informatics) and information that would be extremely difficult to consistently deliver at cohort sites.
- Joint delivery/ multidisciplinary symposia: these involve interactions and involvement of staff from a number of disciplines.
- Retention of strengths of existing programme.
- Interaction with inspirational teachers whose teaching is strongly evidence-based or research-informed.

The following table provides a brief overview of the key features of each session during formal learning for Year 4.
<table>
<thead>
<tr>
<th>Session and Coordinator</th>
<th>Abstract</th>
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<tbody>
<tr>
<td><strong>31 – 10 February 2017</strong></td>
<td></td>
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<tr>
<td>Brief Motivational Interventions: How to promote positive behaviour change in patients (Dr Grant Christie)</td>
<td>A large part of your medical education is learning to give advice; the expectation is that this will lead to healthier outcomes for patients. However health statistics show us that, more often than not, advice is ineffective. People continue to drink, smoke, eat unhealthy food, live sedentary lives, be non-compliant with medication and so on. The problem is not what we tell our patients, it is how we tell them. In this session you will learn how to be more effective when giving advice. We will introduce motivational interviewing (MI) theories and model basic techniques fundamental for doctors working in any area of medicine. The skills learnt, as well as enhancing your effectiveness as a practitioner, will improve the relationship you have with your patients and make the practice of medicine more rewarding.</td>
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<tr>
<td>Dermatology (Dr Paul Jarrett)</td>
<td>Dermatological disease forms a significant proportion of general practice and hospital consultations. New Zealand has one of the highest rates of melanoma in the world. These sessions form the core learning for dermatology in year 4 and are cornerstone for the synchronous teaching later in the year, as the material is revisited in a Q &amp; A session. The teaching sessions are focussed on the common and important dermatological diseases and are centred around the dermatology clinical scenarios. The first half is mainly devoted to skin cancer (melanoma, basal cell cancer and squamous cell cancer). The second half is devoted to common inflammatory dermatoses, infections and immunobullous disease (psoriasis, atopic eczema, tinea, acne, urticaria, drug eruptions and bullous pemphigoid).</td>
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<tr>
<td>Ethical problem solving: A discussion around clinical cases (Dr Monique Jonas)</td>
<td>Nearly every year, a significant number of medical students face disciplinary action for failure to safely manage health information. This session introduces students to legal, institutional and ethical standards for the management of health-related information. Students will work through a range of cases with DHB-based lawyers to build an understanding of the principles and expectations governing health information sharing and protection in New Zealand.</td>
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<td>Session and Coordinator</td>
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<td>Evidence-Based Medicine (Prof Rod Jackson)</td>
<td>Evidence-based medicine (EBM) is a relatively new clinical discipline established in the 1980s-90s. It was established to encourage and support clinicians to use good quality clinical epidemiological evidence (from randomised trials of interventions and diagnostic and prognostic studies) to help inform clinical decisions, by teaching them how to critically appraise and apply clinical epidemiological evidence. Prior to the 1980s there were few clinical epidemiological studies, so these skills were seldom required, but with over 2,000 clinical studies published daily, including 75 randomised trials, the ability to critical appraise clinical research is now an essential clinical skill. Students will be introduced to the GATE (Graphic Appraisal Tool for Epidemiology) approach to critical appraisal and will learn to use GATE Critically Appraised Topics (CATs). GATECATs are MS Excel workbooks that students will use during their clinical attachments in years 4 and 5 to help them appraise clinical studies and the practice of EBM.</td>
</tr>
<tr>
<td>Gout symposium (Prof Nicola Dalbeth)</td>
<td>This is a two-hour multidisciplinary symposium that covers key aspects of gout, the most common form of inflammatory arthritis. This condition is of particular relevance to Aotearoa New Zealand, due to very high prevalence of disease in Māori and Pacific people. This symposium also functions as an introduction to core concepts of rheumatology, including clinical assessment of arthritis, musculoskeletal imaging and principles of chronic care management. These are key topics within the musculoskeletal curriculum. The symposium consists of five core interactive sessions; each presented by a different expert, and includes a variety of approaches including short videos to capture the patient experience of gout.</td>
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<tr>
<td><strong>Session and Coordinator</strong></td>
<td><strong>Abstract</strong></td>
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</table>
| Heart Disease What do you and your patients need to know?  
(Prof Rob Doughty) | Cardiovascular (CV) disease continues to be a very common cause of morbidity and mortality for people in New Zealand, and remains the leading cause of death. CV disease, from CV risk through to end-stage heart disease, affects many people throughout their lives and thus patients with established CV disease are commonly seen by doctors in many different subspecialties. The sessions are oriented around common clinical presentations and the relevant clinical scenarios.  
Sessions cover the major conditions seen in clinical practice, including topics such as:  
1) "Doctor, what do those tests really mean?": How to assess and manage the risk of cardiovascular disease  
2) Looking good on the wards: How to diagnose and manage acute coronary syndromes  
3) What to do when the pump doesn't pump: Understanding cardiomyopathies and clinical heart failure  
4) Uh oh, that lubdub sounds different: How to detect - and differentiate - common valve diseases  
5) Knowing what to do when the aorta goes: Detecting and managing aortic disease such as dissection and aneurysms  
6) "Doctor, why did I faint?": Assessing the patient who presents with syncope  
7) ECGs and how NOT to miss "The Big One": The ability to accurately and rapidly interpret an ECG is a critical skill for doctors. [ECG examples will be included in each session where relevant] |
| How to thrive on the wards  
(Holly Dixon) | The session will cover topics that have been identified as being challenging by previous Year 4 students such as 'what to do in an emergency'. Strategies and pathways for managing these situations will be outlined. Junior doctors will describe the structure of a hospital team, define terms and phrases that are commonly used, and go through a 'typical day' on the ward. They will highlight tips and pitfalls about learning and working in a hospital setting. Self-awareness and self-care will be emphasized with a focus on the link between doctors' health and help-seeking behaviour and patient health and safety. This session will provide student with immediate practical skills they can use on Day 1 of their first attachment in Year 4. |
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<thead>
<tr>
<th><strong>Session and Coordinator</strong></th>
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<tr>
<td>Māori Health (Dr Matire Harwood/Dr Rhys Jones)</td>
<td>This series of formal learning sessions has been designed to equip students with tools to engage in clinical interactions with Māori patients and whānau. In the introductory session we provide an overview of Māori Health in Year 4, an introduction to the Hui Process and a brief lecture on bias in health care. On Day 2, students rotate through three interactive sessions: (1) Hui Process; (2) Myths and Māori patients; (3) Health care inequities and clinical audit. These involve small group work, facilitated discussions, clinical role-plays and other interactive teaching methods. The block concludes with a summary session including a formative test.</td>
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<tr>
<td>Medical Imaging (Prof Alistair Young)</td>
<td>Medical imaging is now ubiquitous in medicine and health care. From Year 4, you will be expected to use standard imaging methods and participate in multidisciplinary meetings discussing imaging in relation to patient care. These sessions will allow you to understand the role of imaging in multidiscipline symposia, primary health care, pregnancy, interpretation of chest X-rays, and other standard imaging methods.</td>
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<tr>
<td>Obesity Symposium (Dr Michelle Wise/Dr Rinki Murphy)</td>
<td>This is a new session developed in response to the rising obesity epidemic in New Zealand. NZ has the third highest adult obesity rate in the OECD, and obesity is set to overtake tobacco as the leading preventable health risk. The symposium consists of three sessions, the first of which includes a policy debate. The second session covers interventions with a nutritionist and a surgeon, and the third involves case-based small group sessions which cover the impact of obesity on fertility, pregnancy, childhood, adult disease, surgery and anaesthesia. This multidisciplinary symposium will provide students with a framework on which to consider obesity across all areas of the medical curriculum.</td>
</tr>
<tr>
<td>Orthopaedics (Prof Sue Stott)</td>
<td>This teaching covers common soft-tissue problems and injuries in the upper and lower limb that you will encounter frequently as a GP or emergency room doctor. By the end of this session you should be able to meet the learning outcomes outlined in Appendix 3</td>
</tr>
<tr>
<td><strong>Session and Coordinator</strong></td>
<td><strong>Abstract</strong></td>
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</tr>
<tr>
<td>Pacific People’s Health (Dr Teuila Percival)</td>
<td>After a brief overview of the wider health issues for Pacific people, clinicians will discuss their individual experiences working in the field of Pacific health. Students will hear from a GP from South Auckland, a Pacific maternal and child health worker, researchers working on a screening tool for use in Tonga, and a clinician’s experience working in the aftermath of natural disasters in the Pacific.</td>
</tr>
<tr>
<td>Rational Prescribing and Script-writing (Prof Nick Holford)</td>
<td>In these sessions, students are introduced to the principles and practical aspects of rational prescribing (including selection of medicines, dose calculation, communication with patients, and monitoring of therapy). The basic principles of pharmacology (pharmacokinetics, pharmacodynamics, drug interactions, adverse drug reactions) will be reviewed and applied to the process of prescribing. The legal requirements of a prescription will be reviewed, and there will be an introduction to the principles of safe prescribing. In the later part of this session, students will be introduced to the legal and regulatory requirements of prescribing (including the regulation of medicines by Medsafe and the funding of medicines by Pharmac).</td>
</tr>
<tr>
<td>Screening, Brief Intervention, and Referral to Treatment: Skills for identify risky drinking (Ms Karen Hicks)</td>
<td>Screening, Brief Intervention and Referral to Treatment (SBIRT) is recognised as a core set of skills for practitioners to respond to drug and alcohol problems. This session provides a rationale, overviews the strong research base and outlines the core principles for providing brief intervention. We will progressively go through the skills for identifying risky drinking, problem drinking and dependent drinking, and relate this to clinical practice. The session also prepares you for the drug and alcohol assessment. NB: The introduction to and the expectations of the drug and alcohol assessment will be presented in a more timely manner to each cohort within each of the GPOPS weeks prior to the assessment taking place.</td>
</tr>
</tbody>
</table>

19 June – 30 June 2017
<table>
<thead>
<tr>
<th>Session and Coordinator</th>
<th>Abstract</th>
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</thead>
<tbody>
<tr>
<td>Blood Cancer Symposium (Prof Peter Browett)</td>
<td>Understanding cancers of the blood is important, as such patients can present to many different medical practitioners. Furthermore, blood cancers (particularly lymphoma) are used as models for the approach to many cancers emphasising the importance of diagnosis, staging, multidisciplinary meetings to review pathology and therapy, and the short and long term toxicities of therapy. This symposium provides an overview of blood cancers followed by a discussion of three different types of blood cancer: acute leukaemia, lymphoma and myeloma. This approach highlights both important differences and common themes in the blood cancers. Clinical cases are used to overview myeloma, acute leukemias and lymphomas with the emphasis on clinical presentation, diagnosis, principles of staging and outcome as well as general therapeutic concepts.</td>
</tr>
<tr>
<td>Challenging conversations in palliative medicine: strategies and practical solutions (Dr Shamsul Shah)</td>
<td>It is reported that in the first year after qualification, a doctor is estimated to care for 40 patients who die and 120 patients in the final months of life. It is also known that doctors face challenging conversations with patients and whānau around palliative and end of life care issues. This session therefore aims to equip students with knowledge and strategies that address key palliative and end of life care conversations including: 1. Understanding how we die in the 21st century and its implications in practice 2. How to introduce palliative medicine to a patient and address concerns and fears that may be raised 3. Discussing fears and myths associated with morphine in patients, their whānau and staff. 4. How to have a ‘Do Not Resuscitate’ conversation with a patient in the context of a broader discussion around goals of care, patient’s wishes and understanding of illness and prognosis.</td>
</tr>
<tr>
<td>Dealing with prejudice and discrimination as a doctor (Dr Lillian Ng)</td>
<td>Good communication and mutual trust are essential features of a good relationship between doctors, patients and their colleagues. However, prejudicial ideas and discriminatory behaviour may be common and even pervasive in some clinical environments. This session aims to talk about discrimination as a doctor - what it is, what your responsibilities are and what you can do about it.</td>
</tr>
<tr>
<td>Session and Coordinator</td>
<td>Abstract</td>
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</table>
| Endocrinology & Diabetes (Assoc Prof Andrew Grey) | The sessions include:  
(1) Diabetes – 2 hr  
(2) Metabolic bone disease – 1 hr  
(3) Thyroid disease – 1 hr  
(4) Adrenal disease – 1 hr  
(5) Pituitary disease – 1 hr  
The sessions are intended to help you create bridges between the basic science knowledge you acquired in Phase 1 and the clinical care you are learning during Phase 2. You will encounter patients with endocrine disorders on most of your attachments, and a thorough grounding in this topic is critical to be able to safely manage their care. |
| From the bench to the bedside: clinical pathology tutorial (Dr Laura Young) | Laboratory tests are vital in the diagnosis of disease. Understanding issues such as which test to choose, what the test measures, how the result should be interpreted and potential problems with the result is essential for the clinician. This tutorial includes 5 common clinical problems with test results and questions to discuss.  
In a small group with a clinical tutor, students are asked to construct a differential diagnosis for the case presented and interpret the results provided to develop skills of critical analysis and knowledge of the pathology discussed. Haematology, Microbiology, Clinical Chemistry and Histopathology are all included in this programme, which is developed further in asynchronous learning and online modules in Phase 2. |
<p>| Gastroenterology (Dr Maggie Ow) | The session will cover aspects of clinical gastroenterology, which are commonly encountered in both the community/GP setting and in hospitals. Conditions such as reflux, dyspepsia, irritable bowel syndrome (IBS), diarrhoea, investigation of abnormal liver tests, acute upper and lower gastrointestinal (GI) bleeding, and diagnosis of GI cancers will be covered. These conditions are very common complaints encountered in general practice and make up the bulk of referrals to gastroenterology clinics. Therefore, a good understanding of how to diagnose and manage such conditions will lead to better health outcomes in primary care and reduced pressures on hospital outpatient services. |</p>
<table>
<thead>
<tr>
<th>Session and Coordinator</th>
<th>Abstract</th>
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<tbody>
<tr>
<td>Geriatric Medicine and Rehabilitation (Prof Martin Connolly)</td>
<td>One consequence of demographic ageing is that the primary/secondary/tertiary patient population is also ageing. This brings with it increased diversity, co-morbidity, frailty, polypharmacy, communication difficulty (in patients with delirium, dementia or stroke) and social complexity. In these sessions, we aim to provide students a background to the acute assessment and management of the most common medical ‘presentations’ in older people, and to emphasise the treatment of the patient as an individual (patient-centred care). Many older patients are vulnerable and face the potential of threats to their autonomy. These sessions will also cover the practical application of NZ legislation regarding patient autonomy, including the use (and potential abuse) of Enduring Power of Attorney. There will also be an extended session on the rehabilitation of younger patients following devastating injury/illness.</td>
</tr>
<tr>
<td>Global epidemics: How outbreaks like Zika occur (Dr Jude McCool)</td>
<td>Based on two case studies 1) Malaria in West Papua and 2) Zika virus in Brazil, this session demonstrates the links between a global infectious disease outbreak and those factors that provide context for such events, as well as the evidence of the effective (and ineffective) actions that have been previously implemented. Globalisation has significantly influenced health; the permeability of national boundaries means that both infectious diseases and the risk factors for non-communicable disease are readily transported. In 2016, we face significant challenges to the health of our own and neighbouring countries due to increase in vector borne disease and environmental risks for obesity, diabetes and cancers. Climatic, economic and political instability exposes and exacerbates populations to risks that undermine health and increase inequalities. The impacts of globalisation on health therefore require global responses.</td>
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<tr>
<td>Session and Coordinator</td>
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<tr>
<td>Healthcare Associated Infections (Assoc Prof Mark Thomas)</td>
<td>This symposium discusses the epidemiology, microbiology, consequences, diagnosis, treatment and prevention of infections arising as the result of healthcare. The session is multidisciplinary and includes contributions from infectious diseases physicians and an infection prevention and control specialist nurse. We discuss the large health burden, and potential severe consequences, of healthcare associated infections. We focus on infection of intravenous cannulae, and urinary catheters. We also discuss and demonstrate hand hygiene and other infection control strategies to prevent healthcare associated infection.</td>
</tr>
<tr>
<td>Introduction to ORL: What it is, who we treat and how we do it (Assoc Prof Richard Douglas)</td>
<td>Patients with otorhinolaryngology (ORL, also known as ENT – ears, nose and throat) conditions represent up to a quarter of all general practice consultations as well as many A&amp;E presentations, and it is thus imperative for medical students and junior doctors to have an understanding of the field, as well as the scope of practice of the ORL specialist. This session will provide an overview of the range of cases managed by ORL specialists, from the sub-disciplines of otology, laryngology, rhinology, paediatric ORL and head and neck surgery. Patients with ORL conditions will be introduced, and their cases presented. Patients will talk about their diagnoses in their own words, and students will have the opportunity to ask them questions. The clinical range of the ORL specialty will be highlighted in a way that past students have found to be both engaging and informative. The session will not focus on common ORL conditions, but will provide a backdrop against which further learning can take place.</td>
</tr>
<tr>
<td>Neurology (Prof Alan Barber)</td>
<td>Clinically-based sessions presented by subspecialist neurologists. All students will receive clinical neurology teaching throughout their ward attachments and a good background understanding of neurological conditions will allow the emphasis of these sessions to be on clinical skills and highlight important therapeutic principles in the management of patients with neurological problems. These sessions will enable students to develop an approach to the clinical assessment and diagnostic tests used in the evaluation of patients with neurological disorders. Key topics covered include; Stroke, Neurology for General Practice, Neurological Emergencies, Multiple Sclerosis, Parkinson’s Disease and Epilepsy.</td>
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<tr>
<td>Session and Coordinator</td>
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</tbody>
</table>
| **Neurosurgery: Its relevance to hospital medicine and general practice**  
(Dr Patrick Schweder) | The following neurosurgical conditions, common in hospital and GP settings, will be discussed, using clinically relevant case based discussions and lectures:  
1) Cerebrovascular - aneurysms and subarachnoid haemorrhage  
2) Brain tumours  
3) Pain  
4) Trigeminal neuralgia  
5) Functional neurosurgery  
6) Epilepsy  
7) Spinal surgery  
8) Head Injury |
| **Oncology**  
(Dr Ben Lawrence) | Medical Oncology is one of the most fast-moving areas in medicine and medical research. This session will take students on a personal journey that connects early scientific knowledge with latest translational advances, to show how this now enables physicians to extend the lives of people whose cancers were untreatable only a few years ago.  
This workshop will help students scaffold their past knowledge of cancer and link this knowledge to the five revolutions in cancer care, and the genomic hallmarks from cancer research. This understanding will be translated into real clinical cases with the patient at the core of individualised treatment decisions. A patient narrative forms part of this workshop. The focus of the workshop is on treatment principles, how individual treatments work, and how medical oncology is truly science in action. |
| **Pneumonia: A paradigm of infectious disease**  
(Assoc Prof Mark Thomas) | This multidisciplinary symposium uses pneumonia as a paradigm for infectious disease with teaching about the diagnosis in the community, radiology, microbiology and treatment. The model may then be applied to different types of bacterial disease. This session aims to develop students' clinical understanding of the key concepts of common infections: natural history of the illness, microbial pathogenesis, diagnostic methods, and wise antimicrobial choice. |
<table>
<thead>
<tr>
<th>Session and Coordinator</th>
<th>Abstract</th>
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<tbody>
<tr>
<td>Prevention, diagnosis and treatment of venous thromboembolism (VTE): A multidisciplinary symposium (Dr Laura Young)</td>
<td>Venous thromboembolism (VTE) occurs in up to 0.1% of adults each year and pulmonary embolism (PE) is an important cause of death in hospitalised patients. It is therefore important to understand why this may happen; the physiology, diagnosis and risk stratification of PE; treatment; and importantly how to prevent this disease in hospitalised surgical and medical patients. This clinical symposium uses a clinical case to illustrate risk stratification and surgical VTE prophylaxis, diagnosis and treatment (including both thrombolysis of massive PE and anticoagulation of VTE). Three speakers, all with an interest in VTE, are included to give the perspective of an anaesthetist, respiratory physician and haematologist on this important topic.</td>
</tr>
<tr>
<td>Prostate Cancer (Dr Zagar Kamra)</td>
<td>Students will see patients with this disease on numerous attachments, but diagnosis and treatment of prostate cancer is a rapidly evolving field that has vastly changed in the last 5 years. This session focuses on prostate cancer from a urological perspective, and provides a specialist’s view of the condition, utilising case-based scenarios and focusing on medical and radiation oncology.</td>
</tr>
<tr>
<td>Renal Medicine Symposium: What do your patients need you to know about the kidneys? (Dr Helen Pilmore)</td>
<td>Kidney disease is very common in the New Zealand population, and an understanding of fluid and electrolytes are key to the overall clinical management of most inpatients, so it is critical for medical students to be very comfortable with these topics. The Renal Medicine symposium will cover those topics you need to know to function effectively on the wards, including: 1) Is There a Problem? Assessing Renal Function 2) Getting the Crucial Balance Right: Fluid and Electrolyte Management 3) Diagnosing and Managing Acute Kidney Injury 4) Glomerulonephritis: From Single Cells to Whole Bodies 5) Holding Back the Tide: Chronic Kidney Disease 6) What Does Renal Failure Look Like? 7) What to Do When Things Go (More) Wrong: Complications of Kidney Failure 8) Can I Have Another? Renal Replacement Therapy</td>
</tr>
<tr>
<td>Session and Coordinator</td>
<td>Abstract</td>
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<tr>
<td>Respiratory Medicine (Dr Harry Rae)</td>
<td>Respiratory diseases are the 3rd most common cause of hospital admissions and the most common cause of GP visits. Airways disease and infections have been covered in Year 2. Students will be exposed to a number of common and important respiratory presentations during their clinical attachments throughout the year. The focus of these formal learning sessions are lung cancer, sleep disordered breathing and pulmonary tuberculosis, as these are relatively more specialist areas of respiratory disease.</td>
</tr>
<tr>
<td>Safely Managing Health Information (Dr Monique Jonas)</td>
<td>Nearly every year, a significant number of medical students face disciplinary action for failure to safely manage health information. This session introduces students to legal, institutional and ethical standards for the management of health-related information. Students will work through a range of cases with DHB-based lawyers to build an understanding of the principles and expectations governing health information sharing and protection in New Zealand.</td>
</tr>
<tr>
<td>When patients can't speak for themselves (Prof Alan Merry)</td>
<td>In this session the focus is on practical issues of communication, cultural competence and informed consent in the context of patients facing anaesthesia and surgery. The discussion extends to sensitivity to cultural differences between patients in all aspects of anaesthesia and perioperative care. The risks of anaesthesia, which are considerable and varied, are explored interactively, with discussion of the need for these to be understood by all doctors, and notably by general practitioners. Throughout, the emphasis is practical and interactive – what should one actually say to a patient about risks that may be frightening, how should the important facts be communicated effectively and sympathetically, and how should potentially embarrassing or offensive interventions be handled in the operating room and on the ward. The question of consent for students to participate in patients’ care is also reviewed.</td>
</tr>
</tbody>
</table>

**Important aspects of Formal learning weeks at Grafton**

- **Attendance is mandatory** for the Māori Health formal learning on Thursday 2 and Friday 3 February 2017. If you are unable to attend, please email the Māori Health Convenor in advance or on the day itself. You will be required to provide a medical certificate.

- If you do not attend, do not have a medical certificate, and have not notified the Māori Health Convenor in advance or on the day, then your absence may be treated as a Fitness to Practise issue.
If you miss all or part of the Māori Health teaching, you will be required to complete compensatory work, to be determined by the Māori Health Convenor.

**Māori Health Teaching, Learning and Assessment**

Hauora Māori is one of the five curriculum domains. The Year 4 Māori Health programme builds on Māori Health teaching undertaken in previous years of the medical programme and introduces several new themes that are important aspects of clinical practice.

Major components of Māori Health teaching, learning and assessment in Year 4:

1. **Formal (campus-based) learning.** Māori Health formal learning is undertaken over four 2-hour sessions as part of the formal learning in February. A range of teaching and learning approaches will be used, with an emphasis on interactive learning using clinical scenarios.

2. **Asynchronous formal learning.** A series of five interactive online modules builds on the campus-based Māori Health teaching and learning. These will be available sequentially during the year for approximately a month each, and take approximately 30-45 minutes each to complete. The modules include a number of short tasks that students are encouraged to complete.

3. **Reflective commentary.** The major summative assessment for Māori Health in Year 4 is a reflective commentary, made up of THREE reflective writing tasks to be completed at specified times during the year. A pass grade is required to pass the Hauora Māori domain (see Section F.5.3). The three reflective writing tasks will be completed online within the asynchronous formal learning component.

Further details can be found in the Māori Health Year 4 Course Book.

Detailed assessment guidelines will be provided on Canvas and in the asynchronous learning Module 6, 'Te Ara'.

### Hauora Māori domain: Year 4 learning outcomes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Phase 2 Clinical Practice in Context – Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology and Inequalities</td>
<td>Demonstrate an awareness of current evidence relating to inequalities and Māori health.</td>
</tr>
<tr>
<td>Racism</td>
<td>Identify racism at different levels, describe its impact on health and healthcare, and provide appropriate responses.</td>
</tr>
<tr>
<td>Working with Māori patients and whānau</td>
<td>Describe approaches to engaging in clinical interactions with Māori patients and whānau Demonstrate a working knowledge of support services (e.g. Kaiatawhai, Māori providers).</td>
</tr>
<tr>
<td>Theme</td>
<td>Phase 2 Clinical Practice in Context – Year 4</td>
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<td>------------------------------</td>
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</tr>
<tr>
<td>Cultural competence</td>
<td>Explain how the culture of health professionals and health systems can influence health care outcomes. Observe, describe and analyse clinical interactions in terms of cultural competency.</td>
</tr>
<tr>
<td>Self-reflection</td>
<td>Reflect on clinical experiences in relation to Hauora Māori learning.</td>
</tr>
<tr>
<td>Lifelong Learning</td>
<td>Recognise the need for ongoing learning and professional development in Māori to ensure more equitable care.</td>
</tr>
<tr>
<td>Quality of Care and Clinical Audit</td>
<td>Describe differences in quality of care for Māori and non-Māori in the New Zealand health system. Discuss approaches in clinical practice that can help to ensure more equitable care.</td>
</tr>
</tbody>
</table>
**Year 4 Formal Learning Timetable at Grafton Campus**

### UoA Teaching Week 6

<table>
<thead>
<tr>
<th>Monday, 30 Jan</th>
<th>Tuesday, 31 Jan</th>
<th>Wednesday, 1 Feb</th>
<th>Thursday, 2 Feb</th>
<th>Friday, 3 Feb</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>distribution of name badges</td>
<td>8.30am - 9.00am</td>
<td>Cardiovascular 1</td>
<td>Alcohol and Drugs</td>
<td>Māori Health 2</td>
</tr>
<tr>
<td>Year 4 Orientation</td>
<td>9.00am - 10.30am</td>
<td>8.30-10.30am</td>
<td>(compulsory)</td>
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</tr>
<tr>
<td><strong>Holiday</strong></td>
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<tr>
<td>Auckland Anniversary Day</td>
<td></td>
<td>Evidence Based Medicine 1</td>
<td>Cardiovascular 2</td>
<td>Pacific Health</td>
</tr>
<tr>
<td></td>
<td>11.00am - 1.00pm</td>
<td>11.00am - 1.00pm</td>
<td>11.00am - 1.00pm</td>
<td>11.00am - 1.00pm</td>
</tr>
<tr>
<td><strong>Day</strong></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>2.00-4.00pm</td>
<td>Cardiovascular 3</td>
<td>Māori Health 1</td>
<td>Māori Health 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(compulsory)</td>
<td>(compulsory)</td>
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### UoA Teaching Week 7

<table>
<thead>
<tr>
<th>Monday, 6 Feb</th>
<th>Tuesday, 7 Feb</th>
<th>Wednesday, 8 Feb</th>
<th>Thursday, 9 Feb</th>
<th>Friday, 10 Feb</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Medical Imaging 1</td>
<td>8.30-10.30am</td>
<td>Evidence Based Medicine 2</td>
<td>Gout Symposium</td>
<td>Obesity 1</td>
</tr>
<tr>
<td></td>
<td>8.30-10.30am</td>
<td>8.30-10.30am</td>
<td>8.30-10.30am</td>
<td></td>
</tr>
<tr>
<td><strong>Holiday</strong></td>
<td></td>
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</tr>
<tr>
<td>Medical Imaging 2</td>
<td>11.00am - 1.00pm</td>
<td>Ethics &amp; Law (DHB and Lawyers)</td>
<td>Thrive on the Wards</td>
<td>Obesity 2</td>
</tr>
<tr>
<td></td>
<td>11.00am - 1.00pm</td>
<td>11.00am - 1.00pm</td>
<td>11.00am - 1.00pm</td>
<td></td>
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<tr>
<td><strong>Day</strong></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Medical Imaging 3</td>
<td>2.00-4.00pm</td>
<td>Clinical Pharmacology 1</td>
<td>Brief Motivational Interventions</td>
<td>Dermatology</td>
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<td></td>
<td>2.00-4.00pm</td>
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</table>

### UoA Teaching Week 26

<table>
<thead>
<tr>
<th>Monday, 19 June</th>
<th>Tuesday, 20 June</th>
<th>Wednesday, 21 June</th>
<th>Thursday, 22 June</th>
<th>Friday, 23 June</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethical Problem Solving: A Discussion Around Clinical Cases</strong></td>
<td>8.30-10.30am</td>
<td>8.30-10.30am</td>
<td>8.30-10.30am</td>
<td></td>
</tr>
<tr>
<td>VTE</td>
<td>11.00am - 12.00pm</td>
<td>Oncology</td>
<td>Endocrinology &amp; Diabetes 1</td>
<td>Geriatrics 2</td>
</tr>
<tr>
<td>Renal 1</td>
<td>11.00am - 1.00pm</td>
<td>Respiratory 1</td>
<td>11.00am - 1.00pm</td>
<td>11.00am - 1.00pm</td>
</tr>
<tr>
<td>Respiratory 2</td>
<td>12.00pm - 1.00pm</td>
<td>Medicine in a Globalised World</td>
<td>Endocrinology &amp; Diabetes 2</td>
<td>Self-Directed Learning</td>
</tr>
<tr>
<td>Renal 2</td>
<td>2.00-4.00pm</td>
<td>2.00-4.00pm</td>
<td>2.00-4.00pm</td>
<td>2.00-4.00pm</td>
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</tbody>
</table>

### UoA Teaching Week 27

<table>
<thead>
<tr>
<th>Monday, 26 June</th>
<th>Tuesday, 27 June</th>
<th>Wednesday, 28 June</th>
<th>Thursday, 29 June</th>
<th>Friday, 30 June</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neurology</strong></td>
<td></td>
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</tr>
<tr>
<td>Nosocomial Infection</td>
<td>8.30-10.30am</td>
<td>Self-Directed Learning</td>
<td>ORL</td>
<td>Clinical Pharmacology 2</td>
</tr>
<tr>
<td>Clinical Pathology 1</td>
<td>8.30am - 9.30am</td>
<td>Prostate Cancer</td>
<td>8.30-10.30am</td>
<td>8.30-10.30am</td>
</tr>
<tr>
<td>(includes 30min break)</td>
<td>11.00am - 1.00pm</td>
<td>11.00am - 1.00pm</td>
<td>11.00am - 1.00pm</td>
<td>11.00am - 1.00pm</td>
</tr>
<tr>
<td><strong>Endocrinology &amp; Diabetes 3</strong></td>
<td>2.00-4.00pm</td>
<td>Year 6 Elective Presentation</td>
<td>2.00-4.00pm</td>
<td>2.00-4.00pm</td>
</tr>
<tr>
<td>YTS Cohort/Selective Self-Directed Learning</td>
<td>2.00 - 3.30pm</td>
<td>Year 4 CISA Information</td>
<td>When Patients can't speak for themselves</td>
<td>Gastroenterology 2</td>
</tr>
<tr>
<td>YTS Cohort/Selective Self-Directed Learning</td>
<td>3.30 - 4.30pm</td>
<td>Year 4 CISA Information</td>
<td>Year 6 Elective Presentation</td>
<td>2.00-4.00pm</td>
</tr>
</tbody>
</table>
C.6.4. Formal learning at clinical cohort sites

**Synchronous learning**
Synchronous learning will occur when you are at your respective cohort sites, with all cohort students in attendance at the same time. Each session runs for two hours and involves student-led learning activities as well as tutorial sessions. For the student-led component of each tutorial, 1-3 students will be nominated as leaders for the session and will be required to find two relevant cases from their ward experience to apply their knowledge to clinical reasoning. The first hour of each tutorial is for diagnostic reasoning and the second is to work through paper cases to discuss rational management.

There will be 15 two-hour sessions of synchronous learning throughout the year.

You will be provided with a separate student guide to synchronous learning, which provides more in-depth material and guidance, as well as a timetable for each cohort site. The synchronous learning guide is also on the portal, with updates before the second half of the year.

Students are expected to attend synchronous learning, except if on a rural GP attachment.

The synchronous formal learning sessions for 2017 are:
- Cardiology
- Clinical Pathology
- Dermatology
- Endocrinology
- Gastroenterology
- Haematological Cancer Presentations in the Community
- Infectious Diseases (Medicine)
- Infectious Diseases (Surgery)
- Neurology
- ORL
- Plastics
- Refresher of Clinical Methods
- Renal Medicine
- Respiratory
- Rheumatology

**Additional Note**
No synchronous formal learning is scheduled during the week of GPOPS.

**Asynchronous learning**
Asynchronous formal learning occurs on those days when not all students are available at the cohort site at the same time. Each block of
asynchronous learning is two hours long and mostly involves learning from online resources and activities, such as a recorded lecture, a self-contained learning module, audio or video material and/or formative quizzes. It is the students' responsibility to complete synchronous learning in their own time during the year.

The Board of Studies has approved the equivalent of 10 two-hour sessions of asynchronous formal learning, as listed below:

- Anaesthesiology 2 hours
  - Oxygen therapy
  - Peri-operative fluid management
- Clinical Pharmacology 1 hour (2x 30 minute learning modules)
  - The National Prescribing Curriculum
- Dermatology 2 hours
  Available online through the portal, (Dermatology Year 4) the asynchronous formal learning course is designed to build and consolidate your learning from the lectures and tutorials. It is a small online textbook.
  - Introduction to Dermatology
  - Skin Infections
  - Itchy Skin Diseases
  - Scaly Skin Diseases
  - Follicular Skin Disease
  - Skin Lesions
  - Systemic Dermatology
- Evidence-based Medicine 1 hour
  - How to ask a focused clinical question
  - How to access the epidemiological evidence
- Interpreting ECGs
- Māori Health 2 hours
  - Wairuatanga
  - Rangatiratanga
  - Kaitiakitanga
  - Manaakitanga
  - Whanaungatanga
  - Te Ara
- Medical Imaging 4 hours
  - Chest
  - Cardiovascular
  - Locomotor/Musculoskeletal
  - Gastrointestinal
- Otolaryngology 4 hours
  - Head and Neck
  - Laryngology
C.6.5. Procedural skills and learning

In the re-invigorated programme, procedural skills are part of your practical learning in Year 4, to enable you to be more confident and proficient when performing procedural skills during your clinical attachments.

Each student will attend a two-day workshop of clinical procedures that will include topics such as care of wound tissue, suturing, application of plaster of paris, rectal examination, proctoscopy, male catheterisation and performance of arterial blood gas collection. These workshops precede your time in the Emergency Medicine attachment, to enable you to take a more active role during that placement. As above, there is also online material available to you via the Portal.

The workshops all take place in Auckland, either on a Monday and Tuesday or a Thursday and Friday (except where there is a public holiday), starting at 7.45am and finish at 5.15pm. Each starts with a DVD or tutor demonstration of technique, followed by student practice under supervision.

Attendance is mandatory; formative feedback will be given to you during the practical sessions, and there will be no summative assessment. If you are unable to attend, please email the Practicum Placement Coordinator for the Department of Surgery Christine Ganly c.ganly@auckland.ac.nz in advance or on the day itself, and attach your medical certificate.

- If you do not attend, do not have a medical certificate, and have not notified the Practicum Placement Coordinator in advance or on the day, then your absence may be treated as a Fitness to Practise issue.
- If you miss all or part of the Procedural Skills teaching, you will be required to complete some compensatory work, to be determined by the Practicum Placement Coordinator.

C.6.6. Formal learning and health and wellbeing

There is clear evidence that the way doctors look after their own health has an impact on the way they look after the health of their patients. Added to this, many conditions that affect medical students and doctors are preventable with the development of self-awareness and early intervention. The Auckland Health and Wellbeing programme (SAFE-DRS) is an important sub-theme of the PPS Domain. It provides you with an opportunity to review some of the evidence and to learn preventative strategies at the start of your clinical years. In Year 4, the SAFE-DRS teaching and learning includes the following:
1. A two-hour seminar in Formal Learning: “Thrive on the Wards”

   - There is required pre-reading for the Health and Wellbeing (HWB) training day. You will need to have completed this work in order to take part in an exercise on the training day.
   - Attendance is mandatory for this HWB training day. If you are unable to attend, please email the HWB Coordinator in advance or on the day itself, and attach your medical certificate.
   - If you do not attend, do not have a medical certificate, and have not notified the HWB Coordinator in advance or on the day, then your absence may be treated as a Fitness to Practise issue.
   - Please be punctual. If you miss all or part of the HWB day, you will be required to complete some compensatory work- to be determined by the Personal and Professional Skills domain coordinators.

In Year 4, there is a Health and Wellbeing written assignment which is assessed and contributes to your grade for the Personal and Professional Skills domain. More detail will be provided to you during the formal learning week health and wellbeing session (Thrive on the Wards). Please submit your health and wellbeing assignment and portfolio by following the instructions included under the Assessment Year 4 tab of the Personal and Professional Skills domain link on the MBChB portal. If your HWB assignment or portfolio is handed in late, you will not be eligible for a distinction grade for the assignment or for the domain.

**C.6.7. Dermatology, formal learning and clinical practice**

1. Formal learning

   There are two hours of dermatology teaching as part of the formal learning program. The formal learning is scenario based and is used to learn about common skin cancers in New Zealand (including melanoma, basal cell carcinoma, squamous cell carcinoma) and common inflammatory dermatoses (including atopic eczema and psoriasis).

2. Synchronous learning

   The synchronous learning component for dermatology has two components.
   - An interactive, scenario-based, question and answer session based on the formal learning teaching. The PDF for this session should be downloaded from the portal and brought to the tutorial.
   - Two student-led, 15 minute, dermatology case presentations. The cases are to be chosen by the students.

3. Asynchronous learning
A web-based module on the portal is also available for you as part of your asynchronous learning time.

4. Clinical experience

In 2017 you will also be able to gain from practical experience in dermatology clinics.

- If you are based at Waikato, Middlemore or North Shore hospitals, you will be expected to attend two dermatology outpatient clinics during the Specialty Medicine attachment.
- If you are at the Auckland City Hospital, you will be involved in a dermatology out-patient clinic after the synchronous learning session has finished. During this session you will rotate around a number of patients.

**C.6.8. Study Half Day in Year 4**

In Year 4, each student is able to have one study half day each week, which will be the same day of the week at each individual cohort site, and which is a combination of both formal learning time and self-directed learning time.

**C.7. Overview of Phase 2, Year 4 Clinical Attachments**

Phase 2 (Year 4) consists of the following clinical attachments and learning:

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthesiology</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>1 week</td>
</tr>
<tr>
<td>General Practice and Primary Health Care</td>
<td>2 weeks</td>
</tr>
<tr>
<td>General Practice Observed Practice Simulations (GPOPS)</td>
<td>1 week</td>
</tr>
<tr>
<td>General Medicine</td>
<td>6 weeks</td>
</tr>
<tr>
<td>General Surgery</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Specialty Medicine</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Procedural Skills / Health and Wellbeing</td>
<td>1 week</td>
</tr>
<tr>
<td>Formal Learning</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

**C.7.1. Anaesthesiology**

Anaesthesiology is a discipline concerned primarily with perioperative care of patients. This includes evaluation and optimisation of the patient’s condition prior to surgery, anaesthesia and care during surgery, and post-operative management including pain management. The specialty draws heavily on pharmacology and physiology, but is also underpinned by a broad knowledge of clinical medicine. This is a “sharp end” specialty, and there are many procedural skills that consultant level practitioners must master. Because anaesthesia is inherently hazardous, anaesthetists have focussed
on patient safety; this specialty has led the patient safety movement over the last few decades.

The clinical attachment for Year 4 medical students begins with an introductory day at the Simulation Centre for Patient Safety (SCPS) (located at the Tāmaki Campus and starting at 8 am Monday). At the start of the day, there is a short MCQ test which covers pre-run online learning. During this day (and on the final Friday), patient simulators and micro-simulators will be integral to your learning and your assessment.

You will be allocated to a hospital where you will work alongside a number of anaesthetists on a one-to-one basis, taking an active role as appropriate, under close supervision. In the vast majority of cases you will be allocated to do anaesthesiology in the hospital at which you are cohorted. In a very small number of cases students may be required to undertake their anaesthesiology attachment at a non-cohort hospital.

You will be expected to attend 14 clinical sessions (of half a day each) during the fortnight. One of these sessions should be during an evening shift. You will have the opportunity to observe and discuss many aspects of the perioperative care of patients. In the remaining time (2 sessions), you will be expected to complete a case history in which the focus should be on anaesthesia-related aspects of the patient’s perioperative management. We want you to demonstrate an understanding of how medical conditions (such as diabetes or coronary artery disease) impact on the conduct of anaesthesia, and how this impact may be minimised by appropriate preoperative preparation, intraoperative care and postoperative management.

Most of your time will be spent in the operating room, but you may be expected to see patients on the wards preoperatively, and to follow up some patients postoperatively. This will be important in preparing your case history. You will also spend some time in intensive care. Ideally, you will attend at least one round with the acute pain team in each hospital; you should certainly take advantage of the opportunity provided by this attachment to learn about the management of acute pain.

In each hospital a dedicated member of the department will be responsible for assigning you to appropriate facilities such as the operating theatre, recovery room, intensive care or clinic.

During your time in the operating room the focus will be on practical skills and knowledge related to the management of the unconscious patient. We expect any doctor to be able to provide basic life support for an unconscious patient. This attachment provides the ideal opportunity to improve your skills in the management of the airway; in particular, the lifesaving skill of holding an airway and manually ventilating the patient with a bag and mask. You will also learn to recognise seriously ill patients. You will likely have the
opportunity to build on your competencies in intravenous therapy and venepuncture, introduced during your clinical skills experience in Year 3, and to undertake various other interventions as appropriate. You will need to record your experience in performing these procedures in your logbook. Completion of your logbook (and particularly the skills experience section) is a prerequisite for a pass in anaesthesiology.

On the final Friday you will return to the SCPS at Tāmaki. During the morning you will participate in a half day workshop on pain management. The material presented in this workshop will have a broader focus than perioperative pain management, and will have relevance to practice in a wide variety of disciplines including hospital-based medicine, surgery and general practice. In the afternoon you will undertake an assessment of your learning achievements during the run. The main focus is an OSCE-style assessment of simple airway skills, and decision making around an airway management scenario, as well as questions on devices and arrhythmia recognition.

To succeed in anaesthesiology, attitude is just as important as technical competence. You will be working with a multidisciplinary team, sometimes in difficult clinical situations. Always remember that patient safety comes first. There will be times when the clinicians supervising you will have to focus on looking after the patient and when formal teaching will give way to an opportunity for you to observe unobtrusively and learn simply by watching. Always remember that patients are vulnerable, and this is never more true than when a patient is unconscious.

C.7.2. Emergency Medicine

Emergency medicine provides an excellent environment for assessing patients with undifferentiated complaints. This attachment affords you all the opportunity to improve your history-taking skills, to practice clinical examinations, and to start to clinically reason around undifferentiated patient presentations. You will be able to start to formulate a differential diagnosis for these patients.

There is an optional day assigned for you to spend performing and logging minor procedures – such as suturing and venepuncture. This is usually under the supervision of Clinical Nurse Specialist, but may vary depending on the Emergency Department you are attached to.

For this week of clinical experience you will be attached to a supervisor for each shift you is responsible for assigning you patients to assess and present and for discussion of your cases.

A log book is provided for you attachment (including your time in General Practice) to provide guidance to the major clinical presentations you may
encounter. Further information is provided through University Clinical Portal. Please review these resources during your attachment.

The following is a summary of the pass/ fail criteria for emergency medicine.

- Attendance at your three rostered clinical shifts, with satisfactory performance on all shifts.
- There is no distinction given for this attachment.

**C.7.3. General Practice: General Practice and Primary Health Care (GP/PC)**

After your Procedural Skills workshop and ED attachment you will have a two-week placement in one of the three following types of medical practices:

- Community hospital
- Rural general practice
- Urban Accident and Medical clinic

Placements range from the top of Northland to the bottom of the Taupo and Taranaki regions. Most placements will be rural but there are some urban placements in Auckland and Hamilton. On placement you will be exposed to a variety of primary care experiences including opportunities to assist with procedural skills with nurses and consultations with doctors. You may also be given the opportunity to spend time working with other primary health professionals such as pharmacy, podiatry, dentistry and physiotherapy. If appropriate to your site you may also participate in palliative care and rest home visitation, or work at a clinic's secondary site such as a satellite, school, mobile or marae clinic. If you have any impairment that may restrict your access to any of these activities please inform the Placement Coordinator at the start of the year.

You will be informed of your placement at least 4 weeks before you leave. In advance of your placement please:

- make sure you organise your travel and accommodation;
- contact the site to introduce yourself before your placement starts.

For this attachment you are expected to attend, participate and be professional. Meeting these criteria are essential for passing this attachment. In addition you need to complete the provided ‘General Practice Skills and Procedures Checklist’. This is to be submitted via email to the Placement Coordinator, or electronically via the general practice database ‘GPTeach’. This checklist is not formally assessed but it is mandatory to hand it in to pass the attachment.

You can also use your exposure to undifferentiated patient care and patient journeys to assist in completion of your ED Logbook. Note the ED Logbook is not to be handed to the Practice Manager nor any other staff at the general
practice. Refer to ED instructions regarding hand-in procedures for the Logbook.

**Accommodation and travel allowances**

There is an allowance available that will contribute towards your accommodation and travel. This can be claimed once you have completed your placement.

- The accommodation allowance is only a contribution and may not cover your entire accommodation costs.
- The University will provide a basic list of appropriate accommodation options. However, it is the student’s responsibility to contact the accommodation providers and secure accommodation.
- Ensure that you keep your receipts as you will need an itemised receipt with a GST number to claim your refund.
- The travel allowance is determined on a sliding scale. You will need to present a fuel receipt, or a train or bus ticket receipt with a GST number. The allowance does not cover daily travel costs.

If you are placed in a practice within the urban centre of your cohort you will not have access to either the accommodation or travel allowance, given that students will be placed in a manner that their daily costs are not affected.

Any queries in regards to the travel allowance should be directed to the Practicum Placement Coordinator.

**C.7.4. General Practice: GPOPS**

General practice provides the opportunity to gain insights into and to acquire skills and develop professional attitudes within the context of learning in community-based settings.

The one-week ‘GPOPs’ attachment has a simulated patient clinical component and gives an introduction to general practice consultations. In the course of the week with the Department of General Practice and Primary Health Care, you will develop an appreciation of:

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

You will attend Tāmaki Campus for one week, to participate in:

- an overview of the general practice consultation and introduction to online general practice teaching resources used during Years 4, 5 and 6;
- four morning sessions comprising practical sessions in evidence-based practice, general practice clinical examination, communication skills, common skin conditions and diagnostic strategies.
- GPOPS (General Practice Observed Patient Simulations) for four afternoons

Your General Practice grade in Year 4 will be a Pass/Fail and depends upon your attendance and participation at GPOPS and in the clinical attachment described below. Attendance at all GPOPS sessions is mandatory. If you are unable to attend one or more days/sessions, please email the GPOPS Convenor in advance or on the day itself, and attach your medical certificate. If you do not attend, do not have a medical certificate, and have not notified the GPOPS Convenor in advance or on the day, then your absence may be treated as a Fitness to Practise issue. If you miss all or part of the GPOPS week, you will be required to complete some compensatory work, to be determined by the GPOPS Convenor.

**Drug and Alcohol Brief Intervention Communication Skills Assessment**

Following on from the drug and alcohol symposium in formal learning in February during the GPOPS clinics you will have the opportunity to explore how best to do a brief intervention with a patient over a drug and alcohol issue. Later in the week you will have a time allocated to undertake a brief intervention with a simulated patient. The interview will be recorded digitally and you are required to complete a self-assessment form at a later date, after viewing your consultation. This will be marked and is a must pass component of the general practice assessment in Year 4.

**C.7.5. Musculoskeletal**

The Musculoskeletal attachment incorporates teaching in two specialties: Orthopaedics and Rheumatology. These relate to the surgical and medical management of musculoskeletal problems respectively. Background knowledge (from earlier years in the medical programme) will be useful, especially information about the structure and function of muscles, bones and joints, their cellular composition and their associated physiology.

The teaching in musculoskeletal includes formal learning (in the first formal learning week) and both synchronous and asynchronous learning, delivered during the year. **A detailed on-line learning resource is also available on the MBChB portal this year and you should use this in conjunction with your clinical teaching.** The teaching sessions are summarised below. You will be provided with greater detail as the year progresses:
Learning sessions

<table>
<thead>
<tr>
<th>Rheumatology</th>
<th>Orthopaedics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formal learning</strong></td>
<td></td>
</tr>
<tr>
<td>The Rheumatology Gout Symposium forms part of the formal rheumatology teaching. In this symposium, epidemiology, molecular pathology, clinical features and management of gout will be covered.</td>
<td>The Orthopaedic section of the formal learning week will be an Injuries Symposium and will refresh your anatomical knowledge while covering pathogenesis, treatment and public health aspects of common orthopaedic conditions and injuries involving the major joints of the body.</td>
</tr>
<tr>
<td><strong>Synchronous learning</strong></td>
<td></td>
</tr>
<tr>
<td>Other major topics in rheumatology will be delivered as part of the synchronous learning tutorials at each cohort site. These 2-hour tutorials cover inflammatory arthritis, osteoarthritis and connective tissue disorders.</td>
<td>NB: There is no specific synchronous learning for orthopaedics. Teaching for 2016 is provided during the attachment and through the on-line resource. See Ward Attachment section.</td>
</tr>
</tbody>
</table>

Rheumatology is offering the background (asynchronous) learning resource on the MBChB Portal. This will be available throughout the year to all cohorts in Year 4. The resource includes summary rheumatology notes, recorded video lectures on rheumatology topics, YouTube videos summarising how to perform a rheumatology examination and other educational material (including details of how to write up CATS and what is expected for the OSCE).

Orthopaedics are offering the background learning resource on the MBChB Portal. This will be available throughout the year to all cohorts in Year 4. The resource includes an outline of the physical examination techniques, information about common orthopaedic emergencies and what is expected for the OSCE.

What is the Structure of the Musculoskeletal Ward Attachment?
The Musculoskeletal “ward teaching” includes orthopaedic and rheumatology teaching delivered during the four-week attachment. There are differences in the way this teaching is delivered at the different cohorts and you will need to check your schedule in advance.

Students at Auckland, Starship, North Shore and Counties will have teaching mainly during the first week of the attachment. The bulk of the week’s teaching will be at Middlemore Hospital but some of the orthopaedic teaching will also occur at the Grafton site. The rheumatology teaching will
be on the Thursday morning at Greenlane Clinical Centre (lecture theatre in building 4, level 5). For these sessions it is essential that you have reviewed the on-line rheumatology notes before attending these tutorials as found on the Portal.

Following the first week, those students in the Auckland region will then join their ward team for three weeks. Students outside of Auckland will spend the four weeks on the wards in their local sites, but will have scheduled teaching sessions at their cohort sites, as directed by the local coordinator.

All students should check their schedules carefully on the first day of the attachment, as times and places will change during the year depending on public holidays, staff availability etc. You will all be expected to attend teaching sessions on your allocated times and “sign-off” is required for all teaching sessions, both rheumatology and orthopaedic (see the portal for the sign-off sheet).

Please note: All students, regardless of cohort site, will need to use the on-line resource as your guide to both your learning (both rheumatology and orthopaedic) and the skills you will need to demonstrate in the OSCE at the end of the attachment.

To maximise your learning in the clinical setting, it is important that you ask questions and interact with the clinical staff on the ward and in the clinic. Most hospitals have X-ray sessions & clinical meetings on a weekly basis; these are a good way to increase your clinical knowledge. You need to learn the essential procedures for examining pain in a limb, and gain an appreciation of why it is important to consider the structures underneath the affected area as part of the diagnosis. Remember that you are learning for a life-time of practice as a doctor, not simply to pass an exam.

You will be encouraged to spend time in theatre, for several reasons. This is an excellent opportunity for you to examine actual structures in situ and the interrelationships between the various organ systems. Having experienced what an operation is like will give you a better concept when you have to counsel patients later in your career.

You are also welcome to attend out-patient clinics, both orthopaedic and rheumatology, but need to plan this activity with other students so that you take it in turns to be in the clinic.

What are the Goals of the Attachment?

You are expected to develop competence in clinical skills such as taking a history from patients with musculoskeletal problems and examining the musculoskeletal system. You will need to demonstrate these skills in an OSCE at the end of the attachment. By following a patient’s progress from admission to release, you will learn of the stages of rehabilitation of the patient and when to consult with other related health professionals. It is also
essential that you learn to recognise those clinical situations, particularly in connective tissue disease, trauma and paediatrics, where early expert care is required.

Assessment for the attachment
The following table provides a full outline of the assessment requirements for this attachment.

<table>
<thead>
<tr>
<th>Clinical Supervisor Report (CSR)</th>
<th>All students must have this completed by their consultant for the ward assessment. A pass on the CSR is essential to pass the attachment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance Sheet Sign-Off</td>
<td>All students must have their attendance sheet signed off and hand this in with their CSR (available on the Portal). You cannot pass the attachment unless you have documented attendance at scheduled teaching sessions, clinics and theatre.</td>
</tr>
<tr>
<td>Case history</td>
<td>Orthopaedic case histories are to be based around a clinical case, personally seen and examined by yourself during your attachment. A full medical and orthopaedic examination is expected together with one to two pages of discussion on relevant aspects of the topic, for example either a differential diagnosis with discussion or else, if a diagnosis is known, a comprehensive discussion of that diagnosis, all aspects of presentation, treatment, public health and relevance to Māori. Please try and avoid clinical cases where examination is impossible e.g. immediately post-op.</td>
</tr>
<tr>
<td>CAT (critically appraised topic)</td>
<td>As part of the rheumatology assessment, students are required to write a CAT. You should find a paper from the world rheumatology literature that describes a recent study of relevance to a specific clinical rheumatology topic. Ideally, this should relate to a patient-problem encountered during a clinical attachment. You are then expected to go through the “gate-frame” process to critically appraise the paper and summarise other literature appropriate to this topic.</td>
</tr>
<tr>
<td>OSCE</td>
<td>All students will attend an OSCE on the final week of the attachment. A pass is essential to pass the attachment. Further details on this are available on the MBChB Portal</td>
</tr>
</tbody>
</table>

The following table gives an indication of the requirements you need to meet to achieve an provisional grade of distinction or pass for this attachment. It also indicates how you may be given a borderline performance or a fail.

<table>
<thead>
<tr>
<th>To get</th>
<th>You require</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>A distinction in the OSCE or Distinction in the other 3 assessments (CAT, case history and CSR) plus pass in the OSCE.</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass the OSCE Plus Pass the 3 other assessments (CSR, CAT and case history)</td>
</tr>
<tr>
<td>Borderline performance</td>
<td>Pass the OSCE and CSR But</td>
</tr>
<tr>
<td><strong>Fail in either CAT or case history</strong>*</td>
<td>Fail in the OSCE  Or  Fail in the CSR  Or  Fail in both case history and CAT*  Or  Attendance Sheet not signed off</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

* Note that students who have a fail in the case history or CAT will be given feedback and invited to re-submit for re-marking. If the case history or CAT is still unsatisfactory after re-writing, then a Fail grade will be applied to the CAT or case history.

**C.7.6. General Surgery**

The purpose of general surgery is to expose you to a diverse range of patients with a variety of problems. You will be applying your knowledge of basic anatomy, physiology and pathology to the management of surgical patients.

There are three key foci for this attachment.

1. The first is to learn the skill of evaluating general surgical patients, which involves taking a comprehensive history, performing a focussed examination, formulating the most likely diagnosis and a differential, identifying investigations to confirm the diagnosis and interpreting simple laboratory and radiology tests.

2. The second focus is on the perioperative care and preparation of the patient, for which the principles of informed consent and the good collaboration of a multidisciplinary team are paramount. An appreciation of cultural values in relation to surgery forms an important component of your learning and logbook reporting.

3. The third key focus is in relation to postoperative care. You will learn to recognise and solve common post-operative complications using the best available evidence.

During surgery depending on the hospital you are attached to you will be attached to different specialised surgical teams. You are expected to participate in all of the clinical activities, including ward rounds, conferences, clinics, theatre and on-call. The time spent observing surgical operations provides a special opportunity to apply your knowledge of anatomy in real life situations. Your clinical supervisor will assess you on both of these attachments.

A series of tutorials, which cover the core surgical topics, will be run at each teaching hospital. These are complemented by small group teaching to 2-4 students within each team, often at the bedside or in clinics, by consultants/registrar or lecturers. Further general surgical learning resources, including the 'Tutorials in General Surgery' and interactive modules are accessed through the MBChB Portal.
To aid your learning, you will be given a ‘Pocket Organiser in General Surgery’ (POGS). This outlines a number of common presentations and diagnoses which you should attempt to see and read around.

Near the end of the attachment you will present a CAT. It is important to note that the CAT must be derived from a patient and a clinical question arising in the course of that patient’s medical management.

During the fourth week, you will participate in a formative OSCE, which gives you a needs assessment of the skills you have acquired and those you still need to learn. This will not form part of your overall grade.

C.7.7. General Medicine, Specialty Medicine and Geriatrics

Attachments in General Medicine, Specialty Medicine, and Geriatrics take place over 16 weeks and you will be provided with site-specific handbooks for each of these disciplines. The organisation of General Medicine, Specialty Medicine and Geriatrics varies between different hospitals and, so too, does the nature of the clinical cases and patient demographic at each site. All of this variability will be reflected in your individual experiences at various sites as a student and is an expected part of clinical training. For each of these attachments you will be integrated into a ward-based clinical team. The broad objectives for medicine are to improve history taking, clinical examinations, and communication and clinical reasoning skills, as well as to learn about the presentation and management of a range of medical diseases.

To maximise your learning, it is important that you spend time talking to and examining as many patients as possible. Patients are your best teachers. The ability to present cases succinctly and accurately to your colleagues and supervisors is an important component of each attachment.

Synchronous Learning core topics tutorials will be provided on most Tuesday afternoons over the 16 weeks. (Note: Wednesday in Waikato and Rotorua, Mondays at Waitemata). These sessions will help you to use your medical knowledge in diagnosis and management of common and important medical conditions. You are expected to participate in these sessions. One mini-Clinical Evaluation Exercise (mini-CEX) will be conducted in general medicine, and one in specialty medicine.

General Medicine

You are expected to participate in ward rounds (especially post-acute and teaching rounds), outpatient clinics, radiology sessions and clinical meetings and to ask questions of experienced clinicians, to maximise your learning opportunities. You are also expected to take an active part in patient admissions on ‘acute’ days, including evenings. Students are not required to go on every registrar round. Although these may be a source of good
teaching, they should not detract from students taking a history from, and examining patients. The university and ward staff will provide bedside tutorials each week. You will need to hand in three case reports and one CAT.

**Specialty Medicine**

Specialty medicine allows more concentrated and in-depth study of patients with certain organ system diseases and allows you to see how modern specialist medicine is practised. You will have the opportunity to apply history taking, examination and problem formulation skills in subspecialty clinical settings.

An emphasis of this attachment is medicine in outpatient settings, rather than acutely ill inpatients. A large proportion of specialty medicine is done in outpatient and ambulatory care environments, so the type and spectrum of problems you will see differ quite markedly from those in general medicine.

You will work in pairs doing clerkships attached to two medical specialty teams, each of three weeks. You will be expected to attend selected ward rounds, outpatient clinics, procedural, radiology and pathology sessions, clinical meetings and journal clubs. You are also expected to take an active part in patient admissions (as appropriate). Most of the specialties have senior registrars and experienced specialist nurses who are great resources.

A member of the specialty team will give formal teaching once a week. You may have the opportunity to attend tutorials with fellow students on different specialty medicine rotations to your own. There is no attempt to teach in six weeks all that you need to know about all the specialties. Rather, it is hoped that immersion in a couple of specialties will be intellectually stimulating and motivating. These attachments are not a substitute for self-learning.

Students enjoy this attachment most when they participate fully in the team’s activities, see plenty of patients and contribute when they can. We ask each specialty to have a timetable prepared for you. Please ask if you haven’t received it on the first day.

**Geriatrics**

This is a time for you to observe, evaluate and manage patients with common problems in geriatric medicine, including strokes, falls, delirium, incontinence, chronic illness and dementia. You will learn to work with rehabilitation teams and see a range of domiciliary and institutional services outside of public hospitals. You will continue to improve your essential skills in history taking and examination while gaining confidence with, and respect for, older people as they learn to cope with physiological and pathological changes of ageing which can include deafness, memory problems, multiple co-morbidities and feelings about ageing and dying. You will have exposure to ethical issues, including the important area of patient autonomy. Please
view the Geriatric medicine cases found in Clinical scenarios part of the Portal.

**Assessments and ‘Medicine’**

Section F.4.2 summarises the assessment for the three attachments under the responsibility of the Department of Medicine. It is important to note the following points.

1. Students in General Medicine and Specialty Medicine will not fail an attachment solely because of a fail in a mini-CEX. If you fail your mini-CEX in General Medicine, you will be given an opportunity to repeat it. A fail in a mini-CEX will be informative for you and indicate where you need to make improvements in your future clinical work during the year. However, mini-CEX grades will contribute to the domain grade for Clinical and Communication Skills at the end of the year.

2. In the early cycles of the year, you will receive your indicative grades for each individual assessment in the three attachments. Final grades are determined at the end of year Board of Examiners meeting.
C.8. Learning Outcomes for Clinical Attachments

## Anaesthesiology

By the end of the clinical attachment students should be able to:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Applied Science for Medicine</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Clinical knowledge</strong></td>
</tr>
<tr>
<td></td>
<td>Summarise the major concepts in anaesthesia in the care of unconscious or seriously ill patients, including:</td>
</tr>
<tr>
<td></td>
<td>- changes to the airway in the unconscious patient;</td>
</tr>
<tr>
<td></td>
<td>- changes in the physiology of the cardiovascular, respiratory and nervous systems associated with loss of consciousness or induction of anaesthesia;</td>
</tr>
<tr>
<td></td>
<td>- initial steps in managing an unconscious patient;</td>
</tr>
<tr>
<td></td>
<td>- reasons for admitting a patient to intensive care;</td>
</tr>
<tr>
<td></td>
<td>- patient factors which influence anaesthesia risks and management options;</td>
</tr>
<tr>
<td></td>
<td>- the risks of anaesthesia.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Clinical knowledge</strong></td>
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<tr>
<td></td>
<td>Summarise the physiology of acute and chronic pain, including:</td>
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<tr>
<td></td>
<td>- IASP definition of pain;</td>
</tr>
<tr>
<td></td>
<td>- the difference between acute and chronic pain;</td>
</tr>
<tr>
<td></td>
<td>- simple methods of assessing acute pain.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Clinical knowledge</strong></td>
</tr>
<tr>
<td></td>
<td>Summarise the essential pharmacology of drugs commonly used in the perioperative setting:</td>
</tr>
<tr>
<td></td>
<td>- sympathomimetic and parasympathomimetic drugs;</td>
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<tr>
<td></td>
<td>- anaesthetic agents;</td>
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<td></td>
<td>- opioid analgesics (and antagonists);</td>
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<td></td>
<td>- local anaesthetics;</td>
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<td></td>
<td>- other non-opioid analgesics;</td>
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<tr>
<td></td>
<td>- neuromuscular blocking agents (and antagonists);</td>
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<tr>
<td></td>
<td>- common anti-emetic agents;</td>
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<tr>
<td></td>
<td>- short acting benzodiazepines (and antagonists).</td>
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<tr>
<th>Domain</th>
<th>Clinical and Communication Skills</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Prepare basic management plans for patients:</td>
</tr>
<tr>
<td></td>
<td>- presenting for surgery and anaesthesia (including local and regional anaesthesia):</td>
</tr>
<tr>
<td></td>
<td>- including appropriate plans for Māori patients;</td>
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<tr>
<td></td>
<td>- with acute pain (including postoperative pain);</td>
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<td></td>
<td>- with nausea and vomiting.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Perform basic practical and clinical procedures relevant to the care of unconscious/seriously ill patients and to patients</td>
</tr>
</tbody>
</table>
presenting for surgery under anaesthesia.
- obtain aspects of clinical history and examination relevant to anaesthesia;
- gain informed consent for an anaesthetic;
- identify patients with potentially difficult airways;
- insert a peripheral venous cannula;
- maintain the airway in the unconscious patient;
- manually ventilate an unconscious patient using a bag and mask;
- insert and use an oropharyngeal airway;
- insert and use a laryngeal mask;
- follow basic theatre protocol;
- prepare IV fluids for administration;
- draw up drugs for IV administration as boluses and infusions.

NOTE: students are shown the technique for tracheal intubation and may be given the opportunity to practice it, but competency is NOT an expected outcome.

### 6 Communication with patients and families
Extrapolate the general principles applicable to Māori patients to clinical situations involving patients from other cultures.

### 7 Clinical decision making
Interpret the results of basic respiratory and cardiovascular tests in acutely ill patient or patient presenting for anaesthesia, including:
- the electrocardiogram of the acute patient with:
  - key rhythm abnormalities;
  - acute ischaemia;
- the chest X-ray:
  - congestive cardiac failure;
  - pneumothorax;
- arterial blood gas results.

### 8 Identify the respective roles of the members of the multidisciplinary team in the provision of optimal perioperative patient care.

### Domain Personal and Professional Skills

#### 9 Professional qualities
- Demonstrate the ability to recognise and appreciate the patient’s perspective in clinical situations.
- Demonstrate a compassionate approach to patients in clinical settings.
- Maintain appropriate boundaries with patients and other team members.
- Identify the strengths and areas for improvement in both your communication and clinical skills when dealing with Māori patients

**Engagement in team**
- Communicate with other health professionals in a professional manner.
- Participate and actively contribute to patient care and other clinical team activities.

**Health and Wellbeing**
- Identify own limits and seek out additional support or learning opportunities.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Hauora Māori</th>
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<tbody>
<tr>
<td>10</td>
<td><strong>Commitment to equity</strong></td>
</tr>
<tr>
<td></td>
<td>Identify key health issues for Māori patients undergoing anaesthesia and explain the approaches to addressing the issues.</td>
</tr>
<tr>
<td></td>
<td><strong>Cultural safety</strong></td>
</tr>
<tr>
<td></td>
<td>Discuss the specific, practical, cultural issues related to anaesthesia for Māori patients so as to engage in a culturally safe manner with the patient, whānau and communities.</td>
</tr>
<tr>
<td></td>
<td><strong>Critical reflection</strong></td>
</tr>
<tr>
<td></td>
<td>Reflect on own practice and systemic factors in relation to ethnic inequalities.</td>
</tr>
<tr>
<td></td>
<td><strong>Commitment to equity</strong></td>
</tr>
<tr>
<td></td>
<td>Identify strategies to overcome barriers with a view to improving Māori health outcomes.</td>
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<tr>
<th>Domain</th>
<th>Population Health</th>
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<tbody>
<tr>
<td>11</td>
<td><strong>Disease prevention</strong></td>
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<tr>
<td></td>
<td>Discuss the key issues related to safety in anaesthetic practice, including:</td>
</tr>
<tr>
<td></td>
<td>- preoperative assessment;</td>
</tr>
<tr>
<td></td>
<td>- the safe provision of anaesthesia;</td>
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<tr>
<td></td>
<td>- postoperative care.</td>
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Emergency Medicine

By the end of the clinical attachment students should be able to:

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<tr>
<th>Domain</th>
<th>Applied Science for Medicine</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Clinical knowledge</strong>&lt;br&gt;Apply key basic science principles to the evaluation of patients presenting acutely in emergency medicine.&lt;br&gt;- Explain the principles of oligoanalgesia in the management of acute pain;&lt;br&gt;- Interpret common abnormalities of arterial blood gas analysis, and basic diagnostic tests, ECGs and CXRs.</td>
</tr>
</tbody>
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<tr>
<th>Domain</th>
<th>Clinical and Communication Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>Patient assessment and management</strong>&lt;br&gt;Evaluate patients presenting to the Emergency Department with a range of common, undifferentiated, acute illnesses and injuries by completely appropriate history taking and examinations.&lt;br&gt;- Recognise the signs and symptoms of potentially life-threatening illnesses and injuries;&lt;br&gt;- Recognise the dangers and toxidromes of common and important poisons;&lt;br&gt;- Develop problem lists and differential diagnoses for a range of patients, including Māori patients.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Clinical decision making</strong>&lt;br&gt;- Formulate diagnoses and treatment plans for patient under guidance of your supervisor;&lt;br&gt;- Interpret results including ECG, laboratory tests and xrays.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Communication with patients and families</strong> (Also Engagement in team)&lt;br&gt;Communicate clearly with members of the ED team, demonstrating evidence of good communication with all staff, whatever their station or position in the hospital or pre-hospital setting.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Communication with patients and families</strong>&lt;br&gt;Communicate patients and their whanau in an appropriate manner.&lt;br&gt;- Elicit appropriate, relevant, and focused historical information from patients, families, EMS, nurses and other sources where appropriate;&lt;br&gt;- Use translators and translation services as appropriate.</td>
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<thead>
<tr>
<th>Domain</th>
<th>Personal and Professional Skills</th>
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<tbody>
<tr>
<td>6</td>
<td><strong>Health and wellbeing</strong>&lt;br&gt;Perform in a manner that minimises risks to own and others’ safety.&lt;br&gt;- Use fundamental precautions in the handling of sharp instruments;&lt;br&gt;- Use universal precautions at all times for sterile procedures;&lt;br&gt;- Identify safety risks promptly to senior staff, including...</td>
</tr>
</tbody>
</table>
patients who propose infectious or physical threats to others.

| 7 | **Engagement in team**  
Explain the essential team approach to patient care in emergency medicine.  
- Determine the key roles of personnel in emergency departments;  
- Explain when and how key consultations occur. |
|---|---|
| 8 | **Professional qualities**  
Demonstrate the key skills of a team member in acute situations, and demonstrate that you can be part of a team and punctuality. |
| 9 | **Professional qualities**  
Respect the dignity of all persons in the acute care setting, and demonstrate evidence of empathy and compassion towards patients and families. |

<table>
<thead>
<tr>
<th>Domain</th>
<th>Hauora Māori</th>
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</thead>
</table>
| 10 | **Cultural safety**  
Identify key features in patient care of Māori, drawing on your observations and experiences.  
- Engage in a culturally safe manner with Māori patients, whānau and communities;  
- Reflect on own practice and systemic factors in relation to ethnic inequalities;  
- Identify strategies to overcome barriers with a view to improving Māori health outcomes. |
| Domain | Population Health |
| 11 | **Health promotion**  
Describe the challenges unique to Emergency Medicine within the New Zealand health care system. |
General Practice

By the end of the clinical attachment students should be able to:

<table>
<thead>
<tr>
<th>Domain</th>
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<tbody>
<tr>
<td>1</td>
<td><strong>Clinical knowledge</strong></td>
</tr>
<tr>
<td></td>
<td>Apply key basic science, behavioural and social science principles to the evaluation of patients presenting with problems in primary care.</td>
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<tr>
<th>Domain</th>
<th>Clinical and Communication Skills</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Evaluate and prepare appropriate management plans for patients with common and important problems in general practice environments.</td>
</tr>
<tr>
<td></td>
<td>• Recognise key warning signs of serious illness in patients treated in primary care;</td>
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<td></td>
<td>• Develop an appropriate management plan for the Māori patient;</td>
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<tr>
<td></td>
<td>• Demonstrate skills for dealing with uncertainty (in a low prevalence environment) in clinical diagnosis in general practice;</td>
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<td></td>
<td>• Use an evidence-based approach to diagnosis formulation;</td>
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<td></td>
<td>• Demonstrate skills in negotiating lifestyle changes for patients;</td>
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<td></td>
<td>• Demonstrate skills in rational prescribing;</td>
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<td></td>
<td>• Appraise the impact of psychosocial stress on mental health;</td>
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<td></td>
<td>• Describe the principles of the general practice consultations;</td>
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<tr>
<td></td>
<td>• Analyse the different types of general practice consultations (range: first contact, acute care, episodic care, continuity of care, diagnosis).</td>
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<thead>
<tr>
<th>Domain</th>
<th>Clinical Decision Making</th>
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<tbody>
<tr>
<td>3</td>
<td>Explain how and when other health professionals contribute to the care of a patient.</td>
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<tr>
<td></td>
<td>• Make referrals for specialist advice appropriately for a range of conditions;</td>
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<tr>
<td></td>
<td>• Summarise the roles, responsibilities and linkages of those contributing to a primary health care team.</td>
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<tr>
<th>Domain</th>
<th>Personal and Professional Skills</th>
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<tbody>
<tr>
<td>4</td>
<td><strong>Professional qualities</strong></td>
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<tr>
<td></td>
<td>Develop skills in:</td>
</tr>
<tr>
<td></td>
<td>• Listening and talking with patients and colleagues;</td>
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<tr>
<td></td>
<td>• Teaching and motivating patients and colleagues to improve health care;</td>
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<tr>
<td></td>
<td>• Respecting the strengths and weaknesses of views different from your own while maintaining personal...</td>
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<tr>
<td>Domain</td>
<td>Hauora Māori</td>
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</tr>
<tr>
<td>5</td>
<td>Identify the strengths and areas for improvement in both your communication and clinical skills when dealing with Māori patients.</td>
</tr>
</tbody>
</table>
| 6      | **Cultural safety**  
  - Engage in a culturally safe manner with Māori patients, whānau and communities. |
|        | **Critical reflection**  
  - Reflect on own practice and systemic factors in relation to ethnic inequalities. |
|        | **Commitment to equity**  
  - Identify strategies to overcome barriers with a view to improving Māori health outcomes.  
  - Recognise the social, cultural, political and economic factors impacting on Māori health. |
| Domain | Population Health |
| 7      | **Health promotion**  
  Appraise the role of general practice within the wider health care network.  
  - Outline the New Zealand Health Strategy;  
  - Identify areas in which to use health promotion, prevention and screening techniques |
### Musculoskeletal

By the end of the clinical attachment students should be able to:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Applied Science for Medicine</th>
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</thead>
</table>
| 1 | **Clinical knowledge**  
   Apply knowledge of basic anatomy and physiology of the musculoskeletal system to the management of patients with musculoskeletal problems.  
   - Summarise the anatomy and physiology of joints, tendons and related structures;  
   - Outline the interrelationships with other structures, including nerves and muscles. |
| 2 | **Clinical knowledge**  
   Explain the common pathological processes seen in the musculoskeletal system.  
   - Distinguish between inflammation and infection using macroscopic, microscopic and molecular features;  
   - Explain the basis of autoimmune disease;  
   - Outline the role of genetic aspects of inherited disease on the musculoskeletal system;  
   - Summarise the healing processes for bones and joints. |
| Domain | Clinical and Communication Skills |
| 3 | **Patient assessment and management**  
   Evaluate patients presenting with a range of common musculoskeletal problems.  
   - Elicit from patients presenting with a given problem, a relevant, logical and comprehensive history, including a functional history for patients with rheumatic diseases;  
   - Perform an organised and professional physical examination of the musculoskeletal system;  
   - Outline the features of the screening examination system used for rheumatologic problems;  
   - Recognise clinical situations that require early expert care. |
| 4 | **Patient assessment and management**  
   Prepare basic management plans for common musculoskeletal problems.  
   - Apply CAT methodology to answer specific clinical question(s) identified in a patient with a musculoskeletal problem;  
   - Distinguish between acute and chronic forms of monoarthritis, polyarthritis, arthralgia and back pain;  
   - Distinguish which disorders are best treated surgically, which are best treated medically, and which may require a combination of both;  
   - Evaluate the best management plans for trauma care including soft tissue injuries, fractures and tendon rupture;  
   - Summarise when and how the various consultations with
related health professionals are needed in patient management, especially rehabilitation.

| 5 | Clinical decision making  
Formulate logical problem lists for a range of patients.  
- Develop differential diagnosis list for the major problem(s) of the patient;  
- Determine the most likely working diagnosis;  
- Evaluate and select tests that will confirm or alter the working diagnosis;  
- Interpret simple laboratory and radiology tests. |

6 | Develop an appropriate management plan for Māori patients. |

7 | Apply specific techniques and principles appropriately.  
- Apply simple casts;  
- Outline the principles of management of patients in casts;  
- Explain how intra-articular and soft tissue steroid injections are administered. |

<table>
<thead>
<tr>
<th>Domain</th>
<th>Personal and Professional Skills</th>
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</thead>
</table>
| 8 | Professional qualities  
- Demonstrate responsibility, commitment and a reflective attitude to clinical practice.  
- Demonstrate a compassionate approach to patients in clinical settings.  
- Demonstrate good time management in an increasingly complex clinical environment.  
- Analyse an undifferentiated medical problem(s), identify the areas of uncertainty and describe how to manage uncertainty.  
- Demonstrate the capacity for independent critical thought, rational inquiry and self-directed learning.  
- Demonstrate ability to prioritise tasks, and re-prioritise where appropriate.  
- Identify the strengths and areas for improvement in both your communication and clinical skills when dealing with Māori patients.  
**Engagement with the team**  
- Participate and actively contribute to patient care and other clinical team activities. |

9 | Cultural safety  
- Engage in a culturally safe manner with Māori patients, whānau and communities.  
**Critical reflection**  
- Reflect on own practice and systemic factors in relation to ethnic inequalities.  
**Commitment to equity**  
- Identify strategies to overcome barriers to improve Māori
<table>
<thead>
<tr>
<th>Domain</th>
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</tr>
</thead>
</table>
| 10     | **Disease prevention**  
Predict the likely future impact of musculoskeletal disorders on the New Zealand health system.  
- Outline the orthopaedic and rheumatologic disorders that significantly contribute to morbidity in the New Zealand context;  
- Analyse population and demographic trends to predict the future impact. |
General Surgery

By the end of the clinical attachment students should be able to:

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<tr>
<th>Domain</th>
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<tbody>
<tr>
<td>1</td>
<td><strong>Clinical knowledge</strong></td>
</tr>
<tr>
<td></td>
<td>Apply knowledge of basic anatomy, physiology and pathology to the management of general surgical patients.</td>
</tr>
<tr>
<td></td>
<td>• Determine the causes and mechanisms of shock;</td>
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<td></td>
<td>• Illustrate the physiology of normal fluid and electrolyte balance;</td>
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<td></td>
<td>• Describe the nature of intravenous replacement fluids;</td>
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<td></td>
<td>• Summarise the causes and management of common abnormalities of water, sodium and potassium metabolism;</td>
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<tr>
<td></td>
<td>• Describe the nutritional and metabolic needs of the perioperative patient;</td>
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<tr>
<td></td>
<td>• Apply the pathophysiology of sepsis to the perioperative patient;</td>
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<td></td>
<td>• Use recent research findings to outline the current status of solid organ transplantation in clinical practice;</td>
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<td></td>
<td>• Describe the methods available for the provision of post-operative analgesia;</td>
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<td></td>
<td>• Describe the management of common general surgical presentations and diagnoses as outlined in your POGS</td>
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<tbody>
<tr>
<td>2</td>
<td><strong>Patient assessment and management</strong></td>
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<tr>
<td></td>
<td>Evaluate general surgical patients presenting with a range of clinical problems.</td>
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<tr>
<td></td>
<td>• Elicit from patients presenting with a given problem, a relevant, logical and comprehensive history;</td>
</tr>
<tr>
<td></td>
<td>• Perform an organised and professional physical examination;</td>
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<td></td>
<td>• Develop an appropriate management plan for the Māori patient.</td>
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</thead>
<tbody>
<tr>
<td>3</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Prepare basic management plans for common general surgical problems.</td>
</tr>
<tr>
<td></td>
<td>• Apply best available evidence to solve clinical problems;</td>
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<td></td>
<td>• Identify and discuss areas of controversy in patient management;</td>
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<tr>
<td></td>
<td>• Determine and correct gaps in underpinning knowledge;</td>
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<tr>
<td></td>
<td>• Apply CAT methodology to a specific clinical question identified in a surgical patient observed during the clinical experience;</td>
</tr>
<tr>
<td></td>
<td>• Examine the respective roles of a multidisciplinary team to provide optimal patient care;</td>
</tr>
<tr>
<td></td>
<td>• Prescribe fluid replacement regimens.</td>
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</tbody>
</table>
4 **Patient assessment and management**
Evaluate a patient being prepared for surgery.
- Describe the principles for informed consent;
- Determine the role of preoperative medical assessment;
- Examine the respective roles of a multidisciplinary team in peri-operative patient care.

5 **Patient assessment and management**
Recognise common postoperative complications.
- Summarise the essential vital signs and systems to be monitored;
- Analyse and interpret common changes in TPR charts.

6 **Clinical decision making**
Formulate logical problem lists for a range of patients.
- Develop a differential diagnosis list for the major problem(s) of the patients;
- Determine the most likely working diagnosis;
- Evaluate and select tests that will confirm or alter the working diagnosis;
- Interpret simple laboratory and radiology tests.

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<tbody>
<tr>
<td>7</td>
<td><strong>Professional qualities</strong></td>
</tr>
<tr>
<td></td>
<td>Demonstrate responsibility, commitment and a reflective attitude to clinical practice.</td>
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<tr>
<td></td>
<td>Provide appraisal and feedback on educational experiences.</td>
</tr>
<tr>
<td></td>
<td><strong>Health and well being</strong></td>
</tr>
<tr>
<td></td>
<td>Identify own limits and seek out additional support or learning opportunities.</td>
</tr>
<tr>
<td></td>
<td><strong>Professional qualities</strong></td>
</tr>
<tr>
<td></td>
<td>Participate and actively contribute to patient care and other clinical team activities.</td>
</tr>
<tr>
<td></td>
<td>Identify the strengths and areas for improvement in both your communication and clinical skills when dealing with Māori patients.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
<th>Hauora Māori</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td><strong>Cultural safety</strong></td>
</tr>
<tr>
<td></td>
<td>Recognise particular issues for Māori with respect to tissue removal and general anaesthesia.</td>
</tr>
<tr>
<td></td>
<td>Engage in a culturally safe manner with Māori patients, whānau and communities.</td>
</tr>
<tr>
<td></td>
<td><strong>Critical reflection</strong></td>
</tr>
<tr>
<td></td>
<td>Reflect on own practice and systemic factors in relation to ethnic inequalities.</td>
</tr>
<tr>
<td></td>
<td><strong>Commitment to equity</strong></td>
</tr>
<tr>
<td></td>
<td>Identify strategies to overcome barriers with a view to improving Māori health outcomes.</td>
</tr>
<tr>
<td>Domain</td>
<td>Population Health</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| 9      | **Disease prevention**  
Suggest evidence-based population health approaches that would reduce the burden of diseases requiring surgery. |
### Domain: Applied Science for Medicine

<table>
<thead>
<tr>
<th>Domain</th>
<th>Clinical Knowledge</th>
</tr>
</thead>
</table>
| 1      | **Clinical Knowledge**<br>Apply key basic science principles to the evaluation of patients presenting with a wide range of common general medical problems.  
- Appraise the importance of basic anatomy, physiology and pathology knowledge to the management of medical patients;  
- Determine other knowledge bases that are used in general medicine. |

### Domain: Clinical and Communication Skills

<table>
<thead>
<tr>
<th>Domain</th>
<th>Clinical and Communication Skills</th>
</tr>
</thead>
</table>
| 2      | **Patient assessment and management**<br>Evaluate medical patients presenting with a range of clinical problems.  
- Elicit from patients presenting with a given problem, a relevant, logical and comprehensive history;  
- Perform an organised and professional general medical examination and examinations of the cardiovascular, respiratory, gastrointestinal and neurological systems;  
- Outline the basic approaches to the examination of the endocrine and locomotor systems and fundoscopy.  
- Present the cases orally and support this with clear written histories. |
| 3      | **Clinical decision making**<br>Formulate logical problem lists for a range of patients.  
- Develop a differential diagnosis list for the major problem(s) of the patients;  
- Determine the most likely working diagnosis;  
- Evaluate and select tests that will confirm or alter the working diagnosis;  
- Interpret simple laboratory and radiology tests.  
- Apply best available evidence to solve clinical problems;  
- Determine and correct gaps in underpinning knowledge;  
- Apply CAT methodology to a specific clinical question identified in a medical patient observed during the clinical experience. |
| 4      | **Communication with patients and families**<br>Prepare basic management plans for common general medical problems.  
- Communicate information to patients and families in a clear manner  
- Identify and discuss areas of controversy in patient management;  
- Examine the respective roles of a multidisciplinary team |
to provide optimal patient care.

<table>
<thead>
<tr>
<th>5</th>
<th>Develop an appropriate management plan for the Māori patient.*</th>
</tr>
</thead>
</table>

**Domain**  
**Personal and Professional Skills**

| 6 | **Professional qualities**  
Work as a constructive and collaborative health care team member, with respect for complementary skills and competencies:  
- Communicate with patients and other health professionals in a professional manner.  
- Participate and actively contribute to patient care and other clinical team activities  
- Practise ethically and with regard to medico-legal obligations;  
- Demonstrate responsibility, commitment and a reflective attitude to clinical practice;  
- Make appropriate decisions in situations of incomplete knowledge, complexity/ambiguity, or resource constraint.  
- Identify the strengths and areas for improvement in both your communication and clinical skills when dealing with Māori patients.*  
**Engagement in team**  
- Maintain appropriate boundaries with patients and other team members.  
**Health and wellbeing**  
- Identify own limits and seek out additional support or learning opportunities. |

**Domain**  
**Hauora Māori**

| 7 | **Critical reflection**  
- Reflect on own practice and systemic factors in relation to ethnic inequalities.  
**Cultural safety**  
- Engage in a culturally safe manner with Māori patients, whānau and communities.  
**Commitment to equity**  
- Identify strategies to overcome barriers with a view to improving Māori health outcomes |

**Domain**  
**Population Health**

| 8 | **Disease prevention**  
- Outline the medical conditions that significantly contribute to morbidity in the New Zealand context.  
**Health promotion**  
- Suggest evidence based public health approaches that would reduce the burden of medical diseases. |
**Specialty Medicine**

By the end of the clinical attachment students should be able to:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Applied Science for Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Clinical knowledge</strong>&lt;br&gt;Apply key basic science principles to the evaluation of patients presenting with a selected range of specialty medical problems.&lt;br&gt;• Appraise the importance of basic anatomy, physiology and pathology knowledge to the management of patients in specialty medicine;&lt;br&gt;• Determine other knowledge bases that are used in specific areas of specialty medicine.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
<th>Clinical and Communication Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>Patient assessment and management</strong>&lt;br&gt;Evaluate patients presenting with medical problems of the selected specialty.&lt;br&gt;• Elicit from patients presenting with a given problem, a relevant, logical and comprehensive history;&lt;br&gt;• Perform an organised and professional medical examination of relevant organ systems;&lt;br&gt;• Present the cases orally and support this with clear written histories.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Patient assessment and management</strong>&lt;br&gt;Prepare basic management plans for selected specialty medical problems.&lt;br&gt;• Apply best available evidence to solve clinical problems;&lt;br&gt;• Identify and discuss areas of controversy in patient management;&lt;br&gt;• Determine and correct gaps in underpinning knowledge;&lt;br&gt;• Describe the roles of the main health professionals contributing to the care of patients in this specialty.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Clinical decision making</strong>&lt;br&gt;Formulate logical problem lists for a range of patients.&lt;br&gt;• Develop a differential diagnosis list for the major problem(s) of the patients;&lt;br&gt;• Determine the most likely working diagnosis;&lt;br&gt;• Evaluate and select tests that will confirm or alter the working diagnosis;&lt;br&gt;• Interpret laboratory and radiology tests.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
<th>Personal and Professional Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td><strong>Engagement in team</strong>&lt;br&gt;Work as a constructive and collaborative health care team member, with respect for complementary skills and competencies:&lt;br&gt;• Communicate with patients and other health professionals</td>
</tr>
</tbody>
</table>
in a professional manner.

- Participate and actively contribute to patient care and other clinical team activities
- Practise ethically and with regard to medicolegal obligations;
- Demonstrate responsibility, commitment and a reflective attitude to clinical practice;
- Maintain appropriate boundaries with patients and other team members.
- Identify own limits and seek out additional support or learning opportunities
- Make appropriate decisions in situations of incomplete knowledge, complexity/ambiguity, or resource constraint.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Hauora Māori</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td><strong>Cultural safety</strong>&lt;br&gt;Engage in a culturally safe manner with Māori patients, whānau and communities.</td>
</tr>
<tr>
<td></td>
<td><strong>Critical reflection</strong>&lt;br&gt;Reflect on own practice and systemic factors in relation to ethnic inequalities.</td>
</tr>
<tr>
<td></td>
<td><strong>Commitment to equity</strong>&lt;br&gt;Identify strategies to overcome barriers with a view to improving Māori health outcomes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
<th>Population Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td><strong>Disease prevention</strong>&lt;br&gt;Suggest evidence based public health approaches that would reduce the burden of medical diseases.</td>
</tr>
<tr>
<td></td>
<td><strong>Outline the medical conditions that significantly contribute to morbidity in the New Zealand context.</strong></td>
</tr>
</tbody>
</table>
By the end of the clinical attachment students should be able to:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Applied Science for Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Clinical knowledge</strong></td>
</tr>
<tr>
<td></td>
<td>Apply key basic science principles to the evaluation of patients presenting with common conditions in older people.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
<th>Clinical and Communication Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>Patient assessment and management</strong></td>
</tr>
<tr>
<td></td>
<td>Evaluate older patients presenting with a range of common conditions and problems.</td>
</tr>
<tr>
<td></td>
<td>• Elicit from patients with multiple medical problems a logical and comprehensive history;</td>
</tr>
<tr>
<td></td>
<td>• Assess the environmental and social issues that contribute to the medical issues;</td>
</tr>
<tr>
<td></td>
<td>• Undertake a detailed multisystem examination with special emphasis on the cognitive, locomotor and neurological components;</td>
</tr>
<tr>
<td></td>
<td>• Demonstrate respect for and confidence with older people and problems they may face.</td>
</tr>
</tbody>
</table>

| 3      | **Patient assessment and management** |
|        | Prepare basic management plans that include medical, rehabilitation and social issues. |
|        | • Apply best available evidence to solve clinical problems; |
|        | • Identify issues of multiple medications; |
|        | • Identify issues specific to Māori patients; |
|        | • Identify and discuss areas of controversy in patient management. |

| 4      | **Patient assessment and management** |
|        | Explain the multidisciplinary team approach that is used in medical and rehabilitation for the older patient. |
|        | • Summarise the range, together with their respective roles, of domiciliary and institutional services outside the public hospital; |
|        | • Explain how and when these services need to be incorporated into a management plan for the elderly patient; |
|        | • Outline the needs assessment process used with older patients. |

<p>| 5      | <strong>Clinical decision making</strong> |
|        | Formulate logical problem lists for a range of older patients. |
|        | • Develop a differential diagnosis list that encompasses the multiple medical issues of a patient; |
|        | • Determine the most likely working diagnosis; |
|        | • Evaluate and select tests that will confirm or alter the working diagnosis; |
|        | • Interpret simple laboratory and radiology tests. |</p>
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<tbody>
<tr>
<td>6</td>
<td>Professional qualities</td>
</tr>
<tr>
<td></td>
<td>• Develop respect for patient autonomy and rights of the older patient, by acquisition/clarification of knowledge of legal and ethical aspects of care pertaining to older people;</td>
</tr>
<tr>
<td></td>
<td>• Identify the strengths and areas for improvement in both your communication and clinical skills when dealing with Māori patients.</td>
</tr>
<tr>
<td>7</td>
<td>Cultural safety</td>
</tr>
<tr>
<td></td>
<td>• Engage in a culturally safe manner with Māori patients, whānau and communities.</td>
</tr>
<tr>
<td></td>
<td>Critical reflection</td>
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<tr>
<td></td>
<td>• Reflect on own practice and systemic factors in relation to ethnic inequalities.</td>
</tr>
<tr>
<td></td>
<td>Commitment to equity</td>
</tr>
<tr>
<td></td>
<td>• Identify strategies to overcome barriers with a view to improving Māori health outcomes, particularly for older Māori.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
<th>Population Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Disease prevention</td>
</tr>
<tr>
<td></td>
<td>Suggest evidence-based population health approaches that would reduce the burden of medical diseases in older people.</td>
</tr>
<tr>
<td></td>
<td>• Outline the medical conditions that significantly contribute to morbidity in the New Zealand context.</td>
</tr>
<tr>
<td></td>
<td>• Identify the patients’ experienced episodes of care in the wider context of the community and the health system.</td>
</tr>
</tbody>
</table>
D. Attachment and Timetable Information

D.1. Changes to Attachments

Refer to Section 3 of the Academic & programme-related policies. Once allocations are confirmed to each cohort, student-led swaps or transfers cannot take place.

No student is able to swap attachments, rotations or teams, except in exceptional circumstances. Any student wishing to transfer after the deadline must make a written, formal request to the Phase 2 Director and the Year 4 Coordinator.

D.1.1. DHB security access cards

All hospitals have a security access card to enable you to enter protected areas. In effect, you are provided with the same access as a House Officer and your use of the card can be traced by Security. The card will be taken from you if you fail to comply with the rules that follow.

Rules

- You must wear both your University of Auckland photo Student ID and name badge at all times while on the hospital site. This is a mandatory requirement. Your name badge must be current for 2017.
- The access card is only to be used to enter areas of the hospital in which you are working and at the time you are working.
- The access card is for your use only. It must never be lent to another person. The use of the card can be traced and you may be held accountable if it is misused by someone else.
- When you complete your attachment at the hospital, it is your responsibility to return the card to the person who issued it to you. The card remains the property of the DHB. Failure to return it before leaving the attachment will result in you being traced and action taken to recover the card. In addition your assessment grades will be withheld.

D.1.2. Passwords for electronic patient records

Refer to the Clinical Practice: Guidelines, Policies and Legislation section of the Policy Guide for Acts, Privacy Codes and Patient Health Information FAQs.

Students will be provided with individual user names and passwords for accessing patient records electronically. The arrangement typically does not include student access to the hospitals’ internet services. Hospitals use Concerto or an equivalent system as an ‘umbrella’ application, which allows
integrated access to a number of clinical applications. Auckland City Hospital also provides you with on-line access to old patient records through 3M.

Please note that the ADHB Concerto login may expire if not used within 3 months from the date it is set up. The login can be reset by emailing a member of the MPD administrative team (mpd@auckland.ac.nz). Also, please contact your relevant DHB login issuer if you require authorised access to additional online applications such as patient discharge summaries.

Confidentiality: the DHBs have adopted an “open access” approach to security. This means the system does not limit access. Confidentiality is achieved by users only accessing patient information appropriate to their clinical responsibility, as a result you must be able to justify every electronic patient record access transaction you make. Any access not authorised by DHB policy that you cannot justify, will be treated very seriously as a breach of professionalism.

The University, DHBs and all hospitals consider that it is a serious breach of confidentiality if you access patient information that is unrelated to your clinical responsibility. For example, you must avoid accessing your own personal records or those of any acquaintances or family members. While the system allows users access to any patient, you must be able to completely justify every access transaction that you make through Concerto or its equivalent. Access records are subject to audit and any access that is not authorised under the DHB policy and for which you cannot adequately justify will be treated very seriously under the Fitness to Practice policy.

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

D.1.3. Card issue and password information

Auckland Clinical Campus

<table>
<thead>
<tr>
<th>Title</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Services Manager</td>
<td>Natasha Tinkler</td>
</tr>
<tr>
<td>School of Medicine</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:n.tinkler@auckland.ac.nz">n.tinkler@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Phone</td>
<td>(09) 923 1534</td>
</tr>
<tr>
<td>Location</td>
<td>Level 12 Auckland Hospital Support Building</td>
</tr>
</tbody>
</table>

- Access Cards will be issued at orientation and you will be required to sign for your card.
- Cards must be returned to the Operations Manager of the School of Medicine on or before the last day of your attachment or you will be charged $100.
- It is your responsibility to return the card. Under no circumstances will the card be accepted back from anyone except from the person who signed out the card.
- Because the card can be tracked and audited by Security, **if you lose the card you must report it to the Group Services Manager immediately.** If it is not found within 24 hours the card will be voided and you will need to pay $100 for a new card.
- You may not write on or label the card in any way.

**For other cohort students attending ADHB**
- For students in South Auckland Waitemata, Rotorua or Tauranga, who are at the ADHB for an attachment, your security card will be issued from the 12th floor of the Auckland Hospital Support Building. See above for details.

**Rotorua Clinical Site**
- Students at the Rotorua Clinical Site will be issued an identification card.
- Identification cards are to remain the property of the Facilities Service.
- Issue of a security access card is specific to the user and must not under any circumstances be used by another party. This includes the sharing, lending or borrowing of access cards. Abuse of access rights in this manner may lead to disciplinary procedures.
- It is the responsibility of each individual to ensure their authorised identification card is easily visible at all times whilst on site.
- Identification cards must not be defaced.
- Under no circumstances are identification cards to be used or allowed to be used for access unrelated to employment.
- Immediately the loss of an identification card is realised, Medical Management Unit or Security are to be advised to minimise risk of a security breach. The card will then be cancelled and arrangements to re-issue a replacement card will be made at the cost of $7.50.
- When you complete your attachments at Rotorua Hospital you must return your card promptly to the Medical Management Unit.

**South Auckland Clinical Campus**
- For students at the South Auckland Clinical Campus, when your security card is issued, a refundable deposit of $50.00 must be paid
in cash. Payment by cheque, credit card or EFTPOS will not be accepted.

- When you complete your attachments at the hospital you must return your card promptly, so that it can be reissued to another student. Card numbers are limited and overdue returns could result in non-availability to other students. Late returns may result in no refund of your deposit.
- If your card is lost or stolen, it must be reported immediately to the SACC Administration Office. Depending on the circumstances, a replacement fee may be charged.
- You may not write on the card or label the card in any way.

**Tauranga Clinical Site**

- For students at the Tauranga Clinical Site, when your security card and pager is issued, a refundable deposit of $100.00 must be paid in cash. Payment by cheque, credit card or EFTPOS will not be accepted.
- When you complete your attachments at the hospital you must return your card and pager promptly, so that the pager can be reissued to another student.
- If your card is lost or stolen, it must be reported immediately to Leonie Alley, student placement coordinator. Depending on the circumstances, a replacement fee may be charged, in the event of the pager being lost, the bond will be kept.
- You may not write on the card or label the card in any way.

**Waikato Clinical Campus**

- Students at the Waikato Campus will be issued an identification and security access cards.
- Issue of a security access card is specific to the user and must not under any circumstances be used by another party. This includes the sharing, lending or borrowing of access cards. Abuse of access rights in this manner may lead to disciplinary procedures.
- It is the responsibility of each individual to ensure their authorised identification card is easily visible at all times whilst on site.
- Identification cards must not be defaced.
- Under no circumstances are identification cards to be used or allowed to be used for access unrelated to employment.
- Immediately the loss of an identification or security access card is realised, Waikato Clinical Campus administration are to be advised to minimise risk of a security breach. The card will then be cancelled.
- When you complete your attachments at Waikato Hospital you must return your card promptly to the Waikato Clinical Campus reception.
Waitemata Clinical Campus

<table>
<thead>
<tr>
<th>Title</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Team Leader</td>
<td>Mere Vercoe</td>
</tr>
<tr>
<td>Site Coordinator</td>
<td>Deborah Clifford</td>
</tr>
<tr>
<td>Emails</td>
<td><a href="mailto:mere.vercoe@waitematadhb.govt.nz">mere.vercoe@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:deborah.clifford@waitematadhb.govt.nz">deborah.clifford@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Phone</td>
<td>(09) 487 1299</td>
</tr>
<tr>
<td>Location</td>
<td>Corner of North Shore Hospital and Health Road</td>
</tr>
<tr>
<td></td>
<td>Building 5, Level 1, Waitemata Clinical Campus</td>
</tr>
</tbody>
</table>

- Access Cards will be issued at orientation and you will be required to sign for your card.
- Cards must be returned to the Site Team Leader Waitemata Clinical Campus on or before the last day of your attachment in 2017 or you will be charged $50.
- It is your responsibility to return the card. Under no circumstances will the card be accepted back from anyone except from the person who signed out the card.
- Because the card can be tracked and audited by Security, if you lose the card you must report it to the Site Team Leader and WDHB Security. If it is not found within 24 hours the card will be voided and you will need to pay $50 for a new card.
- You may not write on or label the card in any way.

Card and password issue
The following table summarises whom you should contact for the issuing of security cards and patient information passwords.

<table>
<thead>
<tr>
<th>DHB Patient Clinical System</th>
<th>Access card and password Contact person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland DHB</td>
<td>Natasha Tinkler, 12th Floor Auckland Hospital Support Building</td>
</tr>
<tr>
<td>Bay of Plenty DHB</td>
<td>Leonie Alley</td>
</tr>
<tr>
<td>Counties Manukau DHB</td>
<td>SACC Student Administration Office</td>
</tr>
<tr>
<td>Lakes District DHB</td>
<td>Irene Warren</td>
</tr>
<tr>
<td>Waikato DHB</td>
<td>Raewyn Wooderson</td>
</tr>
<tr>
<td>Waitemata DHB</td>
<td>Mere Vercoe, Corner of North Shore Hospital and Health Road, Building 5, Level 1</td>
</tr>
</tbody>
</table>

D.2. Student Car Parking

Auckland Hospital gives on-site parking priority to DHB patients and employees. Therefore students who are on clinical attachments at Auckland City are requested to use available street parking in the vicinity of the hospital.

Students undertaking clinical attachments at both the North Shore and the Waitakere Hospital have access to staff car parking facilities on a similar...
basis to WDHB Health staff. To obtain a parking card you need to go to the Site Team Leader based at the Waitemata Clinical Campus. You will require a $20 cash deposit. The parking is then $2.50 per day (24 hour period) paid via the yellow parking machines. When you return the parking card to the Site Team Leader you will receive your $20 deposit.

Students undertaking clinical attachments at Middlemore Hospital have access to staff car parking facilities, on a similar basis to Counties Manukau DHB staff. Parking Cards can be purchased from the Secure Parking NZ Limited Office at Middlemore Hospital. The standard procedure for multiple entry car parking access is to purchase a weekly (7 day) card. The initial card cost is $35 which includes $20 to purchase the card, and $15 of parking credit pre-loaded. The 7 day (weekly) card costs $10.20 a week.
E. Requirements and Responsibilities on Clinical Attachments

E.1. Overarching Rules

- Wear both your University of Auckland photo Student ID and current name badge at all times in the hospitals and general practices.
- If you are not sure about anything, ask!
- Do not undertake responsibilities for which you are not yet ready.
- You may not administer any medication to a patient by injection unless under the immediate supervision of qualified medical staff.
- You are not obligated to write in hospital notes, but if you do the entry must:
  - Be verified for accuracy by a more senior team member (e.g. Registrar or Consultant); and
  - Be countersigned by this person; and
  - Have your signature, name and level clearly stipulated (e.g. Harriet Potter, Year 4 Medical Student); and
  - Be dated and timed.

E.2. Behaviour in the Wards and General Practices

You should adopt professional attitudes in respect of dress and behaviour. Consider the effect of how you present yourself on the therapeutic relationship you will have with patients, and the professional relationships you are building with the healthcare team and public. Some minimum expectations are:

- When working on the wards and in general practices, your appearance, including dress, hairstyle, and shoes, should be professional, unexceptional, neat and tidy. Your demeanour should similarly be pleasant, professional, and courteous at all times.
- Dress sensibly and appropriately, with no revealing clothing.
- No jeans are to be worn.
- For safety reasons, closed shoes must be worn.
- Consider tying back long hair for safety and hygiene reasons. Do not have an extreme hairstyle that will detract from your professional appearance.
- White coats should be worn in clinical situations if specific instructions require this.
- Do not use work computers for personal matters including personal email and social media.
E.3. Specific Requirements and Responsibilities

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

E.3.1. Attendance during Phase 2

You are expected to attend all scheduled activities during both clinical attachments and Formal Learning weeks.

Planned leave must be taken during scheduled holidays. Planned leave outside the scheduled holidays can only be granted in exceptional circumstances and requires prior approval in writing. An appropriate first approach, should you wish to apply for planned leave outside the scheduled holidays, is an email to the Phase 2 Director explaining the situation and your request. Please provide details such as your cohort and group, when you are requesting leave and for what reason, why you believe it qualifies as “exceptional circumstances, what you would miss, and how you propose to make up the missed time. Please see section J.3 for more details.

Unplanned leave (e.g. due to illness or bereavement) must be notified to the appropriate clinical supervisor and the MPD office as soon as possible, but certainly before you have missed an entire day. See Sections J.3 – J.4 for further detail on attendance and leave.

E.3.2. Access to wards and patients

You are reminded of the ethical guidelines covering the involvement of patients in clinical teaching and you must always:

- be correctly attired and wearing your university photo ID and name badge;
- identify yourself to the patient;
- explain the purpose of your interview and examination and obtain verbal agreement from the patient;
- ensure the patient is able to consent and agrees to be interviewed;
- respect a patient’s refusal to be examined.

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

- you explain the purpose of your visit to, and seek permission from, the senior nurse on duty and the nurse looking after the patient before approaching the patient; or
- if the clinical team is present, it is appropriate to speak to a member of that team.
It is important that these courtesies are observed to ensure students continue to have access to the wards.

If you are in any way concerned about ethical aspects of your clinical work, you are urged to consult the attachment convenor for advice or seek advice from the senior members of the clinical team to which you are attached. Alternatively you may wish to discuss your concerns with your Student Support Advisor who can also contact the Directors of Medical Student Affairs if required.

Refer to Ethical Guidelines section of Clinical Practice: guidelines, policies & legislation.

**E.3.3. Case notes**

The hospital case records of patients are confidential documents whose custody and security is the responsibility of the DHB. Clinicians in charge of patients are responsible to the Chief Executive Officer for the quality and accuracy of these records. It is everyone’s responsibility to maintain the highest possible standards as these form a vital record on which the patient’s welfare may depend for years to come. Please ensure any notes you make are of the highest standard.

**E.3.4. Student use of patient information**

When preparing your own study notes and case note reports etc., students who have permission to access a patient file need to be particularly careful that they safeguard the patient information and do not contravene DHB patient privacy codes. **In particular, no information that identifies the patient (including NHI number and/or date of birth) can be printed out or copied and stored to any personal device such as a memory stick or computer.**

The Health Information Privacy Code and its implications are outlined in section 10 of the Clinical Practice: guidelines, policies & legislation, and students must know and attend to its requirements. DHB audit systems are monitoring those accessing patient notes, and misuse is taken very seriously.

**E.3.5. General physical examination**

You should consider the use of a chaperone for conducting the physical examination depending upon patient wishes and the general context. Please note that this principle applies to any encounter a student has with a patient, irrespective of gender.

Refer also to Section 4 of Clinical Practice: guidelines, policies & legislation for the Sensitive Examination Policy.
E.3.6. Obtaining consent
It is the responsibility of the professional performing the procedure or operation to gain consent. Students are encouraged to participate in this process.

Refer also to Section 1.2 of Clinical Practice: guidelines, policies & legislation.

E.3.7. Procedures
These activities range from relatively straightforward, such as intravenous line or urinary catheter insertion, to more difficult and complex procedures. You must not attempt to carry out any of these procedures unsupervised until you have had instruction and supervised experience with the procedure. You should not attempt to insert intravenous lines in patients where vascular access is difficult.

If venous access is not achieved after three attempts, a more experienced person must be called. Any form of procedure involving entry into a major body cavity such as the chest or abdomen or the insertion of a central venous line, must be under the direct supervision of an experienced doctor.

E.3.8. Allergies
On every occasion, a check for allergies with the patient must be made. Take note of any medical alert bracelets.

E.3.9. Carrying Infection
Remember that all respiratory tract infections are highly communicable, especially in the early stages of illness when streaming nose, coughs, sneezes, soiled handkerchiefs and hands carry enormous numbers of infectious particles. Notify your supervisor and stay out of the ward.

Similarly, infected skin lesions (such as paronychia) and acute diarrhoeal illness are also reasons for avoiding contact with patients.

One way to minimize infection is to ensure you are up to date on immunisations, including annual flu vaccine.

E.3.10. Punctuality
Be on time. Notify your team in advance if you will be absent from key team activities.

E.4. Immunisations and infectious diseases
This section needs to be read in conjunction with the Immunisation and prevention of infectious diseases Policy Guide.
During this year, **some DHBs will require you to provide evidence** of your hepatitis serology and immunisation status. It is highly likely that this information will be sought by all DHBs in the future. In part, the vaccinations you received in Year 2 will provide useful evidence. **You are responsible for maintaining your records and having a copy readily accessible.** You should ensure the following:

- you have up to date immunisation for Varicella and Pertussis;
- you have acquired Hepatitis B surface antibodies;
- you know your Mantoux or Quantiferon Gold status;
- you know your immune status for Measles, Mumps, and Rubella;
- you complete an annual *S.aureus* transmission risk survey to gain a clearance certificate.

**Students are strongly advised to have the seasonal influenza vaccine.**

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

You also are advised to ensure that you are up to date with other vaccinations, for example diphtheria, tetanus, and polio; failure to do so may result in your removal from clinical attachments.

**E.5. Blood and Body Fluid Accidents**

**E.5.1. In DHB Hospitals**

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

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

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

**E.5.2. 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
F. Assessment and Phase 2 (Year 4)

F.1. Overview of Assessment in Year 4

There are substantial differences in the manner in which Year 4 is assessed, compared with Phase 1. While much of this is related to the learning in clinical environments, it also reflects international developments in medical education.

Standards are to be met both within clinical disciplines and longitudinally in the domains. The longitudinal view takes primacy over the assessment of an individual attachment in the domains of Clinical and Communications Skills and Personal and Professional Skills. This provides better reliability in making end-of-year decisions about a student.

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

Each of the projects will be assigned to the grade for one of the domains.

Case Reports and Critically Appraised Topics (CATs) are very important components of the assessment in Year 4. Refer to the Appendices for guidelines on completing each of these for the various clinical attachments.

F.2. General Assessment Policies

The following general policies apply to Year 4.

- Students must pass the year as a whole and are required to gain an overall pass in the clinical attachments, and a pass in each of the domains that are assessed longitudinally over the year.
- The grade for each attachment is a provisional grade only, until approved by the Board of Examiners at the end of each year.
- 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 4 in 2017 are:
  - Applied Science for Medicine
  - Clinical and Communication Skills
  - Personal and Professional Skills
  - Hauora Māori
- The domain of Population Health will not be graded longitudinally in Year 4 in 2017.
- Unless approved by the Board of Studies (Medical Programme), the assessment for each discipline attachment is the same at each hospital
site, with the Head of Department recommending each student’s grade to the Board of Examiners.

F.3. Grading System

The final end-of-year grades confirmed by the Board of Examiners for clinical attachments are reported as distinction, pass or fail.

Grades of distinction, pass or fail are reported for the domains of:
- Applied Science for Medicine
- Clinical and Communication Skills
- Personal and Professional Skills
- Hauora Māori

For clinical attachments of longer than one week and for the end-of-year Clinical Skills Assessments for Medicine/Surgery, departments may use the following system for reporting provisional grades to the Board of Examiners:
- Distinction
- Pass
- Borderline Performance (formative purposes only)
- Fail

Unless exemptions are approved by the Assessment Subcommittee of the Board of Studies, any attachment of one week will use pass and fail grades only.

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

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

**F.4. Assessment and Clinical Attachments**

Departments are responsible for the assessment of their clinical attachments, and in ensuring that their assessment is consistent with policies of the University and Board of Studies (Medical Programme).

All departments are using closely aligned Clinical Supervisor Report (CSR) forms and consistent mini-CEX forms for grading students. In addition to their contribution to summative assessments, these forms also provide constructive feedback on various aspects of student performance in each attachment.

Before completing the assessment forms, a consensus for a student’s clinical performance should be obtained from all the members of the health care team, i.e. the Consultants, the Registrar, House Officer, nursing and other paramedical staff. To this will be added such other types of assessment in
the form of oral or written examinations, OSCEs and projects, as the Head of
the Department may consider necessary.

The Board of Studies has endorsed an expectation that a student will
have attachment results and provisional grades to you within four
weeks of the end of each attachment. Students are encouraged to
inform the MPD if there is any significant delay.

F.4.1. Grades reported

For the attachments in General Medicine, Geriatrics, General Surgery,
Specialty Medicine, Anaesthesiology and Musculoskeletal, students will
receive a provisional grade of distinction, pass, borderline performance or
fail. These are not confirmed until the Board of Examiners meeting at the
end of the year.

The borderline performance is a formative grade only, to provide an
indication of aspects of performance that should be strengthened.

At the end of the year, the Board of Examiners will approve a grade of
distinction, pass or fail for each attachment.

There are two exceptions to this:
1. Emergency Medicine provides provisional grades of pass and fail only.
2. General Practice (both GPOPS and GP/PC) provides provisional grades of
   pass and fail only.

F.4.2. Summary of Year 4 clinical assessments

The following chart provides a summary of the clinical attachment
assessments you are required to complete for the year.

<table>
<thead>
<tr>
<th>Clinical Attachments</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine</td>
<td>Clinical Supervisor Report</td>
</tr>
<tr>
<td></td>
<td>3 Case Histories plus 1 CAT</td>
</tr>
<tr>
<td></td>
<td>Mini-CEX (1)</td>
</tr>
<tr>
<td>Specialty Medicine</td>
<td>Clinical Supervisor Reports (x2)</td>
</tr>
<tr>
<td></td>
<td>Mini-CEX (x1)</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>Clinical Supervisor Report</td>
</tr>
<tr>
<td></td>
<td>Case Report</td>
</tr>
<tr>
<td></td>
<td>Seminar</td>
</tr>
<tr>
<td>General Practice: GPOPS and GP/PC</td>
<td>Attendance at GPOPS</td>
</tr>
<tr>
<td></td>
<td>Meeting the criteria of the attachment (to attend,</td>
</tr>
<tr>
<td></td>
<td>participate and be professional)</td>
</tr>
<tr>
<td></td>
<td>Submission of the completed General Practice Skills</td>
</tr>
<tr>
<td></td>
<td>and Procedures Checklist</td>
</tr>
<tr>
<td>Clinical Attachments</td>
<td>Assessment</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------</td>
</tr>
</tbody>
</table>
| General Surgery      | Clinical Supervisor Report (2)  
                      | POGS  
                      | CAT  
                      | Clinical OSCE (formative assessment only) |
| Musculoskeletal      | Clinical Supervisor Report  
                      | Attendance sheet sign-off  
                      | Case report  
                      | CAT  
                      | OSCE at end of attachment |
| Emergency Medicine   | Attendance log – all three clinical shifts done with  
                      | a consultant or registrar supervisor signed off by  
                      | supervisor as satisfactory or unsatisfactory. |
| Anaesthesiology      | Logbook completed  
                      | Case report  
                      | Clinical Supervisor Report  
                      | Written Learning Test (first day)  
                      | OSCE (final day) |

For each attachment, the provisional grade is derived using a set of departmental rules that combine the various components of the assessment for that attachment (refer to discipline overviews in Section C.7).

**F.4.3. Combining attachment grades**

Attachment grades are combined to give one overall grade at the end of the year. The overall grade for the clinical attachments is determined using the following rubric.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Requirement</th>
</tr>
</thead>
</table>
| Distinction| Distinction in the majority of attachments, no borderline performance or fails in attachments.  
                      | (Note, General Practice and Emergency Medicine are assessed as pass or fail only). |
| Pass       | Passes in all clinical attachments but not meeting the criteria for distinction.  
                      | Maximum of one borderline performance. |
| Fail       | Fail one or more attachments.  
                      | Two or more borderline performances. |

**F.5. Assessment and Domains**

Students also receive a grade for each of four domains in 2017.

If a domain is assessed longitudinally and summatively, it must be passed to progress to the next year of the programme. Domain grades are reported as distinction, pass or fail.
F.5.1. Clinical and Communication Skills domain

Clinical assessments primarily assess the generic processes within a discipline setting, not the content related to that discipline. Hence their primary purpose is to focus on clinical reasoning as demonstrated by a student’s synthesis of the clinical presentation and the development of a problem list.

In Year 4 there is an integrated end-of-year Clinical Skills Assessment for Medicine/ Surgery, with three medicine stations and three surgery stations. For each of these stations students receive a provisional grade of distinction, pass, borderline performance or a fail.

The summative objective clinical skills assessments within the various clinical attachments are considered both for provisional attachment grades and longitudinally for the Clinical and Communication Skills domain. Hence the following assessments will contribute to both the students’ provisional attachment grade and their grade for this domain:

- General Medicine mini-CEX (1)
- Specialty Medicine mini-CEX (1)
- Musculoskeletal OSCE (2)

The following assessments also contribute to the grade for this domain.

- Clinical Skills Assessments Medicine/ Surgery (6 stations)
- Drug and Alcohol assessment (communication component)

There are a total of 11 clinical skills assessments contributing to this domain grade.

Determining the Domain Grade

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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>- Distinction in five or more of clinical skills assessments, no more than one borderline performance, no fail in clinical skills assessments.</td>
</tr>
<tr>
<td>Pass</td>
<td>- Not meeting the criteria for distinction or fail.</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail if any one of the following criteria are met:</td>
</tr>
<tr>
<td></td>
<td>- Fail three or more clinical skills assessments; or</td>
</tr>
<tr>
<td></td>
<td>- Two fails and two borderline performances; or</td>
</tr>
<tr>
<td></td>
<td>- One fail and three borderline performances; or</td>
</tr>
<tr>
<td></td>
<td>- Four or more borderline performances.</td>
</tr>
</tbody>
</table>

Link between Year 4 and Year 5 Clinical and Communication Skills domain assessment

At the end of Year 4, the Board of Examiners consider students overall grade for the Clinical and Communication Skills domain, based on the longitudinal view of their achievement for the year, to determine what they
may need to demonstrate for this domain in Year 5. There are two options for the Year 4 Board of Examiners:

1. They may require students to complete the end-of-Year 5 clinical skills assessment of six stations.

2. They may grant ‘provisional exemption’ from the end-of-Year 5 clinical skills assessment. It is anticipated that the majority of students will be assigned to this pathway.

Note that if the Year 4 Board of Examiners requires a student to complete a Directive Selective in Year 5, they will be required to complete the end-of-Year 5 clinical skills assessment, unless a subsequent exemption is granted on the basis of their achieving at least three provisional attachment grades of Distinction during Year 5.

**F.5.2. Personal and Professional Skills domain**

There is a strong emphasis on the assessment of personal and professional skills in the re-invigorated programme.

The collection of evidence for this domain includes both staff-led and student-driven processes throughout the year.

**Staff-led component ("Direct Observation")**

The professional skills elements incorporated in the clinical supervisor reports and the clinical skills assessments (e.g. mini-CEX and OSCE) are considered longitudinally as evidence of meeting the learning outcomes for this domain.

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

**Student-led components**

There are two student-led components in the assessment of this domain.

1. **Assignment**

   The written assignment for PPS in Year 4 is the Health and Wellbeing assignment. This is a summative assessment and is graded as distinction, pass or fail.

2. **Portfolio assessment**

   A student-centred portfolio is used to collect evidence for the longitudinal assessment of this domain, to demonstrate achievement of the learning outcomes. Please refer to the portfolio guidelines located under the Personal and Professional Skills domain link on the MBChB Portal for further information and suggestions for relevant evidence. The portfolio is graded as distinction, pass or fail.
Fail for PPS Direct Observations component
In any one Clinical Supervisor Report the lowest reported standard in any of the three sub-fields of the Personal and Professional Skills domain is used for calculating the pass or fail grade. A ‘major deficiency’ in two or more Clinical Supervisor Reports or clinical skills assessments (from 10 possibilities*) will lead to a fail grade. The table below indicates the combinations of ‘major deficiency’ and ‘some reservations’ that may contribute to a Fail grade.

Fail Criteria for Direct Observation Component of PPS Grade

| Two ‘major deficiencies’ or |
| One ‘major deficiencies’ and two ‘some reservations’ or |
| Three ‘some reservations’ |

* General Medicine: 1 CSR; 1 mini-CEX
  Specialty Medicine: 2 CSR; 1 mini-CEX
  Geriatrics: 1 CSR
  General Surgery: 2 CSR
  Musculoskeletal: 1 CSR
  Anaesthesiology: 1 CSR (one sub-field only)

Rules for determining the Domain Grade
The following rules will be used to determine the domain grade for personal and professional skills.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Requirement</th>
</tr>
</thead>
</table>
| Distinction | • Pass in direct observation of performance by staff (CSR form, mini-CEX)*; and  
  • Assignments reach a standard of pass or distinction; and  
  • Portfolio assessment reaches a standard of distinction*. |
| Pass    | • Pass in direct observation of performance by staff (CSR form, mini-CEX); and  
  • Assignments reach a standard of pass or distinction; and  
  • Portfolio assessment reaches a pass standard, as determined by the selection of evidence, rationale, quality of critical reflection and feedback from observations. |
| Fail    | • A fail in the portfolio will result in a fail in the PPS domain. ^  
  • One fail from the other two assessments (HWB assignment and direct observation of performance) may result in a fail for the PPS domain.  
  • Two fails in the other two assessments will result in a fail for the PPS domain. |
While feedback from staff observations comprises a pass/fail component for this domain, students may use this feedback as evidence within their portfolio to support a grade of distinction.

The standard of distinction is determined by a reflective essay justifying how the selection of evidence meets the learning outcomes for the Personal and Professional Skills domain, and the quality of critical reflection.

If the portfolio is graded as a fail, it is probable that the Board of Examiners will require additional work. If this is not completed satisfactorily, this may lead to a fail of this domain.

Notes
1. The Portfolio has a higher weighting in determining the overall domain grade.
2. If a student achieves one or more fail grades in the three components, the Board of Examiners is the final arbiter of whether they pass or fail this domain, after looking at their total performance longitudinally.

F.5.3. Hauora Māori domain

The grade for this domain is determined by assessment of a written reflective commentary. The reflective commentary is made up of three reflective writing tasks (one in each of modules 1, 3, and 5), which must be completed by the specified deadlines. The reflective commentary will be graded distinction, pass or fail. Students who receive a fail grade will be given an opportunity to remediate.

The grade for the domain in Year 4 is distinction, pass or fail. Section F.7 outlines how this grade contributes to the overall domain grade and implications for progression to Year 5.

F.6. Progress Testing

F.6.1. 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.

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

As a student progresses through the programme, the percentile graded as unsatisfactory or borderline on an individual test will change, as indicated in the table below. Note that Year 6 is standards-based.
Progress tests occur three times each year. Each is three hours long and has 125 single best answer questions. All students, at all levels of the programme, sit the same test at the same time.

In Year 4, progress tests will form 100% of the grade for the Applied Science for Medicine domain. Any other knowledge-based assessments are for formative purposes only.

**F.6.2. Grading and Progress Tests**

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

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

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

<table>
<thead>
<tr>
<th>Grade for 1st Progress Test</th>
<th>Grade for 2nd Progress Test</th>
<th>Aggregated Grade</th>
<th>Grade for next Progress Test</th>
<th>Updated Aggregate Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Excellent</td>
<td>Satisfactory</td>
<td>Excellent</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Excellent</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Excellent</td>
<td>Satisfactory</td>
<td>Borderline</td>
<td>Doubtful</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Unsatisfactory</td>
<td>Doubtful</td>
</tr>
<tr>
<td>Borderline</td>
<td>Excellent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borderline</td>
<td>Satisfactory</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Explanatory notes

1. Refer to the first two columns for the first two progress tests 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. Keep referring to the latter three columns for the remaining progress test results and new aggregated grade.

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

4. If you miss a Progress Test, which may be for a number of reasons, the policies in Section F.6.4. will apply.

5. At the end of the year, the Board of Examiners consider the pattern from the three progress tests in any one year, to derive a grade of distinction, pass or fail for the domain of the Applied Science for Medicine at the end of each year (refer to section below).

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

### F.6.3. The Domain Grade for Applied Science for Medicine

The aggregate grades for progress tests in any one year are used to determine the end-of-year grade for the domain of Applied Science for Medicine.

The following table indicates how the final domain grade of distinction, pass and fail are derived. This involves translating aggregate grades of Satisfactory, Doubtful and Unsatisfactory from Progress Tests to Distinction, Pass, Fail for the domain. The Board of Examiners has access to all progress test scores to help inform their decision.
### Grade Requirement

<table>
<thead>
<tr>
<th>Grade</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>• (Typically) top 10% will receive distinction as a domain grade, by considering together individual test grades of excellent and satisfactory.</td>
</tr>
<tr>
<td>Pass</td>
<td>• Satisfactory grade using aggregated grades carried forward over the three tests.</td>
</tr>
<tr>
<td>Fail</td>
<td>• Unsatisfactory grade using aggregated grades carried forward over the three tests.</td>
</tr>
</tbody>
</table>

#### Explanatory Notes

1. Progress is examined longitudinally; individual tests marks are aggregated over time for making pass/ fail decisions.

2. For the purpose of selecting the top 10% of students for distinction where progress testing is the sole assessment for this domain, the mean of z Scores over all three tests will be used.

3. It is possible for a student to have one borderline performance and still be in the top 10%.

### F.6.4. 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 4.
- If a student enters Year 4 with an aggregate doubtful grade and has an aggregate grade of doubtful at year end, this will result in a fail for the domain for Year 4.
- A Doubtful aggregate grade for progress tests at the end of Year 4 for 2017 is treated as a pass for this domain, providing there are no other academic concerns and that the aggregate grade at the end of Year 3 in 2015 was not Doubtful.
- The results of the third progress test in each year will not be released until after the Board of Examiners for that year has met and considered all student assessments.

#### 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 F.9).

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

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

**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 in keeping with the Programme’s leave policy. See sections J.3 and J.4.

**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 Fitness to Practise process may also be invoked.

**Operation and supervision of progress tests**
Progress tests are run according to the University of Auckland Examinations policies, processes and guidelines, except that there will be no reading time for the tests. At the start of each test 10 minutes 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 aggregate grade from their last year of satisfactory progress test achievement will be carried forward to the repeated year.

**F.6.5. 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 2.15pm
The sites at which progress tests will be conducted in 2017 are Auckland, Hamilton, New Plymouth, Rotorua, Tauranga and Whangarei.

Wherever practicable, students will be excused of attachment commitments in the morning prior to the progress test. **Students will need to check with your individual team to confirm whether or not you are excused.**

**F.6.6. 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 the 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 the results with this in mind. Students should compare their results with others at their 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 administered under standard University of Auckland rules:

- Students may not enter your progress test later than halfway through.
- Students 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 their Scantron sheet and progress test paper.
- Students 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.
- Make sure that you finish the paper and do not spend too much time on items you find difficult or complex.
- 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 can eliminate more than one of the options as being clearly incorrect, it is to your advantage to make an informed choice amongst the remaining options.

**Results and feedback**

Following the progress test, you will access via the MBChB portal:

- 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 answered correctly (green), incorrectly (red) or didn’t know (amber);
- the 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.
F.7. Domain, Overall Year Grade and Progression to Year 5

F.7.1. Overall Domain Grade for Year 4

The grades from the four domains assessed longitudinally in Year 4 are combined into one grade, using the following rules.

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

F.7.2. Progression to Year 5

The following table summarises the possible outcomes of assessment in Year 4 in terms of passing or failing. The Board of Examiners will look at each student overall before determining the final overall year grade, using the following rubric as a guide.

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Domain</th>
<th>Decision</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>Distinction</td>
<td>Distinction</td>
<td>Progress to Year 5</td>
</tr>
<tr>
<td>Distinction</td>
<td>Pass</td>
<td>Discuss</td>
<td>Progress to Year 5</td>
</tr>
<tr>
<td>Pass</td>
<td>Distinction</td>
<td>Discuss</td>
<td>Progress to Year 5</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
<td>Progress to Year 5</td>
</tr>
<tr>
<td>Fail</td>
<td>Pass</td>
<td>Discuss</td>
<td>Consider Progression with Directed Selective, Progression with Tag, or Fail</td>
</tr>
<tr>
<td>Pass</td>
<td>Fail</td>
<td>Discuss</td>
<td>Consider Progression with Directed Selective, Progression with Tag, or Fail</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail</td>
<td>Fail</td>
<td>Fail year</td>
</tr>
</tbody>
</table>

Associated Principles for decision-making

There are a number of associated principles considered when the Year 4 Board of Examiners makes the final decision for each student.

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

Where a student fails an attachment or a domain, the Board of Examiners at the end of Year 4 will take account of all evidence before recommending a grade. It is possible that students may progress to Year 5 but with some directed remediation or assistance.

Those students who clearly fail both attachments and domains will be required to repeat Year 4.

Results are posted on Canvas within 48 hours of the Board of Examiners meeting.

Students who have no overall year grades reported on Canvas will be required to complete remediation. Students will be contacted with specific requirements.

The official transcript from the University will record pass or fail only; The Faculty also provides a more detailed summary of your achievements for each attachment and domain (The Faculty Academic Record).

**F.8. Remediation Policy and Principles for Year 4**

**Introduction**

Remediation and other academic assistance to students have been carefully designed for Years 4, 5, and 6 to increase the likelihood that any issues with student performance are identified early and acted upon in the best interests of the student. The Phase Directors will work in conjunction with the Boards of Examiners to review the student’s overall performance and make any necessary decisions about whether a student may require additional time to complete the requirements of the year. A student may be directed to receive assistance or to participate in remediation by the Boards of Examiners at mid-year in Years 4 or 5 or on entry to Years 5 or 6.

“Remediation” refers to the formal, planned opportunities provided for a student to either repeat an identified aspect of the curriculum or use additional time to demonstrate clear achievement of the required standard.

By contrast, “assistance” refers to a more informal, less structured approach which places greater responsibility on the students to avail themselves of the extra support available.

“Remediation” will usually require additional formal assessments and report back to the appropriate Board of Examiners on the student’s progress; “assistance” can be undertaken at the discretion of the student and will not necessarily involve the Board of Examiners. Plans will be individualised for each student to address the concerning aspects of their performance and will utilise the least structured approach that is deemed necessary.
There are four levels of assistance and remediation available to students in the medical programme.

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

   If a student is concerned that a certain aspect of their performance is lacking but has not yet resulted in an unsatisfactory grade, he/she can approach the Phase Director for additional assistance in the form of advice, academic counselling, or access to the Clinical Medical Education Fellows. Similarly, a staff member can notify the Phase Director about a student who, while managing an overall pass for the attachment, would nevertheless benefit from additional assistance in a particular area. The Phase Director will then be in contact with the student to offer additional resources. It is up to the student whether they wish to make use of the offered help, and their engagement with the Phase Director or other personnel (such as Clinical Medical Education Fellows) will not be formally tracked and assessed.

2. A Tag (assistance)

   Students may be tagged if they experience an academic difficulty during Years 4 or 5. This may arise in any of a number of ways, from minor concerns identified by the Board of Examiners to feedback from clinical attachments. Students with a tag meet with the Phase 2 Director to discuss the voiced concerns. The Phase 2 Director will also offer a range of additional resources to the student, and it is the responsibility of the student to take up the opportunities offered. The Board of Examiners may request a follow up report from the Phase Director regarding tagged students, but no formal assessments will be required, beyond what is part of the student’s normal curriculum.

3. A Directed Selective (remediation)

   A Directed Selective is formally imposed by the Board of Examiners at the end of Year 4 and requires a student to follow an individualised and prescribed course of study for six weeks in Year 5. The student forgoes the flexibility of choice usually associated with the Selective, but if the Directed Selective is completed successfully, the student will not be required to do additional time in Year 5. Specific learning outcomes and assessments for the Directed Selective are dictated by the Board of Examiners and agreed among the Selective Coordinator and the Department overseeing the student.

4. Remediation Period (additional time at the end of Year 5 before progressing to Year 6)

   The Board of Examiners at the end of Year 5 may identify a specific component of coursework in which a student has demonstrated a significant weakness. In this situation the student is given a deferred
result at the Board and is required to successfully complete an additional four weeks of prescribed study and re-assessment. The Board of Examiners will hold a supplementary meeting after this prescribed Remediation Period to review the student’s performance over the four weeks and determine a final grade for the year. If the student fails this re-assessment, the student is considered to have failed the year.

While it is usually the case that a student assigned to the Remediation Period will be attached to the discipline in which a deficiency has been identified, for global issues, remediation may occur in any discipline. This decision is made at the discretion of the Board of Examiners. Failure to participate in the remediation period, or failure to successfully remediate the identified issues during the four-week period, will result in failing Year 5 or potentially being excluded from the programme.

Those students who are required by the Board of Examiners to complete some form of remediation (e.g. Directed Selective or Remediation Period) will be notified by letter within 10 days of the appropriate Board of Examiners meeting. The MPD aims to contact and speak to all students affected prior to the posting of results.

**Remediation extensions and fees**

Any additional attachment requirements for remediation will be subject to enrolment extensions and additional fees. These enrolments are measured at 10 points per month or part thereof, for fee calculation purposes.

**Principles governing academic assistance and remediation**

The following set of principles has been developed to ensure students are provided with the appropriate method of remediation.

- The medical programme uses multiple methods for assessment, each designed to measure different aspects of the required performance and achievements.
- The provisional grade of “borderline performance” in clinical attachments and end-of-year clinical skills assessments is used for the purpose of feedback and to highlight the possible need for academic assistance or remediation.
- All student results for progress tests and/ or modules will be accessible to the members of the Boards of Examiners for the purpose of making end-of-year progression decisions.
- The final grades for each category should not be determined independently of other components.
- Remediation and assistance options have been designed to provide the minimal intervention necessary.
- Remediation is required when a student does not adequately meet all of the Learning Outcomes for any one year.
Academic assistance and remediation are regarded as supportive processes to assist a student to achieve the desired outcomes across all dimensions of the programme. As a result, academic assistance and remediation (e.g. Directed Selective, Tags) are not recorded on the Faculty Academic Record.

**Remediation policy for Year 4**

1. Tags will identify the nature of the deficiency and may address both generic and discipline-specific issues. The purpose of the tag is to provide useful feedback to the student and to make additional learning resources available to him/her.

2. There will be a mid-year Board of Examiners meeting to review the results of at least the first two clinical attachments, and students with a need for additional assistance will be tagged.

3. Students with tags from the Years 3 or 4 Boards of Examiners will be identified to clinical departments so that assistance can be offered with their identified learning needs.

4. Oversight of tagged students rests with the Phase Director and Year Coordinator. Tagged students will correspond with the Phase Director, departmental year coordinator or campus academic coordinator on a regular basis through the year to ensure that progress is being made and desired assistance is being utilised.

5. At the end of the year, for students who have not met the required standard in the programme, the Board of Examiners will award either a fail, a directed selective, or a tag for Year 5 which can include the requirement to attend the end-of-Year 5 Clinical Skill Assessment.

**F.9. Impaired Performance in Examinations, Tests & Coursework**

**F.9.1. Impairment in examinations**

- When illness or misfortune prevents a student from sitting a major examination on time, or impairs their performance during the exam, they may apply for an aegrotat pass (in the case of illness) or a compassionate pass (misfortune). It is critically important that students follow the directions in the University Calendar (also available on the University website). The application must be made within one week of the examination. A Medical Certificate or other evidence will be required, and it must relate to the actual day(s) of the examination(s) affected. Application forms are available from Student Health & Counselling (Grafton & City Campus offices). For further information about aegrotat or compassionate applications contact the Administrative Officer, University Examinations Office, phone 373-7599, ext.87557, or
F.9.2. Tests and coursework

- When illness or misfortune prevents a student from sitting a minor in-course test on time, or impairs their performance during the test; or prevents them from handing in an assignment on time; or interferes with their attendance during the attachment they should see the staff member responsible for the course.

F.9.3. Impairment before tests

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

- In all situations involving illness, accidents or personal or family circumstances where a student’s work may be affected, they should check with the staff responsible for a particular course. Students are encouraged to talk with their Student Support Advisor.

F.9.4. Impaired preparation for end-of-year clinical skills assessments

The Board of Studies has endorsed a consistent approach to be used for students who have impaired preparation for, or performance at, an end-of-year/module/clinical or practical assessment. These students may either have:

- Anticipated impairment (e.g. recovering musculoskeletal injury, significant recent bereavement)

- Unanticipated impairment (e.g. acute illness/injury on day of assessment)

Some of these students may be able to sit the scheduled assessment despite their existing impairment while others may be unable to sit the assessment at all (e.g. have a medical certificate).

However, even in the former case, where a student does not have a medical certificate excusing them from participating on the day, it is recognised that one consequence of their situation is that these students are very likely to have missed preparation time (e.g. clinical attachment time). This means not only that their preparation for the assessment has been reduced, but also that the time available for re-assessment may already be bespoke, in order to make up that missed learning time. In other words, there may be a
severely limited period available for these students either to complete a delayed clinical or practical assessment or to re-sit a supplementary assessment after a poor performance on the scheduled one.

**Principles:**
1. Students who feel their preparation or performance in their end-of-year clinical skills assessment might be (or was) impaired are strongly encouraged to liaise with their Student Support Advisor at their earliest opportunity and work with them and University Health Services to file an aegrotat/compassionate consideration form, in compliance with University regulations.

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

3. Students who have an unsatisfactory or borderline performance on an end of year/module clinical or practical assessment but have filed an aegrotat/compassionate consideration form are acknowledged to be in a different category than students whose performance was inadequate but who have not documented extenuating circumstances through the appropriate University processes.

4. Students who have an unsatisfactory or borderline performance on an end of year/module clinical or practical assessment but have filed an aegrotat/compassionate consideration form will not be disadvantaged due to their circumstances, but must, nevertheless, achieve the necessary performance standards before progression to the next year.

5. Students who are anticipated to sit the end of year/module clinical or practical assessment with an impairment should be identified in advance to the assessment coordinator, so that accommodations which are appropriate and feasible can be made.

6. The performance of students with anticipated and unanticipated impairments in the end of year/module clinical or practical assessments, including possible ‘resits’ or substitute assessments, will be directed by the appropriate Board of Examiners.

**F.10. MBChB Regulations**

**F.10.1. Practical Requirements (2017 Calendar, Regulation 7)**

A student enrolled for this degree must carry out satisfactorily such practical or clinical work as the Faculty of Medical and Health Sciences may require.
**F.10.2. Deferred Results (2017 Calendar, p.62, 21b)**

MBChB Parts II, III, IV and V

Where a student has not achieved a pass in a particular component or components of a Part the Examiners may withhold the result pending the completion of specified additional work and/ or examination to the satisfaction of the Examiners.

If in the opinion of the Examiners for MBChB a particular weakness in a component or components is such that it cannot be addressed by the setting of additional work and/ or examination, the student will fail that Part.

**F.11. Year 4 Prizes**

The Prizes below are awarded annually to selected Year 4 students.

<table>
<thead>
<tr>
<th>Year 4 Prizes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean’s Award</td>
<td>The prize will be awarded annually to the full-time student achieving the best overall grade in MBChB part IV</td>
</tr>
<tr>
<td>Department of Anaesthesiology Prize</td>
<td>The Prize will be awarded annually to the full-time student achieving the second best grades in anaesthesiology in MBChB Part IV</td>
</tr>
<tr>
<td>Australia &amp; New Zealand College Of Anaesthesiology Prize</td>
<td>The Prize will be awarded annually to the full-time student ranked first in the class for their performance in Anaesthesiology in MBChB Part IV</td>
</tr>
<tr>
<td>Pain Medicine Prize</td>
<td>The Prize will be awarded annually to the full-time student ranked first in the class for their performance in Pain Medicine (Anaesthesiology) in MBChB Part IV</td>
</tr>
<tr>
<td>Department of Medicine Award</td>
<td>The Prize will be awarded annually to the full-time student achieving the highest overall grade in Medicine based on their combined examination and clinical marks in MBChB Part IV</td>
</tr>
<tr>
<td>Peter Christie Medal</td>
<td>The Award will be made annually to the student who has obtained the highest overall marks during Part IV in the general surgical attachment undertaken for the MBChB programme.</td>
</tr>
<tr>
<td>Prize Name</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Freemasons’ Prize In Geriatric Medicine</td>
<td>The Prize will be awarded annually to the full-time student achieving the best assessment in the clinical geriatric medicine attachment.</td>
</tr>
<tr>
<td>Orthopaedic Surgery Prize</td>
<td>The Prize will be awarded annually to the full-time student enrolled in Part IV of the MBChB degree who has achieved the best overall marks in the musculoskeletal attachment, based on their combined examination and ward attachment marks</td>
</tr>
<tr>
<td>Wilson-Allison Memorial Prize in Dermatology</td>
<td>The Prize shall be awarded by the University of Auckland Council on the recommendation of the President of the NZDSI and the Head of the Department of Medicine and will be presented at the commencement of the Part V of study.</td>
</tr>
<tr>
<td>First in Course</td>
<td>Parts IV, V and VI: The Awards will be allocated at the end of the year to the student(s) whose academic performance identifies them as having achieved the highest overall mark in the progress tests provided they have also achieved an overall clinical distinction. In the event that two or more students obtain the same overall mark that is within a margin of +/- 0.5%, this award will be shared.</td>
</tr>
</tbody>
</table>
G. Policies Relevant to Phase 2 (Year 4)

G.1. Attachment Disciplines and Lengths

Each student is required to satisfactorily complete an attachment for each of the following disciplines, with the minimum times as listed.

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthesiology</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>1 week</td>
</tr>
<tr>
<td>General Medicine</td>
<td>6 weeks</td>
</tr>
<tr>
<td>General Surgery</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>4 weeks</td>
</tr>
<tr>
<td>General Practice Observed Practice Simulations (GPOPS)</td>
<td>1 week</td>
</tr>
<tr>
<td>General Practice Primary Care Attachment</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Specialty Medicine</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Procedural Skills / Health and Wellbeing</td>
<td>1 week</td>
</tr>
<tr>
<td>Formal Learning</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

G.2. Student Allocation Policy – Phases 2 & 3

Refer to Section 3 of the Academic & programme-related policies.

Hospital locations

1. 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)
   - Rotorua Hospital
   - Tauranga Hospital
   - Taranaki Base Hospital
   - Waikato Hospital
   - Whangarei Hospital, and the hospitals at Dargaville, Kawakawa, Rawene and Kaitaia 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 4 students will be given the opportunity to apply for their choices for Year 5. Selection into the Pūkawakawa and Bay of Plenty Regional-Rural programmes are part of the standard cohort selection process.

Year 6 electives and locations are selected before April of Year 5 (i.e. the preceding year) to provide sufficient time for students to arrange the Elective. This should also provide sufficient time for planning a Research Option.

G.3. Allocation of students to Hospitals/ Teams

Changes to Attachments, Swaps or Transfers
Refer to Section 3 of the Academic & programme-related policies. Once allocations are confirmed, swaps or transfers will not apply.

No student is able to swap attachments, rotations or teams, except in exceptional circumstances. Any student wishing to transfer must make a written, formal request to the Phase 2 Director and Year 4 Coordinator.

G.4. Admission & Selection Policy for Pūkawakawa and the Bay of Plenty Regional-Rural Programme

The following policies and principles were approved by the Board of Studies (Medical Programme) in June 2007, and aspects have been revised subsequently.

For any regional-rural programme a minimum of 12 students, with a maximum of 24, is required for the programme to be offered.

If there are insufficient applicants, a ballot system will apply, which will include international students. It is not intended that rural origin (e.g. ROMPE) students will be preferentially required to make up the minimum quota.

G.4.1. Admission
1. Students will be required to complete a total of 28 weeks in Northland for the Pūkawakawa programme, and will not be able to opt-out or exchange places with other students.

2. Where possible admission to a regional-rural medical programme will be voluntary and any Year 4 University of Auckland medical student is eligible to apply for selection.

3. Eligible students will have satisfactory academic and professional behaviour records.
Year 4 students will be asked to indicate their willingness to apply for Pūkawakawa and the Bay of Plenty Regional-Rural Programme in Northland by early June 2017.

**G.4.2. Selection policy**

A ballot system will operate if there are insufficient applicants, which will include international students.

**G.5. Registration**

Under the Health Practitioners Competence Assurance Act 2003, the Medical Council has no jurisdiction over medical students. Nevertheless, the conduct and health of students **prior to graduation** may have significant bearing on future eligibility for registration as a medical practitioner. Please refer to the [Fitness to Practice Policy Guide](#) for more detail.
H. Student Advice and Support

H.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 advice;
- 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 and admissions support for postgraduate study;
- general support and advice on health and welfare matters;
- general support and advice on examination matters (progress tests), 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

H.2. Personal Wellbeing

Please check the Phase 2 Where to get HELP! sections on the MBChB Portal for the most up to date information on where to get assistance with personal wellbeing issues, including health and counselling.

H.3. Professional Relationships

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

The teacher/student relationship is a special one that places important responsibility on the teacher to always behave in a fair and considerate manner to all students. It is appreciated that you may not wish to challenge inappropriate behaviour directly, at the time it occurs, because of perceived effects on your grade and/or employment opportunities.
While the FMHS makes every effort to ensure this will not be the case, a procedure has been established which enables you to discuss concerns about such incidents in confidence. In the first instance, you should make your concerns known to the Head of School or Academic Coordinator at your Clinical Campus or Site. It is very helpful to document your concern in writing, including the day and time of the event, a description of what happened and/or notes about the conversation. This is helpful in achieving a just and timely resolution.

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

H.4. 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 the University Proctor.


Contact the service by email proctor@auckland.ac.nz

H.5. 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

H.6. Scholarships and Financial Support

Please check the Phase 2 Where to get HELP! sections on the MBChB Portal for the most up to date information on where to get assistance with financial and scholarship issues.

H.7. 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 medical student engaging with the public and many other stakeholders in health and community settings.

The NZMSA guidelines can be accessed via:

I. Learning Resources

I.1. The Philson Library – Te Herenga Hauora

I.1.1. 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.

I.1.2. Library services for students based outside Auckland

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

Before using the Flexible Service, you must register - go to http://www.library.auckland.ac.nz/forms/offcampus-services-registration/

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

If you have any problems with the service, email philson.iclds@auckland.ac.nz

I.1.3. All students

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

Help with finding information
If you are having problems finding information, contact the 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 http://www.library.auckland.ac.nz/guides/medical-health

Philson Subject staff can assist with specific referencing queries.

Philson Library contacts

<table>
<thead>
<tr>
<th>Role / Person</th>
<th>DDL</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library Manager</td>
<td>923 6130</td>
<td><a href="mailto:mp.clark@auckland.ac.nz">mp.clark@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Megan Clark</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Document Delivery**
Patrick Graham  
923 6125  
philson.iclds@auckland.ac.nz

**Subject Staff**
Sue Foggin  
923 6123  
sm.foggin@auckland.ac.nz

General Enquiries and Lending  
923 6122

Grafton Information Commons Help Desk  
923 2300

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**Library**

<table>
<thead>
<tr>
<th>Physical address:</th>
<th>Philson Library, 85 Park Rd, Grafton, Auckland.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal address:</td>
<td>Private Bag 92019, Auckland.</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(09) 373 7599</td>
</tr>
<tr>
<td>Fax:</td>
<td>(09) 373 7491</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:philson@auckland.ac.nz">philson@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Web:</td>
<td><a href="http://www.library.auckland.ac.nz/">http://www.library.auckland.ac.nz/</a></td>
</tr>
</tbody>
</table>
J. Administrative Details

J.1. Enrolment and Fees

- To enrol you must login to your account through Student Services Online from the front page of the university website: [www.auckland.ac.nz](http://www.auckland.ac.nz).

- Enrolment has to be for the full academic year and must be completed before classes commence. Failure to enrol will mean that you will be unable to take part in clinical attachments and will not be able to access Canvas. You will be advised on the details of the process in time to meet the enrolment deadline through your current Canvas access.

- You will be able to view your fees invoice at the time of enrolment. This must be paid by the commencement of classes on 31 January 2017. Failure to pay the fee means you will not be fully enrolled. Note: fees can be paid on a semester basis by negotiation with Student Financials. Payment methods are outlined on: [www.auckland.ac.nz/uoa/cs-how-to-pay-your-fees](http://www.auckland.ac.nz/uoa/cs-how-to-pay-your-fees).

- Note that you are enrolled in a course of study in which the academic year runs outside the standard university semester dates, and that the regulations relating to withdrawal from the course and the refund of fees are as for all enrolled students. Refer to the calendar for the relevant regulations. [www.calendar.auckland.ac.nz/en/keydates/enrol-dates.html](http://www.calendar.auckland.ac.nz/en/keydates/enrol-dates.html).

- Students who need to interrupt their academic year to recommence in the future may be subject to fees in each of those years. Advice is available from the FMHS Student Centre.

J.2. Medical Indemnity

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

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

The Medical Protection Society has a Student Membership to cover these requirements. You are required to have a membership, which is free. You should have joined in the earlier years of the programme.
J.3. Scheduled Leave and Planned Holidays

- Your academic year includes four weeks holiday, which are taken at different time periods. These periods are indicated on the timetable. There is a further break before the commencement of Year 5 on Monday 15 January 2018.

- **Students must use these scheduled holiday times for planned events such as weddings, overseas travel and conferences.** Leave periods outside scheduled holiday times are strongly discouraged because it is extremely difficult (particularly with short attachments) to ensure adequate alternative training when scheduled academic time is missed, and some learning opportunities cannot be made-up in this fashion.

- Any planned leave outside the scheduled holidays and during an attachment can only be taken in **exceptional circumstances with prior permission**. Please note that the planned events explicitly mentioned above are unlikely to qualify as “exceptional circumstances.”

- You should contact the Phase 2 Director or Year 4 Coordinator as the first approach and do so as far in advance as possible. Dr Bacal or Dr Dawes will then advise you and, as appropriate, help you to seek required approval from your Clinical Supervisor, Clinical Attachment Convenor, and Head of Clinical School (if outside Auckland).

- An appropriate email might read something like: "I am in Rotorua cohort, Group B1. Our family is celebrating my grandmother's 100th birthday in London on 20 April. (The Queen has indicated she will attend as they worked together in the war.) To attend, I would need the week of 18 April off, rather than doing the last week of my Geri run. I could make up the week during my scheduled holiday week of either 25 Apr or 2 May, whichever suits the team better." Or alternatively, if the week you now want off falls in the scheduled holiday of another group, you should indicate what swap you would like, e.g. "I am currently in the Mid North Island cohort, Group E. As I now need the week of 18 July off to accompany my nephew to Disneyland. This trip was just organized by the Make A Wish Foundation as he has stage IV lymphoma, I would like to swap to Group C so I have that week as a holiday."

- While the programme encourages students to present at professional conferences, an exemption to the leave policy must still be requested should the conference at which you have been invited to speak take place outside your scheduled holidays. Students should also limit their applications to attend conferences outside of their scheduled holiday time to one conference per year, even if they have an opportunity to present at other meetings.

- Students should expect that if they are granted planned leave outside their scheduled holiday time, no further applications for additional
exemptions to the leave policy will be accepted during that academic year.

- Please note that permission must be sought to attend ANY conference or meeting outside scheduled holiday time, even those sponsored by AUMSA or NZMSA.

- If leave has been approved as above, it is the student’s responsibility to notify the leave arrangements in advance to your clinical team, the MPD, and the Site Coordinators. Supporting documentation showing appropriate approvals must be submitted with the notification.

J.3.1. Study Half Day

In Year 4, each student is able to have one “study half day” each week, which will be the same day of the week at each individual cohort site, and which is a combination of both formal learning time and self-directed learning time.

J.3.2. Clinical Attachments and Public Holidays

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

Note in particular that you will be required to work on Easter Tuesday in 2017 if that coincides with your clinical attachments.

J.4. Absences

- Any absence must be reported to the academic department, your supervisor in the clinical attachment, and to MPD administrative staff.

- If you are absent for more than 2 consecutive working days because of sickness, a Medical Certificate must be submitted to the Group Services Manager (Medical Programme) or to the site coordinator.

- Any absence totalling more than 5 days during an attachment requires written notification to the Phase 2 Director and Clinical Attachment Convenor.

- A student may miss up to seven days throughout the year, due to illness, without repercussions. If a critical learning activity or assessment is missed, this must be completed at another time.

- A lengthy absence during one clinical attachment is likely to affect your performance in that attachment. You should discuss this with your Supervisor and Phase 2 Director at the earliest opportunity.

- Daily attendance is mandatory for certain short attachments and activities. If you are unable to attend any of these days, you must notify the Convenor or MPD in advance or on the day itself, and supply a medical certificate.
If you do not attend, do not have a medical certificate, and have not notified the attachment convenor (in advance or by the following day), then this may become a fitness to practice issue.

If you miss all or part of the activity, then you will be required to do some compensatory work, to be determined by the attachment convenor.

J.5. Communication

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

Please ensure that you are aware of the 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

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

- Most communication will occur electronically via Canvas or directly to your University student webmail address.

- You can automatically forward messages from your student webmail address to another email address of your choice. Go here for more information.

- In situations where hard copy only is available, this will be sent to your designated mailing address.

- The MBChB portal is an important source of information. Please check this site regularly.

J.6. Documentation Requirements for Medical Students

MPD staff are often asked by students to authorise a range of personal documentation, from copies of passports to academic transcripts, which they are unable to validate. Please note the following:
Students must request official transcripts of their academic record from Student Records.

Students should ensure copies of official documentation are certified by the issuing authority or an official such as solicitor, notary public, or Justice of the Peace.

The MPD cannot verify copies of official documents, except where the MPD is the issuing authority.

The MPD will assist students with non-routine documentation or where significant customisation is required e.g. academic references or scholarship applications. Once received by the MPD, requests for documents will be processed within five working days.

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

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

### J.7. Name Badges

Your initial name badge is free of charge. You must have a current name badge for 2017 to participate in clinical attachments. If you lose or damage the name badge a replacement can be ordered through the FMHS online shop [http://store.fmhs.auckland.ac.nz/](http://store.fmhs.auckland.ac.nz/).
K. Evaluation and Feedback for Year 4

K.1. Student Evaluations for Year 4

Students have an important role in contributing to the improvement of the programme. Hence student feedback is regularly gained for various areas of the programme. An important forum for raising issues as they arise is through the staff-student meetings, which are held four times a year. Please keep your class representative informed of aspects you wish to be raised. Alternatively, your student representatives may bring issues of significance to the attention of the Board of Studies.

Towards the end of each of your clinical attachments this year, the department will provide you with a survey that you will be asked to complete. The department will consider the feedback and summarise the findings in a 'clinical attachment report', together with intended actions, which is then considered by the Medical Programme Directorate. The department also provides a short and succinct outline of the feedback to any clinical department that has been involved with the teaching of Year 4 students.

K.2. Changes Made from Previous Feedback

Very few modifications have been made to the Year 4 curriculum, due to positive feedback from the previous years.

Refinements continue to be made to the Formal Learning Weeks, based on student feedback and new advances in medicine.
L. Forward Planning for Year 5

Year 4 students need to anticipate three aspects of the Year 5 programme for which forward thinking and planning is required.

The three aspects are:

- choice of regional-rural or standard programme
- choice of three cohort locations (see Section G.2)
- location and focus of the Selective

L.1. Regional-Rural Programmes

In Year 5 there are two Regional-Rural programmes available for students to consider. Selection for the programmes is through the standard cohort allocation process. The two programmes are the Bay of Plenty Regional-Rural programme and the Pūkawakawa programme, Northland.

Both programmes provide an opportunity for students to study in regional and rural settings and closer to the communities where they may wish to practise once qualified. They are equivalent, but different pathways from the Auckland-based programme, and require a commitment to study in only that programme for the whole year. Admission is voluntary, but once confirmed, students are not able to opt-out or exchange places with other students.

Students will have the opportunity to gain hands on experience and to learn about doctoring while living in smaller communities.

Bay of Plenty Regional-Rural programme

Students will complete the regional component of the programme in either Tauranga Hospital or Whakatane Hospital over 21 weeks, with the exception of Specialty Surgery and Psychiatry, which are both completed in Tauranga. Students spend the other 11 weeks of their study in rural and community medicine in Whakatane, which broadly has two components; General Practice/ Rural Health Interprofessional Programme (RHIP) and a Rural Medicine Selective.

General Practice/ RHIP

This component consists of a five-week attachment in general practices in the Eastern Bay of Plenty region (Whakatane, Edgecumbe, Opotiki or Kawerau). During this time, one day will also be spent in the nurse-led Eastern Bay of Plenty hospice. For one day per week during the General Practice attachment, participation is required in the Rural Health Interprofessional Programme (RHIP) in collaboration with students from occupational health, physiotherapy, pharmacy and/or nursing.

Rural Medicine Selective
The Rural Medicine Selectives offered in the Bay of Plenty Regional-Rural Programme must be completed in Whakatane, Eastern Bay of Plenty. The following are on offer for 2017:

- ED / Medicine
- ED / Surgery
- Anaesthetics / Surgery
- Orthopaedics
- Paediatrics (Winter months only)

If students wish to self-generate a Selective at Whakatane, they can liaise with the Regional-Rural Academic Coordinator, in conjunction with the academic support people at Whakatane. All Selectives are approved by the Selectives Coordinator, which is the normal process for students at all cohort sites.

**Pūkawakawa programme**

The academic programme employs a ‘hub-and-spoke’ educational model, with students being based in Whangarei Hospital (the ‘hub’). Dargaville, Kawakawa, Kaitaia and Rawene comprise the ‘spokes’ of the model and students study at one of those sites for seven weeks. Students will learn about and experience rural medicine through immersion with general practices, rural hospitals, Māori health providers and community health care professionals. Pūkawakawa also provides an opportunity to see patients with a wide range of diseases from various socio-economic backgrounds.

Students considering applying for Pūkawakawa need to be aware that the Selective choices and dates will differ from those of the other cohorts.

**L.2. The Selective**

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

**Purpose**

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

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

**Types of Selective**

There are three types of Selective. In part, the choice will be influenced by the group to which the student is allocated for Year 5 (students are asked to nominate their preferences).

1. ‘Off-the-list’ Selective (placements in Auckland and regional areas).
   These placements will enable you to study a Selective at sites where Progress Testing will occur. This includes anywhere in the Auckland region, Waikato region (progress tests will occur in Hamilton), Northland (progress tests will occur in Whangarei) Tauranga and New Plymouth. This list is small and you are encouraged to generate your own Selective (see Self-generated Selective below).

   Note there may be placements in Tauranga. If you wish to choose a selective at these sites, you may be required to travel to complete a progress test.

   Students in the BOP Regional-Rural Cohort **must complete an ‘off-the list’ Selective at Whakatane Hospital.**

2. Self-generated Selective can only be organised in the DHBs associated with the UoA (refer to the list of DHBs below) or Australia.
   - Auckland DHB
   - Bay of Plenty DHB
   - Counties Manukau DHB
   - Lakes District DHB
   - Northland DHB
   - Taranaki DHB
   - Tairawhiti DHB
   - Waikato DHB
   - Waitemata DHB
   - Whanganui DHB

   Applications **must be approved** by the Selective Coordinator.

   Selective attachments outside the DHBs listed above **will not be approved** unless there are exceptional circumstances. In this case the MPD should be contacted for further information as soon as possible.

3. Overseas Selective
   - Selective may be completed in Australia if there is no progress test scheduled during the Selective attachment.
Selective outside of New Zealand or Australia are only permitted for those students in group B and D for the standard programme and group 3 for Pūkawakawa. Each of these groups has a vacation period adjacent to the Selective which is not adjacent to a progress test (one of six groups in standard programme, and one of three groups in Pūkawakawa).

Overseas selective destinations are restricted to developed countries only.

Applications must be approved by the Selective Coordinator.

Selective and General Practice
You may undertake a selective in general practice, subject to prior negotiation with Department of General Practice & Primary Health Care. This may include conducting a project of benefit to the practice such as an audit.

General Practice selective requests will be considered on a case by case basis.

Firstly, the department needs to ensure that the practice is not already lined up for Year 5 or Year 6 placements.

Secondly the practice must be aware that there is no payment for this. They may consider getting you to conduct an audit as part of the placement, which will benefit the practice.

Thirdly, the department needs to ensure that the practice is within the University of Auckland placement region, or else negotiate with the University of Otago if there is a very special circumstance.

Arranging a Selective
The following caveats should be noted when arranging the Selective.

1. The Board of Studies (Medical Programme) has adopted a policy that the Selective cannot be split.

2. Selective attachments to the Pacific Islands will not be approved, owing to lack of appropriate supervision.

3. There is no accommodation or travel allowance provided for the Selective, so any costs of studying away from the cohort site need to be borne by you.

4. There is no payment associated with the Selective – to the discipline or the clinical attachment.

5. Regardless of which type of selective (off the list, self-generated, overseas) you choose, it is your responsibility to liaise with your supervisor in advance of your start date and confirm that everything is in readiness for your arrival. You should not merely appear on the first day of your Selective and assume that everything will have been organised for you without your active involvement.
BOP Regional-Rural Cohort Selective
All Selectives offered in the Bay of Plenty Regional-Rural Programme are ‘off-the-list’ Selectives and must take place in Whakatane Hospital, Eastern Bay of Plenty.

Directed Selective
Some students will be required to overcome remedial deficiencies in performance in a clinical discipline, as directed by the Year 4 Board of Examiners (i.e., a Directed Selective). Students are informed of the need to complete a Directed Selective after the Year 4 Board of Examiners meets in December. Students in this situation will need to forgo their individually-planned option. The choice of your Selective is therefore provisional until results are confirmed by the end-of-year Year 4 Board of Examiners.

The Directed Selective is for remedial purposes and is marked as Pass, Borderline Pass or Fail. Students undertaking a Directed Selective are not expected to complete a Selective Report. A Selective Learning Agreement and a Clinical Supervisors Report must be submitted. Other assessment activities will be directed by the Year 4 Board of Examiners.

Directed Selectives must be completed in New Zealand, either in hospitals that deliver the medical programme or in an approved general practice. The choice of your Selective is provisional until results are confirmed by the end-of-year Year 4 Board of Examiners.

The Selective Coordinator will provide students assigned to a Directed Selective with additional information early in the academic year.

Policies relevant to the Selective
Relevant policies for the Selective include:
1. A student cannot request to complete a Selective in a discipline for the purpose of retaining their end-of-year 5 clinical skills assessment exemption status, due to a fail or borderline performance in an attachment during Year 5.
2. A Selective cannot be used for remediation purposes identified during Year 5, but it may be used, with the permission of the Selective Coordinator and Phase 2 Director, to offset time lost through an illness. It may also be used to offset time lost through an authorised absence approved by the Directors of Medical Student Affairs.
3. If a student fails an attachment early in the year, they are not permitted to complete a Selective overseas.
4. Students who are required to complete a Directed Selective are ineligible to complete Year 5 of the Pūkawakawa programme.

The Learning agreement
You need to negotiate the goals and learning objectives for this experience with your allocated or organised Supervisor and how they will be met, as
part of the Learning Agreement. All negotiated goals and learning objectives must be approved by the Selective Coordinator.

You are required to complete this with your supervisor within two weeks after commencing the attachment and return the typed document to the Practicum Placement Coordinator - MPD, Teresa Timo by the specified deadline in the guidebook. Further advice and information can also be obtained from the Practicum Placement Coordinator – MPD.

**Overseas travel and Selective**

Useful websites when arranging Overseas Selective:
- [www.safetravel.govt.nz](http://www.safetravel.govt.nz)
- [www.gov.uk/fco](http://www.gov.uk/fco)
- [www.who.int/hlth](http://www.who.int/hlth)

When arranging the Selective, you should ensure deposits and purchases (tickets etc.) are refundable, and take out international travel insurance using the University of Auckland corporate policy (link and details available on the [Portal](http://www.who.int/hlth)). If you are required to complete a Directed Selective you will not be able to do the Selective you have arranged.

Information on immunisation requirements can be found in the [Immunisation and Prevention of Infectious Diseases](http://www.who.int/hlth) policy.

**Contact details during Selective**

Prior to leaving, ensure that you are registered on the travel register and that your contact details, including email and cell phone (if applicable) are included. You will be emailed with an electronic link to complete the details about two weeks prior to departure. Details are required for both domestic and overseas selective. **This is required of all students.** Failure to complete this will result in an FtP being filed.

**University Travel Policy for students**

All students must familiarise themselves with this policy available [here](http://www.who.int/hlth). 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 of Auckland is offering free comprehensive international travel insurance to all outbound students who have their travel registered and approved in the Via TRM system. Please read the Via TRM Student Insurance Procedures for a full list of eligibility requirements and conditions including declaring pre-existing medical conditions and length of cover. These Procedures, and supporting insurance documents for the [University’s Allianz Corporate Travel Insurance Policy](http://www.who.int/hlth) (including, 24hr/7days a week emergency contact details while abroad, the policy wording, and a
copy of the insurance certificate) can be accessed at 

This policy is also available to students travelling on other University business. The broker, Marsh Ltd can be contacted directly
Traveleasy.nz@marsh.com

The policy requires you to book your overseas travel through the University’s preferred travel provider who can then use your itinerary to manage any emergency response that may be required. Alternative travel suppliers can be used by you to arrange your travel; in this case you must register your travel plans on Survey Gizmo is for ad hoc travel (e.g. conferences). Registration of travel associated with Selectives and Electives is collected by an individualised class Survey Gizmo which you will be invited to complete prior to the commencement of the study period.

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

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

**Risk assessment and personal safety**

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

Please see Ministry of Foreign Affairs & Trade (MFAT), www.safetravel.govt.nz for advice and information safety in specific countries.

A selective approval will be withdrawn if the following travel warnings for an area are given by the New Zealand Ministry of Foreign Affairs & Trade website:

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

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

Once on your selective, the MPD in association with the University Risk Office, will do everything it can to ensure you are well informed about evolving situations, but ultimately you are responsible for your own safety. If there is a serious incident in your area, contact mpd@auckland.ac.nz so that we know your situation and can advise or help seek assistance if required.
Projects during the Selective
In general, completion of a clinical or basic research project will enhance the Selective. Such projects are not compulsory although they are encouraged. Completion of a project is required for a distinction grade. A project may range from audit of a clinical experience, a small clinical research project to performing specific laboratory-based research. If research (other than audit) is planned, ethical approval is required before commencing the Selective. Case reports with literature reviews are not considered a project.
## M. Year 3 Prizes Awarded in 2016

<table>
<thead>
<tr>
<th>Prize</th>
<th>Winner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eric Hector Goodfellow Memorial Prize</td>
<td>Kate Kilpatrick</td>
</tr>
<tr>
<td>3M Littmann Prize</td>
<td>Ciara Rhodes</td>
</tr>
<tr>
<td>PCS Communications Skills Prize</td>
<td>Rebecca Couch</td>
</tr>
<tr>
<td>Leukemia and Blood Foundation Prize</td>
<td>Rahul Makam</td>
</tr>
<tr>
<td>Medical Humanities Prize</td>
<td>Pauline Kerckhoffs</td>
</tr>
</tbody>
</table>
Appendix 1: Guidelines for Preparing Case Reports

Purposes of case reports
At the core of clinical practice is the patient consultation. The findings from these consultations are written in a legible, structured manner (the case report) that:

- records the key features of the consultation for future reference by yourself and others;
- facilitates the diagnostic and management process;
- provides an indication of your clinical decision-making;
- prompts your need for further and regular learning, by identifying particular gaps in your knowledge or performance.

In addition, at the undergraduate level, the case report:

- provides evidence that you are seeing a number and range of patients and spending time taking a history and examining them.

For these reasons, written case reports provide a common mechanism for assessment in Phases 2 and 3. In some clinical attachments you may be required to submit these on a weekly basis. The assessment of case reports may be formative, to give you feedback to help your continued learning, and/or summative, i.e. contributing to your grade for the attachment.

To get the greatest benefit from the writing of case reports it is recommended that you voluntarily submit a report to your supervisor for constructive comment early in your attachment.

Preparation of case reports and standards expected

General standards for all medical programme case reports

- Information is accurate and has been obtained by you to the best of your ability.
- Other sources of information are acknowledged (see the Academic & programme-related policies).
- There is no information that allows direct identification of a patient in any case report (other than the hospital record).
- Case reports are legible.
- Case reports are dated, signed and named (with status). E.g. Harriet Potter, Year 4.
- No student case reports are submitted on hospital admission proformas. It is essential that you fine-tune your skills in obtaining salient information before using proformas.
Patients have been personally interviewed by you. Plagiarism of case reports carries very serious consequences.

Case reports conform to the structure outlined in school and department manuals.

**Submitting case reports for assessment**
The Internet has made it increasingly easy for students to plagiarise assignments and case reports.

The University has a license to use Turnitin, an electronic database that detects plagiarism, across all of its courses, which can be accessed directly through the University of Auckland website. This is used routinely for several assessments in Phase 2, plus to make spot checks of student assessments. Before handing in assignments for marking, you may need to submit them to turnitin.com, to certify that the assignment is original and does not contain plagiarised content.

When you submit a case report for assessment, you are required to complete a signed covering sheet, which includes the following statement:

- I personally took the history and examined the patient presented in the case history;
- The discussion is original and has not been copied from another source;
- Where I have quoted from another source in the discussion, this is clearly referenced to the original source;
- I am aware that the content of this case history may be checked against an electronic database.

**Specific standards for each year of study**
The following provides a summary of how your competence and expected standards with case reports is extended over each year of your study in the clinical environment. This builds on the basic skills learned in Year 3 of taking a history, general and basic examination, writing a summary and a problem list.

These are clinical skills that need to be developed in all clinical attachments.

<table>
<thead>
<tr>
<th>Years 4, 5 and 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>• History</td>
</tr>
<tr>
<td>• General and basic examinations</td>
</tr>
<tr>
<td>• Specialised system examinations – a wider range each year</td>
</tr>
<tr>
<td>• Summary</td>
</tr>
<tr>
<td>• Problem list</td>
</tr>
<tr>
<td>• Differential diagnosis</td>
</tr>
<tr>
<td>• Management plan</td>
</tr>
<tr>
<td>• Discussion</td>
</tr>
<tr>
<td>Standards for case reports</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>• Meets all general standards</td>
</tr>
<tr>
<td>• Sections complete and appropriate for case</td>
</tr>
<tr>
<td>• Main problem(s) identified, and short differential diagnosis proposed</td>
</tr>
<tr>
<td>• Basic management plan outlined</td>
</tr>
<tr>
<td>• Short discussion (1-2 pp) on aspect of case: may be pathophysiological, diagnostic, therapeutic or professional in nature, and it must relate back to the case and assist your learning</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>• Reference all sources</td>
</tr>
</tbody>
</table>
Grading case reports
For each clinical attachment, departments and coordinators should provide an indication to you of the weighting given to individual case reports and the standards required. Most departments will be using the following assessment standard, or one that is very similar to it.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Well structured, logical with discussion significantly above expected standard (and handed in on time).</td>
</tr>
<tr>
<td>3</td>
<td>The expected standard for Year 4. Meets all general standards (accurate, referenced, legible, dated and named), complete in all areas, basic management plan outlined and short discussion (1-2 pages plus references) presented which relates to the patient.</td>
</tr>
<tr>
<td>2</td>
<td>Below expected standard but has remediable features.</td>
</tr>
<tr>
<td>1</td>
<td>A very poor report that is unacceptable.</td>
</tr>
<tr>
<td>0</td>
<td>Not handed in.</td>
</tr>
<tr>
<td>N/A</td>
<td>Not assessed this attachment.</td>
</tr>
</tbody>
</table>
Appendix 2: Guidelines for Critically Appraised Topics (CATs)

During this year, you will be required to generate Critically Appraised Topics (CATs) for several clinical attachments. You are also encouraged to complete a 'voluntary' CAT for attachments that do not require them, including Anaesthesiology, to enhance your learning in each of the disciplines. This section outlines the key features of CATs and what is expected of you.

- Each CAT must be based on a clinical question stimulated by a specific and real patient you have personally seen on a clinical attachment.
- You should discuss your proposed CAT topic question with your supervisor, to get agreement before you proceed with it.
- CATs are an integral part of evidence-based patient care and not just academic exercises. It defeats the purpose somewhat if you find some evidence first and then choose a relevant patient.
- A CAT is a summary of the process you went through from:
  - identifying one of the patient’s major clinical problems;
  - formulating a focussed clinical question to address an aspect of the problem (diagnosis or prognosis or therapy or causation/prevention);
  - searching for a relevant clinical paper;
  - critically appraising the evidence reported in the paper; and
  - deciding on the applicability of the evidence to the patient.
- If at all possible, each CAT you complete should answer different type of clinical question or use difference types of study, using the following as a guide:
  1. An ‘intervention’ question: - best answered with a Randomised Controlled Trial (RCT), but sometimes a cohort study;
  2. A ‘diagnostic’ test question: - best answered with a cross-sectional study, but sometimes an RCT if it is about the effectiveness of a test;
  3. A second ‘intervention or diagnostic test’ question to be answered with a Systematic Review of studies.
  4. A ‘prognostic’ question: - best answered with a cohort study or aetiological question, answered by cohort or case-control studies;

Requirements of CATs
Examples of CATs are available on the EPIQ website at:
http://www.epiq.co.nz

All CATs should be completed on a computer by filling in the appropriate CAT checklists (now in MS Word) along with the appropriate GATE calculator (a MS Excel worksheet).

All CATs have six components:
1. **Problem (page 1 of CAT)**
This is a brief description of the patient’s problem you are investigating.

2. **Five-part question (page 1 of CAT)**
This is a focused question as discussed in the formal learning session. It should include the five components of a focused PECOT question [i. Patient population, ii. Exposure group(s), iii. Comparison group, iv. Outcome(s), v. Time period of interest]. List each of the 5 components on a separate line. It doesn’t need to read as a grammatically correct sentence.

3. **The electronic search (page 1 of CAT)**
This should include:
- The database(s) you searched e.g. Best Evidence, Medline;
- The search terms you used;
- The number of ‘hits’ you got; and
- The title of the paper you decided to appraise. You must include a copy of the paper you appraise with your CAT assignments.

If you are unable to find any relevant papers in your initial search you should ask your clinical supervisor for help. If your supervisor suggests a relevant paper, you still need to go through the process above and make sure you are also able to find the paper electronically.

4. **Critical appraisal of the paper (pages 2 & 3 of CAT and the 1 page GATE calculator)**
You need to complete the appropriate GATE Calculator (for entering the study numbers and calculating study results) as well as page 2 & 3 of the CAT.

If the particular study doesn’t easily fit into the GATE Frame provided in the checklist, draw one by hand on a separate page. In addition the quality scores on page 3 should be completed for each question and each section.

5. **Weighing up the evidence and other relevant factors and proposing an answer to your question (page 4 of CAT)**
These should cover:
- A statement on the overall validity of the study (good, okay, poor) based on your critical appraisal.
- A comment regarding consistency of results with other studies (a systematic review if available) or interpretation of the findings by other commentators (read the abstracts of other relevant papers identified in your search).
- Comment on any important problems. If, after appraising the study you decide it has poor validity, you should state this and your proposed decision should be appropriately cautious (e.g. “if this result is true then...” “until further studies are reported”).
- The study’s relevance or potential relevance given your patient’s circumstances (e.g. co-morbidities, social situation).
- Any relevant system level issues (e.g. availability of drugs, tests, equipment, funding regulations).
- Any relevant patient/family/community or practitioner values or preferences (e.g. religious views).

6. Audit (page 4 of CAT)
- You are not expected to complete this section as it is covered in Year 5.
  It links evidence based practice and quality improvement.

Notes on the CAT Checklists
There is an electronic version of the checklists and a matching GATE calculator for each major type of clinical study.
Each checklist has six sections as discussed above.
The questions in all checklists are quite similar, as the GATE (Graphic Appraisal Tool for Epidemiology) approach to appraisal is based on the principle that all epidemiological studies are variations of one generic design.
All questions in Section 3b have quality scores to encourage the appraiser to consider the strengths and weaknesses of each component as well as describing the study components and results.
In addition to the written components of the checklist, there is a generic GATE Frame on page 2 of the CAT (which is replicated in the GATE calculator) that is a pictorial representation of the study. Hanging the study on this Frame and filling in the study numbers on the GATE calculator when appraising a study helps make sense of the study design and numbers and students are expected to complete the GATE Frames as part of their critical appraisals. Sometimes a study doesn’t fit easily into the Frame provided (e.g. there may be more than one circle [exposure and comparison group] or more than one outcome square required). If so you can make a second copy of page 2 of the checklists (instructions on how to do this for the Excel GATE calculator are on the form).

Guidelines for marking CATs
You will find that most departments will be using either the following guidelines for the assessment of CATs, or one very similar to it. Some departments will require you to do a presentation as well, which will be based along the lines of a paper presented at a scientific meeting. In these situations, there will usually be 10 minutes for the presentation and explanation, followed by 4-5 minutes for questions. Note that 3 is the expected standard, and your assessor will be asked to comment on all scores of 1 or 2.
## Assessment of Critically Appraised Topic CAT

<table>
<thead>
<tr>
<th>Choice of Question</th>
<th>Literature Search</th>
<th>Analysis of paper</th>
<th>Quality of presentation</th>
<th>Conclusion &amp; Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Thoughtful, incisive question, clearly related to relevant clinical problem.</td>
<td>4 Excellent and thorough search strategy.</td>
<td>4 Excellent analysis of paper. All the appropriate issues identified and discussed.</td>
<td>4 Excellent presentation. Clear and appropriate use of visual aids. Keeps to time.</td>
<td>4 Fully justified and appropriate conclusions drawn from the paper. Good and justified responses to questions.</td>
</tr>
<tr>
<td>3 Good question well related to clinical problem and of clinical relevance.</td>
<td>3 Good search strategy with good documentation of search.</td>
<td>3 Reasonable analysis of paper. Most of the relevant issues discussed / presented.</td>
<td>3 Clear presentation. Only one or two areas for improvement. Keeps to time.</td>
<td>3 Good summary and conclusion, a few minor improvements possible.</td>
</tr>
<tr>
<td>2 Reasonable question but not well related to a clinical scenario.</td>
<td>2 Just adequate search, with limited documentation of search.</td>
<td>2 Marginal analysis of paper. Several significant errors or omissions.</td>
<td>2 Borderline presentation. Poor time keeping. Problems with communication skills.</td>
<td>2 Conclusion not fully justified. Errors in the logic of drawing the conclusion. Poor handling of questions.</td>
</tr>
<tr>
<td>1 Poor question, not related to relevant clinical scenario by student.</td>
<td>1 Inadequate search used, with no search strategy documentation.</td>
<td>1 Poor analysis. Many gaps in assessing paper.</td>
<td>1 Very poor presentation. Poor visual aids. Bad time keeping. Poor communication skills.</td>
<td>1 Conclusion not linked to question and analysis. Significant lack of logic and justification in answers.</td>
</tr>
</tbody>
</table>

### Specific Comments

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Appendix 3: Formal Learning Outcomes

Clinical Pharmacology
- Develop, through study and application of pharmacological principles, a framework of knowledge that forms the basis for the safe and effective use of medicines in clinical practice.
- Demonstrate foundation skills for safe and effective prescribing.
- Identify and analyse learning opportunities in the clinical environment.
- Identify approaches to reducing and eliminating health inequities.

Pneumonia
- Identify the clinical features used to diagnose pneumonia and decide on the most appropriate treatment.
- Recognise the chest X Ray features most commonly used to diagnose pneumonia radiologically.
- Explain the reasoning behind selection of antimicrobial agents for treatment of pneumonia when the microbiologic aetiology is commonly not known.
- Summarise the major contribution of inappropriate antimicrobial therapy of URTIs to the spread of antibiotic resistant bacteria in our community.
- Apply the template for considering the diagnosis and management of a range of other common infectious diseases.

Nosocomial Infection
- Explain the high incidence of healthcare associated infections, and the procedures that particularly place patients at risk of these infections.
- Discuss the importance of hand hygiene and barrier precautions in preventing healthcare associated infections.
- Apply the methods of diagnosing and where necessary treating two common, important healthcare associated infections: vascular cannula infections, and urinary catheter associated infections.
- Demonstrate how to perform effective hand hygiene.

Evidence Based Medicine
- Apply focussed clinical questions to acquire relevant clinical evidence.
- Critically appraise clinical studies.
- Explain the need to integrate the evidence with patients’ values and other relevant clinical to make good decisions.
- Use GATECAT workbooks to document the EBM process for a specific clinical problem for a specific patient.

Maori Health
Explain why health professionals in Aotearoa/New Zealand need to understand Māori health, inequalities and associated concepts such as colonisation and racism.

Identify actions that health professionals can take to recognise our own biases and reduce their impact.

Examine differences in quality of care for Māori and non-Māori and explain how inequities can be reduced.

Describe the stages of the Hui Process and use these elements in clinical practice.

Identify common stereotypes relating to Māori health and discuss the implications for clinical practice.

**Obesity**

- Discuss the most common causes and associated risk factors for obesity in our society.
- Explain the impact of obesity on reproduction and chronic disease.
- Summarise the challenges in treating the obese patient.
- Discuss barriers to behaviour changes in patients and how to work around them.
- Outline the current interventions available for obese patients.

**Cardiovascular**

- Identify the presenting symptoms and signs of the major cardiac conditions that commonly present in clinical practice.
- Explain the strengths and shortcomings of the respective tests used for assessing patients presenting with these conditions.
- Apply the main principles for diagnosing and managing patients with acute coronary syndromes in clinical settings.
- Explain how to detect and differentiate common heart valve diseases and aortic diseases.
- Apply learning to accurately and rapidly interpret ECGs.

**Respiratory**

- Identify presenting symptoms and signs of three major specialist areas of respiratory diseases (lung cancer, sleep disordered breathing and pulmonary TB).
- Explain the strengths and shortcomings of the respective tests used for assessing patients presenting with these conditions.
- Apply the main principles for diagnosing and managing patients with acute respiratory conditions in clinical settings.
- Extend the principles of care for patients with long term conditions and multiple morbidities.
Thrive on the Wards
- Identify appropriate help-seeking behaviours for self and others.
- Assess the impact of stress (and illness) on self and patients.
- Evaluate evidence-based strategies for prevention and management of stress and burnout.
- Demonstrate self-awareness and awareness of impact on others

Medical Imaging
- Develop a basic understanding of the principles and techniques of Medical Imaging.
- Explain how Medical Imaging is used in guiding diagnosis and treatment.
- Explain the importance of the correlation of patient history, clinical findings, anatomy and Radiological imaging to arrive at a correct diagnosis.
- Differentiate between normal vs. abnormal on images.
- Identify the common pathologies in each module of chest X-Rays, orthopaedic trauma images and bowel obstruction images.
- Describe the main features of a chest radiograph to someone else.
- Develop a sensible provisional or differential diagnosis of a chest without missing significant diseases.
- Recognise the common cardiovascular abnormalities on images.
- Recognise a bowel patterns and a bowel obstruction on plain images.
- Develop a system for looking at orthopaedic trauma images and recognise several common osteopathologies, using a combined clinical, radiological and pathological approach.
- Recognise several radiological signs of disease on plain images

Blood Cancer
- Summarise the pathology of different blood cancers including the stage of development and cell type that is abnormal.
- Explain the concept of tumour specific and clinical staging, and the relevance for prognosis and treatment.
- Differentiate the clinical presentations of lymphoma, myeloma and acute leukaemia.
- Explain the general principles of treatment of these diseases.

Motivational Interventions
- Explain the principles of motivational interviewing and the applicability of these to everyday consultations and patient interactions.
- Describe the key success factors for motivational interviewing.
- Demonstrate the practical application of these principles in future patient communication.
• Summarise the practical applications of the principles of motivational interviews in future patient communication.

**Pacific People’s Health**
• Explain the key strategies to gain respect and an ability to respond to the cultural context and aspirations of Pacific patients; families and communities.
• Summarise the importance of key stakeholders and community leaders to clinician’s work for health interventions and health research in communities and countries.
• Identify the key components to incorporate cultural self-reflective practice in clinical encounters to ensure safe clinical practice.
• Apply respectful behaviours, skills and knowledge when working with Patients families and communities.

**Venous Thromboembolism**
• Summarise the risk factors for VTE, and how these are incorporated into algorithms for hospitalised patients to prevent VTE which balance risk of VTE and bleeding risk.
• Explain the diagnosis of PE including risk scores, d-dimer and diagnostic tests.
• Explain the stratification of risk of mortality in PE and thrombolysis in patients with shock.
• Discuss anticoagulation options for both the prevention and treatment of VTE.

**Neurology**
• Explain the scientific characteristics, the parts of the nervous system affected and the pathological processes leading to the formation of common neurological conditions.
• Summarise the important symptoms for recognising a neurological dysfunction and apply to future clinical practice after, wherever possible, conducting a systematic neurological examination.
• Summarise the procedural steps for an effective diagnosis of the common and important neurologic disorders.
• Explain the place of specialised neurological investigations in the analysis of the major neurological symptoms and syndromes and the main indications for the use of these procedures.
• Describe the main indications for, and side effects of, drugs commonly used in the treatment of neurological conditions.

**Endocrinology and Diabetes**
• Apply key basic science principles to the evaluation of patients with
common endocrinological diseases (metabolic bone, thyroid, adrenal, pituitary, diabetes).

- Identify the presenting symptoms and signs of patients with endocrinological diseases that commonly present in clinical practice.
- Use knowledge gained to formulate appropriate problem lists and treatment plans for patients with a range of endocrinological diseases in clinical settings.
- Explain the strengths and shortcomings of the respective tests used for assessing patients presenting with these conditions, using best evidence.
- Apply the main principles for diagnosing and managing patients with acute diabetes in clinical settings.

Global Health

- Outline why health is global and the major challenges to health are globally distributed.
- Explain the major global health challenges of the 21st century (via the global burden of disease project), with an emphasis on the Asia Pacific region specifically.
- Illustrate the contribution that NZ medical professionals can make to the national and international stage to make a difference to global health.
- Identify the specific knowledge, attitudes and skills that are currently required by global health agencies to be effective in improving health outcomes a global or regional level.

Ethics and Law

- Summarise the ethical and legal frameworks governing health information in New Zealand.
- Apply those frameworks to real clinical cases.
- Identify the practical issues of working with health information.

ORL

- Summarise the clinical breadth of Otolaryngology as a specialty in primary and tertiary clinical settings.
- Illustrate the impact that diseases of the head and neck have on patient wellbeing.
- Describe the consequences and complications of the treatments of these conditions by listening to the patients' perspective.
- Recognise when to apply the techniques for examination of the ears, nose, oral cavity and sinuses.
- Relate this learning to the future patients experiencing ORL conditions.

Palliative Care
• Summarise the key messages to use in practice when introducing palliative medicine to a new patient.
• Explain the major myths associated with the use of morphine for palliative medicine, and summarise the key messages associated with morphine prescribing.
• Explain the key principles for discussing end-of-life matters with a dying patient.
• Describe death trajectories and associated practice implications (e.g. sudden death, terminal illness, frailty, organ failure)
• Summarise the key messages to convey when communicating with a patient/ whanau about decisions of ‘do not resuscitate’.

**Geriatrics**

• Apply applicable and practical knowledge of ethical issues (especially for patient autonomy) as they especially apply to older, vulnerable patients.
• Explain the problems of communication with patients with cognitive and language (dysphasia) issues and some skills (including how to access help) to overcome these.
• Summarise the complexity of acute presentation of older patients and the practical challenges in the clinical assessment of older people.
• Summarise the key issues to consider in the process of a patient journey through rehabilitation from a traumatic illness/ injury.
• Explain the value and contribution of multidisciplinary teams to patient care for older patients and those undergoing rehabilitation.

**Renal Disease**

• Recognise the common clinical features, complications and diagnosis for acute renal failure, chronic renal failure and nephrotic syndrome and outline how to start treatment in patients with these symptoms.
• Summarise and apply the clinical skills needed to assess and manage patients with fluid overload and dehydration, oedema and hypertension.
• Explain the classification of renal failure by GFR (grades I-V) and how the use of the K/DOQI evidence-base is used in clinical practice guidelines for diagnosing chronic kidney disease.
• Apply the lessons learned to elicit an appropriate clinical history from a patient presenting with assess fluid overload and dehydration, oedema and hypertension.
• Explain and apply the principles of clinical pharmacology to patients with renal dysfunction with special reference to:
  - Appropriate modification of drug dosage in renal failure
  - Drugs to slow the progression of chronic renal disease
  - Hypertension
  - Hyperkalaemia
  - Anaemia and erythropoietin
Orthopaedics
• Discuss the clinical features and management of common ankle injuries such as ankle sprains, achilles tendon rupture and ankle fractures.
• Summarise knee injury patterns and describe the clinical features of anterior cruciate ligament ruptures and meniscal tears.
• Demonstrate a working knowledge of patello-femoral pain, patellar instability and other soft-tissue causes of knee pain.
• Summarise the pathology of stress fractures, the common sites and how to diagnose and treat.

Dermatology
• Summarise the importance of the identification and clinical management of skin cancer, differentiating between melanoma, basal cell cancer and squamous cell cancer.
• Explain the distinguishing features and the principles of the clinical management of the common inflammatory dermatoses, cutaneous infections and immunobullous disease.
• Discuss the different forms of treatment for common skin diseases.
• Accurately describe common rashes and lesions and their distinguishing features.

Gout Symposium
• Explain the key checkpoints in pathogenesis of gout.
• Outline the typical clinical presentation of gout.
• Explain the principles of gout management.
• Summarise the impact of gout on the patient, whanau and community.
• Explain the role of health literacy in improving outcomes for people with gout.

Clinical Pathology
• Use the results of a laboratory test to confirm or refute clinical differential diagnoses for a clinical case.
• Summarise the importance of sample collection and sample limitations on a test result.
• Explain the importance of sensitivity, specificity, positive and negative predictive value when interpreting a laboratory test.

Gastroenterology
• Apply scientific knowledge of physiology to common and clinically important diagnoses and explain the rationale for their management.
• Explain how to elicit relevant information from history-taking to aid in the diagnosis of GI conditions.
• Synthesise and integrate information to formulate differential diagnoses.
- Explain the impact of selected GI conditions on population health, the role of population screening in GI cancers and the importance of advocating for health promotion to reduce the risk of disease.

**Alcohol and Drugs**
- Explain the importance of shifting from a binary to a continuum of risk perspective regarding addictive consumptions (alcohol, gambling, smoking, illicit drugs).
- Summarise the steps to differentiate low risk, risky, problematic and dependent drinking.
- Describe how to clinically use the tools to deliver brief advice on alcohol and drug use without implied judgement of a patient.
- Identify a range of services available and the appropriate time for a referral of a patient.
- Outline the expectations of the drug and alcohol assessment in GPOPS week.

**Patient Can’t Speak for Themselves**
- Explain the importance of patients’ consent for their involvement in patient care for the purposes of learning and/or for the purpose of contributing to that care.
- Explain the importance of informed consent for anaesthesia.
- Summarise key points relevant to the respect of Māori patients in the operating room and more generally.
- Extrapolate from respect for Māori patients to more generic principles of cultural competence in the operating room and on the wards.
- Summarise the major and varied risks associated with anaesthesia for patients.

**Urology and Prostate Cancer**
- Explain the pros and cons of screening for prostate cancer.
- Explain the conflicting views in relation to the diagnoses and treatment of prostate cancer from a urological perspective, using best evidence.
- Explain the clinical relevance of staging and grading of prostate cancer.
- Determine the curative treatments, and their side effects, for individual patient cases and the most effective regime for managing these patients.

**Neurosurgery**
- Describe the clinical features and prognosis of common and important condition that require neurosurgery.
- Summarise the most effective approach to the clinical assessment of conditions requiring neurosurgery.
- Explain the important therapeutic principles in the management of
patients requiring neurosurgery.
• Identify potential risks to the recovery of patients from common forms of neurosurgery.

Oncology
• Develop a useful scaffold of prior knowledge on which to build the recent research findings and advances in cancer care.
• Explain the main features of the five therapeutic revolutions in cancer care.
• Explain the genomic hallmarks of cancer and why this is clinically relevant
• Connect recent advances in molecular biology and genomics with the application of molecular targeted therapies and immune modulating therapies.
• Explain the logic and practice of multi-agent multimodal individualised patient care using case examples.