MBChB

Phase 3 (Year 6) Guidebook

2019

Available on MBChB Portal
www.mbchb.auckland.ac.nz
(version 1.1, Released February 2019)

Contact
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The University of Auckland
Private Bag 92019
Auckland
New Zealand

Phone: +64 9 923 1606
Fax: +64 9 373 7555
Email: mpd@auckland.ac.nz
Web: www.fmhs.auckland.ac.nz
Dear Student

Re: Compulsory Declaration – Year 6

You are required to confirm that you have read your Guidebook and the Policy Guides by completing your Phase 3 (Year 6) Compulsory Declaration by 14 January 2019. This is to be completed online. An individual link will be sent to your university email address. The wording of the declaration is provided below for your information.

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

Lucy Mo
Group Services Manager
Medical Programme Directorate
Medical Programme Directorate

Compulsory Declaration – Year 6

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

☐ I agree to abide by the Faculty and University policies and regulations and have received a copy of the Phase 3 (Year 6) Guidebook, and have read and understood the information therein with particular reference to:

- Requirements and Responsibilities on Clinical attachments (Section E)
- Policies Relevant to Phase 3 (Year 6) (Section G)
- Scheduled Leave, Planned Holidays, and Absences (Sections 1.2 and 1.3)

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

☐ 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 and physical impairment due to injury, disease, or degeneration.* OR

Have met with the Directors of Medical Student Affairs director.medstudentaffairs@auckland.ac.nz and confirmed my ability to perform the functions required for the practice of medicine.

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

Have met with one of the Directors of Medical Student Affairs director.medstudentaffairs@auckland.ac.nz and/or the Fitness to Practise Committee and have had my ability to perform the functions required for the practice of medicine confirmed.

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

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

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

* If you have something to declare in relation to these items and cannot complete this declaration, please contact the Directors of Medical Student Affairs: director.medstudentaffairs@auckland.ac.nz.
Welcome from the Phase Director

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

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

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

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

Because of the class size and the complexity of the timetable, there is generally very little room to accommodate requests for changes to clinical attachments or leave outside of scheduled vacation times. Where there are compelling reasons, such as bereavement, health or family concerns, or if you have been asked to present a paper at an academic meeting, every effort will be made to accommodate changes. All such requests must be approved by the Phase Director and the Department concerned. In most other circumstances, changes are unlikely to be approved. General Practice experience in year 6 is in rural settings and you should expect to be away from your usual accommodation. If you have special circumstances which would make this unreasonably difficult, such as caring for small children or other dependents, or major health concerns, please put requests to remain within driving distance of your accommodation to me, as Phase Director, as early in the year as possible and a minimum of six weeks before the placement.

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

Have a great year!

Dr Briar Peat
Phase 3 Director
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A. Essential Information

A.1. Key Contacts

MPD general enquiries: Phone: (09) 923 1606
Email: mpd@auckland.ac.nz

MPD is located on Level 3, Building 532 at 93 Grafton Road
Website: www.fmhs.auckland.ac.nz/mpd
MBChB Portal: http://mbchb.auckland.ac.nz

A.1.1. Medical Programme Overall

<table>
<thead>
<tr>
<th>Role</th>
<th>Person</th>
<th>DDI &amp; email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 3 Director</td>
<td>Dr Briar Peat</td>
<td>027 205 5012</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:briar.peat@middlemore.co.nz">briar.peat@middlemore.co.nz</a></td>
</tr>
<tr>
<td>Head of the Medical Programme</td>
<td>Assoc Prof Andy Wearn</td>
<td>(09) 923 8953</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:a.wearn@auckland.ac.nz">a.wearn@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Directors of Medical Student Affairs</td>
<td>Dr Emme Chacko, Dr Ben Ling</td>
<td><a href="mailto:director.medstudentaffairs@auckland.ac.nz">director.medstudentaffairs@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Group Services Manager MPD</td>
<td>Lucy Mo</td>
<td>(09) 923 2773</td>
</tr>
<tr>
<td></td>
<td></td>
<td><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>(09) 923 6745</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:mpd@auckland.ac.nz">mpd@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Academic Systems Coordinator</td>
<td>Shika Sharan</td>
<td>(09) 923 1734</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:mpd@auckland.ac.nz">mpd@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Information Systems Coordinator</td>
<td>Thiviya Sritharan</td>
<td>(09) 923 1837</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:mpd@auckland.ac.nz">mpd@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Student Support Advisor for Domestic and International students</td>
<td>Daniel Heke</td>
<td>(09) 923 7071</td>
</tr>
<tr>
<td></td>
<td></td>
<td>027 801 3726</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(office hours only)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:fmhssupport@auckland.ac.nz">fmhssupport@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Student Support Advisor for MAPAS students</td>
<td>Nicola Clark</td>
<td>021 879 565</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:nicola.clark@auckland.ac.nz">nicola.clark@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>

A.1.2. Phase 3 Attachment and Domain Coordinators

<table>
<thead>
<tr>
<th>Department</th>
<th>Year 6 Coordinator</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice</td>
<td>Dr John Kennelly</td>
<td><a href="mailto:j.kennelly@auckland.ac.nz">j.kennelly@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Medicine</td>
<td>Dr Nigel Lever</td>
<td><a href="mailto:NLever@adhb.govt.nz">NLever@adhb.govt.nz</a></td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Dr Michelle Wise</td>
<td><a href="mailto:m.wise@auckland.ac.nz">m.wise@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Prof Innes Asher</td>
<td><a href="mailto:i.asher@auckland.ac.nz">i.asher@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Dr Tony Fernando</td>
<td><a href="mailto:a.fernando@auckland.ac.nz">a.fernando@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Surgery</td>
<td>Assoc Prof Adam Bartlett</td>
<td><a href="mailto:a.bartlett@auckland.ac.nz">a.bartlett@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>
## A.1.3. Departmental Staff

<table>
<thead>
<tr>
<th>Department</th>
<th>Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice</td>
<td>Litea Tubu</td>
<td>(09) 923 6406 <a href="mailto:l.tubu@auckland.ac.nz">l.tubu@auckland.ac.nz</a></td>
</tr>
<tr>
<td>General 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>Obstetrics &amp; Gynaecology</td>
<td>Michelle Carvalho</td>
<td>(09) 923 9822 <a href="mailto:m.carvalho@auckland.ac.nz">m.carvalho@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Shelly D’Silva</td>
<td>(09) 923 6243 <a href="mailto:s.dsilva@auckland.ac.nz">s.dsilva@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Saira Khan</td>
<td>(09) 923 6751 <a href="mailto:s.khan@auckland.ac.nz">s.khan@auckland.ac.nz</a></td>
</tr>
<tr>
<td>General Surgery and Emergency Medicine</td>
<td>Christine Ganly</td>
<td>(09) 923 9861 <a href="mailto:c.ganly@auckland.ac.nz">c.ganly@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Elective</td>
<td>Teresa Timo</td>
<td>(09) 923 6745 <a href="mailto:t.timo@auckland.ac.nz">t.timo@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>Kathryn Siow</td>
<td>(09) 923 3094 <a href="mailto:k.siow@auckland.ac.nz">k.siow@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>

## A.1.4. Who to contact for advice

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

<table>
<thead>
<tr>
<th>Person</th>
<th>Advice/ Issue/ Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Campus/Site Coordinator</td>
<td>Most routine and organisational matters relating to the attachment</td>
</tr>
<tr>
<td>Phase 3 Director Dr Briar Peat</td>
<td>Any academic or professional matter in relation to Phase 3 Any request for leave including extended absence, change in allocation or variation to current policy</td>
</tr>
<tr>
<td>Mr Andrew MacCormick</td>
<td>Academic policy matters relating to the Elective</td>
</tr>
<tr>
<td>Assoc Prof Andy Wearn</td>
<td>Issues requiring the approval of the Dean</td>
</tr>
<tr>
<td>Lucy Mo</td>
<td>Administrative issues about Phase 3 Sign off for Elective documentation/ approvals Clarification of existing policies Programme regulatory matters</td>
</tr>
</tbody>
</table>
| Teresa Timo                  | Administration of student choices  
|                            | Coordination of student allocations to hospitals  
|                            | Elective Administration  
|                            | Ordering standard letters |
| Shika Sharan               | Administration of student grades and progress  
|                            | Individual Faculty academic records  
|                            | BMedSc(Hons) Administration  
|                            | Administration for Progress Tests |
| FMHS Student Centre        | Medical Qualifying Ceremony and Graduation  
|                            | General support and advice on health, financial and welfare matters, training grant administration |
| Student Support Advisor    | General support for Domestic and International students (non-MAPAS) |
| Daniel Heke                | First point of contact for any enquiries from MAPAS students |
| Student Support Advisor    |                                                       |
| for MAPAS students         |                                                       |
| Nichola Clark              |                                                       |

**A.2. Accessing information for the medical programme**

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

MBChB portal:  [http://mbchb.auckland.ac.nz/](http://mbchb.auckland.ac.nz/)
Clinical scenarios:  [http://mbchb.auckland.ac.nz/scenarios](http://mbchb.auckland.ac.nz/scenarios)

There are links from the front page of the portal to the Clinical Scenarios and other resources and information relevant to the Medical Programme, including the Policy Guides.

**A.3. Allocation of students to hospitals/ teams**

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

**A.4. Registration requirement**

Under the Health Practitioners Competence Assurance Act 2003, the New Zealand Medical Council has no jurisdiction over medical students. Nevertheless, the conduct and health of students prior to graduation may have a significant bearing on future eligibility for registration as a medical practitioner. Please refer to the Medical Programme Policy Guides for more detail.
### A.5. Summary outline of Year 6

<table>
<thead>
<tr>
<th>Date (2019)</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 January</td>
<td>First day of Year 6 attachments</td>
</tr>
<tr>
<td>15 April (Monday 2:15pm)</td>
<td>Progress Test 1</td>
</tr>
<tr>
<td>19 July (Friday 2:15pm)</td>
<td>Progress Test 2</td>
</tr>
<tr>
<td>19 October (Saturday 2:15pm)</td>
<td>Progress Test 3</td>
</tr>
<tr>
<td>3 November</td>
<td>Last day of Year 6 attachments</td>
</tr>
<tr>
<td>8 November</td>
<td>Board of Examiners</td>
</tr>
<tr>
<td>15 November</td>
<td>Graduation</td>
</tr>
</tbody>
</table>
# B. Frequently Asked Questions

## B.1. Frequently asked questions (FAQs)

The following table provides answers or guidance on how to manage situations about which students have identified particular questions, the answers to which may not always be obvious.

<table>
<thead>
<tr>
<th>Student Questions</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Absences and Leave</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Under what circumstances do I need to apply for leave? | - You need to apply for leave in advance whenever you want or need to miss part of your academic commitments.  
- You should apply to the Phase 3 Director for this leave as early as possible.                                                                 |
| How do I apply for leave for a scheduled event (one with more than 24 hour notice, e.g. conference, family reunion, wedding, etc.)? | - See section I.3. You are expected to use holiday time for scheduled events.  
- In the event you cannot use holiday time but still wish to attend the scheduled event AND you believe your situation qualifies as exceptional circumstances, you must request leave well in advance in writing (by email) from the Phase 3 Director, explaining the situation and your request. |
| How do I request leave for an event with very little (<24 hour) notice (e.g. funeral, birth of a child, etc.)? | - See section I.4. You should attempt to notify as many of the required persons as possible, but at a minimum, you must immediately contact your clinical supervisor and clinical campus manager/ site or departmental administrator to request the leave.  
- Then advise the other individuals (Clinical Attachment Year 6 Convenor, Phase 3 Director) as soon as possible. |
| How do I request leave when I had no notice (e.g. illness of myself or a dependent)? | - Notify your clinical supervisor and clinical campus manager/ site administrator, or the appropriate departmental administrator (AKH), as soon as possible of your illness and the date when you hope to return to work.  
- If you are absent for three or more days, upon your return, a medical certificate must be provided to your clinical campus manager/ site coordinator or departmental (ACH) administrator, who will forward this on to the MPD. |
| 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 campus/site and department. |
| How much leave can I have during the year without having to make up extra time? | - In general, up to three days excused leave during an attachment, or a total of seven days excused leave during the year is permissible. The final decision rests with the Phase 3 Director and the Head of the Medical Programme. |

## Academic and Professional Matters

<table>
<thead>
<tr>
<th>Academic and Professional Matters</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>When do I need to submit my PPS PDP?</td>
<td>- This needs to be submitted by 9 September 2019.</td>
</tr>
<tr>
<td><strong>Student Questions</strong></td>
<td><strong>Response</strong></td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Who do I contact if I have an academic question?</td>
<td>• Your local Academic Coordinator, or the Phase 3 Director. (Refer to appropriate Cohort section in Guidebook and 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 your Clinical Campus or Site Administrator. |
| Can I apply for a travel grant if I have to travel away from my cohort site? | • No, Year 6 students receive a training grant and are not eligible to receive travel and accommodation grants. |
| Who do I contact if I need to vary the timing or location of my clinical attachments? | • Changes to attachments (sequence, location, etc) can only be made under exceptional circumstances, refer Academic and programme-related Policies of the policy guides section.  
• You should approach the Phase 3 Director, if you believe your situation falls into this category.  
• If your need is based on a non-academic concern, you should also contact the Directors of Medical Student Affairs and/or your Student Support Advisor. |
| 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 local or departmental convenor for that attachment or the Academic Coordinator for your cohort in the first instance (see the appropriate Cohort section and Section A.1.4 in your Guidebook).  
• If you prefer, you may speak to the Phase 3 Director. |
| What happens if I have an FtP (Fitness to Practise) form filed against me? | • See Fitness to Practise Policy in the Policy Guides.  
• An FtP may be filed for health concerns, a lack of professionalism, or a number of other issues which are felt to reflect upon your fitness to practise as a medical professional.  
• The Phase 3 Director will discuss non-critical incidents with you and, barring further issues, the information is likely to be expunged from your record upon graduation.  
• If you accumulate three non-critical incidents, you will be called before the Fitness to Practise Committee.  
• Critical or extraordinary incidents (such as those dealing with the safety of yourself or patients) may result in your immediate suspension from clinical attachments and summoning before the Fitness to Practise Committee. |

**Academic Assistance**

<table>
<thead>
<tr>
<th><strong>Academic Assistance</strong></th>
<th><strong>Response</strong></th>
</tr>
</thead>
</table>
| Who do I contact if I am having academic problems? | • If your concerns are specific to an individual attachment, you can seek feedback or guidance from your clinical supervisor or the local attachment convenor at your Clinical Campus/Site.  
• For more global concerns, you can approach the Phase 3 Director or the University Student Learning Centre for assistance. |
<table>
<thead>
<tr>
<th><strong>Student Questions</strong></th>
<th><strong>Response</strong></th>
</tr>
</thead>
</table>
| Who do I contact if I need help with my English language skills? | • English Language Support is available from [English Language Enrichment (ELE)](https://www.library.auckland.ac.nz/student-learning).  
• 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 meeting regularly on the city campus, and branches in all the provincial centres where Clinical Campuses/Sites are located.  
• Assistance may also be available through the [English Language Academy](https://www.library.auckland.ac.nz/student-learning), though this option requires self-funding on your part. |
| Who do I contact if I need help with my history taking and physical examination skills? | • Your first approach should be to your clinical supervisor or another member of your clinical team and request assistance.  
• You should also speak to the local attachment convenor and request additional support.  
• Your local Academic Coordinator or the Phase 3 Director can also offer advice and suggestions. |
| Who do I contact if I need help with my clinical presentation skills? | • Your first approach should be to your clinical supervisor or another member of your clinical team and request assistance.  
• You should also speak to the local attachment convenor and request additional support.  
• Your local Academic Coordinator or the Phase 3 Director can also offer advice and suggestions.  
• See above for the benefits gained from joining Toastmasters NZ. |
| 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))  
• the Phase 3 Director can also provide advice and suggestions. |
| Who do I contact if I need help with my time management skills? | • University Student Learning Services ([www.library.auckland.ac.nz/student-learning](http://www.library.auckland.ac.nz/student-learning)) |

### Progress Tests

<table>
<thead>
<tr>
<th><strong>Progress Tests</strong></th>
<th><strong>Response</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are progress tests compulsory?</td>
<td>• There are three progress tests in Year 6. The third test on 19 October 2019, is compulsory. You must sit a minimum of two progress tests. You may be exempt from progress test one or two. Refer to section F.5.3 for details. You may sit all three tests.</td>
</tr>
<tr>
<td>How are grades in progress tests in Year 6 determined?</td>
<td>• In Year 6, progress test grades are standards based and are reported as Excellent, Pass and Fail.</td>
</tr>
<tr>
<td>What happens if I fail a progress test?</td>
<td>• Refer to section F.5.3 for details. The result of no one test is considered in isolation. Refer also to the Academic Assistance questions above.</td>
</tr>
</tbody>
</table>

### Wellness Issues

<table>
<thead>
<tr>
<th><strong>Wellness Issues</strong></th>
<th><strong>Response</strong></th>
</tr>
</thead>
</table>
| Who do I contact if I am worried about a classmate’s wellbeing? | • You can contact your Clinical Campus Manager/Site Administrator, Academic Coordinator or the Phase 3 Director.  
• You could advise them to meet with your Student Support Advisor. |
<table>
<thead>
<tr>
<th><strong>Student Questions</strong></th>
<th><strong>Response</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Who do I contact if I have a problem with a classmate?</td>
<td>- Assuming you have been unable to work it out with your classmate directly, you can seek assistance from your Clinical Campus Manager/Site Administrator, Academic Coordinator, Phase 3 Director, your Student Support Advisor OR approach the University Mediation Services (<a href="http://www.auckland.ac.nz/uoa/cs-mediation-services">www.auckland.ac.nz/uoa/cs-mediation-services</a>), or University Counselling Services (<a href="http://www.auckland.ac.nz/uoa/cs-counselling-services">www.auckland.ac.nz/uoa/cs-counselling-services</a>).</td>
</tr>
</tbody>
</table>
| What happens if someone reports concerns about me or my wellbeing or performance? | - You will be notified by the Phase 3 Director or the Directors of Medical Student Affairs.  
- If the expressed concerns relate to wellbeing and are thought to be legitimate, you may be required to undergo a screening examination to ensure your ability to practice safely. |
| 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 Clinical Campus Manager/ University Site Administrator and Academic Coordinator are available to provide support locally at your Cohort site.  
- Your Student Support Advisor can assist you to access the appropriate resources.  
- 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. |
| 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. |
| 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 or the Phase 3 Director, before your academic performance is affected.  
- With notice, these people 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 the FMHS Student Centre as early as possible, so all relevant forms are completed. |
| What do I do if I want/need to take some time out of the programme? | - Depending upon the reason and the amount of time needed, you should speak to your Student Support Advisor, the Directors of Medical Student Affairs and/or the Phase 3 Director.  
- All formal deferral applications will need to be approved by the Head of the Medical Programme. |
| Grades | |
### Student Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| What do I do if I was having problems (e.g. physical health, emotional health, social stresses) when I was preparing for or taking a test? | • The aegrotat and compassionate consideration processes are intended for these situations, where you are prevented from doing your best in a test by factors beyond your control.  
• Talk to your Student Support Advisor, the Directors of Medical Student Affairs or the Phase 3 Director as soon as you realise a problem exists, preferably before (or immediately after) the assessment takes place. Details are available at [www.auckland.ac.nz/oa/cs-aegrotat-and-compassionate-consideration](http://www.auckland.ac.nz/oa/cs-aegrotat-and-compassionate-consideration) |
| I received a borderline performance in an attachment – what does this mean? | • Don't panic!  
• A borderline performance is a provisional grade only and your first step should be to discuss your grade with your clinical supervisor and the local or departmental attachment convenor. They should be able to give you a clear understanding of what aspects of your performance need work.  
• You should then speak to your local Academic Convenor or the Phase 3 Director to put academic assistance in place as quickly as possible before the same problem occurs in another attachment.  
• The Board of Examiners will take into account all your results and grades, when making decisions about your specific situation.  
• Borderline performances may become problematic if you receive more than one (refer to Section F.4.3). |
| I have failed an attachment – what does this mean? | • Don't panic!  
• Your first step should be to discuss your grade with your clinical supervisor and the local or departmental attachment convenor. They should be able to give you a clear understanding of what aspects of your performance need improving.  
• You should then speak to your local Academic Convenor or the Phase 3 Director to put academic assistance in place as quickly as possible before the same problem occurs in another attachment.  
• All grades are provisional until the Board of Examiners meeting at the end of the year.  
• The Board of Examiners will take into account all your results and grades, when making decisions about your specific situation. |

### Clinical Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do I need Professional Indemnity insurance?</td>
<td>• Yes, this must be taken out before you start Year 6.</td>
</tr>
</tbody>
</table>
| What blood tests are we allowed to request?                           | • DHBs differ in their policies on this, and they are changing as a result of electronic ordering and sign-off of investigations (most systems will only allow sign-off from the doctor who ordered the test).  
• It is best to assume you are not permitted to order blood tests unless you are told otherwise.  
• It is likely that you will only be permitted to order simple haematology, biochemistry and microbiological tests and not complex, unusual or send-away tests.  
• Whenever you are permitted to make a written request, it must be countersigned by a doctor. |

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<table>
<thead>
<tr>
<th>Student Questions</th>
<th>Response</th>
</tr>
</thead>
</table>
| What imaging investigations are we allowed to request?                           | • The law states that you are not able to sign any form for investigations requiring the use of ionising radiation (e.g. Chest XRay, CT scan).  
• While the law does not preclude you from ordering investigations such as MRI scans or ultrasound, most DHBs do not allow you to order these.  
• You must ensure that you practise within the law, and are not tempted to bend to perceived expectations from clinical staff – let them know of your legal limitations. |
| What referrals are we allowed to sign?                                            | • You may make referrals, but you must make it clear that this is being done at the request of your supervisor.  
• Referrals made by Year 6 students in General Practice must be read and signed by a registered medical practitioner. |
| What would be a safe practice for us all to follow in hospital-based settings?    | • All students are advised to sign:  
  - Name  
  - Medical Student (Year 6)  
  - On behalf of: House Officer/Registrar or Supervising Consultant  
• In addition to safe practice, the name of the House Officer/Registrar or clinical team is needed to receive the electronic sign-off of results. |
| **Workload and attendance**                                                       |                                                                                                                                                                                                         |
| Are Year 6 students expected to match the hours of a House Officer?                | • Year 6 students have the privilege of being allowed into clinical areas at almost any time and are encouraged to take advantage of all learning opportunities.  
• In general terms, Year 6 students should match the hours of house officers. However there may be local variations to rosters that necessitate the Year 6 student aligning with the registrar roster rather than that of the house officer.  
• Except where you are on clinical attachments which have rostered shifts, you are expected to be present during normal working hours on weekdays. In general, you will be expected to do one long call day per week and one weekend per attachment. In some clinical attachments this may include the weekend following the final week of the attachment. |
| Does being on call take priority over tutorials?                                  | • In general, call takes priority over tutorials in Year 6, but if the opportunity arises, you should attend the tutorial.                                                                                   |
| **University Graduation**                                                         |                                                                                                                                                                                                         |
| How do I receive information about graduation?                                    | • Make sure your mailing address is up to date and you continue to check your university email address after you complete Year 6. This can be linked to another email address, see section I.5 |
| **Communication**                                                                |                                                                                                                                                                                                         |
| How can I be sure I’m aware of any changes to my schedule or any attempts by faculty or staff to get in touch with me? | • 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 I.5 for more detail). |
<table>
<thead>
<tr>
<th><strong>Student Questions</strong></th>
<th><strong>Response</strong></th>
</tr>
</thead>
<tbody>
<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 &quot;Dear Dr Peat&quot;, rather than “Yo, Briar!&quot;. 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, &quot;I would like to request leave to attend a conference&quot; rather than &quot;I will require time off as I have registered for a conference and my tickets are non-refundable.&quot;)</td>
</tr>
</tbody>
</table>
C. The Medical Curriculum

C.1. Phase 3 Structure

C.1.1. The Phases

The phases are intended to help you see science in the context of clinical medicine in the initial years, and to reinforce the biomedical basis of clinical practice in the later years of the Medical Programme. Throughout the phases you will continue to revisit topics at increasing levels 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 A</td>
<td>Year 1</td>
<td>Health Science Foundation</td>
</tr>
<tr>
<td>Phase 1</td>
<td>Years 2 and 3</td>
<td>Fundamentals of Clinical Practice</td>
</tr>
<tr>
<td>Phase 2</td>
<td>Years 4 and 5</td>
<td>Clinical Practice in Context</td>
</tr>
<tr>
<td>Phase 3</td>
<td>Year 6</td>
<td>Preparation for Workforce</td>
</tr>
</tbody>
</table>

Each phase of the curriculum builds on the preceding phase. It is expected that your competencies will develop progressively as outlined in the following schema:

<table>
<thead>
<tr>
<th>Increased scope</th>
<th>Increased utility (to medical practice)</th>
<th>Increased proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Extension to more or new topics</td>
<td>• Move from general context to specific medical context</td>
<td>• More efficient performance</td>
</tr>
<tr>
<td>• Extension to different practice contexts</td>
<td>• Move from theory to practice of medicine</td>
<td>• Better organised</td>
</tr>
<tr>
<td>• Accommodation of existing knowledge or skills to new knowledge or skills</td>
<td>• Move to integration into the role of a doctor</td>
<td>• More confident</td>
</tr>
<tr>
<td>• Move to multifactorial problems involving different factors (e.g. social, economical, medical)</td>
<td>• An integrated repertoire involving a holistic approach to practice and bringing together the different abilities expected of a doctor</td>
<td>• Takes less time</td>
</tr>
<tr>
<td>• Move from a unidimensional straightforward situation to one involving multiple problems or systems</td>
<td>• Dealing with and reconciling competing demands, such as time spent on curative and preventative medicine</td>
<td>• More accessible</td>
</tr>
<tr>
<td>• More in-depth or advanced consideration</td>
<td>• More efficient performance</td>
<td>• Less unnecessary or redundant action</td>
</tr>
<tr>
<td>• Application to a more complex situation</td>
<td>• Better organised</td>
<td>• Higher standards</td>
</tr>
<tr>
<td>• Move from a unidimensional straightforward situation to one involving multiple problems or systems</td>
<td>• More confident</td>
<td>• Fewer errors</td>
</tr>
<tr>
<td>• Accommodation of existing knowledge or skills to new knowledge or skills</td>
<td>• Takes less time</td>
<td>• Less need for supervision</td>
</tr>
<tr>
<td>• Move to multifactorial problems involving different factors (e.g. social, economical, medical)</td>
<td>• Takes initiative and anticipates events</td>
<td>• Better able to defend and justify actions</td>
</tr>
<tr>
<td>• Move from a unidimensional straightforward situation to one involving multiple problems or systems</td>
<td>• Dealing with and reconciling competing demands, such as time spent on curative and preventative medicine</td>
<td>• Adopts routinely as part of practice</td>
</tr>
<tr>
<td>• More in-depth or advanced consideration</td>
<td>• More efficient performance</td>
<td>• More efficient performance</td>
</tr>
<tr>
<td>• Application to a more complex situation</td>
<td>• Better organised</td>
<td>• More confident</td>
</tr>
<tr>
<td>• Move from a unidimensional straightforward situation to one involving multiple problems or systems</td>
<td>• Takes less time</td>
<td>• More accessible</td>
</tr>
<tr>
<td>• Accommodation of existing knowledge or skills to new knowledge or skills</td>
<td>• More confident</td>
<td>• Less unnecessary or redundant action</td>
</tr>
<tr>
<td>• Move to multifactorial problems involving different factors (e.g. social, economical, medical)</td>
<td>• Takes initiative and anticipates events</td>
<td>• Higher standards</td>
</tr>
<tr>
<td>• Move from a unidimensional straightforward situation to one involving multiple problems or systems</td>
<td>• Dealing with and reconciling competing demands, such as time spent on curative and preventative medicine</td>
<td>• Fewer errors</td>
</tr>
<tr>
<td>• More in-depth or advanced consideration</td>
<td>• More efficient performance</td>
<td>• Less need for supervision</td>
</tr>
<tr>
<td>• Application to a more complex situation</td>
<td>• Better organised</td>
<td>• Better able to defend and justify actions</td>
</tr>
<tr>
<td>• Move from a unidimensional straightforward situation to one involving multiple problems or systems</td>
<td>• Dealing with and reconciling competing demands, such as time spent on curative and preventative medicine</td>
<td>• Adopts routinely as part of practice</td>
</tr>
</tbody>
</table>

University of Dundee, Centre for Medical Education, September 1999
C.1.2. Programme Structure

The following diagram provides an overview of the entire structure of the medical programme for students completing in 2019.
<table>
<thead>
<tr>
<th>Phase 3 (6) 41 wks</th>
<th>General Medicine</th>
<th>General Surgery</th>
<th>Obstetrics &amp; Gynaecology</th>
<th>Psychiatry</th>
<th>Paediatrics</th>
<th>General Practice</th>
<th>Clinical Imaging</th>
<th>Emergency Medicine</th>
<th>Elective</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northland, Waitemata, Auckland, South Auckland, Waikato, Rotorua, Bay of Plenty &amp; Taranaki</td>
<td>Paediatrics</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>Psychiatry</td>
<td>Selective</td>
<td>General Practice</td>
<td>U &amp; I Patient Care</td>
<td></td>
<td></td>
<td>Research Project</td>
<td></td>
</tr>
<tr>
<td>Phase 2(5) 35 wks</td>
<td>Paediatrics</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>Psychiatry</td>
<td>Selective</td>
<td>General Practice</td>
<td>U &amp; I Patient Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waitemata / Auckland South Auckland &amp; Waikato/Lakes</td>
<td>Paediatrics</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>Psychiatry</td>
<td>Selective</td>
<td>General Practice</td>
<td>U &amp; I Patient Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay of Plenty Regional</td>
<td>Paediatrics</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>Psychiatry</td>
<td>U &amp; I Patient Care</td>
<td>General Practice</td>
<td>Specialty Surgery</td>
<td></td>
<td></td>
<td>U &amp; I Patient Care</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>Paediatrics</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>Psychiatry</td>
<td>Selective</td>
<td>General Practice</td>
<td>Specialty Surgery</td>
<td></td>
<td></td>
<td>U &amp; I Patient Care</td>
<td></td>
</tr>
<tr>
<td>Phase 2(5) 36 wks</td>
<td>Paediatrics</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>Psychiatry</td>
<td>Selective</td>
<td>General Practice</td>
<td>Specialty Surgery</td>
<td></td>
<td></td>
<td>Women &amp; Children’s Health</td>
<td></td>
</tr>
<tr>
<td>Pōkāwakawa</td>
<td>Integrated Care &amp; General Practice</td>
<td>Specialty Surgery</td>
<td>Psychiatry</td>
<td>Selective</td>
<td>U &amp; I Patient Care</td>
<td>Women &amp; Children’s Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 2(4) 41 wks</td>
<td>General Medicine</td>
<td>Specialty Medicine</td>
<td>Geriatrics</td>
<td>Musculoskeletal</td>
<td>Anaesthesia</td>
<td>General Surgery</td>
<td>GPOP</td>
<td>Emergency Medicine &amp; Acute Care Procedural Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auckland South Auckland Waitemata, Waitakato Rotorua &amp; Bay of Plenty</td>
<td></td>
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</tr>
<tr>
<td>Professional and Clinical Skills 2</td>
<td>Hauora Māori</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BMedSc(Hons) which may lead to PhD</td>
<td></td>
</tr>
<tr>
<td>Nervous System</td>
<td>Reproduction &amp; Development</td>
<td>Sensory Systems</td>
<td>Blood, Immunity &amp; Infection</td>
<td>Regulation of Body Function</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principles of Medicine</td>
<td>Professional and Clinical Skills 1</td>
<td>Hauora Māori</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal System</td>
<td>Digestive System</td>
<td>Respiratory System</td>
<td>Human Anatomy, Pathology, Physiology laboratories, ILAs</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Year 1</td>
<td>24 weeks</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Courses in Yr 1 Bold: Courses common to BHSc &amp; BSc (Biomed) Italic: BSc only. Normal: Courses in BHSc only ILA: Integrated Learning Activity Formal Learning Weeks</td>
<td>Numbers refer to points (120 points per year)</td>
<td>15 points per course over 1 semester</td>
<td>Intercalated BMedSc(Hons) may be completed anytime after Year 3.</td>
<td></td>
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</tr>
</tbody>
</table>
C.2. Phase 3 in Context

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

C.3. Objective of Phase 3

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

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

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

C.3.1. Application of MBChB Graduate Learning Outcomes

The Graduate Learning Outcomes outline the competencies you require to practise effectively as a first year house officer (PGY1), and to subsequently move into postgraduate training. You should use the Graduate Learning Outcomes as the major guide for your learning during the year. They guide teaching and assessment in the medical programme and convey to staff and employers the competencies the Faculty of Medical and Health Sciences (FMHS) expects its graduates to have achieved by the end of the six-year programme.

The Learning Outcomes for the final year of the medical programme are the Graduate Learning Outcomes for the programme as a whole. Departments have provided specific emphases within these outcomes, which should be the focus of your learning during your various attachments and with which your clinical assessments are aligned. These are outlined in the section related to each
It is important to note that there is a considerable amount of overlap, with much learning being transferable and relevant to all areas of medical practice.

The clinical scenarios form the central building blocks for, and effectively define, the core curriculum. The scenarios are mostly symptom-based, provide a clinically-focused approach to learning and highlight the expected knowledge base across the five domains of the curriculum.

For each compulsory attachment you should:

1. Review the list of clinical scenarios and identify those with which you are not yet familiar.
2. Identify conditions you are likely to experience during the attachment.
3. Ensure you are familiar with the common conditions and those less common conditions which are "important not to miss".
4. Ensure you achieve the key learning for the attachment, including appropriate revision of material from previous years.

Prescribing is an area frequently associated with error which carries significant potential for risk to patients. During Phase 3, you should pay particular attention to developing the skills necessary for safe prescribing, including knowledge of the legal requirements, strategies to ensure safe practice and a thorough knowledge of the medicines appearing on the Core Medicines list in the clinical scenarios.

**C.4. Learning**

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

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

You should reflect on your progress towards achieving the Graduate Learning Outcomes and develop your own plan to address your learning needs. Make the most of opportunities to learn as much as you can from your clinical experience. Read widely and seek feedback on your progress.
C.5. 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.6. /Overview of Phase 3 Attachments

Phase 3 consists of the following clinical attachments and courses:

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice (regional/rural)</td>
<td>6 weeks</td>
</tr>
<tr>
<td>General Medicine</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Paediatrics (including neonatal paediatrics)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4 weeks</td>
</tr>
<tr>
<td>General Surgery</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>
C.6.1. General Practice

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

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

All Year 6 students complete a six week attachment in an approved regional or rural practice. Practices are located in the upper North Island: in Northland, the peripheries of Auckland, Waikato, Lakes, Bay of Plenty and Taranaki. Where possible practices are located within reasonable proximity to your cohort but you should expect to be away from your usual accommodation for this attachment. Occasionally students who have spent the Year 5 general practice attachment with a regional/rural practitioner, in particular the Pūkawakawa programme, may undertake their Year 6 attachment with an urban general practice.

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

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

General Practice Reporting

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

Year 6 students whose general practice attachment coincides with a progress test and who are attached to a practice more than 1.5 hours drive from a testing site may apply for exemption from sitting that progress test (Please see section F.5.3 for further details). You may still sit the test if you wish. You may wish to request a placement nearer a testing centre, should one be available.

Specific Emphases for Learning

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your Learning</th>
</tr>
</thead>
</table>
| Clinical and Communication Skills | • Key warning signs of serious illness are recognised and acted upon.  
• Skills for dealing with medical uncertainty are demonstrated.  
• Competence is demonstrated in a range of consultations, especially for acute care, long-term conditions, episodic care and palliative care.  
• Skills in working with distressed patients of all ages and ethnicities are identified, along with those for family and whanau.  
• Sensitivity discussing diagnoses is demonstrated.  
• Documentation of medical information is accurate.  
• Skills in writing referral letters are demonstrated.  
• Specialist advice is integrated appropriately for a range of conditions.  
• Management plans are culturally appropriate. |
| Personal and Professional Skills | • Competency is developed in transfer of care to medical and other healthcare teams.  
• Collaborative skills with all health professionals are identified. |
| Hauora Māori                  | • Key issues leading to health inequalities for Māori patients are identified and interventions proposed to address them.  
• Work to achieve correct pronunciation of names in te Reo Māori.  
• Social, cultural, political and economic factors are integrated into clinical practice. |
| Population Health             | • The role of general practice and its integration with the wider health care network is articulated, including regional variations in healthcare provision; health promotion and prevention appropriate for the community; major primary health care targets.  
• Broader social and economic environment determinants are applied to patient wellbeing and outcomes. |
| Applied Science for Medicine Domain | • Medical, social and psychological principles are incorporated in the GP consultation. |
• Application of pharmacologic principles is demonstrated in disease management and safe prescribing practice.
• Basic principles are used to detect cancer in early stages.
• Medical literature is appraised and consolidated for the management of presenting patients in general practice.

Assessment of the general practice attachment
There are three summative assessments for this attachment.

1. Collegial Online Discussion Forum
2. Mini-CEX
3. Clinical Supervisor Report (CSR)

All three assessments are equally weighted to determine the provisional attachment grade for general practice.

In addition, there is a Symposium Day for which attendance is compulsory to receive a grade for the attachment.

Online Discussion Forum
During general practice, there are patients that require a student to self-reflect on the diagnosis and treatment. There may also times when the consultation went poorly and you are left wondering if a different approach might have been better. These concerns are common in general practice. The purpose of the forum is to help develop critical thinking skills and reflective practices, as well as problem solve and access collegial support to address the sorts of issues that arise during a general practice consultation. Postings will lead to reflection upon a troubling consultation or a difficulty the student has experienced. The self-reflection group takes place on the discussion site in Canvas.

This discussion forum is intended to be student-led, although a GP moderator (who will also facilitate your symposium during the attachment) may contribute when necessary. The online discussion is based in Canvas.

Each student is required to post either their own case or make a comment on another student's posting within the first two weeks of the GP attachment. It is expected that the student will check the postings regularly, e.g. every 2-3 days and freely contribute as they are able. Comments made online are confidential within your group and are not to be discussed, other than in very general anonymous terms, with others outside the group. The online discussion provides an opportunity to deepen learning that started during the attachment and continues during the symposium day.
**Symposium day**

You are required to attend a day-long symposium with a group of students and a GP academic from the Department of General Practice and Primary Health Care. This may be in Northland, Auckland, Tauranga, Hamilton or New Plymouth, depending on the location of your attachment. On some occasions you may need to join the group via videoconferencing (Zoom) rather than in person.

During the Symposium day each student will present a 10-minute, case-based and evidence-based powerpoint presentation. Wherever possible, you should present a patient with whom they have been involved during their GP attachment. You may present a patient you have discussed during the online discussion forum or some other patient. After presenting the case, you should structure a clinically-useful question related to the case and conduct a literature search to answer this question with best evidence. You are expected to refer to evidence-based guidelines and/or refer to databases such as Medline, and to demonstrate some critical thinking with regards to the strengths and shortcomings of the evidence and its relevance to the patient case presentation. The use of powerpoint is compulsory, with a maximum of 10 slides for the 10-minute presentation.

A reflective practice group session is held after the presentations. During this session, you will have the opportunity to discuss professional and ethical issues associated with your clinical attachment. The discussion and information shared in the self-reflective group is confidential to the group participants.

Attendance at the symposium day and associated reflective group is compulsory.

**Assessment of the Online Discussion Forum and Symposium Day**

The following rubric is used to mark and grade the forum and symposium day presentations.

While attendance at the reflective part of the symposium day is compulsory, this component of the day is not graded.
Rubric for General Practice online discussion forum and symposium

<table>
<thead>
<tr>
<th>Component</th>
<th>3 points</th>
<th>2 points</th>
<th>1 point</th>
<th>0 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflection - online discussion</td>
<td>Clear evidence of critical reflection with comprehensive meaning making and reflecting on actions or events to guide understandings or appreciations</td>
<td>Some critical reflection and meaning making with some attempt to reflect on actions or events to guide understandings or appreciations.</td>
<td>Little reflection or meaning making with only beginning awareness of link between actions or events and behaviour</td>
<td>No reflection or meaning making</td>
</tr>
<tr>
<td>Reflection - SOAPEL</td>
<td>Clear evidence of critical reflection with comprehensive meaning making and reflecting on actions or events to guide understandings or appreciations</td>
<td>Some critical reflection and meaning making with some attempt to reflect on actions or events to guide understandings or appreciations.</td>
<td>Little reflection or meaning making with only beginning awareness of link between actions or events and behaviour</td>
<td>No reflection or meaning making</td>
</tr>
<tr>
<td>Engagement - online discussion</td>
<td>Active engagement and enthusiasm throughout the attachment with timely and consistent posts</td>
<td>Active engagement in the majority of the attachment</td>
<td>Some engagement demonstrated with a small number of posts</td>
<td>Little engagement demonstrated with late posting &gt;2 weeks past start of attachment and few posts</td>
</tr>
<tr>
<td>Literature - online discussion</td>
<td>Refers to range of literature relevant to general practice or rural hospital context</td>
<td>Refers to a range of literature, however literature not focussed on general practice or rural hospital context</td>
<td>Minimal reference to literature</td>
<td>No reference to literature</td>
</tr>
<tr>
<td>Literature - SOAPEL</td>
<td>Refers to range of literature relevant to general practice or rural hospital context</td>
<td>Refers to a range of literature, however literature not focussed on general practice or rural hospital context</td>
<td>Minimal reference to literature</td>
<td>No reference to literature</td>
</tr>
<tr>
<td>Collegiality - online discussion</td>
<td>Uses critical skills wisely to open discussion and challenge sensitively, provides constructive feedback to others</td>
<td>Provides some constructive feedback with an attempt to open discussions</td>
<td>Minimal constructive feedback and little attempt to open discussions</td>
<td>No constructive feedback and no attempt to open discussions</td>
</tr>
</tbody>
</table>

1. Year 5 and 6 standards distinguished by different expectations in literature search (i.e. greater knowledge expected in Year 6) and reflection (i.e. reflections drawing from wider experiences in Year 6)

2. Literature presented may include rural hospital context for students undertaking a rural hospital or integrated care attachment

**Final grade**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>14-18</td>
</tr>
<tr>
<td>Pass</td>
<td>9-13</td>
</tr>
<tr>
<td>Borderline performance</td>
<td>5-8</td>
</tr>
<tr>
<td>Fail</td>
<td>0-4</td>
</tr>
</tbody>
</table>
**Mini-CEX**

The mini-CEX contributes to the provisional grade for this attachment. In addition, it is considered longitudinally as one of the clinical skills assessment that contribute to the grade for the Clinical and Communication Skills domain in Year 6. The following points provide clarity about the mini-CEX.

1. Your supervising GP will observe you in at least one consultation in the first half of the attachment and grade you using the (formative) mini-CEX form. Your supervising GP will provide feedback to you. This part of the assessment is considered formative.

2. Your supervising GP will also conduct a summative assessment using the same mini-CEX form format during the last week of the attachment. Your GP will need to observe you conduct at least one consultation including the history, examination and provisional diagnosis and/or plan to be assessed as a mini-CEX (mini clinical examination). For the mini-CEX you will receive a distinction, pass, borderline performance or fail.

3. If you fail the summative assessment, you may have a second attempt. The practice will then return forms from both mini-CEXs to the University.

4. All mini-CEX forms – one formative and either one or two summative – must be returned to Department of General Practice and Primary Health Care administration.

**Clinical Supervisor Report**

This follows the format for the CSR used for all clinical attachments.

**C.6.2. Medicine**

Students in Phase 3 undertake their attachment with either a General Medicine or a Subspeciality Medicine team depending on the site. During your attachment, you will encounter patients with a wide range of medical problems, forming a strong base for clinical practice in other areas of medicine. You will consolidate your history taking, physical examination and communication skills and further develop clinical reasoning skills including developing an appropriate differential diagnosis, problem list, and plan of investigation and management, including discharge planning. Under supervision, you will take increasing responsibility for the in-hospital management of patients. You are expected to do at least one evening of after hours call per week with your team, including two evenings on ward calls, and one weekend call during the attachment. It may be possible to split the weekend if you have other commitments on a Saturday or Sunday. The requirements may vary in detail between the specific sites. Acute work provides excellent learning opportunities that should be used...
to the fullest. Aim to present every patient you admit, to gain confidence and allow feedback on your progress.

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

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

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

**Specific Emphases for Learning**

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical and Communication</td>
<td>• Comprehensive patient assessments are conducted for common general medical problems including relevant, logical and comprehensive histories.</td>
</tr>
<tr>
<td>Skills</td>
<td>• Organised and professional medical examinations of the relevant organ systems are performed.</td>
</tr>
<tr>
<td></td>
<td>• Differential diagnoses are developed with a determination of the most likely working diagnosis.</td>
</tr>
<tr>
<td></td>
<td>• Logical problem lists and clinical priorities are formulated for a range of patients and clinical conditions.</td>
</tr>
<tr>
<td></td>
<td>• Diagnostic tests/investigations are selected and evaluated to confirm or alter a working diagnosis.</td>
</tr>
<tr>
<td></td>
<td>• Common investigations are interpreted (ECGs, plain radiology, pulmonary function tests and general laboratory tests).</td>
</tr>
<tr>
<td></td>
<td>• Patient centred management plans are prepared for common general medical problems.</td>
</tr>
</tbody>
</table>
- Principles of complex co-morbidities and their interactions in terms of diagnosis and management are recognised.
- Elements of management plans are implemented under supervision.
- Principles of prescribing and de-prescribing treatments, potential drug interactions and avoiding common prescription errors are understood.
- Problems that arise on general medical wards after hours are prioritised.
- Clinical information is presented in a concise and coherent fashion (written and oral).

<table>
<thead>
<tr>
<th>Personal and Professional Skills</th>
<th>Familiarity with local hospital practices relevant to the practice of medicine is demonstrated.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Limits in knowledge and skills are identified and action taken to correct these.</td>
</tr>
<tr>
<td></td>
<td>Responsibility for decision making at appropriate levels is developed, while recognising the need for assistance.</td>
</tr>
<tr>
<td></td>
<td>Skills around time management and reflective practice are strengthened.</td>
</tr>
<tr>
<td></td>
<td>Ability to work within a multidisciplinary environment is developed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hauora Māori</th>
<th>Factors contributing to poorer health outcomes for Māori are identified and strategies applied to address these.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Potential bias in working with Māori patients and whānau is identified and strategies are used to overcome biases.</td>
</tr>
</tbody>
</table>

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

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

**Outline of scheduled learning opportunities**

Department staff run weekly clinical tutorials for Year 6 students at each Hospital. You are expected to attend these unless you are on call and have acute patients to care for. Tutorials are meant to cover clinical aspects of Medicine. The content and format will vary from site to site. Tutorials may cover a wide variety of topics focussed on preparation for House Officer duties. Scheduled Year 6 tutorials take precedence over Ward duties.
You are also expected to attend the weekly intern (House Officer) teaching sessions whenever possible. Ward duties take precedence during the intern teaching and attendance must be negotiated with the House Officer.

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

**Summary of Assessment:**
2. Clinical assessment: The observed long case examination will be held near the end of the final week of the attachment and may occur at a site different from your attachment location.
3. The case history is due by 4pm on the Friday of week 4 of the attachment. You may wish to discuss the choice of a suitable patient with your clinical supervisor(s).

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

There are two prizes recognising excellence in medicine. Please refer to the Prizes section, F.10.

**C.6.3. Obstetrics and Gynaecology**

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

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

You will have the opportunity to experience practice in hospital in-patient and out-patient services as well as some community settings. Because women’s health encompasses many overlapping disciplines, this attachment provides an excellent opportunity to experience how multidisciplinary teams function.

You are expected to do some night, weekend or public holiday on-call. At Auckland City Hospital, this may include the weekend following the final week of the attachment. If you need to make travel plans for the following attachment, please get in touch with Michelle Carvalho in advance of your O&G attachment to find out your personal schedule.
As preparation for your attachment it would be valuable to review your Year 3 Reproduction & Endocrinology notes and your Year 5 O&G notes.

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

**Specific Emphases for Learning**

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical and Communication</td>
<td>- Key messages from Year 5 GTA training and Women’s Health Symposium are reviewed.</td>
</tr>
<tr>
<td>Skills</td>
<td>- Specifically concentrate on taking histories and performing sensitive examinations, using correct techniques and appropriate communication.</td>
</tr>
<tr>
<td></td>
<td>- Supervised obstetric examinations for pregnant women are performed and evaluated for those attending for routine antenatal care, including determination of gestational age and antenatal risk factors.</td>
</tr>
<tr>
<td></td>
<td>- Special emphasis on the importance of the diagnosis and management of preeclampsia and ectopic pregnancy.</td>
</tr>
<tr>
<td>Personal and Professional</td>
<td>- Collaboration with patients and other team members and respect for each other’s skill set.</td>
</tr>
<tr>
<td>Skills</td>
<td></td>
</tr>
<tr>
<td>Hauora Māori</td>
<td>- Factors contributing to poorer health outcomes for Māori women, including access to and quality of care, and the application of strategies to address these factors.</td>
</tr>
<tr>
<td></td>
<td>- Consideration of Māori customary practices associated with pregnancy and childbirth in the context of patient- and whānau-centred approaches to care.</td>
</tr>
<tr>
<td></td>
<td>- Clinical audit is used to identify and address healthcare inequities.</td>
</tr>
</tbody>
</table>
Population Health

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

Applied Science for Medicine

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

Summary of Assessment:

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

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

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

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

There are two prizes recognising excellence in obstetrics & gynaecology and women’s health. Please refer to the Prizes section, F.10.
C.6.4. Paediatrics

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

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

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

Specific Emphases for Learning

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical and Communication</td>
<td>• Time on ward is used to practice taking a history from caregivers and, as appropriate for age, the child.</td>
</tr>
<tr>
<td>Skills</td>
<td>• Exposure to acute patients is used to reliably and rapidly identify the sick child.</td>
</tr>
<tr>
<td></td>
<td>• Focus on structuring examinations to be appropriate for the patient’s age for newborn, preschool and school aged children, and adolescents.</td>
</tr>
<tr>
<td></td>
<td>• An appropriate developmental assessment for age is performed.</td>
</tr>
<tr>
<td></td>
<td>• Communication with patients and families.</td>
</tr>
</tbody>
</table>
- Practice gaining consent from guardians while including the patient as appropriate.
- Participate in patient/carer education e.g. asthma action plans and immunisation.

### Personal and Professional Skills
- Team activities are used for particular focus on:
  - Participation in handover and the use of structured tools for safe transfer of clinical cases.
  - Interaction with and understanding the roles of other medical, nursing and allied health staff, and appropriate community organisations.

### Hauora Māori
- Key health issues for Māori children and adolescents are identified, and approaches explained to addressing the issues.
- Appropriate management plans are developed for Māori children and whānau consistent with the whānau context, including addressing barriers to care.

### Population Health
- Poverty, social and economic policies impacting on child health are identified.
- Situations of potential child abuse are recognised and roles of referral network including social work and child abuse teams are outlined.
- Factors contributing to risk taking behaviour, drug abuse and suicide in the child and adolescent population are summarised.
- Special complexities and specific concerns for adolescent health services are outlined.

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

### Summary of Assessment:
2. Mini-CEX: One mini-CEX is required during this attachment. It should be completed a week before the end of the attachment, so that there is time for any necessary remediation. Students that ‘Fail’ the mini-CEX will be required to repeat the assessment before the end of the attachment.
3. Logbook: This is to be completed during the cycle and reviewed and signed by your Supervisor, it is to be handed in within 7 days of completion of your cycle.
A more detailed set of instructions and details about the attachment and its assessment will be given at the start of the attachment when you meet with the senior staff at the hospital to which you have been attached.

There is a prize recognising excellence in paediatrics. Please refer to the Prizes section, F.10.

**C.6.5. Psychiatry**

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

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

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

1. “History Taking & MSE”, with special emphasis on Screening Questions, the Mental State Exam and History Taking Videos
2. “Core Modules” with special emphasis on the videos from each module and the “Practice with MyVideos”
3. SCBE interview of Conor and Liam on Youtube. Please note that if you only watch this clip on fullscreen mode you will miss the comments/tips in the comments section.

**Specific Emphases for Learning**

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your Learning</th>
</tr>
</thead>
</table>
| Clinical and Communication Skills | • Specific emphasis on thorough history taking, mental state examination and risk assessment for patients across the lifespan with various common psychiatric disorders.  
• Salient mental status examination findings are reported accurately.  
• Preferred diagnosis and differentials are provided using current nomenclature. |
### Patient-centred management plans are developed, incorporate a biopsychosocial approach, and with emphasis on family. 
- Empathetic explanations given in layman’s term.

### Personal and Professional Skills
- Ethical implications of psychiatric decision-making and ramifications of use of Mental Health Act are considered.
- Rapport with patients and approaches towards challenging patients are developed.
- Appropriate boundaries with patients, families, team and colleagues are maintained.
- Personal vulnerabilities and transference/counter-transferential issues are reflected upon; techniques to enhance own wellbeing using positive psychology principles are practised.

### Hauora Māori
- Elimination of mental health inequities through better access to psychiatric care and challenging racism in diagnosis.

### Population Health
- Review relevant topics from PHI week in Year 5.
- Threats to mental health from childhood trauma/abuse, poverty, substance abuse) and potential population-level interventions.
- Principles of population screening for depression, anxiety, psychosis and substance abuse and their health promotion at a national level.
- Improvements in public health mental services through reflection on current delivery models of mental health care.

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

## Summary of Assessment
1. **Clinical Supervisor Report**

2. **Single Case Based Exam (SCBE):** This a live actor/patient assessment performed by you, usually graded by two examiners, in the last week of your attachment. This involves a 15 minute interview and assessment of a patient with psychiatric symptoms, followed by a 15 minute viva which consists of (but is not limited to) reporting of findings/Mental State Examination, formulation, diagnosis including differential diagnoses, management planning and explanation to the patient.

There is a prize recognising excellence in psychiatry. Please refer to the Prizes section, **F.10**.
C.6.6. General Surgery

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

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

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

Endotracheal intubation training

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

Specific Emphases for Learning

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your Learning</th>
</tr>
</thead>
</table>
| Clinical and Communication Skills | • Specific emphasis on blood loss, sepsis, fluid and electrolyte disturbances and postoperative pain relief.  
• Clinical information is presented orally in a concise and coherent fashion.  
• Problems that arise after hours in surgical wards are prioritised. |
| Personal and Professional Skills | • Familiarity with local hospital practices and procedures relevant to the practice of surgery is demonstrated.  
• Key factors in the continuity of patient care are demonstrated (preoperative, operative, postoperative and discharge). |
| Hauora Māori | • Inequities in the incidence and outcomes of surgical conditions for Māori are understood and strategies identified to reduce and eliminate these inequities.  
• Potential bias in clinical decision making is identified, with a particular focus on how to minimise bias in the informed consent process. |
Population Health

- Preventative strategies relevant to surgical patients are applied.
- Consider the following from a community and population level: traffic safety for trauma, alcohol for trauma, obesity for multiple diseases.
- Consider rationing of services/prioritisation of acute or elective care, futile surgery.

Applied Science for Medicine

- Review anatomy, physiology and pathology from Phases 1 and 2 and apply normal structure and function to clinical scenarios.
- Emphasis on blood loss, sepsis, fluid and electrolyte disturbances and postoperative pain relief.

Summary of Assessment:
1. Clinical Supervisor Report

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

There is a prize recognising excellence in surgery. Please refer to the Prizes section, **F.10**.

**C.6.7. Emergency Medicine**

The Emergency Medicine attachment consists of seven shifts over a two-week period. This consists of a mixture of day, evening and weekend shifts, which may include the final weekend of the attachment. You will be provided with an individualised timetable.

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

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

**Specific Emphases for Learning**

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Focus for your Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical and Communication Skills</td>
<td>Recognition of signs of an unstable patient and recommended action are applied.</td>
</tr>
</tbody>
</table>
• Formulation of differentials for a range of undifferentiated patients, along with proposed management plans.
• Presentation of patient in a structured and clear manner
• Determine and order appropriate investigations under supervision.
• Procedural skills are enhanced, especially for venepuncture, IV lines and urinary catheters.
• Review the cases covered in the Year 4 attachment in emergency medicine and identify gaps on which to focus.

| Personal and Professional Skills | • Personal safety for blood and body fluid exposure is demonstrated.
| • Personal safety in situations involving abusive patients and/or family.
| • Interactions with all healthcare professions occur effectively, especially with emergency ambulance officers. |

| Hauora Māori | • Involvement of whānau and patients is incorporated in decisions about recommended management plans. |

| Population Health | • The Ministry of Health screening guidelines are applied for patients in ED settings who may present with domestic violence, elder abuse and neglect, child abuse and neglect, smoking and drug and alcohol abuse. |

| Applied Science for Medicine | • Physiology is applied to unstable patients in ED settings.
| • The ABCD protocol is applied to all ED patients.
| • Interpretation of laboratory tests are reviewed, using key principles. |

**Summary of Assessment**

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

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

**C.6.8. Medical Imaging**

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

The final week of your elective quarter is set aside for a compulsory one week intensive course in medical imaging.
For students from the three Auckland cohorts, this is held in the Department of Anatomy and Medical Imaging, FMHS, Grafton. Students outside the greater Auckland area will undertake this course at their clinical site.

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

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

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

**Specific Emphases for Learning**

Refer to the clinical scenarios for on the MBChB portal as well as the Medical Imaging online learning resource.

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

• Interpretation of normal and abnormal findings in a range of imaging modalities.

**Summary of Assessment**
1. Compulsory attendance.

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

**C.6.9. Cohort Option in Year 6**

**Description and rules**
The two week Cohort Option allows students who choose to do an eight week elective an additional period of flexibility in their programme of study. You will complete the two week Cohort Option at your cohort site.

The purposes of the Cohort Option are to:

- provide greater choice in your programme of study;
- utilise specific strengths at the various clinical campuses/sites;
- provide greater breadth of experience in addition to the compulsory programme and enable you to gain more in-depth exposure to a specialty of specific interest to you.

There are some important points to note about the Cohort Option:

1. You are expected to choose a Cohort Option from those available at your cohort site.

2. There will be a different range of Cohort Options at each cohort site. In addition, some Cohort Options may not be available for all rotations in any one year.

3. There may be clinical or non-clinical Cohort Options available at each site.

4. There may be non-clinical Cohort Options based at Grafton, which will be available to students from any cohort site. For example, in 2019, it may be possible to complete a clinical science Cohort Option in Blood, Stem Cells and Development.

5. It is usually not possible to offer Cohort Options in disciplines with a compulsory component in the programme.

6. Cohort Options cannot be completed overseas, or added on to the time for your Elective.

7. The Cohort Option cannot be used for remediation. However, with the approval of the relevant department and the Phase 3 Director, it may be used to make up time lost for non-academic reasons.
Assessment
The assessment for the Option is graded as Pass or Fail (no Distinction), on the basis of the relevant Supervisor Report form (clinical or non-clinical) only.

C.6.10. The Elective

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

- It is important to note that split electives will not be approved for this 8-week attachment, except in exceptional circumstances. Refer to the Elective Handbook for details.

Key Points to Remember

Elective approval
All student electives must be approved by an Elective Advisor, who is a member of the Elective Committee. The approval process is completed online using ViaTRM. A link will be sent to you in March to commence entering your plans. The approval process for your elective is usually completed by the end of the previous year, unless there are exceptional circumstances. If late changes to your elective are required these must be approved by your elective advisor.

NZ based GP Electives
The Department of General Practice and Primary Health Care has requested that students wanting to do a GP elective based in NZ be referred to the Department. This is to ensure the practice is suitable, that practices currently used for teaching are not being over committed and there is no impact on core teaching. All students must contact the departmental administrator Litea Tubu via email: l.tubu@auckland.ac.nz.

Electives in University of Otago teaching hospitals
Electives in New Zealand hospitals which are used as teaching hospitals by the University of Otago require approval from the relevant Clinical School to ensure that there is sufficient capacity. Please contact the Chair of the Elective Committee, Mr Andrew MacCormick or The Phase Director, Dr Briar Peat, to discuss.

1st Quarter Students
If you are undertaking your Elective placement during the first quarter, you may be allowed to start your 8 week placement before the first quarter date.
officially begins, that is, during November or December. Your elective cannot
start before the Year 5 Board of Examiners has met. If you organise an early
start, it must be approved by either the Chair of the Elective Committee or by
your Elective Advisor. You cannot claim the Year 6 training grant early on the
grounds that you are studying over the summer. You must complete enrolment
prior to commencing your elective.

**Contact details during elective**

Prior to leaving, ensure that you have completed the “Travel Details Form” on
ViaTRM. You will also be emailed an electronic link to complete a more detailed
form for MPD approximately two weeks prior to departure. Details are required
for both domestic and overseas electives. This is required of all students.
Failure to complete this will result in an FtP being filed.

**Travel**

The attachment prior to your elective does not finish until 5.00pm on the
preceding Friday. No permission will be given to leave an attachment before its
completion for travel purposes, as travel time has already been built into the
elective attachment.

Similarly, you should plan your travel so that you have sufficient time to
recover from your journey and time zone change – a full weekend is
recommended. This also allows for travel delays, which are common. Being late
for your next attachment, or being too tired to learn, is unprofessional, and will
be treated as such.

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

**University Travel Policy for students**

All students must familiarise themselves with this policy, available [here](#). The
aim of the policy is to help ensure the safety of students studying overseas. You
need to be aware of your obligations under Section 6.2 that detail your travel
planning and responsibilities. You should register your travel on the link above
once your Elective placement has been confirmed by the host site and your
Elective Advisor.

The University policy strongly recommends that you book your overseas travel
through the University’s Preferred Travel Provider, Orbit, however alternative
travel suppliers may still be used to arrange your travel. In this case, you must
register your travel plans on the Survey Gizmo sent out prior to your elective.
You are also required by the University to register your travel plans with the Ministry of Foreign Affairs and Trade (MFAT), available on https://register.safetravel.govt.nz, (New Zealand citizens or permanent residents). International students should register their travel with their embassy or consulate.

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

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

**Risk assessment and personal safety**
It is essential to consider your personal safety when planning your elective.

You are required to complete a pre-Elective Risk Assessment form (usually in Year 5) and discuss this with your elective advisor before the elective will be approved.

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

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

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

If such a situation occurs, you will be asked by the Chair of the Elective Committee, the Phase 3 Director or Head of the Medical Programme to make alternative arrangements. Electives have been cancelled due to changes in travel safety status within days of a planned departure and, in exceptional circumstances, students have been asked to return to New Zealand during their elective. Once on your elective, 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. We are only able to do this if you have registered comprehensive contact details.

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

**Immunisation**
Discuss with your own doctor what immunisations are recommended for the country in which you intend to undertake your elective especially if you are planning an elective in a developing country, including the Pacific Islands. Refer to the Elective Handbook for more detail (under ‘Health Risks’).

**Visas and entry requirements**
You are responsible for meeting the entry requirements for the country in which you intend to undertake your elective and for completing the necessary documentation. Visa requirements may vary according to the passport on which you travel. Check these with the appropriate consulate well in advance of your Elective quarter as these processes can sometimes take several months to complete. Not all countries have representatives in New Zealand.

**Insurance**
Free travel insurance is provided to all elective students who meet the Via TRM Student Insurance Procedures. These procedures, and supporting insurance documents for the University’s Allianz Corporate Travel Insurance Policy (including 24hr/7days a week emergency contact details while abroad, the policy wording, and a copy of the insurance certificate) can be accessed at https://www.auckland.ac.nz/en/for/current-students/cs-life-at-auckland/travelling-overseas-for-university-activities.html

To qualify for free travel insurance, you need to:

1. Complete the Elective Approval Form in ViaTRM. You will also need to complete the “Travel Details” form in ViaTRM which will be available to you once your elective advisor has committed your elective plans. You can find this form in the forms section of your Traveller Dashboard.

2. If you have a pre-existing condition, complete the Medical Assessment Form and email it to traveleasy.nz@marsh.com – include in your email that you are travelling on the University of Auckland corporate policy for registered student travel.

3. If you are travelling to a high or extreme risk country, complete the High Risk Travel Form and email it to riskoffice@auckland.ac.nz. Note: you must complete this form even if you are not travelling near the area of
high/extreme risk. You also need to complete the form if you are transiting through or taking vacation days in a country of high/extreme risk. This includes countries such as Japan and India and other countries you may not think of as high risk. It is best to check the risk level for your countries here: [https://www.safetravel.govt.nz/travel-advisory-risk-levels](https://www.safetravel.govt.nz/travel-advisory-risk-levels)

If you meet all those criteria, you automatically come under the University’s corporate policy. You can send this document to your host institution if they need proof of your insurance.

As part of the University’s corporate insurance policy, you are covered for up to 14 days of associated holiday travel. If you are having more than 14 days of associated holiday travel you must contact Marsh ([traveleasy.nz@marsh.com](mailto:traveleasy.nz@marsh.com)) to arrange cover and payment for the additional days. Include in your email that you are travelling on the University of Auckland corporate policy for registered student travel but require more than 14 days leisure travel.

**Indemnity Insurance**

You need to ensure you have the appropriate cover to comply with medical indemnity requirements if you are undertaking an overseas elective. You should check the requirements with your host institution and your cover arrangements with your New Zealand provider.

If you are undertaking your elective in Australia, the Medical Protection Society has made arrangements with Medical Indemnity Protection Society (MIPS) to provide this cover. You need to logon to [www.mips.com.au](http://www.mips.com.au), click the student icon and complete the online application form. Ensure that in the field titled “Please enter any message you wish to send here” you provide full details of the intended elective including location, hospitals involved, name of supervisor, nature of your work and the start and end dates of your elective period. Once your application has been approved, MIPS will issue you with an insurance certificate and policy documents for the duration of your elective. Other providers may have similar arrangements (See also section I.1 Medical Indemnity).

Further detail about insurance and visas can be found in the Elective Handbook.

**Report significant problems**

Any significant problems with an overseas elective or any event that may necessitate a significant change in your elective plan must be reported as soon as possible to your Elective Advisor, the Chair of the Elective Committee (Mr Andrew MacCormick andrew.maccormick@middlemore.co.nz), Teresa Timo, Practicum Placement Coordinator, t.timo@auckland.ac.nz or
mpd@auckland.ac.nz, or the Phase 3 Director (Dr Briar Peat briar.peat@middlemore.co.nz).

If, for any reason, you feel unsafe on your elective, you should immediately return to New Zealand. Upon your return, an alternative local elective will be arranged in consultation with the Chair of the Elective Committee. In these circumstances, you will not be required to make up missed time unless there are other reasons making such a requirement necessary. It is important that you formally document your experience and the Group Services Manager of the MPD (mpd@auckland.ac.nz) and the Chair of the Elective Committee are notified.

**Research Elective**

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

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

If your 8-week elective is mostly or solely focused on research and does not include a significant clinical component, then a non-clinical Supervisor’s Report and a research elective report of approximately 3,000, written in the format of a publishable journal article, takes the place of the standard elective requirements (you will be provided with guidance to assist with your report writing). You will also complete an Elective Interview. You should discuss the assessment requirements with your Elective Advisor and one of the Research Electives Coordinators, Prof Cris Print, c.print@auckland.ac.nz, or Prof Chris Bullen, c.bullen@auckland.ac.nz. The non-clinical Supervisor Report form is available from the MPD mpd@auckland.ac.nz.

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

Refer also to the section on the Research Project, C.6.11.
Elective Report and Assessment
The grade from your elective contributes to your overall Attachment grade and your Phase 3 grade. You will receive a grade of Distinction, Pass or Fail. The grade is determined by a combination of your elective report (or elective research report), the supervisor’s report and your elective interview (and/or your seminar, if you have undertaken an overseas research elective).

- An elective is only complete when your report and the report from your Supervisor have been received, and your elective interview and/or seminar has been completed.

- The format for the elective report is explained in the Elective Handbook which you should take with you on your elective. A template is loaded on Canvas. The report must contain a full summary of your elective activities, focussing on your clinical experiences and using medical programme domains as subheadings. Past reports are available to read on the elective database.

- You are advised to prepare your report during the last two weeks of your elective. The deadline to submit this report via Turnitin is no later than 4pm on Friday of the first week of your Cohort Option. This allows members of the Elective Committee the opportunity to read your report before your post-elective interview. Instructions for submitting this report via Turnitin will be posted on Canvas.

- If your elective is in the fourth quarter, it is especially important that you submit both reports before the deadline and that your elective interview occurs prior to the Board of Examiners meeting or the award of your qualification may be delayed.

- At the completion of your elective, you are required to complete the Post-Elective Health form. A link to complete the form online will be e-mailed to you during the final week of your elective. Take the completed form to discuss at your elective interview.

- At the completion of your elective, a 15 minute interview with members of the Elective Committee will be scheduled during Medical Imaging week. The interview is required to gain a grade for the elective and it also provides important feedback.
  - For Auckland students, appointment times and venues will be published on Canvas by the Friday before Medical Imaging week.
  - Whangarei, Waikato, Tauranga, Rotorua and Taranaki based students will be advised of their interview time by the local administrative team.
You will not be eligible for a pass with distinction unless your elective report is submitted by the due date.

If your report is late, your elective interview may be deferred.

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

There is a prize recognising excellence in a general practice and primary care elective. Please refer to the Prizes section, F.10.

C.6.11. Year 6 Research Project

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

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

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

Students who are uncertain whether to undertake a research project or a research-focused elective are advised to discuss this with one of the Research Project Coordinators. They also act as the elective advisors for students undertaking an eight week overseas elective that is planned to have a significant research component (see research elective in section B.6.10 above)

Any student experiencing difficulties during their research project should speak to their supervisor in the first instance. If problems remain, the Research Project Coordinator should be contacted as soon as possible.
**Description**
You will work under the supervision of an appointed supervisor(s) on a specific project for a period of 10 weeks. Before the Research Project begins you need to expect to spend a significant amount of your own time identifying your topic and supervisor, reading about the research field, preparing your research plan and meeting with one of the Research Project Coordinators. Identifying the combination of a supportive supervisor and a topic that really excites you is critical in order to set you up for an enjoyable and productive Research Project. This can take longer than students expect. In your preparation and during the 10 weeks you will develop a deep understanding of the field, including the most recent published literature, and be responsible for the design and execution of your defined research project. While you need to take personal responsibility for your project’s successful completion, you will be supported by your supervisor and possibly by others in your host research team. Given that you only have 10 weeks in total, your defined project may often be a small part of a larger project already underway.

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

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

- Project title.
- A one paragraph written summary of the project.
- What are the academic project goals? (Please provide a short bullet point list of the planned research achievements, keep these precise, realistic and achievable, these goals are for your own contribution, not for the project as a whole, which may have broader goals).
- What research methods you will use for your contribution to the project.
• What needs to be assembled before you start your research period, so you can 'hit the ground running' (eg. ethical approvals, data, laboratory reagents).

• Who will supervise you? Will you have a day-to-day supervisor assigned to assist you, as well as your overall supervisor?

• What are the potential risks that may hold up the project and how can these be mitigated?

• What are your own personal goals for the research period – precisely what do you hope to get out of it? (Please provide a short bullet point list)

• The supervisor’s name and signature and your daily contact details including phone and email.

• The approval of the academic head of the cohort site at which the proposed research project is to take place.

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

**Requirements**

1. A student may undertake only one project.

2. **Eligibility:** To be eligible for the Research Project, you must have:
   - A clear pass in Year 5 with no remedial work required in Year 6.
   - A clearly defined project and an academic supervisor willing to supervise the project. The supervisor or a co-supervisor must be a member of the University of Auckland academic staff.
   - In some cases the academic coordinator at your cohort site is required to endorse your research project.

3. One of the Research Project Coordinators approves the project and supervision arrangements.

4. You will be in the same locality as your supervisor or co-supervisor for the period of the project, except during any project-related travel.

5. You will observe the hours and conditions of work as required by the supervisor.

6. You are required to have a plan for an alternative elective in place, which may be an elective in New Zealand.

7. Due to the examination process of the written report, the Research Project may not be taken in Quarter 4, the final cycle of the year.
8. Please note: if you have already completed previous research that makes you eligible for doctoral admission, the grade you receive for the Research Project, and its impact on doctoral admission eligibility, will supersede this.

**Guidelines for Identifying Supervisors**

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

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

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

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

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

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

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

**Assessment**

The assessment for the research project has three parts.

- **Supervisor’s Report**
  - The supervisor/s will complete a Supervisor Report Form, evaluating your performance during the Research Project
- **Written Report**
  - The report has the equivalence of a 30 point dissertation.
  - The written report is the primary assessment of the Research Project. It will be in the format of a publishable paper at 10,000 to 15,000 words length, including references, figure and table legends but excluding any text in figures and tables themselves. It will be rare for a 10 week student project to produce results sufficiently complete for an actual publication. However, following the format of a publication ensures that your report will contain the relevant information. Students of past Year 6 Research Projects have submitted papers to journals as well as giving invited Grand Round and conference presentations based on their work.
  - Your report will include an abstract (no more than 300 words), background, materials & methods, results and discussion. Key points should be referenced. Ideally your report will contain figures, tables and diagrams. It should be easily intelligible to readers with a general clinical and scientific training but who may be outside the research specialty.
  - You should commence writing the background section of the report early in the research period, as you undertake a thorough literature review and are encouraged to write progressively during the 10 weeks. You should liaise closely with your supervisor as the report is prepared, and seek feedback on draft documents.
  - In a document accompanying your report, please write one paragraph about each of the following:
    i. your precise contribution to the research field,
    ii. what research outputs are anticipated (e.g. peer-reviewed publications in the future, conference presentations etc.),
    iii. how the work fits into the research field internationally,
    iv. skills you have acquired and what you personally learned from undertaking the project,
    v. any additional work undertaken during the 10 weeks (e.g. clinical work or teaching)
  - The report will be formally examined and assessed by experts in the field. To allow this, the final report, with a signed coversheet, must be submitted as a PDF document by email to the Research Project Coordinators (with a copy sent to your supervisor) no later than 4 pm on the Friday preceding the Medical Imaging week.
  - An electronic copy of the report text (as either a plain text file or MS Word file) must also be submitted by the deadline to the Research
Project Coordinators, who will check it for academic integrity using Turnitin or similar software.

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

- **Overall Assessment**
  - You will receive a letter grade from A+ to D for the written report based on an evaluation by an examiner and assessor.
  - To be eligible for this letter grade, students must also complete an oral presentation to at least the standard of a borderline performance, and have no major reservations in the CSR form in the domains relevant to the research project, especially the domains of Applied Science for Medicine and Personal and Professional Skills.
  - The Research Project Coordinators will recommend a letter grade to the Board of Examiners. The final grade letter will be made available following the approval of the Board of Examiners, appear on your Faculty Academic Record, and can be made available to the University for any further research (e.g. doctoral) applications.

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

**C.6.12. Formal learning**

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

There are two timetabled formal learning sessions which are compulsory for all Year 6 students: The Advanced Cardiac Life Support course (ACLS) and the Procedural Skills workshop.

**Certificate of Resuscitation and Emergency Care (CORE)**

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

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

**Arrangements for CORE differ according to your cohort**

Students in the greater Auckland area (Waitemata, Auckland, South Auckland) complete a two-day course at the Tāmaki Campus during their emergency medicine attachment. This is an interprofessional course. On day 2, students work in teams with nursing students. You will be provided with the dates prior to the beginning of your emergency medicine attachment. Enquiries should be directed to Teresa Timo, t.timo@auckland.ac.nz.

Students in Northland, Tauranga and Taranaki will be timetabled to attend scheduled CORE Advanced courses run by the respective District Health Boards. These occur throughout the year and you will be excused from the attachment you are on (medicine, surgery, psychiatry or emergency medicine) to attend the course. You will be notified of the dates well in advance of the course. Enquiries should be directed to the local administrator in the first instance.

Students at Waikato and Rotorua do their two day CORE Advanced course at the Waikato Clinical Campus. This will occur during the emergency medicine, surgery or medicine attachments. You will be notified of the dates well in advance and will be excused from the attachment you are on.
C.6.13. Procedural Skills Course

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

Students in the Northland, Bay of Plenty and Taranaki cohorts undertake the procedural skills course prior to commencing the year. Enquiries should be directed to Teresa Timo, t.timo@auckland.ac.nz.

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

Students at Waikato and Rotorua will undertake their one day procedural skills course at the Waikato Clinical Campus. This will be timetabled after the two day CORE course.

Students from Rotorua, please note that you will be required to complete the one day Procedural Skills course following the two day CORE course – a total of three days – at Waikato Clinical Campus. You may choose to stay in Hamilton for this period but this will be at your own expense. Enquiries should be directed to Raewyn Wooderson, raewyn.wooderson@waikatodhb.health.nz.
## D. Cohort Details

### D.1. Auckland Clinical Campus

#### D.1.1. General Information

The Auckland cohort is based in the Auckland DHB, with most attachments occurring either in the community or at Auckland City Hospital or Starship Hospital. This section provides locally relevant information about your clinical attachments and should be read in conjunction with the information provided by the academic departments in the first part of this guidebook. You will receive more specific information at the start of your attachments.

### D.1.2. Clinical Campus Staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of School of Medicine</td>
<td>Prof Phillippa Poole</td>
<td><a href="mailto:p.poole@auckland.ac.nz">p.poole@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Year 6 Coordinator</td>
<td>Mr Neil Price</td>
<td><a href="mailto:neil.price@auckland.ac.nz">neil.price@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Group Services Manager</td>
<td>Natasha Tinkler</td>
<td><a href="mailto:n.tinkler@auckland.ac.nz">n.tinkler@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Group Services Team Leader</td>
<td>Francoise Godet</td>
<td><a href="mailto:f.godet@auckland.ac.nz">f.godet@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Medicine Practicum Placement Coordinator</td>
<td>Maggie Naidoo</td>
<td><a href="mailto:m.naidoo@auckland.ac.nz">m.naidoo@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Psychological Medicine Practicum Placement Coordinator</td>
<td>Saira Khan</td>
<td><a href="mailto:s.khan@auckland.ac.nz">s.khan@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology Practicum Placement Coordinator</td>
<td>Michelle Carvalho</td>
<td><a href="mailto:m.carvalho@auckland.ac.nz">m.carvalho@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Paediatrics Practicum Placement Coordinator</td>
<td>Shelly D'Silva</td>
<td><a href="mailto:s.dsilva@auckland.ac.nz">s.dsilva@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Surgery and Emergency Medicine Practicum Placement Coordinator</td>
<td>Christine Ganly</td>
<td><a href="mailto:c.ganly@auckland.ac.nz">c.ganly@auckland.ac.nz</a></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Academic Clinical Discipline Coordinators</th>
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</tr>
</thead>
<tbody>
<tr>
<td>General Practice</td>
<td>Dr John Kennelly</td>
<td><a href="mailto:j.kennelly@auckland.ac.nz">j.kennelly@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Medicine</td>
<td>Dr Nigel Lever</td>
<td><a href="mailto:NLever@adhb.govt.nz">NLever@adhb.govt.nz</a></td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Dr Michelle Wise</td>
<td><a href="mailto:m.wise@auckland.ac.nz">m.wise@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Mr Neil Price</td>
<td><a href="mailto:neil.price@auckland.ac.nz">neil.price@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Dr Tony Fernando</td>
<td><a href="mailto:a.fernando@auckland.ac.nz">a.fernando@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Surgery</td>
<td>Assoc Prof Adam Bartlett</td>
<td><a href="mailto:a.bartlett@auckland.ac.nz">a.bartlett@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>Assoc Prof Miriam Scadeng</td>
<td><a href="mailto:m.scadeng@auckland.ac.nz">m.scadeng@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Dr Bernard Foley</td>
<td><a href="mailto:BernardF@adhb.govt.nz">BernardF@adhb.govt.nz</a></td>
</tr>
<tr>
<td></td>
<td>Dr Gina De Cleene</td>
<td><a href="mailto:GinaDC@adhb.govt.nz">GinaDC@adhb.govt.nz</a></td>
</tr>
<tr>
<td>Cohort Option</td>
<td>Dr Michelle Locke</td>
<td><a href="mailto:michelle.locke@middlemore.co.nz">michelle.locke@middlemore.co.nz</a></td>
</tr>
</tbody>
</table>
Elective
Mr Andrew MacCormick
andrew.maccormick@middlemore.co.nz

Research project
Prof Cristin Print
Prof Chris Bullen
c.print@auckland.ac.nz
c.bullen@auckland.ac.nz

D.1.3. Reporting times for Auckland

<table>
<thead>
<tr>
<th>Attachment</th>
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</tr>
</thead>
<tbody>
<tr>
<td>General Practice</td>
<td>Please refer to the attachment description for General Practice in Section C.6.1.</td>
</tr>
<tr>
<td>Medicine</td>
<td>8:30am. Dr Nigel Lever. Department of Medicine, Level 12 Auckland Hospital</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>8.15am. Mr Neil Price, Starship Paediatrics Phase 3 Coordinator. Ward 24B, Level 4 Starship Children’s Health, Auckland City Hospital. Any queries should be directed to the Paediatrics Practicum Placement Coordinator, Shelly D'Silva <a href="mailto:s.dsilva@auckland.ac.nz">s.dsilva@auckland.ac.nz</a> or the Paediatrics Phase 3 Coordinator.</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Please see details on Canvas</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Information on your timetable will be provided prior to the attachment Practicum Placement Coordinator: Christine Ganly, 3737599 x 85618. Emergency Medicine PA: Lesley Griffith, 3074949 x 24238 <a href="mailto:LesleyG@adhb.govt.nz">LesleyG@adhb.govt.nz</a> Preceptors: Dr Bernard Foley, 3074949 x 24227 <a href="mailto:BernardF@adhb.govt.nz">BernardF@adhb.govt.nz</a> Dr Gina De Cleene, 3074949 x 24227 <a href="mailto:GinaDC@adhb.govt.nz">GinaDC@adhb.govt.nz</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>9:00am on the first day</td>
</tr>
<tr>
<td></td>
<td>Dr Simon Bainbridge/Angela Ryan/Karl Jansen/Peter McColl Te Whetu Tawera, Building 35, Auckland Hospital, Park Road</td>
</tr>
<tr>
<td></td>
<td>Dr Josephine Stanton/Deborah Heath Child &amp; Family Unit, Starship Hospital, 2 Park Road, Grafton</td>
</tr>
<tr>
<td></td>
<td>Dr Richard Worrall/Paul Jones Fraser McDonald Unit, Building 15, Auckland Hospital, Park Road</td>
</tr>
<tr>
<td></td>
<td>Dr Marcos Melese/Fiona Wilson Manaaki House, 15 Pleasant View Road, Panmure</td>
</tr>
<tr>
<td></td>
<td>Dr Ian Goodwin Mason Clinic, Gate 2, Carrington Road, Pt Chevalier</td>
</tr>
<tr>
<td></td>
<td>Dr Tony Fernando/Nick Hoeh Taylor Centre, 308 Ponsonby Road, Ponsonby</td>
</tr>
<tr>
<td></td>
<td>Dr Prabha Gunawardena Lotofale Services, Greenlane, Greenlane Clinical Centre</td>
</tr>
<tr>
<td></td>
<td>Dr Paul Jones/Gary Cheung MHS for Older People, Greenlane Clinical Centre, Greenlane</td>
</tr>
</tbody>
</table>
D.1.4. Access Cards

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

**Rules**

- Wearing your Campus Card is a mandatory requirement for being able to use a swipe card.
- The card is only to be used to enter areas of the hospital in which you are working and at the time you are working.
- The card is for your use only. It must never be lent to another person. The use of the card can be traced and you may be held accountable if it is misused by someone else.
- When you complete your attachment at the hospital, it is your responsibility to return the card to the person who issued it to you. The card remains the property of DHB. Failure to return it before leaving the attachment will result in you being traced and action taken to recover the card.
  - Level 12 will get you to complete an access card form, then with proof of photo ID, security on Level 5 of ADHB will issue access cards.
  - Cards will be issued and returned to ADHB Security in the support building of Auckland City Hospital.
  - When you complete your attachment at the hospital, you must return your card to the Level 5 Security office promptly, so it can be reissued to another student. Card numbers are limited and overdue returns could result in non-availability to other students. Overdue cards will be de-activated.
  - If your card is lost or stolen, it must be reported immediately by contacting n.tinkler@auckland.ac.nz. Depending on the circumstances, a replacement fee ($40) may be charged.

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

D.1.5. Teal Theatre Scrubs

ADHB teal theatre scrubs are processed differently to other hospital linen to ensure a higher than normal thermal disinfection and allows for a low lint content. We endeavour to keep the risk of contamination as low as possible in
our theatre environment. Teal theatre scrubs are strictly reserved for operating room attire only: To this end we have a pragmatic policy regarding the use of the theatre scrubs.

- Teal theatre scrubs may not be worn outside of the hospital buildings (not even for a quick trip to the car park, FMHS or shops in the street). Public perceptions about our diligence to reducing hospital acquired infections count in this regard as well.
- Please do not wear your own jackets or jerseys over the scrubs as these leave lint on the scrubs which compromises our environment in theatre.
- Please do not wash the theatre scrubs yourself as they require high temperature lint free processing.
- If you think your scrubs have been soiled please change them before coming back into theatre.
- Please do not use teal scrubs as a convenient dress code while spending all day on the wards. Blue scrubs are available for those purposes from Taylors (level 3 support building) if required.
- If you are spending that majority of your day outside of theatre and only occasionally come to theatre please wear the blue scrubs (available for those purposes from Taylors level 3 support building) or your normal clothes.
- Occasional trips to the wards from theatre between cases does not require you to change out of your scrubs but if they become soiled in the process please change them for a fresh pair before returning.

We are asking everyone, surgeons, theatre staff and medical students alike to adhere to and actively promote these policies and guide their colleagues should they notice breaches of policy.

D.1.6. Access to electronic patient records

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

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

**D.1.7. Library access for students based in Auckland**

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

**D.1.8. Student carparking**

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

**D.1.9. Pastoral care**

ADHB welcomes UoA medical students to their “Schwartz Rounds” run at Auckland Hospital. These are monthly safe, confidential forums where all staff and students can talk about their experiences whilst caring for patients and their families, with particular reference to how challenges faced in this context influence emotional wellbeing. Evidence suggests that sharing experiences fosters a sense of shared humanity, illustrates strength, and ensures individuals do not feel alone. Find out more on the ADHB intranet: [https://adhb.hanz.health.nz/Pages/Manaakitia-Program-for-Staff-Wellness.aspx](https://adhb.hanz.health.nz/Pages/Manaakitia-Program-for-Staff-Wellness.aspx)

**D.2. Waitemata Clinical Campus**

**D.2.1. General information**

The Waitemata Clinical Campus coordinates teaching and research in partnership with Waitemata District Health Board (WDHB), which serves the populations of West Auckland and the North Shore. The Waitemata Clinical Campus is physically located on Level 1, Building 5, North Shore Hospital (NSH). There is also student space on the 3rd Floor of the Snelgar Building at Waitakere Hospital (WTH), where our Site Coordinator is based.

**D.2.2. Clinical Campus staff**

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Dean</td>
<td>Professor Martin Connolly (09) 442 7146</td>
</tr>
<tr>
<td>Waitemata Clinical</td>
<td><a href="mailto:Martin.connolly@waitematadhb.govt.nz">Martin.connolly@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Campus</td>
<td></td>
</tr>
<tr>
<td>Deputy Assistant</td>
<td>Dr Laura Chapman</td>
</tr>
<tr>
<td>Dean Waitemata</td>
<td><a href="mailto:Laura.chapman@waitematadhb.govt.nz">Laura.chapman@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Clinical Campus</td>
<td></td>
</tr>
<tr>
<td>Site Team Leader</td>
<td>Mere Vercoe (09) 487 1299 or 027 562 4630</td>
</tr>
<tr>
<td>(usually NSH based)</td>
<td><a href="mailto:Mere.vercoe@waitematadhb.govt.nz">Mere.vercoe@waitematadhb.govt.nz</a></td>
</tr>
</tbody>
</table>
## Academic Clinical Discipline Coordinators

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dr Vinod Singh</th>
<th><a href="mailto:Vinod.singh@waitematadhb.govt.nz">Vinod.singh@waitematadhb.govt.nz</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Dr Wendy Burgess</td>
<td><a href="mailto:Wendy.burgess@waitematadhb.govt.nz">Wendy.burgess@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Dr Tim Jelleyman and Dr Hannah Noel</td>
<td><a href="mailto:Timothy.Jelleyman@waitematadhb.govt.nz">Timothy.Jelleyman@waitematadhb.govt.nz</a> Hannah&gt;<a href="mailto:Noel@waitematadhb.govt.nz">Noel@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Dr Antonio Fernando</td>
<td><a href="mailto:a.fernando@auckland.ac.nz">a.fernando@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Surgery</td>
<td>Mr Ian Stewart</td>
<td><a href="mailto:Ian.stewart@waitematadhb.govt.nz">Ian.stewart@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Dr Daniel Stewart</td>
<td><a href="mailto:Daniel.anderson@waitematadhb.govt.nz">Daniel.anderson@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Cohort Option</td>
<td>Dr Vinod Singh and Dr Michelle Locke</td>
<td><a href="mailto:Vinod.singh@waitematadhb.govt.nz">Vinod.singh@waitematadhb.govt.nz</a>  <a href="mailto:michelle.locke@middlemore.co.nz">michelle.locke@middlemore.co.nz</a></td>
</tr>
<tr>
<td>Elective</td>
<td>Mr Andrew MacCormick</td>
<td><a href="mailto:Andrew.MacCormick@middlemore.co.nz">Andrew.MacCormick@middlemore.co.nz</a></td>
</tr>
<tr>
<td>Research Project</td>
<td>Prof Cristin Print and Prof Chris Bullen</td>
<td><a href="mailto:c.print@auckland.ac.nz">c.print@auckland.ac.nz</a> <a href="mailto:c.bullen@auckland.ac.nz">c.bullen@auckland.ac.nz</a></td>
</tr>
<tr>
<td>General Practice</td>
<td>Dr John Kennelly</td>
<td><a href="mailto:j.kennelly@auckland.ac.nz">j.kennelly@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>Prof Alistair Young</td>
<td><a href="mailto:a.young@auckland.ac.nz">a.young@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>

### D.2.3. Addresses

During your year you will spend time in hospital, out-patient or community based services/practices.

You may undertake your attachments at either North Shore or Waitakere Hospitals. In addition, some students may undertake their psychiatry attachment at the Mason Clinic and some students will undertake their paediatrics in Whangarei, Whakatane and Starship Childrens Hospital.

<table>
<thead>
<tr>
<th>North Shore Hospital</th>
<th>124 Shakespeare Road, Takapuna, Auckland Private Bag 93-503, Takapuna, Auckland 0740</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waitakere Hospital</td>
<td>55-75 Lincoln Road, Henderson, Auckland Private Bag 93-115, Henderson, Auckland 0650</td>
</tr>
<tr>
<td>Mason Clinic</td>
<td>Unitec Gate 2, Carrington Road, Point Chevalier, Auckland Mason Clinic Regional Forensic Psychiatry, Private Bag 19986, Avondale Auckland</td>
</tr>
</tbody>
</table>

### D.2.4. Attachment reporting details

At the start of each attachment, students will be given a short orientation to that attachment by a WDHB administrator and/or the academic clinician responsible for the attachment. Most will commence between 8:00–9:00am. You will be advised by email of your start time and place.
For General Practice placements you will be notified directly by the Department of General Practice & Primary Health Care administrators with your reporting information. Please refer to the attachment description for General Practice in section C.6.1.

**D.2.5. Hospital security access cards**

The North Shore and Waitakere Hospitals and other areas operated by the WDHB have proximity card access. Students are issued a WDHB security access card to enable access to wards and protected areas while on clinical placement through the Site Team Leader or Site Coordinator. The card is programmed with the same level of access as a Registered Medical Officer and your use of the card can be traced by WDHB Security.

The card will also give you access to both the North Shore Hospital and Waitakere Hospital staff gyms (free of charge) subject to the WDHB rules of use of the gym. You must have your card enabled to allow gym access. You will need to complete the Gym forms that can be obtained by either the Site Team Leader or the Site Coordinator and then the WDHB Security office will load access onto your Access card.

**Rules**

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

**Card issue**

- When you complete your attachments at the WDHB you must return your card promptly, so that it can be re-issued to another student. Card numbers are limited and overdue returns could result in non-availability to other students. Late returns may result in no refund of your deposit.
- The card is only issued for the duration of your clinical attachment; it may taken from you if you fail to comply with the rules above.
- If your card is lost or stolen, it must be reported immediately to the Site Team Leader or the Site Coordinator and to WDHB Security. Depending on the circumstances, a replacement fee may be charged.
- Having an access card is a privilege extended to you by the WDHB and we ask that you treat it as such and obey the rules around card use. Failure to do so is a serious breach of security.
- Access cards are tracked and audited by WDHB Security.
- You may not write on the card or label the card in any way.

**D.2.6. Passwords for electronic patient records**

Students are provided with individual WDHB Health logon/username and passwords in order to use computers on wards/clinics for accessing patient records and clinical related material electronically. The arrangement includes student access to the hospitals’ internet services. Clinical Portal is the “umbrella” application, which allows integrated access to a number of clinical applications. The logons will be issued before your first attachment to WDHB and will be active for the whole year.

**Electronic Prescribing**

WDHB has moved away from paper medication charts and uses electronic prescribing. Year 6 students are provided access to prepare electronic prescriptions following a compulsory training session. Please also also see section E 2.2 which describes important conditions and restrictions around prescribing.

**Confidentiality**

- WDHBs has adopted an “open access“ approach to security. This means the system does not limit access. Confidentiality is achieved by users only accessing patient’s information appropriate to their clinical responsibility.
- You must be able to justify every electronic patient record access transaction you make.

If you experience any problem with your WDHB logon or accessing patient clinical systems, please contact the Site Team Leader and or the Site Coordinator who will then contact the WDHB IS Helpdesk on (09) 486 8920 Ext 2266.

**D.2.7. Communication**

The University Site Team Leader and or the Site Coordinator and WDHB administrative staff will mostly communicate with you electronically directly to your University student email address. Please ensure that you check your
emails regularly for any notifications, changes to teaching sessions or clinical schedules.

**D.2.8. Library access for students based at Waitemata**

Continue to use the Philson Library, Te Herenga Hauora, and the Library website as usual. You must return all Philson Library books before you go on holiday or on your elective.

**District Health Board Library**

Students are welcome to use the library from Monday – Friday 8.30am – 5.00pm. You can take books out of the library once you have signed up to the library system.

For further information refer to the Learning Resources Section H.

**D.2.9. Transportation Information**

**Cycling**

Bicycle parking is available at both sites. There is a covered bike park outside Building 5 (the Clinical Campus Building).

At North Shore Hospital, there is also a secure bike park for staff. It is not automatic or open access but with the appropriate permission, students can have the use of this facility. Access is loaded via your WDHB access card. Let the Traffic Department know that you require this access and it will be loaded when your WDHB access card is activated.

**Student carparking**

- Students undertaking clinical attachments at both the North Shore and the Waitakere Hospitals 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 Traffic Department Office at either North Shore or Waitakere Hospitals and complete the student parking application. The parking is then $3.00 per day (24 hour period) paid via the yellow parking machines.

**Motorcycle Park**

North Shore Hospital has a secure motorcycle park for staff. It is not automatic or open access, but with the appropriate permission, students can have the use of the facility. Access is loaded via your WDHB access card. Let the Traffic Department know that you require this access and it will be loaded when your WDHB access card is activated.
**Shuttle service**

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

The passenger collection and drop-off points are:

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

To book go to [http://booking.datasyn.co.nz/schedule/wdhb/BusBooking](http://booking.datasyn.co.nz/schedule/wdhb/BusBooking) and follow the instructions.

**Public transport**

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

**D.3. South Auckland Clinical Campus**

**D.3.1. General information**

The South Auckland Clinical Campus (SACC) coordinates teaching and research in partnership with Counties Manukau Health (CM Health); the district health board that services the population of Counties Manukau, an area that stretches from Otahuhu to Port Waikato.

SACC is physically located at Middlemore Hospital (2nd Floor, Esme Green Building 30), the largest hospital operated by CM Health.

**D.3.2. Clinical Campus staff**

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th>Professor Andrew Hill</th>
<th><a href="mailto:a.hill@auckland.ac.nz">a.hill@auckland.ac.nz</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Dean &amp; Head of SACC</td>
<td>Dr Briar Peat</td>
<td><a href="mailto:briar.peat@middlemore.co.nz">briar.peat@middlemore.co.nz</a></td>
</tr>
</tbody>
</table>
D.3.3. Addresses

During the year you will spend time in hospital, out-patient or community based services/practices. The community placements may be in services located in Otahuhu, Howick, East Tāmaki, Manukau, and/ or Papakura.

In addition, some students may undertake their paediatric attachment in Gisborne.

<table>
<thead>
<tr>
<th><strong>Middlemore Hospital</strong></th>
<th>100 Hospital Road, Otahuhu, Auckland Private Bag 93311, Otahuhu, Auckland 1640</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Manukau Health Park</strong></td>
<td>901 Great South Road, Manurewa, Auckland – Located on the corner of Great South Road and Browns Road</td>
</tr>
<tr>
<td>• Manukau SuperClinic</td>
<td></td>
</tr>
<tr>
<td>• Manukau Surgical Centre</td>
<td></td>
</tr>
<tr>
<td><strong>Gisborne Hospital</strong></td>
<td>421 Ormond Road Gisborne Private Bag 7001, Gisborne 4010 (06) 869 0500</td>
</tr>
<tr>
<td>Tairawhiti District Health</td>
<td></td>
</tr>
</tbody>
</table>

D.3.4. Attachment reporting details

At the start of each attachment, students will be given a short orientation to the attachment by a University SACC administrator and the academic clinician responsible for the attachment. Most will commence between 8:00–9:00 am. You will be advised directly by SACC administration via email of the start time and venue.

For General Practice placements, you will be notified directly by the Department of General Practice & Primary Health Care administrators with your reporting
information. Please refer to the attachment description for General Practice in section 6.2.

D.3.5. Communication
Campus administrative staff will mostly communicate with you electronically directly to your University student email address. Please ensure you check your emails regularly for any notifications, changes to teaching sessions or clinical schedules.

D.3.6. Conduct
Be on time. Notify your team in advance if you will be absent from key team activities.

Use of cellphones and other electronic devices in tutorials, ward rounds etc. is not deemed acceptable behaviour.

D.3.7. Hospital security access cards
Middlemore Hospital and other areas operated by CM Health have proximity card access, and students are issued, through SACC, a CM Health security access card to enable access to wards and protected areas while on clinical placement. The card is programmed with the same level of access as a Registered Medical Officer and your use of card can be traced by hospital security. The card is only issued for the duration of a clinical attachment and can be taken from you if you fail to comply with the rules below.

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

Card issue
• For students at the SACC, when your security access card is issued, a refundable deposit of $50.00 must be paid in cash. Payment by cheque, credit card or EFTPOS is not possible.

• When you complete your attachments at the hospital you must return your card promptly to SACC Administration, 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 issuer. Depending on the circumstances, a replacement fee may be charged.

• You may not write on the card or label the card in any way.

**D.3.8. Passwords for electronic patient records**

Students are provided with individual CM Health logon/username and passwords in order to use computers on wards/clinics for accessing patient records and clinical related material electronically. The Clinical Portal is the “umbrella” application, which allows integrated access to a number of clinical applications. The logons are only active for the duration of your specific clinical attachment period.

**Confidentiality**

CM Health has adopted an “open access” approach to security. This means the system does not limit access. Confidentiality is achieved by users only accessing patient’s information appropriate to their clinical responsibility.

You must be able to justify every electronic patient record access transaction you make.

If you experience any problem with your CM Health logon or accessing patient clinical systems, please contact the CM Health IS Helpdesk on (09) 276 0044 Ext 52266, (internal ext. 52266).

**D.3.9. Pastoral care**

The health and wellbeing of students is important at every clinical campus/site.

• Each cohort site has staff (academic and administrative) available to offer assistance and information.

• At Counties, the CM Health Occupational Health and Safety and the Spiritual Centre at Middlemore Hospital are also available to students.

Further specific information can be found on the [MBChB Portal](#) under the section Phase 2 & 3 Resources → “where to get HELP!”.
The University has free confidential counselling services available to all students, with counsellors on-site at the Grafton Campus Clinic.

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

### D.3.10. Library access for students based in South Auckland

Continue to use the Philson Library, Te Herenga Hauora, and the Library website as usual. You must return all Philson Library books before you go on holiday or on your Elective. You are unable to borrow books from the Middlemore Hospital Library but you may use this as a study space and use any books on desk copy. Computers for general access are available in Ko Awatea.

For further information refer to the Learning Resources [Section H](#).

### D.3.11. Transportation information

#### Student carparking

- Students undertaking clinical attachments at Middlemore Hospital have access to staff car-parking facilities on a similar basis to CM Health staff.
- The standard procedure for multiple entry car-parking access is to purchase a weekly (7 day) card from the Middlemore Car Parking Office operated by Secure Parking NZ Ltd.
- The current initial cost is $35 ($20.00 to purchase the card which is then loaded with $15.00 parking credit). The cost for weekly parking is $10.20. This allows multiple entry and exit for a period of seven days from the time of entry.

#### Bicycle Park

Middlemore Hospital has a secure bicycle park for staff. It is not automatic or open access but, with the appropriate permission, students can gain access and have the use of the facility.

#### Shuttle service

A shuttle service operates every 30 minutes between Middlemore Hospital and the Manukau Health Park from 7.00am-5.30pm. This offers a convenient way for students to go between these two sites for clinical sessions.

#### Public transport – Buses & Trains

- Bus stops are situated outside the Galbraith Building 1 Station Entrance on Hospital Road.
- Middlemore Hospital is located next to the railway line with trains stopping frequently at the station outside the hospital.
- Bus and train schedules can be obtained from the hospital's main information/reception desk; or visit the Auckland Transport Website or phone (09) 366 6400.

**D.4. Waikato Clinical Campus**

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

**D.4.1. Clinical Campus Staff**

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Dean &amp; Head of Waikato Clinical Campus (WCC)</td>
<td>Assoc Prof Michael Jameson</td>
</tr>
<tr>
<td>Waikato Clinical Campus Manager</td>
<td>Raewyn Wooderson</td>
</tr>
</tbody>
</table>

**Academic Clinical Discipline Coordinators**

<table>
<thead>
<tr>
<th>Field</th>
<th>Coordinator</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>Assoc Prof John Conaglen</td>
<td><a href="mailto:j.conaglen@auckland.ac.nz">j.conaglen@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Dr Richard Foon</td>
<td><a href="mailto:richard.foon@waikatodhb.health.nz">richard.foon@waikatodhb.health.nz</a></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Dr Alex Wallace</td>
<td><a href="mailto:alex.wallace@waikatodhb.health.nz">alex.wallace@waikatodhb.health.nz</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Dr Jane McCarthy</td>
<td><a href="mailto:jane.mccarthy@waikatodhb.health.nz">jane.mccarthy@waikatodhb.health.nz</a></td>
</tr>
<tr>
<td></td>
<td>Dr David Street</td>
<td><a href="mailto:david.street@waikatodhb.health.nz">david.street@waikatodhb.health.nz</a></td>
</tr>
<tr>
<td>Surgery</td>
<td>Dr Jasen Ly</td>
<td><a href="mailto:jasen.ly@waikatodhb.health.nz">jasen.ly@waikatodhb.health.nz</a></td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>Dr Kim McAnulty</td>
<td><a href="mailto:kim.mcanulty@waikatodhb.health.nz">kim.mcanulty@waikatodhb.health.nz</a></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Dr Wei Yin Tan</td>
<td><a href="mailto:weiyin.tan@waikatodhb.health.nz">weiyin.tan@waikatodhb.health.nz</a></td>
</tr>
<tr>
<td>Cohort Option</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></td>
<td>Dr Michelle Locke</td>
<td><a href="mailto:michelle.locke@middlemore.co.nz">michelle.locke@middlemore.co.nz</a></td>
</tr>
<tr>
<td>Elective</td>
<td>Mr Andrew MacCormick</td>
<td><a href="mailto:Andrew.MacCormick@middlemore.co.nz">Andrew.MacCormick@middlemore.co.nz</a></td>
</tr>
<tr>
<td>Research Project</td>
<td>Prof Cristin Print</td>
<td><a href="mailto:c.print@auckland.ac.nz">c.print@auckland.ac.nz</a></td>
</tr>
<tr>
<td></td>
<td>Prof Chris Bullen</td>
<td><a href="mailto:c.bullen@auckland.ac.nz">c.bullen@auckland.ac.nz</a></td>
</tr>
<tr>
<td>General Practice</td>
<td>Dr John Kennelly</td>
<td><a href="mailto:j.kennelly@auckland.ac.nz">j.kennelly@auckland.ac.nz</a></td>
</tr>
<tr>
<td></td>
<td>Dr Stewart Wells</td>
<td><a href="mailto:sj.wells@auckland.ac.nz">sj.wells@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Hauora Māori</td>
<td>Dr Jade Tamatea</td>
<td><a href="mailto:jade.tamatea@waikatodhb.health.nz">jade.tamatea@waikatodhb.health.nz</a></td>
</tr>
</tbody>
</table>
D.4.2. Commencement of Year 6
Waikato Hospital  Monday 7 January 2019 – 8.30am
Waikato Clinical Campus (WCC), Seminar Room 2

D.4.3. Reporting details

General Practice
Please refer to the attachment description for General Practice in Section C.6.1.

Medicine

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

Structure of attachment
1. You are attached to one of the medical teams under the direct supervision of a senior lecturer, and will be directly responsible to the consultant leading that team.

2. You are responsible for attending at least one medical outpatient clinic per week, with your consultant physician, seeing either new or follow-up patients and presenting your assessment and management plans to the consultant physician.

3. You must attend and participate in the WCC's teaching programme. This includes the weekly Grand Round between 12.30 and 1.30 pm Thursdays, the weekly Medical Unit clinical meeting in the lecture theatre in the Acute Medical Unit (AMU) midday Tuesday, and any formal tutorials for which you will receive details from WCC administration.

4. You must attend the specific teaching sessions and x-ray conferences associated with your ward attachment.

Obstetrics & Gynaecology

Reporting details
Please report to WCC to watch the QIP video at 8.00am. An orientation to O&G will be held by Dr Richard Foon, your local Year 6 Co-ordinator. You will be assigned to a team.

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

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

**Paediatrics**

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

The Waikato paediatric attachment provides plenty of opportunities for exposure to a wide range of child health experiences. We expect you to attach yourself to your ward team and participate in your team’s acute call schedule and attend your consultants’ clinics at least twice a week. We are keen for you to become part of the paediatric team, to immerse yourself in the work of the wards and wider department, and to get a really good feel for how to look after sick children and their families. Throughout your attachment Dr Wallace will be your primary point of contact. Drs Sadani or McCay can be contacted in Dr Wallace’s absence.

There will be a number of tutorials during your attachment, and you should participate fully in the Department’s teaching programme.

**Psychiatry**

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

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

All inpatient assessment and treatment take place at HRBC.

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

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

**General Surgery and Emergency Medicine**

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

**Reporting details**

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

**Attendance**

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

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

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

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

### Meetings

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

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

### Medical Imaging

#### Reporting details

The Coordinator is Dr Kim McAnulty. Please report to the WCC by 9:00am.

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

- You will be required to log into the Waikato Hospital computer network and PACS. Please make sure your passwords are current.
- We encourage you to attend any radiology conferences. They are listed on the weekly timetable.
D.4.4. Log in access to electronic patient records

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

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

D.4.5. Occupational Health and Safety

Waikato students can access local information via:

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

D.4.6. Mentors

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

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

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

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

D.4.7. Laboratory and labelling – Waikato DHB policy

Labelling requirements for laboratory samples and forms

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

The policy requirements are:

- Two unique identifiers must be present on samples (except for unidentified
  patients)

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

**All samples/ request forms that do not comply will be rejected.** As
stated in the policy, critical or irreplaceable samples are exempt. However, an
Error Collection Declaration Form must be completed before results are
released. In exceptional circumstances the Medical Laboratory Scientist, in
consultation with the authorised requestor, may release results without prior completion of the declaration form. Refer to policies for details.

Phlebotomy Service: Phlebotomists will not collect blood samples when the request form does not comply with the policy as outlined above. The request form will be returned to the clip with a fluorescent yellow label stating the reason for rejection.

D.4.8. Library services for students based at Waikato

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

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

Waikato District Health Board Library

Library Hours
- Monday to Friday: 8.00 am – 6.00 pm
- Saturday: 12.00 pm – 4.00 pm

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

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

D.5. Bay of Plenty Clinical Site

D.5.1. General information

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

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

D.5.2. Clinical site staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th>Prof Peter Gilling</th>
<th><a href="mailto:peter.gilling@bopdhb.govt.nz">peter.gilling@bopdhb.govt.nz</a></th>
<th>(07) 579 8016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of BOP Clinical Site</td>
<td>Leonie Alley</td>
<td><a href="mailto:leonie.alley@bopdhb.govt.nz">leonie.alley@bopdhb.govt.nz</a></td>
<td>(07) 579 8694</td>
</tr>
<tr>
<td>Student Placement Coordinator Tauranga Hospital</td>
<td>Kate Lett</td>
<td><a href="mailto:kate.lett@bopdhb.govt.nz">kate.lett@bopdhb.govt.nz</a></td>
<td>(07) 579 8565</td>
</tr>
<tr>
<td>Clinical Campus Administrator Tauranga Hospital</td>
<td>Matt Sinton</td>
<td><a href="mailto:Matthew.Sinton@bopdhb.govt.nz">Matthew.Sinton@bopdhb.govt.nz</a></td>
<td>(07) 306 0705</td>
</tr>
<tr>
<td>Student Placement Coordinator Whakatane Hospital</td>
<td>Sarah Strong</td>
<td><a href="mailto:sarah.strong@bopdhb.govt.nz">sarah.strong@bopdhb.govt.nz</a></td>
<td>(07) 579 8022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Academic Clinical Discipline Coordinators</th>
<th>Dr Richard North</th>
<th><a href="mailto:richard.north@bopdhb.govt.nz">richard.north@bopdhb.govt.nz</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Dr Chris Thurnell</td>
<td><a href="mailto:chris.thurnell@bopdhb.govt.nz">chris.thurnell@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Dr Justin Wilde</td>
<td><a href="mailto:justin.wilde@bopdhb.govt.nz">justin.wilde@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Dr Fiona Miller</td>
<td><a href="mailto:fiona.miller@bopdhb.govt.nz">fiona.miller@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Dr Bronwyn Copeland</td>
<td><a href="mailto:Bronwyn.copeland@bopdhb.govt.nz">Bronwyn.copeland@bopdhb.govt.nz</a></td>
<td></td>
</tr>
<tr>
<td>Dr Mark Lawrence</td>
<td><a href="mailto:Mark.lawrence@bopdhb.govt.nz">Mark.lawrence@bopdhb.govt.nz</a></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>Mr Peter Chin</td>
<td><a href="mailto:peter.chin@bopdhb.govt.nz">peter.chin@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Mr Jeremy Rossaak</td>
<td><a href="mailto:Jeremy.rossaak@bopdhb.govt.nz">Jeremy.rossaak@bopdhb.govt.nz</a></td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Dr Debbie Moore</td>
<td><a href="mailto:deborah.moore@bopdhb.govt.nz">deborah.moore@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Dr Jo Cole</td>
<td><a href="mailto:jo.cole@bopdhb.govt.nz">jo.cole@bopdhb.govt.nz</a></td>
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<tr>
<td>Elective</td>
<td>Prof Peter Gilling</td>
<td><a href="mailto:peter.gilling@bopdhb.govt.nz">peter.gilling@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Mr Andrew MacCormick</td>
<td><a href="mailto:Andrew.Maccormick@middlemore.co.nz">Andrew.Maccormick@middlemore.co.nz</a></td>
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</tr>
<tr>
<td>Medical Imaging</td>
<td>Dr Elton Zheng</td>
<td><a href="mailto:elton.zheng@bopdhb.govt.nz">elton.zheng@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Cohort Option</td>
<td>Prof Peter Gilling</td>
<td><a href="mailto:peter.gilling@bopdhb.govt.nz">peter.gilling@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Dr Michelle Locke</td>
<td><a href="mailto:michelle.locke@middlemore.co.nz">michelle.locke@middlemore.co.nz</a></td>
<td></td>
</tr>
<tr>
<td>General Practice</td>
<td>Dr John Kennelly</td>
<td><a href="mailto:j.kennelly@auckland.ac.nz">j.kennelly@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Dr Fiona Whitworth</td>
<td><a href="mailto:f.whitworth@auckland.ac.nz">f.whitworth@auckland.ac.nz</a></td>
<td></td>
</tr>
<tr>
<td>Research Project</td>
<td>Prof Cris Print</td>
<td><a href="mailto:c.print@auckland.ac.nz">c.print@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Prof Chris Bullen</td>
<td><a href="mailto:c.bullen@auckland.ac.nz">c.bullen@auckland.ac.nz</a></td>
<td></td>
</tr>
</tbody>
</table>

D.5.3. Commencement of attachments

Monday, 7 January 2019, 9.30am (or as informed by Tauranga), Clinical School, Ground Floor, Pohutukawa House, Tauranga Hospital, Tauranga.
D.5.4. Reporting Details

General Practice
Please refer to the attachment description for General Practice in section C.6.1.

Medicine

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

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

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

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

The long case assessment will take place either in Tauranga or in Rotorua; you will be advised of the location at the start of your attachment.
Obstetrics & Gynaecology

Reporting details
Please report to Dr Chris Thurnell or the on-call registrar at the Delivery Suite on the first floor of the main hospital at 8:00am on the first morning of your attachment. Local information about your attachment will be received from your supervisor at this first meeting. After this orientation to the department, you will join the clinical team to which you will be attached. You are encouraged to be involved in day-to-day clinical management of patients, and to attend as many clinics and operating sessions as possible. You are expected to be on call at least once a week, and for at least one weekend during the attachment.

Attachment details
You will be given a roster upon commencement allocating you to clinics, long days and weekends. This will mean attending clinics with different consultants. Medical staff at Tauranga Hospital are divided into two teams and you will be allocated a consultant & registrar in your team who will function as your mentors. You will be responsible to the consultant, the senior house officer and/or registrar working within the team. You will be mainly working in the delivery suite on the first floor and in clinics on the ground floor.

Paediatrics

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

Inpatient work
You will be responsible for the admission and management through to discharge of inpatients under the paediatric team. Remember the need to do discharge planning and summaries, which must be reviewed by the senior house officer or consultant.

Five days during the attachment will be spent in SCBU (Special Care Baby Unit). This is usually five days during the attachment rather than five consecutive days.

Outpatient work
You are expected to attend two Paediatric Outpatient Clinics per week. Try and sit in with each consultant at least once. A sheet will be provided for you and the consultant to identify a learning objective for each patient prior to clinic.
**Year 6 presentation**
You will be expected to present a brief presentation on a paediatric topic late in the attachment. This will be discussed at the beginning of the attachment.

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

**Psychiatry**

**Reporting details** (8.15am on first day of attachment)
Report to Dr. Fiona Miller, Dr. Bronwyn Copeland and Dr Mark Lawrence, Year 6 Coordinators. You will be orientated to the department and receive the information specific to the attachment.

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

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

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

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

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

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

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

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

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

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

**Medical Imaging**

**Reporting details**
The Coordinator is Dr Elton Zheng.

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

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

**D.5.5. Health and safety**
Students working in the BOPDHB may access local information from:
- Student Placement Coordinator, Leonie Alley, (07) 579 8000 ext. 8694
- Human Resources Department, (07) 579 8000 ext. 8812
- Infection Control Nurse Consultant, (07) 579 8000 ext. 8619
- Health and Safety Advisor, ext. (07) 579 8000 8374
- Mentoring and Counselling via Student Placement Coordinator, Leonie Alley (07) 579 8000 ext 8694

You still have access to Health and Counselling services at Auckland University (refer section G.2).

D.5.6. Teaching and learning

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

D.5.7. Library services for students based in Tauranga

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

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

Bay of Plenty District Health Board Libraries

<table>
<thead>
<tr>
<th>Librarians</th>
<th>Tauranga</th>
<th>07 579 8000 Ext 8687</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raewyn Adams</td>
<td>Lynley Whitaker</td>
<td>07 579 8000 Ext 8687</td>
</tr>
<tr>
<td>Carrol Charters</td>
<td></td>
<td>07 306 0999 Ext 4819</td>
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<tr>
<th>Hours</th>
<th>Monday – Friday</th>
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<tbody>
<tr>
<td></td>
<td>8.00am – 5.00pm</td>
</tr>
</tbody>
</table>

| Email             | library@bopdhb.govt.nz |

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

You may borrow material from the DHB libraries although you are advised to check the loan periods and the limits on the number of books able to be borrowed at any one time. All items must be returned if you are going away. Late fines may be imposed.
D.5.8. Regional Māori Health Services

BOPDHB, through Regional Māori Health, delivers a number of services and supports a number of strategies to ensure that health services across Mai I Nga Kuri a Wharei are appropriate and supportive of Māori health and wellbeing. These include specialist Māori staff that support Urihaumate (patients) through the clinical systems and process of our organisation through the medium of Te Reo me ona Tikanga (Māori Language, Values and Beliefs), a medical ward dedicated to support Māori nursing that supports Māori Wellness and Kaumatua representation of the 18 iwi that stretch across the BOPDHB.

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

D.5.9. Regional Māori Health Services Te Matakite Vision

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

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

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

Director Regional Māori Health Leadership
D.6. Rotorua Clinical Site

D.6.1. General information
Welcome to Rotorua Hospital and the Lakes DHB. We will do everything we can to ensure you are looked after and receive excellent teaching and clinical experience. Year 6 students in Rotorua are regarded as part of the junior medical team and have every opportunity to be involved.

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

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

D.6.2. Clinical site staff

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Coordinator Rotorua</td>
<td>Dr Steve Bradley</td>
</tr>
<tr>
<td>Co-Academic Coordinator</td>
<td>Dr Nic Crook</td>
</tr>
<tr>
<td>Medical Student Coordinator</td>
<td>Irene Warren</td>
</tr>
</tbody>
</table>

D.6.3. Commencement of attachments
Rotorua Hospital Monday 7 January 2019, 8.20am, Atrium, Main Entrance ground floor.

Whakatau
All students, except those on their elective, are expected to attend a Whakatau on the morning of Monday 7 January. A Whakatau is a formal Māori welcome that will be accorded by the Lakes DHB Māori Health Team. This will be followed by an explanation of administrative processes including the IT system, security badges and an orientation. Clinical attachments commence on Tuesday 8 January.
D.6.4. Reporting details

**General Practice**
Please refer to the attachment description for General Practice in section C.6.1. Although the department makes efforts to place students in the Bay of Plenty, this is not always possible. Some rural attachments are in more remote rural areas including Murupara, Kawhia and Colville.

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

**Medicine**

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

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

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

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

**Relevant learning opportunities**

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

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

Please join Dr Deryck Pilkington in the operating theatre or contact him on 021-450318 at 8.30am on the first morning of your attachment. You can discuss the orientation document at this first meeting. You are encouraged to be involved in day-to-day clinical management of patients, and to attend as many clinics and operating sessions as possible. Expect to be on call at least once a week, and for at least one weekend during the attachment.

**Teaching sessions**
Tuesday 8.30 am in Antenatal clinic with Dr Pilkington. Please join him at 8.00am in the delivery suite on Tuesday morning so that you can participate in the ward round first. More information will be given at the start of the attachment.

**Paediatrics**

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

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

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

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

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

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

**Learning opportunities**
The Paediatric Departmental teaching takes place as follows:

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

**Neonatal expectations**
In Rotorua, your neonatal experience is integrated into both Paediatrics and Obstetrics. You are expected to spend time on the Newborn Unit, attend deliveries and be part of the neonatal team as you are attached to a paediatric SHO.
Psychiatry

Reporting details (8.30am on first day of attachment)
Report to Dr Alan Russell, Psychiatrist to the inpatient unit, Whare Whakaue Unit. You will be orientated to the department and receive information specific to the attachment.

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

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

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

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

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

Feedback
You will primarily be working alongside Dr Alan Russell. After the completion of your attachment and clinical assessment, you will be offered the opportunity for feedback from Dr Russell during the last week of your attachment.
**General Surgery**

**Reporting details**
You should report at 8.00am on the first day of the General Surgery attachment to the Surgical Unit, 2nd floor, Rotorua Hospital. The attachment coordinator is Mr David Griffith.

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

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

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

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

**Emergency Medicine**
The Lead Clinical Teacher is Dr Mazen Shasha.

All students will do 7 shifts over a two week period in the Emergency Department. This will occur either before or after your general surgical attachment. Your emergency medicine roster will be scheduled to fit in with staff rosters (morning/ afternoon/ evening shifts) so that you can gain the best experience possible. Dr Shasha will advise on this at the beginning of the attachment. However you should report to the Emergency Department at 9.00am on your first day. We expect students to attend our departmental teaching on Tuesday from 3-5pm.

**Medical Imaging**

**Reporting details**
The Coordinator is Dr Barbara Hochstein.

Please report to the Radiology Department at 8.00am on Monday morning. Radiology is a clinical area therefore students returning from elective must
provide new evidence of their TB status if they have been working in an area where TB is endemic.

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

D.6.5. Access to electronic patient records
The DHB has adopted an ‘open access’ approach to security. This means the system does not limit users access to any patient, but it records who makes every access. Confidentiality is achieved by users only accessing patient’s information appropriate to their clinical responsibility.

You must be able to justify every access transaction you make through Rotorua online clinical information system. Any access not authorised by DHB policy that you cannot justify will be treated very seriously. Similarly, it is a very serious breach of patient confidentiality to allow anyone else access to your personal ID /Log on. Please read the Patient Health Information section in Clinical Practice: guidelines, policies & legislation of the Policy Guides for protocols on the appropriate use of electronic clinical information.

D.6.6. Health and safety
Students working in the Lakes DHB may access local information from:

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

Note also that you still have access to Health and Counselling services at Auckland University (refer Section G.2).

D.6.7. Your health status
Before commencing work at Lakes DHB, you need to provide evidence of the following:

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

**D.6.8. Mentors**

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

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

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

**D.6.9. Teaching and learning**

In addition to teaching from Rotorua consultants, videoconferencing may be offered for some tutorials. The videoconferencing equipment is located in the University of Auckland teaching room on the second floor of the Bridgman building. This room also has six computer workstations linked directly to University of Auckland file servers for your use.

**D.6.10. Library services for students based in Rotorua**

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

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

**Lakes District Health Board Clinical Library**

<table>
<thead>
<tr>
<th>Librarians</th>
<th>Janet Arnet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Brendan Smith</td>
</tr>
<tr>
<td><strong>Hours</strong></td>
<td>Monday – Friday</td>
</tr>
<tr>
<td></td>
<td>8.00am – 4.30pm</td>
</tr>
<tr>
<td><strong>Contact</strong></td>
<td>Telephone : 07 349 7912</td>
</tr>
</tbody>
</table>
Students are welcome to borrow books from the Lakes DHB library following a registration process. Items are issued for three weeks. All items must be returned if you are going away on leave.

**D.6.11. Māori Health**

**Lakes District Health Board and Māori Health**

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

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

**Te Aka Matua Kaupapa Services (Rotorua Hospital)**

Te Aka Matua Kaupapa Services mission is to:

- Support a focus on tangata whenua
- Support transition from secondary specialist services to primary or community areas
- Prioritise mama and pepi, tamariki
- Prioritise high need rangatahi, pakeke and koroua/kuia
The Manawa Pou of Te Aka Matua provide cultural and navigational support to patients and their whānau, including facilitation and cultural communications between hospital services and patients/whānau.

**Te Oranga (Taupo Hospital)**
- Based on site at Taupo Hospital
- Provides patient advocacy and support
- Supports staff
- Supports patient attendance at outpatient clinics

**Po Te Atatu (Māori Mental Health)**
Po Te Atatu provides Māori service delivery in Mental Health Services.
- Po Te Atatu work in Whare Whakaue Inpatient Unit and Mental Health Community Teams
- Provide cultural support, assessment and intervention
- Supports Whanau Ora
- Works in partnership with staff

**D.7. Northland Clinical Site**

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

The Pōwhiri/ welcome will take place on Monday morning 7th January in the University of Auckland meeting room, level 2, Maunu House, Whangarei Hospital. You will be advised of the reporting time.

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

**D.7.1. Clinical site staff**

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th>Dr Win Bennett</th>
<th><a href="mailto:w.bennett@auckland.ac.nz">w.bennett@auckland.ac.nz</a></th>
<th>(09) 430 4101, ext 3682 0274807893</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Coordinator Northland Clinical Site</td>
<td>Caroline Strydom</td>
<td><a href="mailto:c.strydom@auckland.ac.nz">c.strydom@auckland.ac.nz</a></td>
<td>(09) 430 4101, ex 3681 021 065 8209</td>
</tr>
</tbody>
</table>
### Academic Clinical Discipline Coordinators

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Coordinator 1</th>
<th>Coordinator 2</th>
<th>Email 1</th>
<th>Email 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice</td>
<td>Dr Kyle Eggleton</td>
<td>Dr John Kennelly</td>
<td><a href="mailto:k.eggleton@auckland.ac.nz">k.eggleton@auckland.ac.nz</a></td>
<td><a href="mailto:j.kennelly@auckland.ac.nz">j.kennelly@auckland.ac.nz</a></td>
</tr>
<tr>
<td>Medicine</td>
<td>Dr Lucille Wilkinson</td>
<td></td>
<td><a href="mailto:Lucille.Wilkinson@northlanddhb.org.nz">Lucille.Wilkinson@northlanddhb.org.nz</a></td>
<td></td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Dr David Bailey</td>
<td></td>
<td><a href="mailto:David.bailey@northlanddhb.org.nz">David.bailey@northlanddhb.org.nz</a></td>
<td></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Dr Catherine Bremner</td>
<td></td>
<td><a href="mailto:Catherine.bremner@northlanddhb.org.nz">Catherine.bremner@northlanddhb.org.nz</a></td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Dr Joseph Kelly</td>
<td></td>
<td><a href="mailto:Joseph.kelly@northland.org.nz">Joseph.kelly@northland.org.nz</a></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>Dr Raj Patel</td>
<td></td>
<td><a href="mailto:Rajeshbhai.patel@northland.org.nz">Rajeshbhai.patel@northland.org.nz</a></td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Dr Gary Payinda</td>
<td></td>
<td><a href="mailto:Gary.payinda@northlanddhb.org.nz">Gary.payinda@northlanddhb.org.nz</a></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>Dr Win Bennett, Mr Andrew MacCormick</td>
<td></td>
<td><a href="mailto:w.bennett@auckland.ac.nz">w.bennett@auckland.ac.nz</a> <a href="mailto:Andrew.MacCormick@middlemore.co.nz">Andrew.MacCormick@middlemore.co.nz</a></td>
<td></td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>Dr Albert Eshun</td>
<td></td>
<td><a href="mailto:Albert.Eshun@northlanddhb.org.nz">Albert.Eshun@northlanddhb.org.nz</a></td>
<td></td>
</tr>
<tr>
<td>Cohort Option</td>
<td>Dr Win Bennett, Dr Michelle Locke</td>
<td></td>
<td><a href="mailto:w.bennett@auckland.ac.nz">w.bennett@auckland.ac.nz</a> <a href="mailto:michelle.locke@middlemore.co.nz">michelle.locke@middlemore.co.nz</a></td>
<td></td>
</tr>
<tr>
<td>Research Project</td>
<td>Prof Cris Print, Prof Chris Bullen</td>
<td></td>
<td><a href="mailto:c.print@auckland.ac.nz">c.print@auckland.ac.nz</a> <a href="mailto:c.bullen@auckland.ac.nz">c.bullen@auckland.ac.nz</a></td>
<td></td>
</tr>
</tbody>
</table>

### D.7.2. Reporting details

#### General Practice

Please refer to the attachment description for General Practice in section C.6.1.

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

#### Hospital attachments

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>8.30am Dr Lucille Wilkinson, Department of Medicine</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>8.00am Dr Catherine Bremner, Child Health Clinic</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>8.00am Dr David Bailey, Dept of O&amp;G, Ground Level</td>
</tr>
<tr>
<td>General Surgery</td>
<td>8.00am Dr Raj Patel, Department of Surgery</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>8.00am Dr Gary Payinda, Emergency Department</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>8.00am Dr Chommy Kelly, Tumunako Unit, Whangarei Hospital</td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>8.00am Dr Albert Eshun, Radiology Dept</td>
</tr>
</tbody>
</table>
D.7.3. Whangarei Hospital Security Swipe Cards

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

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

D.7.4. Access to electronic patient records

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

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

If you experience any problem with the on-line service, please contact the relevant IS Help Desk on the following internal hospitals phone numbers:

  Northland District Health Board   (09) 470 0000 Ext 7469

D.7.5. Library services for students based in Northland

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

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

Northland DHB Library

<table>
<thead>
<tr>
<th>Role</th>
<th>Person</th>
<th>Ext</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library Manager</td>
<td>Karen Goosen</td>
<td>7250</td>
<td><a href="mailto:karen.goosen@northlanddhb.org.nz">karen.goosen@northlanddhb.org.nz</a></td>
</tr>
<tr>
<td>Library Assistant</td>
<td>Olga Hemmings</td>
<td>7251</td>
<td><a href="mailto:olga.hemmings@northlanddhb.org.nz">olga.hemmings@northlanddhb.org.nz</a></td>
</tr>
</tbody>
</table>

Further contacts

Generic email: library@northlanddhb.org.nz
Phone (09) 430 4101
Fax (09) 4304106, or 7076 for Internal Fax
Students are welcome to become a member of the DHB library; bring your ID card to register as registration is required. Advise library staff of your leaving date when registering.

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

**D.7.6. Student carparking**

Students undertaking clinical attachments at Whangarei Hospital have access to staff car parking facilities on a similar basis to hospital staff.

Parking costs $1 a day. Cards will be issued by the Northland Clinical Site. If you lose the card, a replacement can be provided by the NDHB Property Services Office.

**D.8. Taranaki Clinical Site**

Welcome to the Taranaki Clinical Site and the Taranaki community. We are looking forward to providing an excellent learning experience for you. While your cohort is based in the Taranaki Base Hospital, you will gain experience with consultants during out-patient clinics in smaller towns, and other opportunities to learn in the community. We will do everything we can to ensure you are looked after and receive excellent teaching and clinical experience. Year 6 students in Taranaki are regarded as junior members of the health care team and have every opportunity to be involved.

The welcome will take place on the morning of Monday 7 January 2019. You will be advised of the precise time and location before the end of 2018.

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

**D.8.1. Clinical site staff**

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th>Dr John Doran</th>
<th><a href="mailto:John.Doran@tdhb.org.nz">John.Doran@tdhb.org.nz</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Coordinator Taranaki Clinical Site</td>
<td>Taryn Hall</td>
<td><a href="mailto:Taryn.Hall@tdhb.org.nz">Taryn.Hall@tdhb.org.nz</a></td>
</tr>
</tbody>
</table>
D.8.2. Reporting details

At the start of clinical attachments at Taranaki Base Hospital, students will be given a short orientation by the Academic Coordinator. Reporting details and any individualised timetables will be confirmed by the Site Administrator by email prior to commencement of the attachment.

Hospital attachments and start times

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>8.00am Dr Ashik Hayat and Dr Allister Williams Education Centre, Room 4 or 5</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>8.00am Dr John Sanders, Ward 2B</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>8.00am  Dr Eddie Williams, Labour Ward Foyer</td>
</tr>
<tr>
<td>General Surgery</td>
<td>8:30am  Mr Falah El-Haddawi Endoscopy Unit</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Email Dr Jennifer Lim the week prior to arrange</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>8.00am Dr Yariv Doron, Room B108, Community and Adolescent Mental Health Service</td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>8.30am Dr Peter Canaday, Fulford Radiology Conference Room</td>
</tr>
</tbody>
</table>

General Practice arrangements

Please refer to the attachment description for General Practice in section C.6.1.

All Year 6 regional/ rural general practice placements are arranged through the Department of General Practice & Primary Health Care in Auckland. The Year 6 practicum placement coordinator is Litea Tubu (l.tubu@auckland.ac.nz).
Depending on the distance from New Plymouth, some students may need to find accommodation near to their general practice attachment. A GP academic may travel down from Auckland to run the symposium day (oral case presentations and reflective groups) or may join the group at the DHB by videoconference. Students from other cohorts who are also attached to Taranaki practices will join the Taranaki online discussion group and the symposium day.

**D.8.3. Taranaki Hospital Security Swipe Cards**

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

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

**D.8.4. Access to electronic patient records**

Year 6 students working at the Taranaki DHB will be provided with an individual login account for access to patient information. Key information about IT systems at the Taranaki DHB are as follows:

- Applications are accessed within a Citrix environment;
- Computers and printers are available in all clinical areas for access to patient information.
- Concerto Portal is used to access patient information;
- Students may bring their own personal devices for access to the BYOD (Bring Your Own Device) network. This network allows access to the internet locally and clinical applications via Citrix
- If printing is required, it is only available via Citrix, not locally on personal devices.

For any assistance with the Taranaki DHB IT systems contact the IT Service Desk on:

Phone: (06) 753 6139, ext 7325

Email: IT.Servicedesk@tdhb.org.nz
D.8.5. Library services for students based in Taranaki

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

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

Taranaki DHB Library

<table>
<thead>
<tr>
<th>Role</th>
<th>Person</th>
<th>Ext</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library Manager</td>
<td>Charmaine Tarrant</td>
<td>7914</td>
<td><a href="mailto:Charmaine.Tarrant@tdhb.org.nz">Charmaine.Tarrant@tdhb.org.nz</a></td>
</tr>
<tr>
<td>Library Assistant</td>
<td>Gen Martin</td>
<td>7913</td>
<td><a href="mailto:Gen.Martin@tdhb.org.nz">Gen.Martin@tdhb.org.nz</a></td>
</tr>
</tbody>
</table>

Further Contacts

Generic email: library@tdhb.org.nz
Phone (06) 753 7765
Fax (06) 753 7730

Location

2nd Floor, next to the Human Resources Department

Opening Hours

7.00am – 4.00pm, Monday to Friday. Access available by door code 24/7.

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

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

D.8.6. Student carparking

Students undertaking clinical attachments at Taranaki Hospital have access to staff car parking facilities on a similar basis to hospital staff. Parking is free on the site, although this is subject to review.

D.8.7 Accommodation

Taranaki DHB has quiet, clean, self-catering hostel accommodation on the Taranaki Base Hospital site. The hostel is available for Taranaki DHB staff and students. Rooms come complete with bed, linen, bath towels, wardrobe, drawers, desk, chair and eating utensils. Rooms with single beds are $120.00 per week and rooms with double beds are $140.00 per week. Costs are subject to change. It may be possible to vacate your room and store your belongings while you are on your elective. For further information, contact the hostel.
manager. Email: graeme.watts@tdhb.org.nz Phone: + 64 6 753 6139 extn 8899 Mobile: 027 289 6302.
E. Requirements and Responsibilities on Clinical Attachments

E.1. Overarching Rules

- Wear your University of Auckland Campus Card at all times in hospitals and general practices.
- If you are not sure about anything, ask someone who knows.
- Do not undertake responsibilities for which you are not yet ready.
- You may not administer any medication to a patient by injection unless under the immediate supervision of qualified medical staff.
- Do not sign forms saying “Registered Medical Practitioner”.
- Every time you write your name on any patient-related documentation (on case notes, letters etc), you must add the endorsement “Year 6 Medical Student” after your signature, as well as the date and time.
- Do not discuss patients in public areas, especially in lifts, corridors or coffee shops.

E.2. Signing and Responsibilities

E.2.1. Certificates
A number of certificates commonly used in medical practice must be signed by a registered medical practitioner. A list of these is provided below. You must not sign any of these, even if you are functioning as an acting house officer. It is good practice not to sign anything unless you have checked that you are able to do so.

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

E.2.2. Prescribing
It is the legal responsibility of all prescribers to be conversant with the requirements of Section 41 of the Medicines Regulations 1984. If you don’t know the requirements of these regulations they can be found at:
Students should not sign prescriptions under any circumstances.

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

2. For out-patients, you must not write or sign prescriptions for medicines controlled under the Misuse of Drugs Act.

3. You may write, but not sign, all other prescription medicines for hospital out-patients and while in general practice.

Electronic Prescribing

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

E.2.3. Administration of drugs

From time to time, you may be asked to administer intramuscular injections, put additives in intravenous bottles or carry out intravenous injections through established lines. You should not do this unless you have received appropriate training and are under supervision.

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

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

E.2.4. Intravenous medications and charting

Intravenous medications

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

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

**E.2.5. Procedures and requisition of investigations**
You are encouraged to fill out the request forms for radiological investigations and other procedures. Requests for procedures involving ionising radiation must be signed by a registered medical practitioner. Similarly, where written consent for procedures is required, this should be signed by a registered medical practitioner.

Procedures range from the relatively straightforward, such as insertion of an intravenous line or urinary catheter, to more difficult and complex procedures, such as the insertion of central venous lines and chest drains. You must not attempt to carry out any of these procedures unsupervised until you have had instruction and supervised experience with the procedure. You should not attempt to insert intravenous lines in patients where vascular access is difficult. If venous access is not achieved after three attempts, a more experienced person must be called. Any form of procedure involving entry into a major body cavity such as the chest or abdomen must be supervised.

**E.2.6. Discharge letters**
Note the Patient Health Information section in Clinical Practice: guidelines, policies & legislation of the Policy Guides. District Health Boards may differ in what they permit Year 6 students to do (e.g. ordering blood tests, writing discharge letters).

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

**E.2.7. Workload and attendance expectations**
You are expected to provide care, under supervision, for approximately one-third of the patients under the care of the team to which you are assigned. Patients should be followed from admission to discharge, or from presentation to problem resolution.
You will be required to work out of hours. You should work times similar to the junior doctor of the ward or team to which you are assigned, including the acute admission roster. This will require attendance during evenings and weekends. You are generally not required to attend after 10.00pm in the evenings, although you may do so if you wish and such attendance is strongly encouraged.

Be on time. Notify your team if you will be absent from key team activities.

For issues associated with illness refer to Section I.4.

E.2.8. Self-directed learning time

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

E.3. Dress in the Wards and General Practices

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

- When working on the wards and in general practices, dress should be professional, neat and tidy.
- Dress sensibly and appropriately, with no revealing clothing.
- No jeans are to be worn.
- For safety reasons, closed shoes must be worn.
- Consider tying back long hair for safety and hygiene reasons. Refrain from an extreme hairstyle that detracts from your professional appearance.
- Theatre scrubs are designed to protect patients from outside contamination and to protect your own clothes. They are not a status symbol and should not be worn in inappropriate situations, such as in outpatient clinics or outside the hospital.

E.4. Specific Requirements and Responsibilities

There are some specific requirements with which you need to be familiar before going to any clinical attachments.
E.4.1. Access to wards and patients
You are reminded of the ethical guidelines covering the involvement of patients in clinical teaching and you must always:

- be correctly attired and wearing your university campus card;
- identify yourself to the patient;
- explain the purpose of your interview and examination and obtain verbal agreement from the patient;
- ensure the patient is able to consent and agrees to be interviewed;
- respect a patient’s refusal to be examined. Please see the Medical Students and Informed Consent article in the Clinical Practice: guidelines, policies & legislation section of the Policy Guides.

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

- if the clinical team is present, it is appropriate to request permission from a member of that team; or
- explain the purpose of your visit to, and seek permission from, the senior nurse on duty and the nurse looking after the patient before approaching the patient.

It is important that these courtesies are observed to ensure students continue to have access to the wards.

If you are in any way concerned about ethical aspects of your clinical work, you are urged to gain advice from the senior members of the clinical team to which you are attached or to consult the Phase 3 coordinator or the Head of Department of the relevant academic department for advice. Alternatively, you may wish to discuss your concerns with your student support advisor, who can also contact the Directors of Medical Student Affairs, or the Phase 3 Director if required.

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

E.4.2. Case notes
As a Year 6 medical student you are expected to write case notes and progress notes under the supervision of your more senior colleagues. Always write your name legibly in the notes, with ‘Year 6 medical student’ after your name.
The hospital case records of patients are confidential documents whose custody and security is the responsibility of the DHB. Clinicians in charge of patients are responsible to the Chief Executive Officer (CEO) for the quality and accuracy of these records. It is everyone’s responsibility to maintain the highest possible standards as these form a vital record on which the patient’s welfare may depend for years to come. Please ensure any notes you make are of the highest standard.

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

**E.4.3. Involvement in clinical and acute admitting**

You will usually have the same times on and off duty as the house officer of the team to which you are assigned. You should take your proper share of acute admitting, including after hours call. When the team is on acute duty, you need to be present and assist the team as part of your responsibilities during the attachment, unless the consultant rules otherwise. You are expected to attend post-acute ward rounds as these are an essential learning experience.

**E.4.4. Surgical procedures**

You are encouraged to assist in the operating theatre and you may be allowed to carry out certain procedures such as suturing. In such situations, there must be a qualified person scrubbed at the table. Long hours spent observing only are discouraged.

**E.4.5. Student use of patient information**

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

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

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

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

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

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

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

E.4.9. Carrying infection
Remember that all respiratory tract infections are highly communicable, especially in the early stages of illness when streaming nose, cough, sneeze, handkerchiefs and hands are sources of enormous numbers of infectious particles. Notify your supervisor and stay out of the ward.

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

E.5. Immunisations and Infectious Diseases
This section needs to be read in conjunction with the Immunisations and the Prevention of Infectious Diseases section of the Policy Guides.

Some DHBs require you to provide evidence of your hepatitis serology and immunisation status. It is likely that this information will be sought by all DHBs in the future prior to making appointments. If you are undertaking an overseas elective, you may also need to provide evidence of immunisation status to the institution hosting your elective. In part, the vaccinations you received in Year 2 will provide useful evidence. You should have a copy of these results. 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, you are advised to review with your own doctor your immunisation status with regard to infections that you may be at increased risk of acquiring as the result of changes in living situations (e.g. hostel or student flat accommodation, new relationships, etc). Such immunisations include Meningococcal C vaccine and HPV vaccine.

You also are advised to ensure that you are up to date with other vaccinations, for example diphtheria, tetanus, and polio.

**E.6. Blood and Body Fluids Accidents**

**E.6.1. 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. You should notify your local Academic Coordinator and the Phase 3 Director if an incident has occurred.

**E.6.2. In General Practice**

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

1. Promptly seek advice from an Emergency Medicine specialist or registrar, or an Infectious Diseases specialist or registrar, at the local DHB, irrespective of time of day.

2. Depending on the advice from the ED or ID clinician consulted it may be appropriate for the source patient to be tested for infection with Hepatitis B virus (HBV), Hepatitis C virus (HCV) and Human Immunodeficiency virus (HIV). Arrangements should be made for the ED or ID clinician, or another member of their team, to provide continued advice, based on the
results from the blood test results, during the subsequent days. This will require that the ED or ID clinician knows your name as well as the name of the source patient, so that they can access the laboratory results, and know how to contact you to communicate advice in a timely manner.

3. If the injury is considered to pose a significant risk of transmission of HBV, HCV or HIV then you will be advised on whether you and the source patient will need to be tested.

4. The supervising GP (not you) should contact the source patient and seek consent for their blood to be tested for HBV, HCV and HIV, and if consent is given, arrange for urgent collection of a blood sample and urgent testing for Hepatitis B surface antigen (HbsAg), antibodies to HCV (HCV Ab) and antibodies to HIV (HIV Ab).

5. The supervising GP should arrange for urgent collection of a blood sample from yourself and urgent testing for Hepatitis B surface antibodies (HbsAb), antibodies to HCV (HCV Ab) and antibodies to HIV (HIV Ab).

6. While awaiting the test results, you may be advised to seek immediate access to post exposure prophylaxis (PEP) medications to reduce the risk of acquisition of HIV infection. The Emergency Department at the local hospital is likely to be able to dispense a small supply of these medications. Ideally HIV PEP should be started within a few hours of an at-risk exposure.

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

8. These blood tests will usually provide evidence that the source patient does not have infection with HBV, HCV or HIV, in which case HIV PEP can be discontinued.

9. If the blood tests indicate that the source patient has infection with HIV, you will be advised to continue taking HIV PEP and will be informed how to obtain sufficient medications to continue taking them for 28 days.

10. If the blood tests indicate that the source patient has infection with HBV (HBsAg+ve), and you lack antibodies to HBsAg (HbsAb-ve), then you will be advised to receive an IM or IV injection of HBV immunoglobulin. This will usually be provided at the ED of the local hospital. It should be administered within 72 hours of the injury.

11. If the blood tests indicate that the source patient has infection with HCV (anti HCV+ve) and you lack antibodies to HCV (anti HCV-ve), then you will be advised to have a follow-up blood test at approximately 2 months
to look for acquisition of HCV infection. There are no interventions available to prevent HCV infection, but early treatment, if infection does occur, is extremely likely to eradicate infection.

12. Following initial management, as outlined above, you will require further advice and follow-up by the Student Health service at the FMHS in Grafton, or through your own GP, or an Infectious Diseases specialist. You should arrange this follow-up within days of any high-risk injury.

13. Please inform MPD as they have an important role in ensuring student safety while on clinical attachments.

Useful reference: "US Public Health Service Guidelines for the management of occupational exposures to HBV, HCV and HIV and recommendations for post exposure prophylaxis” published in MMWR June 29 2001 (see https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm)

E.7. Responsibilities to DHBs and General Practitioners

- Under the terms of the agreement between the FMHS and the DHBs and general practices, you are responsible, through the senior clinical staff, to the CEO for the quality of your work with respect to its impact on standards of patient care and for all other aspects of your duties while on clinical attachments.

- DHBs and general practitioners require appropriate standards of personal conduct, professional behaviour and clinical competence and manage these matters on a daily basis. If concerns about your personal conduct, professional behaviour or competence are raised, this will be discussed initially between the head of the academic department and the DHB or general practice concerned.

- Your relationships with all members of the health care team are similar to that of a junior doctor.

- You should attend the intern and other teaching sessions available in any clinical attachment.

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

E.8. Acting as a House Officer

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

F.1. Overview of Assessment in Phase 3

Many assessments involve integration across the five domains of the programme.

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

F.2. General Assessment Policies

The following general policies apply to Phase 3.

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

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

- The assessment for each discipline attachment is the same at each cohort site, unless otherwise approved by the Board of Studies (Medical Programme).

- The grade for each attachment is a provisional grade only. The Head of Department makes a recommendation for approval by the Board of Examiners at the end of the year.

F.3. Grading System

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

For clinical attachments of four weeks or longer, and for CCS assessments (F.5.1), departments may use the following system for reporting grades to the Board of Examiners:

- Distinction
- Pass
The grade of borderline performance in each clinical attachment in Phase 3 is regarded as a 'formative' grade, to indicate to a student that enhanced performance is needed in other attachments. The formative grade is ‘collapsed’ into either a pass or a fail for each clinical attachment at the end of the year and for the end-of-year grade for the Clinical and Communication Skills domain.

Therefore, for the attachments in general practice, obstetrics and gynaecology, medicine, paediatrics, psychiatry, surgery, and the elective or research elective, students receive a provisional grade of distinction, pass, borderline performance or fail. At the end of the year, the Board of Examiners approves a grade of distinction, pass or fail for each attachment.

In Phase 3, attachments of less than four weeks use provisional grades of pass and fail only. This applies to Emergency Medicine, Medical Imaging, and the Cohort Option.

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

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

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

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

Except for the 10 week Research Project, the Board of Studies has endorsed an expectation that students will have attachment results and provisional grades within four weeks of the end of each attachment. Students are encouraged to inform the MPD if there is any significant delay.

**F.4.1. Summary of Phase 3 clinical assessments**

The following chart provides a summary of the clinical attachment assessments you are required to complete for this year.
<table>
<thead>
<tr>
<th>Clinical Attachments</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice</td>
<td>• Clinical Supervisor Report</td>
</tr>
<tr>
<td></td>
<td>• mini-CEX</td>
</tr>
<tr>
<td></td>
<td>• Online Discussion Forum</td>
</tr>
<tr>
<td></td>
<td>• Compulsory attendance at Symposium</td>
</tr>
<tr>
<td>Medicine</td>
<td>• Clinical Supervisor Report</td>
</tr>
<tr>
<td></td>
<td>• Observed long case clinical examination</td>
</tr>
<tr>
<td></td>
<td>• Case report</td>
</tr>
<tr>
<td>Obstetrics and Gynaecology</td>
<td>• Clinical Supervisor Report</td>
</tr>
<tr>
<td></td>
<td>• mini-CEX</td>
</tr>
<tr>
<td></td>
<td>• Logbook completion</td>
</tr>
<tr>
<td></td>
<td>• QI project</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>• Clinical Supervisor Report</td>
</tr>
<tr>
<td></td>
<td>• mini-CEX</td>
</tr>
<tr>
<td></td>
<td>• Logbook completion</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>• Clinical Supervisor Report</td>
</tr>
<tr>
<td></td>
<td>• Single Case Based Exam (SCBE)</td>
</tr>
<tr>
<td>Surgery</td>
<td>• Clinical Supervisor Report</td>
</tr>
<tr>
<td></td>
<td>• mini-CEX</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>• Clinical Supervisor Report</td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>• Compulsory attendance</td>
</tr>
<tr>
<td></td>
<td>• End of week test</td>
</tr>
<tr>
<td>Cohort Option</td>
<td>• Supervisor Report</td>
</tr>
<tr>
<td>Elective</td>
<td>• Supervisor Report</td>
</tr>
<tr>
<td></td>
<td>• Student Report</td>
</tr>
<tr>
<td></td>
<td>• Interview</td>
</tr>
<tr>
<td></td>
<td>• Elective Advisor Engagement Report</td>
</tr>
<tr>
<td>Research Elective (8 weeks)</td>
<td>• Supervisor report (Clinical or non-Clinical)</td>
</tr>
<tr>
<td></td>
<td>• Written report (~ 3,000 words in journal article format)</td>
</tr>
<tr>
<td></td>
<td>• Elective Interview or Oral presentation</td>
</tr>
<tr>
<td>Research Project (10 weeks)</td>
<td>• Supervisor Report</td>
</tr>
<tr>
<td></td>
<td>• Written report (10,000 – 15,000 words)</td>
</tr>
<tr>
<td></td>
<td>• Oral presentation</td>
</tr>
</tbody>
</table>

**F.4.2. Provisional attachment grades**

For each attachment, the provisional grade is derived using a set of departmental rules combining the various components of the assessment. If the observed clinical assessment during an attachment is failed (mini-CEX, long case, SCBE), students have the opportunity to re-sit the assessment.
<table>
<thead>
<tr>
<th>Clinical Attachment</th>
<th>Distinction</th>
<th>Pass</th>
<th>Borderline Performance</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Practice</strong> (3 assessments)</td>
<td>• At least two assessments passed with distinction, and no borderline performance or fail grades</td>
<td>• Pass in all 3 assessments • Attendance at Symposium day</td>
<td>• One borderline performance in any assessment</td>
<td>• One fail in any assessment OR • Two borderline performances in any assessment</td>
</tr>
<tr>
<td><strong>Medicine</strong> (3 assessments)</td>
<td>• Two or more assessments passed with distinction</td>
<td>• Pass in all three assessments</td>
<td>• Borderline performance in Clinical Supervisor Report</td>
<td>• Fail of resubmitted case history, OR • Fail in long case OR • Fail in CSR</td>
</tr>
<tr>
<td><strong>Obstetrics &amp; Gynaecology</strong> (3 assessments and completed logbook returned)</td>
<td>• Distinction in at least two of the three assessments (CSR, mini-CEX, QI project) AND • Completed logbook returned</td>
<td>• Pass in all three assessments AND • Completed logbook returned</td>
<td>• Borderline performance in Clinical Supervisor Report or Borderline performance in mini-CEX</td>
<td>• Fail in either the CSR or mini-CEX OR • QI project not completed OR • Logbook incomplete or not returned</td>
</tr>
<tr>
<td><strong>Paediatrics</strong> (2 assessments and logbook returned)</td>
<td>• Distinction in Supervisor Report, and distinction or pass in mini-CEX, and completed logbook returned</td>
<td>• Pass in Supervisor Report, pass in mini-CEX and completed logbook returned</td>
<td>• Borderline performance in Clinical Supervisor Report or Borderline performance in mini-CEX</td>
<td>• Fail in mini-CEXs, OR • Fail in Supervisor Report, OR • Non-return of logbook</td>
</tr>
<tr>
<td><strong>Psychiatry</strong> (2 assessments)</td>
<td>• Distinction in Supervisor Report AND • Distinction in the SCBE</td>
<td>• Pass in Supervisor Report and the SCBE or a combination of pass and distinction in the Supervisor Report and the SCBE</td>
<td>• Borderline performance in Clinical Supervisor Report OR • Borderline performance in SCBE</td>
<td>• Fail in Supervisor Report, OR • Fail in SCBE</td>
</tr>
<tr>
<td><strong>General Surgery</strong> (2 assessments)</td>
<td>• Distinction in Supervisor Report AND • Distinction in mini-CEX.</td>
<td>• Pass in Supervisor Report • Pass in mini-CEX</td>
<td>• Borderline performance in Clinical Supervisor Report or Borderline performance in Mini-CEX</td>
<td>• Fail in Supervisor Report OR • Fail in mini-CEX</td>
</tr>
<tr>
<td>Clinical Attachment</td>
<td>Distinction</td>
<td>Pass</td>
<td>Borderline Performance</td>
<td>Fail</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------</td>
<td>------</td>
<td>------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>• Not applicable</td>
<td>• Pass on Clinical Supervisor Report</td>
<td>• Not applicable</td>
<td>• Fail on Clinical Supervisor Report</td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>• Not applicable</td>
<td>• Complete attendance as required</td>
<td>• Not applicable</td>
<td>• Fail attendance requirements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pass in test</td>
<td></td>
<td>• Fail in test</td>
</tr>
<tr>
<td>Cohort Option</td>
<td>• Not applicable</td>
<td>• Pass on Supervisor Report</td>
<td>• Not applicable</td>
<td>• Fail on Supervisor Report</td>
</tr>
<tr>
<td>Elective</td>
<td>• Distinction in Elective interview and Elective report, and Supervisor Report indicates ‘excellent’ in 80% of fields</td>
<td>• Pass each of Elective interview, Elective report and Supervisor Report</td>
<td>• Borderline performance in Clinical Supervisor Report</td>
<td>• Absent from interview,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>no or inadequate report submitted OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>a fail in Supervisor Report; OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Does not demonstrate that adequate time was spent doing the Elective.</td>
</tr>
<tr>
<td>Research Elective</td>
<td>• Distinction in Supervisor Report, Research Report and seminar or presentation</td>
<td>• Pass in each of Supervisor Report, Research Report and seminar or presentation</td>
<td>• Borderline performance in Clinical Supervisor Report</td>
<td>• Fail on Supervisor Report, OR no report submitted OR no or failed seminar/presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Does not demonstrate that adequate time was spent doing research project</td>
</tr>
</tbody>
</table>
### Clinical Attachment Grading Criteria

<table>
<thead>
<tr>
<th>Clinical Attachment</th>
<th>Distinction</th>
<th>Pass</th>
<th>Borderline Performance</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Project</td>
<td>- Research report is submitted by the final day of the Research Project.</td>
<td>- Grade between B+ and C- for the Written Report and Pass in both the Supervisor Report and seminar or presentation.</td>
<td>- Not applicable</td>
<td>- An inadequate report submitted (D+ grade or below) OR a fail in the Supervisor Report or the seminar or presentation.</td>
</tr>
<tr>
<td></td>
<td>- Grade in the A range for the Written Report.</td>
<td>- Complete the oral presentation to at least the standard of a borderline performance, and have no major reservations in the CSR form in the domains relevant to the research project, especially the domains of Applied Science for Medicine and Personal and Professional Skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Complete the oral presentation to at least the standard of a borderline performance, and have no major reservations in the CSR form in the domains relevant to the research project, especially the domains of Applied Science for Medicine and Personal and Professional Skills.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### F.4.3. Combining clinical attachment grades

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

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

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

**F.5. Assessment and Domains**

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

**F.5.1. Clinical and Communication Skills domain**

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Clinical assessment attempt 1</th>
<th>Clinical assessment attempt 2</th>
<th>Reported grade for CCS domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>No resit</td>
<td>Distinction</td>
</tr>
</tbody>
</table>
Clinical assessment attempt 1 | Clinical assessment attempt 2 | Reported grade for CCS domain
---|---|---
Pass | No resit | Pass
Borderline performance | No resit | Borderline performance
Fail | Distinction | Borderline performance
Fail | Pass | Borderline performance
Fail | Borderline performance | Fail
Fail | Fail | Fail

**Policies relating to the domain grade**

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

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

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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>• Distinction in the majority of clinical skills assessments and</td>
</tr>
<tr>
<td></td>
<td>• No more than one borderline performance, and</td>
</tr>
<tr>
<td></td>
<td>• No fails 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 three or more clinical skills assessments</td>
</tr>
<tr>
<td></td>
<td>• Two fails and two borderline performances; or</td>
</tr>
<tr>
<td></td>
<td>• One fail and two borderline performances; or</td>
</tr>
<tr>
<td></td>
<td>• Three or more borderline performances.</td>
</tr>
</tbody>
</table>

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

**Prescribing Safety Assessment**

The Prescribing Safety Assessment (PSA) is a summative two hour online test which students are required to undertake in Year 5. From 2019, any Year 5 students who fail the PSA will be required to re-sit this test in Year 6. There will be three opportunities for students to demonstrate their prescribing competence. Students who fail the PSA in Year 5 will be provided with support in Year 6 to improve their prescribing competence prior to resitting the assessment.
Students who have not achieved a pass for the PSA in time for the Year 6 Board of Examiners will be required to undertake a remediation period before graduation.

As you are well aware, the PSA on 24 October 2018 had to be abandoned due to a technical problem at the UK end.

Due to the structure of Year 6, you will be allocated to one of two dates to sit the test for the first time (February or July). Any student failing at their first attempt will be asked to take the test again in October with the 2019 Year 5 cohort. An oral assessment will take place prior to the MBChB6 Board of Examiners meeting for any student failing at the second attempt.

**Prescribing Safety Assessment dates for 2019**

- Wednesday 20 February 2019, commencing at 8.30am
- Wednesday 3 July 2019, commencing at 8.30am
- Wednesday 30 October 2019, commencing at 8.30am

Confirmed progress test centres in 2019 are Auckland, Hamilton, Tauranga, Rotorua, Taranaki and Whangarei.

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

The Personal and Professional Skills (PPS) domain is assessed longitudinally in Year 6. **There are three components of assessment:** completion of a skills log via the online portfolio of the Medical Council of New Zealand (MCNZ), known as ePort, a Professional Development Plan (PDP) and direct observation (from CSRs and mini-CEXs forms).

Critical reflection is an important part of life-long learning required of a health care professional. The reflective portfolios completed in previous years of the programme, as part of PPS domain assessment, have developed students’ skills in critical reflection. Students will be expected to consolidate and use their skills in critical reflection to complete the ePort and PDP. Junior doctors in New Zealand are required to complete both the ePort and a PDP (as part of the MCNZ registration requirements), therefore these assessments are designed to support students develop these important professional skills. **The Year 6 ‘Learning and Teaching’ website, which can be accessed through the PPS website, contains comprehensive details of how to complete both the ePort and PDP.**
MCNZ ePort (online portfolio)

The New Zealand Curriculum Framework (NZCF) for Prevocational Medical Training outlines the learning outcomes to be substantively attained by the end of Postgraduate Years 1 and 2 (PGY1 & 2) in a Skills Log. This Skills Log is available in an electronic format known as the MCNZ ePort. This is a personal secure ePortfolio system which Year 6 students are asked to maintain as a personal record of their learning in the final year of the medical programme (as well as the first two postgraduate years practicing as a doctor). Year 6 students are expected to access the ePort and log 40 learning outcomes by the 29th April 2019, and must complete 80 learning outcomes in total by the 9th September 2019. Completion of the ePort requirement is graded as pass or fail only.

To be eligible to be considered for a distinction grade in the PPS domain overall, students must have logged the first 40 learning outcomes by the 30th April 2018. It is recognised that students may have already achieved some of the skills in previous clinical years and it is acceptable to include those for the first 40 learning outcomes documented, however it is anticipated that for the remaining 40, these should be skills/learning acquired during Year 6.

Professional Development Plan

Students are required to submit a PDP for the PPS domain assessment in Year 6. The PDP is graded as distinction, pass or fail. It must be completed on the provided template and submitted by the 9th September 2019 via Turnitin.

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

Students need to use good time management skills, particularly if their elective is in the last quarter. Students may submit their PDP from mid-August onwards, prior to the beginning of their elective. Alternatively they may choose to submit it while away, as the elective experience may offer useful opportunities for learning both personally and professionally, and may identify important content for the PDP.

The PDP is reviewed and graded by a junior doctor, and written feedback provided before a student starts their first job after graduation in November 2019. This enables them to amend their PDP to take account of the feedback before completing it on the ePort in preparation for ongoing learning in PGY1 and 2.
Direct observation of performance by clinical staff

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

**Distinction criteria for direct observation component**

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

Students must achieve:

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

And

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

**Fail criteria for direct observation component**

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

- Medicine CSR, observed long case
- Psychiatry CSR, Single Case Based Exam
- General Practice: CSR; mini-CEX
- Obstetrics and Gynaecology: CSR; mini-CEX
- Paediatrics: CSR, mini-CEX
- General Surgery: CSR, mini-CEX
- Emergency Medicine: CSR
- Cohort Option: Supervisor Report
- Elective: CSR
- Research Elective: Supervisor Report
- Research Project: Supervisor Report

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

Rules for determining the domain grade

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

1. The PDP and direct observation grade are graded as distinction, pass or fail. The ePort component is graded pass or fail.

2. To gain overall distinction in the PPS domain students must be graded distinction in both the PDP and direct observation component and pass in the ePort (having logged the first 40 skills by 29th April 2019). See table below for further details.

3. If students achieve one or more fail grades, or if there are other professionalism issues identified during Year 6, the BOE is the final arbiter of the grade for this domain, after looking at student performance throughout the year as a whole.

<table>
<thead>
<tr>
<th>Direct Observation</th>
<th>PDP</th>
<th>MCNZ ePort</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>Distinction</td>
<td>Pass</td>
<td>Distinction</td>
</tr>
<tr>
<td>Distinction</td>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
</tr>
<tr>
<td>Pass</td>
<td>Distinction</td>
<td>Pass</td>
<td>Pass</td>
</tr>
<tr>
<td>Distinction</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
</tr>
<tr>
<td>Pass</td>
<td>Distinction</td>
<td>Fail</td>
<td>Fail</td>
</tr>
<tr>
<td>Distinction</td>
<td>Distinction</td>
<td>Fail</td>
<td>Fail</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
</tr>
<tr>
<td>Pass</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
</tr>
<tr>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail</td>
<td>Fail</td>
<td>Fail</td>
</tr>
</tbody>
</table>

F.5.3. Applied Science for Medicine domain

Progress tests

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

Progress tests are a longitudinal test of growth of a student’s medical knowledge across the whole medical programme. Their entire record will therefore be available to the Board of Examiners and may be used for making decisions on progression.
Three tests are scheduled during Year 6. Students may be exempted from test one or test two according to the rules given below. The third test is compulsory for all students.

Those overseas for their elective for test one or test two are automatically exempt from taking this test. They may also apply for an exemption from test one or test two if they are completing:

1. A New Zealand-based Elective or Research Project
2. A paediatrics or general practice attachment that is more than 1.5 hours drive from a testing centre.

Students must sit either test one or test two.

Students are advised to sit all three tests if possible, two of which will be used summatively. The best grade from test one or test two will be used along with the grade from test three for determining the final Applied Science for Medicine grade.

**Progress test dates for 2019**

Progress tests are scheduled for:

- Monday 15 April 2019, commencing at 2.15 pm
- Friday 19 July 2019, commencing at 2.15 pm
- Saturday 19 October 2019, commencing at 2.15pm

Confirmed progress test centres in 2019 are Auckland, Hamilton, Tauranga, Rotorua, Taranaki and Whangarei.

Students are normally excused from attachment commitments on the morning of the progress test.

**Calculating the Domain grade for Applied Science for Medicine**

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

Year 6 Grade aggregation of progress tests is summarised in the following table.
<table>
<thead>
<tr>
<th>Year 5 Aggregated Progress test result</th>
<th>Best of first or second test in Year 6</th>
<th>Compulsory third test in Year 6</th>
<th>Year 6 Applied Science for Medicine domain Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>Excellent</td>
<td>Distinction</td>
<td>PASS/Discuss 1</td>
</tr>
<tr>
<td></td>
<td>Pass</td>
<td>Pass</td>
<td>PASS/Discuss 2</td>
</tr>
<tr>
<td>Fail</td>
<td>Excellent</td>
<td>Pass</td>
<td>PASS/Discuss 2</td>
</tr>
<tr>
<td></td>
<td>Pass</td>
<td>Pass</td>
<td>PASS/Discuss 2</td>
</tr>
<tr>
<td></td>
<td>Fail</td>
<td>Pass</td>
<td>PASS/Discuss 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fail</td>
<td>FAIL</td>
</tr>
<tr>
<td>Doubtful</td>
<td>Excellent</td>
<td>Distinction</td>
<td>PASS/Discuss 1</td>
</tr>
<tr>
<td></td>
<td>Pass</td>
<td>Pass</td>
<td>PASS/Discuss 2</td>
</tr>
<tr>
<td>Fail</td>
<td>Excellent</td>
<td>Pass</td>
<td>PASS/Discuss 2</td>
</tr>
<tr>
<td></td>
<td>Pass</td>
<td>Pass</td>
<td>PASS/Discuss 2</td>
</tr>
<tr>
<td></td>
<td>Fail</td>
<td>Pass</td>
<td>PASS/Discuss 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fail</td>
<td>FAIL</td>
</tr>
</tbody>
</table>

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

**Aegrotat and compassionate considerations**
All applications for aegrotat and compassionate consideration are dealt with according to standard University processes applying to written tests (Aegrotat or compassionate consideration for written tests process and also Section F.8).

The following table summarises the possible situations that may apply for those who miss a progress test.

<table>
<thead>
<tr>
<th>Progress test in Year 6</th>
<th>Grade recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student didn’t sit/no authorisation or application</td>
<td>Student awarded a fail grade for the missed test.</td>
</tr>
<tr>
<td>Student didn’t sit/application for consideration declined</td>
<td>Student awarded a fail grade for the missed test.</td>
</tr>
<tr>
<td>Student sat test/application for consideration not approved</td>
<td>Grade achieved in test is awarded.</td>
</tr>
</tbody>
</table>
Student didn’t sit Test 1 or sat test with impaired performance. Application for consideration approved | Student is asked to take Test 2. If taking Test 2 is not possible then student is awarded a pass grade for Test 1.

| Student didn’t sit Test 2 or sat test with impaired performance. Application for consideration approved | If Student has taken Test 1 then this Grade is used in place of Test 2. If Student has not taken Test 1 (assuming approved reason) then student is awarded a Pass grade for Test 2.

F.5.4. Overall Domain Grade for Phase 3

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

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

F.6. Overall Year Grade

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

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

The following table summarises the possible outcomes of assessment in Phase 3. The Board of Examiners will look at the performance of each student overall before determining the final overall year grade, using the following rubric as a guide.
1. All those in these categories are discussed according to the principles outlined below to consider a final overall grade of pass or distinction.

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

### Associated principles for decision-making

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

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

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

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

Results are posted on Canvas within 48 hours of the Board of Examiners meeting, and three grades are reported:

- Overall Domain grade
- Overall Attachment grade
- Overall year grade

Students who are required to complete remediation have no domain, attachment or overall year grades reported on Canvas. Students will be contacted and provided with specific requirements for completion.
The official transcript from the University records pass or fail only; the Faculty also provides the Faculty Academic Record which gives a more detailed summary of achievements for each attachment and domain.

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

**F.7.1. Introduction**

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

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

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

Remediation usually requires additional formal assessment and a report back to the appropriate Board of Examiners on the student’s progress; assistance can be undertaken at the discretion of the student and will not necessarily involve the Board of Examiners. Plans are individualised for each student to address the concerning aspects of their performance and will utilise the least structured approach deemed necessary.

**F.7.2. Levels of assistance for remediation**

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

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

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

**Tag (assistance)**

Students may be “tagged” entering Year 6 if they experience academic difficulty during Year 5. Tags usually relate to problems with clinical performance identified by the Board of Examiners arising from either attachments or end of year clinical assessments, rather than from formal academic performance. Students with a “tag” meet with the Phase Director to discuss the concerns. The Phase Director will offer a range of additional resources to the student. It is the responsibility of the student to take up the opportunities offered. The Board of Examiners may request a follow up report from the Phase Director regarding tagged students, but no formal assessment is required, beyond that which is part of the student’s normal curriculum.

**Remediation Period**

The Board of Examiners at the end of Phase 3 may identify a specific component of coursework in which a student has demonstrated significant weakness. In this situation, the student is given a deferred result by the Board and is required to successfully complete an additional period of prescribed study and re-assessment, normally a four or eight week period. This means the commencement of PGY1 will be delayed.

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

All students must be contactable between the formal end of Y6 and the release of final grades after the Board of Examiners meeting, should they need to be contacted in relation to completion or the requirement to undertake any remediation. Students should ensure that their contact details, including telephone contact details, are up to date via Student Services Online.

While a student assigned to remediation is normally attached to the discipline in which a deficiency has been identified, where global issues have been identified, remediation may occur in any discipline. This decision is made at the discretion of the Board of Examiners. Failure to participate in the remediation period, or failure to successfully remediate the identified issues during the period, will result in failing Phase 3 or potentially being excluded from the Medical Programme.
The Board of Examiners holds a supplementary meeting after the prescribed period of remediation to review the student’s performance and determine a final grade for the year. If the student fails this re-assessment, the student is considered to have failed the year.

**F.7.3. Principles governing assistance and remediation**

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

- The medical programme uses multiple methods for assessment, each designed to measure different aspects of the required performance and achievements.
- Borderline performances in clinical attachments are used for the purpose of feedback and to highlight the possible need for academic assistance.
- The final grades for each domain should not be determined independently of other components.
- Remediation and assistance options have been designed to provide the minimum intervention necessary.
- Remediation is required when a student does not adequately meet all of the Outcomes for any one year.

**Phase 3 and remediation policy**

1. Students with Tags from Year 5 will be identified by the Departmental Year Coordinator to the Heads of all clinical departments so assistance can be offered with their identified learning needs.

2. Oversight of tagged students rests with the Phase Director. Tagged students will meet with the Phase Director or Cohort Academic Coordinator on a regular basis through the year to ensure that progress is being made and desired assistance is being utilised.

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

4. There are no directed electives in Phase 3. However, if a weakness is identified during Year 6 and the student has not yet completed their elective, they may request to use their elective for a period of remediation.

5. At the end of Year 6, for students who have not met the required standard of the programme, the Phase 3 Board of Examiners may award a fail grade for the year, or require a Remediation Period with assessment(s) which will delay the start of PGY1.
Remediation Period at the end of Year 6

1. Students who are assigned to the Remediation Period by the Board of Examiners at the end of Phase 3 will complete a period of additional learning, normally four or eight weeks.

2. A written assessment plan identifying areas of concern and specific learning objectives will be developed by the Phase 3 Board of Examiners and provided to both the student and clinical supervisor at the start of the remediation period.

3. Responsibility for arranging remediation placement lies with a centralised group and is not the responsibility of individual departments.

4. The supervisors overseeing a remediating student will be experienced supervisors willing and able to provide supervision at this time of the year.

5. Remediation and assessment methods will be equitable and consistent across departments and students.

6. While it is usually the case that a student will be attached to the discipline in which a deficiency has been identified, for global issues, remediation could occur in any discipline including those not usually used for compulsory attachments in Phase 3.

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

F.7.4. Remediation extensions and fees

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

F.8. Impaired performance in Tests and Coursework

F.8.1. Impairment in tests and coursework

- The Medical Programme utilises the University’s Aegrotat or compassionate consideration for written tests process for all test and coursework aegrotats.

- When illness or misfortune prevents you from sitting a test on time, or impairs your performance during the test, you may apply for an aegrotat pass (in the case of illness) or a compassionate pass (misfortune). It is
critically important that you follow the directions given in the link above. 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 online or from Student Health & Counselling (Grafton & City Campus offices or the MPD Office). For further information about aegrotat or compassionate applications contact the MPD Office in the first instance.

**F.8.2. Impairment before tests**

- When illness or misfortune seriously affects your study in the fortnight 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 your performance may be affected, you are encouraged to speak to the local or departmental academic coordinator your Student Support Advisor or the Phase Director, sooner rather than later, so that appropriate support and advice can be provided.

**F.8.3. Impaired preparation for observed clinical skills assessments**

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

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

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

Some of these students may be able to sit the scheduled assessment despite their existing impairment while others may be unable to sit the assessment at all and have a medical certificate or documented extenuating circumstances. However, even where a student does not have a medical certificate excusing them from participating on the day, it is recognised that these students may have missed preparation time such as clinical attachment time and may, in addition, be required to make up that missed learning time. There may therefore be limited time available for these students to make up missed attachment time and to complete a delayed clinical assessment or to re-sit a supplementary assessment after a poor performance on the scheduled one.
Principles:
1. Students are encouraged to sit their scheduled assessments if they are able to do so. If they cannot, they need to provide a medical certificate excusing them from the day.
2. Students who are anticipated to sit a clinical assessment with an impairment should be identified in advance to the assessment coordinator, so that accommodations which are appropriate and feasible can be made.
3. Students who feel their preparation or performance in a clinical skills assessment might be (or was) impaired are strongly encouraged to liaise with their Student Support Advisor at their earliest opportunity and work with them and University Health Services to file an aegrotat/compassionate consideration form, in compliance with University regulations.
4. Students who have an unsatisfactory or borderline performance in a clinical assessment but have filed an aegrotat/compassionate consideration form are acknowledged to be in a different category than students whose performance was inadequate but who have not documented extenuating circumstances through the appropriate University processes.
5. Students who have an unsatisfactory or borderline performance in a clinical assessment but have filed an aegrotat/compassionate consideration form will not be disadvantaged due to their circumstances, but must, nevertheless, achieve the necessary performance standards before completion of Phase 3 and the Medical Programme.

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

F.9. MBChB Regulations and Graduation

F.9.1. Practical requirements
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. MBChB Regulation 7 University of Auckland Calendar.

F.9.2. Deferred results
MBChB Part VI
Where a student has not achieved a pass in a particular component or components of this Part, the Examiners may withhold the result and require a
further period of assignment to a department. This will involve postponement of completion of the qualification.

If, in the opinion of the Board of MBChB Examiners, a particular weakness in a component or components is such that it cannot be, or has not been, addressed by this additional work, the student will fail the Part. University of Auckland Calendar

F.10. Phase 3 Academic Prizes

The prizes below are presented annually to selected Year 6 students (one per prize) at the Graduation Ceremony held in November of each year.

<table>
<thead>
<tr>
<th>Phase 3 Prizes</th>
<th>Qualifying Criteria</th>
<th>Recommended by</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brenda Dawson Award</td>
<td>Year 6 student who has shown the most altruism, support and help for their peers throughout the medical programme.</td>
<td>Phase 3 Board of Examiners</td>
<td>$500</td>
</tr>
<tr>
<td>Butland Prize</td>
<td>Year 6 student who, during Phase 3, is judged to have shown most clinical ability.</td>
<td>Phase 3 Director</td>
<td>$300</td>
</tr>
<tr>
<td>Dean’s Medal</td>
<td>Year 6 student who has made an outstanding contribution to the academic development of the Faculty during their time as a student.</td>
<td>Dean</td>
<td>Medal</td>
</tr>
<tr>
<td>W E Henley Prize in Clinical Medicine</td>
<td>Year 6 student who submits the best case history with associated commentary, while attached to the Department of Medicine.</td>
<td>HOD Medicine</td>
<td>$300</td>
</tr>
<tr>
<td>J D K North Prize in Clinical Medicine</td>
<td>Year 6 student who secures the highest marks in clinical assessment conducted by clinicians of the Department of Medicine.</td>
<td>HOD Medicine</td>
<td>$700</td>
</tr>
<tr>
<td>T R Plunkett Memorial Prize</td>
<td>Year 6 student achieving the most outstanding results in Obstetrics &amp; Gynaecology.</td>
<td>HOD Obstetrics &amp; Gynaecology</td>
<td>$500</td>
</tr>
<tr>
<td>RANZCOG Women’s Health Award</td>
<td>Year 6 student achieving general excellence in Obstetrics &amp; Gynaecology.</td>
<td>HOD Obstetrics &amp; Gynaecology</td>
<td>A$500</td>
</tr>
<tr>
<td>Richards Prize in Primary Health Care</td>
<td>Best elective report presented by students who chose to do work in the field of Primary Health Care. In the event that no elective candidate meets the criteria, the award may be made to the final year medical student who performs best in the GP Year 6 attachment.</td>
<td>HOD General Practice &amp; Primary Health Care</td>
<td>$500</td>
</tr>
<tr>
<td>Douglas Robb Prize</td>
<td>Most distinguished academic performance throughout the MBChB.</td>
<td>Board of Examiners</td>
<td>$1,500</td>
</tr>
<tr>
<td>Royal College of General Practitioners Prize</td>
<td>Best overall performance in the family practice component of the course. Special attention will be paid to performance in Phase 3.</td>
<td>HOD General Practice &amp; Primary Health Care</td>
<td>$1,500 and medal</td>
</tr>
<tr>
<td>Sir Carrick Robertson Prize</td>
<td>Year 6 medical student who secures the highest marks in examinations and clinical assessments in Surgery.</td>
<td>HOD Surgery</td>
<td>$300</td>
</tr>
<tr>
<td>Rotary Club of Auckland Prize *</td>
<td>Most distinguished graduate taking into account personal qualities and all-round abilities.</td>
<td>Board of Examiners</td>
<td>$6,500</td>
</tr>
<tr>
<td>J S Werry Prize in Psychiatry</td>
<td>Year 6 student who obtains the highest marks in examinations and clinical assessments in Psychiatry throughout the whole MBChB programme.</td>
<td>HOD Psychiatry</td>
<td>$500</td>
</tr>
<tr>
<td>Alan Simpson Memorial Prize</td>
<td>Year 6 student with the best performance in Paediatrics.</td>
<td>HOD Paediatrics</td>
<td>$750</td>
</tr>
</tbody>
</table>
First in Course Award | Year 6 student having achieved the highest overall mark in the progress tests provided they have also achieved an overall clinical distinction | Board of Examiners | N/A

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

G.1. Student Centre

The Student Centre at the Grafton Campus provides a range of support services for all students of the faculty. The Student Centre is located on the ground floor of building 503 (entrance near the main stairs), and can be accessed through the main campus entrance.

For Year 6 Students the services we provide include:

- General enrolment issues;
- Fees and Studylink issues;
- Year 6 training grant (stipend);
- Scholarships;
- Graduation matters (15 November 2019);
- Standard letters - verification of enrolment and academic record/unofficial transcript, jury service exemptions, bona fide letters, ISIC card applications; ECFMG applications
- General advice and admissions support for postgraduate study;
- General support and advice on health and welfare matters through the Student Support Advisor.

Other general information can be found on the Student Support page.

G.2. Personal Wellbeing

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

G.3. Professional Boundaries

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

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

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

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

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

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

G.4. Professional Relationships

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

The teacher/student relationship is a special one that places important responsibility on the teacher to always behave in a fair and considerate manner to all students. The FMHS makes every effort to ensure this respectful relationship is preserved, however from time to time situations may arise where staff behaviour may adversely affect you.

It is appreciated that you may not wish to challenge inappropriate behaviour directly at the time it occurs because of perceived effects on your grade and/or employment opportunities. As such, a procedure has been established which enables you to discuss concerns about such incidents in confidence. (G7 below).
G.5. Harassment

In the large and complex society of the University, you may encounter problems with the behaviour of staff or fellow students. This may be considered harassment.

According to the Harassment Act (1997), harassment is a pattern of behaviour (i.e. two or more separate acts within a 12-month period) directed at another person that makes that person feel unsafe and/or distressed. Examples may include: (1) stalking or confronting you, (2) acting in a way that makes you fear for your safety (and would likely cause others in your position to feel the same), or (3) making contact with you when you don’t want them to.

University policy is that harassment on any grounds, whether it be sexual, racial, religious, academic, intellectual, is totally unacceptable. The Human Rights Act (1993) and the Employment Relations Act (2000) also protect you from sexual and racial harassment in the workplace. For more information on harassment, please consult the Harassment Act (1997), and this NZ Government website.

Please don’t be afraid to reach out for help if you feel you and/or others are experiencing harassment (G7 below).

G.6. Bullying

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

If you perceive bullying is taking place or want to talk to someone about whether it is bullying or not, please come forward and speak to one of the following people you feel comfortable with: your Student Support Advisor, Phase Director, Head of School, Site/Campus Coordinators, or the university Proctor for advice and support. As mentioned above, these individuals can help you find psychological support, and can take action to ensure your safety (G7 below).
G.7. Response to Inappropriate Behaviour, Harrassment and Bullying

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

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

Many students have a presence on online social media sites, with varying levels of detail (personal and professional) and with varying levels of security. There are significant personal and professional risks posed by online social media for medical students and doctors which are becoming increasingly apparent as the number and use of such sites increases.

The New Zealand Medical Students’ Association has prepared some excellent guidelines in association with Australian partners, and has a guide on its website. You are urged to look critically at the information on your personal site and consider the material from a professional perspective as a medical student engaging with the public and other stakeholders in hospital and community settings. There is a specific policy on sharing images of patients which you need to read. This can be found in the Academic & programme-related policies section of the Policy Guides.

The NZMSA website can be accessed here.

G.9. Student Advice

A FMHS Student Support Advisor is available for all domestic (non-MAPAS) and international students.

Location: Student Centre at Grafton Campus Room 503-023
Phone: (09) 923 7071
Email: fmhssupport@auckland.ac.nz

A Student Support Advisor is also available for MAPAS students.

Contact: Nicola Clark
Phone: 0800 20 20 99 (Option 3)
Email: nicola.clark@auckland.ac.nz
H. Learning Resources

H.1. The Philson Library – Te Herenga Hauora

H.1.1. Library access for students based in Auckland
Continue to use Philson Library and the Library website as usual. Ask Philson Subject Library staff (details below) for help to ensure you know about the range of useful databases (eg, PubMed, plus evidence-based databases such as Cochrane, Dynamed, and Best Practice), and to refresh your search skills.

H.1.2. Library services for students based outside Auckland
Students on clinical placement outside the Auckland region may register for flexible (distance) services at no charge. Books you request using the service are couriered to you.

Before using the Flexible Service, you must register - go to 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.ilds@auckland.ac.nz

H.1.3. All students
Interlibrary Loans
If the library does not hold the journal or book you want, place an Interlibrary Loan request - either from within Library Search, or by using the link on the library home page.

Help with finding information
If you are having problems finding information, contact Philson Subject Library 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 Library 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>Team Leader, Client Services</td>
<td>923 6130</td>
<td><a href="mailto:jm.hobson@auckland.ac.nz">jm.hobson@auckland.ac.nz</a></td>
</tr>
</tbody>
</table>
### Overseas Elective
You must return all Philson Library books before you go on holiday or on your elective. Failure to do so may result in substantial overdue fines if the book is recalled during your absence. The library can tell you if you still have books out.

### H.1.4. District Health Board Libraries
Details about the DHB libraries at each of the cohort sites are provided in the section related to that cohort.

#### Library membership
Students are welcome to become a member of some DHB libraries while on attachment; take your ID card to register as registration is required. Advise library staff of your leaving date when registering.

Students may borrow material from some DHB libraries although each library may have different loan periods and there may be limits to the number of books able to be borrowed at any one time. All items must be returned when your attachment ends or if you are going away. Late fines may be imposed.

#### Library Resources
The library catalogue, databases, e-books, e-journals can be searched via each DHB Library Intranet homepage. Many DHB libraries enable student access to UpToDate. For all other databases use the UoA Library homepage.

#### Interlibrary Loans
Please make Interlibrary Loan requests via the Philson Library.
I. Administrative Details

I.1. Fees, Grants and Medical Indemnity

- You should login to your account through Student Services Online from the university website.

- Enrolment has to be for the full academic year and must be completed by 15 November 2018. You will be advised on the details of the process in time to meet the enrolment deadline through your current Canvas access. 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 able to view your fees invoice at the time of enrolment. This must be paid by Monday 4 March 2019 at the latest. We would strongly encourage you to pay your fees by 7 January 2019 to avoid any issues. Failure to pay the fee means you will not be enrolled and will be ineligible to receive the training grant and may not be indemnified.

Note: Fees can be paid on a semester basis by negotiation with Student Financial Services. Payment methods are outlined on: www.auckland.ac.nz/uoa/cs-how-to-pay-your-fees

- Note that you are enrolled in a course of study in which the academic year runs from 7 January 2019 until 8 November 2019 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.

Year 6 Training Grant

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

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

A training grant payment form with bank details must be completed and submitted to the FMHS Student Centre by November 2018. Payment is contingent on your enrolment and forms submitted late may lead to delays in individual payments. The first instalment (or the lump sum payment) will be paid in January 2019.
1st Quarter Students
Students leaving early for first quarter electives must be enrolled, including having paid their tuition fees prior to commencing their electives.

If you have approval to start your first quarter elective prior to the official start of the year, Monday 7th January, you cannot claim the Year 6 training grant early on the grounds that you are studying over the summer. You need to arrange your finances accordingly. The training grant is calculated over the duration of year 6 (41 weeks) and is linked to the financial (calendar) year and so cannot be paid before the 1st of January. The receipt of the training grant for year 6 removes any entitlement to the standard allowances. Any attempt to claim additional weeks of student allowance over the summer prior to the official start date of the course will be construed as fraudulent.

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

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

The Medical Protection Society offers a Student Membership to cover these requirements, which is free. You are required to have a membership from them or a similar organisation which ought to have been in place since earlier years of the programme.

I.2. Accommodation and travel costs
Your training grant is intended to help with accommodation and travel costs in Year 6. You are likely to incur additional costs when you have attachments away from your cohort site, including during your rural general practice attachment. The Faculty makes every effort to minimise accommodation costs for you but costs may vary depending on the location.

I.3. Scheduled leave and planned holidays
- If a clinical attachment is scheduled to begin on a public holiday, you must check in advance with your Clinical Campus or Site administration, or the Department of General Practice and Primary Health Care regarding reporting requirements.
- Your academic year includes two weeks’ holiday, as indicated on your timetable.

- Because of the complexity of the timetable, there is generally very little room to accommodate requests for changes to clinical attachments or leave outside of scheduled vacation times. Where there are compelling reasons, every effort will be made to accommodate changes. All such requests must be directed to, and approved by, the Phase Director who will discuss the request with the department concerned and notify the MPD administration if the request is approved.

- If you have been asked to present a paper at a conference, leave must be requested well ahead of time through the Phase 3 Director who will discuss the request with the relevant University Head of Department so that suitable arrangements may be made for you to complete core attachment requirements. Leave of up to three days is usually allowable with sufficient notice and justification. Students who are not presenting a paper, or attending in an official capacity, are unlikely to be granted conference leave. If you are travelling to an international conference, you must comply with the requirements of the Student Travel Abroad Policy outlined in the Elective section, C.6.10.

- In most other circumstances, changes are unlikely to be approved.

**I.4. Absences**

- Any unplanned absence must be reported immediately (ie as soon as you are aware you will be absent), to your Team/Clinical Supervisor in your clinical attachment and to your local Clinical Campus/Site administrative staff who will notify the MPD administrative staff.

- If you are absent for 3 or more working days because of sickness, you must inform your local Clinical Campus/Site manager and a Medical Certificate must be submitted to the Clinical Campus/Site administrative staff who in turn will forward it to the Programme Manager (Medical Programme Directorate).

- Any absence of more than one week requires written notification to the Phase 3 Director and Head of the relevant academic department.

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

- Students impaired by illness come under the University’s aegrotat and compassionate regulations. Refer to section F.8.
Health issues affecting academic performance or ability to complete the programme will be dealt with under the Fitness to Practise policy. Refer to the Fitness to Practise section of the Policy Guides.

I.5. Communication

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

Please ensure that you are aware of the 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.
  - Please do not communicate with administrative, academic or clinical staff using gmail or hotmail addresses as these addresses are frequently directed to “junk mail” and may not be noted.

- In situations where hard copy only is available, especially that relating to registration, this will be sent to your designated mailing address. Make sure that the MPD holds up to date details of this.

- The current Year 6 student webpage on the Canvas e-Learning website is an important source of new information, especially in regard to registration. Please check this site regularly.
I.6. Documentation Requirements for Medical Students

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

- The MPD cannot certify copies of official documents, except where the MPD is the issuing authority.
- Official transcripts can be obtained from the central University through Student Services Online. For more details visit AskAuckland and search for “Official Transcript”.
- Verification of transcripts for internal UOA scholarships are done through the FMHS Student Centre; (Note: transcripts for the ACE job application process are submitted directly on your behalf by the Student Centre, subject to having received your release authority. This does not include your year-end MPD transcript).
- Copies of other official documentation may be certified by the issuing authority or an official such as a solicitor, notary public, or Justice of the Peace.
- 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 bona fide letters or letters requesting exemption from jury service should be referred to the FMHS Student Centre in the first instance.
- Immunisation status records are the responsibility of individual students to retain in their portfolio. Back up copies may be ordered from the FMHS Online Store but two working days is required.
- Once you have received your CORE certificate, you should keep this in a safe place as you may be asked to produce it by your employing DHB. It may be difficult to replace.
- The MPD does not advise on ACE or MCNZ processes including Medical Council Registration. Enquiries should be directed to the relevant body.

I.7. Medical Student Campus Cards

- The new Campus Card has replaced the name badges for all MBChB students. The new naming format will display your preferred name (first and
last name) as listed on SSO; your legal name will be printed on the reverse of the card.

- You will be required to wear the Campus Card to participate in clinical attachments. It must be worn at a visible height, not at the end of a lanyard. A card holder and clip will be initially provided and subsequently available for purchase from the FMHS Store http://store.fmhs.auckland.ac.nz/.

- Updating your photo on Campus Cards can be done by visiting Ask Auckland Central (formerly Student Information Centre), located in Alfred Nathan House, Princes Street. A photo will be taken and you will be issued a new card on the spot (a $20 replacement fee will be incurred).

- Alternatively you can email a new digital image to campuscard@auckland.ac.nz. You must ensure it meets the University Campus Card photo requirements. Visit http://www.auckland.ac.nz/campuscard for more information.

- Once you have received confirmation that your photo has been updated, order a replacement card through the FMHS Store http://store.fmhs.auckland.ac.nz/ for collection from the MPD office or Clinical Campuses/Sites.

- Replacement cards will cost $20 and be available from Ask Auckland Central or through the FMHS Store http://store.fmhs.auckland.ac.nz/ for collection from the MPD office or Clinical Campuses/Sites.

- Collection of Campus Cards will only be available on production of Photo Identification. Please return your old card on collection of a new card.
J. Evaluation and Phase 3

J.1. Student Evaluation in Phase 3

Students have an important role to play in maintaining the quality of the medical programme. It is also important for us to know when students are experiencing difficulties, particularly during clinical attachments, which occur at a wide variety of clinical sites.

A comprehensive evaluation occurred in 2018, as required by the University. This indicated high overall satisfaction with Year 6, with 80% of students agreeing strongly or moderately. Over 90% also strongly/ moderately agreed that they were able to develop clinical and professional skills. Of particular note was the number of students who reported having increased responsibility and a feeling of being valued as a member of the healthcare team.

As a result of the evaluation feedback, the most significant change for 2019 is the increase in the number of required MCNZ framework skills to be logged in the ePort. A minimum of 40 skills need to be logged by 30 March 2019 and a minimum of 80 skills logged by 11 September 2019. There is also a change in the way distinction is awarded for the PPS domain (refer to Section F.5.2).

You will be invited to participate in an independent online survey towards the end of 2019.

J.1.1. Attachment evaluations

After the completion of each of your attachments you should be offered the opportunity to complete an evaluation of the attachment. This feedback is also important to us when reviewing our programme. Academic departments consider all feedback and summarise the findings in a ‘clinical attachment report’, together with intended actions. This report is then considered by the Evaluation Subcommittee and subsequently the Board of Studies. The departments also pass anonymised feedback to all clinical campuses and sites in order to maintain and improve the quality of teaching and learning at all sites. Campus and domain evaluation reports are also received by the Evaluation Subcommittee and subsequently the Board of Studies.

J.1.2. Clinical Site Feedback

Students at some clinical sites will also be encourages to give feedback directly to that site. This may be via a survey or a cohort meeting with relevant staff.

You are encouraged to continue to assist in the evaluation process by providing feedback on your attachments, including any problems you may be experiencing, either directly to clinical supervisors, through your class
representatives on the Staff: Student Committee, the two Phase 3 student representatives who are members of the Phase 3 Curriculum Group or directly to the Phase 3 Director.
### K. Year 5 Prizes Awarded in 2018

<table>
<thead>
<tr>
<th>Year 5 Prizes</th>
<th>Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Bush Memorial Prize</td>
<td>Himesh Gosai</td>
</tr>
<tr>
<td>Dean’s Prize – MBChB Part V</td>
<td>Alisha Moore</td>
</tr>
<tr>
<td>Calvin Ring Prize for Clinical Ophthalmology</td>
<td>Rebecca Couch</td>
</tr>
<tr>
<td>Douglas Pharmaceuticals Prize in Clinical Communication Skills</td>
<td>Eve Hopping</td>
</tr>
<tr>
<td>Flora Smith Prize in Pathology</td>
<td>Rahul Makam</td>
</tr>
<tr>
<td>University of Auckland Prize in Clinical Pharmacology and Therapeutics</td>
<td>Not awarded in 2018</td>
</tr>
<tr>
<td>Year 5 Psychiatry Prize</td>
<td>Jill Campbell</td>
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<tr>
<td></td>
<td>Siobhan Edwards</td>
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<tr>
<td>Population Health Intensive Prize</td>
<td>Logan Williams</td>
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<td></td>
<td>Sarah Clifford</td>
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<tr>
<td>ProCare Prize in General Practice</td>
<td>Nathaniel Carter</td>
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<td></td>
<td>Aati Opetaia</td>
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<tr>
<td>Royal College of General Practitioners 5th Year General Practice Prize</td>
<td>Saskia Boogard</td>
</tr>
<tr>
<td>First in Course</td>
<td>Andrew Hall</td>
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