



OTAGO MEDICAL SCHOOL
Te Kura Hauora o Ōtākou

2021

Dunedin School of Medicine
Advanced Learning in Medicine
Fourth and Fifth Year
Handbook



First Edition. Date: 31 January 2021

Additional information to come relating to Assessment. (See also 2021 MB ChB Assessment Policies and Procedures Guide.)

Disclaimer

While all responsible efforts have been made to ensure that the information contained in this publication is correct at the time of printing, matters covered in this publication are subject to change.

The University reserves the right to change courses and course requirement at any time.

31 January 2021

Introduction

This document is a guide for students (and staff) in years 4 and 5 of the Advanced Learning in Medicine (ALM) programme at Otago Medical School – Dunedin Campus (OMS-DC).

Fourth years: Welcome to the challenge of moving into a new environment. Where the focus in ELM was on you as students, the ALM programme is based in the clinical environment, in which the primary focus is on patients and their care.

Now that you are working within and alongside health care teams, your understanding of your professional role can be put into practice. Be aware of expectations, which are there to protect you as well as others. Continue to work collaboratively, and ask for help when you need it.

Fifth years: Your challenge is to apply, consolidate, and continue to build on what you have learned to date.

Throughout ALM, you will have many opportunities to learn from your patients, from each other, and from the workplace. We encourage you to take these opportunities, even when they are unexpected, and to enjoy how they help you develop towards becoming a doctor. The University of Otago, Otago Medical School and your campus all want to see you succeed. We look forward to working with you in the future as Trainee Interns, and colleagues.

This Handbook

Within this Handbook you will find information about all aspects of the ALM 4 and 5 programme including, but not limited to:

- Key dates for the coming year
- Contact details for academic and administrative staff
- Important policies relating to your conduct as a clinical medical student, including Southern DHB expectations about your behaviour while you are learning in their facilities
- Overview information relating to the learning framework and constituent parts of the programme
- Assessment policies and procedures
- Information about research opportunities available to you
- Preliminary information about the Trainee Intern year

All the information contained herein is also available on Moodle, where you will also find additional details that expand on the material included in this document.

This is a living document and as such we expect some content to evolve over the year. Updated information will be made available as necessary, and will be appropriately signposted as such.

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Welcome from the Dean



Warm welcome (or if you are a 5th year, welcome back) to the Advanced Learning in Medicine programme at the Otago Medical School – Dunedin campus.

You made the right choice and we are delighted to have you at the Otago Medical School – Dunedin campus.

We hope you had a refreshing break and that you are looking forward to an exciting and fulfilling year learning how to be a great doctor. During your time here you will begin to make the patterns of medical life that will continue rest of your career – you will see examples of variety of professional practices from our committed and outstanding academic and clinical staff. Many will be inspiring and leaders in their respective field. We pride ourselves on high standards of care and teaching and will try and offer you excellent opportunities for learning. Please talk to staff about your experience as we are always learning and want to improve and provide you the best

learning environment in New Zealand. I would be delighted to talk to any of you that want to bring significant issues to me directly or through the student committee.

An important partner for us in offering the right environment for learning is the Southern DHB. Their staff also recognise the value of having students within our services. As students, you need to respect and add value to this relationship, remembering that your influence will affect many other students behind you. Key to all that we do is a respectful and empathic attitude to all patients – maintain that under all circumstances, even when you are stressed.

One issue to note is the DHB policy on taking photos of patients on personal cell phones. This is not allowed by either DHB staff or by you as students at the OMS-Dunedin campus. Bear this in mind, and if you need a clinical image, ask a DHB or staff member about how to go about doing this (requires full written informed consent, a record in the clinical notes and for the photo to be taken using a dedicated camera for this purpose, and stored in the clinical record).

Finally, there is abundant research opportunities in each area of clinical medicine. OMS-Dunedin campus actively encourages you to get involved in clinical research to develop a clinician-scientist career. Care of individuals or groups with health problems is wonderfully rewarding, often day to day, but there is even greater long-term satisfaction possible if you find out what works best by conducting research. Research and clinical practice contributes to each other and elevate both disciplines. If you are interested in immersing yourself in medical research, BMedSci(Honours) or an intercalated MBChB/PhD degree pathway will set you far ahead in a rewarding academic clinician career in Medicine.

We hope that your year will be exciting, rewarding and successful and we very much looking forward to teaching and mentoring each and every one of you.

Kind Regards

Professor Rathan M. Subramaniam

MBBS, BMedSci, PhD, MPH, MClined, FRANZCR, FACNM, FSNMMI, FAUR

Dean, University of Otago Medical School

Welcome from OUMSA President

Kia ora!

Welcome to your ALM years of medical school! Over the next two years you will be getting your first look at the inner workings of the hospital system. There will be daily hands-on learning with real patients which can be a daunting concept, but you will soon find your groove and we at OUMSA hope to make this transition smoother for you. It can be challenging being a student in an environment that is primarily a workplace and a place of care, and we all want your learning experience to be the best that it can be.

The Otago University Medical Students' Association (OUMSA) changes slightly during the ALM years from what you would have experienced previously during medical school. One of the main differences is that we now have a much smaller cohort, and so who makes up our team has changed. On our executive committee we have the President & Vice-President coordinating all the activities. We then have 3 officers – Education, Welfare and Social who coordinate any portfolios that fall into these categories and who work with your appointed representatives. The representatives are voted for by your class – we have a 4th year education rep, welfare rep & social rep (as well as representatives for the other 2 year groups.) Combined, these 14 people make up your OUMSA executive. We continue to work with the ELM OUMSA executive throughout the year.

Our goal for you during your 4th and 5th years of medical school is to ensure that your education is being supported, you make some quality memories with you peers, and your mental health is cared for throughout. We also like to support other community groups around Dunedin.

So what does this look like for you? We run tutorials to support you through your 5th year exams. We organise the Wine & Cheese, full year dinners, sports opportunities, tramps, ski trip, wellness activities, and when you get through the ALM years we make sure graduation is a big celebration. And this is just what we have planned so far!

Keen to get involved? We are always wanting new people and ideas on our OUMSA exec. Look out for information about elections to get involved, or contact your officers/year reps to ask how you can contribute.

Congratulations on making it to this point! The clinical years are what we came here for so remember to make the most of them!

Ngā mihi,

Maddy Hutton
OUMSA President 2021

OMS Dunedin Dean's Department and Administrative Staff for 2021

Position	Name
Dean of Otago Medical School	Professor Rathan Subramaniam rathan.subramaniam@otago.ac.nz
Dunedin Campus	
Associate Dean Medical Education	Assoc Prof Ralph Pinnock ralph.pinnock@otago.ac.nz
e-Learning Facilitator	Dr Steve Gallagher steve.gallagher@otago.ac.nz
Education Advisor (ALM)	Dr Megan Anakin megan.anakin@otago.ac.nz
Medical Education Unit Administrator	Angela King meu.admin@otago.ac.nz
Associate Dean for Student Affairs (ALM)	Dr Penny Eames penelope.eames@otago.ac.nz
Student Affairs Manager	Jillian Tourelle jillian.tourelle@otago.ac.nz
Student Affairs Reception/Admin	Erin Flannery oms.studentaffairs@otago.ac.nz
Invercargill Campus (Southland Hospital)	
Associate Dean, Southland	Mr K Richter konrad.richter@otago.ac.nz
Administrator	Madge Storm dsm.invercargilladmin@otago.ac.nz
Timaru Hospital	
Associate Dean, South Canterbury	Ms M Steel maree.steel@otago.ac.nz
Administrator	Jehan Cunningham-Beynon timaru.admin@otago.ac.nz

ALM 4 Block Module Convenors and Administrators

Surgery

Mr Andrew Audeau (Convenor) Andrew.Audeau@southerndhb.govt.nz

Ruth Mullenger (Administrator) ruth.mullenger@otago.ac.nz

Medicine (including Ophthalmology)

Dr Steve Johnson (Co-Convenor) Steve.Johnson@southerndhb.govt.nz

Ms Lis Heath (Co-Convenor) lis.heath@otago.ac.nz

Dr Keluchi Ogbuehi (Ophthalmology Convenor) keluchi.ogbuehi@otago.ac.nz

Anne Ryalls (Teaching Administrator) teachingadmin.medicine@otago.ac.nz

Urban General Practice and ENT

Dr Kristin Kenrick (Convenor) kristin.kenrick@otago.ac.nz

A/Prof Patrick Dawes (ENT Convenor) Patrick.Dawes@southerndhb.govt.nz

Liz Dijkstra (Administrator) gprural.admin@otago.ac.nz

Public Health

Dr Sarah Donald (Convenor) sarah.donald@otago.ac.nz

Kelsey Den Boestert (Administrator) kelsey.denboestert@otago.ac.nz

Psychological Medicine

Dr Yoram Barak (Convenor) yoram.barak@otago.ac.nz

Anita Admiraal (Co-ordinator) anita.admiraal@otago.ac.nz

Sandra Paterson (Administrator) sandra.paterson@otago.ac.nz

Pregnancy long case

Dr Kate Coffey (Co-Convenor) Kate.Coffey@southerndhb.govt.nz

Ms Sally McNeill (Midwife)

Mel O'Brien (Administrator) dsm.oglongcase@otago.ac.nz

Infant Follow-Through

Dr Jason Wister (Co-Convenor) jason.wister@otago.ac.nz

ALM 5 Block Module Convenors and Administrators

Women's and Children's Health

A/Prof Mike Stitely (Co-Convenor, O & G) michael.stitely@otago.ac.nz
Dr Liza Edmonds (Co-Convenor, Paeds) Liza.Edmonds@southerndhb.govt.nz
Iloma Mollison (Administrator) wch5thyear@otago.ac.nz

Rural Health

Dr Peter Radue (Convenor) peter.radue@otago.ac.nz
Liz Dijkstra (Administrator) gprural.admin@otago.ac.nz

Musculoskeletal, Anaesthesia and Intensive Care

Prof David Gwynne-Jones (Convenor) david.gwynne-jones@otago.ac.nz
Aroha Meikle (Administrator) aroha.meikle@otago.ac.nz

Medicine II

Assoc Prof Gerry Wilkins (Overall Module Convenor, and Cardiology Attachment Convenor)
Gerard.Wilkins@southerndhb.govt.nz
Dr Jack Dummer (Respiratory Medicine Attachment Convenor)
jack.dummer@otago.ac.nz
Anne Ryalls (Administrator) teachingadmin.medicine@otago.ac.nz

Vertical Module Convenors and Administrators

Clinical Pharmacology

Associate Professor David Reith david.reith@otago.ac.nz

Clinical Skills (including Communication Skills)

Dr Peter Radue (Convenor, Clinical Skills) peter.radue@otago.ac.nz

Dr Ohad Dar (Convenor, Simulation) Ohad.Dar@southerndhb.govt.nz

Dr Jane Millichamp (Communication Skills) jane.millichamp@otago.ac.nz

Angela King (Administrator) meu.admin@otago.ac.nz

Ethics and Law

A/Prof Neil Pickering (Co-Convenor) neil.pickering@otago.ac.nz

Dr Simon Walker (Co-Convenor) simon.walker@otago.ac.nz

Hauora Māori

Prof Jo Baxter (Convenor) jo.baxter@otago.ac.nz

Tūi Kent (Administrator) tui.kent@otago.ac.nz

Pacific Health

Dr Tava Tafuna'I (Convenor) letava.tafunai@otago.ac.nz

Sina Mualia (Administrator) sina.mualia@otago.ac.nz

Palliative Medicine and End of Life Care

Ms Lis Heath (Convenor) lis.heath@otago.ac.nz

Pathology (including Microbiology)

Prof Ian Morison (Convenor) ian.morison@otago.ac.nz

Professional Development

Dr Nigel Thompson nigel.thompson@otago.ac.nz

Angela King (Administrator) meu.admin@otago.ac.nz

Radiology

Professor Terry Doyle (Convenor) Terry.Doyle@southerndhb.govt.nz

Whole Class Learning

Dr Kristin Kenrick (Convenor) kristin.kenrick@otago.ac.nz

Angela King (Administrator) meu.admin@otago.ac.nz

4th Year Undergraduate Medical Course dates 2021

1st Semester

Monday 1 February to Friday 11 June

Whole Class Learning Week 1

Monday 1 February to Friday 5 February

Waitangi Day [observance]

Monday 8 February

Semester Commences

Tuesday 9 February to Thursday 1 April

Mid-Semester break

Friday 2 April to Sunday 11 April [1 week]
[includes Easter and Otago Anniversary Day]

Semester resumes

Monday 12 April to Friday 23 April

Whole Class Learning Week 2

Monday 12 April to Friday 16 April

ANZAC Day [observance]

Monday 26 April

Semester resumes

Tuesday 27 April to Friday 4 June

Queen's Birthday

Monday 7 June

Semester resumes

Tuesday 8 June to Friday 11 June

June Vacation

Saturday 12 June to Sunday 27 June [2 weeks]

2nd Semester

Monday 28 June to Friday 29 October

Semester commences

Monday 28 June to Friday 20 August

Mid-Semester break

Saturday 21 August to Sunday 29 August [1 week]

Whole Class Learning Week 3

Monday 30 August to Friday 3 September

Semester resumes

Monday 30 August to Friday 22 October

Labour Day

Monday 25 October

Semester resumes

Tuesday 26 October to Friday 29 October

5th Year Undergraduate Medical Course dates 2021

1st Semester

Tuesday 9 February to Friday 11 June

Whole Class Learning Week 1

Tuesday 9 February to Friday 12 February

Semester Commences

Monday 15 February to Thursday 1 April

Mid-Semester break

Friday 2 April to Sunday 11 April [1 week]

[includes Easter and Otago Anniversary Day]

Semester resumes

Monday 12 April to Friday 23 April

Whole Class Learning Week 2

Monday 12 April to Friday 16 April

ANZAC Day [observance]

Monday 26 April

Semester resumes

Monday 27 April to Friday 4 June

Queen's Birthday

Monday 7 June

Whole Class Learning Week 3

Tuesday 8 June to Friday 11 June

June Vacation

Saturday 12 June to Sunday 27 June [2 weeks]

2nd Semester

Monday 28 June to Friday 5 November

Whole Class Learning Week 4

Monday 28 June to Friday 2 July

Semester commences

Monday 5 July to Friday 20 August

Mid-Semester break

Saturday 21 August to Sunday 29 August [1 week]

Semester resumes

Monday 30 August to Friday 15 October

Whole Class Learning Week 5

Monday 18 October to Friday 22 October

Labour Day

Monday 25 October

Study Week

Tuesday 26 October to Friday 29 October

OSCE

Saturday 30 October

Written Exams

Monday 1 November to Friday 5 November

General Information

General Notes

Years 4 and 5 have been designed to help you apply your knowledge to practical situations and to help you develop from a student to an apprentice doctor. During the year you will complete block and vertical modules. Block Modules are generally attachments to a particular clinical setting for a period of weeks. Vertical Modules provide a more longitudinal focus on a particular area of learning over the year.

Each module has its own set of Learning Objectives and Assessments. Details about these can be found on the relevant Moodle page.

The best way to get the most out of your year is to take as many opportunities as you can to meet patients, to find out about their problems and then to synthesise this with your theoretical knowledge. We encourage you to read about the conditions that your patients have. This is a great way to help your theoretical knowledge “stick” in your mind.

You will never know everything, so learning to identify important gaps and working out ways to fill them are important lifelong skills. Don't expect therefore to be taught everything. Rather, by seeing the common and important conditions in your patients we hope you will be stimulated to identify and prioritise your own learning.

The educational philosophies in the ALM course should articulate effectively with those of the ELM course. Teaching and learning should:

- Take place in hospital, ambulatory care, and community settings
- Maximise exposure to patients and to team working with other health professionals by incorporating the student into the healthcare team
- Encourage self-directed learning driven by history and findings of patients
- Explicitly describe the objectives and learning outcomes.
- Ensure that concepts are understood as well as facts
- Incorporate vertical modules throughout ALM-4 attachments in a way which complements the clinical content.
- Allow progressive acquisition of clinical skills with frequent observed formative assessment
- Ensure on-going development of professional attitudes and behaviour

[The curriculum map](#) indicates to students and staff the key elements of learning within the MB ChB programme, demonstrating how they are organised, structured and related/linked to each other. It links these elements to opportunities in the curriculum where students are likely to encounter them and to resources to help them learn. As such it provides the best overview of the curriculum and how the various parts are related to each other.

Notices/updates

All timetable updates, handbooks, term dates, forms, policies etc will be available on Moodle. Please check this on a daily basis for all regular updates.

Communication: Checking your student email

It is important to check and clear your student email on a regular basis. Any correspondence from the Medical School will be via Moodle or your student email. If you have any problems please contact ASK-IT.

Communication: Cellphones, iPads or Laptops

Use cellphones, iPads or laptops in a considerate manner: receiving calls, texting, tweeting and/or updating your FB status during tutorials is not acceptable behaviour.

Communication: Social medial and the medical profession

The Internet immediately connects us with the public domain and we must continue to avoid making comments or posting material that could be interpreted as breaching the boundaries of patient-doctor confidentiality.

While blogging, tweeting, and other social networking avenues are, for the most part, well intentioned, there is the potential for these activities to have future adverse consequences. As members of a professional community with high ethical standards, any comments, images and material you may leave on a personal page could embarrass you when seeking future employment. Any photos of patients, aspects of patient care, procedures, etc, must not be placed on social media. This includes material that you might gather while you are on elective overseas. The 'rule of thumb' in this situation is to behave exactly as you would in New Zealand. The standards that you will be held to account over, are the same.

Recording of patient interview and clinical presentations

Recording of patient interview or clinical demonstrations by students is not permitted under any circumstances. Patients have not been asked for permission and it is inappropriate for students or others to request permission at the time of the demonstration. Please ensure that you respect the confidentiality implicit in all clinical demonstrations.

Guide to academic conduct

<https://www.otago.ac.nz/study/academicintegrity/index.html>

Over the course of your studies you will be required to submit a wide variety of work in a range of styles and formats. The purpose of this guide is to introduce you to good practice and help you avoid poor or unacceptable academic practice.

The Academic Grievance Procedure For Students, section 3.1.5 requires that, 'A clear statement on the nature and unacceptability of academic dishonesty, including cheating, plagiarism and fabrication or falsification of data will be provided to the students by the Course Co-ordinator or the department.' This appendix fulfils that requirement.

University and Hospital Identification

New Southern DHB identification badges will be issued at the start of fourth year. This ID badge is to be used during both fourth and fifth year. You must display your ID clearly at all times when in clinical areas.

You will be required to display your University ID, Southern DHB ID, and OMS-DC name badge.

Attendance and Leave

Students are expected to attend all (100%) learning opportunities to gain experience, and should demonstrate enthusiasm, professionalism and commitment to learning. Individual modules will clarify their expectations of attendance at the beginning of each module. Unsatisfactory attendance may result in terms being deferred or denied. This particularly applies to all block and vertical module teaching in ALM.

It is however acknowledged that a student may wish to have leave from time to time to attend to personal or extracurricular matters.

Staff and students have agreed that the process of applying for and having leave approved should be easy, and without unnecessary barriers. The approval of leave and the decisions about any catch-up work needed should be fair and reasonable and involve discussion where necessary with the student.

Application for Leave

Students are required to seek approval for all leave and once approved, should notify in advance, appropriate convenors/administrators, supervisors or tutors. Where possible, planned leave should be requested six weeks in advance.

Leave requests are submitted on line <https://medschool.otago.ac.nz/course/view.php?id=1760§ion=6>

If the leave requested is for longer than 3 days it also needs approval from the Associate Dean (Student Affairs). Normally, this would involve a brief meeting with the Associate Dean.

If students wish to discuss the process of applying for student leave, the Student Affairs Office can provide information.

Consideration of Leave Application

When staff are considering approval of leave applications, the following points will be taken into consideration:

- Learning or professional development opportunities afforded by the activity
- The family or community importance of the student attending the activity
- Whether the student has extenuating personal circumstances
- Whether the student is participating in a national or international sporting or cultural event
- Whether the student is presenting, organising or representing a group at a conference or meeting
- The proportion of the module being requested as leave
- The reason the activity cannot be undertaken during scheduled holidays
- The length of leave relative to the activity
- The importance of missed teaching or assessment, and the student's ability to catch up on missed activities
- The student's total leave in that year and any other leave in that module
- Whether the leave will benefit the wellbeing of the student

If a student's application for leave is denied by the module convenor(s), or any catch-up required is seen as being unreasonable by the student, the student may appeal to the Associate Dean (Student Affairs). An ultimate appeal of a leave decision by the ADSA, can be made to the Dean of the campus in ALM or the Director of the ELM programme in ELM.

Sick Leave, Bereavement Leave or other Emergency

If a student is unable to attend learning sessions or their attachment due to illness or other reasons the appropriate tutor(s), module convenor(s), the ELM Administrator (for ELM students) and the Student Affairs Office must be notified on the first day of the absence and on any subsequent days. This is the student's responsibility. It is important not only because of the missed learning opportunities, but also because staff

frequently arrange clinics and patients to be available for students so need to know if the student will not be present. A medical certificate is required for any student absence because of illness for more than 3 days. It is important that students absent themselves from work if ill, in order to avoid infecting vulnerable patients. The length of time taken for bereavement leave is also considered on an individual basis. Please note that evidence of bereavement should be provided i.e.: copy of death certificate, death notice etc.

Dealing with Missed Sessions

Please note in ALM it is the student's responsibility to arrange any necessary catch up with the relevant module convenor(s). Normally, in ALM, an approved absence of one or two days on a module would not need to be made up, provided no essential teaching sessions or experience was missed. Above one or two days, if missed content/experience cannot be completed within the module, this may lead to a module result of 'Incomplete' and a plan made to allow completion. Unexplained absences or absences when leave has already been turned down, may be considered as unprofessional behaviour when it comes to assessment decisions.

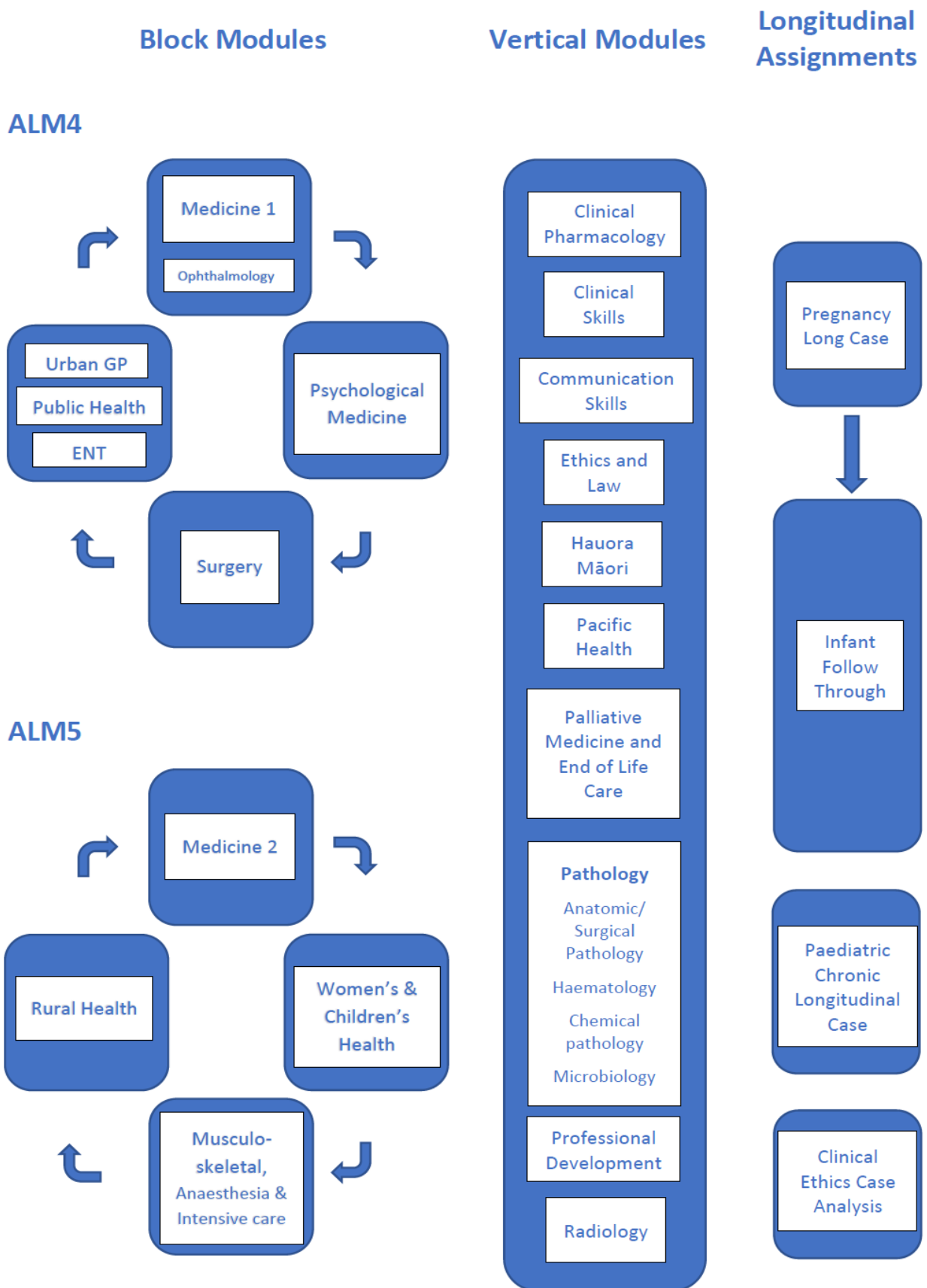
Public Holidays

ALM4/5 Students are not required to work Public holidays

Attendance at clinical rounds while unwell

It is unprofessional to expose patients to risk of infection. Students scheduled for a clinical round whilst unwell should consider the welfare of those with whom they will be in contact, both patients and colleagues. If in doubt, please seek advice of staff.

Overview of the ALM programme at Dunedin Campus



Overview of ALM 4 Block Modules

Medicine 1 (including Ophthalmology)

The ALM4 Medicine Module is comprised of two four-week attachments that include Internal Medicine (IM) and Older Person's Health (OPH). For IM, you will be based in either Dunedin, Timaru or Invercargill (**2 students in Timaru and 2 in Invercargill for each four week attachment**). One student will undertake their OPH attachment in Timaru during weeks 5 – 8. Due to limited capacity in OPH, 4 or 5 students will be placed with an internal medicine team for their OPH run (OPH/IM), while following the OPH timetable and taking part in the OPH teaching.

Ambulatory Medicine Teaching is integrated across the whole module and provides focussed, systems-based teaching with volunteer teaching-patients, and revision of clinical skills with supervision and feedback from senior clinicians. This teaching occurs in the Otago Clinical Skills Lab (OCSL), Eye clinic and the 9th floor clinic rooms. Attendance at these teaching events is compulsory.

Vertical module teaching also occurs across the eight-week attachment, including: pathology, pharmacology, ethics, radiology and communication skills.

Assessment

Summative assessment comprises:

- a long case examination (observed history, examination, differential diagnosis and plan for an inpatient)
- an end of run MCQ.

You must pass both these to achieve terms.

To achieve Terms, you must also:

- Achieve a satisfactory Clinical Appraisal for each attachment
- Achieve a satisfactory PASAF at the end of the module

Out of hours requirements

All students are expected to be available to attend out of hours when their team is on call. This will include some evenings and weekends, and depend in part on the consultant physician for the team. Additional information about out of hours expectations is available in the module handbook.

Psychological Medicine

The Psychological Medicine attachment is an eight week module that includes attachments in acute and longterm management settings. Some students will do a four week placement on the West Coast.

The field of psychiatry includes the primary care sector and the secondary (specialist psychiatry) sector. A basic knowledge of how to assess and manage patients with a psychiatric disorder is essential and this attachment is your opportunity to acquire the skills and knowledge to do this. You will learn about the major psychiatric disorders, develop skills in assessment, in particular the mental state examination and risk assessment, and in communicating psychiatric findings concisely. It is important to understand mental health problems and mental illness as a complex interaction of biological, psychological, social and spiritual aspects which all need to be considered in the therapeutic approach to the patient.

Learning Objectives:

- Demonstrate knowledge of the core psychiatric disorders: presentation, diagnostic considerations and management
- Take a psychiatric history, perform a mental state examination and use the Te Whare Tapa Whā model to learn about the patient as a person
- Demonstrate an ability to undertake a risk assessment

- Assess and quantify cognition; use rating scales to assess depression, anxiety and substance use; consider relevant cultural, legal and ethical issues in assessment.

Clinical Placements

Students will be assigned to two clinical areas during their attachment, changing over at week 5. Clinical areas include Wakari Hospital, Dunedin Hospital, Southland Hospital, Te Nikau Hospital (Greymouth) and Community Mental Health Teams. Students also spend time after-hours with the emergency psychiatry teams.

Teaching sessions

Are scheduled throughout the attachment and are usually case-based. Topics included psychiatric and risk assessment, the core disorders, history of psychiatry, promotion of recovery and wellbeing. Some sessions are small group sessions to promote discussion of specific topics. We also use simulation sessions for active practice and feedback.

Assessment

You will be assessed on your academic work, your clinical skills, participation in learning activities and your professional attitudes during your attachment.

Formative:

Participation in Hauora Maori session
Participation in Simulation session
World of Difference reflective report
Student-generated MCQ

Summative:

Case Presentation
Brief Focused Interviews
Logbook section
On-line test
Clinical Tutor Evaluation
PASAF

Teamwork

Working as part of a team is integral to your learning experience and you will learn how team members work together with the patient and their whānau/families and carers. Support each other as you encounter a range of challenging experiences. Take care of your emotional as well as your physical wellbeing and make the most of opportunities to discuss and seek support from the clinical and academic team.

We hope that you enjoy this attachment and the many learning experiences offered.

Out of hours requirements

All students will be expected to do at least one evening shift (5.30pm to 10.30pm) at an Emergency Psychiatric Services during the course of the attachment.

There are no weekend or Public Holiday requirements for the module.

West Coast

During the Psychological Medicine attachment two students at a time will have a clinical placement based in Greymouth. Travel and accommodation arrangements are made by the Department. Students will be notified of arrangements and receive a handbook detailing all the information required for this placement.

The West Coast District Health Board serves a population of 32,000 people over an area that is 600km long. Its isolation and geographical nature provides many challenges and students will have opportunities to experience how health care is delivered in a rural setting together with the warm West Coast hospitality.

Surgery

Your eight week attachment in Surgery will be split into two four week runs. During these runs you will be part of a surgical team. There are six teams in Dunedin, and two in Invercargill. There are two or three students on each team, so **four students will be assigned to Invercargill for each four week run.**

After having been assigned for four weeks to one team, you will rotate to a different team for the remaining four weeks. These teams constitute your “home base” and one of the team’s tutors will be your home tutor.

Medical students are not visitors – we consider you a member of the team. Observations of and close contact with patients can bring out aspects which may have been overlooked by other members of the medical team. You can assist in patient care by informing and discussing your concerns with others in the medical team. Please, feel at home on the wards. All patients, whether elective or acute, are allocated to a student who will follow that patient from admission to discharge. You are expected to attend operations on your own patients and will often be invited to scrub.

During your time with us we would like to see you develop and hone your history taking and examination skills. Make the most of your contacts with patients – perform a complete examination whenever possible!

Tutorials

Each week during your attachment there will be five x 1 hour group tutorials covering core topics. These include Full Group (presented by consultant), Whole Group Case-based (presented by students and a consultant), and Pathology (presented by pathologist and surgery consultant). Attendance at these tutorials is compulsory.

Assessments

PASAF. After completion of the attachment, each student will be discussed in a conference where all clinical tutors contribute to your assessment for “performance within the team” as well as supply the information needed for the “Professional Attitudes and Skills Assessment Form” (PASAF). Your home tutor will discuss the PASAF with you in the last week of the attachment

CASE WRITE-UP (week 4). One surgical case history is to be completed during the attachment

CASE APPRECIATION (week 6). You will complete an essay/case appreciation of approximately 1000 – 1200 words - choose a specific surgical question that relates to one of your own patients.

LOGBOOK: Each student will be provided with a case notebook to record activities and patients during the attachment, to be handed in for assessment.

On the last day of the run there the following assessments:

- **MCQ/ Clinical based question:** Comprises 10 MCQ questions (10 marks) and 1 clinical based question (15 marks). These will cover topics learned during your surgical run (25 minutes).
- **OSCE stations:** There will be two 5 minute OCSE stations. Two areas of clinical skills will be tested from clinical examination, history taking and explanation and planning.

Out of hours requirements

All students will be expected to attend during weeknight evenings when their team is on call. They will also be expected to attend for one weekend half-day when their team is on call. There is no requirement to be present on Public Holidays.

Urban General Practice Module

This is a 5 week module that sits alongside the 3 week Public Health module. Together these attachments constitute an 8 week quarter for the year. ENT teaching and clinics are also incorporated in this quarter, taking place during the middle 6 weeks.

During the GP Module you will attend a combination of tutorials and simulated clinics, and 10 clinical sessions with a GP in his or her practice. Ideally while on placement, we would like you to include at least one session

with a Practice Nurse, who is an integral member of the Primary Care team. **At least four students each quarter will do their GP placement in Invercargill.**

A clinical session will generally be a half-day, either in the morning or the afternoon. Start and finish times will vary from practice to practice.

Department-based morning sessions will begin at **9.00am**, while afternoon tutorials will start at **1.30pm** or **2pm**, as indicated in the Module timetable. These are a mixture of whole group tutorials and small group work.

Sessions in the Clinical Skills Lab will start at either **8.45am** or **9.00am**, as indicated in the Module timetable. These sessions include a clinical skills workshop, and a series of simulated clinics (called SECO clinics.) You will be given plenty of information about these clinics in the orientation to the Module, which takes place on the first day of the attachment.

The timetable for the run will be available on Moodle for each quarter, and a hardcopy is made available for those who would like it. It has been configured so that most of the department-based teaching will take place in the **first** and **fifth** weeks of the attachment, with plenty of time available in the middle three weeks to undertake your GP sessions.

Students based in Invercargill will follow a different timetable for weeks 2 – 4 of the placement, and will be briefed by our Invercargill teaching staff. Tutorial content delivered in Invercargill mirrors that being taught in Dunedin.

Assessment

The attachment concludes with summative assessments, which take the form of a 5-station OSCE and an SAQ test.

You are also required to submit a reflective essay on your SECO clinic experience (max 1000 words), and demonstrate satisfactory clinical skills and professionalism while on placement with a GP.

The final day of the module involves a one-to-one PASAF meeting for feedback with one of the Module tutors.

Out of hours requirements

There are no after hours requirements for this Module, however students are welcome to attend after hours clinics with their host GP if the opportunity arises.

Public Health Module

The Public Health module is three weeks long, and is mainly classroom-based with some self-directed work. This module runs in conjunction with the Pacific Health vertical module, which includes the Pacific Immersion Programme – during which you will live with a local Pacific family for a weekend and take part in family and community events (COVID Alert Level dependent). Some of you will also attend ENT clinics during this rotation.

Content

The Public Health module builds on some of the concepts taught during the ELM programme, and develops your ability to apply these concepts using real world examples. Topics covered include Epidemiology/ Critical Appraisal; Public Health Ethics; Health Economics; Health Promotion; Qualitative Research; Occupational Medicine; Healthcare for people who are Intersex, Non-binary, and Transgender; Environmental Health; Hauora Māori issues in Public Health; Communicable Disease/Outbreak Management; Health Systems; and Screening.

Site Visits (COVID Alert Level dependent)

During the module, you will visit a community organisation that provides a public health service (e.g. drinking water treatment facility, needle exchange, Kiwi Harvest). These visits are undertaken in small groups, and your group will present the details of your visit to the other students later in the module. A factory visit is undertaken as part of the Occupational Medicine unit, and a visit to the local Public Health Unit at Wakari Hospital is part of the Communicable Diseases teaching. The Hauora Māori day takes place at Te Kāika, a community hub located in Caversham that provides medical, dental, physiotherapy, and social services.

NB. Transport is provided to Te Kāika and the factory visit, but you will need to organise your own transport for the Public Health Unit and community visits.

Assessment

There are three assessments in this module.

1. **End of run test (40%).** This is a one hour test, the format is similar to the Public Health SAQ in the 5th year exam. You must get 60% on this test to pass the module.
2. **Study design assignment (40%).** This is an essay-style assignment for which you will design an observational study (cohort or case-control study). You will work with a partner to design the study, but must submit individual assignments (2,500 words)
3. **Participation in Pacific Immersion Programme + reflective essay (20%)**

Out of hours requirements

One weekend of the Module encompasses the Pacific Immersion Programme. Detailed information about this weekend is available on the Pacific Health Moodle page.

ENT/ Otorhinolaryngology, Head and Neck Surgery (ORLHNS) Module

The ORLHNS module is embedded in the Urban General Practice and Public Health Modules. You will find plenty of supporting material on Moodle: Lectures with voice over, written notes, and “presentations”. These cover the syllabus and complement your clinical teaching.

Clinical teaching takes place on Tuesday and Friday afternoons between 2pm and 3.30pm. You are split into small groups for this teaching, and will receive a roster indicating when it is your turn to attend these sessions. There are also six tutorials on Tuesdays at 4pm. These are whole group sessions. The timetable for teaching tells you what material is relevant for the tutorials.

The clinical teaching includes simulation activities, each will have an introduction followed by the activity. Each activity takes about 30 minutes. You will also see a patient in clinic, so it is important that you are appropriately dressed for this interaction.

Assessment

Towards the end of your module, you are required to complete an on-line assessment. This is available on Moodle and the material provided covers the questions in the assessment. You are expected to pass this assessment as part of the run. More than 75% correct is a pass, you are allowed 4 attempts. So far no-one has failed to pass the assessment, so don't get too worried; it is part of your learning experience.

Out of hours requirements

There are no after hours requirements for this Module.

ALM4 Longitudinal Assignments

Pregnancy Long Case (PLC)

This attachment gives you the opportunity to share in a pregnancy, labour, delivery and postnatal experience with a family and their midwife. Within reason, commitments to this attachment are to be prioritised over Block Module requirements. If a potential conflict arises between commitments then you should discuss this with your Block Module Convenor.

At the start of ALM4, you will be informed which quarter you will do your pregnancy long case. This will be timetabled around when you are in Dunedin, rather than on an out-of-town placement. If for some reason there are extraordinary circumstances making it difficult for you to undertake the PLC attachment at a particular time of year, please contact Mel O'Brien (dsm.oglongcase@otago.ac.nz) as soon as you have identified these, and we will try our best to help you.

You will be assigned to a pregnant woman who is due to give birth soon and who has agreed to have a medical student involved in her care. The midwife looking after the woman is one of our midwife tutors (who is experienced in teaching medical students) and will get you as involved as possible, especially during the labour and birth. You will also have a home tutor who is one of the Women's Health University Lecturers, who will help you navigate the PLC and will mark your assignment. If you are assigned to be with a woman who gives birth before you have had an opportunity to attend an antenatal visit with her, your home tutor is the person with whom you should discuss this.

The learning outcome for this attachment is to gain an understanding of 'normal' pregnancy and birth, which can be straightforward or complicated, but is generally unpredictable, and always exciting. Once you have been assigned a pregnant woman, which usually happens 1-2 weeks into the quarter of your Pregnancy Long Case attachment, you will arrange to meet her and attend at least one antenatal visit, and be present at the birth, then see her in the postnatal period. Usually you will then follow that baby for your **Paediatric Infant Follow-Through**.

At the end of the PLC you will be able to:

- Take an obstetric history
- Conduct an obstetric examination including blood pressure, urinalysis, estimate the size of the fetus by measuring the fundal height, determine the fetal lie, presentation and position by palpation, and record the fetal heart rate
- Describe the principles of antenatal care including risk assessment
- Describe the stages of labour, and the principles of management of labour and childbirth
- Write a reflection on your involvement in the woman's care and birth
- Describe the principles of postnatal care
- Describe the breast changes in pregnancy and lactation with reference to your mother and baby

Assessment

This module is assessed by both the midwife tutor that supervises the clinical portion of the long case (via an assessment form), and a written assignment of around 3000 words. As part of the assignment you will take an obstetric history and consider the risk assessment for the pregnancy, labour, delivery, and describe postnatal care. We ask you to describe the normal physiology of birth and lactation, and to consider any pathological or ethical issues that might arise for your pregnant person and their whanau. The assignment is to be handed in **10 working days after the birth**.

Infant Follow-Through Long Case

The infant follow-through case is an opportunity to follow an infant from birth to 18 months. The case will start in ALM4, when you are assigned a mother to follow in the pregnancy long case. It continues into ALM5, with a **submission date in September of ALM5**.

You will have the opportunity to be at the infant's delivery, talk to the family about their experience, learn about new born care, and participate in examining an infant. You will then continue to follow the infant by visiting the family up to 18 months. You will be engaging with the family about their experiences with a new child, learn about feeding, immunizations, and track the development of your infant from a new born to 18 months. This is a great opportunity to observe gross motor, fine motor, social, cognitive, and language at various developmental stages.

It is up to you to initiate and maintain contact with your assigned family. If you are having difficulty doing this you should contact the Long Case convenor.

Overview of ALM5 Block Modules

Medicine 2

(Information from Moodle. May be updated during the year.)

The seven week ALM5 Medicine Module comprises an introductory week of whole group learning, then two-week attachments with Cardiology, Respiratory Medicine and one other medical specialty.

There are also outpatient clinics and ambulatory days in Oncology, Endocrinology and Renal medicine.

To achieve Terms for Year 5 Medicine you must:

1. Pass the requirements for the Cardiology, Respiratory, Medical Specialties and Ambulatory Medicine as described in relevant sections of the handbook.
2. Submit 2 case write-ups at a satisfactory standard.
3. Pass the OSCE examination.

An overall PASAF form will be completed for the module. This will be discussed with you individually on the last day of the module.

Out of hours requirements

To be advised

Child Health and Reproductive Medicine Module (WCH)

This seven-week module comprises two combined attachments:

- Child Health - approximately 60% of the course
- Reproductive medicine - approximately 40% of the course

Over the seven-week module, there will be a mixture of teaching tutorials and some case based interactive sessions.

Your Child Health clinical experience will be in the Children's Unit, NICU and outpatient setting. Reproductive medicine's clinical experience will be in theatre, inpatient and the outpatient setting. **Most students will spend at least two weeks of this module in Invercargill.**

Students describe this as a busy run with the two attachments, but their feedback has reported how organised and supported their time with us was.

Assessment

Summative Assessment during this attachment:

- Child Health case write-up with critical appraisal
- Reproductive medicine case synopsis
- Reproductive medicine case presentation
- End of attachment MCQs
- End of attachment online OSCE

Out of hours requirements

To be advised; includes one weekend on Acute/on-call Paediatrics, hours 8.30am to 11.00pm both days.

Musculoskeletal, Anaesthesia and Intensive Care

(Information from Moodle. May be updated during the year.)

This is an integrated teaching module incorporating four main disciplines: Orthopaedics, Rheumatology, Anaesthesia and Intensive Care. The course has been designed to assist you in bridging the gap between the ELM Course where the emphasis has been on basic sciences like anatomy, physiology, pathology etc. and the Trainee Intern year which focuses on clinical skills and problem solving.

The module is divided into a 7 week clinical attachment and two block teaching days which are part of the Whole Class Learning (WCL) weeks. Teaching includes time on the wards, in outpatients' clinics, in tutorials and in theatre.

In 2021 some students will do some of the placement in Invercargill, with the aim of some students completing the whole module in Invercargill from 2022.

Assessment

In Course Assessment

This will be based on the following:

- Satisfactory attendance including rostered nights and weekend acute attachments
- Satisfactory participation in team activities

End-of-Attachment Assessment

The end of attachment assessment will comprise

- at least 3 observed 7-minute OSCE stations, covering orthopaedics, rheumatology and emergency management
- 57 extended matching MCQs (computer-delivered)

At the end of the OSCE there will be a feedback session with the examiners where the exam will be discussed with the students.

Assessment of non-academic skills

Each student will also be assessed on the standard University of Otago Assessment form for Medical Students (PASAF) by the orthopaedic consultant whose team you have been attached to.

Out of hours requirements

All students will be rostered to an on-call Acute team and expected to attend during weeknight evenings (5.00pm to 11.00pm) with that team. They will also be expected to attend for an acute weekend, hours 8.30am to 11.00pm both days. There is no requirement to be present on Public Holidays.

Rural Health Module

All placements are outside of Dunedin

Rural Health offers a valuable opportunity to challenge yourself in preparation for your Trainee Intern year:

- significantly expanding and consolidating your knowledge and skills
- integrating and applying everything you have learned so far
- actively participating in the clinical work of your placement (under appropriate supervision), as part of the team caring for patients.

During **Week 1** you will be based at the Department of General Practice and Rural Health. We have a busy programme of tutorials, simulated patient clinics and other activities designed to prepare you for the rural clinical environment, activate your pre-existing knowledge and skills, and identify your priorities for learning. You will also need to finalise arrangements for your placement, including travel, accommodation and record-keeping.

You will be on placement in a rural or provincial setting during **Weeks 2 – 6**.

We take your preferences and personal circumstances into account when assigning you to a placement, as far as possible given the limited number of practices available and other constraints. We are generally not able to announce where you will be going more than 1 – 2 weeks in advance, as we need to procure places for the whole group before informing individual students. Options often include Motueka, Golden Bay, Greymouth, Central Otago, Oamaru, Kurow, Temuka, Geraldine, Waimate, Twizel, Tapanui, Winton, Te Anau, Tuatapere, Gore and Maitua.

Most locations necessitate a driver licence and we strongly advise you to make the effort to get your full licence before this module, if at all possible.

We send students to a variety of GP practices, and some of you will also spend time at a Rural Hospital (e.g. Dunstan, Oamaru). Our clinical teachers are mostly GPs, but include Nurse Practitioners and Rural Hospital Doctors. Where possible we encourage you to attend emergencies in the community with responders such as St John.

While away from Dunedin you will learn from each other by sharing cases and experiences on our Moodle discussion board.

In **Week 7** you will be back at the GP Department for discussion and reflection on the preceding weeks to maximise your learning, as well as assessments.

Assessments for the Module comprise

- a feedback form from your clinical placement supervisors,
- a clinical problem-solving assessment,
- a small group presentation on an assigned topic,
- a written multiple-choice question and short-answer question exam,
- a five-station OSCE (history, examination x2, explanation and planning x2).

You are also required to demonstrate appropriate professionalism throughout the Module.

We look forward to supporting you in an enjoyable and stimulating programme, and hope that becoming a clinician will start to be a tangible reality for you!

Out of hours requirements

We encourage you to make yourself available for up to **five** 'on-call' (after-hours weekdays, or on weekends) shifts during the five week placement, where this is available. If it is possible to spend some time with the Ambulance service during your placement, this is also a very valuable experience. It is your responsibility to arrange your participation in after-hours shifts by liaising with your host GP, rural coordinator, hospital doctors, St John Ambulance staff.

ALM5 Longitudinal Assignments

Paediatric Chronic Longitudinal Case

During your first 5th year Whole Class Learning Week you will be assigned in pairs, a child with a chronic condition to follow until September that year.

A chronic condition in a child can affect their functioning and development into a competent adult. It also affects the functioning of the whole family, and the community, and medical supports that revolve around them. This assignment aimed to give you some insight into these issues, which you will not be able to appreciate from your contact with acute hospital paediatrics alone.

To appreciate the impact of a chronic condition on the child, family/whānau you will be required to visit them in their home a minimum of three times between February and September.

Summative assessment submission date is in September:

- Family evaluation 30%
- Essay or artistic expression with a write-up 70%

Clinical Ethics Case Analysis

Each member of the class is expected to write up and submit one ethics case analysis, due early in the second semester of ALM5.

Submission of a satisfactory case analysis is a condition of successful completion of the module. It will be used to evaluate your sensitivity to ethical features of practice and your reasoned application of ethical concepts. You will be given feedback on your essay.

The case analysis can be about a patient (duly anonymised) from any of the rotations that you have done in year five (or year four if you came across a situation then that you wish to analyse). It should be suitable for ethical analysis, i.e. raise particular ethical, or demonstrate ethically challenging areas of practice. They do not need to be insoluble dilemmas, and may demonstrate high ethical and legal standards as well as difficult situations. The best ethics case write-ups are often ones where you have been moved to think about it at the time or later on. So, if you saw a situation that made you think about ethics that's probably a good one to pick.

Detailed information about this essay, including a marking rubric, are available on the Ethics Moodle page.

Overview of Vertical Modules

Clinical Pharmacology

The primary purpose of the clinical pharmacology module is to prepare students to be able to prescribe safely and effectively. A secondary purpose is to enable students to participate in the processes of using medicines safely, through reporting and recording of adverse drug reactions and adverse events.

Clinical pharmacology provides the science that underpins the use of medicines (therapeutics). Understanding this science will improve your ability to prescribe, and to use medicines safely and effectively.

Clinical Pharmacology teaching occurs during Whole Class Learning weeks, Thursday afternoon teaching sessions in 4th year, and in a number of block modules in ALM, including:

- Medicine 1
- Surgery
- Child Health and Reproductive Medicine
- Musculoskeletal, Anaesthesia, Intensive Care

The Clinical Pharmacology teaching is aligned with the essential learning medicines list, the core presentations and the learning objectives.

Assessment

In the 3rd quarter of Year 5 there will be a MCQ test which is a terms requirement. You must achieve a mark of 75% to pass, but you can have multiple attempts at the test and your best mark will be the accepted score.

You are expected to prepare for each tutorial in Years 4, 5 and 6 by watching the recorded mini-lecture, reading the associated readings, answering the multiple choice questions for each session and by preparing answers to the case-based tutorial questions which you will bring to each feedback session.

Questions relevant to the clinical pharmacology teaching may be included in the end-of run assessments and in the common-component exams at the end of Year 5.

Clinical Skills

In ALM you will build on the foundational skills introduced in ELM. Competence in clinical skills is central to becoming a capable clinician – able to communicate well with patients and colleagues, gather information from history and examination, think critically, prioritise appropriately, formulate a coherent diagnosis and management plan, and carry out the plan.

As clinicians who need to be able to work in challenging environments, sometimes with incomplete data and limited resources, we must cultivate an awareness of our own thinking processes, including how we approach uncertainty and the potential for biases and error.

We need to be competent at a broad range of procedural skills, e.g. effective hand washing, urine dipstick analysis, safe disposal of sharps, suturing wounds, drawing up and checking intravenous drugs, controlling external haemorrhage by direct pressure, and urethral catheterisation.

Clinical skills is an integral part of ALM, and you will have many opportunities to acquire and consolidate the knowledge and abilities that you need to ‘think like a doctor’, and the associated procedural skill set.

Specific learning opportunities and resources available include the Communicating in Challenging Situations module, simulated consultations (e.g. SECO Clinics in the 4th Year Urban General Practice Module and 5th Year Rural Health Module), procedural training at the Otago Clinical Skills Laboratories (Fraser Building), clinical reasoning exercises, your 2nd and 3rd Year Clinical Skills workbooks and videos, and the clinical skills app.

Please see our Moodle page for further information, and to download the app:

<https://medschool.otago.ac.nz/course/view.php?id=1900>

Communication Skills

The Communicating in Challenging Situations module runs through three of the four attachments in ALM 4. We hope that your previous learning in ELM Clinical Skills will help you to make a smooth transition to this module.

In this module you will have the opportunity to work individually with a tutor (and also in small groups) to identify areas of communication that you would like to improve and also to apply your communication skills to challenging clinical situations which are directly relevant to each of the following attachments: Medicine, Surgery and Psychological Medicine.

By the completion of 4th year we hope you will have expanded your knowledge and skill base to have confidence in situations that even experienced professionals can find difficult.

Course Requirements

1. Participation in three group tutorials over the year – one for each of the following attachments: Medicine, Surgery and Psychological Medicine.

The tutorials in Medicine and Surgery are designed to help you prepare for your filmed interviews. The tutorial related to the Psychological Medicine attachment is a 1.25 hour skills-based tutorial which will require some pre-tutorial reading, followed by in-class skills practice.

Students who are on placement outside of Dunedin at the time of a tutorial will be provided with tutorial notes and, in the case of the Psychological Medicine tutorial, catch-up work to complete.

2. Completion of two filmed interviews (one in Medicine and one in Surgery) with an actor playing the patient role. Completion of pre-tutorial and in-class work related to the Psychological Medicine attachment.
3. Completion of online reviews for both of your filmed interviews (using Bracken Learning - the online reflection system) followed by attendance at the individual, face-to-face meetings with your Communication Skills tutor for each of your filmed interviews. The times/dates of all tutorials, filmed interviews and 1:1 reviews that you need to attend will be emailed to you in advance as the year progresses.

Ethics and Law

The teaching on ethics and law in ALM builds upon the teaching you had in ELM. It aims to extend your sensitivity to and understanding of the concepts introduced in ELM, and to develop your ability to apply them in a range of areas of practice, particularly (though not exclusively) clinical situations. Through this you will become able to make complex ethical decisions on the basis of sound ethical reasons, in accordance with New Zealand law.

Most of the teaching occurs in tutorials placed within each rotation. They are led by teachers from the Bioethics Centre, sometimes with clinicians from the current attachment. The ethical issues taken up in each tutorial will reflect those typically encountered on that attachment. Some teaching also occurs during whole class learning time.

In some tutorials, students will be expected to present cases that will be discussed and reflected on by the class.

Lectures on medical law, prepared by a local health law specialist, will be available on Moodle, and time will be allocated to view these during whole class learning time. Legal concepts are often raised and discussed in the tutorials. This reflects the close relationship between ethics and law.

In year 5 you are required to complete a written 'Clinical Ethics Case Analysis'. This is the only in course assessment for this module – see the Moodle page for details. There will also be a short answer question relating to ethics, law and professionalism in the end of year exam.

General supporting material is on Moodle. See in particular the 'Introduction to Clinical Ethics', and the glossary of key concepts introduced in ELM.

Hauora Māori

Hauora Māori/Māori Health

Tēnā koutou katoa.

Nau mai, piki mai, kake mai rā ki Te Whare Wānanga o Ōtākou. Koia nei te kāpui Hauora Māori mō ngā tauira i eke mai nei i te pūtake. Kāore e āriarika te whai whakaaro ki a koutou: anei kē mātou hei poutokomanawa, hei pou whakawhirinaki i ngā tau kei te heke mai, ā haere ake nei.

Welcome to the University of Otago, Dunedin Hauora Māori vertical module for ALM students. We look forward to supporting your learning in ALM Hauora Māori and your development as doctors throughout the coming years.

Hei whakapā atu/Contact Information:

Kaituku/Convenor: Ahorangi/Professor Joanne Baxter Imeera/Email: joanne.baxter@otago.ac.nz

Kaiwhakahaere Tari/Administrator: Tui Kent Imeera/Email: tui.kent@otago.ac.nz

Our address is 71 Frederick Street. Our whare/building is on the corner of Malcolm and Frederick Streets, alongside the Hunter Centre Annex. We welcome students who are needing support with regards to Hauora Māori. We are accessible via email to make appointments.

Tiro Whānui/Module Overview:



Aims of the Hauora Māori Curriculum

To prepare graduates to work alongside Māori patients, whānau, providers and community to support Māori health advancement, through:

- Acknowledgement of Māori as the indigenous peoples of Aotearoa/New Zealand, and understanding the ongoing impact of colonisation and racism on current Māori health status.
- Demonstrating an ability to support Māori community initiatives and following Māori health leadership/ guidance.
- Demonstrating Hauora Māori competencies that identify and respond to individual patient/whānau/ community expectations e.g. use of te reo Māori, inclusion of tikanga within health service delivery, inclusion of whānau within the health journey etc.
- Delivery of health services that support equitable health outcomes for Māori patients/whānau/ community.
- Advocating for health system and/or policy changes that support health equity that is tailored to diverse needs within Māori communities.

5th Year Hauora Māori Immersion Week

The 5th year whole class learning immersion week in Hauora Māori, involves a four day programme. The first day is on campus, and provides a platform for key learning for the rest of the week, followed by a half-day of independent learning. The remainder of the week, involves a Noho Marae, staying at one of the local Ngāi Tahu marae in Otago, experiencing a cultural immersion and engaging with a range of sessions aimed at enhancing competence and confidence in Hauora Māori practice. Resources to enable you to prepare for this event are available on our Moodle page.

The focus of Hauora Māori teaching and learning for this week is for you to participate in and experience Hauora Māori in Action, exploring how to make a difference in Māori health, across a range of areas including clinical, community and as 'agents of change'. The settings include on-campus and from within a marae and community setting.

One key aim is to build on knowledge and skills in the practice of medicine in Māori health - working with Māori individuals, whānau and communities. Marae are an important part of the lives of many Māori and marae reflect and embody Māori relationships with health, wellbeing, and the past, present and future. Gaining an understanding of Hauora Māori within a marae and community context provides an opportunity for gaining further insights and understanding about Māori Health and ways of working with Māori.

ALM Assessment for Hauora Māori vertical module

Attendance at all Hauora Māori teaching in ALM is a terms requirement, and absences will require catch-up sessions to cover missed material

Hauora Māori in ALM in the Dunedin Campus is examined in 5th year in the end-of-year exam, and may be assessed in any of the examination formats: OSCE, MCQ or SAQ.

The 5th year Noho Marae is also a terms requirement and students are expected to attend the full noho. A reflective essay is part of the assessment from the noho.

Pacific Health

Pacific Health in ALM builds on what was taught in ELM to further broaden students' knowledge and understanding about the health of Pacific peoples in New Zealand and the Pacific region. It promotes the importance of appreciating diversity in our Pacific communities, understanding shared values, and includes the strengthening of engagement with Pacific patients to improve health outcomes.

The teaching of Pacific Health embraces community involvement and provides opportunities to learn within non-traditional settings. In ALM 4, the Pacific Immersion Programme (PIP) provides the opportunity for students to spend a weekend within the Pacific community. The Samoan, Cooks Islands, Tongan and a mixture of minority ethnic communities have offered to host students. Prior to the weekend, students are fully briefed and prepared for engagement and how best to learn within this environment, with a debrief session after the weekend. Students are required to write a reflective essay about their experience. This has been a transformative part of learning from many students, and our staff will prepare you well for engagement through this learning opportunity.

In 2021 Groups B,C and A will have their PIP weekend during the Public Health Module, while Group D will do this during the Urban GP Module.

In addition to learning about Pacific Health through engagement with local communities, students will have an opportunity to learn about health in the international context through the Global Health Classroom. This is peer-led case-based learning, organised with medical students at the National University of Samoa. This is an interactive online class, where students from both medical schools share learning based around real cases in each of their respective countries.

There is a whole day teaching in ALM4 on mental health involving whole class teaching with Pacific mental health specialists, and small interactive group sessions utilising e-resources and the wealth of experiences from members of our Pacific community.

In ALM5 our whole day teaching is on women's health and engages relevant Pacific health specialists in women's health, and smaller interactive group sessions with members of our Pacific community.

Handbooks for our whole day teaching and extra resources will be available on med moodle prior to each teaching session.

Palliative Medicine and End-Of-Life Care

Palliative and end of life care (PEOLC) is an inherent part of clinical practice in most healthcare settings, so you can expect to be directly involved in caring for patients and their family/whānau who have life-limiting and life-threatening conditions in your learning and future practice as a doctor. This module aims to help you develop the necessary knowledge, skills and attitudes to be able to provide a high standard of primary (non-specialist) palliative care in a broad range of situations and healthcare settings by the time you qualify as a medical doctor.

PEOLC is an integrated module that is embedded within the teaching provided by various departments, programmes and modules from years 2-6. Essential principles and concepts which underpin the practice of PEOLC are introduced in ELM (e.g. philosophy of palliative care, loss, grief and bereavement, ethical principles, illness narratives and hospice care), while ALM focusses more on clinical issues such as symptom management, ethical issues, end of life care and advanced communication skills. Much of your learning about PEOLC will also occur informally on clinical attachments through your interactions with patients, families and the healthcare team. You will learn a lot from these experiences and while it can be challenging, it is also enormously rewarding, both personally and professionally.

PEOLC works closely with other modules and disciplines to coordinate your teaching and learning experiences. The learning objectives, ppt presentations, readings and other resources are posted on Moodle. There is also a palliative care student interest group (SIPmed) that meets monthly (look for it on facebook and join the group so you receive notifications about meetings and other relevant information).

Pathology

Pathology teaching includes Anatomic/surgical pathology, haematology, chemical pathology, and microbiology.

Anatomic pathology: You will get instructions to access online learning material (Kuracloud) during the 4th year medical and surgical block modules. In addition, weekly tutorials will contribute to your teaching in anatomic pathology. In addition, some pathology such as skin lesions and lymphoma is taught during whole class time. During 5th year you will have pathology teaching during the musculoskeletal and gynaecology rotations.

Haematology: Haematology is mostly taught during the Thursday afternoon whole class sessions, in a mixture of lectures, small group work and online resources.

Microbiology: Building on teaching from the last three years, practical skills in microbiology will be taught during whole class time in 4th year, as well as during some of the Block Modules in both years (e.g. Urban GP, Musculoskeletal, and Rural Health).

Chemical pathology: Selected aspects of chemical pathology will be taught in 4th year on Thursday afternoons and in the Urban GP module. In addition, use your renal, respiratory, endocrine and other teaching within the medicine module to learn chemical pathology.

Professional Development

Professional Development helps you become an effective and respectful doctor. The three clinical years will provide you with learning opportunities and support so that the aims of the course are successfully met. You will then be responsible for your own ongoing professional development throughout the rest of your career. Our Professional Development program will provide you with an excellent base from which to continue as a graduate. Important building blocks will be presented, and targeted sessions for skill development organised, with an emphasis on the importance of effective collaboration with other students and healthcare colleagues, as well as patients. The program in DSM features ongoing mentoring in peer groups throughout ALM 4, 5 and 6.

Thursday afternoon and WCLW sessions provide classroom learning opportunities throughout years 4 and 5. All clinical attachments provide the opportunities to experience doctors “at work” and to be developing your own sense of what this means for you, and your own practice, as you progress through the course.

Whole Class Learning Week Program

Professional Development sessions are designed to be interactive and will build on on material available on Moodle, as well as your own clinical experiences. Many of these sessions are not recorded, for obvious reasons, so attendance is considered a professional duty. If you are unable to attend a session, please let our Administrator Angela King know your reasons.

Mentoring

Early in the academic year you will be assigned to a mentor group and mentor, with whom you will be required to meet on a number of occasions though the year. For ease of logistics and ongoing functioning these groups will generally be aligned with your clinical attachment groups. Active engagement within this group is a requirement for satisfactory completion of each ALM year, and will be documented by your small group mentor. Any concerns regarding this will be dealt with by the Convenor Dr Nigel Thompson in conjunction with your group Mentor. More information about this will be provided in the Introductory Whole Class Learning weeks for both ALM4 and ALM5.

Active participation in a Mentoring group allows students to productively review clinical experiences together, in a peer group facilitated by an experienced faculty member. These groups provide a confidential environment for students to individually and collectively reflect on, and learn from, their clinical experiences. This is a key format for ongoing professional development which is mandated at the post-graduate level by all of the Medical Colleges in New Zealand and is required by the New Zealand Medical Council for ongoing re-accreditation.

TPERs

Thought Provoking Event Reports (TPERs) provide a means for students to develop and display their capacity for reflective practice in a confidential individual assignment. This will involve the submission of a short written account to a secure section of Moodle, which will then be discussed privately with your Mentor in a 20 – 30 minute one-on-one session. It is a terms requirement to complete this TPER assignment to the expected standard. One report will be required to be submitted and discussed with your mentor during each year of your ALM study. In the event of scheduling difficulties the Convenor Dr Nigel Thompson will help complete this task.

Radiology

(Information from Moodle. May be updated during the year.)

The overall purpose of the radiology vertical module is to ensure that you have the ability to function effectively in clinical practice as a first year house officer.

Specific radiology teaching sessions are timetabled during your attachments. You will also encounter radiology opportunistically as you work with patients in clinical settings. You should seek opportunities to increase your understanding of radiology and practice interpretations with the support of your clinical teachers.

A number of useful support resources are provided on Moodle to assist you.

Assessment

Radiology as a discipline is not independently assessed, however it is embedded in many aspects of the curriculum.

You can expect questions that require the interpretation of basic radiology, as defined in the objectives (available on Moodle), to occur in end-of-run assessment and in your 5th year final examinations.

Rural Medicine Immersion Programme (RMIP) for ALM5

Each year twenty-five Otago Medical School students will get the opportunity to spend their ALM5 year in rural New Zealand. This option has been available since 2007 and, as of 2020, two hundred and sixty-four students have passed through this programme.

Students are placed for the whole academic year in groups of three or four students in one of seven regional teaching centres based on Dannevirke, Masterton, Blenheim, Greymouth, Ashburton, Queenstown and Balclutha. They spend half their time attached to the local small hospitals and the other half in the general practices. They work in an apprentice-like model with the medical officers, general practitioners, nursing and ancillary staff caring for patients in their facilities.

Learning is largely self-directed and occurs through the high level of patient contact provided in this programme, as organised by local regional teaching centre coordinators. Students will see patients under the supervision of experienced medical staff, take that experience away and, in self-directed learning time research and learn about those conditions they have encountered. They also get time to study conditions they have not yet encountered, to ensure they achieve good coverage of core curriculum conditions. The experience of working under the supervision of professional personnel, observing procedures, doing the same under supervision and when confident alone accumulates for the student a good repertoire of core skills. Students are required to do four after-hours sessions a quarter to experience the emergency situations in rural practice.

A half-day tutorial time each week is conducted by the local coordinator in their teaching centres and four residential weeks provide some specialist based learning opportunities. Students are encouraged to become immersed in the environment of the community, and take up opportunities to engage in cultural, sporting and outdoor activities. The student experience is excellent, patient exposure is high and they experience the real medical life they are training for.

Assessment occurs towards the end of each quarter with MCQs, SAQs, OSCEs, assignments of case studies, an ethics essay, all checked and reported back to the student. Each student compiles a portfolio of prescriptions and referral letters they have created. Students sit the Otago Medical School's end of year assessment in common with the students of the Dunedin, Christchurch and Wellington campus.

Students arrange to flat together in their groups of three or four and this forms the basis of their study groups.

Students apply by letter through SONIA and applications are accepted from June. Applications close August **(August 22nd in 2021)** and all applicants will be interviewed early in September and, if successful will be invited into the programme by mid-September **(Friday 17th September in 2021)**. Applicants will indicate their order of preference for regional teaching centres and allocations will be made by early October (Friday 1st October in 2021). It has been noted that even though students don't always get their first preferences they still enjoy the programme in the localities they are placed.

An ex RMIP student reported back *"I feel like I developed as a person and professionally immensely. While studying/working in my RMIP year I always felt like a valued member of the team & dealt one on one with senior staff members (consultants), house surgeons, GPs, nurses and other hospital staff a lot more than I would have in a main centre. I was often asked about what I thought about a situation/patient & including in decision making while at the same time being very well supported. We received multiple tutorials/on the spot teaching from our senior colleagues however the majority of our study was self-directed"*.

Dr Branko Sijnja, RMIP Director

Email branko.sijnja@otago.ac.nz

RMIP Administrator

Email rmip.administrator@otago.ac.nz

How to apply

<https://www.otago.ac.nz/dsm-gprh/rmip/otago740077.pdf>

Options for TI Year

Although most students continue on to TI year at the same campus where they were for ALM4/5, there is the possibility of transferring to another campus within OMS, or even transferring to the University of Auckland Medical School. Students can also opt to do their whole TI year in Invercargill or Timaru.

An email is sent to all students early in ALM5 (usually Feb/March), inviting applications through written submission to, and interview with the Associate Dean of Student Affairs. Students are informed of the outcome of their application by mid-April.

Transfer between campuses of OMS is only possible if space is available in the campus you wish to transfer to.

For transfers between OMS and Auckland the following criteria need to be met:

- a. a one to one exchange of students can be arranged
- b. the student has achieved a standard of performance acceptable to the Academic Board;
- c. the Academic Board is satisfied there are special reasons for the student to transfer
- d. the University of Auckland has sufficient resources and facilities to accept the student.

Note: Students transferring from Otago to Auckland will graduate with the Otago MB ChB degrees.

Please feel free to contact the ADSA if you would like further information about this process.

TI Year Elective

For the foreseeable future, TI Electives will need to be NZ based (usually within the OMS region). If you are in 1st Quarter for Elective, this will need to be planned during 5th Year.

Elective placements available are dependent upon resources and timetabling. These are published on the SONIA database. You will receive further information about applying for Elective placements during 5th year, including instruction on how to use the SONIA database.

Research Opportunities

Summer Studentships

The main objective of the Summer Studentship Programme is to give undergraduate Medical and Science/Social Science students an introduction to research. The programme provides students with the opportunity to work within an excellent research environment and to mix with researchers and post-graduate students who are working at the forefront of their fields. Students become familiar with a complete research experience, from project planning and data collection through to reporting results in a public forum.

Research is the fundamental cornerstone of all aspects of clinical medicine. Many summer students eventually go on to take up a career in research (some senior researchers gain their first taste of research as a summer student), whilst others acknowledge that their exposure to the rigors of research enriched their degree and honed their critical thinking ability.

An educational grant of \$5,000 is paid to students accepted into the summer studentship programme. The programme is open to any Medical and Science/Social Science undergraduate student currently enrolled at any New Zealand University. Projects with funding are supervised by staff members from all campuses and associated institutions.

Our hope is that the experience will result in many students being sufficiently excited by research to make it an important part of their careers.

If you are interested in applying for a Summer Studentship, contact:

Dr Manon Knapen

Health Sciences Division

PO Box 56

Dunedin 9054

Website: <https://www.otago.ac.nz/healthsciences/research/summerscholarships/dunedin/index.html>

Bachelor of Medical Science with Honours (BMedSci(Hons))

If you would like to become more seriously involved in research you do not have to wait until you are qualified. You can take a year out to do a Bachelor of Medical Science (Hons) – the details are in the University Calendar and we can also put you in touch with other BMedSc students. This involves a thesis and there is a good chance that you will be able to publish your results in an internationally recognised scientific journal. You will also be in a strong position to follow on with an MMedSc or PhD at a later date. Research experience not only looks good on your CV, but also will give you a more critical and informed approach to medicine. If you might be interested in undertaking a BMedSc please make contact with [Mrs Jillian Tourelle](#) (479 7700) or [Ms Jacqui Bradshaw](#) (470 9776)

Further information available on the Otago Medical School website:

<http://www.otago.ac.nz/courses/qualifications/bmedschons.html>

Intercalated MB ChB/PhD

It is possible in exceptional circumstances for a medical student to upgrade from a BMedSc(Hons) into the intercalated (combined) MB ChB / PhD. This involves taking further time out of the MB ChB programme to complete a higher level research degree interspersed within the undergraduate medical qualification. This is a highly demanding course of individual study available only to the most motivated students.

Approval to enrol for this option is granted on a case-by-case basis. For further information or to make an appointment to discuss the possibility of undertaking an intercalated PhD, please email otagomedicalschool@otago.ac.nz.

Please note: this PhD should not be confused with postgraduate doctoral degrees, the PhD and MD, which are managed by the Graduate Research School.

Student welfare and services

Student Affairs

Location: Otago Medical School Administration, Sayers Building

The Student Affairs office is headed by two Associate Deans' for Student Affairs (ADSAs), Dr Penny Eames and Dr Tess Patterson. Although Dr Eames mainly sees ALM students, and Dr Patterson ELM students, there is some cross-over. They are responsible for all student matters relating to your personal, academic or pastoral care and are assisted by the Manager of Student Affairs, Jillian Tourelle. Jill is also able to assist and guide you in these matters and refer on as appropriate. The responsibilities of the Student Affairs Office include matters such as leave of absence, progress and assessment, final year electives, coordination of the sixth year programme, OUMSA activities and coordination of timetables.

Appointments to see the ADSA can be made via Erin at oms.studentaffairs@otago / 479 7420.

Medical Education Unit

Location: Otago Medical School Administration, Sayers Building

The Medical Education Unit (MEU) is involved in the planning and administration of the curriculum for medicine, years 4 – 6 . You are welcome to contact members of the unit about curriculum/ education matters, and general course information. You can do this either as an individual, or via your class reps.

Relevant staff you may contact include:

- Associate Professor Ralph Pinnock (Director, Medical Education Group and Associate Dean, Undergraduate Education)
- Dr Kristin Kenrick (Deputy Associate Dean Medical Education, Whole Class Learning Week Convenor, Y4 Urban General Practice Module Convenor.)
- Dr Steve Gallagher (eLearning Facilitator)
- Dr Megan Anakin (Education Advisor)
- Ms Angela King (Administrator Client Services, 4th & 5th year).

MEU provides:

- Assistance to the Dunedin Campus with curriculum planning, development, and logistical support
- Curriculum and educational support to 4th, 5th and 6th year students
- Course evaluations
- Invercargill and Timaru travel reimbursements (Years 4 and 5)
- Teaching staff support and development
- Input to OMS initiatives on course development

Reporting Concerns:

MEU staff are involved in regular meetings with student representatives. You can bring any concerns or suggestions about curricular matters to us through them or directly.

Student Affairs, across the three campuses, has been working with our IT experts to get a new Moodle 'Student Support' page up and running.

The page includes some brief information about Student Affairs, some wellbeing resources (at the moment links to other sites), contact information, and a link to be able to report concerns about intimidating behaviour in the learning environment.

We very much welcome any comment about suggested developments and resources that people have found useful that we could link from the page.

The issues of reporting intimidating behaviour and implementing the informal reporting mechanism recommended by a workshop of students and staff, were what drove this development initially. The document endorsed by the Otago Medical School Executive is on the page, as is a link to a reporting form. When someone submits a form, an email goes to Student Affairs who collate the forms and pass them on to the newly formed Behavioural Assessment Team for discussion about action. We will email students regularly to remind them to use the reporting form if incidents of concern have occurred. You may choose whether to put your name, email, or student group on the page. These details would allow some feedback to you on what action was taken.

The reporting form is housed outside of Moodle and is confidential and secure – it is not linked to your identity in any way unless you decide to include your name or other details.

Support for students is always available from Student Affairs. Just get in touch using the contact details on the page.

Also on the page is a link to announcements on student support and wellbeing. We hope as time goes on to use this more and more to tell students about support and wellbeing initiatives and information.

Feedback is welcome!

Concerns can also be raised directly with your Module Convenor or through the Staff-Student Liaison Committee (SSLiC) via your Class Rep or OUMSA Reps

Otago University Medical Students' Association Inc (OUMSA)

In order to cater for ALM students' needs, OUMSA's structure has changed to include an ALM Exec:

President: Madison Hutton	dmpresident@oumsa.org
Vice President: Jack Forsythe	almsecretary@oumsa.org
Education Officer: Kelsey McNabb	almeducation@oumsa.org
Social Officer: Emily Seddon	almsocial@oumsa.org
Welfare Officer: Kate Saunders	almwelfare@oumsa.org
TI Education Rep: Harshith Kondakindi	tieducation@oumsa.org
5th Year Education Rep: Jake Ward	5thyeareducation@oumsa.org
TI Social Rep: Marieke Kruiswijk	tisocial@oumsa.org
5th Year Social Rep: Kate Emett	5thyearsocial@oumsa.org
TI Welfare Rep: Georgia Hoten-Walker	tiwelfare@oumsa.org
5th Year Welfare Rep: Renne Ashton	5thyearwelfare@oumsa.org

The New Zealand Medical Association (NZMA)

NZMA is the only doctors' organization that represents you at every stage of your career, and in whatever medical specialty you choose. The NZMA is a strong and effective voice in national health and social policy issues. Our advocacy is heard and does make a difference.

The NZMA is a strong supporter of medical students and works closely with the NZMSA. We sponsor student events and activities including career evenings, conferences, workshops and projects. Most importantly, we listen to and express issues such as education and training, the medical workforce pipeline and government health policy. Our advocacy aims to ensure that the environment in which you learn, train and work benefits you and the health system as a whole.

You are an NZMA member through your NZMSA and OUMSA membership. The NZMA represents the doctors of tomorrow, today. As a member, you are helping to shape your future as a medical professional, protect your career investment and ensure your voice is heard. NZMA members are part of a professional community of doctors. During your studies, through graduation and beyond, we are here to represent and support you.

Please refer to our website for further information: nzma.org.nz.

Class representatives

It is the hope of the Faculty and OUMSA that you feel well represented and have multiple channels to give feedback and be engaged with the medical school. Each year level has an Education representative who is elected on an annual basis, and they (along with the Education officer) meet roughly fortnightly with the faculty to discuss any issues and to ensure feedback makes it to the relevant parties. More importantly, as each year a group of students is divided into four groups for administration purposes, each of these groups should nominate 2 “SSLiC Representatives” (SSLiC = Staff-Student Liaison Committee). The main role of the reps is to facilitate the flow of communication between the group, the rest of the class, the reps in the years above and below, OMS and vice versa. SSLiC Reps meet with key faculty members monthly and the School values their input. The quality of feedback to and from students is greatly influenced by the class reps and this will become more important as curriculum and assessment changes are considered.

Students with impairments

If you have a permanent, recurring or temporary impairment that may affect your study please let the Student Affairs Office know, as wherever possible they will try and meet your needs.

In addition, the staff at Disability Information and Support provide learning support, advice, advocacy and information to students with permanent, recurrent or temporary impairments. More information is available on request at disabilities@otago.ac.nz

International student support

The University’s International office provides a wide range of support to international students. They can be found in the Archway West Building or contact hs.international@otago.ac.nz

Māori Centre – Te Huka Mātauraka

<https://www.otago.ac.nz/maoricentre/index.html>

The Maori Centre is a support service for all students of iwi descent. The Centre also aims to encourage Iwi Māori to participate and succeed in tertiary education. The Centre offers support for academic, cultural and social needs from pre-enrolment through to graduation and operates from a kaupapa Māori base (Māori philosophy).

Pacific Island Research & Student Support Unit

<https://www.otago.ac.nz/pirssu/index.html>

The Pacific Islands Research & Student Support Unit (PIRSSU) currently looks after approximately 500 Pacific students from New Zealand and the Pacific region studying in the Division of Health Sciences. We offer excellent training in health professional and allied health programmes, nurture successful research careers, and offer quality pastoral care in an inclusive cultural environment. We look forward to welcoming you to our Pacific community in Health Sciences.

Student Health Services

<https://www.otago.ac.nz/studenthealth/index.html>

Student Health is centrally located on campus in a purpose-built facility. We have approximately 50 staff, comprising nurses, general practitioners, counsellors, psychiatrists and administrative staff.

We endeavour to provide the best health care possible in a manner that is competent, compassionate, confidential, timely and in an atmosphere of mutual responsibility and respect.

We provide daily urgent and routine appointments. If patients need to be seen in our urgent daily clinic they will always be triaged (phone call or face to face) by a nurse before being booked an appointment with a health professional.

Consultation fees do apply (details are available on our website) and charges are reduced with a Community Services Card (CSC).

The Dunedin Urgent Doctors and Accident Centre is available for after-hours emergencies. Higher consultation fees apply for after-hours services.

Emergency Psychiatric Service at the Dunedin Public Hospital provides urgent mental health care 24 hours a day.

Please refer to our website for services/charges

Working in a Clinical Setting

Chaperoning

It is necessary to consider the desirability of a chaperone when patients are being examined or interviewed. This is especially true if the patient is of the opposite gender, a child or otherwise disadvantaged.

Chaperoning during consultations when a staff member is present is the responsibility of the member of staff.

A patient should always be asked if they would prefer the consultation to take place with a chaperone present.

Students should arrange with a colleague of the opposite gender in their group, to accompany them if they wish to examine or interview a patient (to ensure protection of both student and patient).

More specific guidelines are as follows:

Adult Patients

- In principle, chaperones should always be used when students are undertaking consultations on members of the opposite sex.
- If a chaperone is not readily available the patient should be asked whether they prefer a chaperone to be present. If so, the consultation should not proceed until a chaperone is available.
- In all circumstances, but particularly when a chaperone is not present, the nature of the examination to be carried out should be explained to the patient and verbal consent obtained to proceed. It is also useful to explain the steps in the examination process to the patient as the examination proceeds.
- If a chaperone is not available for the whole examination it is useful to have a chaperone check periodically that all is well.
- Persons eligible as chaperones may include medical students, nursing staff of the opposite sex, or some other appropriate person, if consented to by the patient.
- Any problems which cause difficulty, concern or embarrassment during the consultation should be reported to the Associate Dean for Student Affairs.

Children

- Consultation with children of the same or opposite sex should in principle always be done with a chaperone present.
- In circumstances where a chaperone is completely unavailable the consultation should take place in a relatively open setting (ie not behind completely-closed curtains).

If there is any suggestion from the patient that there may be a matter for complaint this should be carefully recorded in the patient's notes, signed and witnessed. This should also be reported to the Associate Dean Student Affairs.

Dress and appearance

It is appropriate here to reiterate the importance of suitable dress, not only in the School and on the wider hospital campus, but particularly in the patient areas. At all times appearance is likely to be one of the ways by which people in the hospital assess the School, and must meet the standards that your patients expect. Appropriateness to clinical work must always be considered and is part of the requirement of your continued honorary staff status with any District Health Board.

You reflect on dress expectations, whether your own dress fits the work of clinical students and the required respect for patients. If in any doubt, please talk to your colleagues or the staff on your attachment. Members of staff may expect conformity with particular standards within their departments and will discuss dress with students should they deem it necessary.

Culturally-sensitive issues

Students are required to participate in all laboratory, practical and clinical activities, which includes activities that may not be usual to your culture. In the professional classes, some aspects of the teaching will require individuals to practice certain techniques on each other, which may require you to partly undress and may involve body contact between students. Training is done under close supervision and all students are required to participate, as it is essential for their acquisition of clinical skills. Assistance from students experiencing difficulties in this area is available, on request, from the relevant Campus.

Dress requirements in theatre

Specifically, in disciplines such as surgery, medical students will be required to conform to standards of dress that meet the high levels of hygiene in operating theatres. Personal garments, such as headgear worn outside the theatre situation, must be replaced by alternative sterilised garments provided by the hospital to meet accepted standards of infection control and asepsis. Students must also adhere to the stringent protocols of scrubbing to involve hands and both forearms to at least elbow level.

Professional behaviour: General

Remember, it is part of the requirement of your continued status with health providers that your behaviour towards staff and patients is always of the highest standard. Please remember to show consideration to others around the hospital, in lifts and other public places. You are easily recognised as students, and people look to you to show a good example.

Professional etiquette and practical ethics for clinical education (teaching, learning & assessment)

The Medical School, hospital, and community providers aim to provide medical students with a welcoming learning environment, and to encourage clinical staff who teach medical students (supervising clinicians) to act as role models for professional behaviour and professional practice.

The following guidelines outline the general policy on the standards to be observed in clinical education. They are to be read in conjunction with the policies and procedures of host institutions, the University of Otago's Ethical Behaviour Policy, and the provisions of the Code of Health and Disability Services Consumers' Rights as well as of the Health Information Privacy Code.

Patient rights in general

A patient has the right to be explicitly informed about the specific education activity in which the patient may be participating. The supervising clinician is responsible for informing the patient about education activities, in particular about any procedures in which a medical student may participate under supervision.

Consent for clinical education

The patient's welfare and interests are always the overriding consideration. Patients are typically generous in their willingness to support medical students' learning and often themselves benefit from the process. Consent for clinical education obviously involves an element of permission but it also extends to assisting patients to understand why a particular learning/ teaching activity is valuable.

The following points address these aspects:

- Patients must be informed that they may be involved in students' learning
- Patients have the right to choose, or to decline, to be interviewed, examined or cared for by a medical student, or to be involved in any other way in medical education
- Patients have the right to know the name and professional standing of any person, staff or student, who wishes, for teaching purposes, to interview them, examine them, or carry out any procedure
- Patient consent for clinical education must be obtained by the supervising clinician (or other staff member). This should be done in a setting out of sight of the student(s) to avoid placing undue

pressure on patients. Patients have the right to withdraw from the clinical education activity at any stage and may change their mind between consent with the supervising clinician and subsequently seeing the student.

- In the case of children, their parent, guardian or other legal representative may, on their behalf, make the decisions and receive the information summarised in the above four bullet points. Competent children may consent or decline on their own behalf.
- Patients of diminished capacity or children who have yet to attain full competence have the right to be informed and to be involved, to the extent to which they are able, in any decision to participate or not.
- Where appropriate, an oral consent obtained should be recorded in the patient's notes; a written consent should be documented in the notes.
- If a patient is not competent to give a consent, consent for clinical education should be obtained from the same person who gives consent for interventions on behalf of that patient.
- Medical students should wear their name badge and carry their ID card in all clinical settings. When introducing themselves to a patient by name, they should explain that they are a medical student, confirm that the patient is willing to proceed, and seek an explicit permission on each occasion a consultation is needed.
- Medical students who are observers or who undertake examinations under supervision or who assist with procedures under supervision while a patient is sedated or under general anaesthetic are required to meet with the patient beforehand and, with assistance from the supervising clinician as appropriate, obtain a written consent. Where a genital examination is performed by a student(s) while the patient is under general anaesthetic, at most two students [who have obtained prior written consent] may do so.
- Medical students should be aware that the standard consent procedures may need to be abbreviated or waived in emergency situations.

Clinical examination of patients

Most patients will have been advised that they should expect to be approached to assist in the clinical education of medical students. However, students should note that they do not have an absolute right to examine any patient. When you commence a new clinical attachment check with your tutor or supervisor on the procedure to be followed in approaching patients. This may vary slightly according to the clinical discipline involved.

In general, if you have been allocated a patient, or patients on one of the modules, you should:

- Introduce yourself and obtain the patient's consent to interview and examination
- Be cognisant of racial and cultural sensitivities

Sensitive examinations (includes breast, rectal, vaginal examinations, and those of the external genitalia) in competent awake patients require explicit consent, which must be appropriately documented.

It is essential that there should be no possibility for the consent to have any element of coercion (e.g., it may be harder for a patient to refuse if the patient is asked after undressing or in front of a student).

Sensitive examinations under anaesthesia require formal written consent obtained in advance and signed by the patient. It is essential that there should be no possibility for the consent to have any element of coercion (e.g., asking in front of a student may make it harder for a patient to refuse). Without such consent a student cannot undertake such activity.

Professional behaviour: Supervision

A supervising clinician is expected to brief medical students about their role in patient care. Often this will already be known (for example some issues are spelt out in this handbook), but if it is not clear, or the requirements of a particular context are different from usual, medical students are encouraged to seek explicit guidance about what is expected of them, paying particular attention to the following:

- Dress code: Any requirements to be observed or avoided
- Introductions: Any particular style, especially if the medical student's relationship to the team needs to be made explicit
- Accountability: Who is responsible for the medical student(s) and who is able to deal with queries and concerns
- Emergencies: Any procedures medical students are expected to observe in the event of an emergency
- Standard precautions: Medical students will need to be warned of situations in which there are particular infection control issues and advised of the appropriate precautions to observe
- Risk of violence: Medical students should be given prior warning of patients with a known history of violence with adequate briefing on protocols for ensuring personal safety
- Chaperones/support persons: Medical students should be given guidance as to when a child or adult should be offered a chaperone/support person and who may appropriately serve in that capacity
- Boundary issues: Medical students should be advised of any clinical settings in which there is special reason to maintain robust professional boundaries
- Debriefing and reflection on clinical and professional development: Medical students should be encouraged to seek, and be offered prompt opportunity for, debriefing after significant critical episodes, and opportunities to reflect on what they have learned, how they are learning it, and their development of professionalism.
- Ethical issues: Medical students benefit from the opportunity, whether initiated by staff or students, to discuss ethical issues generated by a specific case or experience.

Medical student rights

Medical students have the right to decline to participate in clinical teaching/or patient care if there are concerns, ethical or otherwise about the activity; concern about their own competency, lack of knowledge, or lack of understanding of the duties/tasks/responsibilities involved; or conscientiously believe there is a lack of explanation or supervision.

Privacy and Confidentiality

Medical students are expected to observe the same high standards of confidentiality and respect for privacy as govern the behaviour of all doctors and healthcare professionals. These standards are set in the Privacy Act (2020) and the Health Information Privacy Code (2020) (The Privacy Code or HIPC).

The Privacy Code outlines specific rules regarding the collection, storage and disclosure of health information in relation to identifiable patients. The basic rule is that no information about any patient should be given to any other person without the permission of the patient concerned. This applies to all health information and not only to that which the patient might regard as particularly sensitive. It applies to the simple fact that an individual is a patient in the hospital or GP rooms as well as to details of their condition. It also includes situations such as reports to lawyers, NZ Police, ACC and various other statutory bodies. There are some limited and specific exceptions where disclosure of information without the consent of the patient is permitted or authorized by law and you will learn about these over the next years of your training.

It is important to remember that patients share information with health professionals within a relationship of trust and in order to assist the professional to help them with their health problem. Respecting that trust and maintaining respect for privacy and confidentiality is fundamental to the doctor-patient relationship and achieving the best outcome for the patient.

Access to notes and handling of written material

Students should only access patient notes with the consent of the patient and where the patient is under the care of the team to which the student is attached. Notes of patients not under the care of the team should not be accessed except where the student has an alternate legitimate reason to do so and has specific consent from the patient.

Official patient hospital records must never be taken away from the clinical areas or out of the hospital. Photocopying of patient notes by medical students is not permitted in any circumstances. Material written by students which may contain patient-related information (eg case histories) should not have any 'unique identifiers' (eg name, date of birth, address or national number). If these notes require work outside the hospital (eg library) great care must be taken to ensure they remain secure and private. Once patient related notes are no longer required they should be disposed of in a secure fashion in one of the bins provided by the SDHB.

In addition to legal restraints around patient related health information, students are required to discuss any matters referring to the Dunedin Campus and SDHB with the Dean BEFORE disclosing information to outside agencies or bodies.

The following points should be also kept in mind:

Medical students should refrain from giving a patient a blanket guarantee of confidentiality, as this may contravene their accountability to their supervising clinician. Whether information is acquired at interview or from the clinical record, patients have a right to know the use(s) that will be made of the information [written assignment, oral presentation to a tutorial group, one to one discussion with a tutor, etc], and what steps will be taken to assure the privacy of the information [such as de-identifying]. Medical students should make sure when, if at all, a copy of an assignment should be placed in the patient's notes, and patients should be informed of this

Medical students should be meticulous in assuring the security of written assignments and other notes relating to patients, even if de-identified, and should regularly dispose of material which has passed its use by date through an approved destruction process.

Care should be taken to ensure that discussion of a patient for clinical education takes place in a secure setting where what is said cannot be overheard by others and where there is thus no risk of what is discussed being mis-interpreted.

Under no circumstances is a medical student permitted to take photographs of a patient or patient information, or to make any video or audio recording of any interaction with or observation of a patient. If

photographs or recordings are needed for educational purposes, they will be sought by the supervising clinician using current protocols.

Release of Information

Various pieces of legislation including the Health Information Privacy Code and Health Act, outlines circumstances where personal details may be released without the consent of the patient or their representatives. The Privacy Act does not apply if release of information is required under other legislation. For example, the notification of infectious diseases is required under Section 74 of the Health Act.

Medical students must not release any information under these provisions without first consulting the senior clinician working in this area. Students who make unauthorized disclosure of personal health information will be subject to disciplinary action, and may also be in breach of the Privacy Act and the Health Information Privacy Code.

Students are required to consult with the Associate Dean of Student Affairs BEFORE disclosing information about the School or any of the DHB institutions to the news media.

School Buildings and Facilities

Fraser Building

You can use the Common Room, computer and study room and lockers available on the first floor of the Fraser Building as well. This facility is open to all medical students from years 2–6.

Access to the Fraser Building will be via your hospital swipe card into that wing of the building, and then use of the access code into the locker room and/or study area. The access code will be given to you at orientation. This number must not be given out to anybody other than second-to-sixth-year medical students. This is for your own security. Please ensure that this door is always locked behind you.

This common room has some lockers available, together with an adjoining room with tea and coffee making facilities, a microwave and a fridge. Tea towels and washing up liquid will be provided. There is also a space next door with chairs/space to study and a bathroom, complete with shower available for your use.

We recommend that you do not leave your valuables around, including stethoscopes etc, which tend to disappear from time-to-time. Keys for the lockers will be available from Monday to Friday between the hours of 9am–3.30pm, from OMS Reception, Sayers Building, at a cost of NZ\$10 per key, on a first-come, first-served basis. All keys must be returned to OMS Reception at the end of each academic year. There is no refund when the key is returned.

I would be grateful if you would please ensure that you leave this room tidy at all times—this is your responsibility. Please be aware that use of this facility is a privilege and not a right. Inappropriate behaviour or abuse of the area will not be tolerated. Please advise the Student Affairs Office (03 470 7700) if you are experiencing any problems with either of these common rooms.

Otago Clinical Skills Lab (OCSL)

The Skills Lab is situated on the top floor of the Fraser Building. It is funded by contributions from HealthCare Otago, the Otago Medical School, and the Otago Polytechnic Department of Nursing and Midwifery. The Lab is a venue split into four specific areas:

- Clinical area
- Hospital room
- Clinic rooms (SECO and Ambulatory)
- Tutorial room

All rooms are utilised by clinical students of the Otago Medical School and the Southern DHB for teaching and practising of a variety of clinical skills and group simulation work. All areas are individually booked and booking enquiries are made through the Medical Education Unit Administrator, or the OCSL Operations Manager, Paul Medeiros.

The OCSL Operations Manager has the authority to actuate and confirm all bookings.

The operating hours of the Lab are Monday–Friday 8.30am – 4.30pm.

Contact Paul Medeiros: Paul.Medeiros@southerndhb.govt.nz

General computing information

Moodle

Important information on your ALM4 and ALM5 years will be placed on Moodle. Please log on frequently: medschool@otago.ac.nz.

IT Help

Your first contact for assistance should be Ask Otago IT Support: askit@otago.ac.nz

Tel: 03 479 7000

ASK Otago IT will attempt to solve your problem over the phone.

Health Science Library

The Health Sciences Library, a branch of the University Library, is currently located on the first, second and third floors of the Sayers Building (opposite Dunedin Hospital's main entrance in Great King Street). See otago.ac.nz/library for information about the University Library.

Electronic resources

The University Library licenses access to a very large collection of databases, electronic journals and e-books. These can all be searched from the Library's home page otago.ac.nz/library. If you are searching from off-campus (including Dunedin and Invercargill Hospitals) you will need to authenticate with your university username and password.

For access to key resources take a look at your Subject Guides: otago.libguides.com/medicine

Note that some resources are available via mobile devices. District Health Boards have their own library services to which you will also have access.

Opening hours (note these may change in 2021 and with COVID)

- Semester: 7am–11pm every day
- Summer School: Monday–Friday 8.30am–10pm; Saturday 11am–5pm; Sunday 11am–9pm
- Non-Semester: Monday–Friday 8.30am–5pm; Closed on weekends

See otago.ac.nz/library/hours/ or Library notice boards for variations and changes to opening hours.

Information and Research Skills

Through the Subject Librarian Service the library offers a range of support for individuals, small groups and whole classes.

Contact your Subject Librarian to make an appointment (see otago.libguides.com/liaison/healthsciences).

When you are out of Dunedin for an attachment (e.g. in Invercargill), you are technically a Distance Student. You still have access to the Library's electronic and print resources, and can have books and journal articles sent to you through the Distance Library Service. See otago.libguides.com/distance for information on this service.

Borrowing material

Loan Periods

- Books and journals (print): 4 weeks with 3 renewals
 - You can renew non-Reserve books through the My Library account link from the Library home page otago.ac.nz/library
- Reserve Collection: 2 hours during opening hours
 - This material may be booked in advance and renewed if not required by another borrower.

Overdue fines (note that these may change in 2021):

- Reserve Collection: NZ\$0.10 per minute
- Recalled Items: NZ\$3.00 per day

Please note that we do not accept cash at the Library, you can pay fines using eftpos, or online.

Document Delivery Service

Items which are not held in the Library may be requested at no charge (except for loans from outside Australasia). Apply through the 'Get it' Document Delivery Service.

See otago.ac.nz/library/interloan.html

Students with Impairments

There is a small study carrel – the Lee Gibson Room – available in the Health Sciences Library for students with an impairment. Bookings must be made through the Disability and Information Support Office. Special

equipment can be made available to Health Sciences Library users through the Disability and Information Support Office as required. See www.otago.ac.nz/disabilities/.

Please let Health Sciences Library staff know if there is any way that we can assist.

Health Sciences Library Contact details

- Service Desk/Renewals [03] 479 7401
- Document Delivery Service [03] 479
- Health Sciences Librarian [03] 479 7403
- Subject Librarians [03] 479 7407, [03] 479 7237, [03] 479 7459
- Email ask.library@otago.ac.nz
- Twitter twitter.com/otagolibrary
- Facebook facebook.com/UniversityofOtagoLibrary

Southland Hospital Invercargill

ALM4 Medicine, Surgery, Urban GP*

ALM5 Women's and Children's Health, Musculoskeletal Medicine

Arrival

On arrival, please come to the Main Entrance Public Car Park of Southland Hospital. Directly on your right after entry into the Hospital is the Security Office where you will find your Welcome Pack. If there is no one at Security please ask at the adjacent Emergency Department and they will contact security staff. Security staff will issue you with your Doctor's Residence room keys and give you your Welcome Pack which will contain the paperwork Southern District Health Board requires you to complete, a map of the hospital campus and details for reporting for your first day. Free single accommodation is available to Trainee Interns at Southland Hospital however, there is no married accommodation.

[Download a printable copy of this map \(PDF 140 KB\)](#)

Travel arrangements

You will need to liaise with the Module Administrator about travel arrangements to Invercargill. You will be reimbursed for one return trip from Dunedin to Invercargill, unless you are required to return to Dunedin during the module by the Module or OMS.

Please ensure you arrive in Invercargill on the evening before your attachment begins, and follow the instructions in this document regarding obtaining and signing for your room key. If you are staying for the last weekend of your attachment, please ensure you let Ms Karen Erdman, Accommodation Officer, know this. You will then be responsible for ensuring the room has been left clean and tidy, and the bed made up with fresh linen for the next person arriving on the day you leave. This is your responsibility.

Orientation

On the first morning of your attachment please report to Madge Storm, Study Hub, Research and Learning Centre, at 8.45am for orientation. A map to her office is included in your welcome pack.

Students on the Urban GP module will have additional orientation arranged by Invercargill-based teaching staff.

Contact details:

Madge Storm, Administrative Assistant

Study Hub, Research and Learning Centre

University of Otago, Southland Hospital, Kew Road, Invercargill PO Box 828

New Zealand

Tel: 64 (03) 218 1949 x 48212

Hours: Mon - Fri, 8.30 am - 12.15 pm Email: dsm.invercargilladmin@otago.ac.nz

Instructions on how to get to the Study Hub will be in your Welcome Pack. After completion of paperwork Madge will take you to orientation as required.

- Library: Barry O'Callaghan
- Infection Control: Jane Miedema
- Medicine Department: To be advised
- Surgery Department: To be advised
- Obstetrics and Gynaecology: Lynley Pascoe / Annette Calder / Olwyn Thwaites
- Paediatrics: Karen Anderson / Michelle Cools
- RMO: Clair MacGregor
- Accommodation Officer: Karen Erdman

Associate Dean (Southland)

Associate Professor Konrad Richter

Tel: 03 2181949

Email: konrad.richter@otago.ac.nz OR Konrad.Richter@southernhb.govt.nz

Should you need to see A/Prof Richter appointments can be made through the Administrative Assistant, Madge Storm.

A/Prof Richter meets with the students at irregular times throughout the year. These meetings are usually informal and with other students and are an opportunity to feed back any issues regarding your time in Invercargill. These meetings are usually very productive and result in change where this can be achieved.

The Associate Dean's office is also in the Study Hub.

MRSA clearance

MRSA clearance is not required for students going to Invercargill unless:

- You have a skin condition
- You have had a previous positive MRSA test

ID / access cards

Southland Hospital has stringent access control measures in place across the campus.

It is important that you take your Southern District Health Board Identify Card with you; your Southern District Health Board ID will be loaded onto the Southland Hospital security system on or before your arrival and will be your means of identification and access during your placement.

Photocopier and Southern District Health Board computer use

The Southern District Health Board has no tracking on their copiers at present, so there are no copying charges or restrictions on copying other than (1) those inherent in the Copyright Act 1994, and (2) an expectation that only health study related copying will be done. Southern District Health Board computers are provided for business purposes only, which includes study. Users must comply with the Southern District Health Board policy Internet Use, copies of which can be found on Library notice boards.

Car parking

Parking is provided on the east side of the Doctors' Residence (gravel car park).

Students are not to park in the main public car park 8am–5pm Monday to Friday, or at any time in the Hospice car park.

Library

The Library is situated across the car park from the main hospital in the Community Services Building. 24-hour access to the Library is available with your swipe card. Entry is via the proxy card door / staff only entrance to west side of Community Services Building. The Library is Reference Only at weekends, from 5pm at night to 8am the next morning, and very occasionally during normal working hours if the Library staff are absent. Library users should present themselves at the Help Desk for assistance and to have books, etc, issued.

The loan period is three weeks and all loans must be returned to the Southern District Health Board Library before students leave Southland Hospital. There are University of Otago PCs in the Library, one with a CD burner and a University of Otago printer. The Library is a 'Quiet Zone'. It would be appreciated if phone calls could be taken and made outside of the Library.

Barry O'Callaghan (Assistant Librarian) and Jeremy Andrews (Library Assistant) work in the Southern District Health Board Library and look forward to meeting you. Please do not hesitate to seek their assistance if you think they can be of help.

Dunedin Campus Computer Facility in Invercargill

Students will have access to computers in the Library, Clinical Services Building, Paediatric Department and the Doctors' Residence. Please keep these areas tidy. Please take your pop numbers, passwords, etc, with you regarding your own email to enable you to access and check it. Printing and scanning facilities are also available in the library at no charge. Printing and scanning is also available in the Study Hub using your University ID card.

Troubleshooting relating to the Dunedin Campus computers (apart from paper and toner resourcing) should be through the University of Otago's Ask Otago IT Support – askit@otago.ac.nz.

Madge Storm looks after paper and toner requirements in the Doctors Residence.

Computer help in Invercargill

For any further assistance the process is the same as if you were in Dunedin. The Invercargill computers are remotely controlled by the Dunedin Campus ICT Support Group so we can often fix your problems quickly.

Doctors' Residence

An envelope containing your room keys and information about staying in the Doctors' Residence will be waiting for you at Security with your Welcome Pack. The Doctors' Residence cannot be entered unless the correct security code is used at the entrance door. This will be with your Room Key. Prior to leaving Dunedin you will be asked to sign an agreement that you will abide by the rules of the Residence when you collect your key. The Residence has three levels, each level with its own shared kitchen, ablutions and lounge areas. The ground floor is generally used for on-call medical staff and fourth-year medical students. Trainee Interns are usually on Level 2. **DO NOT SWAP ROOMS DURING YOUR STAY**, as rooms are planned out for the year. If there is a problem with your assigned room please discuss with Karen Erdman. Your room key must be returned to the Security office when you leave. Failure to do so will incur a \$25 replacement fee.

Each room contains:

- Bed, mattress, and bedlinen
- 4-drawer tallboy, wardrobe
- Small study table, chair
- Heating

Fresh bed linen and towels are available at all times; however all residents are responsible for cleaning their own rooms. Vacuum cleaners are available. Residents are also responsible for keeping the kitchens, lounge / TV areas clean and tidy. ISS clean the ablution areas four times per week. There is also a laundry and auto-washers, tubs, and a drying room.

Kitchens are equipped with:

- Electric range and microwaves
- Fridge / freezer
- Instant boiling water
- Cooking utensils, cutlery, crockery, cupboards for food storage

No tea, coffee, milk, etc, is provided. Reasonably-priced meals and other snacks are available at the café in the hospital. There is an expectation that you will keep the kitchens, lounge and your personal bedrooms clean and tidy at all times. Cutlery and crockery must be returned to the kitchen areas and washed immediately after use. Please also clean the ovens inside and out, microwaves and refrigerators, stovetops, inside and outside microwave with cleaning products provided on a daily basis. When you leave throw out any unwanted food items. Uncovered food items in the cupboards or on the bench will encourage mice.

Rules for the Residence

- DO NOT CHANGE ROOMS, stick to your assigned room
- Do not shift any furniture from the lounge, kitchen, or bedrooms

- No bicycles are to be stored in the bedrooms
- Turn off all taps
- Wash, dry and put away all dishes immediately after use; do not leave them to "drip dry"
- Clean out all refrigerators regularly
- Wipe down benches, microwaves (inside and out), stove tops and ovens after each use.
- Under no circumstances is cooking to take place in bedrooms or any other areas other than kitchens. All bedrooms and corridors are fitted with smoke detectors, which are connected directly to the fire brigade. Jug kettles are also not allowed in the bedrooms.
- Please be considerate of other residents and keep the noise levels at a minimum between the hours of 10 pm and 7 am.
- At any time when the fire alarm sounds continuously all occupants are to evacuate the building. Failure to leave a building when a fire alarm sounds may result in disciplinary action being taken. You are not only endangering your own life but those of the response teams.

The Fire Service allow for two false alarm callouts every year; a NZ\$1,000 invoice is sent to the Southern District Health Board on the third. Should the cause of any callout be due to neglect then this invoice bill will be passed onto the person responsible.

Evacuation board

When entering the Doctors Residence use status board to indicate your presence by sliding appropriate room number to "IN". When exiting Doctors Residence use status board to indicate your absence by sliding appropriate room number to "OUT". This is very important as if a Fire Alarm is activated Security and the Fire Service know how many people are in the Residence.

Bike security

There are under cover bike stands available beside the Doctors' Residence. There is no enclosed locked area available. Bikes left at any of the bike stands around the Hospital are at the owner's risk.

The Otago Medical School, Dunedin Campus and the Southern District Health Board have made a significant joint investment in the provision of these facilities for your use. To ensure their continuing availability, the Residence will be checked for cleanliness and damage on a regular basis. Failure to maintain the expected standard of tidiness and basic hygiene will result in individual charges for cleaning and/or damage. You will be required to sign a form indicating that you will abide by the rules of the residence.

Videoconferencing Room

The Study Hub has two AV rooms for your Zoom tutorials. Very occasionally these may have prior bookings and you may have to do your Zoom session in one of the other rooms. If there are any problems with the link to Dunedin please contact Madge or follow the help instructions nearby. It is important that you report any problems or poor quality immediately. Dunedin Campus is committed to providing a good quality link so that you continue to be involved in the Dunedin based teaching programme.

Zoom room

The zoom rooms and situated in the Study Hub. If there are any problems with the link to Dunedin please contact Madge Storm, or follow the help instructions nearby. It is important that you report any problems or poor quality immediately. The Dunedin Campus is committed to providing a good quality link so that you continue to be involved in the Dunedin based teaching programme.

Contacts

Dunedin Lecture Theatre Technicians (Fraser Brown) - 03 479 7086 - or contact Fraser direct on 021 279 0740, you may text during a presentation.

Complaints and/or concerns

If at any time during your stay in Invercargill you are concerned about anything in regards to the course, personal or otherwise, please direct these issues to Madge Storm or contact the Student Affairs Office at Dunedin Campus 03 479 7700/ email oms.studentaffairs@otago.ac.nz.

Timaru Hospital

Associate Dean (South Canterbury) and Administrator

The formal relationship between the South Canterbury District Health Board and the University of Otago commenced in February 2013 with the appointment of the Regional Associate Dean & Administrator. The scope of these positions includes all students from the Division of Health Sciences, University of Otago, who are on clinical attachment in the South Canterbury region.

Maree Steel

Associate Dean South Canterbury
Associate Dean Student Experience
maree.steel@otago.ac.nz
027 2804846

Jehan Cunningham-Beynon

Administrator Client Services
South Canterbury
timaru.admin@otago.ac.nz
03 687 2361

OTAGOHub

We have a dedicated University of Otago site “**OTAGOHub**” situated at 53 Edward St on the Timaru Hospital Campus. This building is adjacent to our student accommodation on Queen Street. The site includes a study room; teaching space; social space; University staff Offices; Networked computers to DHB clinical systems; printing facilities, AV equipment; laptop; and hotdesk space.

Student Accommodation: 13A, B, C & D Queen Street, Timaru

The four flats at 13 Queens Street are leased by the University of Otago for students to use while in Timaru. All flats are basic but fully furnished with linen provided, or you may wish to bring your own bedding. Each flat has a sunny north facing courtyard and is opposite the botanical gardens and tennis court. They are also in close proximity to the coastal walk. There are carparks available at the rear of the flats (one car park/flat). You are also welcome to use the free parking facilities on Edward Street and High Street. With the issued staff swipe ID you have 24/7 access to the Timaru Hospital Library just across the road and the OTAGOHub site next door.

The West Coast

The West Coast District Health Board (DHB) serves 32,000 people. The region is 600km long (that's about the same as from Auckland to Wellington) and it takes 7 1/2 hours to drive from top to bottom.

What is the region like?

Website: www.wcdhb.health.nz

Some 84% of the land is national park or conservation reserve, containing such diverse features as palm beaches, glacial landscapes, wild river gorges and thermal areas. It is also the sole source of precious pounamu jade, prized by generations of Māori.

One of New Zealand's most beautiful, sparsely populated regions, the West Coast is known to Māori as Tai Poutini.

Working and living on 'the Coast' offers a unique lifestyle. The spectacular native forests, mountain rivers, lakes and sea coast offer outstanding recreational opportunities such as fishing, skiing, tramping, kayaking and mountain biking.

Many West Coasters are engaged in primary industries such as mining, timber production and farming, while the magnificent environment offers many outdoor recreational activities for locals and thousands of international tourists.

Te Nikau, Grey Hospital and Health Centre

Contact Details

Postal: Te Nikau Hospital; P.O. Box 387 Greymouth

Phone: (03) 769 7400

Physical: Te Nikau Hospital; High St, Greymouth 7805

Special Reminder about Confidentiality:

It cannot be stressed enough how small the community is on the Coast. Most locals will know, or know of, most other people and their family connections, hence confidentiality is of utmost importance. Remember people are identifiable from their story NOT just their name.

Prior to travel to the West Coast

At least 10 working days before you are due to start your placement at Greymouth you must complete MRSA testing (you will be working in another Hospital so need to be cleared before you can see patients).

You will also have completed a number of forms for the WCDHB: Immunisation History, a Personal Details form, a Staff Appointment form, Health and Safety, IT Master form, and a Non-Disclosure form. These will allow you to become a staff member at WCDHB for the period of your attachment, and give you access to buildings, patients and information and computer systems.

A copy of your driver licence has also been sent to the WCDHB as you will need to drive to clinics and may also be able to use a car in the weekend if one is available (you will need to pay for petrol though).

Transport to the West Coast

Your transport arrangements are made by the Department of Psychological Medicine well in advance of your placement on the West Coast and you have been emailed your plane tickets and all details regarding transport.

You need to make your own transport arrangements to and from Dunedin Airport.

Tickets have been booked for you to fly Dunedin to Christchurch, then Christchurch to Hokitika on the day prior to the start of your placement. There may be a period of waiting between flights at Christchurch airport. It is your responsibility to ensure that you catch your connecting flight. Refer to flight tickets for details around luggage.

On arrival at Hokitika you will take a shuttle to your accommodation.

Airport shuttle transfers have been booked for you with Greymouth Taxis. They will meet you off your inbound flight.

The Department will be invoiced for the shuttle, so there is no cost to you.

Return to Dunedin is the reverse of travel to the Coast: shuttle to Hokitika airport, fly to Christchurch, connect to flight to Dunedin airport. Please contact Greymouth Taxis (03 768 7078) the day before your departure from Greymouth to check the pick-up time.

N.B. It is your responsibility to ensure you arrange the return shuttle, and catch your flights. You need to find your own transport from Dunedin airport to your Dunedin accommodation.

Accommodation

Accommodation is in a single room at the Global Village Travellers Lodge. This is close to the Hospital (approx. 1km), and has a supermarket within walking distance. All bedding, towels and linen are provided and changed regularly. The kitchen is large and fully equipped for either snacks, or a gourmet dinner. They have a large modern laundry, and in the winter months, full central heating. There is also a fitness room, and lounge areas/quiet spaces. You will be well looked after by Russell, Yuri and Simon.

You are not required to pay for your room but you will be responsible for any food or miscellaneous costs. You can read <http://www.globalvillagebackpackers.co.nz/>

Contact Details

Global Village Travellers Lodge; 42 Cowper St, Greymouth
Phone: 03-768 7272

Clinical Placements

Dr Heather McPherson is the Clinical Director for Mental Health Services.

The medical secretary will arrange your timetable for your placement on the Coast.

You will meet Ingrid Dugand at the Mental Health Service reception for orientation to the service and to meet staff members.

Contact Details

Ingrid Dugand, Management Secretary

Leeanne Hine, DAMHS Administrator and IPU Medical Secretary
Mental Health Services, WCDHB

P O Box 387, Greymouth 7840

Phone: (03) 769 7400 extn 2518 / 2629 ingrid.dugand@wcdhb.health.nz

Dr Andrew Gin, Clinical Tutor

andrew.gin@wcdhb.health.nz

Juliette Reese

Coordinator / Administrator Medical Training Programmes

Rural Learning Centre, WCDHB

PO Box 387, High Street, Greymouth Phone: (03) 769-7400 extn 2470 juliette.reese@wcdhb.health.nz

Personal cell: 027 2332715

Julie Wallace

Clinical Nurse Manager julie.wallace@wcdhb.health.nz

Facilities

The Rural Learning Centre (RLC)

The RLC is a suite of rooms located in the hospital grounds. The concept of the centre is to provide an environment which fosters multidisciplinary learning.

The End Flat (closest to the old hospital) of the Rural Learning Centre consists of:

- The Teaching Room
- The office where Juliette Reese is located.
- Nurse Manager - Workforce Development.

The Teaching Room facilities include:

- TeleHealth/TeleMedicine (video conferencing system run by Vidyo).
- Computer and large external screen (part of the Vidyo system and also able to act as a network computer).
- Speaker phone for teleconferences.

There is also a kitchen. You are welcome to join in with the RLC team for lunch at any time, but are asked to ensure you keep on top of any dishes etc that you use. Code to get into this flat is **CZ9615**. The Office and the Nurse Manager's office are locked after hours.

The Study Space in the middle unit is both a drop in facility for all students use, as well as the RMIP students allocated study space. This room is available on a 24 hour basis but is reserved on Fridays for the RMIP students teaching schedule. A copy of 'Foundations of Clinical Psychiatry' is kept in this room for your use, a further copy is also kept at the library. There are several networked computers there that you can log onto as well and you can make use of this space to access Moodle.

Please let Juliette know if you're running low on tea, coffee, sugar etc. Please make sure you keep up to date with the dishes etc.

Local General Practices

If you need to see a General Practitioner during your time on the West Coast then you will need to organise your own appointment and payment. Ensure you get a receipt, as otherwise you cannot be reimbursed. Genuine medical attendances are reimbursed via Angela King at the Medical Education Unit.

Coastal Health 70-74 Cowper Street Greymouth
Ph: 03 768-5942

Integrated Family Health Centre Te Nikau Hospital
Greymouth
Ph: 03 769-9300

Family Planning Association (FPA) provides contraception phone 0800 372-546. Emergency contraception is available at the above or from the community pharmacies.

Pharmacist

Unichem Olsens Pharmacy cnr Tainui & Guinness Sts Greymouth
Ph: 03 768-7470

SDHB Code of Conduct and Integrity (District)

Policy Purpose	<p>This policy outlines the expected standards of behaviour and conduct of all people involved in the operation of Southern District Health Board (Southern DHB).</p>
Policy Applies to	<p>All employees of Southern DHB, Board and Commissioner Team members, temporary employees and contractors, must comply with this Code. It also applies to any person who is involved in the operation of Southern DHB, including joint appointments, volunteers, those people with honorary or unpaid staff status and prospective employees applying for employment.</p> <p>The Code of Conduct, 'the Code', should be read in conjunction with the Code of Conduct and Integrity for the State Sector, and with relevant organisational policies, which all employees must comply with.</p>
Associated Documents include:	<ul style="list-style-type: none">• Disclosure of Interests Policy District (27894)• Delegation of Authority Policy (District) (21584)• Disciplinary Policy (District) (55569)• Effective Working Relationships (District) (100004)• Email, Internet and Information Security Policy (District) (22497)• Fraud Policy (District) (25546)• Health and Safety and Welfare Policy (District) (15851)• Media Policy (District) (16106)• Private Practice Secondary Employment and Other Business Activities Policy (District) (19707)• Private Practice Secondary Employment and other Business Activities [Guidelines] (District) (81064)• Protected Disclosures / Whistle-blowing Policy (District) (19708)• Procurement and Purchasing Policy (District) (11400)• Sensitive Expenditure Policy (District) (48567)
Related includes:	<p>Legislation</p> <ul style="list-style-type: none">• Code of Conduct and Integrity for the State Sector• Employment Relations Act• Health and Safety at Work Act 2015• Human Rights Act• Protected Disclosures Act• Official Information Act• Privacy Act (2020)
Other:	<ul style="list-style-type: none">• WorkSafe New Zealand

Good Statement

Employer

Our obligations under the Crown Entities Act 2004 are to act as a ‘Good Employer’ as defined under section 118 of the Act.

The Act defines a good employer as an employer who operates a personnel policy containing provisions generally accepted as necessary for the fair and proper treatment of employees in all aspects of their employment.

Southern DHB is committed to the principles of natural justice and values all employees and treats them with respect.

Expectations

Southern DHB is committed to the highest level of integrity and ethical standards in everything that we do. As employers and employees we must be fair, honest, impartial, responsible and trustworthy at all times. We must always conduct ourselves in a manner consistent with current ethical, professional, community and organisational standards and in compliance with all legislation.

This Code of Conduct does not cover:

- every ethical issue that we might face; or
- every law and policy that applies to the Southern DHB.

The objective of the Code of Conduct is to:

- provide a benchmark and general standard for our behaviour.
- provide clarity about expectations of honesty and integrity.
- support the Southern DHBs’ reputation and image within the community; and
- make us all aware of the consequences if we breach this policy.

Responsibilities under the Code of Conduct

We are all responsible for implementing and upholding the Code in our workplace, regardless of our position or role.

All **employees** are responsible for ensuring that their behaviour reflects the standards of conduct in the Code and builds a positive workplace culture. This is inclusive of all employees including clinical and non-clinical.

All **managers** which includes clinical, nursing and allied health leaders and directors have a special responsibility to support employees in achieving those goals, by leading by example and assisting employees to understand the Code. It is essential to maintain open communication lines with organisations representing our employees regarding the Code.

In this Code, a manager is any employee with supervisory responsibilities.

All of us must have a working knowledge of the laws and policies that apply to our work, including the Code of Conduct.

Obligations under the Code of Conduct

Work to the Best of Your Ability

- Perform your duties to the best of your ability with care, competence and efficiency. Avoid behaviour which impairs your work performance and/or undermines the integrity of your colleagues.
- Maintain proper standards of integrity and conduct in the performance of your duties. Be open about reporting potential issues or mistakes.
- Be present and actively engaged in your duties at Southern DHB as required and be absent only with appropriate approval, taking leave only for the purposes for which it is intended.
- Carry out any lawful and reasonable instructions you are given and work as directed. Implement policies and practices that apply to your work. Work within appropriate delegations of authority. Implicit in this is an obligation to obey the laws of New Zealand.
- Avoid behaviour which endangers or causes distress to other people or otherwise contributes to disruption in the workplace and/or avoid behaviour which might impair their work performance.
- Do not engage in alternative employment or self-employment without appropriate authority, whether or not in a similar area of work or your work for the Southern DHB. See the [Private Practice, Secondary Employment and other Business Activities Policy](#) (District) (19707).
- Avoid being a member of any organisation which may impinge on the proper performance of your duties or be in conflict with the interest of the Southern DHB.

Maintain a Safe Working Environment

- Consider the safety of yourself and others in the workplace at all times.
- Comply with instructions given for workplace health and safety, including using any personal protective equipment supplied.
- Support and promote actions and initiatives in the workplace which enable hazards and risks to be identified and isolated, eliminated or reduced.
- Ensure that your use of alcohol or other substances in your private time, outside of work does not impair or impact on your work performance or endanger the health and safety of others.
- Accessing, transmitting, storing or downloading any form of pornographic, sexually explicit, sexist, racist, demeaning or other inappropriate material using Southern DHB resources is strictly prohibited and serious penalties, which may include dismissal, will apply.
- Staff and contractors must wear Southern DHB formal identification (ID) at all times.

Act Professionally

- Act honestly and professionally and abide by any code, protocols or set of standards relevant to the practice of your duties or profession. For clinicians, this includes staying within your clinical scope of practice and, where they exist, working within agreed practice guidelines or research based protocols.
- Southern DHB expects that all employees will act in a highly professional, honest and ethical manner and in compliance with the Code of Health and Disability Consumers' Rights.
- Maintain all qualifications/licences that are a requirement of your position (including registration and annual practising certificates) and provide evidence of these on an annual basis or when asked to do so. Inform your manager immediately if there are any changes (if your certificate is revoked or amended in anyway or you cease to have a valid practising certificate) or restrictions placed on your practice, including any professional disciplinary proceedings or litigation that may impact on your employment or professional registration.
- Provide required information for police clearances such as VCA checks when requested (on a 3 yearly basis).
- Where applicable, ensure that your right to work in New Zealand is maintained by ensuring relevant working or residence visas are valid and maintained according to immigration requirements. You may not undertake any work/duties on a visitor visa in New Zealand and Southern DHB under any circumstances.
- Advise Southern DHB in writing of any pending criminal or civil legal action that may be taken against you and that may reflect on us.
- Keep your appearance and presentation clean, tidy and appropriate for your work role, and in line with relevant uniform and dress policies and occupational safety/infection control and health requirements.

Avoid Conflicts of Interest

- Avoid making any decision for the Southern DHB where you have any interest in the matter other than the Southern DHB's interests. See the [Conflict of Interest Guidelines \(District\)](#) (81067).
- Disclose in writing any business activities outside the Southern DHB and actual or perceived conflicts of interest. See the [Disclosure of Interests Policy \(District\)](#) (27894).
- Do not use your role or position to gain an advantage in your private life, for example by arranging jobs/ transfers/ benefits for family or friends.
- Do not let any outside interests adversely affect the performance of work related duties.
- Disclose any relationship you have or form with any person who directly or indirectly reports to you.

Don't Accept Gifts, Benefits or Rewards

- Never ask others for any reward other than what Southern DHB pays you or any other entitlements you receive as an employee.

- Gifts of money are not to be accepted under any circumstances.
- No gift, regardless of monetary value, should be accepted if it could potentially cause or be perceived by others as causing you to feel an obligation to the gift giver. This is particularly relevant if you are involved in current tendering/purchasing processes involving the parties who may be offering the gift.
- All gifts or benefits received must be reported to your manager, who will advise on the correct course of action. All gifts are to be recorded on the gift register as per [Delegation of Authority Policy \(District\)](#) (21584). Failure to do so may result in disciplinary action.

Show Respect for Others

- Treat all people with respect, courtesy and honesty, and give everyone a fair hearing.
- Respect the dignity, rights and views of others, including different values, beliefs, cultures and religions.
- Don't act or speak in a way that is likely to cause offence to others.
- Do not discriminate against or harass members of the public, clients, visitors, patients or colleagues because of their age, sex, marital status, ethnicity, disability, religious or ethical beliefs, colour, race, political opinion, employment status or sexual orientation.
- Have zero tolerance for bullying and rudeness. Bullying behaviours include attacks that are direct and personal as well as indirect and task related. Examples of bullying can be found in the Worksafe New Zealand 'Bullying at Work: Advice for Workers' [quick guide](#).
- Avoid behaviour which can be considered to be intimidating, undermining or victimising.
- Avoid any unwelcome or offensive sexual behaviour including: banter or jokes of a suggestive/sexual nature, unwelcome touching, patting or pinching, regular hassling for a date, sexually offensive images or text or e-mail messages or other forms of media, intrusive questions about personal sex life.

Maintain Confidentiality of Information

- Treat all information about a person who is receiving or has received a public health service with the strictest confidence. This requirement for confidentiality continues to apply even after you have ceased working for the Southern DHB.
- Personal and sensitive information must be responsibly and transparently collected and managed in accordance with the privacy principles applicable to the Southern DHB.
- Only access or release information about a patient, client or employee when it is part of your job, it is lawful or when specific consent is given.

Avoid Violent and Aggressive Behaviour

- Southern DHB has zero tolerance to violence in our workplaces. This is not just limited to physical violence. To achieve this, violent and aggressive behaviour will not be tolerated towards patients, clients, other employees, students or members of the public.

Manage Time and Resources Efficiently

- Employees do not have to tolerate violent and aggressive behaviour towards them, and have the right to expect to work in a safe and healthy work environment.
- Manage your time and Southern DHB resources efficiently and with regard to relevant policies.
- No private practice will take place during Southern DHB paid time, or on, or using Southern DHB facilities, medical consumables or equipment without a formal contractual arrangement approved by the CEO.
- Show reasonable care in using, or allowing the use of, Southern DHB's property, resources or funds.
- Employees who make decisions involving financial resources on behalf of the Southern DHB should ensure that they are doing so within the scope of their delegated authority and within policies and procedures for the acquisition, use and disposal of resources.
- Don't incur any liability on behalf of Southern DHB without proper authorisation and within any approved limits specified in the [Delegation of Authority Policy \(District\) \(21584\)](#).
- All equipment, resources and consumable items are only to be used for the work and business of Southern DHB unless prior written authorisation has been obtained from your manager.
- Limited, occasional and brief private use of local telephone calls, personal cell phones, computers and the Southern DHB's e-mail and intranet systems are acceptable as long as it does not affect your work, the work of others, or the reputation of Southern DHB and is conducted in accordance with this Code and other relevant policies.

Standards of Behaviour and Performance

If you are unclear about the standard of behaviour and conduct that is required of you as it relates to the Code you should discuss the situation with your manager, Human Resources or senior management.

As professional incompetence and/or misconduct are reported to appropriate registration authorities, it may lead to disciplinary action by the relevant professional body as well as disciplinary action under this Code of Conduct.

Misconduct

The following are examples of 'misconduct' and not intended to be an exhaustive list:

It should be noted that the examples listed below as misconduct may also be considered as 'serious misconduct' depending on the nature and severity of the breach.

Misconduct includes, but is not limited to:

- a) failure to maintain an acceptable level of work performance.

- b) failure to maintain an acceptable level of attendance at work.
- c) refusal to perform duties or to follow a reasonable and lawful instruction.
- d) habitually arriving late for duty.
- e) being absent from your assigned place of work during working hours without authority or legitimate reason.
- f) failure to provide your manager with timely notice of absences such as sickness, or that you are unable to commence work at the normal time.
- g) sleeping while on duty (unless authorised by the employer).
- h) failure to observe health and safety requirements, including the requirement to proactively and promptly report personal injury, injury to others, damage to Southern DHB or patient property or a hazard that may cause harm.
- i) improper use, wastage or damage of Southern DHB resources or property including wasteful expenditure of Southern DHB funds/time.
- j) unauthorised use of fire protection or safety equipment.
- k) reporting for work unsuitably dressed, or in such a condition that you are unable to perform required duties in a safe and proper manner.
- l) inappropriate or disruptive behaviour in the workplace.
- m) unreasonable behaviour towards other people, including abusive, threatening or offensive language and any form of harassment including sexual or racial.
- n) posting offensive or inappropriate information on noticeboards or electronic media. See [E-mail, Internet and Information Security Policy \(District\) \(22497\)](#).
- o) smoking on Southern DHB premises.
- p) failure to hold a current drivers licence and/or to carry a current drivers licence on their person at all times whilst driving a motor vehicle belonging to the employer on a public road.
- q) failure to provide sufficient information and or respond to a request to enable the renewal of a VCA check as required (core workers).
- r) other breach of this or other policies.

Serious Misconduct

The following are examples of 'serious misconduct' and is not intended to be an exhaustive list:

- a) not being in possession of or eligible to hold a required annual practising certificate.
- b) working without a valid work visa.
- c) breach of professional protocols or standards whether established by the Southern DHB or the relevant professional body.

- d) carrying out private patient work during Southern DHB paid time and /or using Southern DHB premises or equipment or use of Southern DHB time, facilities, premises or equipment to undertake other employment.
- e) inaccurate recording of leave, or failure to record leave taken.
- f) failure to report to the appropriate manager or supervisor any accident or incident at work involving actual, or risk of, personal injury, or damage to property.
- g) unauthorised possession of drugs (including alcohol) in the workplace.
- h) reporting for work under the influence of alcohol or drugs or driving the employer's vehicles under the influence of alcohol and/or drugs.
- i) violence of any form including assaulting or threatening to assault anyone in the workplace.
- j) possession of patient, client or Southern DHB property without proper authorisation or possession of another person's property without that person's consent.
- k) any form of theft or fraudulent action.
- l) being in possession of offensive weapons in the workplace.
- m) the unauthorised disclosure of or access to confidential information.
- n) any attempt to mislead the Southern DHB, or any employee, or a patient/client, or a member of the public in connection with the Southern DHB's business. This includes falsification of attendance records or submitting false claims for expenses or reimbursement, or providing incorrect information at any stage.
- o) acting outside of your delegated authority.
- p) exacting, attempting to exact, or accepting any fee, reward, gratuity or remuneration, other than the salary or allowance pertaining to the employee's employment agreement, on account of anything done in the execution of the duties.
- q) deliberate or negligent behaviour adversely affecting the safety of a patient, client, visitor or another employee.
- r) using Southern DHB computers to make unauthorised copies of any computer software, or for any other unauthorised purpose.
- s) admitting to, or being convicted of, any offence which can reasonably be considered as bringing the Southern DHB into disrepute or, brings into question the employee's suitability for continued employment.
- t) accessing, transmitting, storing, downloading or displaying any form of pornographic, sexually explicit or inappropriate material using Southern DHB equipment or resources.

- u) implying or making actual threats of overlooking an employee or potential candidate for future work opportunities or promotion as a result of that employee or potential candidate declining the sexual advances or similar actions of any person in a position of authority.
- v) victimising, intimidating or bullying any employee, or a patient/client, or a member of the public.

Private Conduct

As a general principle, personal behaviour outside of work is of no concern of Southern DHB, except where it interferes with work performance, where the individual is identifiable as a representative of the Southern DHB, or where the behaviour reflects on the standing or integrity of the Southern DHB or the employee's profession or trade, or constitutes a breach of the law.

Employees should not bring the Southern DHB or their profession into disrepute through their private activities.

An employee must make the Southern DHB aware of any such instances as soon as possible.

Consideration

Whether actions fall into the category of misconduct or serious misconduct will depend on the circumstances in each case. In making judgements of this kind, regard should be given to the following factors:

- The nature and circumstances of the activity.
- The position, duties and responsibilities of the employee.
- The consequences of the activity on the employee to fulfil his/her duties and responsibilities.
- The effects of the activity or its consequences on working relationships with colleagues, patients, outside contacts and the general public.

Breaches of the Code of Conduct

We are all responsible for trying to avoid escalation of inappropriate behaviour that may result in a breach of the Code, and for dealing with workplace conflict through timely and appropriate communication that addresses the behaviour in a constructive way. You are expected to cooperate with any investigations being conducted in relation to an alleged breach of the Code.

Managers must make fair, transparent and consistent decisions in response to an allegation of a breach of the Code and the action to be taken in response to a breach. In determining the action to be taken the nature and seriousness of the breach will be considered.

Some possible consequences of a breach include:

- informal or formal counselling.
- disciplinary processes (including opportunities to improve, written warnings, and summary dismissal).

- referral to registration boards or other regulatory authorities especially in the case of those employees providing direct patient care.
- referral to the Police (in cases of suspected criminal activity) or relevant government department e.g. immigration.

If you are concerned about a possible breach of this Code, your manager should be able to help you.

If you are concerned about approaching your manager to discuss the issue, you can also talk to:

- Human Resources.
- Your professional leader.
- Your union or employee representative.
- A speak-up supporter, or
- The State Services Commission's integrity and conduct help desk; phone (04) 495 6722 or e-mail: integrityandconduct@ssc.govt.nz

Only those who need to know will be made aware of the situation.

Southern DHB is committed to protecting any person who raises concerns or provides information about a breach of the Code or any other organisational policy from retaliation or reprisals. In some circumstances, an employee who makes a disclosure about serious wrongdoing will be afforded anonymity as provided for in the [Protected Disclosures Act 2000](#). This Act makes it a criminal offence to take a reprisal against any individual who makes a protected disclosure. Please refer to the [Protected Disclosures and Whistle-blower Policy \(District\)](#) (19708) for full guidance.

I have read and understand the Code of Conduct and Integrity.

(Name)

(Date)

Key policies and regulations related to the MB ChB

These are available at <https://www.otago.ac.nz/medicine/current-students/resources/policies-guides/index.html>

The following list highlights some of these for your particular attention.

- [Code of Practice for Fitness to Practice Page](#)
- [Code of Professional Conduct for Medical Students at the University of Otago Page](#)
- [Medical Council of New Zealand Policies and Information for Medical Students Page](#)
- [Harassment Policy Page](#)
- [Privacy and Confidentiality Page](#)
- [Academic Integrity Page](#)
- [Copyright \(Infringing File Sharing\) Act 2011 Page](#)
- [Drugs and Other Legal Offences Page](#)
- [Ethical Behaviour Policy Page](#)
- [Other Otago Medical School Policies of note Page](#)
- [Policy and Procedure for Transfers Between Schools of the Otago Medical School Page](#)
- [Policy and Procedure for Transfers Between Otago and Auckland Medical Schools Page](#)
- [Policy on transmissible and blood-borne infections for medical students, based on Medical Council guidelines](#)

University of Otago Medical School Prizes and Dunedin Campus Prizes and Awards

Otago Medical School

Prizes are awarded at the end of TI 6th) Year, however your studies during ALM4/5 can contribute to these awards.

Batchelor Memorial Medal and Prize in Gynaecology and Obstetrics

Founded by members of the Otago Division of the British Medical Association, who, in 1916, subscribed the sum of £119.14.6 to provide medals and prizes to perpetuate the memory of the late Dr Ferdinand Campion Batchelor, Lecturer in Midwifery and Diseases of Women 1883–1909, and Professor in 1909. A medal and prize are awarded annually by the University Council on the recommendation of the Pro-Vice-Chancellor (Health Sciences), to the student who obtains the highest mark in oral assessments in the subjects of Gynaecology and Obstetrics held in conjunction with the final-year examinations for the degrees of Bachelor of Medicine and Bachelor of Surgery. The value of the Prize will be as set down in the current prize schedule and an engraved medal.

Stanley Batchelor Memorial Prize in Surgery

The Stanley Batchelor Memorial Prize was founded by Mrs Stanley Batchelor, who, in 1942, donated the sum of £150 to the University Council to perpetuate the memory of the late Dr F. Stanley Batchelor. The capital of the fund was increased in 1960 when Mrs Batchelor's son, Mr L.C. Batchelor, donated £50 to the Council to augment the fund. A further sum of NZ\$100 was donated in 1973, both by Mr Batchelor and Mrs J.M. Elworthy to increase the value of the prize. The prize is awarded annually by the University Council on the recommendation of the Pro Vice-Chancellor (Health Sciences), to the Trainee Intern who has the highest aggregate mark from assessments of performance on surgical attachments and a viva in Clinical Surgery. A student who has not obtained passing assessments in all the subjects of the final year of the Medical course shall not be eligible for the award of the prize. Any balance of income shall be added to the capital. The value of the Prize will be as set down in the current prize schedule.

Colquhoun Memorial Medal in Clinical Medicine

This prize was founded in 1935 by the past students of Dr Daniel Colquhoun, who was Professor of Medicine from 1883 to 1918 and Emeritus Professor from 1919 until his death in 1935. The medal is awarded annually by the University Council on the recommendation of the Pro-Vice-Chancellor (Health Sciences), to the medical student in the final year who gains the highest marks in Clinical Medicine in the end of year examination.

The Rita Gardner Travelling Scholarship in Medicine

Established in 1908 as the "Travelling Scholarship in Medicine", and amended in 1989 to its present title. The Scholarship shall be awarded annually to the student in the graduating class who has gained the highest aggregate of marks in the Second Year, Third Year, Fifth Year and Final Examinations for the degrees of Bachelor of Medicine and Bachelor of Surgery. The holder of the Scholarship shall within eight years from the date of the award proceed to some recognised school or schools of Medicine or other institution or institutions approved by the Dean of OMS outside New Zealand and shall prosecute graduate studies there for a period of at least one year. In exceptional circumstances, with the approval of the Dean, the Scholarship may be tenable in New Zealand.

T W J Johnson Memorial Prize in Clinical Medicine

This prize was founded in 1958 when an anonymous donor gave the sum of £1000 to the Council to establish a prize as a memorial to the late Dr T.W.J. Johnson, the first Medical Travelling Scholar. This prize is awarded annually by the University Council on the recommendation of the Pro-Vice-Chancellor (Health Sciences), to the medical student who in the final year of the course, gains the highest marks in Clinical Medicine in the end of year examination. The value of the Prize will be as set down in the current prize schedule.

Emily Hancock Siedeberg Memorial for the Best Overall Woman Student

Established in 1996 on the 100th anniversary of the graduation from OMS of Emily Hancock Siedeberg. The prize is funded from money contributed by the late great nephew of Dr Siedeberg. The prize shall be awarded annually by the University Council on the recommendation of the Pro-Vice-Chancellor (Health Sciences) to the female student in the graduating class who has gained the highest aggregate of marks in the second year, third year, fifth year, and final examinations for the degrees of Bachelor of Medicine and Bachelor of Surgery. The value of the prize is as set down in the current prize schedule.

Psychological Medicine Prize

A sum of money is available annually for the provision of a prize in Psychological Medicine. The award, which is restricted to candidates completing the final examination for the degrees of Bachelor of Medicine and Bachelor of Surgery, will be made by the University Council on the recommendation of the Pro-Vice-Chancellor (Health Sciences), on the basis of performance in Psychological Medicine in the sixth year including an oral examination. The prize is the sum set down in the current prize schedule for 'Distinction' in Psychological Medicine.

J M Watt Prize in Paediatrics and Child Health

This prize was established in 1977 in honour of Professor James Michael Watt, the holder of the first Chair of Paediatrics and Child Health established in New Zealand (1966). The prize will be awarded by the University Council on the recommendation of the Pro-Vice-Chancellor (Health Sciences), for the first time in 1978, and thereafter annually, to a final year student from one of the three Clinical Schools of the University of Otago. The award will be made to the best candidate in the Paediatric distinction viva examination, taking into consideration the student's interest and excellence throughout the preceding clinical years. The value of the Prize will be as set down in the current prize schedule.

Dunedin Campus

Marjorie McCallum Medal in Medicine

This award was founded in 1923 by the Hon. Richard McCallum as a memorial to his daughter who died while she was a medical student at the University of Otago. The medal is awarded annually by the University Council on the recommendation of the Pro-Vice-Chancellor (Health Sciences), to the final year Medical student in Dunedin who is awarded the highest marks in Clinical Medicine in a special end of year prize examination.

James Renfrew White Prize in Orthopaedic Surgery

The prize fund was established in 1976 by a bequest of NZ\$3,000 from the late Miss Ida G. White in memory of her brother, the late Mr James Renfrew White, a graduate of OMS who was Director of Orthopaedic Surgery for the Otago Hospital Board and Lecturer in Orthopaedic Surgery from 1920 until 1948. The prize is awarded annually by the University Council on the recommendation of the Pro-Vice-Chancellor (Health Sciences), to the student who has served his or her clinical years in Dunedin and who while a sixth year student, in the opinion of OMS on the recommendation of the Head of Section of Orthopaedic Surgery, has demonstrated the most outstanding clinical ability and scholarship in the field of orthopaedic and trauma surgery. The prize will be awarded only if there is a candidate of sufficient merit. The value of the Prize will be as set down in the current prize schedule. Any surplus of income may be added to the capital of the fund or may be used at the discretion of the Council for increasing the value of the prize or for awarding an additional prize. The Council shall have the power to alter these regulations should changed circumstances render such action necessary, provided that the name of the prize shall not be altered and that the wishes of the donor shall be observed to the fullest possible extent.

Patricia Buckfield Prize in Paediatrics

Dr Patricia Buckfield MB ChB (NZ), MD Otago, MRCP, FRACP, DCH (FRP&S) was a senior lecturer in the Department of Paediatrics and Child Health at the University of Otago in Dunedin between 1967 and 1981, following postgraduate training in Neonatology in the UK. She introduced the new technique of neonatal

ventilation to the Special Care Baby Unit in Dunedin. She was a dedicated and caring paediatrician, who based her MD thesis on the perinatal events of approximately 20,000 babies who were born in Dunedin City. A one-year cohort of this sample formed the basis for the Dunedin Multidisciplinary Child Development Study, which has achieved international recognition and is still ongoing. She also saw the need to provide extra assistance for children and their families where there were concerns about the child's developmental progress. She was instrumental in setting up the Vera Hayward Centre, which forms the base for the Dunedin Hospital Child Development Service. During her time in Dunedin she was an enthusiastic and inspiring teacher of undergraduate and postgraduate students from Health and many other disciplines. In her later professional years she continued her interest in developmental paediatrics and worked as a Developmental Paediatrician in the Puketiro Centre at Porirua. During her professional career she made an outstanding contribution both to clinical and to academic paediatrics. The prize consists of books, instruments, or education aids to a value of \$600, and a book voucher to the value of NZ\$100.

Sir Gordon Bell Prize in Surgery

This prize is named after the second Professor of Surgery at the University of Otago, who held the Chair from 1925–1952. Sir Gordon Bell was born in Marlborough, trained in Edinburgh and practised for most of his life in Dunedin. He was a very eminent and practical surgeon, whose career spanned many of the important developments in Surgery. The prize consists of books and instruments to a value to be advised.

Paediatric Artistic Expression

This prize was introduced in 2010 by Professor Barry Taylor. It is awarded to a Trainee Intern who chose to submit an original artistic creation in their final assessment for their Paediatric Longitudinal Case: The Child with the Chronic Condition, which is commenced in fourth year and completed in fifth year. This prize recognises the Trainee Intern who showed outstanding artistic expression. The prize is a book voucher to the value of NZ\$50.

Mary Shaw Surgical Prize

Established in 1992 by a bequest of NZ\$2,500 under the will of Mary Christiana Shaw (nee Manning) who was born in Invercargill in 1912. In 1932 she married James Thomson Shaw, General Manager of the Southland Savings Bank from 1952 to 1970. In 1964, while Mr Shaw was General Manager, the Board of the Bank established the Southland Savings Bank Medical Foundation for the furtherance of medical education and research in Southland. Mr and Mrs Shaw had two sons: John Donald Shaw, a mining engineer in Brazil, and James Henry Farquhar Shaw BMedSc MD (Otago) FRACS, a surgeon in Auckland. Mrs Shaw died in Auckland in 1992. The prize of NZ\$200 is awarded annually by the University Council, to the student undertaking the sixth year of the course for the degree Bachelor of Medicine and Bachelor of Surgery, as a Trainee Intern in Dunedin or Invercargill who, in the opinion of the clinical teachers concerned, displays the greatest industry and competence in the Surgical attachment.

Stanley Wilson Prize

Established in 1982 by Dr Elizabeth Whitcombe, a graduate of OMS, for the purpose of furthering the study of Medicine at the Dunedin Division of the OMS, and in particular to recognise the contribution made by a former teacher, Mr Stanley Wilson, over many years, to the science and teaching of surgery at OMS. The prize consists of books, instruments or education aids to the value of NZ\$750, and is awarded by the University Council on the recommendation of an Advisory Committee, comprising the Dean of OMS, the Professor of Surgery in the OMS at Dunedin and the Chairman of the General Medical Staff of the Dunedin Hospital. The prize is awarded annually to a medical undergraduate in OMS at Dunedin who best presents in his or her final year a clinical presentation in the Department of Surgery having general medical interest and a reference to pathology.

Sir Bernard Dawson Prize in Clinical Obstetrics and Gynaecology

Sir Bernard Dawson held the Foundation Chair in Obstetrics and Gynaecology at the University of Otago in Dunedin from 1932–1950. He was responsible for putting the academic discipline of obstetrics and gynaecology firmly in place in New Zealand and he was knighted in 1948 for his services to Obstetrics and Gynaecology in this country. The prize consists of educational material/aids to a value to be advised.

Professor Basil James Prize in Psychological Medicine

Professor Basil James was professor and head of the Department of Psychological Medicine from 1969–1981. Professor James persuaded the general medical staff that psychiatry should also have a prize, as did medicine and surgery, whose prizes had come from family bequests. These negotiations occurred in the late '60s. The prize consists of books to a value to be advised.

RNZCGP Otago/JAD Iverach Prize in General Practice

Five prizes were awarded in Preventive and Social Medicine prior to 1974 by the New Zealand Faculty of the Royal College of General Practitioners and from 1974 to 1977 by the Otago-Southland Faculty of the New Zealand College of General Practitioners. These were replaced in 1978 by a single prize in the discipline in General Practice. The Prize will be awarded at the annual Trainee Intern Prize giving and Farewell by the Head of the Department of General Practice, Dunedin Campus, for the best student performance during the undergraduate course in General Practice. This assessment will include the fourth, fifth and sixth years of the course. The Prize consists of an engraved medal and \$1,000. There is also a \$500.00 prize awarded to the runner-up, and two highly commended prizes of \$250.00.

JAD Iverach Prize in Medicine

Captain Douglas Iverach was an infantry soldier at the First World War and received an MC. After the war he went through OMS and went to Scotland on qualification, specialising in Medicine. He came back to Dunedin and was appointed to the Honorary Staff of Dunedin Hospital, practicing as a general practitioner from the Savoy. He was so thorough in his examination, so if GPs were worried, they would seek his opinion. There were no full time specialists as such in those days. By the referrals to him, he became known as a specialist. In May 1965 the J A D Iverach Memorial Fund was started from which an annual prize would be awarded to the best sixth year medical student in clinical medicine. There were some cash donations by grateful patients but most of the contributions made by his family were made in shares. The prize consists of a presentation gift.

Inkster-Ross Memorial Prize

The Inkster-Ross Memorial Fund was established in 1946 by Lady Muriel Ross of Dunedin as a memorial to her father Samuel Macaulay Inkster M.D. and to her mother Amy Inkster. The gift was established to further medical research with an emphasis on the field of preventive medicine. The Inkster-Ross Memorial prize was re-established in 2011 to recognize the research achievements of final year medical students as they complete a health care evaluation project. Working in groups, students undertake research to address a problem in the delivery of health care. The prize is awarded annually by the Department of Preventive and Social Medicine to the group who undertake the highest quality research.

Elective Report Award

The Trainee Intern Elective Report Award was established in 1984 (by Professor Don Wilson) and sponsorship was obtained in 1992 from Mr Russell Duff, Managing Director of VIP International Travel in appreciation of the ongoing close links between VIP Travel and medical elective students. This sponsorship is continued today by the School. The prize consists of a book voucher to the value of NZ\$50 to the Trainee Intern who has submitted the best elective report during the year, which has been chosen by our electives committee.

University Bookshop Prize for Best Student Contribution to Medical Education

Established in 1985 by the Directors of the University Book Shop Otago Ltd. The prize is awarded annually by the University Council to the student who has made the most significant contribution to undergraduate medical education in OMS during the past year. A nomination shall be made by the Dean after consultation with the Staff/Student Curriculum Committee. The value of the Prize will be as set down in the current prize schedule.

John Russell Ritchie Prize (to be confirmed if available in 2021)

John Russell Ritchie worked as an Anaesthetist at Dunedin Hospital from 1938 until his retirement in 1975. He was the Director of Anaesthesia at Dunedin Hospital for over 25 years and was appointed to the first professorial position held by an Anaesthetist in New Zealand. During his time in Dunedin he was an enthusiastic and inspiring teacher of undergraduate and postgraduate students from Health and many other disciplines.

He is famous for contributing to worldwide anaesthesia safety with his invention of the Ritchie oxygen failure warning device which in either its original or a modified form became a standard part of all anaesthesia machines. The prize for the best student performance in Anaesthesia and Intensive Care was first awarded in 1976. Following the 2002 reorganisation of the curriculum and departments the prize was held in abeyance. It was decided to re-institute this prize from 2006 at Trainee Intern level. The criteria for this prize include:

- That the prize be awarded, after an oral interview, to the top-placed candidate who has performed to a level of excellence in the interview and during their attachment in Anaesthesia and/or Intensive Care as a Trainee Intern.
- Those to be interviewed are nominated by sub-groups of the Section of Anaesthesia and Intensive Care. It is not a prize, which a trainee can apply for of one's own volition.
- Trainee Interns have to have completed one or more Trainee Intern attachments in Anaesthesia or Intensive Care in Dunedin to be nominated.
- The areas assessed for the award of this prize now takes into account the candidates clinical work, academic/research aptitude, professionalism and a Viva relating to topics in Anaesthesia, Pain Management, Intensive Care and Resuscitation at the end of the Trainee Intern year.
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Kōhatu – Centre for Hauora Māori Excellence Awards

The kete (baskets) of knowledge comes from ancient tauparapara (legend) which relates to the exploits of Tane-nui-a-rangi in his pursuit of knowledge. Tane, the progenitor of mankind, of the forest, ascended from earth to the heavens and obtained the three kete of knowledge. Tane returned to earth with the knowledge, and there created humankind from the earth.

To many, this is a simple mythological story which seeks to explain how humankind gained its knowledge of things both earthly and spiritual from the gods. The story is the beginning of the stories of the Whare Wananga, which describe how this earthly realm came to be, and how everything in it came to be ordered as it is, including how humankind was created by Tane.

To some it is a metaphor for the ideal life, a journey of striving for knowledge and education and enlightenment, to become better people. In this context it graphically depicts three aspects of knowledge achieved in the Hauora Māori medical curriculum within the Dunedin Campus, preparing students to make a difference for Māori, whanau and communities.

Three kete will be offered annually – Dunedin TI Year:

- Ko te kete Tuauri – Knowledge of Ritual, Memory, and Prayer (Cultural Connection) – For a student that shows a commitment to enhancing Hauora Māori concepts such as culture, te reo, and whakawhanaungatanga
- Ko te kete Tuatea – Knowledge of Making a Difference (Addressing Equity) - For a student that shows a commitment to improving health equity and challenging the status quo for Māori
- Ko te kete Aronui – Knowledge to Help Others (Positive Solutions) – For a student that shows initiative creating positive solutions for improving Māori Health

Awards funded, students nominated, and chosen by Kōhatu - Centre for Hauora Māori staff.