



UNIVERSITY
of
OTAGO
Te Whare Wānanga o Ōtāgo
NEW ZEALAND

OTAGO MEDICAL SCHOOL
Te Kura Hauora o Ōtākou

2020-2021

Dunedin Campus
Advanced Learning in Medicine Sixth Year
Trainee Intern Handbook



**ALM
6ti**

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.

23 November 2020

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Welcome from the Dean

Warm welcome (or if you are a TI 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 everyone 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 the MB ChB Programme Director

Welcome to the final year of your medical degree. The Trainee Intern year's apprenticeship model aims for you to be fully integrated with a variety of health care teams, taking responsibility for patient care decisions while knowing when to ask for help, and while remaining under supervision by both the medical school and your clinical team.

We encourage you to continue to develop your independent learning and your team work, and to ask for feedback and reflect on it. These habits will prove valuable in the years ahead of you.

The Otago Medical School, the MB ChB programme and your base campus provide resources and support for this last stage of your undergraduate training. We look forward to seeing you graduate at the end of this year, and to working with you in the future.

Professor Tim Wilkinson
MB ChB Programme Director

Course Information

Sixth year undergraduate medical course dates 2020 – 2021

Monday 23 November 2020	First Quarter begins
Monday 21 December - Monday 4 January 2021	SUMMER VACATION
Tuesday 5 January 2021	First Quarter continues
Sunday 28 February 2021	First Quarter ends
Monday 1 March 2021	Second Quarter begins
Sunday 23 May 2021	Second Quarter ends
Monday 24 May 2021	Third Quarter begins
Sunday 15 August 2021	Third Quarter ends
Monday 16 August - Sunday 29 August 2021	WINTER VACATION (2wks)
Monday 30 August 2021	Fourth Quarter begins
Monday 15 November - Wednesday 17 November 2021	Pass/Fail & Distinction exams
Thursday 18 November 2021	TI Prize-giving & Graduation Dinner (DSM&UOC)
Friday 19 November 2021	TI Prize-giving & Graduation Dinner (UOW)
Sunday 21 November 2021	End of Academic Year
Monday 29 November 2021 (TBC)	House Officer Year Commences

Statutory Holidays

If a Trainee Intern is required to work public holidays with their team, they should be allowed one day's leave in lieu of this, to be taken at an appropriate time within the same module. This should be discussed with the senior members of the team to arrange a day that is beneficial for all parties and where there is likely to be significant loss of learning opportunities. Further information can be found on Moodle.

Course Convenors and Administrator Staff for 2020 – 2021

Position	Name
Trainee Intern Course Adviser	Professor R J Walker rob.walker@otago.ac.nz
Trainee Intern Course Coordinator	Jillian Touelle jillian.touelle@otago.ac.nz
Trainee Intern Electives Administrator	Sheryl Foster medicine@otago.ac.nz
Associate Dean for Student Affairs	Dr P Eames penelope.eames@otago.ac.nz
<i>Ward Management Quarter</i>	
Medicine Module Administrator	Sheryl Foster medicine@otago.ac.nz
Convenor	Professor R Walker
Surgery Module Administrator	Ruth Mullenger surgalsciences.admin@otago.ac.nz
Convenor - Surgery Trainee Intern Supervisor	Associate Professor M Thompson-Fawcett Mr J Woodfield
<i>Specialty Management Quarter</i>	
O&G Module Administrator	Donna Robson og.admin@otago.ac.nz
Convenor	Dr R Crumb
Paediatric Module Administrator	Mel O'Brien paeds.sec@otago.ac.nz
Convenor	Associate Professor B Wheeler
Psychological Medicine Module Administrator	Sandra Paterson sandra.paterson@otago.ac.nz
Convenor	Dr C Mentzel
<i>Community – Evaluation – Outpatient / Critical Care & Emergency Medicine Quarter</i>	
General Practice Module (including clinics) Administrator	Liz Dijkstra ti.admin@otago.ac.nz
Co-Convenors	Dr C Atmore & Dr J Ross

HC Evaluation
Administrator

Kelsey den Boestert
kelsey.denboestert@otago.ac.nz

Convenor

Associate Professor John Dockerty

Critical Care & Emergency Medicine Module (including advanced resuscitation)
Administrator

Aroha Meikle
aroha.meikle@otago.ac.nz

Convenor

Mr M Hunter & Dr S Beck

Elective Quarter

Administrator

Sheryl Foster
medicine@otago.ac.nz

Convenor

Professor R J Walker

Professional Development Module
Administrator

Angela King
meu.admin@otago.ac.nz

Convenor

Dr Nigel Thompson

Invercargill Campus (Southland Hospital)

Administrator

Madge Storm
dsm.invercargilladmin@otago.ac.nz

Associate Dean, Southland

Mr K Richter

Timaru Hospital

Administrator

Jehan Cunningham-Beynon
timaru.admin@otago.ac.nz

Associate Dean, South Canterbury

Ms M Steel

Introduction to all clinical teaching staff and the role of the Trainee Intern on ward attachments

From time to time, there has been some misunderstanding as to the role of the Trainee Intern attached to Ward Services. The Trainee Interns have voiced some concerns over the variability between attachments and what is expected. They have also raised some concern over assessment and feedback (or lack thereof) with regard to performance on the various services. We need to make sure that ongoing feedback regarding progress and ability is provided. The Trainee Intern year is a unique aspect of our medical training programme which gives our medical graduates an opportunity to gain skills in patient management, such that when they commence working as House Officers, they have already developed the necessary skills to practise as good clinicians. Our role as supervisors is to make sure that this experience remains an excellent learning opportunity and appropriate feedback is given early on in the attachment as well as at the end of the run. The Trainee Interns value positive feedback, and therefore I would like to remind you of this and ensure that ongoing feedback with regard to progress is provided. With the increasing number of problematic patients, it is very easy to focus on a purely service workload, however as a teaching hospital, we have a responsibility to make sure that education of our future medical workforce is ongoing.

The Trainee Intern should be given every opportunity to take responsibility for a number of patients within the clinical service that she / he is working for. This usually varies between one third to one half of the patients, depending upon the patients' clinical problems and the confidence and competence of the Trainee Intern. The main line of responsibility for day-to-day patient care is from the Trainee Intern to the registrar, not via the house officer. It is essential that the registrar and consultant make sure that the Trainee Intern is encouraged in this role as an active member of the clinical team. This should include participation in the ward rounds, in particular, taking responsibility for presenting and updating the status of their patients. The Trainee Intern is not the house officer's general slave undertaking menial tasks only, as is unfortunately occurring on some runs. Clearly there needs to be collegial interaction between the Trainee Intern and the house officer for good clinical management and this should be encouraged. The consultant for the team, that the Trainee Intern is attached to, should make sure that the junior medical staffs is aware of the role of the Trainee Intern within the clinical team.

From time-to-time, it is appropriate to ask the Trainee Intern to take on responsibilities as an acting house officer, but this does need to be under direct supervision and it is important to make sure that the workload is not excessive. The Trainee Intern should not be expected to act up, within the first two weeks of an attachment. Close supervision by the registrar and consultant must be ensured. The Trainee Intern must be given the option of saying no, if they feel too threatened by the situation. If there are any concerns over the workload and the role of acting house officer, this must be discussed with me.

I would like to ask you to make sure that your clinical team understands the role of the Trainee Intern and continue to provide a stimulating learning environment within the framework of an active clinical service. If there are any issues related to this, please contact me.

Professor Rob Walker
Trainee Intern Course Convener

Educational objectives and assessments

General

During the sixth-year course each student should:

1. Consolidate his/her knowledge and understanding of clinical science by its application in medical practice and, in particular, gain an understanding of the principles and practice of the therapeutics of common disorders.
2. Enhance his/her basic clinical skills including those of history taking, examining, problem identification and definition, and decision making.
3. Develop additional clinical skills, including those of:
 - a. Responsibility for continuing management of individual patients
 - b. Prescribing specific treatments for individual patients
 - c. Basic medical and surgical ward procedures
 - d. The ability to recognise a medical emergency and to initiate appropriate action
 - e. Patient diagnosis and management in environments other than a hospital ward
 - f. Communication with patients and relatives, including counselling
4. Increase his/her awareness of the role of health education for patients, relatives, health professionals and teachers in the maintenance of health and prevention of illness, and of the various strategies available to achieve better health through education and prevention.
5. Enhance his/her perspective of medical practice by experience:
 - a. In a variety of medical disciplines
 - b. In a variety of practice environments
 - c. In a variety of geographical locations
 - d. With a variety of teachers, including a number working outside the Medical School and Dunedin Hospital

The 48-week year is divided into four 12-week modules, which are:

- A. Free Elective
- B. Specialty Management
- C. Community Management
- D. Ward Management

Plus Professional Development Module, which runs throughout the year.

The document 'Apprenticeship Expectations for Trainee Interns in the Clinical Environment (approved by MCC April 2019) can be found at: <https://www.otago.ac.nz/medicine/current-students/resources/policies-guides/index.html>

Overview of attachments

Elective quarter

The sixth (Trainee Intern - TI) year of the medical degree is a year during which students prepare to take on roles as a junior doctor in an apprenticeship model. The aims of the year are broad and normally include students being fully integrated within a variety of health care teams and taking increasing responsibility for patient care decisions while remaining under supervision. Although in their final year of medical training, TIs are not yet qualified doctors and therefore need adequate supervision and unambiguous, ready access to appropriately qualified colleagues, especially with respect clinical management decisions including prescribing of medications.

The TI Elective Module accounts for one quarter of the final year. Traditionally students have determined an area they wish to pursue to enhance their learning and career choices and arrange a suitable placement in agreement with the module convenor. The majority have arranged elective placements overseas. With COVID 19 disruption, overseas placements are no longer an option for the foreseeable future. Hence the university is having to take a greater role in identifying potential placements and matching students to them, although students are still encouraged to identify potential placements themselves in close discussion with the module convenor.

Placements can be clinical, research based or with supervisors/organisations which expose them to a wider view of medical experiences including policy development.

The TI Elective Module Objectives

The objective of the Elective Programme in the Trainee Intern year is to complement an **individual student's education needs** through at least one of the following:

Gaining medical experience in different types of health care delivery to that practised in New Zealand **(although currently overseas electives are not possible)**

Further developing knowledge in a particular branch of medicine (particularly those not taught in the Trainee Intern year curriculum (e.g. Sports Medicine))

Gaining medical experience of a particular branch of medicine that may influence subsequent career orientation

Gaining medical experience in a particular community that may influence subsequent career orientation

Obtaining in-depth experience in medical research methods

Gaining medical knowledge and experience via project work related to health issues

Obtaining in-depth experience in the delivery of medical services including policy development, working with allied health workers, community health providers and others.

Students on their elective are required to complete 12 weeks of placement. This can be broken into shorter periods. The minimum placement being 4 weeks. Many students prefer two six-week blocks. Research and other project work are usually for the full 12 weeks.

As a guide to those supervising TIs the guidelines following have been developed.

With appropriate supervision they can continue learning in all their usual roles including:

- Learning to work as part of an inter-professional health care team
- Taking histories, assessing and admission of patients in hospitals
- Undertaking consultations with patients, their family/whanau in primary care, hospital and outpatient settings
- Maintaining medical records

- Initiation of management and continuing follow up under supervision
- Presentation of cases
- Being involved in public health work, including contact tracing

In addition, they may take on wider clinical and non-clinical roles

- Supporting general practice e.g. telephone follow up of vulnerable patients and their families/whanau, giving influenza vaccines
- Supporting rural medical communities
- Undertaking research projects
- Working with those involved in service delivery including health policy development

Orientation

When students arrive at the location, someone should be designated to orientate them to the hospital, community, research or organisation setting. For clinical placements this should include the clinical workplace and the clinical team members. This is often best to be an experienced administrator or practice manager who can also ensure they have also completed any remaining form filling, health screening, issuing of swipe cards. The supervisor – as below – should discuss the proposed work and placement learning outcomes with the student, check with the student directly as to their confidence and comfort in the particular clinical environment, gauge the level of supervision likely to be needed initially, and introduce the I team members. Pastoral support: please ensure students know from the outset who to go to and how to access support and health care should they need it.

If at any point in time the supervisor has any concerns regarding the student or their placement, please do not hesitate to contact the TI Elective Module convenor.

Supervision and assessment

Students should each have one lead supervisor, usually a senior member of the team, who is responsible for overseeing the student's learning and the overall tasks allocation.

The lead supervisor does not however have to be directly supervising on a day to day basis; this can be delegated to a greater or lesser extent within teams as considered appropriate to the tasks in hand, and we actively encourage this.

The lead supervisor is required to complete a brief global assessment form in appropriate consultation with other team members. This is an electronic form, the supervisor will be emailed a link in the final week of the placement. The supervisor is free to discuss the assessment with the student.

The student is required to submit an Elective Report to the module convenor on completion of the placement. Nil further assessment is required.

We thank you for considering supervising a student during their elective, an important component of the final medical school year.

OMS TI Elective Module convenors

Prof Rob Walker (Dunedin) rob.walker@otago.ac.nz

Assoc. Prof John Elliott (Christchurch) john.elliott@otago.ac.nz (finishes Dec 2020)

Dr Jenny Visser (Wellington) jenny.visser@otago.ac.nz

Speciality Management Quarter

In this quarter, Trainee Interns will have the opportunity to enhance specialty skills which will be used in a relatively large proportion of clinical encounters. Experience in this module should include management of hospital inpatients and outpatients and some experience of care in the community. The quarter will normally comprise three 4-week attachments. Attachments in Obstetrics and Gynaecology, Paediatrics, and in Psychological Medicine may be taken at Southland Hospital, Invercargill. Arrangements for these attachments are made during the fifth year of the medical course. Changes in attachments should be made only after consultation with the convener of the Specialty Management Quarter and the Trainee Intern Course Coordinator.

Students will normally select attachments in Obstetrics and Gynaecology, Paediatrics, and Psychological Medicine in order to meet examination requirements, but those who have had approved experience in one or more of these disciplines in their electives may select an attachment in another specialty. Approval for this must be obtained from the Department Heads (or Trainee Intern Course Conveners) in this quarter before the year commences.

Objectives

The student in this quarter shall, under appropriate supervision:

1. Extend his / her skills in obtaining an adequate psychiatric, obstetric, gynaecological and paediatric history and be competent to carry out the appropriate examination including specific techniques important in each of these disciplines.
2. Consolidate his / her knowledge of the common psychiatric, obstetric, gynaecological and paediatric disorders, their natural history, investigation and management.
3. Be able to recognise emergency situations in each of these disciplines and initiate appropriate interventions.
4. Gain an understanding of the importance of the family and the community in the presentation and management of his / her patient illness and be able to utilise appropriate community resources.
5. Recognise the importance of encouraging positive health attitudes in his/her patients and the value of screening methods for those diseases in which early diagnosis is essential. Detailed objectives for disciplines of Obstetrics and Gynaecology, Paediatrics and Child Health, and Psychological Medicine will be available to students one week before the commencement of each attachment.

Assessment

1. The method of assessment will be essentially the same in each of the three specialties making up the Specialty Management Quarter: Obstetrics and Gynaecology, Paediatrics and Child Health, and Psychological Medicine. The assessment will be ongoing and depend on your performance in the clinical areas and at any formal or informal seminars which are held and during your case presentations or Trainee Intern seminars. All members of senior medical staff, senior nursing staff and the registrars participate in the assessment using a standard mark sheet (PASAF Form). We will be assessing not only your clinical skills and knowledge, but also your attitudes towards your patients, their relatives and other staff members. At the end of Obstetrics and Gynaecology and Psychological Medicine Specialty modules a short viva will be held to assess your knowledge base and ability to apply that knowledge to clinical situations. The Paediatrics and Child Health module will be assessed via seminars, mini-CEX assessments, and PASAF evaluations.

(1a) The method of assessment for Obstetrics and Gynaecology will require all Trainee Interns to complete case presentation sheets, one for obstetrics and one for gynaecology, carry out a topic presentation and submit three observation of professional practice assessment forms.

At the end of the Obstetrics and Gynaecology and Psychological Medicine Specialty modules a short viva will be held to assess your knowledge base and ability to apply that knowledge to clinical situations.

2. If your clinical performance is felt to be unsatisfactory you will be warned approximately half-way through the attachment by a member of the senior medical staff who is responsible for the Trainee Intern programme within each department.
3. At the completion of each specialty within the Specialty Management Quarter your overall performance will be considered. All three specialties provide formal end-of-run feedback on your performance. In this feedback you will be informed whether or not your performance has met the assessment requirements. If your performance is unsatisfactory you will be asked to an interview with the Head of Department concerned or Coordinator of the Trainee Intern programme, who may either offer a further assessment after a period of personal study, directed elective, or indicate that you will be required to present for an oral examination in that subject at the end of the Trainee Intern year. The oral examination will be conducted with senior staff from either of the two clinical Schools. Students should note that they may be invited to present for an examination at the end of the year to meet the requirements for Distinction and prizes in Obstetrics and Gynaecology, Paediatrics and Child Health, and Psychological Medicine.

(3a) At the completion of each specialty within the Specialty Management Quarter your overall performance will be considered. All three specialties provide formal end-of run feedback on your performance. In this feedback you will be informed whether or not your performance has met the assessment requirements. If your performance is unsatisfactory in O&G you will be asked to an interview with the Head of Department concerned or Coordinator of the Trainee Intern programme, who may either offer a further assessment after a period of personal study, or directed elective.

Community and Critical Care Quarter

The Community and Critical Care Quarter has been in place since the 2015/16 Trainee Intern year began. Contributing departments include General Practice and Rural Health, Preventive and Social Medicine, Emergency Medicine, Intensive Care, Anaesthesia, and ENT and Ophthalmology outpatient clinics. It provides Trainee Interns with a variety of experiences, integrating community services with clinical audit, as well as presenting the opportunity to revisit and hone essential clinical skills to manage the acutely ill, undifferentiated patient. All students will attain Level 7 of the Resuscitation Council training as a Medical Council prerequisite.

The Quarter is divided into two equal sections of six weeks each. These sections are:

- A. Critical Care Module
- B. Community-Evaluation-Outpatients (C-E-O) Module:
 1. Introduction to project, GP, hospice – first 2–3 days
 2. Alternating attachments:
 - a. General Practice placements – 2.5 weeks
 - b. ENT and Ophthalmology Clinics, Urgent Doctors placements, and Hospice visit – 2.5 weeks
 3. Healthcare evaluation project – concurrent with other components throughout the 6 weeks
 4. Presentations, tutorials and assessments – final 2–3 days Trainee Interns based in Invercargill for the year will undertake a similar programme, travelling to Dunedin for the introductory and final days of the module.

Critical Care Module (6 weeks)

This six-week attachment will reinforce prior knowledge and enhance clinical skills relevant to critical care. It will assist in bridging the inevitable overlap between the management of the acute, undifferentiated patient presenting to an Emergency Department and the care rendered to a patient in an Intensive Care Unit. Techniques of acute assessment and management will be reinforced through the combined specialties of Emergency Medicine, Anaesthesia and Intensive Care Medicine. Learning will be assessed through a combination of formative and summative evaluation. By the end of the Module all students will be expected to achieve Level 7 of the Resuscitation Council qualification prescribed as a prerequisite for graduation, by the Medical Council of New Zealand. Each TI will spend three weeks in the Emergency Department, one week each in Anaesthesia and the ICU, and the final week working on simulated cases and completing the Level 7 course. The module will also offer e-learning opportunities.

Learning objectives

Upon completion of the Critical Care module you will be expected to demonstrate:

- a. Proficiency in the immediate assessment and management of undifferentiated acutely ill and injured patients.
- b. An understanding of the role of the Emergency Department as the interface between Primary and Secondary Health Care provision.
- c. Proficiency in advanced cardiac life support to Level 7 of the Resuscitation Council Standard.
- d. A knowledge of diagnostic and management skills required to support patients in need of organ support and invasive monitoring in the ICU setting.
- e. An understanding of the perioperative preparation and subsequent anaesthetic care of the surgical patient including relief of post-operative pain.
- f. A knowledge of the provision of sedation and anaesthesia for patients undergoing various procedures outside the operating theatre including endoscopic procedures and interventional radiology. In the Emergency Department, students will be rostered to attend full ED shifts in the company of an ED

Consultant or Registrar. You will be expected to examine patients and formulate treatment plans under supervision and to demonstrate autonomy and self-direction by integrating yourself into the ED Team. Likewise on your anaesthetic attachment you will accompany a Consultant Anaesthetist and participate actively in all areas of clinical responsibility. During your time in the ICU you will also be rostered to specified shifts that will give you a feel for the real face of Intensive Care. These may be night or weekend shifts where there are many opportunities for your full participation as a team member to a level that acknowledges your level of experience and competence. On each of these specialty attachments you will be expected to attend all sessions set aside for House Officer (Intern) teaching and as opportunities arise you may gain valuable experience by presenting your own cases. You may also have some shifts at Dunedin Urgent Doctors.

Certification in resuscitation for Trainee Interns

The Medical Council of New Zealand requires that every graduating medical student has successfully met the standards of Level 7 certification prescribed by the New Zealand Resuscitation Council. This is also a non-negotiable employment obligation to the DHB in which you will be working as a first year Intern (PGY1). At the Dunedin Campus this course will be provided and assessed during the final week of your Critical Care Module. It will be held in the Skills Lab (Fraser Building).

C-E-O Module: General Practice Attachment (2.5 weeks)

GP placements are arranged by the TI Administrator in the Department of General Practice and Rural Health rather than by Trainee Interns themselves. This process has been implemented because of reductions in placement options due to agreements between the Schools of Medicine. It is important that you do not make your own arrangements with practices. Even if there is willingness by both parties, such arrangements are generally not allowed in most areas.

Prior to the commencement of the module, you will be contacted and invited to indicate your placement preferences from the available options. Please note that while your preferences will be taken into consideration, there are a limited number of placement options, and you may be allocated to go somewhere that was not one of your choices.

You should be aware that costs of travel and accommodation for placements outside Dunedin are your responsibility and that only a small number of TIs are able to stay in Dunedin, so you should budget for this (it is an expectation that your TI Grant be used for any expenses incurred for this part of the module). Other possible sites include Invercargill, Alexandra, Wanaka, Timaru and some rural localities in Otago and Southland. The Otago Community Hospice and Hospice Southland are also used for placements when the need arises, and Blenheim and Nelson have also hosted TIs from time to time. The TI Administrator in the department has information about more affordable accommodation options for most of the areas to which TIs are sent. Please email ti.admin@otago.ac.nz well in advance of your GP attachment if you wish to ask about other possibilities.

During the placement Trainee Interns will work with clinical tutors in a rural or urban practice. You will help the GP with patients and families under their care. After a period of observing you will have the opportunity to work up new cases by yourself for presentation. There is no defined clinical curriculum and you are encouraged to maintain a log of patients and conditions seen and skills learned, as the basis for self-directed learning. Take opportunities as they arise in this undifferentiated clinical environment. However you must not make any medical decisions about patients without supervision from the clinical tutor. You should discuss aspects of General Practice with local pharmacists and other members of the primary care team. Ask to attend, with your Clinical Tutor, local medical meetings, seminars or postgraduate activities.

There will be General Practice tutorials during the first and final weeks. Academic requirements for this module consist of satisfactory participation in tutorials, two mini-CEX assessments, a medication review, and

an overall evaluation of your performance by your primary supervising clinician. Information about these requirements is available on Moodle.

Objectives: Primary and Community Care

- 1) To enable students to consolidate their prior learning in primary care/general practice with a focus on achieving safe and effective clinical outcomes (SECO) in primary care and community settings.
- 2) To enable students to work towards achieving SECO for patients in secondary care outpatient settings that are at the interface with general practice.
- 3) To encourage students to recognise and respond appropriately to growing diversity in the New Zealand population as experienced in the primary care and community settings.
- 4) To encourage students in their final year of medical training to maximise their learning from their clinical placements.
- 5) To enable students to continue to explore and develop their identity as a doctor.

C-E-O Module – Outpatient Clinics (2.5 weeks)

During this attachment you will attend rostered clinics in ENT and Ophthalmology. You will also each spend one day with staff of the Otago Community Hospice, and work two sessions at the Dunedin Urgent Doctors and After Hours Centre.

Learning objectives

During these attachments you will be expected to:

- a) Acquire knowledge of the reasons for referral to clinics and the information required by the Consultant.
- b) Develop an understanding of difficulties that may arise as a result of hospital admission/discharge and strategies to minimise these.
- c) Develop diagnostic and management skills applicable to General Practice, for patients with disorders of the eyes, ears, nose and throat.
- d) Observe, diagnose and treat common problems presenting in primary care.

C-E-O Module: Health Care Evaluation Project (6 weeks)

During this attachment, you will work as a group to undertake a practical audit or evaluation of a specific area of health care delivery for a client. The project is intended to be a useful assessment of a real problem or issue in health or health care for which you will work (under supervision) to find a solution. The overall purpose of the project is to help you learn some of the skills you will need to evaluate your own medical practice in the future – this is also known as practice audit. Audit contributes to ensuring high quality health care services, by monitoring the quality of care, identifying problems and potential solutions, and evaluating again when changes have been made. As a medical practitioner, in any specialty, there will be some requirement for you to ensure and maintain the quality of your practice by conducting audits of your work. It will be important for you to be able to decide on the question you are asking in any planned audit activity, identify the data you need to collect to answer that question, and analyse it appropriately (often quite simple analyses will suffice).

The attachment is run concurrently with General Practice and Clinics and is overseen by the Department of Preventive and Social Medicine. Administrative support and a Trainee Intern room are provided by the Department, and we encourage you to attend seminars and events during your attachment with us.

Learning objectives

During these attachments, you will be expected to:

- a) Gain an understanding of methods used to assess the quality of care in hospital or community practice.

- b) Demonstrate the ability to work with others as a team to formulate and carry out a study, and assess the results.
- c) Show an understanding of the lessons learned from the experience and of ways in which problems in health care delivery might be avoided or ameliorated.
- d) Present the findings at a departmental seminar to the client and other relevant parties, as well as produce a written report for the client

Assessment of the Community and Critical Care Quarter

This quarter has been designed to provide a range of opportunities for every TI to build on prior learning and to develop appropriate procedural skills to the level required for the step up to Internship (PGY1). Consider your TI year as a "rehearsal" for PGY1, by becoming self-motivated, assuming an appropriate level of responsibility and taking every opportunity to become part of your clinical team.

Assessment in sixth-year is primarily formative. Feedback from your clinical tutors informs us of your progression. We take this feedback very seriously and every component of your work is assessed in some way. The Committee monitoring student progress is particularly interested in such things as punctuality, attendance, communication skills, active clinical participation, demonstration of clinical acumen, competence in basic procedural skills and your ability to work as part of a team.

An unsatisfactory report in any of these areas may require further summative assessment and could delay your progress to PGY1.

To meet the requirements of the Community and Critical Care Quarter, you will need to demonstrate satisfactory attendance and effective participation in:

- General Practice
- Dunedin Urgent Doctors Clinic and Otago Community Hospice
- ENT and Ophthalmology clinics
- Emergency Department
- Anaesthetic Department
- ICU
- Health Care Evaluation Project

In addition you must gain a satisfactory level of attainment in the Resuscitation Council course and GP assessments and complete all group and individual requirements for the Health Care Evaluation Project.

Ward Management Quarter

The Ward Management Quarter comprises two six-week attachments in which the student has individual responsibility for the continuing care of a limited number of hospital in-patients under the direct supervision of a Registrar or Consultant. The student will also have an opportunity to be involved in the management of outpatients attending clinics and to gain experience of patient management in anaesthesia under the direction of specialists in this discipline. Normally students should select two six-week attachments in medicine and surgery from a list of currently approved options. Proposals to work on a service not listed would be considered by the Departmental Heads in this quarter and would take into account patient management experience acquired in other quarters including the elective.

Objectives

The student in this quarter shall, under appropriate supervision:

- 1 Become accurate and efficient in interviewing and examining patients and in identifying their significant health problems.
- 2 Continue to develop and improve development of the skills in diagnosis, problem list differential diagnosis for each major problem and to propose and, as appropriate, implement plans for the clinical, social, laboratory and radiological investigation of patients.
- 3 Develop skills in treatment, particularly the ability to propose and, as appropriate, to implement plans for the management of patients. This shall include the prescription of drugs, diets and fluids, the performance of minor medical and surgical procedures and the involvement of nursing, physiotherapy, occupational therapy and social work services.
- 4 Develop the ability to recognise a medical emergency and to initiate appropriate action. This shall include the ability to recognise priorities when faced with a multiplicity of tasks.
- 5 Enhance personal knowledge and understanding of illnesses and develop the skills of in-service learning, which will be continued throughout the graduate's practising life. In particular the student shall learn to use the resources available from a medical library including electronic databases such as OVID and PubMed, e-journals and electronic references such as UpToDate with respect to investigation and management of patients under his/her care.
- 6 Develop managerial skills in the conduct of duties in the ward and clinic and to enhance the efficiency and effectiveness of patient care. This shall include the ability to maintain an accurate, clear and concise ongoing record of the illness and management of patients under his/her care.
- 7 Develop skills and sensitivity in communication, interpersonal relationships and teamwork as these affect patient care.
- 8 Develop an awareness of his / her personal role in the management of individual patients, an understanding of his / her own limitations in this role, and an appreciation of when it is appropriate to consult.

Trainee Intern participation in on call commitments during ward based attachments

A trainee intern is expected to participate in on call session as a valued member of the team. This is an essential part of the learning experience and participation is required for terms to be awarded.

To avoid a disparity between runs and to maximize the exposure of all TI's to acute call, a minimum requirement should be met. Attending on call sessions enhances the role of a TI as a team member.

It also maintains continuity as the TI takes responsibility for a sub group of patients on the ward, and engages in their management plan.

An appropriate involvement would be one day per week and one weekend in five. The majority of teams participate in 24-hour call, so a reasonable attendance would be until about 10pm in the evening, but should relevant clinical events occur after this, then the Trainee Intern is strongly encouraged to use his/her initiative to make full use of the learning opportunity. Seeking greater involvement in 'out-of-hour' clinical experience is left to the Trainee Interns own choice.

Some runs where the team has acute cover for 24/7 (eg Neurosurgery, Urology and Vascular Surgery) the TI must discuss the expectation and how acute experience is achieved with the academic staff member on that team.

Assessment

As a TI on Medicine there is an opportunity to acquire skills in management of patients in a ward setting such as will be required of a house-surgeon.

The aim is to make the transition from being an undergraduate student to functioning as a junior house-surgeon. It is therefore expected that the TI is a productive member of the ward medical team, shouldering some of the work of the team. This would usually involve supervising some patients. This will require close interaction with other members of the team, especially the house-surgeon and registrar, under the supervision of the team consultant. It is expected that students will already be proficient in taking a history, conducting an appropriate examination and constructing a good problem list. In this attachment emphasis should be placed on acquiring further ability to plan investigation and management of patients. The TI is expected to be on call at least three times during the six week rotation. Progress in the area of team interactions will be assessed on the PASAF, and overall ward grading. A long case will also be used in assessment of the ability to assess and present patient problems. Emphasis will be placed on definition of the patient's problems and plan for investigation and management. The student must gain a Pass or higher in both ward assessment and long case to pass their Medicine attachment.

To pass the PASAF the Trainee Intern must adhere to the following:

- Punctuality
- Professional attitudes and behaviour in all aspects of patient contact and ward management
- Become a good team member and work closely with all members of the team
- Attend all tutorials

Selected students will be invited to sit the JAD Iverach Prize Examination, which consists of a presentation gift. This is a prerequisite for being invited to sit the distinction examination. The Iverach Prize is held on the Friday of the fifth week of the last quarter, with the distinction the following Wednesday. Students who are on a fourth quarter elective should check with Sheryl Foster prior to going on elective to confirm if they will be invited to sit the JAD Iverach Prize in Medicine.

A booklet will be issued at the beginning of each attachment with more detailed information on the requirements of the Medicine run. It will include the tutorial information, and names and tracers of the registrars attached to the appropriate teams.

Surgery

The emphasis for Trainee Interns on the surgical attachment is to develop the interpersonal, practical, and technical skill set which will enable them to become part of a surgical team and to function as much as possible as an 'apprentice house officer'.

Throughout their training the interns have completed runs in a number of surgical specialities, and the pathophysiology and clinical presentations covered in these rotations is the 'core knowledge' that they bring to the Trainee Intern attachment in surgery. To facilitate the practical and apprenticeship aspects of this rotation, interns are attached to a surgical team. They will become fully integrated into the medical work of that team, and will be given increasing opportunities to develop their clinical skills as they help care for patients. A wide range of choices of teams are available, including in general and vascular surgery, ENT, urology, neurosurgery, cardiothoracic surgery, and plastic surgery. The programme of the team is the first priority of the intern.

Additional learning opportunities are also provided throughout the rotation. During the first week a practical suture workshop will be held. Throughout the rotation a weekly clinical tutorial held 11am–12noon Wednesdays (seminar room 431, 4th floor) with Mr Audeau. Attendance to this is compulsory. There are also radiology tutorials and opportunities to attend tutorials linked to the general medical attachment (which cover the period of time you are attached to Surgery and Medicine). Making the most of learning opportunities will have a beneficial impact on the rotation. It is your responsibility to assess and admit a good number of patients, to attend acute cases (which may involve staying in hospital when the team is on call), and presenting as often as possible to your Consultants. Ongoing involvement and a good grasp of the daily progress of your patient will also be noted. You must complete the surgical skills card during the course of the run. Note that this represents a minimum attainment and you should certainly not restrict yourself to that. It must be signed by a consultant or your registrar.

In terms of assessment any deficiencies in performance will be brought to your notice during the run, and/or at the final assessment. During the last week of the run, you must give your assessment form (PASAF) to one of your consultants and make a firm appointment to discuss the assessment and receive feedback before the run ends. You must sign the completed form and return it and your skills card to Ruth Mullenger (PA to the Head of Department).

While your clinical assessment abilities are formally tested in the Medicine component of this quarter by the presentation of a Long Case, this is not repeated in the surgical attachment. However, your ability to frame a significant question, research and critically assess the literature, and write a coherent argument in the manner of a scientific paper or review, is. This is the essential purpose of the Surgical Essay, and you will receive further instruction on how to go about this. The best surgical essay will win the Stanley Wilson Prize at the end of the year. Please note the deadlines for completion and submission of the essay, as this is a requirement for terms.

If there is a genuine reason for possible delay in submission, you must contact Mr Woodfield and/or Ruth Mullenger in advance of the deadline and seek permission for an extension, which will only be granted for extenuating circumstances. Students who perform well in both their surgical attachment and essay will be invited to a distinction viva at the end of the year.

Professional Development

Introduction

Professional Development (PD) in the Trainee Intern year will reflect your increasing duties and responsibilities as a senior medical student.

You are now an integral part of each clinical team, and your role in patient care becomes increasingly important. In 4th and 5th year, the Professional Development lectures and mentoring were designed to give you additional skills and to help you form healthy attitudes in your clinical practice. You will now be required to demonstrate that learning. In a year, you will become a house officer and you will need a wide range of professional tools to enjoy what will be a challenging period of personal and professional growth. The PD activities listed below are designed to support your year as a Trainee Intern and to help you develop and learn from your clinical experiences.

Professional development objectives

These are drawn from the Otago Medical Graduate Kaupapa Profile and the Core Professional Activities

- 1 Be able to describe the implications of professionalism including the responsibilities, obligations and privileges in being a doctor.
- 2 Demonstrate the ability and willingness to learn and appreciate that learning continues throughout life and that the maintenance of professional standards is a lifelong commitment.
- 3 Display insight and awareness into your own needs as a person and the occupational challenges of medical practice, and in response to this, establish and use appropriate support methods.
- 4 Display an awareness of the doctor-patient relationship and what factors may positively or negatively impact upon it.
- 5 Be able to explain and demonstrate skills in teamwork and group work with peers and other health care professionals.
- 6 Be able to describe and demonstrate the establishment and maintenance of appropriate professional boundaries in medical practice.
- 7 Know how to recognise and manage uncertainty, error and adverse outcomes in medical practice and have awareness of the causes especially preventable ones.
- 8 Be able to explain the impact on the student and doctor of witnessing suffering, loss, death and dying.
- 9 Display an awareness of the environment of medical practice including the medico-legal structure.
- 10 Be able to describe the impact of cultural background and beliefs on health and health care. Develop insight into your own culture and beliefs and how these may differ from that of others.

Self Care

We now know that patient safety is inextricably linked with physician well-being and we encourage you to continue to develop good habits of self-care which are most useful for you and are likely to include but are not limited to:

- Stress management and emotional intelligence tools
- Having your own GP
- Having a healthy diet
- Exercising
- Meditation or some other mindful practice
- Being aware of and avoiding occupational hazards such as a mental and emotional fatigue, and unhelpful strategies such as alcohol/drug abuse

- Being aware of and managing boundaries

Mentoring Groups

Trainee Interns are expected to continue attending their mentor / peer review group. The expectation is that you will manage 3 to 4 meetings during your TI year. If you are unable to attend, it is a professional courtesy to let your mentor know beforehand. Your role as a senior member of an established peer group gives you the opportunity to offer support to the 4th and 5th year students. They appreciate this and we hope you will enjoy this role. It is a professional expectation that we all offer support and assist in the education of our junior colleagues. As you know, you have now had two years of working in small groups and mentoring with the opportunity of discussion with more senior doctors. Do take some time before your meetings to be clear about the issues you wish to discuss with the mentor and your TI colleagues to facilitate their assistance. The meeting after you come back from your Elective is an excellent opportunity to review your experiences and learning, after having been in a different learning context. We expect you go to mentoring prepared to discuss something that is important related to your clinical training. The reason why good contact with your mentor and your peer group is helpful is that the Trainee Intern year will be quite different to your experiences in 4th and 5th year. Previous TIs have reported how they felt more included in clinical teams, and their responsibilities were increased as the year went on. There are closer interactions with patients and with other staff; these interactions can be both rewarding as well as challenging. The common topics in the first two years of peer group or mentoring were: "difficult" patients; death, dying and suffering; colleague relationships, and styles of feedback. These main topics came as no surprise, as they are generic issues for medical students around the world. While some of these topics were addressed in your Integrative days in PD in 4th and 5th year, you will need to grapple with these issues again this year as you encounter them in the clinical context. Other topics were; boundary issues, occupational hazards, respecting difference, uncertainty, teamwork, and complaints. We appreciate that the TI year is busy, often runs are away from Dunedin and the elective time is often taken away from New Zealand. Peer group work forms a vital part of every doctor's support system. The issues that make attendance difficult for a TI are the same ones that make it difficult for established doctors. Finding ways of surmounting these obstacles is a part of becoming a professionally safe medical practitioner.

It is most important that if you are having trouble in arranging your sessions, then you need to be in touch with the PD convenor - Dr Nigel Thompson. nigel.thompson@otago.ac.nz or 021 550950

Tutorial work

Surgical Run

There is a Professional Development tutorial in the final week of your surgical run. This is facilitated by Dr Lynley Anderson and Associate Professor Mark Thomson- Fawcett.

Community Practice

There is a Professional Development tutorial in the first week of your GP attachment facilitated by Dr Nigel Thompson. There is a further review session in the first week with the opportunity to formally reflect on your recent attachment experiences with your colleagues and teachers.

Reflective Practice

Some of the activities expected of you in this PD course come under the concept of 'reflective practice'.

This is the term generally used to describe a structured time which practitioners use structured time to review their clinical experiences, including their own ideas on the nature of practice. Just as study of the doctor-patient relationship is relatively uncommon in medicine, practitioners who take reflective practice seriously are few and far between. More than simply 'mulling over' the day's events or chatting about them with someone else at the end of the day, structured activities of reflection include journaling, critical incident analysis, formal peer group discussion, mentoring and supervision. However, any 'thinking about' our practice – which results in a change of understanding or behaviour – can be thought of as being 'reflective'. The keys are: what have we noticed, what have we learned and, as a consequence, what will we do differently in the future?

There is so much ongoing learning in our medical career that all practitioners must in some sense be ongoing learners and 'reflective' – or seriously risk themselves, their patients and/or their colleagues. The challenge is to make the very best use of these ongoing opportunities as they arise and to be both effective and efficient in our continuing professional development.

The medical school at the University of Otago now includes various activities of formal reflective practice such as peer groups, mentoring and critical incident analysis. These are very useful skills for medical practitioners, and it is good to get into the habit of doing these activities before you graduate.

In summarising reflective practice, careful activities of reflection help you to:

- Understand what has happened (give coherence to the unfamiliar)
- **Re-examine** your assumptions (about medical work and about self)
- Guide action (by reviewing experience and exploration of option) To demonstrate skills in reflective practice, you should be able to:
- Step back from immediate clinical situations to formally review your experiences
- Identify the relevant issues involved in your clinical and professional experience
- Acknowledge your personal emotions and reactions
- Monitor and evaluate your own skills with respect to each point in your career
- Move from immediate details to wider issues about the practice of medicine generally

Things you can do at any time in your career:

- Talk over your more 'difficult' patients with someone else, ie share your worries and frustrations
- Personal writing on your working and learning experiences
- Join a peer group and meet regularly
- Find a mentor who you can trust and can talk with

Summary

The overall goal of these Professional Development activities is for you to be developing your awareness and understanding of how to be a good doctor and to be developing good habits of self-reflection and self-care which will facilitate your clinical practice as an individual and within any team.

We wish you well in the coming year and the years of clinical practice ahead.

Dr Nigel Thompson, Convenor (021 550 950) nigel.thompson@otago.ac.nz

MB ChB Programme of Assessment Policies and Procedures

For the most up to date information on assessment in the ALM6 year please refer to page 91 of the [MB ChB Programme of Assessment Policies and Procedures](#).

MCNZ ePort

Expectations for Trainee Interns engagement with the MCNZ ePort will be formalised for the 2020/2021 year. You will be notified with further information on this as details are confirmed, before December 31 2020. Updated details will also be posted here on Med Moodle.

School Buildings and Facilities

Trainee Intern Common Room & Fraser Building

A room is available for your use on the 8th floor (room 8406), Dunedin Hospital, where you can leave your belongings and relax. This room is particularly useful if you are on call in the hospital. The access code will be given to you at orientation day. This room has a microwave, sandwich maker, toaster and computers.

You can continue to 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.

General computing information

Moodle

Important information on your TI year 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 (eg 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

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

Please make your own travel arrangements to Invercargill. Trainee Interns will receive a reimbursement for this travel from the Southern District Health Board following their attachment. Please ensure you arrive in Invercargill on the Sunday night 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.

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
- Laboratory for MRSA test if necessary to the department for your placement:
- Medicine Department
- Surgery Department
- 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 / konrad.richter@southerndhb.govt.nz Should you need to see A/Prof Richter appointments can be made through the Administrative Assistant, Madge Storm, email: dsm.invercargilladmin@otago.ac.nz, hours of work Monday - Friday 8.30am - 12.15pm (this can change, please check). 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 is not required on students going to Invercargill unless:

- You have a skin condition
- You have had a previous positive MRSA test
- Are coming from overseas. IF you are coming back from your overseas elective, a NZ result is required.

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 IdentifyCard 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 Uni ID card.

Troubleshooting of 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 are 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 and Michael Tanner) - 03 479 7086 - or contact Fraser direct on 021 279 0740, or Michael on 021 279 7086 you may text them during a presentation.

Paediatrics zoom link

All zoom links will take place in the Study Hub.

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 03 218 1949 ext 48212 / email dsm.invercargilladmin@otago.ac.nz, office hours Monday to Friday 8.30am–12.15pm; or contact the Student Affairs Office at Dunedin Campus 03 479 7700/ email oms.studentaffairs@otago.ac.nz.

Student welfare and services

Student Affairs Office – Sayers Building – Otago Medical School Administration

The Student Affairs office is headed by two Associate Deans' for Student Affairs, Dr Penny Eames and Dr Tess Patterson. Although Dr Eames mainly sees ALM students, Dr Patterson ELM students, there is a cross-over. They are responsible for all student matters relating to their personal, academic or pastoral care and is assisted by the Manager of Student Affairs, Jillian Tourelle. Jill is also able to assist and guide you in these matters, and to 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 - Sayers Building – Otago Medical School Administration

The Medical Education Unit (MEU) is involved in the planning and administration of the curriculum for medicine, years 4 - 6. Relevant staff you may contact include:

Associate Professor Ralph Pinnock (Director, Medical Education Group and Associate Dean, Undergraduate Education)

Associate Professor Kristin Kenrick (Assistant Director, MEU & Y6 Co-Convenor, General Practice & Rural Health)

Dr Megan Anakin (Lecturer)

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

MEU 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!

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 smpresident@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

Each year a group of students is divided into four groups for administration purposes. Each of these groups should nominate a 'class representative' one of which for each year should be the OUMSA rep. The main role of the student rep 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. Reps sit on a number of important committees 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. By sharing the workload between the reps the individual commitment need not be too time consuming. The knowledge gained of the working of Otago Medical School and curriculum development is invaluable. The class reps also carry out organization of social events and the Graduation Ball.

Student with impairments

If you have 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

General Information

Administrative details

The Trainee Intern Course Convenor/Advisor is Professor Rob Walker in the Department of Medicine. He is responsible for maintaining an overview of each student's schedule of attachment for the year and to ensure the best possible educational experience for that students. Professor Walker also approves elective choices.

The Trainee Intern Course Coordinator is Jillian Tourelle. Jill coordinates all aspects of the sixth-year medical course including your programme/timetable. All queries relating to the timetable must be directed through Jill.

The Trainee Intern Electives Coordinator is Sheryl Foster. Sheryl coordinates the elective protocols, receipt of your elective reports and supervisors' assessments.

If a TI has difficulties of an academic or personal nature, advice may be sought from either Professor Walker or Dr Eames, ADSA or from Student Health Counselling Services.

General Notes

TIs are full-time students who are required to complete a period of training in practice settings to gain the necessary experience to allow them to complete the educational requirements of their qualifications. In order to be in good standing, a TI must comply with the following:

- Be enrolled with the University
- Hold honorary staff status with any District Health Board to which that student is attached
- Be a member of a recognized medical indemnity programme (MPS)
- Be diligent and punctual in attendance and participation in designated clinical activities including acting house officer duty as appropriate.

Note: absence for whatever reason **must** be explained to the Course Convenor/Consultant and departmental administrator of the respective Module.

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.

Student Leave

It is expected that all students will attend all scheduled learning experiences. This particularly applies to all laboratories and tutorials in ELM and 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

If a Trainee Intern is required to work public holidays with their team, they should be allowed one day's leave in lieu of this, to be taken at an appropriate time within the same module. This should be discussed with the senior members of the team to arrange a day that is beneficial for all parties and where there is unlikely to be significant loss of learning opportunities

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.

Sixth Year TI Grant

All enrolment procedures MUST BE COMPLETED prior to the commencement of the Trainee Intern year on 23 November 2020. Trainee Interns wishing to join the University student clubs, obtain cheap airfares etc., must also pay the OUSA levy.

Trainee Intern Training Grant - Information regarding entitlement to payment

The training grant comes from Vote Education funding and is only administered by the University of Otago for the Dunedin, Christchurch and Wellington Campuses. The funds are forwarded to the University monthly and are distributed to the Trainee Interns' bank accounts for payment on the 1st Wednesday of each month. The process for banking the Trainee Intern grants is that these are banked on the evening of the 1st Wednesday of each month via the bank transfer service. In real terms this means that they will have access to the funds from the following day although they may be available late in the evening of the date they are processed.

The training grant is \$26,756 per annum, tax-free and paid in 12 monthly payments of \$2,229.66. This grant is non-taxable. **It is important to note that those intending to apply, or receiving Student Allowance payments through Studylink, understand that the training grant is classed as income, and you do not qualify for both.**

The Trainee Intern year normally runs from approximately mid- November for a period of 12 months. The first payment is made on the 1st Wednesday of December (2 December 2020) and the first in November (3 November 2021) the following year.

The elective quarter cannot be paid in advance, as the funds are only received for payment monthly.

If there is a need to resit one or more 5th year examinations, there will be a delay in commencing the TI year for one quarter, or even repeating the 5th year. The Training grant will begin when the student commences sixth year.

Information from Study Link

If you get a Medical Trainee Intern Grant, we may count some or all of it as income. How much we count as income will depend if the grant is paid to you as a lump sum or monthly payment.

Lump sum payment

If it's paid to you as a lump sum, we won't count any amount that you use to pay for either your:

- course fees
- course costs that are over and above normal course costs, eg:
- air fares
- additional accommodation when on placement.

The rest of the grant will be divided into a weekly amount. This weekly amount will be counted as income for your Student Allowance. If you're unsure whether your course costs are over and above normal course costs, [call us](#) - [0800 88 99 00](tel:0800889900) Monday to Friday, 8am to 5pm to discuss your situation.

Monthly payment

If it's paid to you monthly, the entire payment will be counted as income. The monthly total will be divided into a weekly amount and the weekly amount will be counted as income for your Student Allowance.

Grant eligibility

Eligibility for the grant is determined by whether or not an individual is assessed for domestic fees. **Those assessed for international fees are not eligible for the grant.**

The 6th year training is classified as a 'restricted course'. This means that funding for the entire year is predetermined based on eligible students at the start of each year. Therefore it is not possible to achieve entitlement during the course of the training year even if there is a change in eligibility status.

Any interns transferring to or from Auckland Medical School will be paid the grant by the School teaching the 6th year of the course, so please ensure you check with the TI Course Co-ordinator to ensure all of your details are forwarded so you may be paid.

You may be required to work in the wards by the District Health Boards as acting House Officers. This is a requirement of your course and no extra payment is made for this.

If you require a letter for evidence of income of the Training Grant by banks, referees, for loans etc., then please email Jillian Tourelle, the TI Course Co-ordinator, at the University of Otago, who will be happy to provide these. Her email address is: jillian.tourelle@otago.ac.nz

Communication

Checking your student email

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

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.

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.

Graduation

Graduation application process

In order to graduate and receive your certificate you must apply by logging in to your eVison portal and respond to your graduation invitation which will be sent to your student address from the Graduation Office. You MUST respond even if you do not wish to attend a graduation ceremony. Please refer to the Graduation website for further information eg dates, hiring regalia etc.

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

Draft Graduation weekend programme – Saturday 11 December 2021

Friday evening	Medical Graduation Ball
Saturday	
9.30 am	Graduation Brunch – Atrium, Commerce Building, corner of Clyde Street and Union Street East
10.20 am	Colquhoun Lecture Theatre – reading of the Oath, OMS prizes & Campus photos
11.15 am	Graduation procession/ceremony – Assemble Dental School
12 pm	Marshalling of graduands
1 pm	Ceremony begins

Dunedin Campus Trainee Intern Graduating Dinner & Prize-giving

This event is held on the last Thursday of the fourth quarter eg Thursday 18 November – commencing at 6.30 pm. Prizes for students from the Dunedin Campus will be presented.

House Officer positions

Information can be found at the Advanced Choice of Employment (ACE) website:

<https://www.kiwihealthjobs.com/ace/graduate-doctors>.

House Officer jobs will commence in January 2022. Information regarding the ACE road show and application process for positions is sent out by ACE, via the Student Affairs Office around February.

Useful tips:

- Decide where you wish to go and why. If it is a smaller and popular hospital, such as Nelson, take measures to increase your chances of success. Plan your elective to spend some time there. Visit the hospital March-April for a long weekend and meet the intern-supervisor and coordinator of the RMOs. Tell them why you are keen to go there.
- If you wish to remain in Dunedin, make sure you contact/visit the RMO unit and advise them of this. They will arrange for you to meet the intern supervisor.
- Remember it is your clinical ability that has a big impact on the decision-making. How well do you work with the ward team? Do you carry your share of the workload and get on with the tasks required, even if this means finishing at 5.30 pm or later? How well do you use your clinical knowledge and make appropriate decisions? All these things are watched closely and add to the review process.
- Choose your referees carefully. They will be commenting on the above issues. Make sure you ask them early. As your job is a hospital job as a house officer, your ability as a TI on the wards is important – choose someone who can comment on this as well.
- Any concerns or questions please contact Professor Rob Walker.

Students on first-quarter elective are strongly advised to get references and their CVs put together before they go in order to have these ready in time for applying for jobs on their return. For ideas on how to put a CV together and interview skills, please check out the following <https://www.otago.ac.nz/careers/index.html>

Probationary medical registration

Application information for probationary medical registration will be distributed around July by the Student Affairs Office.

JPs on Campus

From time to time, students may require services of a JP. Further information can be found at <https://www.otago.ac.nz/student-services/otherservices/otago018289.html>

Assessments in TI year

For further information, please refer to the MB ChB Programme of Assessment *Policies and Procedures* on Moodle – Assessment <https://medschool.otago.ac.nz/course/view.php?id=1760>

Course Objectives

Personal Attributes

- The capacity to be a critical thinker, capable of weighing, evaluating and integrating new information into his or her understanding of issues.
- The ability to evaluate his or her own professional functioning and to act to remedy limitations of knowledge, skills and attitudes throughout his or her career.
- The ability to extrapolate from knowledge and principles to solve new problems.
- An awareness of his or her professional limitations, and a willingness to seek help when these limitations are met.
- The ability and willingness to learn and to appreciate that learning continues throughout life.
- The ability and willingness to facilitate the learning experience of individuals, groups and communities, both within and beyond the health sector.
- Information literacy, including the ability to locate, evaluate and use information in a range of contexts.
- The ability to be organised and the skills for time management, so that time and resources are used effectively and efficiently.
- A dedication to appropriate ethical behaviour, based on a well-developed awareness of his or her own moral values, and knowledge and application of principles of medical ethics.
- An awareness of his or her own needs as a person, how health needs might impact on competence to practice and an ability to access appropriate support or healthcare for him or herself.
- A commitment to the fundamental importance of the interdependence between research, medical knowledge and professional practice.
- A commitment to advocate for the health needs of individuals and communities.

Interactive Attributes

- A caring and empathetic attitude to others.
- Respect for, and an ability to co-operate with colleagues, competence in teamwork and an understanding of the roles of other health professionals and healthcare teams.
- A respect for patients and a dedication to work with patients to optimise their health and wellbeing.
- Respect for, and an ability to respond to the cultural context and aspirations of patients, colleagues, other health care workers and communities.
- An understanding of and an ability to respond to the obligations of the Treaty of Waitangi.
- Oral and written communication skills, including an ability to communicate effectively with individuals, groups and communities, both within and beyond the health sector.

Disciplinary Attributes

- A sound knowledge of the philosophical, scientific and ethical principles underlying the practice of medicine and an ability to apply this knowledge as part of competent medical practice.
- A sound understanding of the legal framework surrounding medical practice in New Zealand.
- A sense of social responsibility and an understanding of the contribution of doctor, health services, society and political influences to the health outcomes of patients.
- A commitment to the principles of patient-centred medicine.
- Knowledge of factors impacting on inequalities in health outcomes.
- Knowledge of factors impacting on the health status of Māori and other cultures.
- Skills in eliciting, documenting and presenting the history of a patient's problems and the relevant physical examination findings.
- Skills in problem solving and formulation of differential diagnoses.
- Skills in the management of common medical conditions, including; informing and negotiating, the performance of relevant clinical procedures, assessment of prognosis, prescribing skills, knowledge of drug therapy and care of the dying patient.
- Skills in the management of emergencies and other serious medical conditions.
- An awareness of, and the skills to manage, uncertainty in medical interpretation and decision making.
- An ability to maintain proper boundaries between personal and professional roles.
- An understanding of the role played by individuals and society in the development of disease and the maintenance of well-being.
- A sense of social responsibility and an understanding of the roles and functions of healthcare institutions in the social and political environment.
- An appreciation of the global perspective of medicine, and an informed sense of the impact of the international community on New Zealand and New Zealand's contribution to the international community.

MB ChB Assessment Policy & Procedures (COVID Edition)

We recommend you refresh your memory of the introduction (pp 9 – 38) and the section on assessment in ALM, and closely read the section relating to assessment in ALM6:

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

Guide to academic conduct

Introduction

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.

For further information please refer to

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

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

Otago Medical School

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 prizeschedule.

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 BMedScMD(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–Southland/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. The prize consists of books, instruments or education aids to a value to be advised.
- 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. The prize consists of books, instruments or education aids to the value of NZ\$500.

Kōtahu – 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.

Working in a Clinical Setting

Clinical Education: 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 consultation 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 and 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. This can be verbal but should be documented in the patient's notes.

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.

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 (1993) and the Health Information Privacy Code (The Privacy Code or HIPC)(1994).

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 reasons to do so and also 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.

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.

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.

Code of Conduct and Integrity (District)

(Code supplied at TI orientation – read and signed by student)

Policy Purpose

This policy outlines the expected standards of behaviour and conduct of all people involved in the operation of Southern District Health Board (Southern DHB).

Policy Applies to

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.

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.

Associated Documents include:

- [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 Legislation includes:

- [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](#)

Other:

- [WorkSafe New Zealand](#)

Good Employer Statement

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.
- 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 Time and Resources Efficiently

- 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

Consideration

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.

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](#)

ALM 6ti

Dunedin Campus- Otago Medical School Advanced Learning in Medicine Sixth Year Trainee Intern Handbook

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