

UNIVERSITY  
of  
**OTAGO**  
Te Whare Wānanga o Otāgo  
NEW ZEALAND

OTAGO MEDICAL SCHOOL  
*Te Kura Hauora o Ōtākou*

# 2020-21

University of Otago, Christchurch  
Advanced Learning in Medicine  
Sixth Year Trainee Intern  
Handbook



**ALM  
6ti**

# **UNIVERSITY OF OTAGO, CHRISTCHURCH**

## **TRAINEE INTERN HANDBOOK 2020/21**

Disclaimer: While all reasonable effort has been made to ensure that the information contained in this publication is correct at the time of printing, matters contained in this publication are subject to change.

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

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Welcome to the final year of your medical degree.

The trainee intern year's apprenticeship model aims for you to be fully integrated within 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 teamwork, and to ask for feedback and reflect on it. These habits will prove valuable in the challenging 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**

## **INTRODUCTION FROM THE DEAN**

On behalf of the University of Otago, Christchurch welcome to your final year of medical school.

The Trainee Internship continues your spiral of learning, and introduces students in a gradual manner to full responsibility for patient care, while still under continued academic supervision.

During this "apprentice year" you will work within clinical teams, continuing to develop your knowledge, skills in clinical assessment and problem solving, investigations and medical procedures, to become an increasingly responsible and valued member of the clinical team.

This knowledge and skills will enable you to best serve your patients and wider community in the years ahead.

Best wishes for a stimulating and satisfying year.

Professor David Murdoch  
Dean

## 2020/21 Trainee Intern Year Dates

Monday, 23 November 2020 .....	First Quarter begins
<i>Monday, 21 December 2020 to Monday, 4 January 2021 (inclusive).....</i>	<i>SUMMER VACATION</i>
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
<i>Monday, 16 August to Sunday 29 August 2021 (inclusive).....</i>	<i>WINTER VACATION</i>
Monday, 30 August 2021 .....	Fourth Quarter begins
Monday, 15 November to Wednesday, 17 November 2021 .....	Pass/Fail & Distinction vivas
Thursday, 18 November 2021.....	Trainee Intern Prize-giving & Farewell Function (details to be advised)
Sunday, 21 November 2021.....	End of Academic Year
House Surgeon (Intern) jobs commence January 2022	

**(Please Note: Trainee Interns do not get Statutory Holidays off.  
Vacation periods substitute for all statutory holidays)**

### Statutory Holidays Policy for Trainee Interns

In this handbook it states quite clearly that “vacation periods substitute for statutory holidays”, that is, the holidays, which you are given during the year at Christmas/New Year and August (4 weeks in total), are in lieu of all other statutory holidays during the year. You are therefore not entitled to any other statutory holidays. You must check with your Module Convenor or Supervisor of the attachment you are working on at the time of a statutory holiday as to what is required of you during this time e.g. Waitangi Day, Easter weekend, Anzac Day, Queen’s Birthday, Labour Day, Show Day.

## Key Members of Staff and Contact Details

Dean	Prof David Murdoch	david.murdoch@otago.ac.nz	80522
Deputy Dean	Prof Vicky Cameron	vicky.cameron@otago.ac.nz	81210

### Medical Education Unit (Ground Floor, UOC)

Assoc Dean (Medical Education)	Prof Lutz Beckert	lutz.beckert@cdhb.health.nz	86272
Assoc Dean (Undergraduate Student Affairs)	Tania Huria	tania.huria@otago.ac.nz	81080
Undergraduate Administrator	Carol Milnes	carol.milnes@otago.ac.nz	81547
Education Adviser	Anthony Ali	anthony.ali@otago.ac.nz	86295
Reception	Anna Groen	<a href="mailto:reception.uoc@otago.ac.nz">reception.uoc@otago.ac.nz</a>	80530

### Key Administrative and Support Staff - 5<sup>th</sup> Floor

Senior Manager Client Services	Melissa Paton	melissa.paton@otago.ac.nz	80554
Manager Client Services	Katrina Hogg	katrina.hogg@otago.ac.nz	80544
Dean's Executive Assistant	Robyn Maguigan	robyn.maguigan@otago.ac.nz	80522
IT Support Services team leader	Tim Young	tim.young@otago.ac.nz	81691
IT Support Senior Technician	Robert Densie	robert.densie@otago.ac.nz	80632
IT Support Senior Technician	Jarren Nelson	jarren.nelson@otago.ac.nz	80632
Media Support Officer	Dean Pester	dean.pesther@otago.ac.nz	81007
Research & Development Manager	Rebecca Coombes	rebecca.coombes@otago.ac.nz	80038
Research Manager, Maori	TBA		81658

### Heads of Academic Departments

Anaesthesia	Prof Ted Shipton	ted.shipton@cdhb.health.nz	81642
Population Health	A/Prof Gillian Abel	gillian.abel@otago.ac.nz	364 3619
General Practice	Dr Ben Hudson	ben.hudson@otago.ac.nz	364 3604
Medicine	Prof Richard Gearry	richard.gearry@cdhb.health.nz	81846
Obstetrics & Gynaecology	Dr Jo Gullam	joanna.gullam@otago.ac.nz	85647
Pathology & Biomedical Sciences	Prof Martin Kennedy	martin.kennedy@otago.ac.nz	80115
Orthopaedics & MSM	Prof Gary Hooper	gary.hooper@otago.ac.nz	80430
Paediatrics	Prof Andrew Day	andrew.day@otago.ac.nz	80735
Psychological Medicine	Prof Richard Porter	richard.porter@otago.ac.nz	86404
Surgery	Prof Tim Eglinton	tim.eglington@cdhb.health.nz	364 3634
Radiology	Prof Anthony Butler	anthony.butler@cdhb.health.nz	86359

Extension nos. starting with 80 and 81 can be direct dialled with prefix 3640/3641 and last 3 digits of extension.

## Block Module Convenors and Administrators

Trainee Intern Elective <i>Administrator</i>	Dr Laura Joyce <i>Sam Gurney</i>	<a href="mailto:laura.joyce@cdhb.health.nz">laura.joyce@cdhb.health.nz</a> <a href="mailto:sam.gurney@otago.ac.nz">sam.gurney@otago.ac.nz</a>
Medicine  <i>Administrator</i>	Dr Steven Soule A/Prof Penny Hunt <i>Sam Gurney</i>	<a href="mailto:stevens@cdhb.health.nz">stevens@cdhb.health.nz</a> <a href="mailto:penny.hunt@otago.ac.nz">penny.hunt@otago.ac.nz</a> <a href="mailto:sam.gurney@otago.ac.nz">sam.gurney@otago.ac.nz</a>
Surgery  <i>Administrator</i>	Prof Justin Roake Prof Frank Frizelle <i>Jennifer Van Dijk</i>	<a href="mailto:justin.roake@cdhb.health.nz">justin.roake@cdhb.health.nz</a> <a href="mailto:frank.frizelle@cdhb.health.nz">frank.frizelle@cdhb.health.nz</a> <a href="mailto:Jennifer.vandijk@otago.ac.nz">Jennifer.vandijk@otago.ac.nz</a>
Paediatrics <i>Administrator</i>	Dr Martin de Bock <i>Michele Armstrong</i>	<a href="mailto:martin.debock@otago.ac.nz">martin.debock@otago.ac.nz</a> <a href="mailto:michele.armstrong@otago.ac.nz">michele.armstrong@otago.ac.nz</a>
General Practice <i>Administrator</i>	Dr Kim Pasley <i>Wendy Sincock</i>	<a href="mailto:kim.pasley@otago.ac.nz">kim.pasley@otago.ac.nz</a> <a href="mailto:wendy.sincock@otago.ac.nz">wendy.sincock@otago.ac.nz</a>
O&G <i>Administrator</i>	Dr Coleen Caldwell <i>Francoise Hurt</i>	<a href="mailto:coleen.caldwell@cdhb.health.nz">coleen.caldwell@cdhb.health.nz</a> <a href="mailto:francoise.hurt@otago.ac.nz">francoise.hurt@otago.ac.nz</a>
Critical Care  <i>Administrator</i>	Dr Seton Henderson Prof Ted Shipton Dr Laura Joyce <i>Claire Willis</i>	<a href="mailto:seton.henderson@cdhb.health.nz">seton.henderson@cdhb.health.nz</a> <a href="mailto:ted.shipton@cdhb.health.nz">ted.shipton@cdhb.health.nz</a> <a href="mailto:laura.joyce@cdhb.health.nz">laura.joyce@cdhb.health.nz</a> <a href="mailto:claire.willis@otago.ac.nz">claire.willis@otago.ac.nz</a>
Psychological Medicine <i>Administrator</i>	Prof Roger Mulder <i>Helen Lu</i>	<a href="mailto:roger.mulder@otago.ac.nz">roger.mulder@otago.ac.nz</a> <a href="mailto:helen.lu@otago.ac.nz">helen.lu@otago.ac.nz</a>
Selective <i>Administrators</i>	Prof Tim Wilkinson <i>Wendy Sincock</i> <i>Shelley Morgan</i>	<a href="mailto:tim.wilkinson@otago.ac.nz">tim.wilkinson@otago.ac.nz</a> <a href="mailto:wendy.sincock@otago.ac.nz">wendy.sincock@otago.ac.nz</a> <a href="mailto:shelley.morgan@otago.ac.nz">shelley.morgan@otago.ac.nz</a>

## Vertical Module Convenors and Administrators

Clinical Skills <i>Administrator</i>	John Dean <i>Heather Reilly</i>	<a href="mailto:john.dean@otago.ac.nz">john.dean@otago.ac.nz</a> <a href="mailto:simcentre.uoc@otago.ac.nz">simcentre.uoc@otago.ac.nz</a>
Hauora Maori  <i>Administrator</i>	A/P Suzanne Pitama Dr Maira Patu <i>Clara-ann Paul</i>	<a href="mailto:suzanne.pitama@otago.ac.nz">suzanne.pitama@otago.ac.nz</a> <a href="mailto:maira.patu@otago.ac.nz">maira.patu@otago.ac.nz</a> <a href="mailto:clara-ann.paul@otago.ac.nz">clara-ann.paul@otago.ac.nz</a>
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Radiology <i>Administrator</i>	Dr Mike Hurrell <i>Helen Clayton</i>	<a href="mailto:mikeh@cdhb.govt.nz">mikeh@cdhb.govt.nz</a> <a href="mailto:helen.clayton@otago.ac.nz">helen.clayton@otago.ac.nz</a>
Transition to Practice <i>Administrator</i>	Michael Maze <i>Heather Reilly</i>	<a href="mailto:michael.maze@cdhb.health.nz">michael.maze@cdhb.health.nz</a> <a href="mailto:heather.reilly@otago.ac.nz">heather.reilly@otago.ac.nz</a>



## **Attendance**

Students are expected to attend all (100%) learning opportunities to gain experience, and should demonstrate enthusiasm, professionalism and commitment to learning. Individual modules will clarify their expectations of attendance at the beginning of each attachment. Unsatisfactory attendance may result in terms being deferred or denied. It is essential that you advise your module administrator or the undergraduate administrator right away if you are unable to attend due to illness or circumstances beyond your control and submit an on-line leave request. In cases of absence due to illness of more than 3 days, a medical certificate should be presented to the module administrator or Undergraduate Administrator. Please also refer to the UOC policy on Student Leave in this section.

## **Communication**

**We cannot emphasise enough how important it is that you check and clear your student email regularly, preferably on a daily basis, and in particular when you are away on elective.** This is the first way, and the best and fastest way that we will get information to you including important announcements. If you have any problems with your email please contact our Computer Services staff on the 5<sup>th</sup> Floor.

We only use your student email address. You can have your university email automatically forwarded on to any other email address via your eVision portal where there is an option for forwarding email. Mail can be accessed from a web browser by going to:

<http://www.otago.ac.nz/studentmail>

If you change flats and phone numbers, please update this yourself in eVision and **also advise the Undergraduate Administrator of any changes to your contact details.**

It is also important that you check your pigeonhole and class noticeboards on the lower ground floor regularly.

## **Cellphones, iPads and Laptops**

Please use cellphones, ipads and laptops in a considerate manner. Receiving calls, texting, tweeting, and/or updating your Facebook status during tutorials is NOT acceptable behaviour.

## **Forms**

All forms required by students, e.g. Exam Impairment (including in-course assessments), Withdrawal etc, are available from the Undergraduate Administrator.

## **Internet Use**

For full details of the University of Otago Computer Regulations see <http://policy01.otago.ac.nz>. Students are also reminded that the various Hospital Boards have policies in place regarding internet use.

Note:

- Users are not permitted to use a University or Hospital facility for the purpose of sending or attempting to send an obscene, abusive, fraudulent, threatening or illegal message;
- Users are not permitted to use a University or Hospital facility to display obscene, pornographic, lewd or sexually harassing images or text.

## **Social Media and the Medical Profession**

Recent incidents involving University of Otago medical students make this a timely reminder of our ethical obligations when using any form of online social networking.

The internet immediately connects us with the public domain and we must continue to avoid making comments 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 you might gather while on elective overseas.

A copy of the excellent “Guide to online professionalism for medical practitioners and medical students” can be found on the Otago Medical School website under Policies and Guidelines. This is a well-articulated, informed reference.

### Remediation

Module convenors and clinical teachers work hard to identify students who, for whatever reason, are not up to sufficient standard to pass their clinical rotation. It is hoped that by identifying students who are having problems early more can be done to help them progress. Students who fail a run or who have a significant Conditional Pass on their PASAF are identified by the module convenor, discussed at Student Progress Meetings and interviewed by the Associate Dean (Undergraduate Student Affairs).

The following table outlines the most common presenting problems and the suggested outcomes:

Issues which may contribute to a fail or conditional passes	Possible Outcomes
<ul style="list-style-type: none"> <li>Health &amp; Welfare Problems</li> </ul>	→ Assoc Dean for assessment and referral or Direct to Student GP Service
<ul style="list-style-type: none"> <li>Problems in a specific area or specialty which can be readily addressed (eg Lateness)</li> </ul>	→ Assoc Dean for identification of problem and discussion re how to address it (e.g. buy alarm clock) Alerting next course convenor
<ul style="list-style-type: none"> <li>Personality Issues or breaches of professional behaviour</li> </ul>	→ Assoc Dean for discussion, identification of problem and on-going monitoring Alerting next course convenor Referral to Fitness to Practice Committee
<ul style="list-style-type: none"> <li>Generic Problems across Specialties</li> </ul> <p>English Difficulties Difficulties adjusting to NZ culture</p> <p>Clinical deficiencies across specialties including problems with communication skills and difficulty synthesising clinical information and planning management</p>	<p>→ Assoc Dean and referral for help with language</p> <p>→ Assoc Dean → Clinical Remediation</p>

### Students on Placement – Contact Details in eVision

All students on placement through the University of Otago must fill in the ‘override address’ section in eVision to provide details of where the University can contact you during your placement period. By filling in the ‘Override’ address the University will be able to quickly contact you with regard to any issues that concern the area where you are on placement. The University is always concerned with the safety and well-being of its students and being able to locate you quickly in an emergency is the first step to ensuring you are safe and getting the support you need. Emergency contact information (e.g. the name and number of your mother, father, spouse) is used in the event the University needs to contact someone on your behalf should you be involved in or experience a health or safety emergency.

### **Student Support When Away from Campus / Travel and Accommodation Policy**

For Information on financial support for students on 'away from main campus' attachments, please refer to <http://micn.otago.ac.nz/faculty-policies>. Please note: this policy does not apply to the Rural Medical Immersion Programme.

### **Gold Medal Teaching Awards**

The Gold Medal Teaching Awards for excellence in teaching are presented at the Academic Welcome Ceremony each March.

1993	B M Colls	2007	E J Begg	2015	L E L Beckert
1994	R Fraser	2009	A G Rothwell	2016	M Hurrell
2003	G D Abbott		T J Wilkinson		A P Miller
	R Sainsbury	2012	J M McKenzie	2018	MW Ardagh
	P F Bagshaw	2013	J B Morton	2019	S Chambers
	P W Moller		M G Nicholls		D Jardine
	P J Parkin	2014	S G Pitama		

### **Research Opportunities**

Research is the cornerstone of our teaching and learning activities here at the Christchurch Campus. The quality of research in Christchurch is renowned internationally and is a vital factor in maintaining the quality of health services in a tertiary teaching hospital and health service. The Campus is very fortunate in that it hosts a number of very strong research programmes and groups and amongst its staff has many researchers with an international reputation. The Christchurch Campus hosts a number of programme grants funded by the Health Research Council of New Zealand and enjoys research funding support from the Canterbury Medical Research Foundation, Lottery Health, the Cancer Society, and other grant-funding bodies.

We encourage you to take an interest in research during your time here at Christchurch. The campus is host to a large number of research meetings and seminars and these are advertised via email and on The Research Office on Level 5 of the main Campus building co-ordinates all information about research, research grants and funding opportunities. Please feel free to visit the Research Office or visit the Campus' Research web site, [www.uoc.otago.ac.nz/research](http://www.uoc.otago.ac.nz/research) for a list of researchers and research groups and some of the projects that are presently underway.

## **Student Leave Policy**

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

**The granting of leave is discretionary and considered case by case.**

### Application for Leave

Students are required to seek approval for **all** leave and should request leave in advance from the appropriate convenor, supervisor or tutor.

In ALM, when any leave is taken an on-line Leave Request needs to be completed on MedMoodle (on each year's homepage) and approved by the appropriate **block and vertical convenor(s)**. If the leave requested is longer than 3 days it also needs approval from the Associate Dean (Student Affairs).

### Consideration of leave application

When deciding on 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 length of leave relative to the activity
- The reason the activity cannot be undertaken during scheduled holidays
- 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

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

If the student's application for leave is denied by the module convenor they may appeal to the Associate Dean (Student Affairs). An ultimate appeal could be made to the Dean.

If students wish to discuss the process of student leave they can direct their concerns to either the Student Staff Committee or the Christchurch Medical Education Group.

### Sick Leave, Bereavement Leave or other emergency

If a student is unable to attend learning sessions or their module due to illness or other reasons the appropriate tutor, module convenor and the student affairs office must be notified on the first day of the absence and on any subsequent days. The sick leave must also be recorded on the on-line leave request in MedMoodle. This is the student's responsibility. It is important not only because of 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 absent because of illness for more than 3 days in ALM. Note: part of professional responsibility is to absent yourself from work if you are ill in order to avoid infecting vulnerable patients.

The length of time taken for bereavement leave is also considered on an individual basis.

### Dealing with missed sessions

Please note it is the student's responsibility to arrange any necessary catch up with the module convenors. If missed content cannot be completed within the module this will lead to a module result of incomplete and a plan made to allow completion.

**Failure to contact the tutor/module convenor if a session cannot be attended is considered unprofessional behaviour and will be brought to the attention of the Student Progress Committee.**

### Christchurch Students

Please note that any leave over 3 days needs to be planned well in advance and co-ordinated with all module convenors concerned through the Student Affairs Office (email: carol.milnes@otago.ac.nz)



## The Trainee Intern Class 2020/21

Student	Elective	Student	Elective
ARNOLD Morgan	1	BARDOUL Phoebe	3
BARNETT Sammi	1	BERGIN Anna	3
BARRON Cicely	1	BUCKNALL Danielle	3
BATTERSBY Brooke	1	CAMPBELL Frances	3
CAMPBELL Jess	1	CLARKE Nick	3
CODY'MANDELL Sam	1	CUNNINGHAM-TISDALL Caitlyn	3
COWIE Matthew	1	CURRIE William	3
DUNPHY Harriette	1	FROELING Tom	3
FARRELL Noella	1	HALSEY Emma	3
GROVE Christina (Tina)	1	HWANG Chi-Yen	3
HAMILTON Chris	1	KILMISTER Ethan	3
HANSEN India	1	LOURIE Becky	3
JIN James	1	MAROWA Munya	3
KEVERN Laura	1	McGIRR Ellie	3
LIM Isabel	1	MCKAY Megan	3
MAHONEY Ngairé	1	McNEILL Matt	3
MULROONEY Shannon	1	NEHOFF Hayley	3
OFMAN Amelia	1	OORSCHOT Callum	3
ORD-SPEED Ryan	1	PATEL Priyal	3
RICHARDS Kiran	1	PRINCE Maeli	3
ROUSE Emma	1	SHOWELL Emily	3
SEEHAMART Non	1	SINCLAIR Jack	3
TOPPING Meg	1	STEWART Kelly	3
WATSON George	1	TANGINOVA Fuakava	3
WINDNER Zoe	1	WILSON Rebecca	3
WYNNE Harry	1	WITHERS Nicole	3
		WOOD John	3
ADAMS Seren	2	APELDOORN Brylie	4
ALEXANDER India	2	BLAKE-BARLOW Ashton	4
CONNER Kate	2	CHOI Clara	4
FITZPATRICK Theresa	2	CRUYWAGEN Caitlin	4
FUGE Chloe	2	de WILDE Tanja	4
GREER Pip	2	GRITT Kacey	4
HANSEN Lauren	2	GUISE Jane	4
KIRTIKAR Aniruddh	2	HUMPHREY Olivia	4
KURUPPU Nisal	2	KNOX Brittnee	4
MARSHALL-LEE Rose	2	LI Jo	4
McCOOK George	2	LOGAN Caitlin	4
McHUGH Lucy	2	MARSHALL Ethan	4
McKENZIE Fraser	2	MEDDINGS Jordan	4
NEILL Eddie	2	MILES Hannah	4
NICHOLAS-McANERGNEY Josie	2	MO Josh	4
PRESTON Sam	2	NICHOLSON Amy	4
RACLE Lauren	2	NONIS Maria	4
SANGSTER Adam	2	REKTORYSOVA Michaela (Auckland)	4
SKERRETT Sam	2	RYAN Danni	4
SONG Sylvia	2	SIM Shayden	4
TAYLOR Rose	2	SOLIMAN Nisha	4
VAN BERKEL Rebecca	2	SULLIVAN Courtney	4
YEE Walter	2	SUTHERLAND Juliet	4
		TAYLOR Brittany	4
		TIMMINGS Lucy	4
		UPRITCHARD Aroha	4
		WELCH Jacqui-Lyn	4
		WHITE Harry	4



5. Trainee Interns requesting **time off** during attachments **MUST** complete an on-line leave request on the ALM6 homepage under Christchurch School. Unless there are exceptional circumstances, this leave must be requested and approved **BEFORE** it is taken. Time off may need to be made up.

**Sickness must be reported to a senior staff member of the run to which the trainee intern is attached, AND on the on-line leave request on the ALM homepage under Christchurch School. A medical certificate is required if you are away sick for more than 3 days.** Time lost through extended absences may affect academic requirements, and any absence in excess of six weeks may impact on the payment of the student allowance.

### **Allocation**

The allocation of trainee interns to runs is under the direction of the Head of the relevant Academic Department.

### **Duties**

#### **1. Routine**

Trainee interns are recognised members of the clinical team to which they are attached, and are expected to carry out duties essentially similar to those of an intern. The number of patients for whom the trainee intern has significant responsibility is usually about one-third of the number managed by the clinical team.

Day to day duties of the trainee intern will be determined by the senior staff member of the teaching team or in his/her absence, by the Registrar. Trainee interns should follow their patients through specific investigations (eg CT scan) and therapeutic procedures (eg operations) where possible.

Trainee Interns are **not permitted to undertake house surgeon responsibilities as paid or unpaid locums**. Any extra work done by the trainee intern on a day to day basis (e.g. house surgeon sickness) must be checked by the Registrar or senior staff member.

Trainee Interns are expected to participate in their team's acute call days and to present patients on post-take ward rounds. However, if there is a cluster of acute call days, TIs may work far longer hours than the team House-surgeon or Registrar. In this situation the TI should request leave when clinical load allows.

Please contact the Trainee Intern Convenor or Coordinator promptly if you are experiencing difficulties with organising appropriate leave.

Trainee interns should not see and clerk patients before the patient has been vetted by the Registrar or Consultant.

#### **2. Apprenticeship Expectations for Trainee Interns in the Clinical Environment**

The main purpose of the Trainee Intern year is to allow students to function as an apprentice within a Health care team. As an apprentice, the TI is expected to develop skills in clinical assessment and prioritisation, certain medical procedures, time management and working within a team.

The Otago Medical School (OMS) recognises the dual role of Tis, being primarily students continuing to be engaged in their undergraduate training, but also providing some service on the teams they are attached to.

Nationally and internationally, the issue of workplace wellbeing and working hours has had increased attention. Therefore, OMS recognises the need to put in place processes that safeguard student wellbeing.

#### **Considerations informing the formulation of expectations for OMS Tis are:**

- Allowing for Tis to optimise their learning within a working team, recognising opportunities for learning vary widely within and between clinical attachments.
- Maintaining student wellbeing, by allowing flexibility to balance clinical attachments with academic study requirements and sufficient time for rest and fulfilment of social roles.
- Recognising that Tis are adult learners about to face the transition to the self-management of continuing professional development that is required by medical practitioners as part of ongoing competency to practice.
- Preparing students for work as a Resident Medical Officer while maintaining positive relationships with future colleagues in District Health Boards, within which Tis will be employed.



- Providing for sufficient practical experience and responsibility in caring directly for patients.

#### **OMS expectations are as follows:**

- A TI will not normally be expected to function as an apprentice within a clinical attachment team/s for more than 10 days (with maximum of 2 'long days') in a 14 week period.
- Being an apprentice with a clinical days for full days, 10 days in a row is unlikely to provide an optimal balance of learning opportunities and rest and should be discouraged.
- If Tis have been required to be present over a weekend, Tis and their clinical supervisors are expected to negotiate appropriate absence from their attachment so that it does not disrupt their learning or the clinical team functioning.
- Tis are not expected to attend with a clinical team for any single 'long day' for longer than the usual rostered 15 hours.
- Tis are expected to manage their attendance with their clinical team so that they are able to participate in formal teaching sessions provided as part of their TI module. On days off from clinical team attachment that fall from Monday to Friday, attendance at formal teaching is expected.
- If a TI is required to apprentice on public holidays, they should be allowed one day's leave in lieu of this, to be taken at an appropriate time within the same module. This leave 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 any significant impact on the clinical team as a result of TI absence.

Other considerations relevant to TI workload and time management to be noted are:

- 1 Trainee interns receive a training grant from Vote Education which is administered by the University of Otago. They are not paid by the DHB and should not be asked to perform excessive service tasks regardless of perceived educational value.
- 2 Tis will also need time during the day to prepare for end of run assessments.
- 3 To maximise their educational experience, every TI should discuss their progress throughout their attachment with their registrar(s) and consultant, with a scheduled opportunity midway through the module. Teachers should discuss any concerns with Tis as early as possible so they have time to demonstrate that they have learnt from the feedback.

Any TI who is facing difficulty with applying these guidelines in their clinical attachment should contact the module convenor in the first instance but may also wish to contact the Associate Dean Student Affairs. Any module convenor with concerns about the fair and just application of these guidelines should speak with their Head of Department

**Attendance, participation and integration within clinical team activities are required on all block and vertical modules, including TI Friday Afternoon Teaching to obtain terms.**

#### **Medical Legal Implications**

##### **1. Liability**

Once students accept some independent responsibility for patient care, even under careful supervision, they accept a liability for negligent or accidental practice. This will usually be shared by their supervising clinical staff in the employ of the HHS - or in general practice.

There could be circumstances where a trainee intern would be held personally liable for his/her negligent act. As a protection against such liability *trainee interns are required to take out individual professional defence insurance cover.* (See Terms of Internship)

##### **2. Duties Specifically Excluded**

Trainee interns MAY NOT SIGN death certificates, cremation certificates, Accident Compensation certificates, certificates under the Mental Health Act, and other certificates which only a registered medical practitioner may complete.

### 3. Prescribing

The prescribing of drug treatments has medico-legal implications for both Trainee Interns, supervisors and their staff. **Trainee interns must not sign prescriptions. All prescriptions must be signed by a registered medical practitioner BEFORE DISPENSING.** This applies to both electronic and paper prescriptions. You are encouraged to draft prescriptions for your supervising doctors to review and sign, particularly for the patients you admit. Note this includes prescribing of IV fluids, blood products and oxygen. See instructions in the Clinical Pharmacology module on Moodle for more information. *NB. The Clinical Skills sessions include prescribing sessions.*

### 4. Non-disclosure of Medical Information

Students must remember that all patient information should be treated as confidential and patient confidentiality should be respected at all times. *Patient names or other personal identifiers should not be used on case notes made by students for their own records. If patient identifiers are used, there must be the same physical security of the notes as required within the health agency.*

The Code of Health Information Privacy 1994 provides details of the rules applying to the collection, storage and release of health information. N.B. *"Students who make unauthorised disclosure of personal health information will be subject to disciplinary action."*

All requests for medical-legal reports from lawyers, insurance companies, etc must be referred to the clinician in charge of the patient. Where trainee interns are required to provide a report, they should state facts and not express opinions. Such reports must be approved by the clinical head of department before being sent.

In addition to the legal restraint which applies to all students in all circumstances, students are required to discuss any matters referring to the Christchurch campus or the respective HHS's with the Dean BEFORE disclosing information to outside agencies or bodies. If the matter relates to a HHS, the Dean will refer the matter to the CEO of that HHS. A trainee intern, by virtue of her/his honorary status with the HHS's, may acquire confidential information with regard to the HHS's operations, business, clients or patients, but must not use or disclose this without prior authorisation from the HHS's. **IF IN DOUBT, CONSULT.**

## PASSING / FAILING THE TI YEAR

1. Passing the TI year as a whole is based on all available information and is made as a collective decision by each school which is recommended to, and approved by, the 6<sup>th</sup> year Board of Censors (BOC).
2. Identification of students of concern is made with a Fail or Conditional Pass system, using all the available information summarised on the PASAF, and is now used in years 2-5. This will occur at regular meetings of course convenors during the year (usually after each quarter). As we have a duty to ensure public safety, we require that information of concern about any student be passed on to the convenor of that trainee intern's next attachment so that appropriate supervision, and remediation, is in place.
3. Deficits that are specific to a discipline will be reassessed by that discipline – either during the year or by collecting further information from that discipline at the end of the year. The aim is to ensure students have reached a standard that is sufficient for safe practice as a PGY1 House surgeon.
4. Deficits that are more generic will be reassessed only after further remediation and observation, which may occur during any discipline attachment. The aim remains to ensure students have reached a standard that is sufficient for safe practice as a PGY1. Such remediation might require repeating the whole year.
5. The result at the end of each attachment in year 6 is recorded by each school as fail, conditional pass, pass or potential distinction.
6. There will be a single result for each student at the end of year 6 of fail, pass or distinction, and this will be made on the basis of the collated information gathered from the whole year. Each school will determine those students who have passed, those who need further assessment, and those who should be nominated for distinction assessment. Each school will make these

recommendations, using common guidelines, and after considering information available from all the schools' module convenors in 6<sup>th</sup> year.

7. Achievement of distinguished performance within individual disciplines will be acknowledged by a comment on the academic record such as: “MICN601 – Pass (Criterion Referenced)  
With distinguished performance in Medicine and General Practice”  
The following disciplines will be acknowledged:

- Medicine
- Surgery
- Paediatrics
- Obstetrics & Gynaecology
- General Practice
- Psychological Medicine

The criteria for Distinguished Performance in ALM6 is available in the MB ChB Programme of Assessment – Policies and Procedures.

Attendance, participation and integration within clinical team activities are required on all attachments to obtain terms.

## Trainee Intern Specific Information

### Payment of Tuition Fees

Tuition fees invoices for your Trainee Intern year will be generated at the start of December and will appear your eVision portal under the *My Finances* section within 24 hours of generation. An alert notification will appear in your portal and an email will automatically be sent to your student email address (or the email address you may have set up under the auto forwarding option in eVision) to advise that the invoice has been generated.

Please note that we no longer print and post invoices out to students.

The due date for your tuition fees will be 12 January 2021 and payment information will be included on your invoice and also in the *My Finances* section of your portal.

Domestic students who will be accessing StudyLink student loans to pay their tuition fees need to ensure that they have applied for their loan before the due date (especially those who will be on 1st quarter elective) to ensure that they do not incur any late payment fees. The late payment fee for 2020 will be at least \$100.00.

If you have any queries regarding your fees please contact the Student Finance Office, email [student.finance@otago.ac.nz](mailto:student.finance@otago.ac.nz) or phone 03 479 9006.

**All enrolment procedures MUST BE COMPLETED prior to the commencement of the trainee intern year on 23 November 2020.** Sixth year students who have not enrolled will not be eligible for payment of the training grant, nor will they be entitled to clinical privileges in the hospital.

### Trainee Intern Training Grant

The training grant comes from Vote Education funding and is administered by the University of Otago for the Dunedin, Christchurch and Wellington Schools. The funds are forwarded to the University monthly and are distributed to the Trainee Interns' bank accounts for payment. The first payment is made on the first Wednesday in December, the final on the first Wednesday in November the following year.

- The Minister of Tertiary Education, Skills and Employment has determined that eligible graduate-entry medical students may now access the TI Grant as a lump sum payment at the beginning of their final year. DSM administration will contact eligible students to arrange this payment. Eligible graduate entry students undertaking their sixth year of MB ChB study can confirm to the University that they wish to receive their trainee intern grant as a lump-sum rather than as a monthly stipend. For the purposes of this eligibility, a graduate- entry student is defined as any student who has completed a bachelors' degree or higher qualification prior to entering the MB ChB programme, regardless of whether or not entry to the MB ChB has been gained via the formal graduate-entry pathway.
- 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.**
- In special circumstances where students may be eligible for extra assistance e.g. Childcare Assistance, the Training Grant is treated as assessable income. Due to the amount of the grant, you will need to check your entitlement with Studylink.
- **Enter your bank account details into eVision using instructions provided by the Undergraduate Administrator.** You will not receive a payment if your details aren't entered before the first payment is due.
- 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 elective quarter cannot be paid in advance as the funds are only received for payment monthly unless you are a graduate-entry student.

- If there is a need to re-sit one or more 5th year examinations, there will be either a delay in commencing the TI year for one quarter, or a requirement to repeat the 5th year. The Training grant will begin when the student commences sixth year.
- 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.
- The same applies to transfers between the three schools at Dunedin, Christchurch and Wellington. Make sure the Undergraduate Administrator at the School where you are working/studying has all your details so you may be paid.
- If you require a letter for evidence of income of the Training Grant by banks, referees, for loans etc, the Undergraduate Administrator, will be able to provide this.
- As the break between the end of 5<sup>th</sup> year and start of TI year is less than 3 weeks, there would be no payment entitlement to 5<sup>th</sup> year students for the Unemployment Benefit Student Hardship due to the stand down period.

## Graduation

### Graduation Application Process

Applying to attend the graduation ceremony in December is done on-line through e-Vision. In September the University will email you with details on how to complete this process including the deadline for applications (usually early October). You must submit a response, even if you do not wish to attend a graduation ceremony. Failure to apply will mean you are unable to attend and have your degree conferred at the graduation ceremony. Students away on elective must ensure that they complete their application.

The University of Otago will send out all information about the ceremony, tickets and regalia, approximately 4 weeks prior to the graduation ceremony to the address that is specified on your graduation application. Any enquiries should be directed to the Graduation Office, Student Administration: Phone (03) 479 8239 or email: [graduation@otago.ac.nz](mailto:graduation@otago.ac.nz)

### Graduation Weekend Draft Programme (dates/times to be confirmed)

A typical **draft** programme follows:

#### Friday night:

7:30pm to 12:00am **Medical Graduation Ball**

This function is open to all graduates and their partners. Ticket price to be advised and usually include a complimentary drink on arrival, a progressive supper, and a band. A cash bar will be available.

#### Saturday:

9:30am **Graduation Brunch**

The Link, Information Services Building, cnr Comberland and Albany Streets.

10:15am **Medical Full Class Photo**

Full class photo in the grounds of the University Union. If wet weather, it will likely be held in Union Hall. Please wear your gown to the photo sessions. Make your way to the Scott Building after the session.

10:45am **Medical Class Photo**

There will be photos of each of the three clinical schools taken outside the Scott Building.

Photos can be ordered.

11:15am **Graduation Procession**

Students assemble at the Dental School – procession begins at 11.30am

11.50am **Glenroy Auditorium**

Marshalling of graduates begins promptly at 12noon.

1:00pm **Graduation Ceremony**

Saturday evening is set aside for dining with family and friends. **Remember to book early i.e. flights, accommodation and restaurants.**

### **University of Otago, Christchurch Trainee Intern Prizegiving and Dinner**

This event is held on the last Thursday of the fourth quarter, i.e. Thursday, 18 November 2021, details to be confirmed. Prizes for students from the University of Otago, Christchurch will be presented in Musculoskeletal Medicine, O&G, Surgery, Paediatrics, General Practice, Medicine, Anaesthesia, Psychological Medicine, Hauora Maori and Elective Reports. The prize-giving is followed by the class dinner.

### **House Surgeon Positions**

Check out the ACE website: <https://rmo.acenz.net.nz/>

House Surgeon (Intern) jobs commence in January 2022. Most District Health Boards run their Orientation sessions in the week prior to this – usually about the Wednesday or Thursday, with the exception of one or two who may run it during the whole of that week.

Advertisements for house surgeon appointments are on <https://rmo.acenz.net.nz/> in February. It is your responsibility to check the website for these.

### **Useful tips:**

1. 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.
2. 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 take an active role and participate in all the ward duties? Do you carry your share of the workload and get on with the tasks required, even if this means finishing at 5.30pm 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.
3. Choose your referees carefully. They will be commenting on the above issues. Make sure you ask them early. Make sure that they receive the referee reports to fill out. As your job is a hospital job as a House Surgeon, your ability as a TI on the wards is important, choose someone who can comment on this well.
4. Students on first quarter elective are strongly advised to get their references and their CV put together before they go in order to have these ready in time for applying for jobs upon their return. For ideas on how to put a CV together and interview skills, please check out the following:  
<http://www.otago.ac.nz/careers>
5. The University's Careers Advisory Service often deliver a workshop in Writing CVs and Interview Skills in a TI Friday Afternoon Teaching slot.
6. ACE will require an Academic Transcript. The Faculty of Medicine can provide this to ACE but you must sign a form giving your permission for this to happen. This form will be in your TI Introductory pack at the start of the year. Failure to complete this form means that you will need to order an official academic transcript on-line which will cost you \$20.

### **Medical Liability Protection**

Trainee interns are required to be a member of a medical protection /defence society at the commencement of the trainee intern year, and you will have been given MPS membership application forms to join in ELM years. Membership is free until you become a house surgeon.

The organisation operating in New Zealand is based in the United Kingdom is:

The Medical Protection Society (MPS) New Zealand agent:

MPS

P O Box 13015

Johnsonville

Wellington

Email: [mps@medicals.co.nz](mailto:mps@medicals.co.nz)

The NZ Resident Doctors' Association also operates a scheme which covers trainee interns as well as RDA members. Trainee interns must fill in an application form and send it to the RDA.

All new graduates are urged to read the information and advice given in the brochures issued by the above agencies. Should house surgeons become involved in any matter or event which could lead to claims or litigation or professional complaints about them, they should not hesitate to consult the New Zealand agent for their protection society to get advice without delay. Early legal advice may be essential and this is readily available from your society without charge (if your subscription is paid up of course).

### **Probationary Medical Council of New Zealand Registration**

Registration information for probationary medical registration will be emailed around the end of July each year by the Undergraduate Administrator. If you expect to work as a doctor in New Zealand starting in January 2022, after finishing your medical degree, you must apply online for registration. You will receive further instructions by email. The MCNZ will contact you regarding payment of the registration fee. You will require the services of a Justice of the Peace (JP) to certify a copy of your passport page.

If you are planning to work in Australia, then you must obtain medical registration in Australia, but please inform the Medical Council of NZ of this intention.

# Trainee Intern Elective module

## Overview of Elective

Welcome to the combined University of Otago Trainee Intern Elective Module. The module purpose, objectives and terms requirements are identical across the three campuses and all generic material to help you prepare for and meet the requirements for the module can be found here. Exact details on how the module is managed may vary slightly between campuses. (See also the section for your campus within this med moodle page).

The Trainee Intern Elective Module runs for one quarter of the year. The total length of placements is 12 weeks.

For 2021, due to the Covid 19 pandemic, ongoing uncertainty around future national and international border restrictions and the lead-in time required to arrange electives, students must assume that **all electives will be spent in New Zealand**.

No decision has yet been made regarding whether or not overseas electives will be possible or allowed in 2022. Obviously any decision will be heavily dependent on how the pandemic tracks.

The move to entirely domestic elective placements has changed the way placements are arranged, with the University taking a larger role in finding potential placements for students to choose from. Students will be able to indicate placement preferences from a single database which will be accessible via SONIA.

We ask that students refrain from contacting DHB clinicians directly to arrange elective placements as this will cause annoyance and confusion with other teaching commitments. This does not preclude a student from making a preliminary approach to a private provider especially if they do not otherwise take OMS students. There is much more freedom regards students directly approaching supervisors for research based placements. However, it is essential that you discuss any preliminary ideas/approaches with your local TI Elective Module Convenor in the very early stages so they can assure there is no clash with other teaching commitments. It is important to note that the capacity to accommodate elective students in primary health care/general practice is very limited and any discussion with a practice must be via your elective module convenor.

For those arranging an elective outside the database provided on SONIA a proposal must be submitted to the module convenor for approval.

Provided there is no re-introduction of domestic travel restrictions, Otago Medical School (OMS) students will be able to undertake elective placements anywhere within OMS's catchment (i.e. the lower North Island and all of the South Island). While students will be able to indicate preferences outside their designated campus, priority for any placement will be given to students in their designated campus.

Currently placements outside the Otago Medical School's catchment (i.e. the upper North Island) require an exemption and will only be granted in exceptional circumstances. Exemptions require Otago Medical School Dean to Auckland Medical School Dean approval. If you wish to apply for an exemption, please discuss this with the TI Elective Module Convenor.

The 12 weeks of the elective can be made up of a single 12 week placement or a combination of shorter placements (with a minimum of 4 weeks for any single placement). Wellington and Dunedin campuses prefer a minimum of 6 weeks per placement.

The elective module is intended to encourage experience outside the prescribed curriculum See "Objectives" below. We encourage you to start thinking about what you hope to get out of your elective well in advance and to discuss with the module convenor.

### To obtain terms for the TI Elective Module students must:

- If applicable, submit by the due date an Elective Proposal (only required for those arranging their own elective placement/s)
- Obtain a grade of satisfactory or above on all criteria (including attendance) as listed on the Elective Supervisor's Assessment form
- Submit, by the due date an Elective Report (including signed declaration form) and receive a pass for this report.



Students will pass the module taking into consideration

- The timeliness of submission of Elective Proposal (if applicable) and Elective Report
- The supervisor/s' assessments/s
- The quality of the elective report (see Elective Report Instructions for further details)

## **The Elective Approval Process**

**An Elective Proposal form only needs to be submitted for self-arranged placements.**

Now that all elective placements are domestic placements, the University is taking a greater role in identifying and confirming potential elective placements.

If you are choosing elective placements from the SONIA database you do NOT need to submit an elective proposal.

As mentioned in the introduction, given the increased demand for domestic placements, we ask that students refrain from contacting DHB clinicians directly to arrange elective placements as this will cause annoyance and confusion with other teaching commitments. This does not preclude a student from making a preliminary approach to a private provider especially if they do not otherwise take OMS students. There is much more freedom regards students directly approaching supervisors for research based placements. However, it is essential that you discuss any preliminary ideas/approaches with your local TI Elective Module Convenor in the very early stages so they can assure there is no clash with other teaching commitments. It is important to note that the capacity to accommodate elective students in primary health care/general practice is very limited and any discussion with a practice must be via your elective module convenor.

If an [elective proposal form](#) is required the this is due no later than **8 weeks** prior to the start of your elective. You must have discussed this with the module convenor before submitting. Please use the template provided.

Completed proposal forms are to be submitted to your local elective module convenor (and cc'd to your local elective module administrator).

### **Proposal due dates 2021**

- **Quarter 1:** Sunday 27th September 2020
- **Quarter 2:** Sunday 3rd January 2021
- **Quarter 3:** Sunday 28th March 2021
- **Quarter 4:** Sunday 4th July 2021

**More information about the Elective Module is available on Moodle.**

## Trainee Intern Module in Medicine

**Head of Medicine Department:** Professor Richard Gearry  
**Module Convenors:** Assoc Prof Penny Hunt and Dr Steven Soule  
**Module Administrator:** Sam Gurney  
**Enquiries to:** sam.gurney@otago.ac.nz

**Prior to your Medicine attachment, TIs will be notified of their teams and details relevant to tutorials, meetings and assessments.**

**On the first day of the Medicine attachment, Trainee Interns will meet with Drs Penny Hunt/ Steven Soule in the Meeting Room, Department of Medicine, Ground Floor Parkside at 8.15 am for a brief introduction to the Medicine attachment BEFORE reporting to the consultant of the Medical team to which they have been assigned.**

1. Each trainee intern will be attached for a 6 week period to the team named in the program and will be responsible to the Physician(s) undertaking consultant duties at that time. In general, TIs are expected to attend and contribute to all aspects of the Medicine team's activities.
2. Patients will be allocated by the medical registrar or, in his/her absence, by the house officer.
3. It is anticipated that the Trainee Intern will look after up to one third of the patients, but this will be a matter for individual arrangement and will depend upon the complexity of the allocated cases.
4. Full interviewing and examination of the patient should occupy about an hour - it should rarely exceed 1½ hours.
5. In the case of arranged admissions, check with the registrar regarding appropriate investigations. Do not order complex investigations without discussing them beforehand.
6. Pathology requisitions should be written out at the time of completing the case notes. Trainee Interns cannot use electronic systems to request x-rays. Because you cannot practise completing such requests, instructions will be provided on at least two occasions in the second half of the TI year during Friday Afternoon Teaching Sessions. The diagnosis and brief clinical details must be written on each form. A record of investigations is made in the case notes and the test ticked only after the form has been written.
7. You are encouraged to suggest and record appropriate medications in your clerking notes for the patients you admit. Note this includes prescribing of IV fluids, blood products and oxygen. However ALL treatments must be prescribed on Medchart by a qualified Medical Practitioner before commencement. See instructions in the Clinical Pharmacology module on Moodle for more information. Note: the Clinical Skills sessions include prescribing sessions.
8. When answering questions from patients or their relatives, ensure that you are being as accurate as possible - if in doubt, seek advice.
9. At the conclusion of your admission procedure, always contact the medical registrar to whom you are responsible, to discuss the case and further investigations/treatment.
10. Having admitted the patient, it becomes the Trainee Intern's responsibility to write adequate progress notes. These notes should be written several times daily if the patient is critically ill and should be a continuing and accurate record of any change in treatment plan. For other patients, daily progress notes should be entered into the records. The Trainee Intern is expected to have a good grasp of the patient's problems on ward rounds, meetings, x-ray sessions, etc. The Trainee Intern is also expected to act as the patient's personal physician and will be responsible for bringing to the notice of senior nurses and doctors, problems concerning the patient's general well-being or social situation.
11. The Trainee Intern is expected to have up-to-date knowledge of the results of all investigations and a basic understanding of any pathological, biochemical or radiological procedures which the patient has undergone.

12. Prior to the patient's discharge, the Trainee Intern should prepare the hospital discharge letter in conjunction with the house officer/registrar. Ensure that medications are listed accurately and that reasons for any alterations are clearly stated.
13. Trainee Interns are expected to spend most of the day on the ward or in outpatients, writing up notes, following up various investigations or obtaining more information about their cases in the library.
14. The Trainee Intern's case notes are the **official record** of the hospital and must be signed.
15. Trainee Interns should expect at least one tutorial session each week with the consultant or registrar.
16. TIs on Medicine are expected to attend:
  - Weekly Basic Investigation tutorials
  - Clinical case teaching
  - Prescribing Practice
  - Daily Medicine Handover Session at 0800 (Handover Room in AMAU)
  - Weekly Wednesday Medical Grand Round
17. Trainee Interns are expected to attend appropriate outpatient sessions but acute admitting duties take precedence.
18. Half way through this attachment your supervising consultant will be asked for a brief report on your progress to date. This will include attendance, assessment of clinical skills, theoretical knowledge and if your consultant has any concerns with your progress. If there are areas that need follow up, you will be invited to meet with Dr Hunt or Dr Soule.
19. If you have problems of any sort (eg sickness, work overload or underload, insufficient supervision) which cannot be solved by your ward colleagues or Drs Hunt/Soule, the Trainee Intern Convenor (A/P John Elliott, Department of Medicine) should be contacted – via Kathryn Mulcock.

#### **LEARNING OBJECTIVES IN MEDICINE**

At the end of the TI run the student should:

1. Be efficient at history taking and physical examination so that acute admissions are promptly and accurately assessed.
2. Be able to recognise significant medical problems and appropriately arrange consultation, investigation and treatment
3. Have a basic knowledge of the clinical pharmacology of commonly prescribed drugs and the therapeutics of common medical disorders
4. Be developing the ability to critically examine the scientific basis of medical practice

#### **SUGGESTED GUIDELINES FOR THE PRESENTATION OF A CLINICAL CASE**

There are a variety of ways in which a student or graduate may present to another doctor or to a group, his or her own findings obtained after interviewing and examining a patient. Skill in this respect is an important attribute which all students should acquire. The objective of the presentation is to communicate relevant information in a way that the listener is able to draw his/her own conclusions concerning the nature of the patient's illness. This will only be possible if the presentation is systematic, fluent, and concise without omission of relevant information and conforms to a pattern commonly used by other doctors (Calgary-Cambridge model).

Most physicians will have an individual preference for the style of a clinical presentation. The following guidelines are suggested for your use. A presentation as outlined would be appropriate for the full presentation of a case at a unit meeting or a student tutorial, as well as on more formal occasions such as an examination. A shortened version is used for a working ward round. Once you have gained experience you should be able to adapt the format appropriately for the occasion. However, the basic structure should always be followed and when you are practised in the technique you will be able to present cases without a special effort.

On occasions the presentations will be made in the presence of the patient. In these circumstances, be particularly careful not to embarrass or distress the patient or the audience.

## THE STRUCTURE OF A CASE PRESENTATION

1. Identifying data
2. History
  - a. Presenting complaint
  - b. History of presenting illness
  - c. Other medical history
  - d. Medication history
  - e. Family history
  - f. Social history
  - g. Systems review
3. Physical examination
4. Problem List
  - a. Differential diagnosis )
  - b. Investigations ) For each significant problem, concentrating on the
  - c. Management ) presenting complaints

### 1 Identifying Data

After introducing the patient, a sentence which embraces the patient's name, age, sex, ethnicity, occupation and date of admission to hospital.

### 2 History

#### (a) Presenting Complaints:

A synopsis of the major complaints and their duration or date of onset

#### (b) History of the presenting illness:

The history is best given in a series of paragraphs:

- The chronological order of events from the time of onset. For patients with chronic disease this may be the time at which stable (but nonetheless abnormal) function began to deteriorate. This may also include relevant observations by other persons and/or the results of previously performed laboratory and radiological investigations and details of any treatment.
- The background – this often refers to the existing chronic disease of which the PC is a fresh occurrence (don't assume this without evidence) or a complication. When a patient has been investigated and diagnosed previously, it is appropriate to give a resume of the history from the onset of the illness.
- A more detailed evaluation of the key symptoms. Each presenting symptom should be described in its entirety giving specific details such as: site of maximum intensity, radiation, character, intensity, and any associated features. It is important to indicate how the complaint has affected the patient including life style. Avoid the use of diagnostic terms, such as angina pectoris, when describing a symptom or symptom complex.
- Important negatives

#### (c) Other medical history:

All major illnesses and/or operations should be mentioned whether or not these are considered relevant to the current illness. Minor illnesses and allergies should be included if possibly relevant. List in order of priority for major ongoing issues with date of onset, and chronologically for once-off events. A brief comment eg hypertension since 1993; well controlled on ACE inhibitor and thiazide diuretic is appropriate.

#### Medication History:

All current and recent medicines and doses should be listed and grouped according to clinical indication.

All adverse drug reactions should be recorded.

#### (d) Family History:

A brief review only with mention of positive features and relevant negatives

**(e) Social History:**

Always mention occupation including relevant details of past and present work, home circumstances, immediate family and consumption of alcohol and tobacco. If extensive, this may already have been covered in the HPC.

**(f) Systems review:**

Present only positive findings and relevant negatives, not a checklist.

**3. Physical Examination**

Normally you will have undertaken a full general medical examination and you should present the findings being specific but brief. Describe all abnormal physical signs in detail. As with the history, it is important to describe the physical signs themselves and avoid the use of diagnostic terms.

Begin by succinctly describing the patient's general appearance including body build, temperature, colour, evidence of distress and mood. Then describe the physical findings system by system, normally first presenting the system principally related to the PC.

**4. Summary**

A brief two sentence resume of the key historical and examination findings with their relevant background.

**5. Problem List**

**The most important part of the case presentation is outlining a coherent, relevant problem list – after all, this is why the patient is in hospital.**

The problem list should initially be presented in summarised form, ie each significant problem recognised by the student should be identified and defined at the level felt appropriate. After the presentation of the full problem list in this form, return to a detailed discussion of each problem. The presenting or the most significant problem should be discussed first. In this discussion the following aspects should be fully considered:

- **Differential diagnosis:** a maximum of 3-4 possibilities, listed in order of likelihood. Give brief evidence FOR and AGAINST each possibility.
- **Plan for investigations:** List in order of priority those investigations which establish the diagnosis, assess the severity, identify precipitating factors or underlying causes in that order. Direct evidence is more important than indirect evidence eg a raised WBC does not confirm the present of infection (indirect evidence) – a blood or urine culture does (direct evidence)
- **Plan for management:** general measures, then specific measures
- The plan for management of the patient will usually require some assumption concerning the diagnosis. The student should be prepared to discuss these aspects but the examiner may wish to channel the discussion in a particular direction, depending on the circumstances of the case.

**GRADES, REMEDIATION, PASS/FAIL EXAMS**

**There are Three Components to the Medicine Attachment Assessments**

- |  |     |
|--|-----|
| 1. The major proportion is obtained from the clinical supervisor's assessment of the ward attachment       | 60% |
| 2. The second segment is derived from a clinical long case and viva conducted at the end of the attachment | 35% |
| 3. The third is prescribing (Clinical Pharmacology)  | 5%  |

Further details of each assessment is available on MedMoodle, TI Medicine.

**WARD ASSESSMENT**

In the event of a **Conditional Pass or Fail** being awarded, depending on the condition(s), this will often require extra time in medicine with a further long case. The duration of this remediation (up to 6 weeks) is determined by the 6<sup>th</sup> Year Progress Committee.

**LONG CASE**

If a **Conditional Pass or Fail** is awarded, the Head of Department or another senior staff member and a ward consultant will conduct a supplementary long case examination. Failure to achieve an adequate grade will be

discussed by the 6<sup>th</sup> Year Progress Committee who will determine if a further period of Medicine with long case is required, or whether the student will have to sit the end of year Pass/Fail Exam.

### **PRESCRIBING**

If a **Conditional Pass or Fail** is awarded, the Head of Department or another senior staff member will conduct a supplementary assessment. Failure to achieve an adequate grade will be discussed by the 6<sup>th</sup> Yr Progress Committee who will determine if remedial action is required, or whether the student will have to sit an end of year Pass/Fail Exam.

**If a CP or Fail for both Ward Assessment AND Long Case is awarded**, repeat of the Medicine attachment will be recommended to the Progress Committee.

When the ward assessment or long case has been successfully completed **after a CP or F**, it will be recorded as "Pass after Conditions Met".

**Students undertaking electives in the last quarter of the year** should take particular note of these points, as falling into either a marginal or distinction category would necessitate their return to Christchurch early to sit the Pass/Fail exams.

### **CRITERIA FOR AWARD OF DISTINGUISHED PERFORMANCE IN MEDICINE**

The criteria for *Distinguished Performance in ALM in Medicine (DP in ALM in Medicine)* will be satisfactory in all core elements, and excellent in several, relevant to the discipline of Medicine.

Specifically, the criteria for being awarded *DP in ALM in Medicine* will be all of the following:

1. At least a Pass for both PASAF components (professional attitudes and summative assessments) in all Medicine modules across years 4, 5\*, and 6.
2. A PD in the summative assessments component of Y6 Medicine module.
3. One of the following sets of criteria:

2 of 3 potential PDs across the following:

5th year Common Component Examination Medicine components (refer Section 5.6.2)

5th year Medicine module summative assessments

4th year Medicine module summative assessments

#### **OR**

1 of 3 PDs across the following:

5th year Common Component Examination Medicine components (refer Section 5.6.2)

5th year Medicine module summative assessments

4th year Medicine module summative assessments

#### **AND**

2 of 3 PDs across the following:

TI Medicine module professional attitudes

5th year Medicine (or RMIP\*) professional attitudes

4th year Medicine professional attitudes

4. Have no major concerns from other modules or the Fitness to Practise Committee with regard to professional conduct during ALM (this information to be sought and collated by BoC6).

The criteria for achieving PD in the Medicine module are determined at each campus, and allows for recognition of PD performance in modules that will vary in content and opportunity. However all PD candidates will have demonstrated satisfactory performance in all core elements and excellent performance in several elements. In addition, the set of criteria required to achieve a PD in summative assessments and professional attitudes components in Medicine modules will be developed and available to students.

Modules to which this proposal applies:

	DSM	UOC	UOW
Y4	Medicine 1	CardioRespiratory Older Persons Medicine	Medicine and Clinical Skills
Y5*	Medicine 2	Advanced Medicine	General Medicine and sub-specialities
Y6	Medicine	Medicine	Medicine

Students who have repeated an ALM year will be reviewed on a case-by-case basis.

\* In lieu of criteria 1 above, students participating in RMIP during Year 5 will be expected to have at least a Pass for both the professional attitudes and summative assessments in Year 5 overall.

During the transition period in which some disciplines award *Distinguished Performance in [Discipline]* and others *Distinguished Performance in ALM in [Discipline]*, for the purposes of determining Distinction in ALM6:

- students meeting criteria 2 and at least a Pass in professional attitudes (repeating ALM6 students to be assessed on a case-by-case basis) are deemed to have been invited to a Distinction assessment, and
- students achieving *Distinguished Performance in ALM in Medicine* are deemed equivalent to those achieving a *Distinguished Performance in [Discipline]*.

#### **DON BEAVEN and OTAGO SCHOOL-WIDE MEDICINE PRIZES**

The Don Beaven prize was donated for the student who achieves the highest standard in Internal Medicine in the final year of the MBChB degree course in the Christchurch School of Medicine. A screening examination comprising two short clinical cases and a viva will be arranged to determine the recipient of the prize.

The recipient will be expected to attend for the OMS Prize assessment for the discipline of Medicine. This will be on the second Wednesday of November. This format of this assessment will be two 15 minute short cases (clinical examination of real patients) with an examiner in the room and two further examiners observing by video-link from UOW and DSM. There will also be a 15 minute viva, again with three examiners (two of who will be on the video-link). The OMS Prize will be awarded to the student who performs highest in this assessment.

# Trainee Intern Module in Surgery

**Module Convenors:** Professor Frank Frizelle and Professor Justin Roake  
**Departmental Administrator:** Jennifer Van Dijk  
**Enquiries to:** Department of Surgery, 36 Cashel St, Christchurch Central  
Ph: 364 3634 Cell: 021 279 0185  
Email: surgery.uoc@otago.ac.nz

## Objectives

To demonstrate the clinical skills, knowledge and attitudes necessary to perform as a competent surgical House Surgeon.

## Organisation of Attachments

Each TI will spend six weeks attached to a surgical team with which they will work and study, as directed by the surgical consultants. Most students will be attached to General Surgery but for those attached to specialty runs (orthopaedics, otolaryngology/ENT, plastics, urology, vascular, etc.) it is expected that efforts are made to gain General Surgical experience. All students should attend at least three days on General Surgical acute call (ideally with your own team) and two evening shifts helping the Surgical Duty House Surgeon do ward calls. **It is your responsibility to work as a group to allocate acute and ward call shifts amongst yourselves.** Experience in aspects of paediatric surgery will be obtained during the Trainee Intern Module in Paediatrics and Paediatric Surgery.

**On the first day of your attachment, you should present to the ward you are attached to at 7.50 am and contact the Registrar for your team, who will be your first line of contact.** You should also introduce yourself to the House Surgeon, ward clerk and nurses so they know who you are. All relevant information regarding the names of the Registrars, House Surgeons, surgical teaching sessions and matters relevant to your surgical attachment will be emailed to you and entered on Moodle just prior to your first day on the module.

In general, TIs are expected to attend and contribute to all aspects of the surgical team's activities, including outpatient clinics and operating theatre sessions. The details of each attachment and TI responsibilities will need to be discussed with other members of the team, especially the Registrar and House Surgeon.

Each attachment will include formal teaching and outpatient experience in orthopaedics. Those who are not attached to an orthopaedic team will be expected to attend one orthopaedic outpatient clinic per week (details will be provided – see below).

## Supervisors

For 2020/2021 the convenors of the TIs in Surgery will be Professor Frank Frizelle and Professor Justin Roake. TIs should discuss any problems they encounter in their attachment with either Professor Frizelle, Professor Roake or with their consultant supervisors.

## Surgical Teaching Sessions

Apart from the day to day clinical experience on each attachment, there will be several teaching sessions for all surgical TIs. The teaching timetable will be supplied at commencement of your attachment as well as on Moodle. Any changes will be on the Moodle calendar.

In addition to the surgical teaching sessions, each TI should also attend orthopaedic tutorials and clinics (both Bone Shop clinics and Consultant clinics) during the attachment. This timetable is arranged by Jane Marriner, and will be emailed to you **just prior to your first day on the attachment.**

These sessions take precedence over all other activities during the six weeks of the surgery module.

## Performance Assessment

- Consultant Supervisor Assessment
- Surgical Essay
- End of Attachment *Viva Voce*

The outcome of each performance assessment (Potential Distinction/Pass/Conditional Pass/Fail) will contribute equally to the composite outcome.



## Assessment Criteria

- Clinical skills (history/examination/diagnostic/patient management)
- Knowledge
- Attitudes/behaviour/application
- Use of resource materials
- Communication skills

## Outcome of Performance Assessment

There will be three possible outcomes of the performance assessment procedure, depending on the composite Potential Distinction/Pass/Conditional Pass/Fail achieved. These will be as follows:

- Accreditation for 6th Year in Surgery.
- Accreditation with consideration of the awarding of distinction. Whether distinction is awarded will be determined at a *Viva Voce* conducted at the end of the year.
- In the case where a TI's performance is considered not to justify automatic accreditation, the department will structure a clinical examination, following which the candidate will also appear at the end of year *Viva Voce* examination.

## Surgical Prizes

- **Ardagh Memorial Prize.** This is awarded to the top Trainee Intern across multiple departments in Christchurch. We put our top 3 students forward for this prize.
- **James Renfrew White Prize.** Established in 1976 by a bequest from the late Miss Ida G White in memory of her brother, the late Mr James Renfrew White, a graduate of the Otago Medical School who was the Director of Orthopaedic Surgery for the Otago Hospital Board and Lecturer in Orthopaedic Surgery from 1920 to 1948. The prize is awarded annually to students who show the most outstanding clinical ability and scholarship in the field of orthopaedic and trauma surgery across the clinical years of the Medical programme.
- **Sir Thaddeus McNaughton Surgical Prize.** This is awarded to the author of the best surgical essay for the year in Christchurch, provided the candidate's clinical performance has been of a satisfactory standard. The winner's name is added to the Sir Thaddeus McNaughton Surgical Prize honours board.
- **Stanley Batchelor Memorial Prize.** This is awarded to the Trainee Intern who has the highest aggregate mark performance on surgical attachments and a viva in Clinical Surgery for the year in Christchurch, Dunedin, and Wellington.
- **WAAG Macbeth Surgical Prize.** This is awarded to the top TI in Surgery for the year in Christchurch.
- **W J Gillespie Trainee Intern Prize.** This prize was established in 1999 in honour of Professor W J Gillespie, the foundation Professor of Orthopaedic Surgery at the Christchurch School of Medicine. As well as being an excellent teacher, Professor Gillespie was instrumental in formally integrating Orthopaedic Surgery and Musculoskeletal Medicine into a single autonomous department unique in Australasia. The prize is awarded to the student who achieves the highest assessment for the combined 5th and 6th years of undergraduate training in musculoskeletal surgery and medicine.

## **Trainee Intern Module in Critical Care** **(Anaesthesia, Intensive Care Medicine & Emergency Medicine)**

**Module Convenors:** Prof Edward (Ted) Shipton/Dr Laura Joyce; Dr Seton Henderson  
**Module Administrator:** Claire Willis  
Office: ext 81642, outside 364 1642  
Email: [claire.willis@otago.ac.nz](mailto:claire.willis@otago.ac.nz)

**All Trainee Interns should report to the Anaesthetic Department on the lower ground floor at 0830 hours on the morning of the first day of the attachment. The first day will be mostly an introductory day.**

### **Objectives**

These are to prepare the trainee intern to be a competent Resident Medical Officer capable of assessing and managing patients seen in the Emergency Department, in the Anaesthesia setting (preoperative, intraoperative and postoperative), and in the High Dependency and Intensive Care setting.

The module will assist the trainee intern in the acquisition of the appropriate knowledge of the principles of management of the undifferentiated patient and/or injured patient in Emergency Department, of the Perioperative (preoperative, intraoperative and postoperative) Care of the patient in the Anaesthesia Department, and in the care of the critically ill patient in the High Dependency and Intensive Care setting.

This module will give the trainee intern an understanding of the perioperative management of acute and elective surgical patients. This includes preoperative assessment, the management of anaesthesia, and recovery, and exposure to acute as well as to persistent pain management.

### **Organisation**

Should you have any problems with the Critical Care rotation please contact Claire Willis, the Administrator (details above) in the first instance. If needed, she will arrange for you to discuss them with [Dr Laura Joyce](#) for Emergency Medicine, with Prof Ted Shipton for Anaesthesia and Pain Medicine, and with Dr Seton Henderson for Intensive Care.

The Critical Care Attachment has contributions from:

<b>Anaesthesia</b>	⇒	Prof Ted Shipton (HOD) Dr Sharon King Assoc Prof Ross Kennedy Dr Sue Pereira Dr Wayne Morriss
<b>Emergency Medicine</b>	⇒	<b>Dr Laura Joyce</b>
<b>Intensive Care</b>	⇒	Dr Seton Henderson Dr Geoff Shaw Dr Louise Hitchings

The timetable for the four-week programme will be handed out during the introductory session on the first morning of the attachment.

Clinical time: Each trainee intern will spend their clinical time attached for 4-5 or more days to each of the three specialties; Anaesthesia and Pain Medicine, Intensive Care and Emergency Medicine.

The details of each attachment will be discussed with the trainee intern at the time.

As part of their attachment trainee interns will be expected to do two evenings on duty in the Intensive Care Unit with the Intensive Care Registrar, and some after hour shifts in the Emergency Department. They may be required to do after hour and weekend shifts in the Anaesthetic Department as well.

Interactive Learning Sessions: All trainee interns will meet in either the Anaesthetic Department or the Intensive Care Unit for group sessions, or normally on the 7<sup>th</sup> floor of the Medical School for Emergency Medicine.

## Teaching

The intention is that the majority of the teaching will take the form of apprenticeship bedside teaching in the Emergency Department and the Intensive Care Unit, or alongside the patient in the Operating Theatre in Anaesthesia, or alongside patients at the Procedure Clinic or in Theatre at the Pain Management Centre at Burwood Hospital.

Interactive Sessions will be held in the Anaesthetic Department or on the 7<sup>th</sup> floor, or in the Department of Intensive Care according to the timetable.

Intensive Care Interactive Sessions are 1 hour.

Anaesthetic Interactive Sessions vary from one to three hours.

## Summer studentships, Electives and Selectives

These are available in Anaesthesia, in Pain Medicine, in Intensive Care and in Emergency Medicine.

## Assessment Methods

- 1 Log of objectives (tick-box list) reviewed at the end of run viva.
- 2 Shift logs for Anaesthesia, Emergency Medicine and Intensive Care are reviewed the night before the end of run viva.
- 3 Core Advanced Cardiac Life Support assessment (of the New Zealand Resuscitation Council or NZRC) essential for graduation.
- 4 Anaesthesia patient-based Interactive Learning Sessions.
- 5 Pain Medicine patient-based Interactive Learning Sessions.
- 6 Supervisors' assessment of each student's participation and interaction with patients.
- 7 The formal end of run assessment will include a short written examination and OSCE in Anaesthesia, in Intensive Care and in Emergency Medicine as well as on-line assessment of the logbooks.

## Criteria for a Pass

The following are required to pass:

- 1 Sufficient objectives ticked in the log of objectives (the tick-box list) to indicate that an appropriate range of patient experience has been achieved.
- 2 At least 5 shift logs presented each at the end of run for Emergency Medicine, for Anaesthesia (including Pain Medicine), and for Intensive Care.
- 3 A number and mix of patients on the shift logs suggesting a reasonable experience has been achieved (for example, in Emergency Medicine, this would normally mean at least 4 or 5 patients per shift but may be only 1 or 2 if they are of high complexity).
- 4 Comments regarding patients on the shift logs in the logbooks demonstrating an attempt to better understand the patients' clinical course.
- 5 Discussion of patients taken from the shift logs (and/or objectives from the log of objectives) during the end of run OSCEs, demonstrating achievement of a good depth of understanding of the patients' clinical course.
- 6 Competency in basic and advanced cardiac life support demonstrated in the assessment undertaken in the Critical Care Run (Core Advanced NZRC) provided by the Simulation Centre during the run.
- 7 Adequate participation on ICU rounds and Interactive Sessions, and on Anaesthesia or Pain Medicine lists and Interactive Sessions.
- 8 Competency in approach to the clinical management of the patient with acute or persistent pain.
- 9 The formal end of run assessment will include a short written examination and OSCE in Anaesthesia, in Intensive Care and in Emergency Medicine as well as assessment of the logbooks. Passing these is mandatory for an overall pass of the Critical Care attachment. The standard expected is that which will allow the trainee to practice safely and effectively as a competent first year junior doctor.

## Prize

There is an Anaesthesia prize, donated by the Australian and NZ College of Anaesthetists for the best overall student in Anaesthesia. Assessment for the prize is based on completing terms and performance in items 3, 4, 6, 8 and 9 of the assessment. There is a Prize from the Faculty of Pain Medicine for the best Trainee Intern in the Pain Selective.

# Trainee Intern Module in Obstetrics & Gynaecology

**Module Convenor:** Dr Coleen Caldwell coleen.caldwell@otago.ac.nz  
**Dept Administrator:** Francoise Hurt  
**Enquiries to:** University Dept of O&G, Level 3, Christchurch Women's Hospital  
Tel: 364 4630 (Internal Ext. 85630)  
Email: francoise.hurt@otago.ac.nz

**Trainee Interns should meet at the University Department of O&G on day one at the time advised.**

- Trainee Interns will be attached to a team at Christchurch Women's Hospital for four weeks.
- The training programme is designed to provide a broad experience in the obstetrics and gynaecology areas within the hospital.
- On-call and week-end work will be included.
- This clinical experience will be integrated with a self-directed educational programme.

The hospital is run by five teams of consultants. The Trainee Intern will be rostered to work closely with the team registrars and house surgeon. A programme detailing the clinical duties and teaching programme will be provided at the start of each run.

## **Clinical Duties**

Trainee Interns will attend antenatal clinics, gynaecology clinics, and operating sessions of the appropriate team. They will also participate in the management of patients admitted from the gynaecology assessment unit and birthing suite.

## **Birthing Suite and Gynaecology Assessment Unit (GAU)**

Each team provides "on call" duties covering birthing suite and GAU one day per week, and on rotating weekends. The Trainee Intern will be rostered to one on call day per week to coincide with their team's weekday duty, and one weekend day in the four week run. This will enable invaluable clinical exposure to obstetrics and gynaecology, and aid completion of the log book requirements regarding clinical experience.

## **Educational Programme**

This programme consists of three mandatory tutorials, consisting of speculum/bimanual exam revision, an interactive case tutorial (requires completion of tutorial cases on Moodle) and a structured case VIVA tutorial. It also includes skills based and hospital education, including a weekly audit session involving pathology and radiology, a weekly perinatal session, and fortnightly alternating gynaecology morbidity and CTG case review. Trainee Interns are also encouraged to attend other regular Christchurch Women's Hospital Educational meetings.

## **Gynae Procedural Unit (GPU), 4<sup>th</sup> Floor Riverside**

During the attachment Trainee Interns will be scheduled to attend a morning session at GPU, the unit provides abortion care, surgical management of miscarriage, and a number of minor gynae procedures under local anaesthetic and sedation. Alternative times to attend can be arranged if this time does not suit your team roster.

## **Family Planning**

Those students who wish to attend Family Planning for further experience in smear taking will be offered this opportunity prior to commencing the run. Please note that if a Family Planning session is requested, attendance is essential as a patient is booked specifically to see you.

## Learning Objectives in Obstetrics & Gynaecology

### The Trainee Intern Year

The four-week attachment is the final part of a continuum in undergraduate learning of obstetrics and gynaecology. The emphasis is on a practical based programme with some supplementary teaching.

At the completion of eight weeks in 5th year, and four weeks in the Trainee Intern year, the student should be able to demonstrate competence in history taking in obstetrics and gynaecology patients, adequate skills in physical examination, and in the appropriate use of pathology and imaging services. Trainee Interns should be able to use problem solving skills in the diagnosis and management of common obstetrics and gynaecology pathologies. As part of good practice, they should also be aware of feminist and cultural issues and be able to communicate effectively with female patients including women from different cultures.

### Specific Learning Objectives

#### General Skills

At the conclusion of the trainee internship, students should be able to:

- Competently obtain an obstetrics and gynaecology history.
- Perform a thorough physical examination sensitively, including abdominal palpation, vaginal speculum examination and a bimanual pelvic examination.
- Ascertain which investigations are relevant by using problem solving skills and be aware of the need to consider issues such as cost effectiveness when ordering pathology tests and imaging investigations.
- Effectively and sensitively communicate with female patients the results of examination and investigations and be aware of the need to offer alternative choices so that patients can rationally choose from the management options.
- Properly obtain informed consent for procedures used in treatment and investigation.
- Demonstrate an appreciation of the principles of ethical treatment and research.
- Show an awareness of the need to continue their education and to regularly attend educational meetings. They should also be able to critically read published articles in the medical literature and apply the information to patient management.

#### Obstetric Skills

- As the objectives for 5th year include knowledge of normal pregnancy care, for the Trainee Intern year the objectives are to become familiar with common obstetric abnormalities with an emphasis on their management, based on a knowledge of pathophysiology. Examples of such common conditions are:  

Pre-eclampsia, antepartum haemorrhage, fetal abnormality, abnormal fetal growth, abnormal fetal presentation, abnormal labour, fetal distress, postpartum haemorrhage, maternal medical diseases during pregnancy, diabetes, anaemia, heart disease, venous thrombo-embolism, renal disease, depression.
- The Trainee Intern should be able to apply knowledge of health care advice recommended for pregnancy to antenatal patient care.
- Trainee Interns should demonstrate awareness of the role of midwives and general practitioners in the care of pregnant women, and of the various places for delivery. They should also be aware of differing views about the use of technology in pregnancy and about obstetric interventions. They should be able to critically evaluate the risks of technology and interventions, and apply this knowledge to the antenatal care of women.
- Trainee Interns should be able to apply psychosocial skills and ethical principles to the management of women in whom fetal and neonatal death and morbidity occur, and in those who have a fetal abnormality.

## Gynaecological Skills

- Trainee Interns should be able to use their knowledge of pathophysiology to manage common gynaecological conditions such as:
  - Pelvic infections, Endometriosis, Abnormal bleeding from the genital tract
  - Complications of early pregnancy, Pelvic pain, Genital prolapse
  - Urinary incontinence, Pelvic mass
- Trainee Interns should demonstrate the ability to apply knowledge acquired during 5th year to the management of family planning and sexually transmitted diseases, including HIV infection.
- Trainee Interns should have sufficient knowledge of gynaecology cancer screening to be able to effectively manage women with abnormal cervical smears, with abnormal genital tract bleeding, and with family histories or other risk factors for gynaecology malignancy.
- Trainee Interns should demonstrate knowledge of the relative roles of various causes of reproductive failure and their social and psychological sequelae.

## Assessment

Assessment is aimed at confirming that the student has achieved basic competence in the skills of history taking and examination of the obstetrics and gynaecology patient, and a safe working knowledge of the above information. Students will be expected to pass all aspects of the assessment before passing the run.

**Excellence** in each aspect of assessment will be recognised. Those who achieve PD in objective 1, **both** structured case scenarios in objective 4, and either **both** case presentations in objective 3 **or** in objective 5 and no negative feedback from their teams, will receive a PD for the module.

Trainee Interns should note that the logbook must be completed before they can receive a pass from the Obstetrics and Gynaecology attachment.

The components of the assessment are as follows: -

### Objective 1: Clinical Skills Assessment

- To work as part of a team practicing within the discipline of obstetrics and gynaecology in a reliable and appropriate manner. To demonstrate suitable basic clinical skills and to perform accurate documentation.
- This is assessed by the House Officer, Registrars and Consultants of the Trainee Intern's team.

### Objective 2: Log Book

- To have experience of antepartum, intrapartum, and postpartum care as defined in the logbook
- The following will be necessary for a Pass:
  - Observes 5 obstetric deliveries (including 3 normal vaginal deliveries), carries out 5 postnatal checks and 20 antenatal obstetric abdominal palpations. These may be accumulated over the 5<sup>th</sup> and 6<sup>th</sup> years of training.

### Objective 3: Case Presentation / Examination

- To collate and present one gynaecology and one obstetrics case. The case will be presented in a manner that demonstrates that the student has taken an accurate history and recorded important examination findings, the results of important investigations have been recorded and interpreted, the patient's social and psychological circumstances have been considered, and their management carefully evaluated.
- The obstetric cases are to be presented, and patient examination to be observed by any of the team registrars or consultants. The gynaecology cases are to be presented and patient examination to be observed by any of the team SHOs, registrars or consultants.
- Examination and case presentation can be assessed separately to suit the clinical situation and the relevant parts of the assessment form completed accordingly e.g. for gynaecology you could potentially submit three forms: one assessing speculum examination, one assessing bimanual examination and a third assessing the other aspects of the case presentation. All aspects on the form must be assessed to pass the objective.

**Objective 4: Structure Case Scenario**

- To demonstrate a safe working knowledge of two clinical scenarios, including a description of their management.
- A series of clinical scenarios are provided to students at the commencement of their obstetrics and gynaecology run. Students are also provided with the minimum requirements to pass each question. Two such questions will be tested usually in the fourth week of the run.

**Objective 5: Topic Presentation**

- To demonstrate investigative and analytical skills by a ten-minute presentation on a topic of interest relating to obstetrics and gynaecology, critically appraising the literature related to this topic.
- This will be a topic of the student's choice presented usually in the third week of the run.
- A marking schedule for the topic presentation is provided in your welcome documents.

# Trainee Intern Module in Paediatrics and Paediatric Surgery

**Head of Department:** Professor Andrew Day  
**Module Convenor:** Dr Martin de Bock  
**Departmental Administrator:** Michele Armstrong  
**Enquiries to:** University Department, 3rd Floor, Terrace House, 4 Oxford Terrace  
Phone 372 6718

## Introduction to Paediatrics

**The first morning of the Paediatric run will be spent in the University of Otago Simulation Centre, 72 Oxford Terrace. All students need to attend, including those starting their run at Timaru Hospital.**

An introduction to the Paediatric run will commence at 0830 and will be followed by a session on Basic Life Support and the management of severely ill paediatric patients. It is expected that students will have read the resources provided on Moodle prior to this session.

## Attachments

There will be two separate attachments – Paediatric Medicine (including Neonatology) and Paediatric Surgery. Not all students will have the opportunity to spend time on Paediatric Surgery but everyone is expected to attend the Paediatric Surgery lecture programme. Some students will do their Paediatric Medicine runs in either Timaru or Blenheim.

### A. Medical attachment

#### Specific Learning Objectives:

During the four-week Paediatric Medicine attachment students will be expected to:

1. Develop competency in the initial assessment (including clinical examination) and ongoing management of children with common paediatric medical conditions
2. Develop in-depth knowledge of a variety of common paediatric medical conditions presenting to the outpatient clinics
3. Gain an understanding of how living with a chronic illness affects children and their families and how these families interact with medical services
4. Further develop both their written and verbal clinical presentation skills, with an emphasis on the Paediatric case history
5. Develop an in-depth understanding of the management aspects of a paediatric condition or presentation of choice, and be able to critically appraise the evidence relating to the management principles, and present this to your moodle group.
6. Use learning opportunities presenting during their assessments of children to guide independent learning that expands on their knowledge of general paediatric medical conditions. A list of important conditions is included in your 5<sup>th</sup> year guidebook from last year.

### Timaru and Blenheim Attachments

Students will be invited to undertake one of the following: Four weeks in Blenheim, or four weeks in Timaru. These centres provide a variety of paediatric experience, including community paediatrics, with good consultant contact. These attachments will be arranged prior to the commencement of the paediatric trainee intern attachment. You will be given full details relating to the travel and accommodation arrangements.

### Christchurch Attachments

There will be a 4-week attachment to the paediatric medical service for those remaining in Christchurch, which may include one week in the neonatal unit, or time in outpatients. During that time the students should try to cover as much general and acute paediatrics as possible.

Components of that attachment include:

- Paediatric inpatient ward teams including Children's Acute Assessment Unit (CAA) and outpatients
- Neonatal Intensive Care Unit (NICU)
- Oncology (CHOC)
- Attendance at a variety of Paediatric Outpatient Clinics

Students are encouraged to seek experience across all these areas.



**Wards / Children's Acute Assessment Unit:** Students are attached to a run of two or three consultants and should try to work with those consultants and their registrars. The call roster should be developed to enable the student to work with his/her consultant.

**Outpatients:** Students should also attend outpatient clinics run by their consultants. They are not confined to just those clinics and any consultant can be approached to seek allowance for attendance. Other useful clinics include neurology, diabetes, and developmental – a timetable for clinics will be provided. During the attachment students should aim to attend at least 4 clinics. Where two students are attached to a clinical team it is desirable that only one at a time attend an outpatient session.

You are required to submit a logbook which records the outpatient sessions attended.

**Neonatal Unit:** Some students are attached to the neonatal unit. Those students will also be attached to a ward team as above and should try to spend some time with that team and also attend general outpatients. For those students not attached to the neonatal unit they should attend weekly NICU tutorials. They should also conduct at least three normal newborn examinations, and attend at least one neonatal follow-up clinic. Attending an after-hours long day (4pm to 11pm) is strongly encouraged. It is also possible to do an after hours shift with the NICU team instead of a CAA session.

**Oncology:** Students may be attached to the paediatric oncology team for two weeks. During this time they should attend at least one paediatric oncology outpatient clinic. Their on call time should be in general paediatrics.

## **B. Paediatric Surgery attachment – 2 weeks**

### **Specific Learning Objectives:**

During the two-week Paediatric Surgery attachment students will be expected to:

1. gain exposure to various aspects of the total care of children with surgical conditions
2. gain exposure to common paediatric surgical problems and their management,
3. develop familiarity with day surgery procedures,
4. obtain basic core knowledge of the minimum undergraduate curriculum in Paediatric Surgery

**Christchurch Hospital Paediatric Surgical Outpatients Attachment:** The Trainee Intern will attend the weekly Monday morning paediatric surgical outpatient clinic, and the alternate Thursday morning/Friday morning outpatient clinics.

Every Monday morning (3 clinics)

Every Tues morning (1 clinic)

Every Wed morning (1 clinic)

Monday once a month afternoon Vascular

### **Monday once a month afternoon for new patients**

**Christchurch Hospital Paediatric Wards Attachment:** The trainee intern attached to Paediatric Surgery will be expected to assist the paediatric surgical house surgeon in admission of acute paediatric surgical patients during the day, admission of day surgery patients and attend operative procedures. The trainee intern should accompany the paediatric surgical registrar on daily ward rounds and attend all consultant rounds. It would be expected that the trainee intern will have primary responsibility for selected patients and communicate details of their management to the paediatric surgical registrar and paediatric surgeons. The trainee interns on Paediatric Surgery will participate in the acute paediatric medicine roster during the week and at weekends.

### **Teaching sessions**

- **Clinical teaching.** Senior staff members will conduct weekly clinical sessions for Trainee Interns. These will be held on Tuesdays and/or Thursdays in the Seminar Room. Attendance at the tutorial sessions and case presentations is mandatory. See Appendix for a list of topic presentations.
- **X-ray Sessions**
  - Combined Paediatric Medical and Surgical x-ray review session, Wednesday 12 pm, Paediatric Seminar Room. The trainee interns will be expected to attend and to present brief summaries of their own cases when the relevant films are shown.
  - Combined GU Radiology Review on the first Monday of the month. These should be attended by Trainee Interns on Paediatric Surgery at the time.
  - NICU X-ray meeting Monday 1pm, X-ray room NICU, CWH. Students on NICU expected to attend

- **Pathology meeting**
  - **Monday afternoon 3pm alternate weeks, 1<sup>st</sup> floor pathology department**
- **Paediatric Department Meetings**
  - Daily handover 0800 Seminar Room. Discussion of in-patient cases and short topic teaching for Junior Medical Staff depending on the time of year
  - Starship Paediatric Update 8am Wednesday in the library. A national telemedicine session on Paediatric Medicine topics.
  - Paediatric Clinical Meeting Tuesday 12.15 pm Seminar Room. Case presentations and seminars of a variety of topics. Upcoming presentations are listed on the Paediatric Department notice board. These include both local presenters and invited guest speakers.
  - Journal Club monthly on a Tuesday lunchtime teaching in the Seminar Room. A review of a recent publication by one of the Paediatric Registrars followed by general discussion on the topic.

### **X-ray Sessions**

Combined Paediatric Medical and Surgical X-Ray Review Session	Wednesday 12.00 – 1.00 Paediatric Seminar Room	You are expected to attend and present brief summaries of your own cases when the relevant films are shown.
Combined GU Radiology Review	First Monday of the month	If you are on Paediatric Surgery attachment, you are expected to attend.
Neonatal X-Ray Meeting	Monday 1.00 – 2.00 X-Ray Room NICU	If you are on NICU attachment, you are expected to attend.

### **Paediatric Department Meetings**

Handover	Daily 8.00 & 4.00 Paediatric Seminar Room	Discussion of in-patient cases and short topic teaching for Junior Medical Staff.
Paediatric Clinical Meeting	Tuesday 12.00 – 1.15 Paediatric Seminar Room	Case presentations and seminars of a variety of topics.
Starship Paediatric Update	Wednesday 8.00 – 9.00 Various locations – check with House Officers	A national telemedicine session on Paediatric Medicine topics.
Journal Club	Monthly on a Tuesday Paediatric Seminar Room	A review of a recent publication by one of the Paediatric Registrars, followed by a general discussion on the topic.

## **Assessment:**

Trainee interns will be required to achieve a Pass standard in all of the components of the course. These are:

- Assessment of Clinical performance on Paediatric Medicine and/or Paediatric Surgery run (as assessed by team Consultant)
- On-line quiz (EEQ) – an example of this is available on Moodle
- Topic presentation in Paediatric Medicine or Surgery

To achieve a Distinction, students should reach a high level of achievement in each component.

Each student is also required to submit a record of the outpatient sessions attended signed by the Consultant running the clinic.

You are also required to submit at least 4 Mini-CEX evaluations by uploading these to Moodle by 5pm on the last Wednesday of the run. One of these must be a clinical examination of a child and one must be done with a Consultant.

**To complete terms requirements students must demonstrate they have carried out their service commitment satisfactorily.**

Distinction Vivas are held at the end of each year and students who have achieved a potential distinction in their Paediatric run will be invited to participate. The Shannon prize is awarded to the highest achieving student on the day. Further information is available on Moodle.

**Use the word template provided in the assessment area in Moodle and type up your logbook, then photograph your CEXs and insert them into the same template. Finally in the assessment section in Moodle under “logbook & Mini-CEXs” upload your completed template.**

## **Run assessments**

For each of the Paediatric Medicine and Surgery runs the team consultant will make an assessment of the students overall performance. This will be based on the students' attendance, enthusiasm, knowledge, and ability to work as part of the ward team. In general, marks will be allocated after discussion with other members of the team.

It is expected that as part of this assessment the student will complete at least 4 Mini-CEX evaluations. The forms for these are included in your introductory pack. At least one of these Mini-CEX assessments must be done by a Consultant, and at least one must involve the assessment of your clinical examination skills. You are encouraged to do as many of these as you can but the expectation should be that they take no longer than 10-15 minutes to complete. It is the student's responsibility to complete their Mini-CEX assessments and to upload them to Moodle on time.

It is the student's responsibility to present the feedback forms for their run to the Consultant who they have chosen to assess them and then to upload this to Moodle. This ensures they will get feedback on their run promptly.

## **On-line quiz**

This will take place during the last week of the run as a set time – please refer to your timetable. It is intended to assess your general paediatric knowledge and may include questions about Paediatric Surgical topics and Neonatology. A list of the topics we feel are important for you to learn about is available on Moodle. The best way to study for this examination is to have plenty of clinical exposure to cases in CAA, the wards and in outpatient clinics.

You will have 4 questions to complete and are allowed 20 minutes for each. We use an extended essay format where you cannot go back to previous questions. Giving answers as bullet points may help you answer the questions more quickly – however please try to explain your answers in as much detail as possible given the time constraints. A practice quiz is available on Moodle and it is recommended you attempt this at some stage during your run.

### **Topic Presentation (weeks 3-4)**

All students doing a General Paediatric run in Christchurch will do a formal teaching presentation to the other students on a topic of their choice. The emphasis of this teaching is on a practical component of paediatrics – for example an approach to an undifferentiated problem (i.e the septic child, the child with a limp, the child with a movement disorder), and/or core management principles in paediatrics (for example infant nutrition, paediatric fluids). Excellent students will reference to contemporary literature, and also show skill in engaging your peers in a positive learning environment. You will be assessed on the content of your presentation as well as the way you deliver this teaching session to the other students. Those doing Paediatric Surgery will present a written case presentation to the Surgical team, followed by a discussion around the research.

If you are having difficulty finding a suitable topic for your Medicine presentation it may be worthwhile discussing it with Dr de Bock or one of the other members of the academic staff before you start preparing your presentation. The presentation should take about 20 minutes with 10 minutes for discussion.

Any difficulties and/or feedback during your attachment should be addressed to Dr Martin de Bock or Michele Armstrong

**Martin de Bock – Module Convenor**

**Spencer Beasley – Coordinator of Paediatric Surgery**

# Trainee Intern Module in Psychological Medicine

**Module Convenor:** Professor Roger Mulder  
**Module Administrator:** Helen Lu  
**Enquiries to:** Psychological Medicine, Terrace House  
372 6713  
helen.lu@otago.ac.nz

**On the first morning of your four week module, please report to the service to which you have been attached at 8.30am.**

During your attachment, you will be assigned patients for whom you are to care, including writing up the official hospital notes. However, always check with your assigned consultant, registrar or other team member before any important decisions are made with regard to a patient's care. Although each attachment offers different learning opportunities, we hope that you can accept the challenge of the attachment and broaden your understanding of both psychiatric disorders and of biological, personal and family issues in all of medicine. You will also be expected to so on call during this time.

## Attachments available:

**If you wish to request a particular attachment, you need to have any requests in to Helen one month prior to the commencement of your Psychological Medicine attachment otherwise a random selection will be made. (Please note we cannot accommodate all requests for every attachment).**

- Acute Inpatients
- Community Mental Health Team
- Consult Liaison
- Eating Disorders
- Forensic Psychiatry
- PSAID's Team (Psychiatric Service for Adults with an Intellectual Disability)
- Totara House

## Formal Teaching

Trainee Interns are required to attend and participate in the following activities:

- 1) **Tuesday 12.30 – 1.30 p.m.**  
**Tuesday Clinical Meeting**  
**Venue:** Will be notified during attachment.
- 2) **Wednesday 2.00 – 3.00 p.m.**  
**Tutorial on practical areas of psychiatry**  
The tutorial subjects and materials relevant to them will be provided at the commencement of the module.
- 3) **Wednesday 3.15 – 4.45 p.m.**  
**Tutorial on specialist areas of psychiatry**  
The tutorial subjects and materials relevant to them will be provided at the commencement of the module.

## Assessment

The run assessments consist of two parts:

- 1) Summative assessment in the form of a VIVA at the end of a run
- 2) Observations and feedback from activities on the ward

For a potential distinction students need to gain a PD on both the VIVA and the supervisor end of run assessment and engage well during teaching. The final decision to a grade is at the convenors discretion and will be motivated if it deviates from the expected grade based on the outcomes of the assessments.

The purpose of the Viva assessment is to assess the medical expert role at a junior house officer level. Recognising that house officers are often the first doctor to arrive or be on call in a general medical setting. In

rural settings they may have limited access to consult liaison psychiatric services. The exam therefore also tests problem-solving skills in complex situations especially around management and safety plans.

Students will hand in their three **one-page** formulations (12 point font) on which they can be examined by the 4<sup>th</sup> Wednesday at 4 pm of the run. Students are required to have interviewed these patients. The examiner will decide which formulation will form the basis of the exam. The exam will take a total of 10 minutes

Observations of activities on the ward require feedback to be sought regularly from an early stage in the run. The list below is the minimum number of forms required. Some students choose to do more forms. They can collect as many forms as they deem necessary and hand in forms they find reflect their practice better as long as the minimum requirements are met.

#### Forms required

- a. Students must have **3 one-page** formulations of patients they've seen. One of these will be used for the Viva.
- b. **2** Observed Interviews (these can be done by house officers, registrars or consultants but at least one should be done by the supervisor)
- c. **4** Service-user feedback forms (1 per week)  
These can be on interactions of any length or purpose
- d. **3** 360-feedback forms from other professionals (1 per week for weeks 1 to 3)  
The feedback for the forms can be gathered from nurses, house officers, occupational therapists, social workers or any other relevant staff students have worked with.
- e. **1** end of run supervisor assessment  
Students must hand in all the other observational forms to the supervisor before this form is filled in. The other forms will help the supervisor make a final assessment on a pass/fail/distinction. However the supervisor's own assessment of the student will play a large part in the final grade

#### Criteria required for Distinguished Performance

The criteria for being awarded DP in ALM in Psychiatry will be **all** of the following:

- 1) A Potential Distinction (PD) in ALM5 Psychiatry module professional attitudes.
- 2) At least a Pass in ALM5 Psychiatry module specific assessments.
- 3) An aggregate score above the Distinction threshold in all Psychiatry components of the ALM5 Common Component Examinations, OSCE and Written as determined by the MB ChB Programme of Assessment Policies and Procedures.
- 4) PD in ALM6 Psychiatry module – professional attitudes.
- 5) PD in ALM6 Psychiatry module – specific assessments, and
- 6) Having no major concerns from other modules or the Fitness to Practise Committee with regard to professional conduct during ALM.

#### The Dawn Short Prize in Psychiatry

Each year the *Dawn Short and Royal Australasian and New Zealand College of Psychiatrists Prize* (current value \$200) is awarded to the sixth year medical student who has shown the greatest aptitude and excellence in psychiatry throughout his/her clinical training.

## Trainee Intern Module in General Practice

**Module Convenor:** Dr Kim Pasley  
**Module Administrator:** Wendy Sincock  
**Enquiries to:** Department of General Practice  
14 Gloucester Street  
Phone: 364-3613  
kim.pasley@otago.ac.nz  
wendy.sincock@otago.ac.nz

Kia ora koutou,

The trainee intern general practice module begins in the Department with a day of introductory tutorials and a workshop. The following day is allocated for travel to your placement. Three and a half weeks are spent working with a General Practice. Information about the module can be found on Moodle.

### GP Placement

The Department Administrator will work with you to achieve a placement.

Clinical placement is in a rural placement within Canterbury, the Chatham Islands and the West Coast. Rural is defined as at least 30 minutes from a base hospital. All placements must be arranged through the Department Administrator. **PLEASE DO NOT CONTACT THE PRACTICE DIRECTLY.**

A placement can be in Tasman, Nelson, Marlborough. Students placed in this area full-time for the year get preference.

You may request an out of area placement with the Department Administrator. The University of Auckland's area (northern half of the North Island) is not an option. **PLEASE DO NOT CONTACT ANY PRACTICES DIRECTLY.**

The process to request a practice will be done through SONIA. You will receive an email with more information on how to do this prior to the start of the Trainee Intern year.

Soon after the attachment allocation you will be sent a confirmation of placement. As places are confirmed during the year updated information on available places will be made available.

Some practices may have free accommodation while for others you need to use commercial accommodation. Accommodation and travel costs are your responsibility.

We will provide your host Supervisor with information about what is expected of them and you, and a payment will be made to the Practice.

### The first week:

You will receive a timetable for the seminar day one week beforehand. Included in the course book is information about the module objectives and assessment.

### Information:

Objectives, assessment and resources are detailed in the general practice course book and on Moodle. Please always consult Moodle for up to date information.

### Distinguished Performance in General Practice

In order to achieve *Distinguished Performance in ALM in General Practice* students must pass all core elements, and be excellent in several relevant to the discipline of General Practice (GP) over the course of ALM years 4, 5 and 6.

Specifically, the criteria to be awarded *DP in ALM GP* will be all of the following:

1. A Potential Distinction (PD) in the overall assessment of the ALM6 GP module.
2. At least one Potential Distinction (PD) as an overall assessment in ALM4-ALM5 GP modules, and at least a Pass in all other GP overall assessments across ALM4 and ALM5. This criterion will include RMIP students, whereby the overall year result for RMIP will be considered as an overall assessment for ALM5 GP.
3. Pass for the whole ALM5 Common Component Examinations.
4. Have no major ongoing concerns from other modules or Fitness to Practice Committee with regard to professional conduct during ALM (this information to be sought and collated by BoC6.)

## Trainee Intern Selective Module

<b>Module Convenor:</b>	Professor Tim Wilkinson
<b>Module Administrators:</b>	Wendy Sincock and Shelley Morgan
<b>Tel:</b>	364 3613 or 364 3602
<b>Email</b>	selective.uoc@otago.ac.nz

The UOC TI Selective is a four-week block module that is an extension of learning to the existing medical course.

Selectives aim to:

- allow you to extend your learning in an aspect of the health care system of your choosing
- expose you to the daily routine and diversity of an area of practice
- allow you the opportunity to find and/or develop a relationship with a mentor
- encourage authentic learning experiences
- further develop your professional attitudes and behaviours

During the year, the module administrator will provide you with a list of possible selective placements and ask you to provide your five preferred placements. **Students cannot pre-arrange selective placements** but can suggest a specialty which will be considered by the module convenor. Education Unit staff will allocate students to placements and the module administrator will arrange with selective supervisors. You will then be advised of your placement and required to contact your supervisor to organise details of the placement.

### Assessment

- Your selective host will be required to complete a brief Supervisor Report.
- A one A4 page report on your Selective experience with specific reference to what you learnt should be submitted to the Selective database on MedMoodle. The primary purpose of the report is for it to be made available to future students on MedMoodle as a reference when selecting their preferences for placement. In addition, a copy of the report should be sent to the supervisor, hopefully informing development of the placement.

**Prof Tim Wilkinson**  
**Selective Module Convenor**



# Vertical Modules

## Transition to Practice (TTP)

### Overview

Friday Afternoon Teaching is divided into three vertical modules. Each Friday afternoon of term time, one of the three vertical modules will provide learning opportunities. It is important that you ensure that you turn up when it is expected that you need to be present.

### Transition to Practice (TTP)

Convenor: Dr Michael Maze, Department of Medicine, Tel 0212809197 or 81846

Administrator: Heather Reilly, Simulation Centre, Tel 3643890

These sessions are held in the Beaven Lecture theatre and run from 1400-1530. Tea, coffee and biscuits are available from 1400 – 1430 before the teaching starts at 1430. Please see the Transition to Practice Vertical section below for more details of this vertical module.

### Transition to Practice (TTP) Vertical Module

**The Transition to Practice Vertical Module has protected vertical module teaching time. All clinical modules are aware that TIs must be released from clinical duties for these modules. As such, attendance is expected and TIs will be asked to scan in using barcodes on their ID badges on arrival. Attendance will be notified to the Trainee Intern Progress Committee and will contribute to awarding of Terms for the TI year.**

**If your clinical teams are making it difficult for you to attend these sessions, please contact Dr Michael Maze, who will speak with the clinical block module convenors to clarify the expectations.**

**Dates and Timing: timetable will be circulated, will be on Moodle, and regularly updated.**

Friday afternoon lecture series

1400 – 1430 cup of tea and biscuits

1430 – 1530 lecture

Beaven Lecture Theatre

Please ensure that you arrive on time before the lecture to avoid disturbing your classmates and as a courtesy to local and invited speakers.

On days when clinical skills teaching is undertaken, there will be no lectures running concurrently (ie some of the class will have no teaching on these days and they can engage in self-directed learning)

### Objectives

1. To facilitate the transition from Trainee Intern Year to PGY1
2. To broaden Trainee Intern experiences of health, its delivery and related professional issues.
3. To broaden Trainee Intern academic experiences and facilitate personal development
4. To provide a weekly forum for Trainee Interns to come together as a class

### Themes

Transition to Practice sessions can be divided into a number of themes, which run through each quarter of the year. Over this time, lectures will not be repeated but will be recorded on Moodle so that those who are on elective or on placements outside Christchurch can access the content. The themes include:

1. *Transition to PGY1*  
Assessment and management of specific clinical scenarios  
'Just in time' teaching of practical tips for the transition to PGY1
2. *Healthcare Delivery*  
Healthcare can be delivered in many ways and by different practitioners. These sessions will focus on healthcare delivery in environments where students are likely to have had little experience or teaching (eg volunteer work, private practice, CDHB healthcare system, running a general practice)
3. *Last Chance Fridays*  
Over a student's time at the University of Otago, Christchurch there may have been inspirational lectures given by Consultants or other teachers. This is an opportunity for Trainee Interns to nominate

anyone to give a lecture on anything in their field of expertise that the Trainee Interns would like. Please contact your education rep if you have ideas

#### 4. *Quality and Safety / Leadership*

Opportunities for Doctors to be leaders are frequent but what makes a good leader? These sessions will utilize key leaders in the UOC and CDHB who will share their experiences of leadership within Health and Education.

### **Clinical Skills**

Convenor: John Dean

Administrator: Heather Reilly

There are four scheduled sessions per quarter. Students are timetabled to attend four sessions throughout the year. If you are not scheduled to be at a clinical skills session on a given Friday and you are in Christchurch when there is no other scheduled teaching for you, then you may use this time for self-directed learning.

Please see the Clinical Skills section of the student handbook to confirm specific learning objectives and further details for this vertical module.

### **Hauora Maori**

Convenor: Prof Suzanne Pitama, Dr Maira Patu

Administrator: Amber Philpott

Please see the Hauora Maori section of the student handbook to confirm specific learning objectives and further details for this vertical module.

## Trainee Intern Clinical Skills Module

The Trainee Intern Clinical Skills vertical module continues on Friday afternoons as per the circulated programme (see MedMoodle). The clinical skills sessions involve some procedural skills revision sessions and some new procedural skills teaching. In addition there is a focus on “work readiness” - that is, helping you prepare for the transition from the TI year to the first post-graduation year (PGY1). We use several case-based simulation sessions to enable you to further develop some of the skills and knowledge which will be required for working both independently and in teams after you graduate. We intend that some of your learning will be immediately useful during your TI year.

Most of these clinical skills sessions are held at the **University of Otago Christchurch Simulation Centre, (UOCSC)**, Level 1, 72 Oxford Terrace. The exception to this is the Inter-professional Discharge Planning session which will run on the 7<sup>th</sup> floor of the main campus.

The details of the programme/sessions for 2020/21 have now been published and are available on Med Moodle. You will be allocated specific dates for the simulation sessions and it is important that you mark these in your diaries and attend when scheduled.

The numbers of students per session and timing with your block modules have been carefully worked out so if you are unable to attend for some reason or wish to swap, please communicate directly with us. The sessions begin with a briefing, giving the details of the case based simulation. It is very important that you are in place and ready to start as scheduled.

**Late arrival may mean that you are unable to participate in the scenario which may, in turn, result in you being marked absent for the session. We recommend that you arrive at the Simulation Centre 5 to 10 minutes before the session start time in order to give you time to put your bags into the lockers provided and be prepared to start. Please dress as you would do in any other clinical environment.**

Our experience so far is that these TI sessions are not only very useful and valued by students but also enjoyable. In addition, these sessions usually involve visiting clinical staff from the healthcare setting as well as Simulation Centre staff. For all of these reasons we do expect you to attend and participate, and to communicate with us if you are unable to make a particular session. If at all possible we will attempt to reschedule you to attend another session.

Clinical Skills will have associated resources available on MedMoodle in the same way that you have become used to in 4<sup>th</sup> and 5<sup>th</sup> year. Again we expect you to prepare in advance of the session to help maximise your learning.

**Attendance and participation in all sessions of the Clinical Skills module is a ‘terms’ requirement. An absence from any session without a satisfactory explanation and/or making up the missed session will potentially generate a conditional pass and may result in terms being denied. A register of attendance is maintained for this module. Two absences will normally result in a ‘fail’ recommendation. The other requirement for the successful completion of the Clinical Skills module is a pass grade from the CORE training day. The assessment will be undertaken on the training day and opportunities to redo the assessment will be made available should you be unsuccessful on the first attempt**

The whole team looks forward to seeing you all again at the Simulation Centre.

**Contacts:** John Dean: Lecturer  
Clinical Skills Module Convenor specifically for the TI year Clinical Skills programme.  
Email: john.dean@otago.ac.nz Ph: (03) 364-3890

Heather Reilly: Clinical Skills module and Simulation Centre administration  
Email: simcentre.uoc@otago.ac.nz Ph: (03) 364-3890

## Trainee Intern Radiology

At Trainee Intern level, radiological teaching is fully integrated into the clinical rotation.

The Trainee Intern year provides an opportunity to extend your understanding of the complimentary roles of diagnostic imaging and interventional radiology in preparation for your house officer year.

The primary opportunities for radiological learning are at the weekly clinical radiological sessions, which are held by most clinical teams throughout the year. It is expected that you will attend and contribute to these multi-disciplinary meetings. You should feel free to ask the radiologist questions about any of your patients' imaging.

The Trainee Intern year is also an opportunity to familiarise yourself with the diverse range of special radiological examinations performed by the department. These can be either diagnostic or highly complex therapeutic interventions. You are encouraged to attend these procedures to increase your understanding of imaging and image-guided interventional radiology.

The department also offers electives and selectives in diagnostic radiology that allow in-depth observation of the full range of radiological activities over several weeks. These observational runs allow you to see at first hand radiologists reporting, performing procedures and preparing for clinical conferences. You will discuss patient images with SMOs and registrars, and attend registrar teaching sessions. These activities allow you to gain insights not only into what radiology has to offer the patient, but also insights into radiology as a possible future career.

## Trainee Intern Professional Development

A Trainee Intern Professional Development Programme was introduced in 2010. The aims of these meetings (which will occur 4-6 weekly) are to act as a forum for discussion of professional and other matters arising in your practice as a Trainee Intern. The sessions are designed to be flexible to allow discussion of issues that are relevant to you at the time of each meeting. Mentors have volunteered their time for these sessions and will facilitate discussion for each group.

Attendance at six sessions over the year is expected. After each session one of your group needs to email the administrator to advise that your group has met and copy this email to your mentor. Attendance records will be forwarded to the Trainee Intern Progress Committee and may be used to assess your overall performance in the Trainee Intern year.

You will be emailed details of your group and Mentor in early December. It is your responsibility to contact your Mentor by email within the next week and arrange a time for the first meeting. Further meetings will be arranged thereafter. If you are currently on elective then you will need to contact your Mentor on your return.

The contact people for this programme are:

Tony Walls	tony.walls@otago.ac.nz
Bridget Robinson	bridget.robinson@cdhb.health.nz
Martin de Bock	martin.debock@otago.ac.nz
Philip Adamson	philip.adamson@cdhb.health.nz

## Trainee Intern Hauora Māori

<b>Module Convenor:</b>	Dr Maira Patu/ Professor Suzanne Pitama
<b>Teaching Fellow:</b>	Amber Philpott
<b>Departmental Administrator:</b>	Clara-ann Paul
<b>Student enquiries to:</b>	amber.philpott@otago.ac.nz

We are looking forward to working alongside you during your Trainee Intern year.

You will be calendared to meet with us during your block modules. Please check the Moodle site to see when your scheduled sessions are timetabled.

### LEARNING SESSIONS

#### Hauora Māori Professional Development Learning Sessions

You are required to attend **one** face to face learning session. Please complete Flipped Classroom activities prior to the scheduled session.

- Session 1
- Hauora Māori in an acute setting.
  - Hauora Māori in primary care.

#### Learning outcomes:

- The role of the Treaty of Waitangi in maintaining indigenous health rights for Māori in Aotearoa/New Zealand and in contributing to Māori health advancement.
- Te Ao Māori and Māori health models and their role in supporting Māori health advancement.
- Te Reo Māori and its role in Māori health advancement.
- Current health status of Māori, the determinants of health and the mechanisms that create and maintain health inequities for Māori.
- Critical appraisal of health research utilising tools that challenge how knowledge paradigms can manifest within health systems and professional practice that impacts on Māori health advancement.
- Critical analysis of the health system and health service gaps on clinical presentations, service delivery and Māori health advancement.
- The role of social justice and its links to addressing Māori health inequities.
- Engagement in social accountability processes with Māori health stakeholders.
- Interacting with Māori patients and whānau using Māori health models/concepts/approaches in tandem with appropriate clinical models to support Māori health advancement
- The Hui process and Meihana Model to identify the social and cultural determinants that impact end-of-life and palliative medicine for Māori patients/whānau/community (Hauora Māori and Palliative and end-of-life care).
- Te Ao Māori beliefs, values and experiences (Nga Roma Moana and Nga Hau e Wha) in professional practice supporting Māori patients/whānau/community navigate end-of-life and palliative care (Hauora Māori and Palliative and end-of-life care).
- Tikanga Māori (cultural protocols) within professional practice to support Māori patients/whānau living with a terminal illness and dying.

**In 2020/2021 Hauora Māori is committed to providing further opportunities to support your competencies in Hauora Māori. All relevant information to guide you through the Hauora Māori curriculum will be available on THE HMVM Moodle PAGE.**

### ASSESSMENT

All students will be required to complete three summative assessments within Hauora Māori 2020/2021.

- The Hauora Māori Virtual Patient Case (Due April)
- The Hauora Māori OSCE (Please see Moodle)
- The Hauora Māori Short Case (Due August)

## **OPTIONAL ACTIVITIES**

### **Hauora Māori Selective (HMS) & Elective (HME):**

Trainee interns are encouraged to consider a selective and elective attachment within Māori medical education and research. There are diverse opportunities in Māori Health throughout NZ and could also be linked with other indigenous health experiences depending upon students' preferences. If any trainee intern is interested in a Hauora Māori selective they should contact Dr Maira Patu / Professor Suzanne Pitama directly.

#### **Dr Maira Patu**

maira.patu@otago.ac.nz

#### **Professor Suzanne Pitama**

suzanne.pitama@otago.ac.nz



## University of Otago, Christchurch Building & Facilities

The following are located within the building:

<b>Lower ground floor:</b>	Student common room, lockers and pigeonholes.
<b>Ground floor:</b>	Reception / Medical Education Unit / Rolleston Lecture Theatre and foyer / Ground Floor meeting room
<b>1<sup>st</sup> Floor:</b>	Research Laboratories / Department of Anatomical Pathology / Stewart Museum / Café Medici
<b>2<sup>nd</sup> Floor:</b>	Research laboratories / Academic Department of Pathology and Biomedical Sciences
<b>3<sup>rd</sup> Floor:</b>	Research laboratories
<b>4<sup>th</sup> Floor:</b>	Research laboratories
<b>5<sup>th</sup> Floor:</b>	Department of the Dean / Research Office / Technology Services / Student Computer Lab
<b>6<sup>th</sup> Floor:</b>	Canterbury Medical Library
<b>7<sup>th</sup> Floor:</b>	Beaven Lecture Theatre and foyer / Tutorial rooms / Sick bay (key available from reception staff)

### Access to the floors / 7<sup>th</sup> floor rooms

Research laboratories are on the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> floors. For security reasons these floors have restricted entry so check with Reception first. Your UOC ID/security card will give you access to the Pathology Department (2<sup>nd</sup> Floor) during working hours of 9.00am to 5.00pm, afterhours access to the UOC building (via red doors from hospital), student computer lab, Pathology museum and library, and the lower ground floor student common room and lockers.

All 7<sup>th</sup> floor rooms and lecture theatres have restricted access and, except for Rooms 706, 708 and 710, should be booked by completing a booking form which should be emailed or handed to ground floor Reception staff. The booking form is available from Reception or the School's intranet (accessed from the [www.otago.ac.nz/christchurch](http://www.otago.ac.nz/christchurch) homepage). Rooms 706, 708 and 710 are available for study use when not otherwise booked for teaching and meetings. Students will still be required to use their access cards to gain entry but these specific rooms will not require booking through reception unless you want to book a specific time in advance. The 7<sup>th</sup> floor rooms display a daily booking sheet indicating when these rooms have been pre-booked and therefore unavailable. Students should not use any computers on the 7<sup>th</sup> floor other than the student designated computer in Room 710. Access to this computer is by usual student login and password. Rooms should be left tidy after use and the furniture should not be re-arranged. Appropriate use and care of these rooms and their facilities will be monitored.

### Bicycles

Bicycles may not be brought into the University of Otago, Christchurch building due to fire regulations. There is secure bicycle parking available within the grounds of Christchurch Hospital. You have access to this area on your UOC Security Card.

### Carparking

There is no parking available in the Christchurch Hospital grounds or outside the University of Otago, Christchurch building. Use the designated roadside all-day parking in Hagley and Riccarton Avenues or pay to use local car park sites.

**Parking at Night:** You are advised to use the Hospital Security staff for out of hours escort to your car or bike (within reason). The Hospital Security office is located at the Emergency Department reception. If possible, bring your car close to the hospital at dusk.



## **Fire Procedure**

If you discover or suspect a fire:

- Break glass and operate alarm to get the Fire Department on its way and to evacuate the building
- Dial 777 on nearest telephone and tell the operator the location and extent of fire; the operator will take a 777 call immediately

Action to be taken when fire alarm sounds:

- Check your immediate area, you may find someone needs assistance
- Comply immediately with any instructions
- Vacate building via nearest exit stairway - **DO NOT USE LIFTS**
- Assemble outside the building at the west end of Christchurch Hospital (Main Hospital Door).

The state of alarm exists until the fire brigade has given the all clear. Stoppage of the alarm bells is not an all clear.

## **Lockers**

Student lockers are located on the lower ground floor. Locker keys are available from Reception for a deposit of \$20, which is refundable when the key is returned at the end of your Trainee Intern year. Please report lost keys to Reception and arrangements will be made for you to have a new key cut. Try to keep track of your key - replacements are costly and pose a security problem.

## **Mail Delivery**

Your mail is delivered to your pigeonholes (lower ground floor) daily. We will not chase you for personal calls so check your pigeonholes regularly for phone messages. Deliveries are welcome at Reception and we will hold any parcels there until you collect them.

You can arrange with Carol Milnes to have your mail forwarded to your permanent address during the holidays. It is very important that Carol has an accurate record of your home address and phone number and your Christchurch contact details so please notify her of any changes during the year. This information is confidential under the Privacy Act and will not be given out unless you give permission for this to happen.

## **Notice Board**

The official student notice boards are in the pigeonhole area, lower ground floor, UOC building. You may put personal notices and meeting dates on this notice board. Please date these notices. There is also a notice board in the Café Medici on which you may place personal notices.

## **Prayer Room**

The Hospital Chapel, ground floor of Christchurch Hospital is available to all denominations for prayer and there is a Muslim Prayer Room located on the 7<sup>th</sup> floor, opposite Room 711.

## **Security**

In the past the School has suffered more than its fair share of security problems. One of the most serious problems we still have is “stair-dancers”; people who use the back stairs to gain unauthorised access onto the floors. These people have stolen handbags, items of clothing, sports equipment, chemicals from the laboratories and even a laptop computer. We also had the unfortunate circumstance of the theft of student textbooks.

You can help. Use your lockers; if you bring valuables to School, secure them in your locker and keep it locked AT ALL TIMES. Keep your key with you and report it to Reception at once if you lose it. Do not leave your bags or backpacks unattended, particularly in corridors during lectures or in the common room, and if you have to carry large sums of cash with you (eg. for paying fees) come to reception and we will put it in the safe for you.

If you see anyone in the building who you are concerned about, report it to Reception and we will alert security. Do not approach the person yourself. If Reception is unattended after hours, go to the

Orderlies Lodge inside the main hospital doors and they will alert security for you. Keep door codes a secret and if anyone asks you for the code tell them you don't know what it is.

### **Sports Facilities**

There are no University of Otago sports facilities at the Christchurch campus.

The University of Canterbury Recreation Centre, 22 Kirkwood Avenue, has a University of Otago student rate of \$319 for 12 months, \$189 for 6 months, \$129 for 3 months – [www.reccentre.canterbury.ac.nz](http://www.reccentre.canterbury.ac.nz), phone 364 2433.

The YMCA, 12 Hereford Street, has a student membership rate which you need to enquire about. When you apply for membership please present your student ID Card. Conditions apply.

The Christchurch Hospital Squash Club has two courts situated in St Asaph Street. Membership is open to medical students. For further details please phone extension 89014.

### **Student Common Room**

The Student Common Room is located on the lower ground floor of the University of Otago, Christchurch building. Students have 24 hour access to this area. It would be appreciated if students kept this area tidy, particularly taking responsibility for washing their own dishes and putting rubbish in the bin provided. **Please do not leave food to go rotten in the fridge.**

### **Telephones and Beeps**

Reception and Departmental phones are not to be used for personal calls. There is a phone for student use located outside the Student Common Room. Internal telephones are located in all areas. The automatic paging system in use throughout the Christchurch hospitals works as follows:

Paging Access Code	22
Number being called	4 digit no.
Your extension	..... followed by #

eg. If you are on 89237 and are calling pager 8431, dial 22 8431 89237#  
then hang up and wait for the person to call back.

## Canterbury Medical Library

**Health Sciences Librarian:** Marg Walker  
**Enquiries:** Tel: 03 364 0500  
**Website:** <http://www.otago.ac.nz/christchurch/library/>

Canterbury Medical Library (CML) supports the educational, patient care and research activities of the staff and students of the University of Otago, Christchurch (UOC), the Canterbury District Health Board and health professionals in the Canterbury region.

**Location:** The Canterbury Medical Library is on the 6<sup>th</sup> floor of the UOC, School of Medicine building.

**Library Help Desk:** For assistance or for any queries, contact CML staff by phone, 03-364-0500, or chat online using the *LibChat* link from our library homepage or simply email us at [librarycml.uoc@otago.ac.nz](mailto:librarycml.uoc@otago.ac.nz).

**Library Hours:** Basic hours of opening are Monday to Friday: 0830 to 1700, when the library can be accessed directly. A security card and pin number is required by individuals wanting to access the library when it is scheduled to be open, evenings and the weekend. Full details of the library's hours of opening are available at <http://www.otago.ac.nz/christchurch/library/otago011601.html> Any changes to these hours are publicised by email and on our library website.

**Membership:** Library membership for all 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> year medical students is rolled over at the beginning of each academic year. As with the other University of Otago libraries in Dunedin and Wellington, your current university student ID card is also your library card, please bring it with you when visiting this library.

The standard loan period for material is 28 days, with automatic renewal of any loan items, as long as an item is not required by anyone else. If an item you have out is requested by another person, you'll be notified through your *student email address* that the item has been recalled and given a new due date. Please return any recalled items on or before this new date to avoid being charged overdue fines of \$3.00 per day.

**Student Reserve Collection:** This collection contains student texts in heavy demand. Reserve items are issued for two-hours, but can be renewed. To renew, check with Lending Desk staff, otherwise return reserve books promptly to the Lending Desk to avoid fines (at 10c per minute).

**Online Library Resources:** A range of online resources, from medical & health databases to online books and journals, are all available through the CML website <http://www.otago.ac.nz/christchurch/library/>. The CML website is quite distinct and quite separate from the University Library (Dunedin) website and to access CML online resources directly, remember to login through the 'Off-campus Access' link (on the blue navigation bar) using your student username and password.

**Group study rooms:** CML has two group study rooms available for up to two hours at a time. Book one of these rooms on the day or up to a week ahead, by contacting library staff at the Lending Desk in person, or by phone or email.

**Photocopying/printing & scanning:** The library has one multifunctional machine for copying/printing and scanning and a kiosk machine for adding funds to your account. As these are all part of the University's UniPrint system, Christchurch-based students are advised to select the correct print queue: <https://blogs.otago.ac.nz/studentit/printing/printing-outside-dunedin/>

**Recommending texts:** Please talk to CML staff if there is a textbook you would like to recommend for purchase for the collection, particularly if you feel it is a key text, or is one that would be of broad interest to and likely to be well used by other students and staff.

**Request and Interloan Services:** Use your student username & password to sign into the CML catalogue for access to all the available request options. A 'callslip' request will allow you to borrow textbooks from other Otago University libraries, these are generally supplied within 2-3 working days. Any 'scan request' for a book chapter or article from a print journal will be sent directly to your student email as a pdf attachment.

The Interloan Service is a way to obtain material for your course work, that is not held in the Otago Library system, but is available from another library. Interloan requests are also placed through the CML catalogue.

**Branch Libraries:** If based at Burwood or Hillmorton Hospital, you may use the respective Burwood and Hillmorton Hospital Libraries while you are on placement at either hospital.

## Computer Facilities

### Technology Services

**Location:** 5<sup>th</sup> Floor, Main UOC Building (2 Riccarton Ave)

**Helpdesk:** 0800 479 888

**Helpdesk Email:** its.servicedesk@otago.ac.nz

### Technology Services staff

Tim Young Team Leader, IT Support Services

Robert Densie IT Support Services Senior Technician

Jarren Nelson IT Support Services Senior Technician

Anna Young IT Support Services Senior Technician

Dean Pester IT Support Services Senior Technician – AV/Lecture Theatre support

### Computer Lab

The student lab at the University of Otago, Christchurch is located on 5<sup>th</sup> floor of main UOC building (2 Riccarton Ave). There are 50 similar workstations running the same University desktop as the labs in Dunedin. There is one multifunction device (MFD) which acts as a printer, photocopier & scanner. There are also 10 CDHB computers available for student use split between the 5<sup>th</sup> floor student lab and the 6<sup>th</sup> floor library, and 3 in the student common room.

There are two more MFD's in the 6<sup>th</sup> floor Library, along with an EFTPOS Kiosk where you can load money onto your printing account. In addition to using the kiosks you can now use your credit card to add funds from your electronic devices by visiting: <https://recharge.otago.ac.nz/recharge/>

The student lab is a quiet study area and no food or drink is allowed inside. No-spill water bottles can be used with caution.

***Students are not permitted to copy any software from or onto the machines in the lab. If additional programmes are required please contact the Team Leader IT Support Services.***

### Access to the computer system

Access to the computer system requires a user id and a password. These details have been sent to you by the University administration.

If you have problems with logging into the computers please contact the helpdesk phone 0800 479 888.

When you leave the Christchurch campus your accounts will stay alive for 3 months, after which we delete your data. If you want to archive data or forward your email temporarily to somewhere else, please contact the helpdesk (email: its.servicedesk@otago.ac.nz).

### Physical Access to the lab

To gain entry to the lab, you first need to arrange for security access which is part of the University of Otago, Christchurch ID card process,

You have to use an ID Card to enter the Lab. All ID cards have been updated for access to the lab but if you have access problems please contact Anne Vernall, phone 364-0528.

- To access the lab, take the main (east) lifts to the 5<sup>th</sup> floor, turn left exiting the lifts then turn right just past the photocopier (before you get to the sliding glass door). You will need to use your ID card on the door sensor to enter the computer lab.
- You do not need a card to exit the lab.

### Printing

Printing or photocopying is charged at 10 cents per page for black & white or 50 cents per page for colour. Double sided printing counts as two pages. This cost is based on total cost recovery. The account will have the unused balance from last year. The account can be topped up using the EFTPOS kiosk in the Library on 6<sup>th</sup> floor. Please manage this account tightly (not too much money on it, but still enough to print that assignment on the Sunday night!) as refunds are generally not given.

More information on student printing is available from the ITS web site:

ITS Services > Help and Training > Student Printing:  
<http://www.otago.ac.nz/its/services/help/otago027605.html>

### **Getting Help**

If you need help with the computer lab, please phone the helpdesk on 0800 479 888 & inform them you are a student. If no one is available (answer phone) you can contact ITS Helpdesk in Dunedin on 0800 479 888. If problems can be dealt with later, please leave a message on the answer phone, or better, send us an email ([its.servicedesk@otago.ac.nz](mailto:its.servicedesk@otago.ac.nz)).

More help is available on the web:

ITS Services > Information for Students:  
<http://www.otago.ac.nz/its/services/otago033765.html>

ITS Services > Help and Training > Student IT Help:  
<http://www.otago.ac.nz/studentit>

### **Medical Education Unit (MEU)**

This is located on the ground floor of the University of Otago, Christchurch Medical School building, via Reception. It is the first port of call for students for all matters related to their medical education in Christchurch. Medical students have access to the Unit on their security card during core business hours. Staff located in the MEU are:

Prof Tim Wilkinson	MB ChB Programme Director
Prof Lutz Beckert	Associate Dean (Medical Education)
Tania Huria	Associate Dean (Undergraduate Student Affairs)
Anthony Ali	Education Adviser
Carol Milnes	Undergraduate Administrator
Amanda Clifford	Coordinator, Student Experience

## STUDENT WELFARE AND SERVICES

At the University of Otago, Christchurch we aim to provide an environment in which you enjoy your learning and which enables you to perform to the best of your ability. At times, however, problems can arise that hinder this. These may be problems in your personal life or problems with the course. If this happens, there are several avenues of help available to you.

### **Block or Vertical Module Convenor**

If there are problems specific to a particular block module or vertical module you are strongly encouraged, in the first instance, to discuss these with the block or vertical module convenor.

Contact details for block and vertical module convenors are in the General Information section at the beginning of this handbook.

### **Student-Staff Committee**

The Student-Staff Committee is another place to take any concerns about the course. Student education representatives from each year sit on the committee with members of staff. The committee works very well and has a proven record as an effective means of airing student and staff concerns and initiating change.

You should approach one of your student education representatives to raise any problems at a meeting of this committee or give your feedback on their end of run surveys.

### **Associate Dean Student Affairs (ADSA)**

The Student Affairs Office and ASDAs in Christchurch, Dunedin and Wellington campuses are responsible for helping support the wellbeing of medical students. If you have a personal issue or a health condition, particularly if what is going on is making study or coming to medical school difficult – come and talk to us. We don't deliver medical treatment or ongoing counselling, but we will try to help you find what you need, and follow up on how it goes for you. If you are in dire straits financially, ADSAs may also be able to help find ways to see you through.

ADSAs attend school Student Progress Committees and Boards of Censors, but are not decision makers and do not vote. They are there to listen to discussions around students and to hear if any students are struggling with their studies. Student Progress Committees may ask the ADSA to talk to a student if an academic progress problem is identified, to try and assist with any issue that is contributing to academic difficulties. The aim is to help students through the course.

Tania Huria is our Associate Dean (Student Affairs). If you wish to make an appointment with her it is preferable that you contact her initially by email: [tania.huria@otago.ac.nz](mailto:tania.huria@otago.ac.nz).

Tania's office is located in the Medical Education Unit, accessed via reception on the ground floor.

### **Associate Dean (Medical Education)**

Prof Lutz Beckert is the Associate Dean (Medical Education). He has responsibility for the whole curriculum delivered to medical students at the School. He is also available if you have concerns about any aspects of the course, particularly if you have suggestions for improvement.

Prof Beckert can be contacted by email on [lutz.beckert@cdhb.health.nz](mailto:lutz.beckert@cdhb.health.nz).

### **Professional Development Group**

As part of the professional development vertical module you will be in a small group of other students from your class that meets regularly with a staff member mentor. These meetings provide opportunities to discuss any problems or concerns you have (if you so choose) that relate to your developing professional role – that is, becoming a doctor.

## General Practitioner Service for Medical Students

**The Christchurch Doctors**, 148 Hereford Street, Christchurch, phone 366 3391, provide a General Practice service to medical students at the University of Otago, Christchurch. Their website is: <http://www.thechristchurchdoctors.co.nz>. Check the website for their hours.

UOC pays \$27 per consult or there is no charge if the student has a community services card. **When making an appointment, it is important that you indicate that you are a medical student patient and also which doctor you wish to see.** The arrangements with The Christchurch Doctors follow negotiation with CMSA and are covered in the Student Services Fee.

**Other General Practitioners** may be used on a case by case basis with approval by the Associate Dean Student Affairs. An example would be where a student already has a family GP in another practice. In these situations the first \$30 will be paid by the School. The balance will need to be paid by the student.

- RMIP (Rural Medical Immersion Programme) students, from UOC 5<sup>th</sup> year. The first \$27 is paid by UOC, the same as the above, however the balance is paid by the RMIP budget. The first \$27 is only paid by UOC if the Student Welfare Levy is paid by the student along with their fees, and this is credited to UOC.
- Nelson/Blenheim and Timaru students. UOC will cover the cost of treatment similar to the arrangements for Christchurch students. See your Nelson/Marlborough and Timaru TI Handbook for medical practice details.

Application forms for a community services card are available at the Christchurch Doctors practice or from the Undergraduate Administrator.

International students are not eligible for the UOC subsidy or a community services card and should request a receipt and lodge a claim with their health insurer.

The following services will not be subsidised by the UOC but are available from the health centre: travel medicine and related vaccinations, diving medical assessment, immigration medical, insurance medical, well person checks, Depo Provera injection, IUD insertion, and wart removal.

House calls are available if you are too unwell to travel to the practice. There is a charge for community services cardholders with a larger charge for non-cardholders. We are unable to subsidise visits to the After Hours Surgery in Madras Street.

Free flu vaccinations are available from the CDHB Occupational Health. They run a vaccination programme in March/April – times/venues are advertised around the hospitals.

**Counselling or clinical psychologist** input is also available and is accessed via

- The Christchurch Doctors and is subsidised up to \$600 per annum. This counselling is confidential, i.e. we are not notified of students accessing counselling, or
- Associate Dean (Student Affairs).
- Please ensure you cancel any appointments you are not going to attend. Most counsellors charge full rates for missed appointments and require 24 hours notice. Students will be required to pay for any appointments they do not attend.

**Note:** Other private specialist referrals are not covered under the levy. However, if a student is struggling to pay for health costs they can discuss funding with the Associate Dean Student Affairs.

We would appreciate constructive feedback on this service which is continually reviewed.

## School of Physiotherapy Clinic

Located on the ground floor, 32 Oxford Terrace on Tuam Street side. Offers:

- Full and comprehensive physiotherapy services
- Reduced rates for Otago University Students and Staff
- Referrals are not required

### For further information or to make an appointment:

Telephone 332 2627

Email [physiotherapy.chch.clinic@otago.ac.nz](mailto:physiotherapy.chch.clinic@otago.ac.nz)

Web [otago.ac.nz/physio-clinic/christchurch](http://otago.ac.nz/physio-clinic/christchurch)

## **Disabilities Officer**

If you are having difficulty with your study due to disability, temporary or permanent impairment, injury, chronic illness or deafness you can contact Carol Milnes, Student Disabilities Officer for the University of Otago, Christchurch. Carol can be contacted by phone at 364 1547, or by e-mail at: [carol.milnes@otago.ac.nz](mailto:carol.milnes@otago.ac.nz).

## **Maori student support at UOC**

The University of Otago, Christchurch has a number of resources to support Maori students within our medical school. Specifically these resources include:

Professional mentoring and networking support: Please contact Dr Maia Melbourne-Wilcox, [maia.melbourne-wilcox@otago.ac.nz](mailto:maia.melbourne-wilcox@otago.ac.nz) (Professional Practice Fellow based at MIHI).

Access to Maori language and tikanga development opportunities: Please contact Clara-Ann Paul who is the administrator for the Maori Strategic Framework at UOC. (Clara-Ann is based at MIHI) [clara-ann.paul@otago.ac.nz](mailto:clara-ann.paul@otago.ac.nz).

## **Student support to undertake extension in Maori health opportunities**

The University of Otago, Christchurch is committed to provide all students the opportunity to further their professional development opportunities in Hauora Maori. Specifically these resources include:

Placements within providers who work with Maori patients: Please contact Associate Professor Suzanne Pitama, [suzanne.pitama@otago.ac.nz](mailto:suzanne.pitama@otago.ac.nz). Suzanne is the TI Hauora Maori convenor and is based at MIHI.

Access to Maori language and tikanga development opportunities: Please contact Clara-Ann Paul who is the administrator for the Maori Strategic Framework at UOC. (Clara-Ann is based at MIHI), [clara-ann.paul@otago.ac.nz](mailto:clara-ann.paul@otago.ac.nz)

Research advice and guidance: Please contact Karen Keelan who is the Kaitohutohu Maori health research. [karen.keelan@otago.ac.nz](mailto:karen.keelan@otago.ac.nz). Karen is based in the Research office on the 5<sup>th</sup> floor of the UOC building.

## **Dean of the School**

Finally, it has been a long-standing policy of successive Deans of the School to listen to any concern that a student may have and to assist in any way possible. Professor David Murdoch is available for discussion in confidence with any student. To make an appointment with Professor Murdoch contact his EA, Robyn Maguigan, by e-mail at [robyn.maguigan@otago.ac.nz](mailto:robyn.maguigan@otago.ac.nz).

## **Complaints Procedure**

Where a student is concerned that the behaviour of a staff member or colleague constitutes poor professional behaviour, there are a number of routes of communication. The ADSA is a collection point for reports of poor professional behaviour in the learning environment, passing reports on to the team who will assess them. She can direct you to the form for reporting any unacceptable behaviour.

## **Ethical Behaviour Policy**

The University's Ethical Behaviour Policy sets out expected standards of behaviour for all members of the University community and commits itself to providing you with an environment of safety, respect and dignity. If you believe that you are being harassed or discriminated against, or otherwise treated unacceptably, you can talk about this with a contact person – see the posters on campus or visit the website, or contact the University Mediator on 03 479 5679 ([mediation@otago.ac.nz](mailto:mediation@otago.ac.nz)). The policy and more information are on the website [www.otago.ac.nz/mediation](http://www.otago.ac.nz/mediation)

## **Informal Conflict Resolution**

The University is committed to providing an environment of safety, respect and dignity for all members of the University community while they participate in University life. The Ethical Behaviour Policy outlines unacceptable behaviours (including sexual harassment, racial harassment and personal harassment or bullying, discrimination and abuse of authority), ensures that people can raise issues without fear of reprisal, and promotes the informal resolution of complaints. You can read more about the Policy, which outlines the processes for both informal conflict resolution and formal complaints, at [www.otago.ac.nz/mediation](http://www.otago.ac.nz/mediation)

If you are angry or unhappy about a situation, try:



**instant resolution:** if you make your feelings known to the person most directly involved, you may be able to resolve the issue straight away. Most people do not intend to be unjust, unkind or threatening. If they have made inappropriate comments or decisions, they usually want to know about it and have the chance to put it right. If you feel uncomfortable doing this alone, you may want to take someone with you for support.

**peer discussion:** talk to friends to find out if you are overreacting and how they might handle similar situations, get advice as to your options but think about their consequences. You can approach one of the Ethical Behaviour Network contact people (their names are on posters and on the website) who are trained to listen, in confidence, to your problem, help you clarify it and outline the options available to you.

**assistance from a staff member** or the Head of Department to discuss these issues in confidence.

**mediation assistance:** if the first three steps don't work or seem inappropriate, you can contact the University Mediator (Ruth Chapman, telephone 479-5679, email [mediation@otago.ac.nz](mailto:mediation@otago.ac.nz)) to informally discuss any concerns. Everything is confidential and YOU remain in control. You may decide to choose mediation - where the mediator assists you and the other person to talk through your problem and come up with a mutually acceptable solution.

## **Student Support for International Students University of Otago, Christchurch**

The University of Otago's International Office offers support in the following ways to international students based at the University of Otago Christchurch campus:

### **International Student Advisers**

International Student Advisers (located in Dunedin) are available on a confidential basis to help students cope with the difficulties that arise when adapting to a new culture; such as the stress and unhappiness brought on by culture shock, homesickness, difficulties with making new friendships, financial arrangements or family difficulties. You can contact a Student Adviser in one of the following ways:

Email: [international.support@otago.ac.nz](mailto:international.support@otago.ac.nz)

Phone: 03 479 5777/5921 (between the hours of 9.00-4.30)

In addition, an Adviser will visit the Christchurch campus twice a year – dates to be confirmed but usually in February/March and mid-August. The adviser will be available to meet with international students to discuss any concerns or problems they may have. Please refer to the Undergraduate Administrator for the schedule of visits and information on how to make an appointment, or feel free to contact the Advisers directly.

### **Student Visa Service**

The Student Visa Coordinator or a Student Adviser from the University of Otago's International Office in Dunedin will visit the Christchurch campus in early 2021 (dates to be confirmed) and will be available to accept your application provided that you are eligible to apply through the Visa-on-Campus service (for more information refer to [www.otago.ac.nz/international/visas](http://www.otago.ac.nz/international/visas)) Please contact [carol.milnes@otago.ac.nz](mailto:carol.milnes@otago.ac.nz) for information on how to make an appointment, or feel free to contact the International Office directly.

International students can only make applications through the Visa-on-Campus service **in person** during the visit listed above; otherwise all other applications will have to be made directly to Immigration New Zealand.

For more information please refer to the website [www.otago.ac.nz/international/visas](http://www.otago.ac.nz/international/visas) or **contact** the Student Visa Coordinator at [student.visa@otago.ac.nz](mailto:student.visa@otago.ac.nz)

### **Insurance Support**

The International Office provides an insurance support service. For more information on your policy or advice in making a claim please refer to the website [www.otago.ac.nz/international/healthcare](http://www.otago.ac.nz/international/healthcare) , or contact us by

Email: [international.insurance@otago.ac.nz](mailto:international.insurance@otago.ac.nz)

Phone: 03 479 8582 (between the hours of 9.00-4.30)

### **Code of Practice for the Pastoral Care of International Students**

The University of Otago is a signatory to the Code of Practice for the Pastoral Care of International Students published by the Ministry of Education and has agreed to observe and be bound by the Code.

The Code is a document which provides a framework for service delivery by education providers and their agents to international students. The Code sets out the minimum standards of advice and care that are expected of educational providers with respect to international students. The Code applies to pastoral care and provision of information only, and not to academic standards.

Copies of the Code are available on request from this institution or from the NZQA website at <http://www.nzqa.govt.nz/studying-in-new-zealand/code-of-practice-for-the-pastoral-care-of-international-students/>

### **International Office Complaints Procedure**

Below is the process available to all international students should they wish to make a complaint against the University concerning information provided, the standard of advice given or pastoral care received under the Code of Practice for the Pastoral Care of International Students:

1. Talk to an International Student Adviser about your complaint. Together you will discuss the issue and try to reach an agreeable outcome. If the complaint is regarding an International Student Adviser, talk directly to the Manager, Student International Services.
2. If you are not satisfied with the proposed outcome, you will be asked to put your complaint in writing to the Manager, Student International Services.
3. The Manager, Student International Services, will discuss the complaint with you and inform the person (if there is one) against whom the complaint is being made.
4. The Manager, Student International Services, will decide upon an outcome and action to be taken and discuss this with you.
5. If you are unhappy with the outcome, you should put your complaint in writing to the Pro-Vice-Chancellor (International).
6. If you still have any concerns with the decision of the University, you can contact the International Education Appeal Authority (IEAA). This is an independent organisation that deals with complaints from international students. The IEAA enforces the standards in the Code of Practice for the Pastoral Care of International Students.

For further information, email:

[international.support@otago.ac.nz](mailto:international.support@otago.ac.nz)

### **Student Representation – Christchurch Medical Students’ Association (CMSA)**

The Christchurch Medical Students’ Association (CMSA) represents medical students at the University of Otago, Christchurch (UOC). The CMSA consists of a President, a Vice-President, a Treasurer, a Secretary, two NZMSA Reps, five Class Reps, five Social Reps, one Cultural Rep and one Welfare Rep. These positions are filled by election at the AGM, which occurs at the start of each academic year.

The overall functions of the CMSA are as follows:

- Provision of student representation on the Student/Staff Committee and the Curriculum Sub-Committee UOC. These committees provide the official interface between staff and students at the UOC, and enable students to provide staff with feedback about aspects of the course, teaching, facilities, student welfare, etc.
- Organisation of social events, the Medical Student Ball, Class Dinners and various other activities.
- Organisation of forums for student information, for example the ‘Electives Evening’, and various other annual events, including the Cultural Evening
- Liaison with the New Zealand Medical Students’ Association (NZMSA) to provide national representation for Christchurch medical students.
- Liaison with the Otago University Students’ Association (OUSA) to provide representation of Christchurch medical students within the University of Otago.
- Liaison with the Postgraduates Society (PSOC) on issues common to studying at the Christchurch campus. This includes issues around computer services, study space and the library.
- Cultivation of a positive experience for all medical students studying at the UOC.

If you want to become involved in the activities of the CMSA, or if you have a problem with any aspect of life at the UOC, feel free to contact the CMSA President or any other member of the CMSA.

Email: [cmsa\\_UOC@otago.ac.nz](mailto:cmsa_UOC@otago.ac.nz) Website: <http://cmsa.otago.ac.nz/>

### **Association for Postgraduate Students of Otago, Christchurch (Inc.) (PSOC)**

PSOC represents and promotes the needs of postgraduate students studying at the University of Otago, Christchurch. As a charitable organisation, some of PSOC's main objectives include: fostering a higher education and research ethic; promoting cultural and recreational welfare; and organising recreational activities for its members. One of PSOC's goals is to encourage a close relationship with CMSA (Christchurch Medical Student's Association), thereby linking all Christchurch students and maximising the diversity and scale of services offered.

Please direct all inquiries and suggestions to: [psoc.uoc@otago.ac.nz](mailto:psoc.uoc@otago.ac.nz).

### **The New Zealand Medical Association (NZMA)**

NZMA is the only doctors' organisation that can represent all sectors of the medical profession, beginning at the student level and continuing throughout members' medical careers. The NZMA provides leadership of the medical profession, and promotes professional unity and values and the health of New Zealanders. The NZMA provides advocacy on behalf of the profession, exerts influence on medico-political issues, and works on the most important professional and public health issues.

The NZMA is a strong supporter of medical students, and supports the New Zealand Medical Students' Association through sponsorship of events (such as career evenings and camps), OUMSA newsletter, conferences, and projects, like the Doctors in Debt casebook. The NZMA has a close relationship with the NZMSA and we work together to achieve goals on issues that affect medical students. Together the NZMA and the NZMSA successfully increased awareness of medical student debt, through the Doctors in Debt casebook and by lobbying politicians, resulting in an increase in the Trainee Intern grant. Join the NZMA and NZMSA, become a part of your future in medicine, protect your career investment and have your voice heard!

Website: [www.nzma.org.nz](http://www.nzma.org.nz)

### **The New Zealand Medical Students Association (NZMSA)**

The New Zealand Medical Students' Association (NZMSA) is the peak representative body for New Zealand medical students. Our nationwide executive advocates on your behalf on any issue pertinent to medical students - a lot of our work focuses on education, welfare, and political advocacy. Essentially we aim to inform and be informed by all medical students.

Our flagship event each year is Conference, which brings together medical students from across New Zealand to hear from top speakers. Go to <http://conference.nzmsa.org.nz> to find out about what is in store this year, and keep an eye out for applications as places are limited. Other events we run include *Beyond the Med School Gates*, *ACE Evening* and a nationwide blood drive during which each school competes for the *Vampire Cup*.

If you want to find out more information about the Association or stay in touch with what we are doing, please visit our website. Alternatively email us at any time. We always want to hear from our members so that we can improve the advocacy and service we provide.

We wish you all the very best for your year to come, and look forward to seeing you at some of the Association's events throughout the year.

[nzmsa@nzmsa.org.nz](mailto:nzmsa@nzmsa.org.nz)

[www.nzmsa.org.nz](http://www.nzmsa.org.nz)

### **NZMSA International Medical Student Welfare Webpage**

NZMSA have developed an International Medical Student Welfare webpage. Please refer to the NZMSA website for further information: <http://www.nzmsa.org.nz/projects/international-students/>

# UNIVERSITY OF OTAGO / OTAGO MEDICAL SCHOOL POLICIES

## University Policies

### A Guide to Academic Conduct

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.

What do we mean by academic misconduct?

In simple terms we mean 'not cheating', but academic conduct is much more than that. Gaining a university degree indicates that you have achieved certain knowledge and skills in your chosen subject. The academic integrity of the awarding institution adds considerable kudos to the value of your degree, hence the concern about buying degrees over the internet. Academic conduct means playing by the rules, demonstrating a high level of personal integrity in your academic work.

Academic misconduct is a very serious offence and can lead to a range of penalties from reduced grade to expulsion. These are described in the University Calendar and University policies on the OMS website <http://www.otago.ac.nz/medical-school/otago614508.pdf>

### Otago Medical School (OMS) Policies

Otago Medical School Policies are available at:

<http://www.otago.ac.nz/medical-school/undergraduate/medicine/policies-and-guidelines/index.html>

This page provides downloads of current & authoritative versions of OMS Policy Documents. Please contact Bruce Smith, OMS Manager ([bruce.smith@otago.ac.nz](mailto:bruce.smith@otago.ac.nz)) if you have any queries about OMS policies in these or other areas. Policies include:

- A Guide to Academic Conduct
- BMedSc(Hons) Guidelines
- Code of Practice for Fitness to Practice
- Code of Professional Conduct for Medical Students
- Emergency Response - dealing with blood and body fluids
- Exclusion Regulations
- Exit Options after Third Year Policy
- Guidelines – Industry Support for Educational Activities
- Guidelines on Maintaining Confidentiality of Clinical Material
- Guide to online professionalism for medical practitioners and medical students
- Infectious Diseases and Immunisation Policy for medical students
- MB ChB-PhD Protocol
- MB ChB Assessment Policies and Procedures
- Otago Medical School Prize List
- Other Study Opportunities for Medical Students
- Procedures on Retention, Release and Disposal of Records Related to Medical Student Assessment
- Research Opportunities for Medical Students
- Safe Travel for TI students on their electives
- Social Media Policy
- Student Leave Policy
- Support for Students at Off Main Campus Sites
- Transfer Policy
- Withdrawal Policy & Procedures
- Withdrawal and Readmission Forms

## **Code of Practice for Fitness to Practise**

Medical students are part of the medical profession. Whilst students do not yet enjoy the privileges accorded to qualified practitioners, and are not yet bound by the full professional constraints imposed upon practising doctors, it is vital that issues that may affect their current or future fitness to practise are fairly and transparently addressed by the Otago Medical School and its campuses.

The Code of Practice for Fitness to Practise outlines the policy and mechanisms of the Otago Medical School to assess and act on issues fairly and equitably concerning a student's Fitness to Practise.

It is expected that, at graduation, our students will meet the expectations of the University of Otago Medical Graduate Profile, through their personal attributes, teaching and learning during the course, and support from staff.

Throughout the undergraduate programme, the assessment processes will include steps to identify and monitor any students who might not meet the graduate profile standards through problems with health, or with professional attitudes and behaviour both within and outside the teaching environment. In the normal course of events, the assessment will be conducted by the relevant Student Progress and Assessment Committee (SPAC). But in cases of particular concern, referral is made to the Fitness to Practice Committee. The Committee provides support, remediation and monitoring of potential or actual Fitness to Practise needs of students who do not meet graduate profile standards. The FtPC has the power to recommend the granting or withholding of terms where ongoing issues are unresolved.

A copy of the policy can be found on the OMS policy website:

<http://www.otago.ac.nz/medical-school/undergraduate/medicine/policies-and-guidelines/index.html>

## **Medical Council of New Zealand Policies and Information for Medical Students**

The Medical Council of New Zealand website: <http://www.mcnz.org.nz> provides information on Medical Registration requirements, along with other information for medical students. You will be emailed information on registration around the time you get your PGY1 job offers.

## OBJECTIVES, ASSESSMENT & EXAMINATION INFORMATION

### EDUCATIONAL OBJECTIVES AND ASSESSMENT

All modules of the course have associated learning objectives. These can help guide your study.

The Graduate Profile provides an overview of the attributes expected of an Otago medical graduate.

### UNIVERSITY OF OTAGO MEDICAL GRADUATE PROFILE

On completion of the Otago University MB ChB programme, the graduate should be competent to practise safely and effectively as a first year doctor (intern) and have an appropriate foundation for further training in any branch of medicine. Specifically, the graduate should have the following skills and attributes:

#### COURSE OBJECTIVES (refer website)

##### 1. Personal Attributes

- 1.1 The capacity to be a critical thinker, capable of weighing, evaluating and integrating new information into his or her understanding of issues.
- 1.2 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.
- 1.3 The ability to extrapolate from knowledge and principles to solve new problems.
- 1.4 An awareness of his or her professional limitations, and a willingness to seek help when these limitations are met.
- 1.5 The ability and willingness to learn and to appreciate that learning continues throughout life.
- 1.6 The ability and willingness to facilitate the learning experience of individuals, groups and communities, both within and beyond the health sector.
- 1.7 Information literacy, including the ability to locate, evaluate and use information in a range of contexts.
- 1.8 The ability to be organised and the skills for time management, so that time and resources are used effectively and efficiently.
- 1.9 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.
- 1.10 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.
- 1.11 A commitment to the fundamental importance of the interdependence between research, medical knowledge and professional practice.
- 1.12 A commitment to advocate for the health needs of individuals and communities.

##### 2. Interactive Attributes

- 2.1 A caring and empathetic attitude to others.
- 2.2 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.
- 2.3 A respect for patients and a dedication to work with patients to optimise their health and wellbeing.
- 2.4 Respect for, and an ability to respond to the cultural context and aspirations of patients, colleagues, other health care workers and communities.
- 2.5 An understanding of and an ability to respond to the obligations of the Treaty of Waitangi.
- 2.6 Oral and written communication skills, including an ability to communicate effectively with individuals, groups and communities, both within and beyond the health sector.

##### 3. Disciplinary Attributes

- 3.1 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.
- 3.2 A sound understanding of the legal framework surrounding medical practice in New Zealand.
- 3.3 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.

- 3.4 A commitment to the principles of patient-centred medicine.
- 3.5 Knowledge of factors impacting on inequalities in health outcomes.
- 3.6 Knowledge of factors impacting on the health status of Maori and other cultures.
- 3.7 Skills in eliciting, documenting and presenting the history of a patient's problems and the relevant physical examination findings.
- 3.8 Skills in problem solving and formulation of differential diagnoses.
- 3.9 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.
- 3.10 Skills in the management of emergencies and other serious medical conditions.
- 3.11 An awareness of, and the skills to manage, uncertainty in medical interpretation and decision making.
- 3.12 An ability to maintain proper boundaries between personal and professional roles.
- 3.13 An understanding of the role played by individuals and society in the development of disease and the maintenance of well-being.
- 3.14 A sense of social responsibility and an understanding of the roles and functions of healthcare institutions in the social and political environment.
- 3.15 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.

## Assessment in ALM6, the Trainee Intern year

At the end of ALM6, all the evidence of student achievement is reviewed by the Board of Censors 6 (BoC6) in order to make a decision on awarding the degree of MB ChB, with its implication that the student is safe to practice medicine in the role of a PGY1 doctor.

Identification of students of concern is made to the Student Progress Committee (SPC) with a Fail or Conditional Pass system, using all the available information that is then summarised on the Professional Attitudes and Summary of Achievement form (PASAF). As the Medical School has a duty to ensure public safety, information of concern about any student will be passed on to the convenor of that Trainee Intern's next module so that appropriate supervision and a recommended learning plan are in place.

Information on achievement comes from two sources: work-place based observations from supervisors and co-workers, and specific assessment events. Deficits that are specific to a module will be reassessed by that module by collecting further information either during the year or at the end of the year. Given the Conditional Pass system, students who do not demonstrate the required standard in a specific assessment within a module will usually be provided an opportunity to be further assessed in relevant module assessment(s) before being deemed to have failed that module. The aim is to ensure students have reached a standard that is sufficient for safe practice as a PGY1 doctor. Deficits that are more generic can be reassessed during any module and will usually follow further learning opportunities. The aim remains to ensure students have reached a standard that is sufficient for safe practice so such learning opportunities might require repeating the whole year.

The result at the end of each module in ALM6 is recorded by each School as Pass (P), Potential Distinction (PD), Conditional Pass (CP), or Fail (F). As for other parts of the course, any Conditional Pass will be converted by the end of the year to a Pass After Conditions Met (PACM) or Fail, based on extra information gathered. Incomplete (I) represents a temporary result pending completion of outstanding requirements.

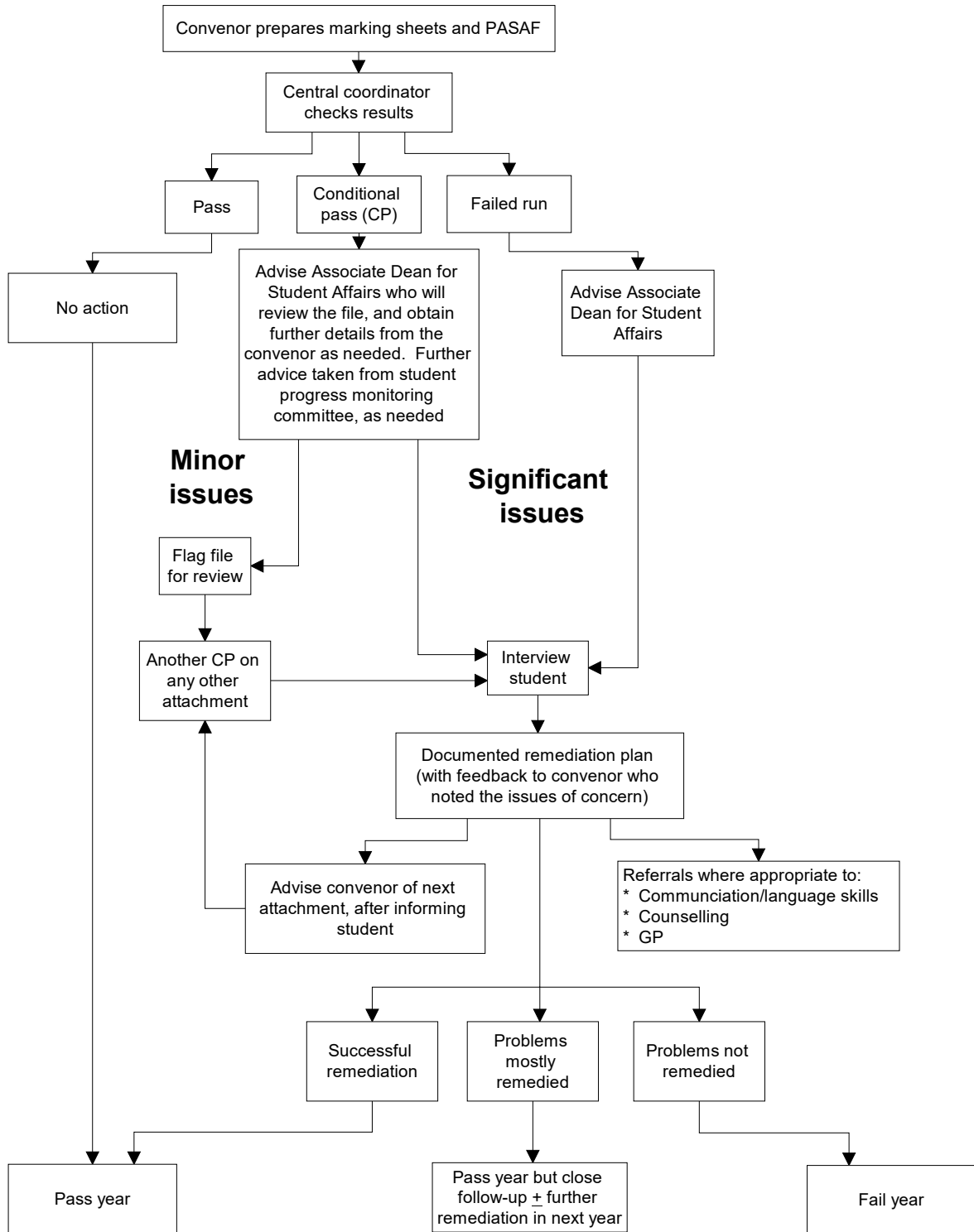
Terms will be awarded by BoC6 based on the performance of each student in all components of the course during the year. Concerns about performance with respect to any of these components that are supported by similar concerns raised in previous years, can contribute to a decision to deny Terms. Attendance, participation, and integration within the clinical team are expected professional activities that are required on all modules to obtain Terms. As a minimum all students are expected to achieve a Pass or Pass after Conditions Met for each of their module requirements.

Completion of a satisfactory elective module, including a report, is a Terms requirement. Where there is insufficient time to assess an elective report prior to the BoC6 meeting to confirm the awarding of Terms, and provided all other requirements have been satisfied, the SPC will recommend that the student be deferred Terms pending a satisfactory elective report, and that Terms can be awarded with a satisfactory report without the need to re-convene BoC6.

**For the most up to date information on assessment in the ALM6 year please refer to the MB ChB Programme of Assessment Policies and Procedures which is available on the MedMoodle ALM6 homepage under the Assessment heading.**



# Flow chart for monitoring progress in ALM



## Student Evaluation of Modules

The primary purpose of students evaluating modules in the programme is to gather feedback to develop and improve the teaching and learning environment. There are two formal methods by which we obtain student feedback: questionnaires and focus groups.

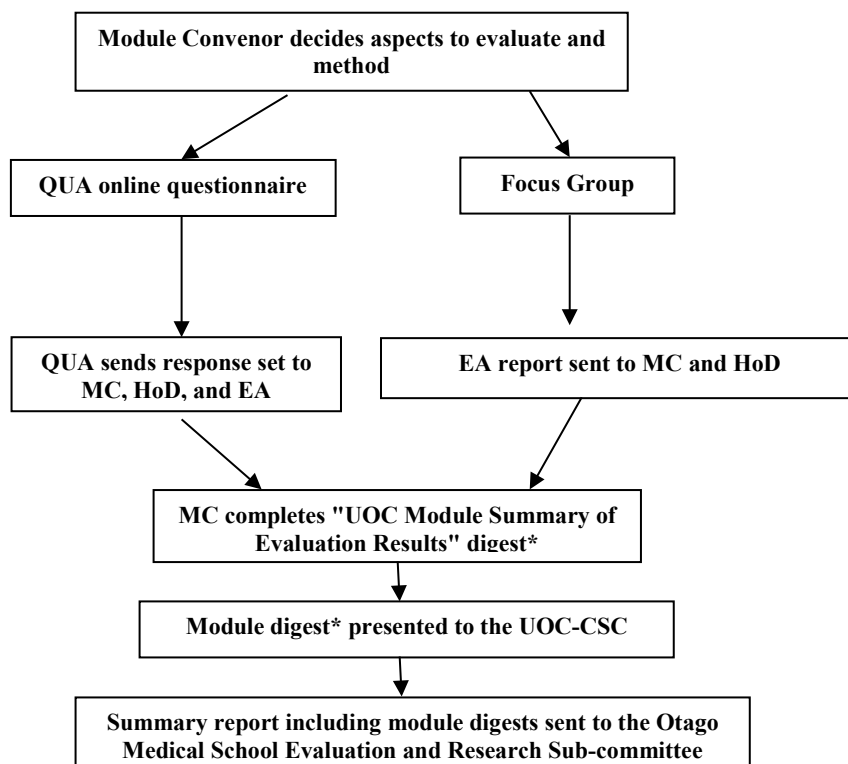
A Questionnaire is an online evaluation method that has a wide ranging scope of rating scales and free text questions. Questions are decided by the Module Convenor (MC) with support from the Education Adviser (EA), Anthony Ali. You will be sent a link via email, from the University's Quality Advancement Unit (QUA), to complete the questionnaire. The final response set will be provided to the MC, HoD, and EA without any student identifying information. The online method has been recently adopted by the University as the preferred method for questionnaires. Since inception the online method has had lower student response rates compared to the previous method of having students complete the questionnaire on paper in a room usually associated with some learning opportunity they were doing concurrently. We want to increase this response rate so encourage all students to help modules improve through completing these online questionnaires.

A Focus Group is an evaluation method that can elicit slightly different information compared to questionnaires, usually more detail about fewer aspects of a module. They tend to range from 30-60 minutes and facilitated by the EA. Focus group discussion points are noted by the EA with a summary report sent to the MC and HoD.

Students are reminded that, regardless of whether or not a convenor chooses to formally conduct an evaluation (as described above) of the module, they can at any time approach the convenor to offer feedback. This method is preferred for incremental on-going improvements to the student experience. Another avenue for students to provide feedback is through your education representative who is a member of the UOC Medical Student Staff Committee, a key vehicle for any concerns of students and staff to be heard.

Module Convenors are required to formally report to the UOC Curriculum Sub-committee (UOC-CSC) on all their module evaluation activities every three years using a digest\*. However, module evaluation in most instances can and will occur in between reporting years in a more continuous manner.

The formal process of module evaluation, and MC reporting of evaluation activity, is diagrammed below.



\* UOC Module Summary of Evaluation Results digest – this is formally completed by module convenors and submitted to the UOC Curriculum Sub-committee once every three years and asks convenors to comment on their module evaluation activities, specifically:

- Method(s) used to gather, and who were asked for, feedback
- Overall feedback and observations
- Area(s) identified for, and strategies to address, improvement
- How has your module responded to previous digest report comments?
- Describe how your stated learning objectives, teaching strategies, and assessments (if any) are aligned with each other, and with the MBChB Teaching and Learning Masterplan 2015.
- Summarise the findings of the compulsory questions you asked students about how the learning environment supported student learning
- Staff development requests
- What's working in the module that other convenors could learn from

The UOC Module Summary of Evaluation Results digest encompasses all aspects of evaluation the convenor has chosen to conduct in the past three years, and may include not only student feedback methods described earlier but other sources, for example, feedback from other staff involved in the module; assessment results; and convenor reflections.

Your feedback does matter and without it we lose a valid source of information to enhance the overall student learning experience. Many changes in the curriculum have been a direct result of such feedback, just ask your fellow students! However, please keep in mind that student feedback, while valuable, is one of many factors convenors consider when developing and improving modules. Your feedback may not result in immediate change (or any change at all) but it does prompt the module convenor to reflect on what students are telling them.

If you need further information or have any questions, comments, or concerns about the module evaluation process contact the EA, Anthony Ali (anthony.ali@otago.ac.nz).

## Otago Medical School and University of Otago Christchurch Awards and Prizes

### Otago Medical School Prizes

#### **Batchelor Memorial Medal and Prize in Gynaecology & 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 \$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 O 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 Otago Medical School of Emily Hancock Siedeberg. The prize is funded from money contributed by the late great nephew of Dr Siedeberg. The prize shall be awarded annually by the University Council on the recommendation of the Pro Vice-Chancellor (Health Sciences) to the female student in the graduating class who has gained the highest aggregate of marks in the second year, third year, fifth year and final examinations for the degrees of Bachelor of Medicine and Bachelor of Surgery. The value of the prize is as set down in the current prize schedule.

### **Prize in Psychological Medicine**

A sum of money is offered annually for the provision of two prizes 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 prizes are the sums set down in the current prize schedule for 'Distinction' Psychological Medicine.

### **J M Watt Prize in Paediatrics & 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.

### **RANZCOG Women's Health Award**

Established in 2005 by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, this award recognises the achievement of a student who has excelled in obstetrics and gynaecology at the University of Otago.

## **University of Otago, Christchurch Prizes**

These prizes are presented at the School's annual Trainee Intern Prizegiving and Farewell function which is held on the last Thursday evening of the trainee intern year.

### **Ardagh Memorial Prize**

This prize is in memory of the late Brigadier Ardagh and his son, the late Colonel Ardagh, both distinguished Christchurch surgeons, is awarded to the trainee intern considered by the Heads of Academic Departments to have achieved the best performance in his/her clinical attachments in the trainee intern year.

### **The D W Beaven Prize in Medicine**

This prize is awarded annually by the University Council to the graduating student who has achieved the highest standard in internal medicine in the final year of the MB ChB degree course in the University of Otago, Christchurch. It will be awarded on the recommendation of the Dean after consultation with the Head of the Department of Medicine and Departmental staff. The prize is a cheque for \$500.

### **The Sir Thaddeus McNaughton Prize in Surgery**

This prize was first established in 1979 and formally established in 1988 as a University Prize by gift from May and Baker (now Smith and Nephew) to recognise and encourage scholarship in the trainee intern year of the medical course and to perpetuate the name of Sir Thaddeus McNaughton. It is awarded annually by the University Council on the recommendation of the Dean of the University of Otago, Christchurch in consultation with the Head of the Department of Surgery at the School, to the trainee intern who is adjudged to have written an essay of special excellence on some aspect of surgery.

The prize consists of cash to the value as set down in the current schedule of prizes, and an inscribed pewter mug or silver tray.

### **WAAG Macbeth Prize in Surgery**

Awarded to the student who comes top in the discipline of Surgery in the trainee intern year.

### **The Dawn Short and Royal Australian & New Zealand College of Psychiatrists Prize in Psychiatry**

(Short Title: *The Dawn Short Prize in Psychiatry*)

The Dawn Short Prize was instituted in 1987 as a result of a decision by the Dawn Short Trust to allocate an annual sum to the Royal Australian and New Zealand College of Psychiatrists to be awarded to a medical student in Christchurch who has shown the greatest aptitude and excellence in psychiatry throughout his/her clinical training. The prize will be awarded annually to a sixth year medical student enrolled at the University of Otago, Christchurch on the recommendation of the Head of the Department of Psychological Medicine in consultation

with teachers in psychiatry. The recommendation will be based on performance during 4th, 5th and 6th years of the course and on the result of the sixth year distinction viva examination. The value of the prize is \$200 cash.

#### **The F T Shannon Prize in Paediatrics**

This prize was established in 1994 in honour of Professor Shannon who served as paediatrician to the children of Canterbury from the late 1950s until his retirement in 1990. He held the Chair of Paediatrics at the School of Medicine for 20 years. The prize is funded by Lederle Laboratories. It is awarded to the student who achieves the highest assessment for the combined fifth and sixth years of training. The prize consists of a book(s) to the value of \$250.

#### **The Australian & New Zealand College of Anaesthetists Prize**

This prize is awarded to the best student in Anaesthesia under the Critical Care rotation in the Trainee Intern year at the University of Otago, Christchurch.

#### **The Australian and New Zealand Faculty of Pain Medicine Prize**

This prize is awarded to the best student in the Pain Medicine Selective in the Trainee Intern year at the University of Otago, Christchurch.

#### **The W J Gillespie Musculoskeletal Prize**

This prize established in 1999 is in honour of Professor W J Gillespie the foundation Professor of Orthopaedic Surgery at the University of Otago, Christchurch. As well as being an excellent teacher, Professor Gillespie was instrumental in formally integrating Orthopaedic Surgery and Musculoskeletal Medicine into a single autonomous department unique in Australasia. The prize will be awarded annually to the student who achieves the highest assessment for the combined 5<sup>th</sup> and 6<sup>th</sup> years of undergraduate training in musculoskeletal surgery and medicine. The prize consists of an inscribed certificate and a major text book or diagnostic instrument of the award winner's choice to the value of \$500.

#### **James Renfrew White Prize in Orthopaedic/Trauma Surgery**

Awarded to the student who shows the most outstanding clinical ability and scholarship in the field of orthopaedic and trauma surgery across the clinical years of the Medical programme.

#### **Obstetrics and Gynaecology Prize**

Awarded to the graduating student who has achieved the highest standard in Obstetrics and Gynaecology in the final year of the MB ChB degree course in the University of Otago, Christchurch.

#### **Hauora Maori Prize**

Awarded to the student who showed excellence in their summative assessments and professional attitudes in Hauora Maori in the Trainee Intern year.

#### **Best Elective Reports**

Awarded to the student who is adjudged to have written the best Elective Report for their quarter.

#### **Dr Tom Anderson Memorial Trust Prize**

This prize was established in 2019 and is awarded to a student who completes an Elective in the area of Sports Medicine, either nationally or internationally, and the winning recipient will be based on the Elective Report as assessed by the Trainee Intern Elective Convenor.

## **WORKING IN A CLINICAL SETTING**

### **Student Access to Canterbury District Health Board Premises**

The University of Otago has entered into a Memorandum of Agreement with the Canterbury District Health Board (formerly Canterbury Health Limited) which grants University Staff and students access to Canterbury District Health Board facilities for the purposes of clinical instruction, clinical assessment and research.

Access to Canterbury District Health Board's Hospitals and other facilities is on the following terms:

1. University staff performing clinical services must hold a current annual Practising Certificate issued by the relevant statutory certificates of authority.
2. University staff and students must comply with all legislation including the Health Information Privacy Code 1994, the Health Act 1956 and the Code of Health and Disability Services Consumer Rights.
3. Each undergraduate student in a clinical setting must be under the supervision of an appropriately qualified member of either the professional Canterbury District Health Board staff or the academic staff of the University.
4. All University staff and students must comply with the policies, procedures and clinical standards of the Canterbury District Health Board.
5. That the University will ensure that all students will immediately leave the Canterbury District Health Board's facilities if instructed to do so by the Chief Executive (or his nominee) of the Canterbury District Health Board, who will advise the Registrar of the University of the event.

The Dean of the University shall then take the appropriate action in accordance with the regulations of the University governing disciplinary matters.

6. The penalty of exclusion from classes if imposed shall be deemed to include exclusion from all Canterbury District Health Board premises.
7. That no student is placed in a clinical situation which is reasonably likely to develop beyond the student's capability and that the University will ensure that a student is withdrawn from such a clinical situation if instructed to do so by a Service Manager of the Canterbury District Health Board.
8. Access to Canterbury District Health Board premises shall be restricted to those students required to undertake medical or other studies in the course of their tuition which require them to have access to Canterbury District Health Board premises.
9. That students are identified on all Canterbury District Health Board premises by the wearing of an identification badge.

### **Methicillin-Resistant Staphylococcus Aureus (MRSA) Tests**

MRSA screening is mandatory for students with chronic skin conditions. If you have a chronic skin condition (e.g. eczema, dermatitis, psoriasis, boils, latex sensitivity/allergy) that currently, or often affects your hands, arms or face you will need to provide an MRSA test result of your nose and the skin rash collected within the last month.

### **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, seek the advice of staff.

### **Access to Clinical Records**

To access a patient's notes from the Clinical Records Department, students are required to obtain consent from the patient. This will not apply to patients who are still in the ward or patients that students are seeing in outpatients from whom consent has already been obtained to be involved for education purposes.

### **Recording Lectures, Patient Interviews and Clinical Presentations**

The Faculty is currently exploring the possibility of podcasting lectures. In the meantime please remember that recording of lectures should only occur if you have personally asked the lecturer whether this is permissible. Recording of patient interviews 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.

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

It is also appropriate to consider the desirability of a chaperone if the student feels uncomfortable with the patient, as the intent of chaperoning is to provide an environment for consultation in which both parties feel safe. Students should never feel obliged to proceed with an unsupervised interview or examination where they feel uncomfortable or concerned without first seeking advice and assistance from a senior member of staff. Staff members should also provide guidance to students in relation to chaperoning of specific patient interviews and examinations.

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

There are a range of persons suitable to function as chaperones depending on the individual circumstances, but usually another health professional, in particular a member of the nursing staff, would be the first choice.

### **Culturally Sensitive Issues**

Health Sciences students are required to participate in all laboratory, practical and clinical activities, which include activities that may not be usual in your culture. In the professional classes, some aspects of 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 for students experiencing difficulties in this area is available, on request, from the relevant School.

### **Guidance on dress**

Patients will judge you initially by your appearance – it is important that you dress appropriately and in a respectful way. Use your common sense and note how doctors dress and present themselves in the different clinical areas you work in. You are expected to dress like a doctor not a student. You are usually not expected to wear a white coat. Some teachers have specific expectations about how you should dress (for example some prefer you to wear a white coat and/or expect the men to wear ties) – you should respect their wishes.

Over the summer of 2003/2004 one of your colleagues conducted a survey of 451 patients at Christchurch Hospital (inpatients and outpatients) to ascertain what styles of dress patients felt comfortable or uncomfortable with in their doctors. She found that a tidy, semi-formal style of dress is least likely to offend patients.

Items of clothing that, on average, patients were uncomfortable with for male doctors were: facial piercings, earrings, rings on several fingers, brightly dyed hair, long hair, T-shirts, shorts, sandals and sneakers.

Items of clothing that, on average, patients were uncomfortable with for female doctors were: facial piercings, heavy make-up, short tops exposing the midriff (this can be extrapolated to low cut tops and low riding trousers that expose the midriff), brightly dyed hair, T-shirts, shorts, sandals and sneakers.

Younger patients were more tolerant of casual and alternative items than older patients. It was generally acceptable for male doctors to opt for no tie.

When participants were presented with several photos of doctors in different styles of dress, a friendly smile on the doctor's face had an overwhelmingly positive impact – this is definitely worth keeping in mind!

### **Infectious Diseases and Immunisation Policy**

Guidelines are available under Faculty of Medicine Policies. Please refer to <http://micn.otago.ac.nz/faculty-policies>.



## **Emergency Response: Dealing with Exposure to Blood and/or Body Fluids**

### **Actions Required by Staff Member/Student/Individual exposed to blood and/or body fluids:**

1. If skin is splashed or penetrated, wash the area well with soap and water.
2. If the eyes are contaminated, rinse the eyes using the emergency eye wash facility.
3. If there is a splash into the mouth spit it out and rinse thoroughly.
4. Contact your supervisor or manager immediately.
5. Document the date and time of exposure, how the incident occurred and the name of the source if known.

### **Actions Required by Supervisor / Manager / Other Responsible Person:**

1. Ensure area has been washed.
2. Assess the type of exposure and need for testing and intervention. For the following types of exposure, consultation within 24 hours is mandatory:
  - A needle stick injury or other sharp instrument injury when the needle or sharp instrument is contaminated with blood or body fluids from another person.
  - Mucous membrane contact with, or ingestion of blood or body fluids of another person.
  - Contamination of fresh unhealed cut or broken skin surface with blood or body fluids from another person.
  - Bites where the skin surface is broken, or scratches where blood or body fluid contamination from another person is likely.

### **3. Contact:**

**Dunedin:** Emergency Department, Dunedin Hospital (474 0999) for staff members, Student Health for Students (479 8212) during working hours and Emergency Department, Dunedin Hospital after working hours. Inform of the nature of the incident.

**Christchurch:** contact Infection Control or the Microbiologist on call at Christchurch Hospital (364 0640).

**Wellington:** ring the Occupational Health Nurse at Wellington Hospital (385 5999 ext. 6331 - pager 6331) or After Hours Manager if outside normal working hours, please ring the Wellington Hospital operator.

**For incidents that occur in other hospitals or other health care environments:** immediate notification of the local hospital staff member responsible for blood and /or body fluids exposure is essential.

The Associate Dean for Student Affairs, Head of Department, Dean or other senior staff member should also be contacted.

4. Arrange for 10 mL blood to be taken from the exposed individual as soon as possible. The screening must include HIV, HBsAg, HBsAb and HCV.
5. If the source is known, contact and arrange for 10 mL blood sample to be taken.
6. Provide support for the student or staff member involved.
7. Complete the accident/incident form and forward to the HOD, Office of the Dean, and the (Occupational) Health & Safety Team. Contact details for Health & Safety staff and the accident/incident form are available on the Health & Safety website: <http://www.otago.ac.nz/healthandsafety/>

### **Immediate Assessment**

*It is important that the individual is medically assessed by an expert immediately so that treatment can be commenced if deemed necessary.*

It is important to arrange follow up with the emergency contacts provided.

Issues for the medical services to consider include:

Action will depend on the status of the individual and the status of the source

- Is there a need for immediate antiretroviral treatment?
- Is there a need for hepatitis B immunoglobulin?
- Is there a need for hepatitis B vaccination?
- Has follow up been arranged?

## **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.

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.

## **Professional behaviour: the role of patients in clinical education**

### **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**

### **Appropriate 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 authorised by law and you will learn about these over the next years of your training.

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

### **Access to notes and handling of written material:**

Students should only access patient notes with the consent of the patient and where the patient is under the care of the team to which the student is attached. Notes of patients not under the care of the team should not be accessed except where the student has an alternate legitimate reason to do so and 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 (e.g. case histories) should not have any "unique identifiers" (e.g. name, birth date, address or national number). If these notes require work outside the hospital (e.g. 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 CDHB.

In addition to the legal restraints around patient related health information, students are required to discuss any matters referring to the University of Otago, Christchurch and CDHB with the Dean BEFORE disclosing information to outside agencies or bodies.

### **The following points should also be kept in mind:**

Medical students should avoid giving a patient a blanket guarantee of confidentiality and keep in mind their position as trainees, the responsibility to always act in the patient's best interests and 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.

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.

Under no circumstances is a medical student permitted to take photographs of a patient or patient information, or to make a 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 the Health Act, outlines circumstances where personal details may be released without the consent of the patients 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 the area. Students who make unauthorised 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 and/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.

### **Responding to problems**

You may have concerns about a staff member or another student in particular concerning:

- Unethical behaviour
- Unprofessional behaviour
- Poor role modelling
- Threat to safety of self or others
- Gratuitous belittling
- Failure to meet ordinary teaching/learning obligations

#### **In such situations contact one of the following:**

- Module convenor
- Head of Department
- Assoc Dean Student Affairs
- Assoc Dean Medical Education
- University of Otago mediator
- EA (Education Adviser)
- Staff/Student Committee
- Class representative



University of Otago, Christchurch  
Advanced Learning in Medicine  
Sixth Year Trainee Intern  
Handbook 2020-2021

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For further information:  
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PO Box 4345  
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