2017

University of Otago, Wellington
Advanced Learning in Medicine
Fourth and Fifth Year
Handbook
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Introduction by the Dean

Nga mihi,

I would like to welcome 4th Year students coming to the University of Otago Wellington for the first time, and to welcome back our returning students. We take great pride in you all, and in what we offer you. Our curriculum builds on the Early Learning in Medicine programme provided in Dunedin. Within its framework, we will encourage you to be an independent thinker, to be articulate and communicate your ideas with clarity, and to develop the essential knowledge and skills to equip you for what will be a career of life-long learning in medicine.

As you meet patients and deal with clinical issues you will find this year challenging, but the rewards will be considerable. It is important to make use of the resources and people around you. Our staff are excellent teachers and researchers who are deeply committed to your learning and professional development. We have positive relationships with the community practices and the local and regional hospitals that will provide you with high quality learning environments. Make good use of the opportunities available to you, be aware of equity issues and respect the cultures and customs of all those whom you meet.

I wish you the best and every success in your time with us.

Kia ora mai,

Professor Sunny Collings
Dean and Head of Campus
University of Otago, Wellington
Otago Medical School vision, mission, and strategic goals

Vision / Te moemoeā

Achieving Excellence

Whaia te iti kahurangi

Mission / Te whakatakanga

The Otago Medical School shares the mission of the University of Otago Division of Health Sciences:
The Division of Health Sciences will provide New Zealand society and other communities with a highly qualified workforce in the health professions and will lead research and academic advancement in the areas of health and biomedical science.

The Division will promote health, health care, and equitable health outcomes through outstanding basic and applied research and world-class academic and professional leadership. This will be achieved through research-based undergraduate, postgraduate, and professional academic programmes of international standard in the health and biomedical sciences, and the translation of research into produces and services to benefit society.

Strategic imperatives

The Otago Medical School's strategic imperatives are those of the University of Otago and the Division of Health Sciences:
Excellence in research
Excellence in teaching
Outstanding campus environments
Outstanding student experiences
Commitment as a local, national, and global citizen
Strong external engagement
Sustaining capability
Kaupapa
The Otago Medical School promotes improved and equitable health for New Zealand society and international communities, ensuring that learning, teaching, research, and service activities relate to the health needs of all our communities. It achieves this by educating doctors, nurses, radiation therapists, and medical laboratory and biomedical scientists at undergraduate and postgraduate
levels, and by leading research and academic advancement in health and biomedical sciences across its nationally-dispersed campuses.

Download the Division of Health Sciences Strategic Plan 2012–2018 (PDF 400 KB)
Undergraduate medical course dates 2017

Fourth year for University of Otago, Wellington

<table>
<thead>
<tr>
<th>1st Semester</th>
<th>Monday 30 January to Friday 9 June</th>
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<tbody>
<tr>
<td>Wellington Anniversary</td>
<td>Monday 23 January</td>
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<tr>
<td>Semester commences</td>
<td>Monday 30 January to Friday 3 February</td>
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<tr>
<td>Waitangi Day</td>
<td>Monday 6 February</td>
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<tr>
<td>Semester resumes</td>
<td>Tuesday 7 February to Thursday 13 April Mid-</td>
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<tr>
<td>Semester break</td>
<td>Friday 14 April to Sunday 23 April [1 week]</td>
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<tr>
<td>Semester resumes</td>
<td>Monday 24 April</td>
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<tr>
<td>ANZAC Day</td>
<td>Tuesday 25 April</td>
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<tr>
<td>Semester resumes</td>
<td>Wednesday 26 April to Friday 2 June</td>
</tr>
<tr>
<td>Queen’s Birthday</td>
<td>Monday 5 June</td>
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<tr>
<td>Semester resumes</td>
<td>Tuesday 6 June to Friday 9 June</td>
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<tr>
<td>June Vacation</td>
<td>Saturday 10 June to Sunday 25 June [2 weeks]</td>
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<thead>
<tr>
<th>2nd Semester Monday 26 June to Friday 27 October</th>
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<tr>
<td>Semester commences</td>
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<tr>
<td>Mid-Semester break</td>
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<td>Semester resumes</td>
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<tr>
<td>Labour Day</td>
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<td>Semester resumes</td>
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## Undergraduate medical course dates 2017

### Fifth year for University of Otago, Wellington

<table>
<thead>
<tr>
<th><strong>1st Semester</strong></th>
<th><strong>Tuesday 7 February to Friday 9 June</strong></th>
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<tbody>
<tr>
<td>Wellington Anniversary</td>
<td>Monday 23 January</td>
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<tr>
<td>Semester commences</td>
<td>Tuesday 7 February to Friday 13 April</td>
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</table>
| Mid-Semester break | Friday 14 April to Sunday 23 April [1 week]  
*Includes Easter & Otago Anniversary Day* |
| Semester resumes | Monday 24 April |
| ANZAC Day | Tuesday 25 April |
| Semester resumes | Wednesday 26 April to Friday 2 June |
| Queen’s Birthday | Monday 5 June |
| Semester resumes | Tuesday 6 June to Friday 9 June |
| June Vacation | Saturday 10 June to Sunday 25 June [2 weeks] |

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<tr>
<th><strong>2nd Semester</strong></th>
<th><strong>Monday 26 June to Friday 3 November</strong></th>
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<tbody>
<tr>
<td>Semester commences</td>
<td>Monday 26 June to Friday 1 September</td>
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<tr>
<td>Mid-Semester break</td>
<td>Saturday 2 September to Sunday 10 September [1 week]</td>
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<tr>
<td>Semester resumes</td>
<td>Monday 11 September to Friday 20 October</td>
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<tr>
<td>Labour Day</td>
<td>Monday 23 October</td>
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<tr>
<td>Study week</td>
<td>Tuesday 24 October to Friday 27 October</td>
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<tr>
<td>OSCE</td>
<td>Saturday 28 October</td>
</tr>
<tr>
<td>Exam week</td>
<td>Monday 30 October to Friday 3 November</td>
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UOW selected staff list

The school employs over 250 staff. The following list is those staff members whom you are most likely to encounter or might need to contact during your course.

Dean's Department

- **Dean and Head of Campus UOW**
  Professor Sunny Collings 5600
  [Executive Assistant - Ilka Pelzer 5600]
- **Deputy Dean and Association Dean: Teaching and Learning**
  Associate Professor Diane Kenwright 5179
- **Associate Dean (Māori)**
  Associate Professor Bridget Robson 5784
- **Associate Dean (Pacific)**
  TBC 4484
- **Associate Dean (Hutt Valley)**
  TBC
- **Associate Dean (Palmerston North)**
  Dr Claire Hardie 06 350 8439
- **Associate Dean (Hawke's Bay)**
  Associate Professor Ross Freebairn 06 878 8109
- **Business and Operations Manager**
  Phillip Kane 5547
- **HR Admin/Health and Safety/Security**
  Ewen Coleman 5864
- **Central Finance Management**
  Accountant Rose Ali 5542
- **Web Manager**
  TBC 5052
- **Communications Manager**
  Fleur Templeton 5484
- **Reception and Events Manager**
  Keith Baldwin 5548
- **Receptionist/Conference Centre**
  Freddy/Jenny 5541
- **Facilities Manager**
  Ian Perry 5551
• **UOW Laboratory Manager**
  Ann Thornton 5576

Student Affairs

• **Associate Dean of Student Affairs**
  Dr Mark Huthwaite
  Level C, Room C30
  Ext: 6979 Email: mark.huthwaite@otago.ac.nz

• **Student Affairs Administrator**
  Ann Thornton
  Level C, Room C34
  Ext: 5576 Email: ann.thornton@otago.ac.nz

Education Unit

**Associate Dean (Medical Education)**
Professor Pete Ellis
Ext: 5656

**Education Advisor**
Dr Peter Gallagher Ext: 4095

**E-Learning Facilitator/Education Advisor**
Dr Tehmina Gladman Ext: 6749

**Clinical Education Advisor**
Dr Joy Percy 06 3569 169 Ext 7487

**Clinical Skills Advisor**
Dr Roshan Perera Ext: 6908

**Actor Coordinator**
Ewen Coleman Ext: 5864

**Library**

**Main Desk** Ext: 5914

**Health Services Librarian**
Kareen Carter Ext: 5348

**Resource Access and Interloans Librarian**
Jung Cho Ext: 6787

**Education Unit Administrator**
Jessica Ellis
Ext: 5708

**Clinical Education Advisor**
Dr Sean Hanna 04 2374503

**Clinical Education Advisor**
Dr Emma Merry 06 878 8109

**Student Learning Advisor**
Emma Osborne Ext: 4593

**Photographer and Videographer**
Luke Pilkinton-Ching Ext: 6729

**Reference Desk** Ext: 5561

**Head: Reference Services**
Donna Tietjens Ext: 5482
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<tr>
<th><strong>Technology Services</strong></th>
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<td>(see Student Computing Services)</td>
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<tr>
<th><strong>Student Computer Support</strong></th>
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<tr>
<td>Kathleen Johnson Ext: 6844</td>
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<tr>
<th><strong>Lecture Theatre/Staff Computer Support</strong></th>
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<tr>
<td>Hadley Thomson 4488</td>
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<tr>
<th><strong>Postgraduate and Research Offices</strong></th>
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<td>See <a href="http://otago.ac.nz/wellington/research/summerstudentships">otago.ac.nz/wellington/research/summerstudentships</a></td>
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<tr>
<th><strong>Associate Dean Research and Postgraduate Studies</strong></th>
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<tr>
<td>Associate Professor William Levack Ext: 5660</td>
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<tr>
<th><strong>Research Advisor</strong></th>
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<tr>
<td>Christine Groves Ext: 6855</td>
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<tr>
<th><strong>Research Administrator</strong></th>
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<tr>
<td>Tina Uiesi Ext: 6552</td>
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<tr>
<th><strong>Lecture Theatre/Staff Computer Support</strong></th>
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<tr>
<td>James Millington Ext: 6891</td>
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<tr>
<th><strong>Lecture Theatre/Student Computer Support</strong></th>
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<tr>
<td>Darryl Sell 5504</td>
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<tr>
<th><strong>Postgraduate Studies Office</strong></th>
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<tbody>
<tr>
<td>Trevor Williams Ext: 5543</td>
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<tr>
<th><strong>Research Advisor</strong></th>
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<tbody>
<tr>
<td>Kate Sloane Ext: 6252</td>
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<tr>
<td>Departments</td>
<td>Pacific Office</td>
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<td>---------------</td>
</tr>
<tr>
<td>• Fourth-year modular programme convenors and administrative staff</td>
<td>Director</td>
</tr>
<tr>
<td>• Fifth-year modular programme convenors and administrative staff</td>
<td>TBC</td>
</tr>
<tr>
<td>• Vertical and virtual modular programme convenors and administrative staff</td>
<td>Ext: 1498</td>
</tr>
</tbody>
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<tr>
<th>Centre for Hauora Māori and Te Rōpū Rangahau Hauora a Eru Pōmare</th>
<th>Pacific Office</th>
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</thead>
<tbody>
<tr>
<td>Director</td>
<td>Director</td>
</tr>
<tr>
<td>Associate Professor Bridget Robson</td>
<td>TBC</td>
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<tr>
<td>Ext: 5924</td>
<td>Ext: 1498</td>
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<thead>
<tr>
<th>Department of Medicine</th>
<th>Department of Obstetrics &amp; Gynaecology</th>
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<tbody>
<tr>
<td>Head of Department</td>
<td>Head of Department</td>
</tr>
<tr>
<td>Professor Mark Weatherall</td>
<td>Professor Tony Dowell</td>
</tr>
<tr>
<td>Ext: 6793</td>
<td>Ext: 6617</td>
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<tr>
<th>Department of Paediatrics &amp; Adolescent Health</th>
<th>Department of Pathology &amp; Molecular Medicine</th>
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<tbody>
<tr>
<td>Head of Department</td>
<td>Head of Department</td>
</tr>
<tr>
<td>Professor Dawn Elder</td>
<td>Associate Professor Diane Kenwright</td>
</tr>
<tr>
<td>Ext: 6145</td>
<td>Ext: 5179</td>
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<tr>
<th>Department of Primary Health Care and General Practice</th>
<th>Department of Psychological Medicine</th>
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<tbody>
<tr>
<td>Head of Department</td>
<td>Acting Head of Department</td>
</tr>
<tr>
<td>Professor Sue Pullon</td>
<td>Professor Sarah Romans</td>
</tr>
<tr>
<td>Ext: 6762</td>
<td>Ext: 5656</td>
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<tr>
<th>Department of Surgery &amp; Anaesthesia</th>
<th>Department of Psychological Medicine</th>
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<tr>
<td>Head of Department</td>
<td>PA to HOD: Kristy Wilson</td>
</tr>
<tr>
<td>Associate Professor Peter Larsen</td>
<td>Ext: 5653</td>
</tr>
<tr>
<td>Ext: 5103</td>
<td>Secretary: Carol Comber</td>
</tr>
<tr>
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<td>Ext: 5640</td>
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| | PA to HOD |
| | Diane Marriott |
| | Ext: 5554 |
Support for Students

The Otago Medical School website below describes a number of support options available to students:

[otago.ac.nz/medicine > Current students > Health and welfare]

Student Learning Support
Emma Osborne is the Student Learning Advisor. She is available to assist students with developing effective study strategies, academic writing and oral presentations. Emma works part-time Mondays, Wednesdays and Thursdays. Please contact emma.osborne@otago.ac.nz if you would like to book a time to talk through any study concerns with her.

Financial Support

As well as the official government Student Loan Scheme, the Medical Assurance Society Wellington (PO Box 13 042, freephone 0800 800 627) will consider applications for loans from bona fide students. Most banks will also consider extending this facility. In cases of need, students may also apply through the Dean or Associate Dean (Student Affairs) for assistance from a small fund held by the Medical Faculty for student loans and grants. The Dean or Associate Dean Student Affairs is happy to discuss such funding confidentially with any student.

Travel Medicine and Occupational Health Advice

Dr Jenny Visser is the Travel Medicine and Occupational Health Advisor, and Elective Module Coordinator. Her office is located on Level F in the Department of Primary Health Care and General Practice.

Extension 6931 Email jenny.visser@otago.ac.nz

Māori students

Associate Professor Bridget Robson, Associate Dean (Māori), is pleased to support Māori students at UOW.

Email bridget.robson@otago.ac.nz

Pacifika students

Nandika Currey, Associate Dean (Pacific), is pleased to support Pacifika students at UOW.
International student support

Student Advisers of the International Student Office visit Wellington throughout the year to support international students and further support is available through the Student Affairs Administrator.

Also see nzmsa.org.nz/dt_portfolios/international-students/

Student Organisations

Students' Association

All students become members of both the Otago and the Wellington Medical Students' Associations, which are affiliated to Medical Students' Associations on a national basis.

The Otago University Students' Association (OUSA) makes available to the Wellington Medical Students' Association (WMSA) a proportion of each student's membership fee. This money is available to WMSA to make improvements to the Student Common Room and support various student activities.

LGBTQIA Rainbow Alliance Representatives

The UOW has a commitment to be inclusive and supportive of diversity. We are here to support and connect students to the local supports and community in the Wellington area.

Lachy Harrison
Student representative
lgbtqia@wmsa.org.nz

Responding to problems

Students 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:

- Associate Dean (Student Affairs)
- Associate Dean (Medical Education)
- Student Affairs Administrator
- Class representative
- Head of Department
- Medical Education Advisor
- Module convenor
- PSAE tutor
- Staff/Student Committee (through a student rep or the Student Affairs Administrator)
- University of Otago mediator - otago.ac.nz/mediation

Student Health

Student Counselling

Denise Steers, Student Counsellor, works 1pm–5pm on Mondays and 10am–2pm on Thursdays, but she may be able to be flexible outside of these times. Her office is located on Level 5(E) of the Ward Support Block, through the double doors of the physiotherapy common room (near audiology). Email is the best way to make contact in the first instance: studentcounsellor.uow@otago.ac.nz

Student Health Services

There is no student health clinic on campus. In Wellington, we offer a subsidy for undergraduate health sciences and medical students to attend GPs. In particular, the Newtown Medical Centre has an agreement with the school to enrol any of our students. All students are strongly encouraged to register with a GP.

Any student making an appointment to see their GP should take both their University of Otago ID card and their Community Services Card with them. The GP practice will send a confidential account to the
Student Affairs Office for reimbursement, up to a maximum of $40. Any amount above $40 is up to the student to pay at the time of the appointment. Students who fail to take their ID / Community Service Cards with them will be responsible for paying the entire account at the time of their visit.

The Student Affairs Office will not pay for the following:

- Repeat prescriptions
- Nurse consultation
- Physiotherapy
- Dental visits
- Dental Services

The following dental surgeries offer a 10% discount to UOW students. When making an appointment, tell the receptionist that you are a UOW student and **always** take your Student ID Card with you.

Symes de Silva and Associates
97-99 Courtenay Place
Tel **04 801 5551**

Newtown Dental Surgery
Lychgate Shopping Centre, 100 Riddiford St, Newtown
Tel **04 389 3808**

Occupational Health Service

Any student with a work-related health problem is welcome to contact the staff at the Wellington Hospital Occupational Health Clinic. There is no charge for this service. The health and safety service is located on Level 10 of the Clinical Support Block, Wellington Hospital. Please contact Occupational Health staff on extension 82742.

What to do if you are unwell

See [Sick leave, bereavement leave, or other emergency](#)

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. If in doubt, seek the advice of staff.
Students with disabilities

If you have a disability or condition causing temporary or permanent impairment, or an injury, chronic illness or deafness that may adversely affect your studies, please let your teachers know. They are reliant on you to make your needs known and will try to meet these needs wherever possible.

It would also be a good idea to let Student Affairs know, particularly if you are likely to need special consideration in examinations or if your studying is affected.

Dr Rebecca Grainger has special responsibility to advise and advocate on behalf of students with disabilities and provides additional support in conjunction with the Disabilities Office. Rebecca's contact details are below.

Direct line: 04 806 1031
Email address: rebecca.grainger@otago.ac.nz
Student Facilities

Student Common Room, Pigeon Holes and Lockers

The Student Common Room is located on Level C in Room C01. Students are responsible for keeping this room clean and tidy.

Each student is allocated a pigeon hole which is located in the Student Common Room. It is essential that these are checked regularly as all mail and messages will be placed in there. NB: Never leave anything of value in the pigeon holes, as they are not secure.

You will be issued a locker key during the orientation process. A non-refundable $10 fee is charged for the hire of a locker. This locker will be yours for the three years you are a student at UOW. Students will be liable for any wilful damage incurred and for the replacement of keys.

Coats and bags should be left in the lockers, and not taken onto wards. No responsibility can be accepted for students' personal property. Appropriate insurance is recommended.

Library

The Wellington Medical & Health Sciences Library offers an outstanding range of information services, quality resources and comfortable facilities suitable for individual or group learning. The Library is located on level D.

http://www.otago.ac.nz/wellington/library/index.html

The opening hours for Semester One are as follows. They are extended towards the end of the year. Please see http://www.otago.ac.nz/wellington/library/otago025065.html

Semester One: Monday, 30 January – Sunday, 25 June:

- Monday - Thursday 8.30am–10pm
- Friday 8.30am–6pm
- Saturday 10am–6pm
- Sunday 2pm–6pm

Public holiday opening hours are available at
http://www.otago.ac.nz/wellington/library/otago025065.html

Students are able to access the Library using their ID cards to when the UOW building is closed.
You can use printing and photocopying facilities in the Library by using your student ID card. You can load money onto your print balance via the kiosk located in the Library.

Other Library services include:

- Assistance with searching, including use of Medline and other relevant resources
- EndNote and Mendeley teaching and support
- Inter-library loan
- Course Reserve Collection

Tutorials on effective use of library databases are available throughout the year.

Fourth-year students attend the Library as part of the Advanced Clinical Skills Course at the start of the academic year. We welcome requests for further assistance throughout the year. Supporting the teaching programme is a high priority for the Library staff who value this involvement. For further information about the library please refer to the Library website: otago.ac.nz/wellington/library

The Wellington Medical and Health Sciences Library has a number of Library and Study Guides available on a range of subjects relating to research and study skills. They are available from this link: otago.libguides.com/wmhslibrary/

**Student Computing Services**

Technology Services are available on the UOW campus to help students. Should you have any IT-related issues or questions, they are located behind reception, on Level C of the Academic building. They can also be contacted on ts-student.uow@otago.ac.nz or on extension 6844.

Support for the student desktop is available via the ITS Service Desk on 0800 479 888, by referring to The Otago Student help pages otago.ac.nz/its/students, the Wellington Student help pages otago.ac.nz/uowstudentit, or visiting UOW Technology Services.

Student computing locations and access hours

**24 Hour Lab**

Open 24 hours a day, 7 days a week. Accessible from the Main Foyer in the Academic Block, Level C. The room contains 16 PCs and one UniPrint MFD (Multi-Function Device). Access is by swipe card at all times.
Main Lab

The main lab is available for student use whenever the UOW library is open. There are approximately 30 machines and a UniPrint MFD available for student printing. This is located on Level C, but access is only provided through the Library on Level D. This room is periodically booked for teaching sessions and student exams, so is unavailable during those times.

UOW Library

There are 16 computers on the library floor for student use (desks to your right on entering the Library on Level D).

Hutt Lab

The Hutt Lab is in the Hutt Teaching Facility on the second floor of the Clock Tower Building. It contains seven PCs and there is an MFD in the corridor. It is available to any UOW student working at Hutt Hospital.

Computer Training Room C13

The computer training room is for training/teaching sessions only and cannot be used for students outside of structured teaching or exam sessions.

Wireless

Only parts of the campus have access to wireless (see below). If you need assistance with setting up your mobile device, please follow the instructions in the Student IT Guide for joining the Otago student wireless or bring your device to the Technology Services reception on Level C.

Wireless Coverage:

- **Academic Building:**
  - Levels C and D
  - Level F
  - Level G
  - Level H
  - Level J
- **CCDHB (Wellington Hospital):**
  - The Paediatrics Building
  - The Radiation Therapy Building (next to the Upper Level carpark)
• **Hutt Hospital:**
  - The Hutt Teaching Facility (2nd floor, Clocktower)

Student printing photocopying, and scanning at UOW

Canon Multifunction Devices (MFDs) are located in each Computer lab and the UOW Library. The MFDs can be used for printing, photocopying and scanning. Top-ups to your printing balance can only be done using the kiosk in the UOW library, during library open hours.

Access from laptops or other mobile devices

To print from your own computer, you need to use your student email account to email your file (Microsoft Word document, PDF, etc) to the following addresses:

- [printmeblack-wlg@otago.ac.nz](mailto:printmeblack-wlg@otago.ac.nz) *(for black and white)*
- [printmecolour-wlg@otago.ac.nz](mailto:printmecolour-wlg@otago.ac.nz) *(for colour)*

Accessing CCDHB patient records

Medical students have been provided with access to Wellington Hospital clinical records using the Citrix client software. Using Internet Explorer, go to [https://citrix.ccdhb.org.nz](https://citrix.ccdhb.org.nz).

All medical students have been provided with a username and password for this system. Training is provided as part of the fourth-year introduction.

Students needing passwords reset should in the first instance contact Ann Thornton, extension 5576, as CCDHB requires confirmation of student's enrolment. For problems other than account username and password please contact the Hospital IT Service Desk: [it.servicedesk@ccdhb.org.nz](mailto:it.servicedesk@ccdhb.org.nz) or **04 385 5835**.

Please note: If you do not login to your CCDHB account for 30 days your account will become inactive.
Remote teaching

Video conferencing

The UOW campus has a number of remote sites, which we deliver teaching to via video conferencing equipment on the Vivid Solutions network. UOW owns and operates two vivid units on the Wellington campus as well as units in Hawke’s Bay DHB, Hutt Valley DHB, Palmerston North DHB, Tairāwhiti, and Wairoa. These units can also connect to any other Vivid Solutions system throughout New Zealand. These units are used for teaching, meetings and exams.

Facilities at remote hospitals

Access to computers and video conferencing facilities at remote hospitals vary depending on the services provided by the local DHB. UOW has dedicated space for students at the Hawke’s Bay DHB, Palmerston North DHB, and Hutt DHB. We continue working to improve off-site support for our students, so please contact the local Associate Dean for more information related to your specific location.

Research Opportunities - Summer Studentships

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

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

An educational grant of $5,000 is paid to students accepted into the summer studentship programme. The programme is open to any Medical and Science/Social Science undergraduate student currently enrolled at any New Zealand University. Projects with funding are supervised by staff members from the University of Otago, Wellington and Capital & Coast DHB as well as research institutions with links to the UOW campus.
Our hope is that the experience will result in many students being sufficiently excited by research to make it an important part of their careers.

Wellington

*Details available: August*

Tina Uiese, Research Administrator
Research Office, University of Otago Wellington
Email tina.uiese@otago.ac.nz
Web [otago.ac.nz/wellington/research/summerstudentships](http://otago.ac.nz/wellington/research/summerstudentships)

For opportunities in both Dunedin and Christchurch, please contact Tina Uiese.

**Security**

The school is electronically locked each evening at 6pm and opened again at 8am weekdays. It remains locked during weekends and public holidays.

University of Otago student ID cards are programmed for after-hours access into the school including the Library and computer facility.
Examination, Leave of Absence and Paid Employment

Terms Requirements and Summer vacation

All students must leave an up-to-date contact address and telephone number with Student Affairs before departing on summer vacation.

Fourth-year students are strongly advised not to leave New Zealand to travel overseas at the end of the year until they know they have been awarded terms for the fourth-year MB ChB course. The Board of Censors for Fourth/Fifth Year will meet on 8 November 2017 to determine this, and results will be available soon afterwards.

Impaired performance in examinations

The following procedure should be followed by any student who wishes to lodge a claim for impaired performance in the end of fifth-year examinations:

Student informs Associate Dean Student Affairs (ADSA) of a temporary impairment that may affect their performance in an assessment, and hence their result, within one business day of the assessment AND completes and submits a Special Consideration application, with any required supporting documents, preferably within 1 business day of the assessment, but always within 5 calendar days of the last assessment for which Special Consideration is being sought.

For further information See Section 1.12 of MB ChB Assessment Policies and Procedures 2017, available on Moodle.

Leave of absence

If you require leave of absence from a module you must complete a Leave of Absence form. You will be sent an electronic copy of this form via email at the start of the year, or you can collect a form from Ann Thornton in the Student Affairs Office or from the Student Locker room. You should then contact in person the relevant module convenor, well in advance of your proposed absence. The signed form should then be returned to Ann to be counter-signed by Dr Huthwaite. A copy of the approved / not approved absence will be placed in your pigeon hole.
Otago Medical School Policy on Student Leave during ALM:

It is expected that all students will attend all scheduled learning experiences. This particularly applies to all block and vertical module teaching in ALM. It is however acknowledged that a student may wish to have leave from time to time to attend to important 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 notify, in advance, all appropriate convenors, supervisors or tutors.

In ALM when any leave is taken a Leave Request form needs to be completed and signed off by the appropriate tutor(s)/convenor(s) and handed to the Student Affairs Office. If the leave requested is for longer than three 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 proportion of the module being requested as leave
- The reason the activity cannot be undertaken during scheduled holidays
- The length of leave relative to the activity
- The importance of missed teaching or assessment, and the student's ability to catch up on missed activities
- The student's total leave in that year and any other leave in that module

If students wish to discuss the process of applying for student leave the Student Affairs Office can provide information.
If a student's application for leave is denied by the module convenor(s), the student may appeal to the Associate Dean (Student Affairs). An ultimate appeal could be made to the Dean.

**Sick leave, bereavement leave, or other emergency**

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

A medical certificate is required for any student absent because of illness for more than three days. 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. Please note that evidence of bereavement should be provided i.e.: copy of death certificate, death notice etc.

**Dealing with missed sessions**

Please note it is the student’s responsibility to arrange any necessary catch up with the relevant module convenor(s).

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(s) / convenor(s) if a session cannot be attended or not attending after a request is declined is considered unprofessional behaviour and will be brought to the attention of the Student Progress Committee.


**Paid Employment**

Students are expected to attend scheduled classes. It is therefore not possible to undertake outside employment before 6pm, as regular teaching commitments will last until that time. Some scheduled teaching may occur after 6pm and at the weekend.
Assessment

Students are strongly encouraged to familiarise themselves with the documents linked below.

MB ChB Assessment Policies and Procedures

University of Otago Examination Rules

2017 Core drug list and assessment abbreviations

2017 MB ChB Assessment Incident Form

FIFTH YEAR STUDENTS ONLY

The end-of-fifth-year assessment components in 2017 are as follows:

OSCE

Saturday, 28 October:

- 8 stations of 8 minutes each based on fourth-and fifth-year clinical experience
  (see additional information below)

Written

Monday, 30 October:

- MICN 501c: 3-hour Short Answer Question (SAQ) paper

Tuesday, 31 October:

- MICN 501a: 3 hour Multiple Choice Question (MCQ) paper

Wednesday, 1 November:

- MICN 501b: 3 hour Multiple Choice Question (MCQ) paper

(Thursday 2 November – MCQ Reserve Day)

Students must achieve a pass in the OSCE.
Students **must achieve a pass in the Written papers overall**, i.e. results of the SAQ and MCQ papers are combined.

For the end-of-fifth-year assessments, a student who fails both the written and OSCE components would not normally be offered special examinations.

Further details of the OSCE

The OSCE will be held on **Saturday 28 October 2017** in Christchurch, Dunedin and Wellington. The examination is delivered simultaneously at all centres, and is identical in structure, stations and timing across the three campuses.

There will be **eight stations**, each of **eight minutes duration**. In addition there may be a rest station(s). The clinical presentations come from any of the **Core Presentations** as listed on [https://medschool.otago.ac.nz/course/view.php?id=1023&section=4](https://medschool.otago.ac.nz/course/view.php?id=1023&section=4) and are drawn from a range of disciplines including Hauora Māori. Drugs included on the **Essential Drug List** may also be examined within the context of the OSCE.

The patients/simulated patients will be a balanced gender mix, a range of ages and may be any ethnicity. They will be presenting in a variety of clinical settings. If Hauora Māori competencies are specifically being assessed at a station, this will be clear on the instruction sheet.

Three core competencies are assessed: gathering information, clinical examination and explanation and planning. A station may assess one or two of these competencies.

To pass the OSCE a performance at a level equal to or higher than the minimum standard to enter the Trainee Intern year is expected.

Detailed information about the OSCE and stations used in previous OSCEs are available on Moodle.

Students should refer to the **MB ChB Programme of Assessment Policies and Procedures 2017** document for additional details, including the OSCE pass criteria and the OSCE examinable problems list.

Further details of the Written Examination

Students should refer to the **MB ChB Programme of Assessment Policies and Procedures 2017** document for additional information regarding the content areas that may be assessed in the common written examination.

*The full MB ChB Programme of Assessment Policies and Procedures 2017 document is available to download from Moodle and the Otago Medical School website.*
Procedures to accommodate student’s religious beliefs

If a student requires special arrangements for course work and assessments due to religious beliefs, the student must make an appointment with Dr Mark Huthwaite, Associate Dean of Student Affairs.

The fifth-year common component OSCE is on Saturday. If applying for special alternative arrangements, this must be done as early as possible, in writing, before 1 May. See the MB ChB Assessment Policies and Procedures 2017.

Alternative arrangements for students with permanent conditions affecting performance

A candidate may have a permanent impairment that impacts on his or her performance in such a way as to prevent him or herself from demonstrating his or her ability to the full. This impairment would be present or foreseen before the assessment and therefore would not fit within the “temporary impairment” category outlined above.

In such cases, Faculty could allow assistance to be provided. Such assistance would be of a nature that might reasonably be expected to be available in the normal work place of a clinician – particularly in the normal workplace of a PGY1 doctor in New Zealand. The nature of the assistance or allowance would be on a person-by-person basis.

The student will suggest the assistance that he or she considers appropriate for the impairment. Application would have to be made at least three months prior to any assessment. If the Committee/Board agrees then this assistance will be provided and the student will sit the assessment/examination. If the Committee/Board does not feel this assistance will be appropriate the student can reconsider. Late applications will only be considered under exceptional circumstances.

Procedure for arrangements for students to sit examinations away from their home campus

If due to exceptional circumstances a student requires arrangements to sit end-of-year examinations at a campus that is not their home campus, the student must apply in writing and provide details of the exceptional circumstances to the ADSA or RMIP Administrator as early on in the year as possible, and 6 months before the examination at the latest. This application will then be sent to the MB ChB Assessment Manager. The Assessment Manager will consult with the staff responsible for organising the
OSCE and written examinations, regarding logistics and capacity, at the centre in which the student wishes to attend. The application and response from the Assessment Manager will then be submitted to the appropriate BOC (Board of Censors) for approval.
Communication

NB: See also Confidential Data and Images on electronic devices (page 98)

Mail

Mail is distributed to student pigeon holes each weekday (Monday to Friday).

Students required to return forms etc. to the Registry in Dunedin may put these into the appropriately marked pigeon hole, for forwarding to the University with other school mail. This is located to the left of reception on Level C. Such mail does not need to be stamped.

Student email

Staff will communicate with you through your University of Otago email. Please check your Otago email regularly.

Change of address

Each student should ensure that the Student Affairs Office is advised of any change of address and/or telephone number during the year, of forwarding addresses during vacations and electives, and especially when you graduate. There are a number of situations when it may be necessary to contact you, including advice on examination results and matters surrounding medical registration.

Notices

Notices important to students are posted on the noticeboards in the students' area. Please check these boards and your pigeon-holes daily if possible, to ensure that information is received in good time.

Drugs and other legal offences

Students should take note of the following:

In line with their policy that members of the staff convicted under the Misuse of Drugs Act 1975 will be summarily dismissed, the District Health Boards have indicated that they would withdraw the right of entry to wards and other hospital areas of any student so convicted. This would make it impossible for that student to continue in the School.
While the Medical Council of New Zealand has no jurisdiction over medical students, a student's conduct prior to graduation, particularly in relation to offences against the law, may nevertheless have some bearing on his/her future eligibility for registration.
Clinical Environments

Fire and earthquake procedures

Students must familiarise themselves with the procedures to be followed in the event of a fire or earthquake occurring whilst they are in:

- University of Otago, Wellington buildings, or
- District Health Board institutions

University of Otago, Wellington buildings

If fire is discovered or suspected:
1. Raise the alarm by breaking the glass of the nearest manual fire alarm call box
2. Dial 111 on nearest internal telephone and inform the Fire Service of location and extent of fire
3. Only attempt to extinguish fire using available equipment if it is safe to do so

When alarm bells start ringing, students not engaged in above should:
1. Close windows and doors
2. Turn off non-essential services but leave lights on
3. Vacate building via nearest exit
4. Assemble in the hospital carpark beside the Free Ambulance station, in front of the Medical School

If an earthquake occurs:
1. Take cover under a desk or in a doorway, keep away from shelving and glass windows
2. Do not evacuate until told to do so by a Civil Defence Warden

If a major earthquake or other emergency likely to cause significant damage to the Medical School or hospital occurs while you are away from the Main Campus, please see the UOW homepage for information on whether the School is open and whether to attend clinical attachments: otago.ac.nz/wellington. Email notifications to your student emails will also be sent out to keep you updated.
Capital and Coast DHB institutions and Hutt Valley DHB institutions

If the alarm bells ring whilst students are in wards or departments they should report to the person in charge of the area, and stand by to assist as required. Similarly in an earthquake, you should follow procedures as outlined by the person in charge.

Note: Procedures in all hospitals are similar to those of the University of Otago, Wellington building.

For further details on UOW Emergency Procedures see:

[otago.ac.nz/wellington/otago064342.pdf](otago.ac.nz/wellington/otago064342.pdf) (PDF 290 KB)

Hospitals in the Wellington Campus Region

See also Tairāwhiti.

The University of Otago, Wellington is most closely aligned to Capital and Coast District Health Board and Hutt Valley District Health Board.

The areas covered by these two DHBs are: the greater Wellington area, the Kapiti Coast, and the whole of the Hutt Valley. Hospitals in these areas are Wellington Hospital, Hutt Hospital, Kenepuru Hospital, Porirua Hospital, and Paraparaumu Hospital.

Wellington Hospital

Wellington Regional Hospital is the largest hospital in this region and provides all specialties except plastic surgery and rheumatology (which are based at Hutt Hospital).

[CCDHB HOSPITAL MAP](https://www.cdhb.org.nz/)

Hutt Hospital

Hutt Hospital provides services to those living in the Hutt Valley, and a regional rheumatology and plastic surgery service. There is a University of Otago student teaching facility located on the second floor of the Clock Tower building. It includes a computer room with a printer, a seminar room with teleconferencing facilities, a locker room, a common room, and toilets. The facility is available to University of Otago students and provides a quiet area for study, tutorials and meals.
Rhys Mulholland-Winiata is the Student Support Co-ordinator. His office is within the teaching facility. Rhys can help out with swipe cards, rosters, computer access, and general queries. He is in the Hutt office Monday–Friday 8am–12pm, and can be emailed on rhys.mulholland-winiata@otago.ac.nz.

The facilities are locked and are swipe card access only. Your swipe cards are available from Rhys on your first day based there. Please ensure that the doors to the facility remain locked at all times.

Other hospitals

The UOW also has a valued relationship with Mid Central District Health Board (MCDHB) in Palmerston North, Hawke’s Bay District Health Board (HBDHB) in Hastings, Wairarapa District Health Board (WDHB) in Masterton, and Tairāwhiti District Health Board (TDHB) in Gisborne. Student placements at these hospitals are predominantly in sixth year.

General practice clinics

Students will also be attached to general practices in the Wellington and Hutt regions during their Community Practice module. During sixth year students are attached to general practices in the wider Wellington Campus Region.
# Fourth-year modular programme

## Convenors and administrative staff

### Orientation to Fourth Year

<table>
<thead>
<tr>
<th>Convenor</th>
<th>Email</th>
<th>Ext</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Pete Ellis</td>
<td><a href="mailto:pete.ellis@otago.ac.nz">pete.ellis@otago.ac.nz</a></td>
<td>5656</td>
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### Advanced Clinical Skills

<table>
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<tr>
<th>Convenor</th>
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<tbody>
<tr>
<td>Associate Professor Shieak Tzeng</td>
<td><a href="mailto:shieak.tzeng@otago.ac.nz">shieak.tzeng@otago.ac.nz</a></td>
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### General Practice and Public Health

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<tr>
<th>Co-Convenor</th>
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<tbody>
<tr>
<td>Dr Jonathan Kennedy</td>
<td><a href="mailto:jonathan.kennedy@otago.ac.nz">jonathan.kennedy@otago.ac.nz</a></td>
<td>5616</td>
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### Medicine and Clinical Skills

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<tbody>
<tr>
<td>Professor Mark Weatherall</td>
<td><a href="mailto:mark.weatherall@otago.ac.nz">mark.weatherall@otago.ac.nz</a></td>
<td>4817</td>
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### Surgical and Clinical Skills

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<tbody>
<tr>
<td>Associate Professor Elizabeth Dennett</td>
<td><a href="mailto:liz.dennett@otago.ac.nz">liz.dennett@otago.ac.nz</a></td>
<td></td>
</tr>
</tbody>
</table>
Fourth-year block timetable 2017

Download a printable copy of the fourth-year block timetable (PDF 70 KB)
Fourth-year vertical timetable 2017

Download a printable copy of the fourth-year vertical timetable (PDF 70 KB)
Fourth-year class list 2017

- Tariq Abdool Kader
- Nur'iffahA Kahar
- Kailash Bahirathan
- Mikayla Barnett
- Henry Barry
- Angela Bauman
- Guy Bennett
- James Berry
- Kieran Blackmore
- Alesha Bosson
- George Brockway
- Georgia Bromiley
- Phoebe Butler-Munro
- Liam Cairns
- Chok Chan
- Kathleen Chatfield
- Aaron Chester
- Dahi Choi
- Logan Clarricoats
- Katherine Court
- Holly Curtis
- Dhenisha Dahya
- Nina Domanski
- Brian Dunne
- Devin Farmery
- Alexander (Sascha) Feary
- Brytt Frunt
- Timothy Galt
- Waverley Gee
- Namratha Giridharan
- Sam Gladwin
- Chayce Glass
- Christina Gordon
- Emma Gray
- Madeleine Gray
- Mairarangi Haimona
- Mumtazah Haji Ahmad Ghazali
- Hanisah Haji Mohammad
- Ridzuan Han
- Max Hardie Boys
• Lachlan Harrison
• Phillipa Hawke
• Sarah Hulme-Moir
• Isabelle Hunt
• Megan Janes
• Felicia Rolfe (Joe)
• Bernard Kean
• Rita Kettoola
• Christina Khouri
• Thomas Knight
• Elizabeth Kofoed
• Sabrina Koh
• Prashant Lakshman
• Yeong hyeon Lee
• Binura Lekamalage
• Brooke Leota
• Rex Liao
• Hannah Liggins
• Zifeng Lin
• Zhengyan (Maggie) Lin
• Silabhakta Livirya
• Ben Lockwood
• Sarah Logan
• Luke McCulloch
• Josh McGregor
• Liam McGruddy
• Hogan McKee
• Lydia McMillan
• Sean McPetrie
• Jack Mellor
• Arron Miller
• Michaela Mullen
• Lura Nehrensmith
• James Neville
• Peter Newman
• Joshua Nicholson
• Yuxuan (Gobi) Ou
• Evelyn Paintin
• Nick Parish
• SimonPowell
• Bianca Prendergast
• Sariah Ratford
• Mustafa Ridha
• Jack Roberts
• Andrew Robinson
• Luke Rolfe
• Laura Sandbrook
• Hayden Smith
• Liezl Sohnge
• Abhinav Swarup
• Jordan Tewhaiti-Smith
• Georges Tinawi
• Sarah Twine
• Emily Twisleton-Wykeham-Fiennes
• Si'I (Tea) Vaeau
• Dominika Van
• Dominique Verschuur
• Stevie Waerea
• Teri (Michael) Whiley
• Devon Winders
• Kimiko Withrington
• Andrew Yeomans
**Fourth-year class groups 2017**

<table>
<thead>
<tr>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
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</thead>
<tbody>
<tr>
<td>KADER Tariq</td>
<td>A KAHAR Nur'iffah</td>
<td>BARNETT Mikayla</td>
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<tr>
<td>BARRY Henry</td>
<td>BAHIRATHAN Kailash</td>
<td>BENNETT Guy</td>
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<td>BERRY James</td>
<td>BAUMAN Angela</td>
<td>BOSSON Alesha</td>
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<td>BROCKWAY George</td>
<td>BLACKMORE Kieran</td>
<td>BUTLER-MUNRO Phoebe</td>
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<td>CAIRNS Liam</td>
<td>BROMILEY Georgia</td>
<td>CHATFIELD Kate</td>
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<td>CHAN Chok</td>
<td>CLARRICOATS Logan</td>
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<td>CHOI Dahi</td>
<td>DAHYA Dhenisha</td>
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<td>DOMANSKI Nina</td>
<td>CURTIS Holly</td>
<td>FARMERY Devin</td>
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<td>FEARY Sascha</td>
<td>DUNNE Brian</td>
<td>GALT Timothy</td>
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<td>FRUNT Brytt</td>
<td>GLADWIN Sam</td>
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<tr>
<td>GLASS Chayce</td>
<td>GIRIDHARAN Namratha</td>
<td>KETTOOLA Rita</td>
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<td>GRAY Tessa</td>
<td>GORDON Christina</td>
<td>HARDIE BOYS Max</td>
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<tr>
<td>HAN Hanisah</td>
<td>GHAZALI Mumtazah</td>
<td>HULME-MOIR Sarah</td>
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<td>HUNT Isabelle</td>
<td>HAIMONA Maira</td>
<td>ROLFE Felicia</td>
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<td>KEAN Bernard</td>
<td>HARRISON Lachlan</td>
<td>HAWKE Phillipa</td>
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<td>KNIGHT Thomas</td>
<td>JANES Megan</td>
<td>KHOURI Christina</td>
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<td>LAKSHMAN Prashant</td>
<td>GRAY Emma</td>
<td>KOH Sabrina</td>
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<td>KOFOED Libby</td>
<td>LEKAMALAGE Binura</td>
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<td>LEE Yeong Hyeon</td>
<td>LIGGINS Hannah</td>
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<tr>
<td>LOCKWOOD Ben</td>
<td>LIAO Rex</td>
<td>LIVIRYA Silabhakta</td>
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<tr>
<td>McGREGOR Josh</td>
<td>LIN Maggie</td>
<td>McCULLOCH Luke</td>
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<tr>
<td>McMILLAN Lydia</td>
<td>LOGAN Sarah</td>
<td>McKEE Hogan</td>
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<td>MILLER Arron</td>
<td>McGRUDDY Liam</td>
<td>MELLOR Jack</td>
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<td>NEVILLE James</td>
<td>NICHOLSON Joshua</td>
<td>NEWMAN Peter</td>
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<td>PAINTIN Evelyn</td>
<td>PARISH Nick</td>
<td>OU Gobi</td>
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<tr>
<td>POWELL Simon</td>
<td>PRENDERGAST Bianca</td>
<td>RATFORD Sarah</td>
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<td>RIDHA Mustafa</td>
<td>ROBERTS Jack</td>
<td>ROBINSON Andrew</td>
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<td>ROLFE Luke</td>
<td>SANDBROOK Laura</td>
<td>SMITH Hayden</td>
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<td>SOHNGE Liezl</td>
<td>SWARUP Abhinav</td>
<td>TEWAHAI-T-SMITH Jordan</td>
</tr>
<tr>
<td>TINAWI Georges</td>
<td>TWINE Sarah</td>
<td>TWISLETON-WYKEHAM-FIENNES</td>
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<tr>
<td>VAEAU Tea</td>
<td>VAN Dominika</td>
<td>Emily</td>
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<td>WAERA Stevie</td>
<td>WHILEY Michael</td>
<td>VERSCHUUR Dominique</td>
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<td>WIDTHRINGTON Kimiko</td>
<td>YEOMANS Andrew</td>
<td>WINDERS Devon</td>
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</tbody>
</table>
### Fourth-year Hauora Māori and Pathology groups 2017

<table>
<thead>
<tr>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
<th>Group D</th>
</tr>
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<tbody>
<tr>
<td>KADER Tariq</td>
<td>A KAHAR Nur’iffah</td>
<td>BARNETT Mikayla</td>
<td>BARRY Henry</td>
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<td>BOSSON Alesha</td>
<td>BROCKWAY George</td>
<td>BLACKMORE Kieran</td>
<td>BUTLER-MUNRO Phoebe</td>
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<tr>
<td>CHAN Chok</td>
<td>CLARRICOATS Logan</td>
<td>COURT Katherine</td>
<td>CHOI Dahi</td>
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<tr>
<td>FEARY Sascha</td>
<td>DUNNE Brian</td>
<td>GALT Timothy</td>
<td>GEE Waverley</td>
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<td>GRAY Emma</td>
<td>GRAY Tessa</td>
<td>GORDON Christina</td>
<td>HARDIE BOYS Max</td>
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<td>HAIMONA Maira</td>
<td>ROLFE Felicia</td>
<td>KEAN Bernard</td>
<td>HARRISON Lachlan</td>
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<td>LAKSHMAN Prashant</td>
<td>KETTOOLA Rita</td>
<td>KOH Sabrina</td>
<td>RESCH-LEOTA Brooke</td>
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<tr>
<td>LOCKWOOD Ben</td>
<td>LIAO Rex</td>
<td>LIVIRYA Silabhakta</td>
<td>McMILLAN Lydia</td>
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<td>LOGAN Sarah</td>
<td>McKEE Hogan</td>
<td>MILLER Arron</td>
<td>McGRUDDY Liam</td>
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<td>NEVILLE James</td>
<td>NICHOLSON Joshua</td>
<td>NEWMAN Peter</td>
<td>PAINTIN Evelyn</td>
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<td>RATFORD Sariah</td>
<td>RIDHA Mustafa</td>
<td>ROBERTS Jack</td>
<td>ROBINSON Andrew</td>
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<td>SWARUP Abhinav</td>
<td>TEWHAITI-SMITH Jordan</td>
<td>TINAWI Georges</td>
<td>TWINE Sarah</td>
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<td>WAEREA Stevie</td>
<td>WHILEY Michael</td>
<td>WINDTERS Devon</td>
<td>WITHRINGTON Kimiko</td>
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<tr>
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<td>BENNETT Guy</td>
<td>BERRY James</td>
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<td>CAIRNS Liam</td>
<td>BROMILEY Georgia</td>
<td>CHATFIELD KatE</td>
<td>CHESTER Aaron</td>
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<td>DAHYA Dhenisha</td>
<td>DOMANSKI Nina</td>
<td>CURTIS Holly</td>
<td>FARMERY Devin</td>
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<td>FRUNT Brytt</td>
<td>GLADWIN Sam</td>
<td>GLASS Chayce</td>
<td>GIRIDHARAN Namratha</td>
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<td>HAN Hanisah</td>
<td>GHAZALI Mumtazah</td>
<td>HULME-MOIR Sarah</td>
<td>HUNT Isabelle</td>
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<td>HAWKE Phillipa</td>
<td>KNIGHT Thomas</td>
<td>JANES Megan</td>
<td>KHOURI Christina</td>
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<td>KOFODE Libby</td>
<td>LEKAMALAGE Binura</td>
<td>LIN Zifeng</td>
<td>LEE Yeong Hyeon</td>
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<tr>
<td>LIGGINS Hannah</td>
<td>McGREGOR Josh</td>
<td>LIN Maggie</td>
<td>McCULLOCH Luke</td>
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<td>MELLOR Jack</td>
<td>NEHRENSMITH Lura</td>
<td>McPETRIE Sean</td>
<td>MULLEN Michaela</td>
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<td>PARISH Nick</td>
<td>OU Gobi</td>
<td>POWELL Simon</td>
<td>PRENDERGAST Bianca</td>
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<td>ROLFE Luke</td>
<td>SANDBROOK Laura</td>
<td>SMITH Hayden</td>
<td>SOHNGE Liezl</td>
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<td>TWISLETON-WYKEHAM-FIENNES Emily</td>
<td>VAEAU Tea</td>
<td>VAN Dominika</td>
<td>VERSCHUUR Dominique</td>
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<tr>
<td>YEOMANS Andrew</td>
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</table>
Fifth-year modular programme

Convenors and administrative staff

**Child and Adolescent Health**

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Fifth-year block timetable 2017

Download a printable copy of the fifth-year block timetable (PDF 80 KB)
Fifth-year vertical timetable 2017

Download a printable copy of the fifth-year vertical timetable
Fifth-year class groups 2017

**Group A**
Adilya ARSLANOVA
Simone BESSELING
Michael CATTERALL
Nicole GLEDHILL
Nicola GUY
Steffanie JURY
Florence LIM
Caitlin MOUNTFORT
Mike PEEBLES
Holly PITTAR
Asha PRAKASH
Ron PUNI
Laurie RENWICK
Caitlin SHARPE
Elyssa TAN
Nikeeta UNKA
Michael YIP

**Group D**
Jake AITKEN
Jacob ARAHILL
Matthew BEAUMONT
Emily CARTMELL
Liam CHRISTOPHER
Kevin FONG
Alex HOWIE
Jaron HUANG
Ben KEREN
Catherine MIDGLEY
Adrienne MORALES
Mercy MOXHAM
Ali SARFARAZI
Kate SEDDON
Paige SIMPSON

**Group B**
Naimah AB HALIM
Harriet BAXTER
Kathleen BROWN
Isabella CHAN
Grace CHIA
Stefanie DIXON
Laura ELLIOTT
Gabrielle FARLEY
Jonathan FEKI
Kate HOEKSEMA
Carl lin LI EW
Hamish LOUIS
Harriet MARSHALL
Steve MILLER
Izzan PENGIRAN ABU BAKAR SANI
Jordana TAFATU
Neil VAN GEEST

**Group E**
Hamed AL-BUSAIDI
Philip ALLAN
Francesca DALZELL
Tom DYCE
Jordan FELDERHOF
Ryan HILL
David JU
Nick ON
Sofie ROSE
Jong SHIN
Lavan SIVARAJA
Jack TAPSELL
Zoe VINCENT
Luke WEAVER-MIKAERE
Kavindu WEERASEKERA
Tom YANG
Group C
Fakhriyah ALIKHAN
Muhammed BIN ISMAIL
Alana CHAMBERLAIN
Grant CRANE
Kate EVANS
Robbie JAINE
Zoe LAHOOD
Kirk MATSIS
Olivia NICHOLSON
Jordan O’NEILL
Hazirah OTHMAN
Matthew O’SULLIVAN
Edward PALMER
Barney RATHAYAKA
Amelia SHAW
Bryce WATSON
Hilary WATSON

Group F
Thomas AITKEN
Michelle BAI
Fabian BARRETT
Anna BARRY
Fiona CHAN
Luke DONALDSON
James GILLING
Liam GRAY
Tommy LOEFFEN-GALLAGHER
Rebecca LYONS
Mitchell ROSE
Elysia TAN
Hermaleigh TOWNSLEY
Emma WILSON
Madeleine WILSON
Rowena WOODHAMS

RMIP

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- Lily Boothman-Burrell
- Caitlin Carter
- Albert Hailes
- Chloe Palmer
- Claire Richardson
- Hope Yuan
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Ext: 6763
Fourth-year block modules

Advanced Clinical Skills

Introduction: 7–24 February 2017

Welcome to the Advanced Clinical Skills module run by the Department of Surgery and Anaesthesia at University of Otago, Wellington.

The principal aim of the module is to ensure that you have a satisfactory understanding of, and practical ability in, the methods of history taking and physical diagnosis to prepare you for clinical work throughout your clinical training years.

Advanced Clinical Skills is a three week, whole class introduction to clinical history taking and physical examination for the fourth year UOW students.

Although you will have learnt basic examination and history taking principles during the ELM program, and will have these added to in the ACS module, it should be appreciated that the learning of these skills is a life-long endeavour. Although the module will point you in the right direction, the attainment of proficiency in history taking and examination by the time of graduation will rely primarily on student driven, repeated, informed practice during the clinical modules of fourth and fifth year, and trainee intern year.

Assessment

You need to complete to a satisfactory level a number of assessments during the module in order to meet the requirements for this module. Details are outlined in the Advanced Clinical Skills Guidelines book which will be issued on your first day.

Essential equipment

Please arrange to have these items of basic physical examination equipment on day one of the introductory module. In the past we have been disappointed with the number of students without these. This module has a number of practical sessions and you will be on the wards with patients very early on. You will also need your equipment for the introductory OSCE.
- Stethoscope (eg 3M Littmann Classic II SE). You may have one already—preferably it should have a bell and diaphragm
- Ruler (from 0)
- Penlight
- Tuning forks (128 Hz and 512 Hz) steel
- Queen’s Square nylon handled reflex hammer (percussor hammer)
- Some means of carrying this equipment with you to tutorials or the bedside.

You might like to try the following suppliers or search the internet yourself. Maybe gather a few of you together to ask for a bulk deal.

capesmedical.co.nz - watch out for student offers!
amtech.co.nz
medisave.co.nz

Texts


One book of course notes on History Taking which you will receive during the Advanced Clinical Skills introductory module.

The MCQ examination at the end of the module will be compiled from these texts.

Evaluation by students

Students will have the opportunity to evaluate the module through a number of means, including discussions at the end of the module between students and the module convenor, feedback through class representatives to the staff/student committee, and feedback questionnaire provided by HEDC.

Absences

As part of the requirements of the Advanced Clinical Skills module, you must attend all sessions. An attendance register is kept and is considered for your professional attitudes assessment.

Leave of absence is only approved in exceptional circumstances. Please apply for leave well in advance. Applications need to be approved in advance by the module convenor.

Do not book travel until you have received confirmation that your leave is approved.
Timetable

A detailed timetable for the module will be provided at the commencement of the module. This will also be available online.

Note: Monday, 6 February—Waitangi Day—No formal classes.

For the February introductory module you should allow for being on the module at least 8.30am–5.30pm each day (excluding vertical module on Thursday afternoon). Please schedule personal appointments outside these times.

You should also be prepared for additional time outside these times for ward visits, bedside teaching, reading, case histories, etc., sometimes at late notice.

General Practice and Public Health

To promote Primary Health Care and General Practice as that branch of medicine that provides continuing, comprehensive primary whole patient care to individuals, families, and their communities.

To enable the understanding of the core principles and tools of public health, the application of these to clinical practice in primary care (in particular) and of key public health issues in New Zealand.

To develop understanding of the principles of Primary Health Care including the place of both General Practice and Public Health within a primary care-led health system.

The teaching in these modules is a combination of tutorials, clinical experiences and project work. The students are divided into two groups, each of which will concentrate on one of the disciplines—General Practice or Public Health—for five weeks in turn, with some integrated whole group sessions throughout the ten weeks.

Teaching and learning methods

- Clinical attachments and patient visits
- Consultation skills and clinical skill workshops
- Field trips
- Group project work
- Tutorials and case studies
- Resources and texts
Students will receive a detailed timetable and a course handbook detailing all the aspects of the module, including the requirements for terms and assessment. This information, together with recommended readings and other resources will be available through Moodle.

Please note that there are some requirements for clinical placements and patient visits during the General Practice weeks of the module that may be on weekends during the module. Students will have self-directed learning time during the Monday to Friday week in lieu.

**Assessment**

Formative assessment is provided throughout the module.

Terms requirements are outlined in the module handbook and on Moodle.

Summative assessment is on a Pass/Fail basis with the following being the criteria:

- Achieve a pass in the GP clinical placement assessment
- Achieve a pass in the consultation skills assessment
- Achieve a pass in the long-term conditions management presentation
- Achieve a pass in the addiction medicine reflective writing assignment
- Achieve a pass in the Public Health group project presentation and report
- Achieve a pass in the Public Health written test.

The specific standards to achieve a pass in each of these areas are outlined in the *General Practice and Public Health Handbook* which each student receives on the first day of the module, and is available on Moodle.

**Evaluation**

Students will have the opportunity to feedback their evaluation of the module in the following ways:

- Informal feedback during teaching sessions
- Higher Education Development Centre (HEDC) University of Otago anonymous evaluation
- Focus group evaluation via the Medical Education Advisor

**First day**

Students will receive a timetable booklet in their pigeonholes in the week prior to the module starting giving information about where and when to meet on the first morning.
General Practice: Clinical Attachments

For your General Practice run the 4th year administrator requires the following information from you before finalising your clinical attachments:

- Your personal or family GP / Medical Centre if in the UOW catchment area; placing you in your own or family practice may result in a conflict of interest.

You will receive an e-mail requesting this information prior to starting the General Practice module. Please reply with these details promptly.

Medicine and Clinical Skills

This module includes General Internal Medicine, Geriatric Medicine, Neurology, Gastroenterology, Endocrinology, and Hauora Māori.

Gastroenterology, Geriatric Medicine, Neurology, Endocrinology, and Hauora Māori are included in a five-week specialties attachment.

General Internal Medicine students are attached to clinical teams during five weeks at Hutt Hospital or Kenepuru Hospital although Gastroenterology, Neurology and Endocrinology teaching will occur during this attachment also.

General Internal Medicine (Hutt Hospital / Kenepuru Hospital)

Aims and objectives

To be able to take a patient's history; perform a physical examination of an adult; and to record and interpret your clinical findings in terms of diagnosis, investigation, and management.

Teaching methods

- Clinical assessments (history, clinical examination, and formulation) of individual patients
- Bedside teaching with consultants and registrars

Learning methods

- Analysis of written case histories
- Assignment to patients in the medical wards
• Instruction in, and practice of, motor and cognitive skills necessary for physical examination
• Self-directed learning and peer review

Resources and texts

Further information will be sent to you prior to the module commencement.

Assessment

• A total of four case histories submitted for marking for Hutt Hospital
• A combined three station OSCE on the final Friday of the ten-week module

Specialties attachment

The grade is made up of equal weights for the four case histories, endocrinology MCQ, geriatric medicine MCQ, and the gastroenterology MCQ. The PASAF will be used to evaluate other aspects of performance.

OSCE

A three-station OSCE will be carried out at the combined end of the full module. A grade of Pass or better must be achieved.

Timetable

The full timetable for the module will be sent to you prior to the first day of the module.

During the five-week Specialties Attachment the students will attend neurology outpatients on Tuesday and Wednesdays and will be roster to attend Gastroenterology clinical activities. An example of a typical week for the specialties attachment is as follows:

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<thead>
<tr>
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<tbody>
<tr>
<td>Monday</td>
<td>Gastroenterology</td>
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<tr>
<td>Tuesday</td>
<td>Neurology clinics / Gastroenterology</td>
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During the five-week Hutt Hospital / Kenepuru Hospital attachment a typical is as follows:

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Clinical attachments / tutorials</td>
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<tr>
<td>Tuesday</td>
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<tr>
<td>Wednesday</td>
<td>Clinical attachments / tutorials</td>
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<tr>
<td>Thursday</td>
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</tr>
<tr>
<td>Friday</td>
<td>Neurology and Gastroenterology</td>
</tr>
</tbody>
</table>

**Surgical and Clinical Skills**

**Aim**

To ensure students achieve a basic level of competence in clinical and surgical skills.

**Objectives**

- Understand the scientific foundations (physiology, anatomy and pathology) of evidence-based clinical diagnosis in surgery
- Confidently and accurately obtain a patient history and carry out a detailed clinical examination
- Understand the pathophysiology, presentation, clinical signs and management principles of common surgical conditions
- Understand imaging technologies as they relate to physical diagnosis and surgical conditions
- Understand the investigation and management of the undifferentiated surgical patient
- Understand the scientific foundations (physiology, anatomy and pathology) of resuscitation
- Be able to recognise and manage life-threatening illness and injury
- Understand the principles of anaesthesia, perioperative patient complications, pain relief, and management

**Teaching and learning methods**

This module incorporates a variety of learning methods including small group tutorials, practical workshops, scenario-based training and self-directed learning. Students will be attached to clinical teams in surgery and the specialty subjects of ENT and Ophthalmology.

Portions of this module may either be based in Wellington, Hutt, or Kenepuru Hospitals. Students will have clinical modules in the operating theatre, radiology, emergency department, intensive care unit, acute pain team, and with Wellington Free Ambulance.

**Resources and texts**

At the start of the module students will receive a module handbook outlining the full objectives of the module, the clinical modules associated with the module, tutorial and clinical module timetables, and details regarding the module assessment.

**Assessment of students**

The module will be assessed using a combination of methods:

- MCQ and short-answer written assessments
- OSCE and other oral assessments
- Evidence based medicine assignment
- Completion of two satisfactory case histories
- A learning portfolio outlining practical skills achieved and procedures observed during the module
- Record of attendance at theatre and outpatient clinic sessions
- A satisfactory assessment following the various clinical ward attachments
If performance within the examination parts of the assessment suggest that there are deficits in knowledge, then it is possible that some clinical attachments may need to be repeated and reassessment may be required. It is likely that reassessment will be by VIVA.

**Evaluation by students**

Students will have the opportunity to evaluate the module through:

- Discussions at the end of the module between the students and the module convenor
- Student group feedback through class representatives to the Staff/Student Committee
- Feedback questionnaire provided by HEDC

**Timetable**

A detailed timetable for the module will be provided at the commencement of module.

**First day**

The introductory tutorial for Surgical and Clinical Skills will begin at 9am, in the Small Lecture Theatre, on the first Monday of each module.
Fifth-year block modules

Child and Adolescent Health

The fifth-year module in Paediatrics is ten weeks long and is undertaken by two groups concurrently. It is organised in two 5-week sections (Section 1 – clinical attachment and Section 2 – community attachment). Section 1 consists of predominantly acute clinical work on the wards and in outpatients while Section 2 consists of predominantly small group teaching and community paediatric activities including a two-week visit to a provincial hospital. Lectures on common topics occur throughout the course.

Aims and objectives

By the end of the attachment we hope that you will have achieved some goals in the following three main areas:

- **Objectives Related to Clinical Skills in Paediatrics**
  o Be able to take a complete paediatric history
  o Be able to examine children and recognise normal and abnormal findings
  o Be able to perform a developmental examination on a pre-school child
  o Be able to recognize the signs of acute life threatening disease in different paediatric age groups
  o Achieve a satisfactory standard in a number of practical procedures and common tasks in the care of infants and children
  o Be able to succinctly and efficiently present a clinical problem to a colleague

- **Objectives Related to Knowledge in Paediatrics**
  o Have an understanding of the differences between infants, children and adults both physically, physiologically, developmentally, emotionally and psychologically
  o Be aware of the common pathologies and problems that occur in infants, children and adolescents and have a basic understanding of the important tests and procedures used to assist in diagnosing these problems
  o Have an understanding of common treatments used in childhood and how children differ from adults in their response to these
  o Have an understanding of the special problems chronic disease creates for children and their families
- Be able to give advice to parents and young persons relating to the management and prevention of common problems
- Be able to find information on paediatric problems using available resources

- Objectives Related to Viewing Children in the Wider Community Context
  - Have an understanding of the main causes of morbidity and mortality for children and how they can best be prevented
  - Have an understanding of facilities available for children in the community
  - Understand why infants and children need special facilities compared to adults
  - Have an insight into how smaller centres in New Zealand adapt local resources to meet the health needs of their paediatric and adolescent populations
  - Have an understanding of how cultural beliefs and practices affect child health

**Teaching and learning methods**

Students will start the course with an introductory day during which they will be taught how to take a paediatric history and the approach to examination. Throughout the 10-week module there will be whole group tutorial teaching occurring for several hours in the middle of each day. These lectures will concentrate on common or serious problems in paediatric medicine and surgery including the problems of adolescents. For the rest of the day the activities will depend on whether the student is doing Section 1 or Section 2 of the module. Students will be assigned a member of the senior academic Paediatric staff who will be available to provide personal guidance and advice on their progress during the course as well as marking their case histories.

**Section 1:**

This section of the module will focus on providing clinical exposure to the paediatric wards and outpatients. The primary aim of this part of the course will be to become proficient in paediatric history taking and examination. Students will also learn to formulate differential diagnosis and management plans and to present cases succinctly to their colleagues. They will regularly be on-call during this part of the module (this will include a weekend).

**Section 2:**
This section of the course will focus on community paediatrics but will also have small group teaching on acute clinical problems. Students will be seconded to a paediatrician at a provincial hospital for two weeks each, usually during the second, third, or fourth weeks of this section of the course. During these two weeks they will visit community services for children to gain an insight into how local communities prevent and manage common problems in childhood. This will also give the students an insight into some of the cultural issues challenging paediatrics and child health and how these are solved.

Resources and texts

Further details of the course and recommended textbooks can be obtained from Keely McBride, Paediatric Departmental Teaching Coordinator, via PaediatricsTeachingCoordinator.uow@otago.ac.nz, ext 6139, or on Moodle.

Assessment of students

To receive terms in Paediatrics students will need to reach a satisfactory standard in attendance, tutorial participation, bedside teaching, communication skills, basic practical skills, outpatient attendance, and professional behaviour. Summative assessments include the following: oral case presentations, completion of two case histories at a high enough standard, a provincial attachment report and a chronic case report. There is also a final assessment, in the last week of the module, which includes an MCQ test, two OSCE stations and three written extended essay questions.

Evaluation by students

Student feedback is welcomed and greatly appreciated. Informal feedback via the course convenor or other tutors in the course can be given at any time but formal opportunity for this will occur via:

- Otago Medical School Course Evaluation Questionnaire
- Individual lecturer questionnaires through the HEDC Otago
- Student group feedback through the class representatives to the Staff/Student Committee
- Scheduled session for informal student group feedback with the course convenor at the end of the run

A detailed timetable will be available prior to the start of the course. This will also be available on the paediatric page on Moodle.
First day

On the first day of the module students should assemble in Seminar rooms 1 and 2 in the Department of Paediatrics at 8.00am. Some students will be seeing patients that day including at least 2 students who will be on call that evening. Students should therefore be dressed appropriately for this on the first day.

General Medicine and Specialties

Aims and objectives

The module aims to provide integrated teaching / learning for fifth-year students in General Medicine and the following Specialties: Renal, Respiratory and Sleep, Clinical Pharmacology, Cardiology and Oncology.

Students who pass this module will be able to demonstrate:

- A patient-centred and problem-based approach to history taking, clinical examination, diagnostic formulation and severity assessment
- Knowledge of the pathophysiology, clinical presentation and management (including therapeutics) of commonly encountered general medical condition
- Active participation and professionalism in the clinical team environment
- An understanding of the relationship between clinical problems, patients' lives, employment, social function, and culture
- Presentation of medical cases in oral and written format with a differential diagnosis and appropriate investigations/treatment plan
- Discussion of the ethical issues raised by the patient under review

Teaching and learning Methods

- Bedside patient based clinical tutorials
- Clinical team attachment, on call duties with the acute General Medicine and Cardiology teams
- Individual Clinical Tutor and observed long case
- Patient prescription charts – Clinical Pharmacology
- Small group problem based tutorials/seminars
- Outpatient clinics with consultant or registrar
- Attend WellSleep investigation centre
- Self-directed consultations with patients
• Observation of clinical procedures

Resources and texts

Written objectives and recommended texts for each component of the module, including a list of library resources, will be available on Moodle.

Assessment of students

Assessment of clinical skills and professional development will be summarised using PASAF.

Over the course of the module, assessment of performance will include:

• Professional attitudes and behaviours including attendance at all times

Achievement on the following will count towards pass-fail and potential distinction decisions:

• An OSCE consisting of stations with the tasks of:
  o Taking a focused history leading to a differential diagnosis and/or next stage of management
  o Performing appropriate clinical examination leading to a differential diagnosis and/or management
  o Explaining and/or discussing diagnosis, investigations and/or treatment including shared decision making
• An observed long case
• Attendance and contribution to clinical team attachment, and on-call and a post-take ward round
• A General Medicine written case report
• Producing a written review on the case report of a peer
• An EMCQ examination
• Completion of a Log Book – document a minimum of 10 observed clinical procedures
• Clinical teaching sessions and tutorials

All assessments will be completed before the conclusion of the module and results and feedback will be available within two weeks of completing the module, usually in the week following completion of the module.

Evaluation by students

• Otago Medical School Course Evaluation Questionnaire
Student group feedback through class representatives to the Staff/Student Committee
• End of Module feedback session

Timetable

A five-week module combining a clinical inpatient and outpatient experience with afternoon subspecialty focused tutorials. Specialty weeks include: Renal, Respiratory and Sleep, Cardiology and Oncology. The last week will be devoted to revision, assessment and course evaluation.

Primary Health Care and General Practice

Goal

To reinforce previous learning and extend knowledge in specialty areas of primary health care.

Module objectives

By the end of this module students will:

1. Extend their understanding of common issues in primary care
2. Have gained knowledge and confidence in genital examination
3. Be prepared for advancement to the TI year with more understanding of professional issues

This two-week block module is based at the Wellington campus

The teaching in this module is a combination of tutorial sessions and smaller group clinical examination practice. It will allow more in depth understanding of concepts of primary health care and general practice sub-speciality areas.

Resources and texts

Students will receive a detailed timetable prior to the commencement of their run.

Assessment

Summative assessment is on a Pass/Fail basis with the following being the criteria:

• Achieve a pass in the written test
Evaluation

Students will have the opportunity to feedback their evaluation of the module in the following ways:

- Informal feedback during teaching sessions
- Higher Education Development Centre (HEDC), University of Otago anonymous evaluation

First day

Students will receive a timetable booklet in their pigeon holes in the week prior to the module starting giving information about where and when to meet on the first morning.

Musculoskeletal and Skin

This module includes orthopaedics, rheumatology, dermatology and plastics.

Aims and objectives

By the end of the module, the student will be able to:

- Recognise variations from the normal in a patient presenting after injury, or with musculoskeletal, dermatological, or rheumatological symptoms
- Apply the principles of management of the common musculoskeletal, rheumatological and dermatological disorders
- Describe the part played by the different healthcare disciplines in the management of musculoskeletal, dermatological, and rheumatological disorders and disabilities, and to know how and when this help should be obtained
- Manage the general problems of the injured patient or the patient with a musculoskeletal, rheumatological, or dermatological disorder in hospital, at the level appropriate to a trainee intern, with supervision
- Recognise common conditions in plastic surgery including, skin cancers, vascular birthmarks, cleft lip and palate and related anomalies, and demonstrate an understanding of the clinical features and management of these conditions
- Understand common postoperative problems following major orthopaedic surgery and how to manage these.
Teaching and learning methods

The course objectives will be met with the students' attendance at tutorials, ward attachments, associated clinics, and the reading of the recommended core material and addition texts.

Students will have clinical attachments in Wellington, Kenepuru and the Hutt Hospitals.

Resources and texts

At the commencement of the run, students will receive a handbook containing all aspects of the module.

Assessments of students

The assessment during the module will take the following form:

- An examination (including short answer and multi-choice questions), covering musculoskeletal anatomy and radiology, orthopaedics, rheumatology, dermatology, and plastics
- An OSCE assessment including physical examinations, patient history, and patient explanation skills
- A presentation of a musculoskeletal case including evidence based medicine evaluation of an aspect of clinical care
- The completion of a case history letter following a Rheumatology tutorial day
- All students will keep a clinical skills logbook. There are some examinations that they will be required to demonstrate to the registrar and have them sign off
- A satisfactory assessment following the various clinical ward attachments.

Students that do not adequately complete the above assessments may be required to complete additional clinical time followed by reassessment through either OSCE or Viva.

Evaluation by students

Students will have the opportunity to evaluate the module through:

- Discussions at the end of the run between the students and the module convenor or module administrator
- Student group feedback through class representatives to the staff/student committee
- Feedback questionnaire provided by HEDC.
Timetable

A detailed timetable for the module will be provided at the commencement of run.

First day

The introductory tutorial for the Musculoskeletal and Skin module will begin at 9am, in the Department of Surgery and Anaesthesia, Level J, on the first Monday of the module.

Psychological Medicine

Aims and objectives

By the end of fifth year, students are expected to have:

- A basic knowledge of how to assess and manage patients with a psychiatric disorder, which is essential for any medical graduate in New Zealand. This module is your opportunity to acquire the skills and knowledge needed for this
- A good understanding of the importance of the therapeutic relationship
- Developed interviewing skills, so that you are able to engage with the patient, take a good history, complete a mental state examination and negotiate a basic treatment plan with the patient. Much of psychiatry is based on skills in history taking and mental state examination. These can only be learned through practice; your active and enthusiastic participation in the programme will be the most efficient and effective way of meeting your learning objectives
- Begun to understand the ethical issues relevant to psychiatry and to understand the bicultural issues relevant to psychiatry
- Begun to examine your own attitudes to and beliefs about people who have mental illness, with the purpose of being able to deal with people professionally and compassionately
- Learnt the basics of documenting and presenting clinical findings

While much of the teaching in the Department of Psychological Medicine is done in this module, the department also has input into other parts of the teaching programme and you will be expected to consider psychological and mental health issues in all of your clinical work. Likewise, because many people with mental illness also have physical health problems, we will expect you to consider these in your understanding of the patients you will meet and hear about during this module.
Teaching and learning methods

Learning opportunities include didactic teaching, small group tutorials and clinical modules. We expect students to take responsibility for their own learning. Students will need to put in additional study hours outside the timetabled activities.

The first week of the module is devoted to tutorials and library time. The aim of this period is to equip you with a basic knowledge of psychiatric disorders and their clinical features to enable you to make use of your clinical attachment. Subsequent weeks are divided between attachment time and tutorial time.

Resources and texts

A handbook with details for students is provided on Moodle and students are given a hardcopy when they start the module. This handbook includes more detailed information about the aims and objectives of the module, and the assessments and clinical placements. A few days before starting the module you will be given a timetable. Please read the handbook.

Your basic text is:

- Foundations of Clinical Psychiatry, Bloch and Singh, 3rd edition. Students are lent a copy of this book over the course of the module.

Comprehensive texts are:

- Comprehensive Textbook of Psychiatry
- Companion to Psychiatric Studies
- Oxford Textbook of Psychiatry

Also on reserve as reference material are:

- DSM-V Manual
- A Quick Guide to Use of DSM-V
Assessments of students

All students are required to attend all of the module in Psychological Medicine to obtain terms in this subject. If you are absent for any reason this must be discussed with the module convenor, or the Associate Dean of Undergraduate Student Affairs. Students are assessed on the basis of their performance during clinical placements and in the tutorials, their clinical skills, their written assignments and in the end of module assessment (written test and OSCE).

Students who fail to reach the required standard will be asked to do remedial work or to repeat the module before they are awarded terms.

Evaluation by students

A number of methods are used for student evaluation of the module:

- Otago Medical School Course Evaluation Questionnaire
- Student group feedback through class representatives to the Staff/Student Committee and also feedback through a post module focus group with the Medical Education Advisor
- Anonymous ratings of each tutorial or learning activity, plus written comments

Timetable

Students (especially those who have jobs) will need to remember that the Psychological Medicine Module is a full-time commitment, requiring the students to attend a range of sites, including Porirua Hospital, Hutt Hospital, Community team sites and other sites around the Wellington area. The usual hours are 0900 to 1700, however some activities may begin at 0800.

First day

The introductory tutorial will begin at 9am in the Seminar Room, J 19, Level J, on the first Monday of the module.

Women's Health

The Obstetrics and Gynaecology module is five weeks. Students will be rostered for antenatal, gynaecology, Fertility Associates, and Family Planning clinics, as well as theatre sessions, topic presentations and tutorials. Each student will spend a day in Delivery Suite, from 7.30am to 10.30pm.
Aims and objectives

By the end of the module students should be able to:

- Elicit a problem-focused history and examination, recognizing when findings are abnormal, equivocal or normal for the patient's age group
- Formulate a differential diagnosis, order appropriate investigations, explain their relevance, recognize and interpret abnormal results and state the most likely diagnosis
- Verbally present the clinical data relevant to the presenting problem in a concise and logical sequence to a medical colleague and to a patient in terms she will understand
- Suggest possible means of approaching the problem so as to lead to adequate, efficient and safe management of the problem, including necessary follow-up.

Teaching and Learning Methods

- Bedside teaching, supervised clinical teaching, group tutorials (case based, problem based, tutorial formats), and self-directed learning.

Resources and texts

At the beginning of the module, a handbook that has aims and objectives of the module, library resources and recommended texts available, resource materials, and module content information will be provided. A logbook to record clinical experience will be given to each student. Each student will be given a textbook (Introduction to Obstetrics and Gynaecology, edited by C Farquhar and H Roberts) for the duration of the run. It is also available electronically on Moodle. Students are strongly advised to read the contents of the resource folders on Moodle.

Assessment of students

- Topic presentation (15%)
- Obstetric case report (10%)
- MCQs (25%)
- OSCE, graded pass/fail/potential distinction, according to an objective assessment of student performance (50%)

For terms:

- Each section must be passed
- Tutors will comment on student general performance during the module
Evaluation by students

O&G Department Course Evaluation Questionnaire and student group feedback to the Staff / Student Committee from class representatives.

Timetable

- Each student is given a timetable for tutorials, case presentations, clinics and theatre sessions
- Tutorials are compulsory unless clinical commitments conflict

First day

Please come to the O&G Department on Level 7 (G) of the Ward Support Block, at 8am on the first day of the module.

Fifth-year learning week

Week 33 of Year 5 is a learning week across all three campuses.

This will provide time for:

- Students with incomplete requirements to complete these
- Students with conditional passes to meet the conditions required
- Pathology module and Hallwright prize assessments
- Modules to organise any learning sessions that were not provided earlier in the year
- Sessions organised by modules to reinforce prior learning
- Independent learning

A provisional timetable will be provided but this is subject to change, given the nature of the week.
Vertical Modules across fourth- and fifth-year

Virtual modules include Addiction Medicine and Palliative Medicine. Vertical modules include Clinical Decision Making; Clinical Pharmacology; Hauora Māori; Pathology and Molecular Medicine; Professional Skills, Attitudes and Ethics (PSAE); and Medical Imaging.

These consists of several curricular themes which link with your clinical teaching in all disciplines within the undergraduate curriculum:

- **Professional Skills, Attitudes and Ethics (PSAE)** is convened from within the Department of Primary Health Care and General Practice.
- **Clinical Decision Making** is administered by the Department of Primary Health Care and General Practice and is convened by EU's Clinical Skills Advisor.
- **Palliative Medicine** is convened from within the Medicine Department, as are Clinical Pharmacology and Medical Imaging.
- **Pathology** is convened from within the Department of Pathology and Molecular Medicine.
- **Addiction Medicine** is taught within a number of courses; particularly Primary Health Care & General Practice and Psychological Medicine.

**Resources and texts**

Course materials and detailed timetables will be available on Moodle for the vertical modules at the beginning of the academic year.

**Evaluation by students**

Student feedback will be invited by the following:

- Otago Medical School Course Evaluation Questionnaire
- Student group feedback through class representatives to the Staff/Student Committee
- Informal discussion with the Convenor at the end of each module
- Individual student feedback during each module

**Timetable**

Fourth-year:

- Thursday afternoons and some tutorials during module rotations.
Fifth-year:

- Thursday afternoons and some tutorials during module rotations.

Times:

- The vertical programme modules run from 1pm till 5pm. Very occasionally this will be at other days and times.

A timetable for the year is provided – see fourth-year vertical timetable and fifth-year vertical timetable.

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**Addiction Medicine**

**Aims and objectives**

To provide an overview of a wide range of addiction topics and the implications both for clinical practice and for public health and health policy.

**Teaching and learning methods**

The vertical module curriculum is taught mainly within the General Practice and Medicine Modules in fourth-year and in Psych Med in fifth-year, but there is much overlap with other rotations, for example foetal alcohol issues are taught in Obstetrics and family and child health addiction issues are covered in Paediatrics; liver complications in Gastroenterology; and addiction-related infection risks in sexual health and HIV medicine.

**Assessment of students**

Assessment is currently integrated into the relevant core modules.

**Recommended reading list**

- NZ Drug Foundation [websites](drugfoundation.org.nz)
  - Especially the webpages with personal drug user stories – [drughelp.org.nz](drughelp.org.nz) and [methhelp.org.nz](methhelp.org.nz)
- Moodle alcohol and drug resources
Clinical Decision Making fourth- and fifth-year programme

Aims and objectives

The aim of the Clinical Decision Making course is to give insight into clinical decision-making processes. Clinicians make decisions all the time but the process by which they do this can sometimes seem to be a 'black box'. In particular, how clinicians handle conflicting drivers such as the application of evidence-based, patient-focused clinical reasoning within an environment of resource constraint in New Zealand is not always evident in clinical practice.

The course breaks down the various components of the clinical decision making process, to help you gain the skills to obtain and integrate information gained from a variety of sources (the patient, their family, investigative tests, published literature) and apply this back to management of the patient.

You will learn how to:

- Understand the benefits and limitations of trying to find reliable information to support clinical decisions in day-to-day clinical practice
- Recognise common dilemmas of clinical decision-making, and know how to resolve these
- Identify the decision making points; knowledge or information gaps and clinical questions arising in any given clinical scenario
- Efficiently and effectively track down the best evidence source with which to answer your clinical questions
- Critically appraise published evidence to understand its strengths and weaknesses, and weigh up whether the evidence obtained might help your clinical decision-making, and what other information you might require
- Apply the results of this information-gathering and appraisal process to clinical problems you encounter in practice
- Write and present an evidence-based clinical discussion
- Understand and discuss issues of quality and safety in a clinical context
Teaching and learning methods

There are five 2-hour whole-class lectures (Thursday afternoons) in fourth-year; and there is one 2-hour lecture in fifth-year. There will also be one small group tutorial during the Public Health module in fourth-year, and a small group library workshop in fifth-year. In addition, small group work (PSAE/CDM) will also give you a forum to raise decision-making dilemmas that you meet in clinical practice and discuss how to best address them.

Assessment of students

Students will be assessed on their ability to weigh up information from various sources. Assessment will take the form of verbal presentations and written assignments.

Highly-recommended reading

All available in the Library:

- *Evidence-Based Medicine* by Sharon Straus 2005
- *Evidence-Based Medicine Workbook* by Paul Glasziou 2003
- *Users' Guides to the Medical Literature* by Guyatt 2002.

Clinical Pharmacology

The course will provide for the application of clinical pharmacological principles and is taught in fifth-year.

Aims and objectives

Lectures and resource materials will be relevant to common clinical situations and will focus on teaching and application of basic clinical pharmacological principles. We will promote the safe prescription of medication to patients who do not have normal physiological parameters, the importance of critical appraisal of data, and the principles and methods of therapeutic reasoning.

By the end of the course, students will be able to:

- Choose optimal drug treatment and correct dose for common clinical situations, taking into account factors such as age and frailty, renal function, comorbidity and other drug therapy.
• Know how to monitor the effects of drug therapy (both positive and negative), and act if these parameters are not satisfactory.
• Recognise the important role of communication, with respect to patient education and methods of improving compliance with drug therapy.
• Be aware of the ethical and legal consequences of therapeutic decisions, including the basics of prescription writing.
• Have a firm grasp of basic clinical pharmacological principles including the basis for critical appraisal of pharmacological data and therapeutic reasoning.

Teaching and learning methods
• Lectures
• Small group sessions (practical)

Resources and texts
• New Zealand Formulary, nzformulary.org
• Capital & Coast and Hutt Valley DHBs' Preferred Medicines List (PML) [Link via Medicines on the CCDHB homepage]
• *Pharmacokinetics Made Easy*, Burkitt, D. McGraw Hill
• *Clinical Pharmacology & Therapeutics*, Maling, T., Burgess, C., Cameron, C. UOW (12th edition). [Obtainable from Reception in the Department of Medicine, Level G]

Timetable
• Thursday afternoons (lectures) (See vertical module timetable)
• Thursday and Monday mornings (small group sessions)

Hauora Māori

_E ngā iwi, e ngā waka, e ngā hau e whā_
_Nau mai haere mai ki te Whare Wānanga o ōtago, Te Whanganui-ā-Tara_

Aims and objectives

Māori are the indigenous or first people of New Zealand and yet Māori whose relationship with the government is founded up Te Tiriti o Waitangi. Māori as a population, carry the highest burden of illness in New Zealand and have not been well served by the health sector in the past. This module aims to support you to be an effective practitioner, working with Māori individuals, whānau (families), communities, and populations. Detailed objectives are contained in the Hauora Māori Handbook.
Teaching and learning methods

Teaching and learning methods will include small group work, lectures, and self-directed learning. Fourth-year students will have an overnight programme at ōrongo Marae in Upper Hutt during the first weeks of Orientation (noho marae), three half-day vertical blocks, as well as integrated sessions in other modules. Fifth-year students will have three half-day blocks as well as integrated sessions in other modules.

The Primary Care and Public Health block will include a substantial focus on the contributors to Māori health inequities, along with an understanding and skills to address this, with two half-day lectures. Some groups will conduct their public health research project with a Māori health provider or community. There will be further exposure to Hauora Māori learning opportunities in other blocks such as Medicine, Pathology and Psychological Medicine.

Assessment of students

Attendance at all Hauora Māori module sessions is compulsory.

If for any reason (including illness) a student is unable to attend all or part of a session, the student must make contact with the convenors prior to the session to explain their absence. To ensure that the learning objectives for the session are met, absent students will be required to complete additional work as determined by the convenors.

Fourth-year assessments include:

- Noho marae critical reflection essay
- CCDHB Tikanga Guidelines MCQ test
- Hauora Māori clinical interview and long-case
- Medicine and Māori MCQs

Fifth-year assessments include:

- Completion of log book interviews
- Hauora Māori clinical interview – individual oral case presentation
- The fifth-year written exam will include a Hauora Māori component
- Hauora Māori end-of-year OSCE station

Evaluation by students

Student feedback will be invited including the following:
• Student group feedback through class representatives to the Staff/Student Committee
• Noho marae feedback forms
• Informal discussion with the convenors
• Individual student feedback during the module

Hūtia te rito o te harakeke
Kei hea te kōmako e kō Kī mai koe ki ahauHe aha te mea nui o te ao
Māku e kī atu
He tangata, he tangata, he tangata e.

If you were to pluck out the centre of the flax bush where would the bellbird sing? If you were to ask me "What is the most important thing in the world?"

I would reply, "It is people, people, people."

**Medical Imaging**

Medical Imaging is included in the Integrated Pathology and Medical Imaging Sessions.

Topics covered:

• Chest; Endocrine; Bone tumors; Renal; CNS; Heart and GIT.

**Palliative Medicine and End of Life Care: a virtual module**

**Aims and objectives**

To develop further clinical and ethical aspects of palliative medicine introduced in early learning medicine and relevant to the practice of all doctors.

**Teaching and learning methods**

In fourth-year, during primary care program, student is assessed on their reflection of a visit to a patient under palliative care services in a hospice or at home. Creative media such as photography, poetry, music, painting etc are welcomed as forms of reflection.

The importance of understanding how to listen and impart information sensitively to patients receiving palliative care and their families is explored and practiced. In fourth-year a documentary—
Going Home—describing care provided by families to relatives dying at home is used as a platform for discussion.

In 4th year lectures on care of the patient who is imminently dying (introduced in 2016) and on emergencies in Palliative Medicine (to be introduced 2017) have been added. From 2017 and 2018 onwards the end of 5th year MCQ will include questions on these topics.

Ethical issues at the end of life (how to respond to 1. hydration/nutrition at the end of life, 2. requests for euthanasia at the end of life, 3. withdrawing ineffective treatment at the end of life) are presented and discussed in 5th Year during the two weeks in the Primary Care and General Practice Department. A lecture on existential issues/suffering/healing at the end of life will be introduced in 4th year 2017.

In 5th Year symptom control with introduction to therapeutics of symptom control for pain, delirium, nausea, vomiting, dyspnea are presented and will be assessed in MCQ format on 31 August 2017. Marks from this MCQ can contribute to Potential Distinction overall. Failure to pass the MCQ will necessitate repeat of the MCQ examination. An additional tutorial will be offered by Palliative Medicine consultants prior to the repeat exam. In 2017 MCQ will contain 10 or 15 questions covering pain, dyspnea, nausea, vomiting, delirium, care of the patient who is dying, ethical and Hauora Maori issues at the end of life. In 2018 there will be additional questions on emergencies and existential issues in Palliative medicine.

Reading material and PowerPoint presentations relevant to the above are available on Moodle.

Pathology and Molecular Medicine

Welcome to the 2017 Pathology Course. The Pathology Course is a vertical module taught over two years.

The pathology course includes Anatomic Pathology, Chemical Pathology, Microbiology, Haematology, Molecular Pathology, Immunology and culturally appropriate management of tissue, deceased and body fluids (Tikanga).

Most teaching occurs on Thursday afternoons as lectures and tutorials, there is some teaching in modules and online.

The department staff like students visiting so come on up and see us frequently. We like student feedback on our teaching.
How is the course taught?

There is a Thursday afternoon lecture series, tutorials, e-tutorials, visits to the clinical pathology laboratory, mortuary and anatomic pathology laboratory, and a multi-header microscope session. You will also be involved in e-learning activities that may include writing multiple choice questions (MCQ).

How is the course assessed (summative assessment)?

In fourth-year:

- Laboratory report (in Surgery and Clinical skills – pass/fail)
- Jargon buster participation (in Surgery and Clinical skills – 10%)
- Multiple choice question writing and answering (PeerWise) (20% of final grade)
- MCQ exam covering the 4th year course held in October (70% of final grade).

The pass mark is 70% in total

In fifth-year, pathology is assessed in the common component exam. We decided not to burden you further.

Are there any other terms requirements?

In either fourth- or fifth-year you must attend a post-mortem. You must attend all timetabled face to face teaching. You must complete multiple choice question writing and answering exercise (PeerWise). In fifth-year you must sit the formative MCQ exam—but you do not have to pass it; it is meant to help you prepare for the final exam.

Do I have to attend the tutorials or do kuraCloud?

The tutorials and kuraCloud are compulsory. You must confirm you have completed the kuraCloud by emailing the administrator using the click link on the last page of the e-tutorial. If you are away during block attachment (ie. sick or absent for any other reason) and can't attend a face-to-face tutorial you will have to complete kuraCloud tutorial.

Do we get a chance for formative feedback?

You will get feedback in your tutorials. You have quizzes you can do to test your knowledge. You will get feedback after your MCQ assessments.
Is there any self-directed learning?

Let's get the definition right: 'Self-directed learning' describes a process by which individuals take the initiative, with or without the assistance of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. (Principles of Andrology, M. Knowles, 1972). There are some opportunities for taking the initiative in the expert consult sessions but mostly we define the course for you. This does not mean that we spoon-feed you. You will be asked to think about pathology, its clinical application and make observations in tutorials. Asking you to do this is not self-directed learning—it is developing integration with the clinical course.

How do I find out what is core/essential and what is non-core?

The core curriculum is on Moodle on the Pathology page under Course Outcomes. This is what you will be examined against. It is a common curriculum for all the Otago clinical schools. More detailed explanations are in the learning resources section for each unit.

Large group teaching

The backbone of the Pathology course is a structured lecture series offered over fourth- and fifth-years using a systems-based approach and covering all six disciplines of pathology and laboratory medicine, namely, Anatomic Pathology (including Forensic Pathology), Haematology, Microbiology, Chemical Pathology, Immunology and Molecular Pathology.

The course is taught by joint clinical staff who are practicing hospital and community-based consultant pathologists. As such, the teaching approach is centred on the rational use and interpretation of laboratory tests and an understanding of the central role that pathology and pathologists play in the day-to-day clinical management of patients.

E-tutorials

E-tutorials are hosted on kuraCloud.com. You will all be given a kuraCloud login to access these. Some lectures have e-tutorials that you should complete before you come to the lecture. Material covered in the e-tutorials is not repeated in the lectures. Completing the e-tutorials is compulsory.

Tutorials

Small group tutorials will be scheduled for some topics.
Museum

The Museum is accessible from Level E by swipe card. Students are welcome to access the collection at any time. The Museum must be kept clean and specimens must be handled carefully. Please place any leaking specimens in the bucket provided and notify a member of the Department.

Anatomic Pathology Laboratory Visit (CCDHB)

All fourth-year students are required to visit the WSCL Anatomic Pathology Laboratory on one day during the year. This will provide an important opportunity to experience a clinical laboratory in action and to observe the processing of surgical specimens. The visit will last for approximately one hour, during which time the student will be assigned to an Anatomic Pathology Registrar/Consultant and will observe while they interpret and take sections from macroscopic specimens.

Students will be individually rostered to attend the laboratory during their Surgical run. Only one to two students can attend the laboratory at any one time, so it is of the utmost importance that students attend the pathology laboratory at the allocated time. If, in exceptional circumstances, a student cannot attend at the allocated time, they should contact Jennabeth Fuge, extension 5191.

The WSCL Anatomic Pathology Laboratory visit is a fourth-year terms requirement. There will be short online exercises to complete BEFORE the laboratory visit to familiarize you with common anatomic pathology terminology. A written assignment will form part of the fourth-year Pathology assessment.

Mortuary Attendance

There is a requirement to attend one post mortem in the mortuary. Students are able to attend a post mortem in the Mortuary when suitable post mortems are available (a maximum of ten students may attend at one time). Students need to contact Colleen Johnston colleen.johnston@otago.ac.nz in the first instance to advise their interest. Post mortem viewings usually take place in the morning and it is often not known until the day before or very early in the morning that they are available. Once you have your name registered with Colleen regarding your availability she will contact you via email when a post mortem viewing becomes available.

Learning resources

Where available, lecture notes will be provided at lectures. The lecturers aim to post the lecture material on Moodle by Tuesday afternoon before the Thursday lecture.

Required text

There is no required text. Use your pathology textbook from ELM. Other helpful texts are listed on the Moodle page and are available as e-books from the library.

Potential distinction
Potential distinction in fourth- and fifth-year is awarded based on the results of the MCQ exams.

**JO Mercer Prize in Pathology**

The JO Mercer Prize in Pathology is awarded at the end of the fifth year to the student who has demonstrated the greatest ability in the Pathology curriculum during the fourth- and fifth-years. The prize is sponsored by the New Zealand Society of Pathologists.

**Professional Skills, Attitudes and Ethics (PSAE)**

PSAE is an integrated three-year course, which builds on and extends the content of the Bioethics and Professional Development vertical modules in the ELMe curriculum. Detailed objectives are on Moodle under PSAE course documents.

**Aims and objectives**

The Professional Skills, Attitudes and Ethics course aims to ensure you:

- Develop reflective and critical thinking skills
- Develop skill in applying ethical principles to practical clinical situations
- Display attitudes that support the establishment and maintenance of safe and respectful professional practice
- Demonstrate these skills and attitudes in your interactions as students with patients, doctors and other health professionals as well as your peers
- Can describe the regulatory environment of clinical practice in New Zealand
- Recognise circumstances when understanding of medical law is essential and processes for seeking further advice

**Fourth-year programme**

- Introduction to Clinical Ethics
- Introduction to Professionalism for clinical medical students
- Ethical decision making framework and how to make good judgements
- Medical law: Protecting consumer rights, consent, disclosure, privacy, and patient safety
- Protecting information
- Ethics and the elderly
- Ethics and Genetics
- Cross-cultural care and cultural safety
- Thought-provoking episodes
• How to work with an interpreter
• Health problems of doctors
• Difficulties dealing with colleagues
• Professional Boundaries
• Conflicts of interest
• Death, suffering, and crises; integrating humanism and professionalism
• Dealing with threatened harm

Teaching and learning methods

This will be by lecture, panel presentation and/or small group sessions. Attendance at these sessions will be a pass requirement for terms. Written work will be an ethics essay, a thought-provoking episode report essay, a written piece relating to the text *The Spirit Catches You and You Fall Down*, Anne Fadiman, and completion of e-learning module on “How to work with an interpreter”

Assessment of students

In PSAE both formative and summative assessment will take place. A pass requirement is satisfactory attendance at teaching sessions and completion of written assignments and cases to a satisfactory standard. Performance in small groups will be assessed by the tutor and other members of your group. Details of this will be provided to the small groups.

Fifth-year programme

• Fifth-year study and survival skills
• Ethics of resource allocation through the example of PHARMAC
• The mental health act and ethics of mental health care
• Issues at the end of life; Euthanasia
• Conscientious objection
• Research ethics
• Ethical dilemmas and practical management of patients who are considering an abortion
• Paediatric ethics
• Feminist ethics
• Doctors’ roles as advocates
• The ethics of Placebo
• Thought-provoking episodes
Teaching and learning methods

This will be by lecture, panel presentation and/or small group sessions. Attendance at these sessions will be a pass requirement. Written work will be one ethics essay and a thought-provoking episode report essay.

Assessment of students

In PSAE both formative and summative assessment will take place. A pass requirement is satisfactory attendance at teaching sessions and completion of written assignments and cases to a satisfactory standard.

The Nordmeyer Prize

The Nordmeyer Prize is awarded each year at the end of fifth-year to the top student in PSAE. This is judged on the basis of written work, usually selected from those students who have gained a potential distinction in both ethics essays and class participation.
Fifth-year

Rural Medical Immersion Programme (RMIP)

This rural-based curriculum was offered in New Zealand for the first time in 2007. It is a new generation of learning that integrates primary, secondary, and tertiary medicine through real-life experiential learning. During their fifth-year, medical students will have the opportunity to learn under the guidance and mentoring of experienced general practitioners, rural hospital generalists, and tertiary hospital specialists. The rural community will become their own learning and living environment.

It is intended that the RMIP will provide equivalent experiences for students to those in the main campuses. The major difference is that the clinical learning is gained through integrated experiences with patients in general practice, rural hospital and tertiary hospital. The curriculum will be the same but the methods of achieving the curricular requirements will be different.

Students are expected to direct their own learning in the RMIP within the established guidelines of the programme. We want to maximise the opportunity to gain experiences which are relevant to the fifth-year course.

The personnel from RMIP will visit the three campuses during the winter and present the programme to fourth-year students. Applications will be called for in August.

Web rmip.otago.ac.nz
Useful Information for Sixth-year

The Trainee Intern Elective Programme

_UOW TI Elective Programme Convenor_
Dr Jenny Visser
Email jenny.visser@otago.ac.nz
Ext 6931

_TI Elective Administrator_
Ann Thornton
Email ann.thornton@otago.ac.nz
Ext 5576

The trainee intern (TI) year is divided into four quarters of 12 weeks. Towards the middle of Semester One in fourth-year you will be given an opportunity to indicate your preferred quarter; this will be taken into consideration for final allocation, however places cannot be guaranteed.

Elective quarters can be swapped on a one-to-one exchange basis, up to the end of Semester One in fifth-year. Allocation and swapping of elective quarters should be discussed with Ann Thornton.

Arranging your elective

It can take longer than expected to arrange your elective. We advise that you start the process as soon as possible. You are required to have your elective proposal signed off, at the very latest, one month prior to commencing your elective.

All elective study programmes are for 11 weeks minimum. In order to maximise learning objectives each elective component must be of a minimum five weeks and therefore, an elective will contain a maximum of two locations. There is some flexibility in the minimum time spent at one location and how a “single location” is defined. Please ensure you discuss this with the module convenor as you make your elective plans.

All electives must be approved by the TI elective convenor. The approval process is dependent on both the proposed study programme being approved and all elective specific health requirements (both occupational and travel) being met. As part of this, written confirmation from prospective elective supervisors is required.
Many overseas medical centres receiving elective students have application forms with sections to be signed by the Dean or nominated designate. Dr Visser is responsible for signing these forms so students should make an appointment by email to see her.

Elective placements may also require proof of immunity against a number of infectious diseases (by serology and/or immunisation). A copy of all routine childhood vaccinations is extremely useful, so we suggest you obtain a copy well in advance. Early in fourth-year you will also receive a copy of serology, tuberculosis testing, and any subsequent vaccinations given on entry into medical school. These are valuable records and may prevent unnecessary re-testing, keep them safe.

Students planning electives overseas will need pre-travel medical preparation. This is likely to include travel vaccinations, antimalarials, and medical kits. All students planning an overseas elective must contact Dr Visser by email at least two months (preferably three months) in advance of submitting their proposal. Dr Visser will advise on pre-travel health preparation.

Those students whose electives are to destinations with high HIV prevalence will be required to see Dr Visser prior to elective approval, to discuss minimisation of HIV exposure and what to do in the event of an exposure, including appropriate use of antiretrovirals. In countries with high HIV prevalence, proposed elective attachments in Surgery, Obstetrics and Gynaecology, and Accident and Emergency Medicine are unlikely to be approved. These specialties are of significant risk for blood contamination accidents. Local availability of reliable HIV testing and access to post exposure care will be taken into account before electives to areas with high prevalence of HIV are approved.

Requests for letters of recommendation for elective applications, copies of academic records etc, should be made to the Student Affairs Administrator in the first instance.

Personal security

The University will not approve electives in war zones, areas of high terrorist activity, or areas with current travel alerts. The New Zealand Ministry of Foreign Affairs and Trade lists current travel advisories for New Zealanders on their Safe Travel website: safetravel.govt.nz

Please remember that the TI Elective Convenor, Dr Jenny Visser, has the final sign-off of all elective arrangements (see Student Affairs Department). Current safety, security, and health issues in proposed destination countries will be taken into account before final approval is given.
Insurance

All elective students must ensure that they have adequate insurance. Insurance will need to cover both medical / professional indemnity insurance and personal travel insurance.

Personal travel insurance while on elective is not compulsory, but the University strongly advises that all TIs travelling overseas take out appropriate travel insurance. In addition, some countries / elective placements may require insurance to cover public liability. For example, some places in Australia ask for proof of insurance for personal injury and public liability (if you have injury to yourself or an accident in regards to property and assets).

Medical indemnity insurance

It is a prerequisite for all TIs to have medical indemnity cover. The University recommends joining either the Medical Protection Society (MPS) (tel 0800 225 5677) or Medicus Indemnity NZ Inc (medicus.co.nz). It is your responsibility to contact your organisation to ensure that your indemnity insurance extends to covering you during your overseas elective. It usually does but your provider must have details of your elective in advance.

If you are planning an electives in Australia please note that the process for ensuring cover while on elective is a little more complex. We strongly advise that you contact your provider to clarify requirements and processes.

Travel insurance

It is strongly recommended that travel insurance is purchased. This insurance typically provides cover for:

- Medical expenses
- Costs of evacuation and repatriation due to medical problem(s)
- Flight cancellation costs
- Personal effects

In addition, some policies provide personal liability cover, which meets costs resulting from accidental injury to third parties and damage to their property.

Marsh (insurance brokers) provides a comprehensive policy including accidental needle stick infection (the Studentsafe-Offshore policy). If you wish to find out more about this policy, please see below for
contact details. Other insurance companies offer similar packages, and it is important that you make sure that any insurance you purchase covers the areas listed above.

Insurance contacts

- MPS (Medical Protection Society) 0800 225 5677
- Medicus Indemnity NZ Inc medicus.co.nz
- Marsh Student Helpdesk 0800 909 808 or Mr Ken Albrecht at Marsh—tel 04 474 1170—for further information about the Studentsafe-Offshore policy.

Further information

See Safe Travel for TI Students on their Electives on the Otago Medical School website: otago.ac.nz/medicine

Regional trainee intern (TI) year

There is the opportunity for a limited number of trainee interns to spend all, or almost all, of their sixth-year in either Palmerston North or Hawke's Bay.

There will be two presentations to students in Wellington outlining the programme early during the fifth-year and selections are generally made in August. It is worth thinking about the option of regional placements early to ensure you are ready to make an informed decision when it comes time to submit your preferences.

Palmerston North can take a maximum of 16 and Hawke's Bay a maximum of 12 Full Year TIs. Allocations will not be finalised until September in fifth-year.
Palmerston North

**Associate Dean (Undergraduate Studies Palmerston North)**

Dr Claire Hardie, Radiation Oncologist  
Palmerston North Hospital  
50 Ruahine Street  
Private Bag 11036  
Palmerston North 4442  
Email claire.hardie@midcentraldhb.govt.nz  
Tel 06 350 8439  
Mob 021 647 587

**Administrator**

Sonya Clifford  
Palmerston North Hospital  
50 Ruahine Street  
Private Bag 11036  
Palmerston North 4442  
Email sonya.clifford@midcentraldhb.govt.nz  
Tel 06 350 8329

Palmerston North accepts up to 12–16 students per year into their all-year TI programme, and additional students for shorter attachments. This programme is currently in its seventh year and continues to be a very popular choice for many students who seek to increase one-on-one patient and teacher contact.

Palmerston North Hospital is an extremely friendly and welcoming place to work and the lovely surrounding town offers ample opportunities for leisure activities after work. One of the additional great advantages of being placed in Palmerston North is the combination of working and living in the same place for many months in a row (at very reasonable rental prices), while taking advantage of the town’s very central location—making it easy to access everything the region has to offer: from tramping and ski fields to beaches, wine tasting, and metropolitan weekends.

Students complete all their clinical attachments (including GP) in the MidCentral District. Students may also choose to complete their elective placement at Palmerston North Hospital or go to a centre of their choice elsewhere for their elective months. Overall supervision is provided by the Associate
Dean, who is also available for pastoral care and support for any independent projects a student wishes to pursue.

Dr Hardie provides small group tutorials to hone clinical and management skills to ensure that all students feel ready to start as confident and competent interns after completion of their TI Year. Otherwise the curriculum mirrors what is offered in Wellington. Assessments are standardised across campuses.

Every year a significant proportion of our students are invited to participate in distinction vivas.

For day-to-day assistance Sonya Clifford, Palmerston North TI Administrator, is always available to help and has an open-door policy for all students. Sonya is a fantastic resource and is happy to be contacted even before students arrive in town.

If you are interested to learn more about our programme or wish to contact one of our current students, please do not hesitate to contact Dr Claire Hardie, Associate Dean (Palmerston North), or Sonya Clifford, the programme’s administrator (contact details above).

Hawke's Bay

Associated Dean (Undergraduate Studies Hawke's Bay)

Associate Professor Ross Freebairn
Hawke's Bay District Health Board
Private Bag 9014
Hastings 4156
Email: ross.freebairn@xtra.co.nz
Mob 027 447 6887

Administrator
Julie Barrett
Hawke's Bay District Health Board
Private Bag 9014
Hastings 4156
Email julie.barrett@hbdhb.govt.nz
Tel 06 878 1392
Mob 027 315 7975

Hawke's Bay welcomes TIs for the full year, as well as for shorter clinical attachments. Each year most of the TIs who have been in Hawke’s Bay as full year students choose, and been chosen, to continue here for their first postgraduate year. This is a great record and everyone benefits.
Apart from the enticing, engaging extra-curricular life in Hawke's Bay, the advantages are those of a regional setting. The range of clinical conditions and presentations is broad, reflecting the varied settings from rural central Hawke's Bay, and—further afield—Wairoa, and the relatively urban Napier and Hastings communities.

Hawke's Bay loves having TIs. It brings out the best in nurses and doctors, who are keen to teach, especially TIs who are inquisitive and willing. If you choose Hawke's Bay you will become a part of the hospital and community.

The curriculum is that which is delivered in Wellington and all needs can be met in Hawke's Bay. Julie Barrett is the essential and delightful first person to contact for all administrative matters. Associate Dean Ross Freebairn supplements the clinical runs with weekly tutorials designed for and by TIs. The content of these range from where to get practice for venesections and urethral catheterizations to dealing with curly professional issues. Our senior house officers and registrars enjoy contributing to the TI tutorial programme. Expect to be an active participant if you come to Hawke's Bay!

Our trainee interns get their fair share of distinctions and potential distinctions. Having the TI year in the ‘regions’ is not detrimental to academic performance!

For more detailed information contact Associate Dean Ross Freebairn, Associate Dean (Hawke's Bay) or Julie Barrett, the programme's administrator (contact details above).

The trainee intern general practice attachment

**GP TI Convenor**
Sam Murton
Email Samantha.murton@otago.ac.nz

**GP TI Administrator**
Jane Sparkes
Email gp6thyr.uow@otago.ac.nz

An orientation session to the module is delivered in the 5th year Primary Health Care and GP module. There is no introductory day at the start of the module in 6th year – you travel directly to your placement. This is an intensive clinical placement. All TI placements at UOW are arranged for you by the staff in the Department of Primary Care and General Practice, with our designated teaching
practices in the lower North Island to provide high-quality clinical experience and supervision for the six-week placement (seven weeks if urgent primary care week integrated).

**Goal**

To apply previous learning, knowledge and skills in specialty areas of primary health care.

The objectives of the trainee intern year as they relate to primary health care & general practice:

**Patient care**

1. Consolidate, synthesize and apply knowledge of primary health care and primary care systems to a broad range of illnesses and patient presentations
2. Recognise and initiate management of the general practice patient

**Teamwork**

3. Function competently as a member of a primary health care team
4. Function competently as a member of a general practice based health care team

**Professionalism and independent learning**

5. Pursue in greater depth aspects of general practice, which are of particular interest to the student
6. Develop further professional attitudes and behaviours in preparation for continuing lifelong learning

You will be asked to indicate your preferred geographic location for your block well in advance of the dates for your attachment, generally in early August of your fifth year. All placements are regional and may include the Tairāwhiti (TIPE) option (see next section below).

GP TI placements are **not** made within the Wellington metropolitan area. All-year Palmerston North and Hawke's Bay students will get priority for placements within their respective DHB region and placements will be allocated to give the best possible preference combination for each block, aligned with available placements. We endeavor to meet your preferences but these cannot be guaranteed. First- and second-quarter blocks will receive their placement details prior to commencement of TI year, generally in October. Third- and fourth-quarter blocks will be notified in late December/early January.

As with any clinical placements, you will be rostered onto clinics that may include evenings/weekends.
The Tairāwhiti (TIPE) option

This interprofessional education TI GP practice option is offered to UOW TIs in most, but not all, blocks of the year. If offered, this will be clearly indicated in the preference list for your block well in advance of the dates for your attachment.

As well as having the opportunity to gain excellent clinical experience in a rural location (Gisborne or Wairoa), you will also work interprofessionally with other senior health professional students in clinical settings. Final-year students (dental, dietetics, nursing, medicine, occupational therapy, oral health, pharmacy, and physio) all participate in the programme for five weeks at a time; medical students have an additional clinical week in the region (plus urgent care week for some).

The interprofessional education programme will provide you with a fantastic opportunity to work collaboratively with other disciplines for both professional and personal development whilst enriching your own clinical experience. The programme will also focus on the provision of rural health care, chronic conditions management, and principles of Hauora Māori.

This type of interprofessional and also discipline-specific clinical experience is core to modern general practice, and something that all students will be increasingly undertaking in the future. The terms and assessment requirements for this TI GP option are equivalent for all other TI GP preferences. For this attachment option, some accommodation and practical assistance with travel is provided.

More information regarding the TIPE option prior to general attachment notification is available from either Sam Murton, GP TI convenor, or the TIPE programme manager Christine Wilson (christine.w@otago.ac.nz). Christine works closely with overall GP TI administrator Jane (gp6thyr.uow@otago.ac.nz) to co-ordinate your placement.
Prizes

Please refer to the Moodle homepage to view the Prizes available for fourth and fifth year medical students.
Policies and Procedures

Privacy and confidentiality

Confidential data and images on electronic devices

Students should never take clinical images on personal phones or other electronic imaging devices. This is because clinical images are confidential materials and their security cannot be assured if stored, temporarily or permanently, on a personal device. There is the potential for the device, or any backup file/copy, to be stolen/lost; or for loss during transmission of the image through insecure networks.

Capital & Coast DHB requires that any student using patient data on a portable device must ensure that the device is password-protected and the data is protected and/or encrypted. For advice about how to secure information, staff and students should contact the helpdesk:

Email its.servicedesk@otago.ac.nz
Tel 03 479 8888
Freephone 0800 479 888

When writing case histories for submission, avoid using identifying patient information—names, dates of birth, NHI numbers, and refer to individuals as Mr A, Ms B, etc. Keep a record of the NHI number in a secure separate place (without the name attached) in case you are required to provide this information in confirmation of seeing a given patient.

Loss of confidential patient material causes considerable difficulties - not just for the patient involved, but for the coordinated response from the Dean’s office, the PVC’s office, legal departments, CEOs of DHBs, etc. It potentially risks losing continuing clinical access for all students, or further restrictions on this access.

The use of social media

The internet immediately connects us with the public domain and we must 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.
The below link is to the excellent Guide to online professionalism for medical practitioners and medical students. Please read it.

nzmsa.org.nz/resources/social-media-guide/

Guidelines on maintaining confidentiality of clinical material May 2013

Academic Integrity

Academic integrity means being honest in your studying and assessments. It is the basis for ethical decision-making and behaviour in an academic context. Academic integrity is informed by the values of honesty, trust, responsibility, fairness, respect and courage. Students are expected to be aware of, and act in accordance with, the University’s Academic Integrity Policy.

Academic Misconduct is a breach of Academic Integrity and is taken very seriously by the University. Types of misconduct include plagiarism, copying, unauthorised collaboration, taking unauthorised material into a test or exam, impersonation, and assisting someone else’s misconduct. A more extensive list of the types of academic misconduct and associated processes and penalties is available in the University’s Student Academic Misconduct Procedures.

It is your responsibility to be aware of and use acceptable academic practices when completing your assessments. To access the information in the Academic Integrity Policy and learn more, please visit the University’s Academic Integrity website at www.otago.ac.nz/study/academicintegrity or ask at the Student Learning Centre or Library. If you have any questions, ask your lecturer.

See the following for further information:

http://www.otago.ac.nz/administration/policies/otago116838.html

http://www.otago.ac.nz/administration/policies/otago116850.html

www.otago.ac.nz/study/academicintegrity

Code of Professional Conduct for Medical Students at the University of Otago

As a part of your learning, you will have privileged access to people, and to their health information. The trust that people place in doctors carries considerable responsibility and expectations regarding your behaviour. It is important that you are aware of these responsibilities and expectations from the
beginning of your medical training. Any breach of these expectations could result in serious repercussions for you, your continuing medical education and your later career. Your University is committed to support you to uphold this Code and to assist you throughout your studies, and encourages you to know where and how to access available support services.

You should think of yourself as a doctor-in-training, rather than as a student in theoretical studies. Though the degree of your involvement with patients, families and the wider community may initially be small, from now on you will be meeting people as part of your education as a doctor. As you progress through your training you will be increasingly part of the health care team. You represent the Medical School, and the medical profession, whenever you meet people in this way. Your behaviour outside the clinical environment, including your personal life, may have an impact on your fitness to practise. Your behaviour should justify the trust the public places in the medical profession.¹ The following principles therefore apply right from the start. We ask that you read through these principles and sign this document acknowledging your agreement to comply with them. This form must be signed before you can begin your medical education.

Notes:
1. These standards apply when using electronic communications. Special care is required to ensure patient confidentiality². Caution is necessary when sharing your own personal information on social networking sites.³
2. The term ‘will’ is used to indicate that the associated statement sets a minimum standard that is expected of all medical students. The term ‘should’ is more aspirational and reflects a standard that the Medical School aims to promote and nurture, and students should aim to meet.
3. This code applies in NZ and overseas, and also applies to overseas medical students in NZ.
4. This code operates in conjunction with current Acts, Regulations and Codes of Practice that you will need to become familiar with during your training. These include the NZMA Code of Ethics, the Code of Health and Disability Services Consumers’ Rights (1996), and the Health Information Privacy Code (1994).

A. Interactions with patients and their families

1. Respecting patients and their families:
   As a medical student I will:
   1.1. Respect the dignity, privacy and bodily integrity of patients.
   1.2. Understand my own values and beliefs, and manage their possible influence on my interactions with patients.
1.3. Not impose my own cultural values, beliefs and practices on patients or discriminate against any person on the basis (for example) of age, gender, gender identity, ethnicity, sexual orientation, religion, creed, political affiliation, economic, social or health status.

1.4. Respect the autonomy of patients.

1.5. Treat patients and their families politely and considerately.

1.6. Ensure my appearance and dress are appropriate to enable effective and respectful interaction with patients and families.

1.7. Respect the needs and values of patients and their family members.

2. **Not exploiting patients or their families:**

   As a medical student I will:
   
   2.1. Not exploit any patient, whether physically, sexually, emotionally, or financially. Any sexual interaction with a patient is unacceptable.

   2.2. Not abuse the generosity of patients in my pursuit of learning but place concerns for their wellbeing above all else.

   2.3. Acknowledge the generosity of patients in my pursuit of learning and be conscious of the possible tensions between their wellbeing and my own learning.

3. **Obtaining informed consent for your interaction with patients:**

   While your clinical supervisor is responsible for obtaining consent for your interaction with patients, in many circumstances you may still need to ask patients for their permission for their one-on-one interaction with you. As a medical student I will:

   3.1. Clearly inform patients and where applicable substitute decision makers of my role and the purpose and nature of any proposed interaction with them, and follow the guidance in the document ‘Medical Students and Informed Consent’.

   3.2. Ask patients if they have any questions and, if I am unable to answer them, refer the questions to my clinical supervisor.

   3.3. Check if patients are satisfied with the information, request their consent, and ensure that consent is given freely and without coercion.

   3.4. Acknowledge and accept that patients may refuse or withdraw consent to interact with me at any stage, without any compromise to their health care.

   3.5. Make a special effort to assist the patient to reach the necessary level of understanding, for example where the patient is a child, or when language, illness or other factors interfere.

   3.6. Be guided in my actions by ethical and legal standards and my clinical supervisor where patients are unable to consent, for example in the case of a child.

4. **Appreciating the limits of my role:**
As a medical student I will:

4.1. Acknowledge the level of my skills, experience and knowledge, and not represent myself as more competent or qualified than I am and correct any such misunderstandings that arise.

4.2. Not give advice or provide information to patients, family members or the general public, which is beyond my level of knowledge and expertise. When asked for such comment, I will direct that person to an appropriate professional.

4.3. Not initiate any form of treatment, except in an emergency where no-one more able or qualified is available to provide timely intervention and recognising the limits of my own knowledge and skills.

4.4. When otherwise approached for assistance, recommend that people seek appropriate professional help.

B. Personal and professional values

5. Maintaining patient confidentiality:

Patient information is confidential. Disclosure without patients’ permission or other legally acceptable justification is inconsistent with the trust required in medical practice and has the potential to cause harm. Patient information may be discussed with peers and professional staff who are directly involved in the care of that patient, and, on occasion with colleagues in a setting where confidentiality is protected.

As a medical student I will:

5.1. Hold all patient information in confidence, including after patients have ended treatment or died.

5.2. Respect patients’ right to determine who should be provided with their personal information.

5.3. Not remove or copy patient-related material without specific permission, and handle such material in accordance with 5.4.

5.4. Ensure that all my documents and images containing patient information are de-identified, kept in a secure place in a way that prevents unauthorised access, and securely destroyed when no longer required.³

5.5. Be aware of the limited circumstances in which breaches of confidentiality may be justified or required.

5.6. Not access patient information unless I am involved in their care, or have a legitimate reason and permission from those authorised to give such permission.

6. Researching ethically:

As a medical student undertaking or associated with research activities I will:

6.1. Adhere to all the ethical principles in the appropriate national guidelines and seek ethical approval from the appropriate research ethics committee.
7. Maintaining personal well being:
As a medical student I will:

7.1. Acknowledge that my physical and mental health impacts on my ability to function in my role with patients and staff, and in the event of illness or impairment that interferes with this role, I will seek appropriate assistance and notify the Student Affairs Office.

7.2. Maintain my own wellbeing to the level that ensures I can carry out my role.

7.3. Remain aware of the wellbeing of my colleagues, and support them, to the extent that I am able, to seek help when needed.

C. Relationships with staff and colleagues
8. Respecting staff and colleagues:
As a medical student I will:

8.1. Show respect to doctors, nurses, allied health professionals and all other members of the health care team.

8.2. Show respect to teaching and non-teaching staff.

8.3. Show respect to simulated patients, volunteers and peers.

8.4. Not exploit my peers, or others, in a vulnerable or more junior position to myself.

8.5. Hold in confidence information about my peers gathered in learning situations, but recognise that there are limited circumstances in which breaches of confidentiality to appropriate persons may be justified.

D. Commitment to professional standards and continuing improvement in self and others
9. Holding a positive attitude to learning:
As a medical student I will:

9.1. Commit to continued learning and the development of skills.

9.2. Recognise that my learning needs are valid and important.

9.3. Be prepared to seek and respond to constructive feedback on my own performance.

9.4. Where barriers exist for learning opportunities, identify these and notify my academic supervisor.

9.5. Act with integrity in all learning and assessment situations.

9.6. Not plagiarise another’s work or research and will abide by the plagiarism and dishonest practice policies of my university.

9.7. Show respect in working with human cadavers and human tissue. (See the Code of Conduct issued by the Anatomy Department at the relevant University) As a medical student I should:

9.8. Care for my peers, provide support in learning opportunities, and work collaboratively and respectfully in all situations.
9.9. Be prepared, when called upon, to provide constructive feedback to my peers on their performance.

9.10. Make the most of educational and clinical opportunities to extend my knowledge and further my skills with appropriate support and supervision.

10. Accepting wider professional responsibilities:
Doctors have a responsibility to the profession and to the public to maintain high standards of care; this wider responsibility is over and above individual responsibility for their own clinical competence. As a medical student, I will:

10.1. Report matters of serious concern in a professional manner, including those which may impact on immediate patient safety, to those with the authority to act.

10.2. Not use social networking sites or public forums to raise concerns about an individual.

10.3. Not exploit my role as a student doctor for personal gain.

10.4 Give judicious, constructive evaluation and feedback as appropriate on medical education programmes.

10.5. Be aware that alcohol and substance misuse may impact on health and fitness to practise, and may cross the boundaries of legality, which becomes a professional conduct issue.

References
1. Medical students: professional values and fitness to practise Guidance from the GMC and the MSC. Available from: http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp

Other policies of note

University policies
All Otago Medical School Policies are available at micn.otago.ac.nz/facultypolicies. Below are links to download current and authoritative versions of OMS Policy Documents. Please contact Bruce Smith, OMS Manager (bruce.smith@otago.ac.nz) if you have any queries about OMS policies in these or other areas.

otago.ac.nz/administration/policies/index.html?policy=All
• Student Academic Grievance Procedures
• Dishonest Practice Procedures

Otago Medical School policies


A Guide to Academic Conduct (PDF 170 KB)
BMedSc(Hons) Guidelines (PDF 2.6 MB)
Code of Practice for Fitness to Practise (PDF 2.3 MB)
Code of Professional Conduct for Medical Students (PDF 170 KB)
Emergency Response – Dealing with Blood and Body Fluids (PDF 60 KB)
Exclusion Regulations (PDF 100 KB)
Guidelines – Industry Support for Educational Activities (PDF 60 KB)
Guidelines on Maintaining Confidentiality of Clinical Material (PDF 500 KB)
Guide to Online Professionalism for Medical Practitioners and Medical Students (PDF 240 KB)
Infectious Diseases and Immunisation Policy for Medical Students (PDF 240 KB)
MB ChB Assessment Policies and Procedures (PDF 2.5 MB)
MB ChB Assessment Incident Reporting Form (PDF 170 KB)
MB ChB–PhD Protocol (PDF 200 KB)
Otago Medical School Prize List (PDF 80 KB)
Other Study Opportunities for Medical Students (PDF 380 KB)
Procedures on the Retention, Release, and Disposal of Records related to Student Assessment (PDF 200 KB)
Research Opportunities for Medical Students (PDF 380 KB)
Social Media Policy
Student Leave Policy (PDF 70 KB)
Support for Students at Off Main Campus Sites (password-protected PDF 120 KB)
Transfer Policy (PDF 100 KB)
Withdrawal and Readmission Policy (PDF 280 KB)
Withdrawal and Readmission Forms (PDF 120 KB)

Medical Council of New Zealand policies

• Fitness for registration