

**Early Learning in Medicine (ELM)
Second and Third Year
Handbook 2021**

Te Whare Wānanga o Otāgo / University of Otago

Te Kura Hauora o Ōtākou / OTAGO MEDICAL SCHOOL

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WELCOME TO ELM

Welcome to the Early Learning in Medicine Programme, which over the next two years, will provide you with a sound understanding of the foundations of the medical and clinical sciences. Medicine comprises a broad array of learning that is both stimulating and challenging, and which will continue until the day you retire. We are confident that we will be able to share the sense of excitement that learning in medicine and working with patients offers. The breadth of medicine will allow you to consider a diversity of careers in many locations. Whatever your career choice the privilege of working with patients and their families offers the greatest rewards. We look forward to working with you to develop your learning and interest.

Medical students are part of a profession which dates from antiquity and which has high standards to maintain. Whilst students are not yet bound by the full professional constraints imposed upon practicing doctors, it is important that you have a good appreciation of the professional requirements for medicine.

CONFRONTING MATERIAL IN THE MEDICAL SCHOOL CURRICULUM

The medical school curriculum includes potentially emotionally challenging material. Covering such material is an unavoidable part of a comprehensive undergraduate medical curriculum. Issues related to suffering and mortality are explored and some of the topics may remind you of what you or your loved ones have experienced. Patients stories are sometimes presented through various mediums (e.g., interviews, video, paper cases) and these can be real, raw, and vulnerable accounts of living with illness. Hearing these stories or reflecting on challenging issues may lead to a range of emotional responses, including distress.

Feeling distress in response to sensitive topics and human pain is normal. You will learn to manage these feelings as you pass through medical school, along with ways of protecting your own health and wellbeing. This is part of each student's professional identity formation, where a student progresses from being a non-expert at the beginning of medical school to a doctor by the end. It might be useful to remember that this process is just beginning for second- and third-year medical students, so don't be hard on yourself or others if you feel distressed by a topic. Some of you might have no strong emotional response to some of the topics while others might be distressed, both are normal responses. Support is available, and you will not be alone in these feelings.

The curriculum topics (e.g. lecture titles) usually give you some idea of the type of material that will be covered: different topics may be difficult for some students. If you recognise that a particular topic may be distressing for you, it will be important to use self-care strategies before, during and/or after these topics are covered. The Medical School makes support available through the lecturer, tutor, Associate Dean of Student Affairs for ELM, Student Health and Counselling, the Associate Deans for Māori and Pacific and OUMSA. Should your performance in an assessment be affected by an encounter you find particularly confronting, a Special Consideration form should be completed and filed (refer to the *Assessment Policy and Procedures* document).

OVERVIEW

INTRODUCTION

The teaching in ELM is divided into four interrelated components:

- The Medical Sciences
- Clinical Skills Module
- Early Professional Experience Module
- Integrated Cases Module

The four components in the Early Learning in Medicine [ELM] curriculum are interlinked and build on material delivered in Health Sciences First Year [HSFY]. They promote learning from a clinical perspective and therefore link strongly with the Advanced Learning in Medicine [ALM] curricula in the Dunedin, Christchurch and Wellington Schools. The learning programme is based on the outcomes defined in the Otago Medical School Curriculum Map (<https://medmap.otago.ac.nz/ui/>).

THE RELATIONSHIP BETWEEN LEARNING IN HEALTH SCIENCE FIRST YEAR (HSFY) AND ELM

The HSFY curriculum delivers foundation medical sciences. ELM delivers more advanced medical sciences, as well as clinical sciences, and linkages with HSFY material are identified. The learning culture of the ELM curriculum is different from HSFY and is more complex. In particular, the Year 2 and Year 3 course can be seen as one very large integrated paper, where all material delivered has relevance across the whole programme. At the beginning of Year 2, it can be hard to see the linkages, but these become more evident as Year 2 progresses. The MB ChB is delivered in what is known as a 'spiral curriculum'. The basic premise is that topics are revisited multiple times during the degree, and at each new instance the previous information about that topic is enhanced in terms of complexity and/or inter-relatedness with other aspects of curriculum. In this way your depth (and breadth) of understanding increases as you progress through the curriculum. Looking for these linkages will enhance your understanding of the material and the practice of medicine.

THE EDUCATIONAL PHILOSOPHY OF THE ELM CURRICULUM

The educational philosophy of the ELM curriculum is based on the following principles:

- Parallel learning of medical and clinical sciences
- The acquisition of both factual knowledge and conceptual understanding
- The ability to learn independently
- The recognition of the interplay of body, mind and physical/social/environmental (biopsychosocial) factors in illness
- The patient centred approach to care
- The empathic and compassionate approach to care
- The development of professionalism
- The importance of self-awareness in health care workers
- The acknowledgment of uncertainty in medicine
- Learning in a variety of contexts, particularly in the community.

THE PURPOSE OF ELM

The purpose of the Early Learning in Medicine programme is to build on the students prior learning and develop, for a further two years, the scientific foundations of medical practice and to begin the acquisition of the knowledge, skills and attitudes required for professional practice. Specifically, it aims to:

1. Lay the foundations of basic sciences on which medical practice resides/relies and facilitate this learning by explicitly identifying the clinical relevance and contexts in which this knowledge will be applied safely in clinical practice.
2. Introduce the clinical skills used in a medical consultation, giving context and relevance to the medical sciences, and enabling the application of medical sciences to clinical practice.
3. Establish the foundations of understanding the broad social and cultural concepts and contexts of medical practice and systems of healthcare.
4. Establish an appreciation of the patient as a unique person and partner in health care.
5. Begin the students' professional identity formation and understanding of professionalism.
6. Establish habits of life-long learning, including both independent self-directed learning and collaborative learning.
7. Introduce the knowledge and skills of critical thinking and reflection required for clinical practice.

OUTCOMES OF ELM

On completion of ELM a student should be able to:

1. Describe the normal structure and function of human body systems.
2. Describe the pathophysiology and clinical features (signs and symptoms) of common conditions.
3. Illustrate the application of medical sciences knowledge to common clinical presentations and conditions.
4. Describe standard diagnostic and treatment options for common clinical presentations and conditions.
5. Conduct a routine patient consultation using effective communication and attending to interview structure and relevant content.
6. Perform core components of a physical examination.
7. Locate and evaluate information from a range of sources and apply this information to new situations with academic integrity.
8. Work effectively both independently and collaboratively.
9. Demonstrate effective oral and written communication skills.
10. Demonstrate an understanding of the way biological, psychological and social factors interact in health and disease.
11. Demonstrate an understanding of and commitment to the principles of patient-centred medicine.
12. Identify the role of the Treaty of Waitangi as a framework to focus on Maori health advancement and addressing current health inequities.
13. Identify the relevant frameworks to understand how societal beliefs/values impact on clinical decision-making and specifically create and/or maintain health inequities within cultural groups.
14. Identify the special relationship between New Zealand and Pacific communities in Aotearoa and the region, and New Zealand's obligation to improve Pacific Health outcomes.
15. Describe the impact of the social, economic and relevant determinants of health on the practice of medicine.
16. Describe the responsibilities, obligations and privileges of being a doctor, including an appreciation of the importance as a health professional of self-care.

17. Demonstrate appropriate ethical and professional behaviour, based on an awareness of personal moral values, and knowledge and understanding of principles of medical ethics.

STRUCTURE OF ELM

THE-RELATIONSHIP BETWEEN THE FOUR COMPONENTS OF ELM

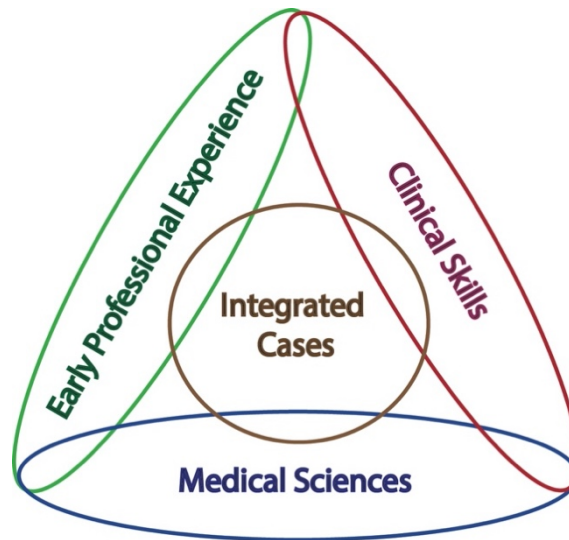


Figure 1. A schematic diagram of the integrative nature of the ELM programme

MEDICAL SCIENCES

The Medical Sciences delivers the theoretical knowledge which provides the foundation for understanding the scientific basis of medicine and clinical practice. The Medical Sciences comprise many individual modules which fall into two categories: block or vertical modules.

Block modules: there are 11 block modules, 5 in Year 2 and 6 in Year 3, which are mainly based on body systems and are usually presented over 4 weeks with up to 10 lectures, 2 labs and one module tutorial per week. The Integrated Cases run in parallel and reflect the material being presented in the block module. The main contributors are anatomy, physiology, biochemistry, pharmacology, microbiology and clinical disciplines.

Vertical modules: there are 17 vertical modules which are spread over Years 2 and 3. These are not based on body systems but represent disciplines that are relevant to most medical problems e.g. ethics, blood, genetics etc. They are presented as dispersed lectures or groups of lectures and, whenever possible, in a way that is relevant to the material being presented concurrently in the other programme modules. The appreciation of the relevance of vertical module material may not always be immediately obvious but this builds up over time (as part of the spiral curriculum).

There are three vertical modules, Early Professional Experience, Clinical Skills and Integrated Cases, which differ from the other vertical modules in that they each are taught in weekly 2 hour small group tutorial sessions.

INTEGRATED CASES

This vertical module is a central component of the curriculum whereby clinical scenarios are presented in tutorials to illustrate application of the medical sciences to clinical practice. Cases are designed to promote students understanding of whole patient care in clinical medicine, by integrating material from all modules across ELM and applying it to a patient's presenting problem(s). Along with the Clinical Skills module, Integrated Case introduces students to the process of clinical reasoning, with the emphasis being on the student developing an enquiring, structured approach to deduce what may be possible reasons for the health issues in various patients.

CLINICAL SKILLS

Using the Calgary Cambridge model of communication skills as a base, this vertical module is focused on the medical consultation, i.e. introduction to the patient, taking a medical history using evidence-based communication techniques, basic physical examination, and introductory clinical reasoning. This necessitates contact with simulated patients and the development of an appreciation of the broad factors contributing to illness. Physical examination of peers is an important part of this module. **The Otago Medical School expects all students to participate as examinees and examiners unless there are compelling reasons not to do so.** Peer examination in this context promotes a healthy learning environment and encourages development of professionalism, an awareness of the patient perspective, and the appropriate gaining of consent.

EARLY PROFESSIONAL EXPERIENCE (EPE)

EPE provides early opportunities to work with real patients and practicing health professionals. In doing so, you will encounter many professional issues that are integral to understanding the roles and responsibilities of being a doctor. In brief, the aims of this vertical module are to provide some initial experiences and early understanding of:

- The subjective experiences of illness and the patient's personal context (family, beliefs, culture and so on)
- The student-patient relationship and the doctor-patient relationship
- The delivery of health care in various social contexts
- Chronic illness, palliative care and end of life issues
- Working with other health professionals
- Becoming a doctor (developing personal and professional resilience, practising safely).

There are two main clinical placements in community settings in EPE: in Year 2 students work as assistant caregivers in aged-care facilities; in Year 3 they spend a week in rural communities during Community Contact Week. Links to the other modules are made by students over the course of ELM. EPE aims to help you bridge the gaps between medical theory and the realities of clinical practice.

LEARNING STYLE IN ELM

Progressive learning - progressive learning describes the sequence of learning medical sciences to understand the scientific basis of illness and the major clinical conditions and their management. Progressive learning commences in HSFY and proceeds through ELM and ALM reaching full application and understanding towards the end of ALM. Science concepts and clinical conditions are visited repeatedly through the whole curriculum. Full understanding of medicine requires a step-by-step learning approach so cannot be achieved in the ELM years. It is crucial to keep this fact in mind to prevent feeling frustrated at times.

How much independent learning is there in ELM? - independent learning is an important feature of undergraduate medicine, starting in ELM and progressing through ALM. We promote the concept of **guided** independent learning where objectives, key concepts and a structure for learning is given, but there is no formal teaching provided and students work on their own or in small groups. We do not initially use the terms self-directed or problem-based learning in the ELM curriculum as this implies that students need to identify their own learning needs. However, self-directed learning will be achieved by the end of the ALM course. Independent learning is not the same as personal study or revision, it is the independent achievement of learning for a specified component of the curriculum. The ELM programme contains at least 16 hours of independent learning per week during which independent tasks can be completed.

Group learning - group learning is an important part of medical training as health professionals usually function within a group or team. Group learning in tutorials and to complete independent learning tasks is promoted, as the group members will have a diversity of skills to apply to problem solving. Working cooperatively in groups may represent a culture change as we are seeking group excellence as much as individual excellence. The culture of learning in ELM should be that of achieving high competence, actively contributing to the learning of the group and enjoying the learning environment.

The weekly timetable - the weekly timetable normally contains up to 24 hours of teaching contact and at least 16 hours of independent learning time. The timetable comprises lectures, laboratories and tutorials. There is usually a maximum of 10 lectures per week. The Year 3 timetable is very similar to the Year 2 timetable. The timetable runs from 9am until 6pm, with the occasional 8am lecture.

Moodle - Moodle is ELM's learning management system (LMS), which provides the outcomes and objectives for modules and laboratories, handouts for lectures and lecture power points as well as course information and notices. Summary handouts for lectures and power-point presentations are placed on Moodle. Discussion boards are provided and are monitored by teaching staff.

ASSESSMENT, ATTENDANCE & THE AWARD OF TERMS

Assessment in ELM provides information to both you and staff on how you are progressing. It can be used both to guide your future learning and to inform decisions on whether you have attained the standard required to progress to the next year of the MB ChB course. There are three elements that must **ALL** be passed each year, to progress: Terms, the Written component, and the Clinical Skills component. It is worthwhile noting that Professional Conduct is considered both as part of the process of awarding Terms, and as a stand-alone factor when considering whether students are ready to progress to the following year.

ELM uses a two-step process with respect to passing each year. First you must be awarded Terms. The awarding of Terms requires you to have completed a given set of tasks as prescribed (the full list of Terms requirements is shown below). Having been awarded Terms, you are admitted to the end-of-year examinations. Decisions on whether you are ready to progress will then be made on the basis of your aggregated in-course and end-of-year Clinical Skills and Written assessments.

In-course assessments and Terms requirements are closely linked in ELM. In-course assessments may contribute a percentage weighting to your final grade, or they may be what is commonly called **formative** (and thus **do not** contribute a percentage weighting to your final grade). All assessments are designed to have a formative component, i.e. they aid your learning by providing you with feedback on your mastery of the topic being assessed, and guidance as to how you can improve your skills/knowledge. **ELM considers assessments that contribute a percentage weighting to your final grade AND those that do not, as EQUALLY important. Both types of assessments contribute to decisions about your readiness to progress to the following year.**

Additionally, and again, equally as important, your Terms requirements include the need for you to demonstrate **satisfactory professional conduct** during the year. Medical practice is performed and delivered through significant interactions with other people: patients, colleagues and other staff. Doctors are expected to use the knowledge they have gained *in service* of others (patients and society); **they are therefore required to behave in a particular way**. As you progress through the MB ChB programme, you will note that we place as much emphasis on how you behave, as what you know or what skills you can perform. Learning appropriate professional behaviour and committing to the standards of your profession is a long-term, life-long endeavour.

Acting professionally has both innate (who you naturally are) and learned components. There are many learning opportunities related to professionalism in ELM. From an assessment perspective, **we evaluate your professional conduct based on the choices you make**. This includes, but is not limited to, whether you: attend compulsory educational events; notify us in a timely manner of absences from compulsory events (put in an apology); are on time; attend scheduled meetings; participation in, and interactions with members of your tutorial and laboratory groups; and your interactions with academic and professional staff, and the members of the DHBs and public you encounter during your studies. Not meeting these expectations is known as a failure to engage, as your engagement must be sufficient to enable your own learning.

MONITORING YOUR PROGRESS

Becoming a doctor, and developing as a doctor in training, is a non-linear process. Everyone learns at different rates and we all have different strengths and weaknesses. Part of the role of the ELM programme is to provide you with support when you need it. To be able to do this, we monitor your progress closely.

This is done through obvious formats, such as assessments and attendance records, and also, through **Progress Reports**. Progress Reports are used by tutors to raise awareness of any potential issues at an early stage, so that students can be notified and learning plans agreed upon. The ELM Student Progress Committee (SPC) meets three times a year to review each student's current and past records, and to make recommendations about student progress. In most cases, students will be noted as having made satisfactory progress for any given SPC reporting period.

Where there are issues to be resolved, this will usually be done using our **Conditional Pass** system. It is highly likely that at some stage as you progress through the MB ChB, you will receive a **Conditional Pass (CP)**, so don't be alarmed if you are notified by the ELM SPC that you need to meet with us to discuss a CP. A CP is not a final grade: each CP comes with a set of **Conditions to Pass**. These conditions will be related to the concern(s) the SPC have about your progress. For example, we may be concerned that you have an unacceptable number of unnotified absences (a marker of poor professional behaviour), so your Conditions to Pass may be not to have any unnotified absences in the next reporting period. When Conditions to Pass are met, a CP is converted to **Pass After Conditions Met (PACM)**. In this context, a CP should be viewed as an opportunity to learn, not as an admonishment. If, however, Conditions to Pass are not met, the final grade becomes a **Fail**. Whereas in ALM a single Fail leads to Terms being denied, in ELM a Fail will be considered alongside all other information about your performance, in making Terms recommendations.

AWARD OF TERMS REQUIREMENTS

The award of Terms is made by the Board of Censors 2/3 based on recommendations made by the ELM Student Progress Committee and the Fitness to Practice Committee.

Where a student has satisfactorily completed all in-course requirements and there are no outstanding concerns re professional conduct, they will be granted Terms, and may sit their end-of-year examinations.

TERMS DENIED

The Board of Censors will usually deny Terms to a student on the recommendation of the ELM Student Progress Committee and/or the Fitness to Practice Committee where:

- a) a student has generic or non-isolated deficits in performance and/or,
- b) does not undertake, as prescribed and scheduled, more than one Terms requirement for reasons not approved under the Special Consideration or Leave of Absence process and/or,
- c) has total absences from the compulsory educational events for the year of greater than 25% and/or,
- d) where there are concerns regarding the student's professional conduct, which includes unnotified absences from compulsory educational events.

If Terms are denied the student cannot sit the end-of-year exams and will be required to repeat the year or, in the case of a student who has already repeated a year, will usually result in exclusion from the course.

ABSENCES

*Attendance at laboratory and tutorial sessions, and whole class briefings/clinical demonstrations is compulsory and you are required to inform in writing (preferably email) the relevant staff member and Jude Hodge (elm.absences@otago.ac.nz) of any absence, preferably before, but failing this, as soon as possible after your absence. Failure to meet this requirement will be recorded on your Progress Report. Registers will be kept when your attendance is a requirement for the awarding of Terms. **For example, you all MUST swipe your Student ID cards, sign the attendance register or ensure your presence has been recorded electronically each time at laboratories and tutorials, or you will be marked as absent. Note: recording another student's presence when they are not there or asking another student to record your presence when you are not there, would be considered an act of Academic Misconduct.***

If you are absent from classes it is your responsibility to catch up with any work missed **and** to inform your tutor/ lab demonstrator **and** the ELM administrator, elm.absences@otago.ac.nz of your absence. **Please note that the policy for the three tutorial based ELM modules – Integrated Cases, Early Professional Experience and Clinical Skills – is that you cannot swap tutorial groups.** However, there may be extenuating circumstances when this will be allowed but approval must first be obtained from the module convenor.

Our guiding philosophy is that medical students are responsible, motivated adults who are expected to participate actively in assessing their own learning progress. Part of that self-assessment involves making decisions about your engagement with the various learning opportunities that are part of the ELM curriculum. We understand that you will have developed your own learning style, and your own practices with regard to attendance at and engagement in various classes (lectures, laboratories, tutorials etc.). Nevertheless, ELM promotes a culture of engagement that involves *being there in the moment*, particularly in small group settings, where the values and cultural norms of medicine can be modelled and assimilated. Absences from tutorials means there will be fewer opportunities to test yourself out in relation to peers, less chance to hear yourself speak and to see your own reflections in the reactions of others, including tutors, and less chance to work collegially and contribute to the development of your colleagues. In brief, tutorials (and to a lesser extent laboratories and lectures) are where students learn how to *be* a doctor, which entails a great deal more than learning the necessary medical knowledge. Tutorials and bedside learning with patients are where knowledge and skills can be demonstrated.

For these reasons we have designated specified educational events as compulsory, and attendance at these is a Terms requirement. Any session designated as a tutorial or a laboratory is compulsory. Other events may also be designated as compulsory (e.g. whole class briefings and clinical demonstration lectures), this will be made clear to you. We place an emphasis on these learning opportunities because they have an experiential component. This means that there is something involved in this experience that you cannot otherwise fully get the benefit of without being there; it involves something that cannot be replicated by only reading about it, listening to or watching it.

In general, lectures are not compulsory. Nevertheless, our expectation is that you will attend the large majority of your lectures (we understand that there may be occasions for health or personal reasons you will have to miss a lecture). We know that podcasting/watching videos of lectures is a growing trend, and we consider podcasts to be an invaluable **revision** tool. We **do not** consider

podcasts as a suitable replacement for being at your lectures. There are multiple reasons for this, including forming positive habits of engagement with learning opportunities, the value of being part of a shared experience with your classmates, the opportunities to discuss the material being covered with peers and lecturers, and, on the occasion when guests are brought into the lecture to share their experiences as part of your learning, respect for those guests who give up their time for your benefit. It is not professionally courteous nor respectful when people make time in their day to help you, if three-quarters of the lecture theatre is empty because a large proportion of the class could not make time in their day to come and engage.

RECORDING YOUR ATTENDANCE AT COMPULSORY EDUCATIONAL EVENTS

Attendance will be recorded when it is a requirement for the award of terms. It is your responsibility to ensure you have been marked as present. For example, you **MUST** swipe your Student ID card, scan the QR code or sign the attendance register as directed at laboratories and tutorials *etc.* For some classes, your tutors will have an electronic register that they will complete. Often it will be obvious that your tutor has taken the attendance for that session. However, for those occasions where you are not sure if attendance has been taken, it is not impolite to check with your tutor if they have noted your presence (tutors will be told that you have been told it is OK to ask).

Note: recording another student's presence when they are not there or asking another student to record your presence when you are not there, will be considered an act of Academic Misconduct and be dealt with under the appropriate University statutes. Additionally, it would be noted as unprofessional behaviour by the SPC, under the label of dishonest behaviour.

It is also worthwhile mentioning that as part of monitoring your professional conduct, we ask tutors to note if you are late. Repeated late arrival is unprofessional and discourteous (disrespectful behaviour). If you are late, it is polite to apologise to the group, perhaps quietly and briefly if someone is speaking or an activity is taking place, and then more overtly at an appropriate moment (a fulsome explanation for your lateness to the whole group is not required, particularly if the reason for your absence is of a personal nature, but you may wish to provide a more detailed explanation to your tutor at the appropriate time).

WHAT HAPPENS IF YOU MISS A COMPULSORY EDUCATIONAL EVENT?

Whilst we expect you to organise your general day-to-day life activities so that they do not prevent you from attending compulsory educational events, we understand that from time to time, for health or other personal reasons, you will miss a compulsory educational event. Such absences need to be considered in two important ways.

First, as a professional courtesy, we expect that you will notify us of any foreseen or unforeseen absences from compulsory educational events (see below for the notification process). **We make an important distinction between notified and unnotified absences in the context of professional behaviour.**

Second, as discussed above, compulsory educational events have experiential aspects that are important for your development as a doctor. Importantly, some of the learning from these experiential aspects is incredibly difficult to assess formally (e.g. the ability to work in groups, to be a leader, to listen thoughtfully to others), and we assume that you gain the learning by being present and being engaged.

We become concerned if we note that you have a large number of total absences, or you have a large number of absences for particular components of the course. You can see from the Terms and Conditions, that absences in excess of 25% of the total compulsory educational events for the

year, even if those absences are for good reasons, will see you being denied Terms and failing the year.

However, **and very importantly**, the 25% threshold should **not be viewed as a target number**, where it is OK to have absences up to that value. Historically, most ELM students have no or less than a handful of absences from compulsory educational events. If you are absent from a compulsory educational event it is **your responsibility** to catch up with any work missed. If we notice that you are accumulating a concerning number of absences, either overall or from specific compulsory educational events, it is highly likely that SPC will assign you a CP related to those absences and provide you with an associated set of things you must do to account for the material that has been missed (as well as other conditions related to not repeating those behaviours).

It may even be that you are required to meet with the Assessment Convenor or other staff without waiting for SPC intervention, if we are sufficiently worried about your progress. We know how hard you have worked to get into the medical programme, so we are very sensitive to even small numbers of absences, as it is often an indicator that there are circumstances in your personal life that are preventing you from engaging in the very thing you have worked so hard to achieve. As part of our monitoring of absences, we will typically involve the Associate Dean of Student Affairs, who is there to support you, should we notice an increase in absences.

NOTIFYING ABSENCES

If you are going to miss a compulsory educational event, you are required to inform the relevant staff member (typically your tutor or laboratory supervisor) **and** Jude Hodge (elm.absences@otago.ac.nz) of any absence in writing (i.e. by email), preferably before, but failing this, as soon as possible after your absence. **We make an important distinction between notified and unnotified absences in the context of professional behaviour.**

If you know in advance you are going to miss a class, we expect you to email **beforehand**. If you are unexpectedly sick, it is acceptable for you to email as soon as possible after your absence. When emailing, please provide a brief reason for your absence.

ABSENCE FOR GREATER THAN 3 DAYS – LEAVE OF ABSENCE

We are aware, that over the course of your two years in ELM, there may be occasions where you require a prolonged absence for important personal events or illness. To support you through these absences, we have a more formal approval process known as **Leave of Absence**. This process identifies both the impact the absence will have on your studies/attendance at ELM educational events, and how we can support you (if required) to manage your absence.

Approval (or otherwise) of Leave of Absence applications is given by the Associate Dean of Students Affairs (ADSA), who will meet with you as part of this process. Usually, with appropriate supporting documentation, leave for extended illness or exceptional personal circumstances (e.g., bereavement) is approved.

The granting of leave is discretionary and considered case by case. When deciding on leave applications, the following will be taken into consideration:

- Learning or professional development opportunities afforded by the activity for which leave is sought
- 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 for which the student will be absent
- The reason the activity cannot be undertaken during scheduled holidays
- The length of leave relative to the activity for which leave is sought
- 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
- The student's total absences during the year and any other absences in that module

Note that having leave approved does not exempt the compulsory educational events missed from being counted towards your total absences for the year. The approval means there are no issues from a professional conduct perspective (you have done the right thing by going through the right process), but you are still missing learning opportunities. The implications of this will be discussed with you during the approval process.

Leave of Absence forms can be obtained from MedMoodle or the ELM Hub in the Hunter Centre. Full details of the application process can be found on the form.

Appropriate supporting documentation will be required for all leave applications. Details of what is required can be discussed with the ADSA, but typically a medical certificate is required for illness, evidence of a bereavement may be provided with a copy of a death certificate or death notice, and national representation requires a letter from the appropriate national organisation.

Note that failure to attend class where a leave application is declined will be considered unprofessional conduct and will be brought to the attention of the Student Progress Committee.

THE PROGRESS REPORT

WHAT IS THE PURPOSE OF THIS REPORT?

This form helps tutors to identify students in the ELM course whose development of professionalism and general performance does not meet acceptable standards. The reports are filled in three times per year to enable a cumulative central record to be kept which will extend through all years in Medical School. In addition, these reports provide information that may be used to inform decisions on the awarding of Terms and Distinction.

WHAT MAY BE ASSESSED WITH THIS FORM?

Tutors will use this form to report observations of your performance with regard to the professional behaviours as identified in the Student Code of Conduct which you have signed and a copy of which appears in this handbook following the Student Support and Wellbeing section. Other aspects related to your learning may also be evaluated.

HOW IS THE PROGRESS REPORT FORM USED?

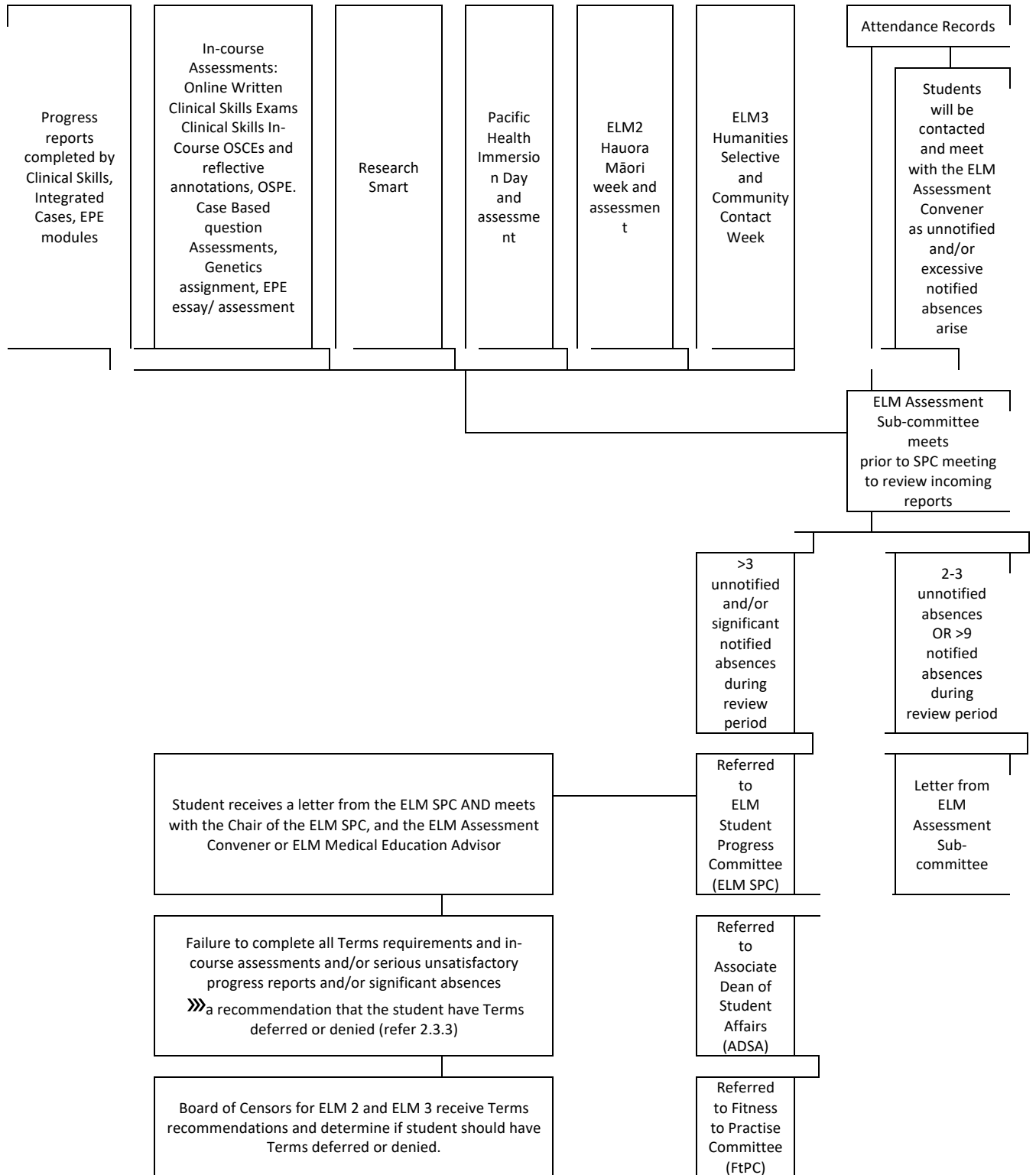
Tutors in EPE, Clinical Skills, Integrated Cases and some of the Medical Science modules fill in these forms for each student three times per year. If tutors have concerns, they will discuss those concerns with the student, then pass the form to the Student Progress Committee (SPC) that monitors all incoming reports. Depending on the nature of the issues, students may be contacted by the Convenor of one of the three tutorial-based modules – Integrated Cases, Clinical Skills or EPE, the Chair of the Assessment Subcommittee, the Assessment Convenor, the Chair of the SPC or the Associate Dean of Student Affairs for further discussion. In some cases, this may involve identifying appropriate remedial activities.

WHAT ARE THE CONSEQUENCES OF ONGOING ISSUES?

The ELM Board of Censors will examine the record of each student having difficulties. On the basis of the student's record and his or her progress on remedial activities reported by the SPC and the Associate Dean for Student Affairs, the Board will decide if the student should be granted Terms. Students who do not engage in remedial activities after being advised to do so may not be granted Terms.

Students are advised that copies of the Progress Report forms for each of the tutorial-based modules will be posted on Moodle prior to their first use in the first semester of each year.

FLOW CHART FOR MONITORING STUDENT PROGRESS IN ELM



GENERAL

Where not otherwise stipulated, the following general rules apply:

- Students must observe strict confidentiality in all matters relating to clinical presentations.
- Students are expected to display a standard of behaviour appropriate to a professional course.
- Only ELM students may attend sessions in the ELM Course.

IN-COURSE ASSESSMENTS

ELM has in-course assessments that can either be summative (which contribute marks to the end of year mark) or formative (which provide information on your progress). The summative in-course assessments collectively contribute 20%-25% to the final mark of either the Clinical Skills or Written components. You must complete all summative and formative in-course assessments to be awarded Terms and be allowed to sit the final examination. If you fail to complete these assessments, you will normally be deemed to have an unsatisfactory year's work and will be denied Terms.

You will be advised about the times and, where appropriate, the venues for these assessments/assignments by the convenors of modules and courses, details will also be posted on Moodle.

If you have questions or concerns relating to assessment, please contact the assessment team (elm.assessment@otago.ac.nz).

The tables below show you the in-course summative assessments, their contribution to your end of year mark, and how they relate to and aggregate with end-of-year assessments.

ELM 2 ASSESSMENTS				
Assessment component	In-Course Assessments		End-of-Year Assessments	
	Assessment format	Associated weighting	Assessment format	Associated weighting
Clinical Skills	Online Written Test #1 (Semester 1)	5%	OSCE	80%
	Online Written Test #2 (Semester 2)	15%		
Written	OSPE (Semester 1)	5%	SAQ/MCQ papers	68%
	Integrated Cases Test #1 (Semester 1)	4%		
	EPE Test (Semester 1)	5%	OSPE	7%
	Integrated Cases Test #2 (Semester 1)	6%		
	Genetics Assignment (Semester 2)	5%		

ELM 3 ASSESSMENTS				
Assessment component	In-Course Assessments		End-of-Year Assessments	
	Assessment format	Associated weighting	Assessment format	Associated weighting
Clinical Skills	Online Written Test #1 (Semester 1)	10%	OSCE	75%
	Online Written Test #2 (Semester 2)	15%		
Written	OSPE (Semester 1)	5%	SAQ/MCQ papers	73%
	Integrated Cases Test (Semester 1)	4%		
	Renal Test (Semester 1)	6%	OSPE	7%
	EPE Reflective Essay (Semester 2)	5%		

Students must gain Terms, meet the Pass criteria for both the Clinical Skills and the Written components, and have no issues regarding professional conduct, in order to gain a Pass for the year.

NOTE: The Clinical Skills and the Written components are stand-alone components for the purposes of decisions about passing the year. **YOU MUST PASS BOTH COMPONENTS TO PASS THE YEAR**, and **MARKS CANNOT BE TRANSFERRED FROM ONE COMPONENT TO ANOTHER** i.e. they cannot compensate for each other.

Below is a summary of the Terms requirements (including both the summative assessments above, and other formative assessments and learning activities).

TERMS REQUIREMENTS ELM 2

Terms refers to the requirements a student must complete to be permitted to sit final examinations.

Students are expected to submit a Leave of Absence/Special Consideration application if they do not fulfil any of the Terms requirements listed below

In order to be granted Terms and be eligible to sit the end-of-year exams a student must have:

1. Demonstrated satisfactory professional conduct including (with the exception of an acceptable level of notified absences), attending all compulsory education sessions and events
2. Attended the **Pacific Health Immersion Day** and satisfactorily completed **the associated assessment** (Semester 1)
3. Completed the **in-Course History-taking OSCE** and **Examination OSCE** at the assigned times, and satisfactorily completed the **associated reflective analyses** (Semester 1)
4. Completed **both in-course Clinical Skills on-line written assessments*** (Semesters 1 and 2)
5. Completed both **in-course Integrated Cases assessments*** (Semesters 1 and 2)
6. Completed the **in-course OSPE*** (Semester 1)
7. Completed the **in-course EPE assessment*** (Semester 1)
8. Completed all four modules within the **ResearchSmart course** (Semesters 1 and 2)
9. Attended the **Hauora Māori Week** and satisfactorily completed **the associated assessment** (Semester 2)
10. Completed the **in-course Genetics assignment*** (Semester 2)
11. Satisfactorily completed their **Personal Drug Formulary**, consisting of 10 reports on drugs selected from the Core Drug List provided (Semester 2)
12. Attended the assigned **EPE clinical placement** (Semester 1 or 2) and satisfactorily completed the **Reflective essay** (Semester 2)

A professional approach to educational opportunities (point 1 above) is expected in regard to those Terms requirements that specify completion rather than performance at a certain standard, and to the Retained Knowledge Test. Where a student has demonstrated below-standard performance in any domain, declining additional learning opportunities may be considered an indicator of below-standard professional conduct.

*Those Terms requirements contributing a percentage weighting to the end-of-year aggregated marks on which progress decisions are made, are asterisked.

TERMS REQUIREMENTS ELM 3

Terms refers to the requirements a student must complete to be permitted to sit final examinations.

Students are expected to submit a Leave of Absence/Special Consideration application if they do not fulfil any of the Terms requirements listed below

In order to be granted Terms and be eligible to sit the end-of-year exams a student must have:

1. Demonstrated satisfactory professional conduct including (with the exception of an acceptable level of notified absences), attending all compulsory education sessions and events
2. Completed the **in-course History-taking OSCE** and the **Examination OSCE** at the assigned times and satisfactorily completed the **associated reflective analyses** (Semester 1)
3. Completed **both in-course Clinical Skills on-line written assessments*** (Semesters 1 and 2)
4. Attended all **Inter-Professional Education (IPE) sessions and satisfactorily completed the group project (Semester 1)**
5. Completed the **in-course Integrated Cases assessment*** (Semester 1)
6. Attended all **EPE Humanities Selective sessions and satisfactorily completed the associated assignment(s)** (Semester 1)
7. Completed the **in-course OSPE*** (Semester 1)
8. Completed the **in-course Renal assessment*** (Semester 1)
9. Completed the **in-course EPE Reflective essay*** (Semester 2)
10. Attended the **Pacific Health Immersion Day** (Semester 2)
11. Attended the **in-course EPE Community Contact Week (CCW)** at the assigned time **and satisfactorily completed the individual and group reports** (Semester 2)
12. Satisfactorily completed their **Personal Drug Formulary**, consisting of 20 reports on drugs selected from the Core Drug List provided (this includes the 10 drug reports completed in ELM2), and satisfactorily completed a **group presentation on drug interactions** (Semester 2)

A professional approach to educational opportunities (point 1 above) is expected in regard to those Terms requirements that specify completion rather than performance at a certain standard, and to the Retained Knowledge Test. Where a student has demonstrated below standard performance in any domain, declining additional learning opportunities may be considered an indicator of below-standard professional conduct.

*Those Terms requirements contributing a percentage weighting to the end-of-year aggregated marks on which progress decisions are made, are asterisked.

IN-COURSE ASSESSMENTS

ELM 2 & 3: IN-COURSE OBJECTIVE STRUCTURED CLINICAL EXAM (IN-COURSE OSCE)

Two In-Course OSCE's will occur as part of Clinical Skills tutorials in Semester 1. There will be an In-Course History OSCE assessing the history taking competency and an In-Course Examination OSCE assessing competency of clinical examination skills. They will both be held in Semester One in your usual tutorial time. The In-Course OSCE's will be marked on the ELM 1 to 5 scale by a clinical skills tutor. The In-Course OSCE's will be recorded, and you will use the recordings to make reflective annotations using the Bracken software. Your own tutor will respond to your annotations.

- The OSCEs are designed to assess the clinical skills of history taking and clinical examination. Regular informal review of clinical skills will also be provided by tutors during the year and individual feedback will be provided to you.

Attendance and completion of the In-Course History OSCE and the In-Course Examination OSCE, and the associated reflective annotations are Terms requirements.

ELM 2 & 3: CLINICAL SKILLS ONLINE WRITTEN TESTS

In the Clinical Skills online written tests, knowledge of ELM Clinical Skills and developing clinical reasoning will be assessed using videos, multiple choice questions, images, and "fill in the gaps" questions. Two online written tests will be run outside of scheduled tutorial times. The first assessment will be in the second half of Semester 1 and the second assessment will be in the first half of Semester 2.

- In ELM 2 the first written test will contribute 5% to your final mark in Clinical Skills and the second written test will contribute 15% to your final mark in Clinical Skills.
- In ELM 3 the first written test will contribute 10% to your final mark in Clinical Skills and the second written test will contribute 15% to your final mark in Clinical Skills.

The In-Course Clinical Skills Online Written Tests are Terms requirements. Dates/times for the tests will be confirmed in Semester 1.

ELM 2 & 3: IN-COURSE OBJECTIVE STRUCTURED PRACTICAL EXAM (OSPE)

An In-Course OSPE will be held in Semester 1 in for ELM 2 (Friday 11th June) and ELM 3 (Wednesday 9th June). Both assessments will consist of laboratory-based questions related to the learning objectives covered in Semester 1.

Attendance and completion of the In-Course OSPE is a Terms requirement and will contribute 5% (ELM 2 and ELM 3) to the final Written mark.

ELM 2 & 3: INTEGRATED CASES TESTS

The Integrated Case Tests are designed to assess your ability to synthesise, integrate and apply your knowledge of the medical sciences to clinical practice. Inherent in this is testing the development of your clinical reasoning and ability to think on your feet. These tests will also measure your ability to explain key concepts coherently using appropriate language. All tests will be written under exam conditions over a 30-40-minute period. You will be briefed on the tests via a Moodle message in the weeks prior to the assessment.

Completion of all tests is a Terms requirement and, as indicated below, contribute towards the final Written mark:

ELM 2

Test #1: Semester 1, Thursday 27th May 2021 at 1:45pm (4%)

Test #2: Semester 2, Tuesday 10th August 2021 at 2:00pm (6%)

ELM 3

Test: Semester 1, Wednesday 14th April 2021 at 11:00am (4%)

Any changes to these dates and times will be notified via Moodle.

ELM 2 EPE TEST

Early Professional Experience (EPE) Programme: Short Answer Question (SAQ) and Situational Judgment Test (SJT). These are short written assessments sat under exam conditions near the end of Semester 1, which test your knowledge of learning from the first three units in EPE. Both tests will be based on clinical and professional scenarios; the SJT requires judgment between various response options.

EPE Test: Semester 1, Friday 25th June 2021 at 12:00pm (5%)

ELM 2 GENETICS ASSIGNMENT

As part of the Genetics vertical module you undertake a self-directed learning exercise on a specific genetic disease. This research project involves critical thinking, literature analysis, an oral presentation (in tutorials), and submission of a written assignment.

The Genetics assignment is due Semester 2, Sunday 12th September 2021 at 11.55pm

The Genetics assignment will contribute 5% to the final Written mark.

ELM 2 EPE CLINICAL PLACEMENT: PROFESSIONAL BEHAVIOURS and REFLECTIVE ESSAY

The purpose of the essay associated with the Clinical Placement is to demonstrate your capacity for self-awareness, monitoring of your own development, and your approach to professional responsibilities and behaviours. Further details about the clinical placement will be provided in the EPE Clinical Placement Tutorial Guide.

There are two essay options:

1. Review and discuss your learning in the EPE clinical placement. Describe, analyse and discuss what you have learnt from this experience in terms of training to become a doctor;

Or

2. What has been the most powerful learning experience for you this year? What did this experience mean to you as a student or future doctor; what are you able to take away as your learning?

Length: 1500 - 2000 words in 1.5 spacing in a Word document (not PDF or Pages). Feedback will be provided by EPE Tutors. Further details will be provided in the Tutorial Guide.

The Reflective Essay is due Semester 2, Sunday September 19th at 11:55pm (any changes to this date and time will be notified via Moodle).

RESEARCH SMART

ResearchSmart is an online programme designed by the Medical Library as preparation for written assignments and future research. It will help you develop information literacy skills and serves as a guide to the best use of resources and services provided through the University Library.

ResearchSmart consists of four modules, all of which must be completed online. Completion of all modules is a Terms requirement.

ResearchSmart will be available from 2nd March to 18th July (11:55pm) 2021.

ELM 3 RENAL TEST

A case-based test, with a mixture of long and short format questions (essay-like and short-answer question-like, respectively) will be undertaken as part of the Renal module in Semester 1. The Renal Test will contribute 6% to the final Written mark.

Renal Test: Semester 1, Friday 25th June 2021 at 3:00pm

EPE3 REFLECTIVE ESSAY

The topic of this essay is: *Responding to suffering – implications for me and my future practice.*

In this essay, please consider your role as a future doctor in caring for patients with suffering, palliative or end of life care needs with reference to your learning in Unit 6 as well as to patients you have met, interviewed or observed in ELM. More details will be provided in Unit 6 (Palliative care) and on Moodle.

Length: 1500 - 2000 words in 1.5 spacing in a Word document (not PDF or Pages).

The Reflective Essay is due Semester 2, Sunday 15th August at 11:55pm (any changes to this date and time will be notified via Moodle).

The EPE Reflective Essay will contribute 5% to the final Written mark.

EPE COMMUNITY CLINICAL PLACEMENTS YEARS 2 AND 3

In Year 2, all students will have a 5-week clinical placement in a community residential care facility and will have an on-site assessment by the nurse manager (this is related to the Professional Behaviours and Reflective Essay activity).

In Year 3 there will be a one-week Community Contact Week (CCW) with an associated report.

Attendance and completion of these allocated clinical placements is a Terms requirement. The following table provides a guide to the expectations about your professional behaviour (planning, commitment and so on) before, during and after your clinical placements.

Professional expectations and behaviours associated with the Clinical Placement

Planning	Commitment	Responsibility	Contribution	Documentation	Overall grade
Proactively engages with administrator about preferences and timing of placement (in town, out of town, weekends, weekdays, personal commitments)	Makes no changes to scheduling of shifts at the resthome (unless severe personal or family illness)	Proactive behaviour in relation to illness or injury (advises OMS admin and resthome in advance), helps to organize catch-up shifts	Satisfactory teamwork and contribution to the care of residents while at the resthome, as measured by the RCF Assessment Report (routinely completed by nurse managers on completion of 5 shifts)	Hands in the RCF Attendance and Assessment Report to tutors at the follow up tutorial	All items completed satisfactorily, no negative reports from admins or RCF staff.

More information will be provided in the introductory lecture about your clinical placements as well as in the Clinical Placement tutorial guide.

END OF YEAR ASSESSMENTS

At the end of the year there will be the following assessments:

ELM 2

Written component:

- Three 3-hour exams consisting of case-based short answer questions (SAQ) (two-thirds) and multiple-choice questions (MCQ) (one third), which may cover any of the learning objectives addressed during the year (i.e. material from block and vertical modules, Integrated Cases, Clinical Skills and Early Professional Experience). Clinical Skills is included here not because the intention is to assess in detail Clinical Skills material (which is assessed in the Clinical Skills component), but because as an integrated programme, it is highly likely your knowledge from Clinical Skills will be relevant to some questions in the exams.
- One 1-hour OSPE, which will consist of approximately 50 questions that will include questions on anatomy (including histology) and pathology.
- The mark obtained in the SAQ/MCQ papers and OSPE will contribute 75% (68% for SAQ/MCQ papers and 7% for OSPE) to the final Written mark. Note that a minimum mark of 45% is required in the end of year OSPE to pass the Written component.

Examples of previously used case-based short answer examinations are available on the Central Library website (there is a hot link in the blue banner of the website) and the URL is:

<http://www.library.otago.ac.nz/exams/index.html>

Clinical Skills component:

- One OSCE (Objective Structured Clinical Examination) consisting of 8 x 7-minute stations, marked on a 1 to 5 scale. These stations will be drawn from the defined tasks outlined in the Clinical Skills objectives and will include clinical examination and history taking skills. A sequential testing approach is taken. All students will initially attempt 4 OSCE stations (consisting of two History Taking and two Clinical Examination stations). Those students whose performance can be categorised as clearly and safely above the required standard from these first 4 stations will be exempt from completing the remaining 4 stations.

Such a student must have:

- Raised no serious concerns related to professional or unsafe practice.
- A mean station mark higher than 3.00 (i.e. an aggregate score of 13 or more).
- No station mark less than 3.
- An aggregated in-course and end-of-year Clinical Skills mark of 3.00 or greater

Students whose performance cannot be categorised as clearly and safely above the required standard will be required to complete the remaining 4 stations, with decisions made on performance in all 8 stations.

The mark obtained in the end of year OSCE will contribute 80% of the final Clinical Skills mark.

In order to progress to Year 3 a student **must pass both the Written and Clinical Skills components.**

ELM 3

Written component:

- Three 3-hour exams consisting of case-based short answer question (SAQ) papers (two-thirds) and MCQs (one third), which may cover any of the learning objectives addressed during the year (i.e. material from block and vertical modules, Integrated Cases, Clinical Skills and Early Professional Experience). Clinical Skills is included here not because the intention is to assess in detail Clinical Skills material (which is assessed in the Clinical Skills component), but because as an integrated programme, it is highly likely your knowledge from Clinical Skills will be relevant to some questions in the exams.
- One 1-hour OSPE, which will consist of approximately 50 questions that will include questions on anatomy (including histology) and pathology.
- The mark obtained in the SAQ/MCQ papers and OSPE will contribute 80% (73% for SAQ/MCQ papers and 7% for OSPE) to the final Written mark. Note that a minimum mark of 45% is required in the end of year OSPE to pass the Written component.

Examples of previously used case-based short answer examinations are available on the Central Library website (there is a hot link in the blue banner of the website) and the URL is:

<http://www.library.otago.ac.nz/exams/index.html>

Clinical Skills component:

- One OSCE (Objective Structured Clinical Examination) consisting of a maximum of 8 x 7-minute stations, marked on a 1 to 5 scale. These stations will be drawn from the defined tasks outlined in the Clinical Skills objectives and will include clinical examination and history taking skills. A sequential testing approach is taken. All students will initially attempt 4 OSCE stations (consisting of two History Taking and two Clinical Examination stations). Those students whose performance can be categorised as clearly and safely above the required standard from these first 4 stations will be exempt from completing the remaining 4 stations.

Such a student must have:

- Raised no serious concerns related to professional or unsafe practice.
- A mean station mark higher than 3.00 (i.e. an aggregate score of 13 or more).
- No station mark less than 3.
- An aggregated in-course and end-of-year Clinical Skills mark of 3.00 or greater

Students whose performance cannot be categorised as clearly and safely above the required standard will be required to complete the remaining 4 stations, with decisions made on performance in all 8 stations.

The mark obtained in the end of year OSCE will contribute 75% of the final Clinical Skills mark.

In order to progress to Year 4 a student **must pass both the Written and Clinical Skills components.**

AWARD OF DISTINCTIONS

Distinction will be awarded to those students achieving an excellent performance standard in their assessments. This will normally require a mean aggregated score of 4.20 or greater, with a minimum score of 3.80 in each of the aggregated in-course and end-of-year scores for the Written and Clinical Skills components.

The student's professional conduct (there should be no current concerns about a student regarding their professional conduct), and staff and student nominations for a Dean's Commendation may also be taken into account when awarding a student Distinction.

DEAN'S COMMENDATION

Students receiving at least 2 nominations from staff and 10 from peers, and who have met their Terms requirements, will receive a Commendation from the Dean of the Otago Medical School.

RULES FOR FINAL EXAMS

1. You must be on time for the exam - if you are late beyond a designated cut-off time you will not be admitted to the exam.
2. You are not permitted to take papers into the exam room other than those provided/allowed as part of the examination.
3. Devices with communication capability are not allowed in the examination or in the sequestered areas before or after the examination this includes smart watches and mobile phones.
4. No watches are allowed in the OSCE.
5. If you are unwell when an exam is held, and your performance was impaired you should obtain a Special Consideration application form from Student Affairs and complete this within 24 hours of the exam. You will also have to provide a medical certificate.

NOTES ABOUT EXAMINATIONS

Examinations in the medical course are conducted under the general examination regulations of the University 2021 and under the regulations of the Otago Medical School (University of Otago Calendar, 2021, Examination Regulations).

You should note that you are required to sit all relevant papers in the final examinations in October and November and you may not defer sitting any paper(s) until the special examinations. Note also that no candidate shall communicate with an examiner regarding an examination before results are published, except through the Manager, Student Administration (University of Otago Calendar, 2021, Examination Regulations).

EXAM IMPAIRMENT

The following is summarised from the MB ChB Assessment Policy and Procedures Manual (<https://www.otago.ac.nz/oms/education/mbchb/current-students/resources/policies-guides/index.html>)

Special Consideration for students with temporary health conditions or exceptional circumstances affecting performance

Refer also: University of Otago Special Consideration in Final Examinations policy

MB ChB students do NOT apply through eVision for Special Consideration for assessments.

One purpose of assessments and examinations is to inform progress decisions, based on whether students have achieved a standard equivalent to a Fail, Conditional Pass, Pass, Potential Distinction, or Distinction in in-course assessment; or a Fail, Pass, or Distinction for the year.

A student may have some temporary impairment arising in the two weeks before the assessment, and in effect at the time of an assessment that may affect their performance and hence the result.

Alternatively, a student's performance may be impacted by a health-related event during an assessment e.g. a nosebleed or by their finding an assessment item particularly disturbing.

Special Consideration regulations are intended to apply in cases where a student's performance is seriously impaired, or absence is due to health-related events or other exceptional circumstances

beyond a student's control. Students and staff should be aware that the Medical School has its own processes in relation to applications for Special Consideration in in-course assessments and final examinations.

Special Consideration in end-of-year assessments

As stated in 5.4 of the Examination and Assessment Regulations 2014 section of General Regulations, aegrotat passes are not offered to students in the MB ChB programme.

In general, if a student is unable to sit an examination on a particular day because of acute illness or other exceptional circumstances at the time of the examination OR considers that their performance in any examination has been seriously impaired due to illness or other exceptional circumstances, they should **notify the ELM Associate Dean for Student Affairs (ADSA) and the Otago Medical School Office of their intention to submit a Special Consideration application preferably before, but always within 1 business day of the examination.**

The Medical School ***Special Consideration application form*** is available from the offices of the Associate Dean of Student Affairs.

Applications should be completed and submitted as soon as possible after the last examination for which Special Consideration is sought, preferably within 1 business day, but always within 5 calendar days, e.g. if your last examination is on the 20th, your application is due no later than the 25th.

As the ELM Board of Censor's BoCs meets very soon after the completion of end-of-year examinations, students applying for Special Consideration should understand that there may be significant delays in receiving their final grade should the completed application postdate the BoC meeting.

The application and supporting documentation will be considered by an advisory group consisting of the Director ELM, ELM ADSA, Associate Dean of Medical Education and the ELM Assessment Convenor who may ask examination organisers to act as information providers in reaching a decision.

To preserve the confidentiality of claimants the advisory group will report only the degree of impairment of to the BoC.

At the discretion of their BoC, a student whose application for Special Consideration is accepted may be offered the opportunity to sit an alternative assessment (mandatory in the case of missed end-of-year examinations). The Board will ensure that the alternative assessment for a student who has missed, rather than failed, an assessment is added to the collective evidence and is equally robust as that missed.

Where a student's result is close to a decision-making threshold(fail/pass/distinction), adjustments accepted by the Board in making their decision may lead to a decision that is different to that of the result alone.

SPECIAL EXAMINATIONS/ASSESSMENTS

Special examinations and other additional assessments deemed appropriate by the Boards of Censors to inform progress decisions.

Admission to Special assessments is granted by the student's BoC, who reviews the student's Terms status and professional conduct in making their decision.

Refer to: **2.3.3 Award of Terms** and **2.4 Decision making at the end of ELM2 and ELM3**

Special assessments as a deferred end-of-year examination (Special (incomplete) assessments)

The Board of Censors may grant students an opportunity to sit a Special assessment to those who for exceptional reasons such as illness, family bereavement etc. were unable to sit the scheduled end-of-year assessments.

Students are notified of their admission to Special (incomplete) assessments by email from the Medical School Administration, following the BOC's meeting.

Students who consider that the exceptional circumstances that prevented them sitting the end-of-year assessments will also prevent them sitting the Special assessment, should contact the OMS office (mbchb-assessment@otago.ac.nz) and the ELM Associate Dean of Student Affairs as soon as possible.

- Students sitting Special (incomplete) assessments are not required to pay the University of Otago Special examination fee.
- Students sitting Special (incomplete) assessments will receive a Distinction, Pass, or Fail result; this is not identified as a SC (Special Consideration) on their academic record.
- Students who do not sit the Special (incomplete) assessment would be generally be expected to repeat the year, where eligible.
- Students sitting Special (incomplete) assessments are generally not offered a Special (re-sit) assessment should they fail to Pass the Special (incomplete) assessment.

Special (re-sit) assessments

If a student fails to demonstrate a satisfactory performance in an end-of-year assessment, they may be allowed to sit a Special assessment with equivalent coverage of domains and core elements. They will be required to pass this Special assessment prior to entering the next year of their course.

- Students sitting Special (re-sit) assessments are required to pay the University of Otago Special examination fee.
- Students sitting a Special (re-sit) examination will receive a Pass or Fail result; this is identified as a SC (Special Consideration) on their academic record.
- Students who do not sit the Special (re-sit) assessment would be expected to repeat the year, where eligible.

Consequences

Students are normally allowed to repeat a year of the medical course only once. If a student who has previously repeated a year of their course then fails to reach the pass criteria at the end of the year (and in a Special assessment, if offered), their BoC will usually recommend to the Otago Medical School Academic Board that they be excluded from further attendance in the medical course.

ELM2 and ELM3 students comprehensively failing both the OSCE and written components (refer 2.4.5 in MB ChB Assessment Policy and Procedures Manual)) would **not** usually be offered Special (re-sit) assessments

GENERAL INFORMATION

TIMETABLES

Please note that the ELM teaching day extends from 9am until 6pm, with the occasional 8am lecture.

All streams will have one tutorial in the 4-6pm time slot routinely. Others may be added as necessary.

Unfortunately, we cannot move students between tutorial groups or streams to avoid these tutorial obligations unless they have extenuating personal reasons, such as childcare arrangements.

Please note that the timetable is subject to continual change (sometimes daily). The timetable is published on Moodle and this is the most up to date version.

SCHOLARSHIPS AVAILABLE TO SECOND YEAR STUDENTS

Information on scholarships is available on

<https://www.otago.ac.nz/oms/education/mbchb/current-students/support/scholarships/>

DEAN'S MEDICAL STUDENT RESEARCH SCHOLARSHIPS

Otago Medical School is a research-intensive and research-lead medical school. Building clinician scientist capacity and promoting research intensity is the top priority for the Otago Medical School.

This scholarship is provided to encourage medical students to undertake research over a period of 12 months while pursuing usual academic study for the MBChB programme. The opportunity is voluntary (no academic credits) and suited for students who are interested in pursuing a clinician-scientist pathway and to become scientific leaders in their professional careers in future.

The scholarship will be advertised at the end of each academic year for Dunedin based MB ChB students enrolling in ELM3, ALM4 and ALM5 at the Dunedin Campus the following year. The number of scholarships will be determined at the time of advertisement.

UNDERTAKING ADDITIONAL STUDY

If you wish to enrol in any additional course of study during Years 2 or 3 you must first gain permission from the ELM Director. The medical course is a fulltime and intensive course of study in itself, however, in some circumstances permission to undertake additional study is approved. You will need to provide evidence that it will not interfere with your performance in Medicine. Each case will be considered on its own merits.

VACCINATIONS

Second year

All students entering Medical School will be assessed for the need for vaccination. Individuals with possible exposure to tuberculosis will be referred to a respiratory physician for further assessment and management. Students who are non-immune to Rubella and Hepatitis B will be offered vaccination. Students found to have HBsAg will be referred to Student Health Services for further management.

Third year

Students should be fully vaccinated for Hepatitis B and Rubella, and Tuberculosis testing should have been performed. Immune status information is available through the Immunisation Service contact person:

Melanie Philip (melanie.philip@otago.ac.nz)
Student Health Services
Te Ratoka Hauora Akoka
University of Otago
Cnr Walsh and Albany Streets
PO Box 56, DUNEDIN 9054
Telephone: (03) 479 8212
Freephone: 0800 479 821

For further information please refer to the Faculty Policies website: <http://micn.otago.ac.nz/faculty-policies>.

IF VACCINATION IS NOT COMPLETED BY THE END OF ELM 3, TERMS WILL BE DEFERRED AND YOU WILL NOT BE ABLE PROGRESS TO 4TH YEAR UNTIL SATISFACTORY COMPLETION OF THE VACCINATION PROGRAMME.

CULTURALLY SENSITIVE ISSUES

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

ANATOMY MUSEUM

Information about the Museum can be found at <http://anatomy.otago.ac.nz> clicking on the Facilities and Services link and then Anatomy Museum. Information can also be found on Moodle.

COMMUNICATION

Please inform the Student Affairs Office, ground floor, Sayers Building of any change of address and also update your details via e-vision.

E-Mails

The Medical School uses your student e-mail address as the main way of communicating with the whole class, as well as individuals. It is your responsibility to clear your e-mails daily and keep your in-box as empty as possible so that you may receive new e-mails. Class e-mails that bounce back are automatically discarded, so you may not be aware that you have missed an important announcement.

Staff will not send mail to personal addresses (e.g., Hotmail or Yahoo).

It is strongly recommended that you DO NOT redirect your student e-mail to a Yahoo, Gmail or Hotmail, etc. account.

Just as in written letters, there is an etiquette to email use that is respectful of the receiver. Emails require introductions or salutations ('Dear [name]' or 'Kia ora [name]'), clear writing without shorthand, and the writer's name at the end with a suitable acknowledgement such as 'Best wishes' or 'Nga mihi'.

Mail

Mailboxes are located on the first floor, Dunedin Hospital (foyer of Colquhoun & Barnett Lecture Theatres). Second- and Third-year mail is posted in the left-hand set of boxes.

Notice boards

These are located in the Hunter Centre outside the ELM Hub.

PROCESSES FOR HANDLING COURSE CONCERNS OR COMPLAINTS

If you are unhappy or have concerns with aspects of the ELM programme or staff members try:

- **instant resolution:** if you can make your feelings known to the person most directly involved, you may be able to resolve the issue straight away.
- **assistance from a staff member:** you can seek advice from your Lab Supervisor, Module Convenor, ELM Course Administrator, Director of the ELM Programme, or the relevant Head of Department.
- **register a concern with the ELM Programme:** this is an informal system for you to flag a concern anonymously and in writing. If a number of similar concerns are received the ELM Programme will act to resolve the issue. See your Education Representative to obtain the form for completion. Forms are available in the Hunter Centre outside the Module/Assessment Administrator office.
- **mediation assistance:** you can contact the University Mediator (mediation@otago.ac.nz) for advice. If you wish to accept mediation the Mediator will assist you and the other person to talk through your problem.
- **register a formal complaint:** if the preceding processes are not effective you can register a formal complaint with the University. To read the Policy go to:
<http://www.otago.ac.nz/humanresources/policies/EthicalBehaviour/index.html>

RECORDING LECTURES, PATIENT INTERVIEWS AND CLINICAL PRESENTATIONS

Recording of patient interviews or clinical demonstrations by students is NOT permitted under any circumstances.

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

Please note that only students enrolled in MICN201 and MICN301 are permitted to attend teaching sessions, including patient interviews and clinical presentations.

STUDENT PROBLEM DIRECTORY

If you:

Are unwell and unable to attend, you must directly notify *your tutor(s)* before any tutorials that day, as well as *the ELM Administrator* elm.absences@otago.ac.nz)

Need to apply for absence from classes for longer than 3 days:
go to the office of the Associate Dean for Student Affairs (Ground Floor, Sayers Building for a form or download from Moodle)

Have been absent for longer than 3 days due to illness:
inform the office of the Associate Dean for Student Affairs, and the ELM Administrator (elm.absences@otago.ac.nz, and provide a medical certificate as soon as possible as well as a *Leave of Absence form*)

Have a question about computer tests or exams:
contact the Assessment Administrator or Convenor (elm.assessment@otago.ac.nz)

Have a question about your academic progress or general academic matters:
contact the ELM Administrator (jude.hodge@otago.ac.nz) *for an appointment with the Director*

Need to discuss confidentially a personal or health related matter which is affecting your studies:
contact the Associate Dean for Student Affairs (jillian.tourelle@otago.ac.nz)

NON-ACADEMIC PROBLEMS

If, during the year, you have problems of a personal nature, which are affecting your coursework you are advised to contact the Student Affairs Office, Ground Floor, Sayers Building to let them know of your difficulties.

FIRST AID (ELM 2 ONLY)

Students must provide a certified copy of an appropriate current New Zealand first aid certificate as part of their application for admission. This certificate must have been gained through a NZQA registered training provider who is authorised to assess NZQA first aid standards. The certificate should include at least NZQA Standard 6401 and NZQA Standard 6402, but students are recommended to obtain a qualification, which includes the higher NZQA Standard 6400. The following are a selection of recommended training courses:

- [OUSA](#) (Comprehensive First Aid)
- [St John](#) (First Aid Level Two)
- [New Zealand Red Cross](#) (Comprehensive First Aid Course)
- [MediTrain](#) (Comprehensive First Aid Course)

HEALTH SCIENCES LIBRARY

The Health Sciences Library, a branch of the University Library, is found on the first, second and third floors of the Sayers Building (opposite Dunedin Hospital's main entrance). See <https://www.otago.ac.nz/library> or information about the University Library.

Hours

See <https://www.otago.ac.nz/library/hours> or Library notice boards for variations and changes relating to opening hours.

Information and Research Skills

Through the Liaison Service the library offers a range of support for individuals, small groups and whole classes. Contact your Subject Librarian to make an appointment (see the Health Sciences tab at <https://otago.libguides.com/liaison>)

For access to key resources look at your Subject Guide <https://otago.libguides.com/medicine>. Note that some point of care tools are available via mobile devices.

Borrowing material (see <https://www.otago.ac.nz/library/quicklinks/borrowing/index.html>)

Loan Periods

Print Up to 50 items for 4 weeks with 3 renewals. You can renew non-Reserve items: books through the My Account section of the Library Catalogue <https://www.otago.ac.nz/library/primoredirect/myAccount.html>.

Reserve Up to three items for 2 hours during opening hours This material may be booked in advance and renewed if not required by another borrower.
Collection (print):

Overdue fines:

Reserve Collection: \$0.10 per minute (\$6 per hour)
Recalled Overdue Items: \$3 per day

Please note that the library does not accept cash. You can pay fines using EFTPOS or your ID card.

Photocopying

Multifunction printers/copiers are situated on the First, Second and Third floors: the current cost is 10c per A4 page. Information on copyright regulations is posted on notice boards near copiers. University of Otago Student ID cards can be loaded with credit for copying and printing (note that hospital ID cards cannot be loaded with credit). Visitors can borrow cards which have to be loaded with credit before use.

Computers and Printing (see <https://www.otago.ac.nz/library/using-the-library/print-copy-scan/printcopyscan.html>)

All University Libraries are wireless enabled, although you will have to configure your device to connect to the University network. The Health Sciences Library has desktop computers, mono and colour printers available for student use. You will need your username and password to use desktop computers.

Interloans Service

Items which are not held in the Library may be requested at no charge, except for loans from outside Australasia. Apply through the Interloans Service. See <https://www.otago.ac.nz/library/interloan.html>

Students with Disabilities

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

Office. Special equipment can be made available to Health Sciences Library users through the Disability and Information Support Office as required. See

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

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

Health Sciences Contact details

Service Desk/Renewals

479-7401

Health Sciences Librarian

479-7403

Health Sciences Liaison Librarians

479-7407, 479-7237, 479-7459

Email

lending.medical@otago.ac.nz, ask.library@otago.ac.nz

IMPORTANT DOCUMENTATION

The following are important documents relating to patient privacy and confidentiality that you should be aware of. Even though these issues are more compelling in the Advanced Learning in Medicine Course you need to apply the principles on a more limited scale during the ELM course.

PRIVACY AND CONFIDENTIALITY

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

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

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

ACCESS TO NOTES AND HANDLING OF WRITTEN MATERIAL

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

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

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

The following points should be also kept in mind:

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

identifying]. Medical students should make sure when, if at all, a copy of an assignment should be placed in the patient's notes, and patients should be informed of this

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

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

Under no circumstances is a medical student permitted to take photographs of a patient or patient information, or to make any video or audio recording of any interaction with or observation of a patient. If photographs or recordings are needed for educational purposes, they will be sought by the supervising clinician using current protocols.

RELEASE OF INFORMATION

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

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

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

MEDICAL STUDENT RIGHTS

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

THE USE OF ONLINE SOCIAL MEDIA

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

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

Code of Health and Disability Services Consumers Rights

This is available for viewing at: www.hdc.org.nz

OPPORTUNITIES FOR RESEARCH

Bachelor of Medical Science with Honours (Third and Fifth Years)

This is a full-time, one-year course enabling a student to undertake research in an area of medical science that particularly interests them. It involves doing some original research under supervision and the writing of a thesis. Tuition fees are waived by the Otago Medical School and scholarships are available. Applications close the 1st Friday in August. A seminar for interested students will be held on in the Octagonal Room, 1st floor, DPH. The course may be undertaken in Wellington, Christchurch or Dunedin at the end of the Third or Fifth Years of the Medical Course and it must be completed within one year. For details on the regulations refer to the University of Otago Calendar, and, for advice, consult the Associate Dean for Student Affairs, or Associate Dean Research, Associate professor Aniruddha Chatterjee (phone: 479 7172, email: Aniruddha.chatterjee@otago.ac.nz).

Summer research scholarships (all years)

Over the summer vacation at any stage in the medical course, students may apply for a Summer Research Scholarship. The scholarships involve supervised research for a 10-week period following which students write a short report and may be required to give an oral presentation. There is a grant paid to successful students. Notices about the Summer Scholarships are put up on notice boards in mid-June and the due date for applications is usually late August. Contact persons are as follows:

Dunedin:	Christchurch:	Wellington:
Dr Manon Knapen	Virginia Irvine	Christine Groves
Research & Development	Research Officer	Research Office
Health Sciences	Christchurch School of	Wellington School of
Administration	Medicine	Medicine
P.O. Box 56	P O Box 4345	P O Box 7343
Dunedin 9054	Christchurch	Wellington

DIVISION OF CLASS FOR ALM

Facilities for the teaching of the Fourth, Fifth and Sixth years of the course for MBChB are provided in the University of Otago, Schools of Medicine in Dunedin, Christchurch and Wellington. After completion of Third year, the class will be divided (three-ways) and each student allocated to one of the three schools for the remainder of the course. In dividing the class for years 4, 5 and 6, account will be taken of each student's personal preference as far as possible. However, if the number of applicants for entry to any one of the schools of medicine exceeds the number of places available, a ballot will be held to determine which students will be required to take a place in one of the other schools (University of Otago Calendar). This includes international students who will be allocated among the three schools. This is to ensure an even distribution of International students in all centres.

No transfer is possible between the Auckland and Otago Schools of Medicine at this stage in the programme. Class meetings to discuss the class division process will be held during the third year of the medical course. This process will be finalised by the end of August of each year.

Student Parents in the 3rd Year Class Division

Student parents can request exemption from being balloted in the division of the medical class during 3rd year. Prior to the ballot taking place, the Student Affairs Office will email the 3rd year class to seek applications for exemption under this policy. From this point, it is the responsibility of the student parent to notify the Student Affairs to confirm they wish to be exempt.

Please see further information on Support for Parents regarding class division -

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

Below is an example of the process you will go through for Class Division. Please read this carefully so that you fully understand the process and sign the declaration cover sheet. Agreeing to this policy is a condition of entry into Medicine.

Third Year Medical Class 2021

Timetable for Choice of School of Medicine for 2021 (Dates to be confirmed)

Monday 22 February 2021 9.20 am, University of Otago, Castle 2 Lecture Theatre. Outlining timeline for class division.

Colquhoun - Reminder about class division process.

Meet with sponsored and private international students in third year, 12 pm, Octagonal Room, 1st floor Dunedin Hospital.

Colquhoun Lecture Theatre. Representatives from the University of Otago, Schools of Medicine in Dunedin, Christchurch and Wellington speak to class. Moodle School preference questionnaire opens.

Moodle preference questionnaire closes at 5 pm. If you do not choose your preference, you will be allocated to the school(s) with the least numbers.

Students will be advised, via Moodle of numbers and any need for a Ballot. If necessary, students who are prepared to change their preference must notify Student Affairs Office, in writing by TBA

Colquhoun Lecture Theatre further update on numbers and notification if ballot required. If so, ballot will take place, in conjunction with OUSMA. Letters of confirmation of school placement and/or ballot letters emailed to student within two days. An appeal Form will be attached to these emails for those who have been balloted.

Students who have been balloted will be instructed to write a letter of not more than three pages, outlining the reasons they believe their appeal should be considered.

Appeal forms returned to Student Affairs Office by 5 pm.

Deliberations of Appeal Committee outcome emails sent to those balloted.

Declaration:

We wish to remind all students that you cannot be guaranteed a place in the School of Medicine of your choice for the Fourth, Fifth and Sixth years of the Medical Course, and that you signed a

declaration at the beginning of your second year, agreeing to accept direction, if necessary, to one of the University of Otago, Schools of Medicine in Dunedin, Christchurch, or Wellington after completing the Third Year of the Course.

Timeline for Integrated/Double Degree (dates and times to be confirmed)

Integrated/Double Degree

BMedSc (Hons) Seminar for third- and fifth-year medical students, 1-2 pm, Octagonal Room, first floor, Dunedin Hospital. Topics to be placed on Moodle.

Closing Date for BMedSc(Hons) applications is Friday 6 August 2021.

All Integrated/Double Degree applications and applications for withdrawal, close with the Manager, Faculty of Medicine by 5 pm.

Withdrawal & Readmission Guidelines

Any student wishing to withdraw from the medical course either temporarily or permanently is advised to discuss this decision early with the Associate Dean of Student Affairs (Ground Floor of the Sayers building).

These procedures should be read in conjunction with MB ChB Regulation 7 – Withdrawal from the Programme.

Note: Deferrals before the end of the third week of Second Year

A student who withdraws before the end of the third week of the course in the year of admission to second year classes and wishes to recommence the following year must first obtain approval for a deferral, which will be considered by the Medical Admissions Committee. Any such applications will be dealt with under the regulations governing admission to the programme.

1. Permanent Withdrawal

Students who withdraw from the medical course permanently (including students who withdraw without approval and students who fail to communicate their intentions within 12 months of when they last enrolled or for any 12-month period) have no right to be considered for readmission. However, note Regulation 7cii.

Exit Options – Qualification

Students who withdraw permanently and who have passed 3rd year Medicine may be entitled to apply for the award of a Bachelor of Health Sciences (BHealSc) degree with no further study or enrolment.

Exit Option – Additional Study required

- I. (After award of the BHealSc) in 300 level papers to complete a Diploma for Graduates (DipGrad) in certain disciplines
- II. to complete a Bachelor of Science (BSc) or Bachelor of Biomedical Science (BBiomedSc) degree in certain disciplines,
- III. in some cases, a Bachelor of Medical Science (Honours) BMedSc(Hons).
- IV. for some students to complete a Bachelor of Arts (BA) or Diploma in Public Health - Master of Public Health.

Further details about Exit Options are provided in the document “Exiting from the Medical Course after 3rd Year” on the Otago Medical School (OMS) website www.otago.ac.nz/medicine.

2. Temporary Withdrawal

Withdrawals for more than one year will not be approved other than for exceptional circumstances (but see MBChB/PhD)

Permission to withdraw with a right to apply for re-admission must be granted by the OMS Academic Board prior to withdrawal, prospectively. Applications for withdrawal should be made to the Associate Dean Student Affairs/(ADSA). See also note 4 – application deadline.

OMS Academic Board will take into account the reasons for withdrawing, suitability for readmission, preparedness for readmission and availability of places in the programme. See also (c) below. Students who withdraw from the course for more than one year must show cause why they should be allowed re-entry. In general withdrawal for more than one year, apart from integrated degree studies, will not be permitted. Any such student who can re-enter the course may be required to resit specified examinations or undergo other forms of evaluation determined by the Dean, Otago Medical School, to ensure that they are prepared to progress to the next part of the course.

Categories for which temporary withdrawal for one year may be approved are:

- I. Integrated programme of study, i.e. BMedSc(Hons), BSc or BBiomedSc, BA, DPH/MPH
See (a) below
- II. Other academic study (between 3rd & 4th year or between 5th & 6th year). See (a) below
- III. Health (at any time). See (b) below
- IV. Compassionate or parental responsibilities i.e. care of a child (at any time). See (b) below
- V. Travel – where a case is made that a “gap” year would be beneficial to the student (between 3rd & 4th year or between 5th & 6th year). See (c) below
- VI. Other – individual circumstances e.g. significant financial hardship (at any time). See (c) below.

SPECIAL NOTES

- a) Refer category 2(i) - Following 3rd Year or 5th Year - Students who withdraw to complete an Integrated/Double Degree qualification such as a BMedSc(Hons), BSc, BBiomedSc, BA, DPH/MPH or category 2(ii) other academic study, which has been approved by OMS Academic Board, are guaranteed re-admission to the course in the next academic year. Refer to Other Study Options documents on the OMS website www.otago.ac.nz/medicine. Students approved for admission to MBChB/PhD are also approved for two years temporary withdrawal according to the structure of the Integrated programme.
- b) Refer categories 2(iii) and (iv) - Health or compassionate reasons - Students who withdraw from the course for health or on compassionate grounds must apply for readmission by the 1 of June in the preceding academic year (or at the time of their withdrawal if that time is after 1 June in the preceding year). Students applying for readmission will be interviewed by the ADSA or the Dean, Otago Medical School. Students who withdraw from the course on health grounds will be required at this time to provide a full medical or psychological report including a description of the student’s illness, treatment, and current state of health, with an opinion about their fitness or otherwise to re-join the course, OMS Academic Board will allow re-admission, if it is considered that the student will be able to complete the course. Students who withdraw for two or more years may be required to resit specified

examinations to ensure that they are adequately prepared to progress to the next part of the course.

- c) Refer categories 2(v) and (vi) – Travel/Gap year (following 3rd or 5th year) and Other. - Students who withdraw from the course under these categories must apply for re-entry by the 1 of June of the preceding academic year. Students applying for re-entry will be interviewed by the ADSA or the Dean, Otago Medical School. Students withdrawing under categories 2(iv) and 2(v) are required to provide a statement – not more than one A4 page, at the time of withdrawal outlining their plans for the gap year/year off. The OMS Academic Board will consider and rank applicants for readmission. The OMS shall determine the number of places available in the year of readmission. Where the number of students for readmission exceeds the number of available places, then the ranking will determine which are successful applicants. In general, proposals which include plans for further study or community service are more likely to be ranked highly. It is suggested that plans be discussed with the ADSA.

In exceptional circumstances students may be able to withdraw between 2nd or 3rd year, or between 4th and 5th year. Applications should be made to the ADSA. The ADSAs group shall consult as necessary and a recommendation be made to the Dean, OMS. If withdrawal is approved, all conditions and requirements for readmission as stated above shall apply.

1. Campus Allocation
Students who withdraw for any reason after having commenced at a particular Campus (Dunedin, Christchurch, Wellington) would normally be readmitted to the Campus they were previously allocated to but could be directed to another Campus. The ADSAs from the three Campus' shall consult and a recommendation be made to the Dean, OMS
2. Application deadline
Students seeking withdrawal from study in the following Calendar year shall complete the 'Application for Withdrawal Form' and submit it to the appropriate ADSA no later than the first Friday in August. Applications received after this date will be considered only for exceptional reasons or reasons beyond the student's control.

MED 2 AND 3 TEXTBOOK LISTING

Note many of these textbooks are available as e-books through the Health Sciences Library. You are advised to defer buying these until you have discussed possible purchases with course or module convenors.

ESSENTIAL – total cost to student \$958.50 (2020 prices)

ANATOMY

Drake, R.L., Vogl, W. & Mitchell, A.W.M.
Gray's Anatomy for Students, 4th Edition.
Churchill Livingstone, 2010.
ISBN: 9780323393041 **\$144.50**

Covers clinical anatomy relevant to Musculoskeletal, Respiratory, Cardiovascular and Gastrointestinal Block Modules in Years 2 and Regional and Clinical Anatomy and Renal Block Modules in Year 3 of ELM. Good clear colour diagrams

[Library notes: Available as ClinicalKey ebook. 9 print copies of 4th ed. in Reserve Collection](#)

PHYSIOLOGY

Hall, J.E.
Guyton and Hall Textbook of Medical Physiology, 13 Edition, 2015
Saunders Elsevier
ISBN: 9781455770052 **\$199.50**

[Library notes: Available as ClinicalKey ebook. 1 print copy of 13th ed. in Reserve Collection](#)

PHARMACOLOGY

Goodman & Gilman's Pharmacological Basis of Therapeutics, Thirteenth Edition, by Brunton, L.L., Chabner, C.B.A. & Knollmann, B.C. 13th Edition
ISBN-13: 9781259584732 **\$387.50**

This is an extensive illustrated pharmacological text with a worldwide reputation as the core text for therapeutics. It is available electronically through the library.

[Library notes: Available as Access Pharmacy ebook. No print copy of 13th ed. in Reserve Collection.](#)

EARLY PROFESSIONAL EXPERIENCE (EPE) PROGRAMME

Wilson H, Cunningham W. Being a doctor;
Understanding Medical Practice.
University of Otago Press, Dunedin, 2013.
ISBN: 9781877578366 **\$32.50**

This book is a very useful resource for all stages of training, both undergraduate and postgraduate. It covers many aspects of undergraduate learning and of clinical work, including the more challenging areas. Because it is written by teachers at Otago University, there are chapters that are specifically relevant for EPE, Professional Development, and Clinical Skills. There are two copies in the Library, one in Closed Reserve. E Chapters are also available through the library.

Library notes: Available as ProQuest ebook. No print copy in Reserve Collection.

CLINICAL SKILLS

Nicholas Talley and Simon O'Connor

Clinical Examination: a systematic guide to physical diagnosis, 8th Edition.

Churchill Livingstone, 2010.

ISBN: 9780729542593 \$194.50

Will be held by the Medical Library, on reserve for students' reference. Tutorial notes in your Workbooks will make explicit references to pages in the textbooks where you can find extra information.

You should note too that recently, Elsevier (the medical publishing company) granted our University rights to mount the video segments that accompany the Talley and O'Connor textbook on a password-protected internal web site. These video segments of physical examination skills have been uploaded and can be accessed from a link that you will find in the Clinical Skills resources on your MedMoodle site.

Library notes: Available as ClinicalKey ebook. No print copy of 8th ed. in Reserve Collection

OPTIONAL BUT NOT REQUIRED

(1) Crook, M.A.

Clinical Chemistry and Metabolic Medicine, 8th Edition (2012).

Hodder Arnold, 2006.

ISBN 9781444144147 \$103.50

This text is highly recommended as it contains required reading for second year (Chemical Pathology) and for third year (Endocrine Module and Clinical Biochemistry)

Library notes: No ebook available. 1 print copy of 8th ed. in Reserve Collection

(2) Field, M., Pollock, C., Harris, D.

The Renal System, 2nd Edition (2010)

Churchill Livingstone, 2001.

ISBN: 9780702033711 \$60.50

(Covers renal physiology and pathophysiology around common clinical presentations – clear concise explanation of renal physiology)

Library notes: Available as ClinicalKey ebook. 1 print copy of 2nd ed. in Reserve Collection

(3) Immunology textbook

Mim's Medical Microbiology and Immunology 6th Edition (Elsevier)

(<https://www.elsevier.com/books/mims-medical-microbiology-and-immunology/goering/978-0-7020-7154-6>). \$122.50

Library notes: Available as ClinicalKey ebook. No print copy of 6th ed. in Reserve Collection

Extra options for immunology:

For a concise overview: Immunology: An Illustrated Outline (Garland Science)

([https://www.routledge.com/Immunology-An-Illustrated-](https://www.routledge.com/Immunology-An-Illustrated-Outline/Male/p/book/9780815345015)

[Outline/Male/p/book/9780815345015](https://www.routledge.com/Immunology-An-Illustrated-Outline/Male/p/book/9780815345015)). \$47.50

Library notes: No ebook. 1 print copy of 5th ed. in Reserve Collection

For more detailed information: Kuby Immunology 8th edition (MacMillan International) (https://www.macmillanihe.com/page/detail/?k=9781319114701&utm_source=Closer&utm_medium=email&utm_campaign=2934_LIFES_Closer_Marketo_ML_ANZ_Punt&utm_content=image_jacket_9781319114701&mkt_tok=eyJpIjoiWmpVeFl6RXhNVEEwTORBeilsInQiOilyVERFZ0phTjN1MGptM2FFV0FBYzhBT3g4aUtCNWhYT3UxWDIHM0VMSnpHeGpCMyttMklVUGZjS1RZU2tQcklENnYnVh0QUUNHTnJQQ3ZpQ3VQbWxqUUI2OUtqZkRpMVczcVRuUmVTbmRzJzdGcHh6NWw3ZEsrVTVXTXFVR29uayJ9)

Library notes: No ebook. 1 print copy of 8th ed. in Reserve Collection

- (4) Moore, K.L., Dalley, A.F.
Clinically Oriented Anatomy, 8th Edition. Lippincott Williams and Wilkins, 2017.
ISBN: 9781496347213 **\$146.50**

Library notes: Available as LWW ebook. No print copy of 8th ed. in Health Sciences Library Reserve Collection

- (5) Young, B., & Heath, J., (Editors)
Wheater's Functional Histology: A Text & Colour Atlas, 6th Edition (2013)
Churchill Livingstone, 2006.
ISBN: 9780702047473 **\$124.50**

A useful core text of Histology)

Library notes: Available as ClinicalKey ebook. 2 print copies of 6th ed. in Reserve Collection

- (6) Longmore, M., Wilkinson, I., Turmezei, T., Cheung, C.K.
Oxford Handbook of Clinical Medicine, 10th Edition (2017)
Oxford University Press, 2007.
ISBN: 10th EDITION ISBN 9780199689903 \$65.50

This a really useful handbook relating to clinical medicine. It is designed for junior medical officers but still offers accessible, relevant information for medical students at all levels of the undergraduate programme). **Endorsed by Integrated Case**

Library notes: Available as Oxford Uni Press ebook. No print copies of 10th ed. in Reserve Collection

PATHOLOGY

Kumar, V., Abbas, A., and Aster J.
Robbins and Cotran
Pathologic Basis of Disease
10th edition
Saunders
ISBN: NEW 10TH EDITION
978-1-4557-2613-4 (ninth edition) **\$174.50**
Hardcover ISBN: 9780323531139
Hardcover ISBN: 9780323609920
eBook ISBN: 9780323609951
eBook ISBN: 9780323609937
eBook ISBN: 9780323609944
Imprint: Elsevier
Published Date: 15th June 2020

The book covers more in depth information on the basic principles of Pathology and systemic pathology, which is important for case-based teaching programme)

Library notes: Available as ClinicalKey ebook. 1 print copy of 10th ed. is on order for Reserve Collection

OR

Kumar, V., Abbas, Fausto and Mitchell
Robbins Basic Pathology
Either 9th Edition, (2012) or 10th Edition, (2017)
Saunders.

ISBN: 9780323353175 \$152.50

9781416029731 (hbk.) (8th Edition)

1416029737 (hbk.) (8th Edition)

9780808923664 (International ed.) (8th Edition)

0721692745 (7th Edition)

The book covers the basic principles of Pathology and systemic pathology, which is important for case-based teaching programme

Library notes: Available as ClinicalKey ebook. 2 print copies of 10th ed. in Reserve Collection

METABOLISM – for reference only (purchase is not recommended)

Baynes, J W and Dominiczak, M H (2018) – Medical Biochemistry (5th Edition)

Library notes: Available as ClinicalKey ebook. 1 print copy of 5th ed. in Reserve Collection

Campbell and Farrell (2017) – Biochemistry (9th edition)

Library notes: No ebook. No copies of 9th ed. in Reserve Collection

Ferrier D R and Harvey, R A (2014) – Lippincott's Illustrated Reviews: Biochemistry (6th Edition)

Library notes: No ebook of 6th ed. No copies of 6th ed. in Reserve Collection

HAEMATOLOGY

Howard, M.R., & Hamilton, P.J.,

Haematology: an illustrated colour text, 4th Edition.

Churchill Livingstone, 2013

ISBN-13: 978-0702051395

ISBN-10: 070205139X (paperback)

This short text provides a basic preclinical and clinical introduction to Haematology

STUDENT SUPPORT AND WELLBEING

MEDICAL STUDENT SUPPORT/STUDENT WELLBEING

The link to the Student Affairs Student Support page is
<https://medschool.otago.ac.nz/course/view.php?id=1309>

This page includes some brief information about Student Affairs, some wellbeing resources, contact information, and a link to be able to report concerns about intimidating behaviour in the learning environment.

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

Reporting intimidating behaviour

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

The reporting form is housed outside of Moodle and is confidential and secure - it is not linked to your identity in any way unless you decide to include your name or other details. Support for students is always available from Student Affairs. Just get in touch using the contact details on the page.

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

UNIVERSITY STUDENT HEALTH SERVICES

University Student Health

Student Health Services is an enhanced primary care team providing holistic health care to students of the Dunedin campus. The mental health and well-being of students is a high priority and the whole team are skilled and familiar on how to engage on these issues with students. The team includes GPs, nurses & mental health professionals. Students can make an initial appointment with the mental health support team by contacting Student Health directly 0800-479-821.

The mental health & well-being team is an approachable & responsive group of health professionals dedicated to supporting students in their academic journey; this includes assisting academic staff who recognise that a student may need assistance. The mental Health & Well-being team provides a range of programmes: educational, crisis response, individual and group depending on student need and preference.

STUDENTS WITH DISABILITIES

If you have a disability or condition which, may adversely affect your studies please let your lecturer or tutor know. They are reliant on you to make your needs known and will try to meet these needs wherever possible. The Dunedin School of Medicine has a staff member whose responsibility it is to advise and advocate on behalf of students with disabilities and provide additional support in conjunction with the Disability Information and Support Office.

The Disability Information and Support office provides students who are deaf, or who have long-term injury, disability or medical condition with the resources they need in order to meet their goals while enrolled at the University. These resources are also available to students with hidden disabilities such as learning, psychological or psychiatric disabilities. Students are encouraged to contact the office at any time for support or information relating to the services available, or the disabilities area in general. The key to any form of study is planning. If you think you may need assistance, it is crucial you contact Disability Information and Support as soon as possible.

For more information, request a copy of the Disability Information and Support Handbook or alternatively, visit the Disability Information and Support website <www.otago.ac.nz/disabilities>

- Phone: (03) 479 8245
- Fax: (03) 479 8221
- Email: dis.learningsupport@otago.ac.nz

NZMSA Medical Student Welfare Webpage

For further information, please refer to: <http://www.nzmsa.org.nz>

INTERNATIONAL STUDENT SUPPORT

International Student Advisors

Coming to live and study in a new environment has many challenges and rewards. The International Office supports international students from over 90 different countries to make the most of their stay in Dunedin. The advisers are available all year round on a confidential basis to help international students with advice and information on:

- International Student Orientation Programme
- Cultural adjustment
- Homesickness
- General health and wellbeing
- Letters confirming a student's status
- Student services and support
- Flating and accommodation

You can come and speak to an adviser at any time between 9.00am and 4.30pm, Monday to Friday, no appointment is necessary. Their office is in the Basement, North End, Clocktower Building. You can also phone them on 479 5777/ 479 5921 or email international-support@otago.ac.nz.

Immigration

At the International Office we can process most applications for student visas on campus.

For further information refer to the website or email the Visa Officer.

- Website: www.otago.ac.nz/immigration/visas.html
- Email: student.visa@otago.ac.nz

Student Mentor Programme

The International Office runs a Mentor programme to help new international students feel at home in their new environment. New students are matched with senior students to provide friendly one-

on-one support and advice on settling into Dunedin and University life. The Mentor programme has regular social events with the opportunity to meet other students and Mentors. If you are interested in being part of the programme either as a Mentor or a Mentee, please email us at international.mentor@otago.ac.nz

SCHOOL OF PHYSIOTHERAPY CLINICS

The School of Physiotherapy has two clinics offering services to students located at the School of Physiotherapy on Great King St and at Unipol, Forsyth Barr Stadium

- Our Physiotherapists are highly qualified and have a diverse range of postgraduate qualifications and clinical experience. They can help with a variety of problems including all musculoskeletal injuries from neck and back pain to sports injuries and well as neurological and balance conditions.
- Our clinics also have a strong emphasis on healthy lifestyles and can help you kick start yours with advice and help on types of activity best suited to you.
- You can book an appointment with a qualified staff member without any obligation to see a physiotherapy student.
- A reduced fee applies for patients, ACC or private, who see our supervised physiotherapy students.
- No referral required

For further information, please contact:

Clinic Reception

Phone: 479 5757 **Fax:** 479 5161

Email: physiotherapy.clinic@otago.ac.nz

Website: <http://physio.otago.ac.nz/clinics>

CODE OF CONDUCT



**MEDICAL AND
HEALTH SCIENCES**



Code of Professional Conduct for Medical Students at the Universities of Auckland and Otago

In learning to be a doctor you are required to meet certain professional responsibilities and expectations. These arise from your increasing involvement with patients, whānau and the wider community as your learning progresses on your way to becoming a doctor. In particular, as you learn to be a doctor in Aotearoa/New Zealand it is important to recognise your obligations to uphold Māori rights under te Tiriti o Waitangi. Our position within the Pacific region and our formal relationships with Pacific Island nations also require a commitment to Pacific peoples. As healthcare professionals, we must strive to achieve equitable health outcomes for all, particularly Māori and Pacific Peoples. Patients and whānau place significant trust in the medical profession and also in those learning to be a doctor. Whenever you meet people, you represent the Medical School, the University, and the medical profession. Your behaviour both within and outside of the clinical environment should uphold the reputation of the medical profession that you are joining.¹

This Code sets out basic principles that are central to these responsibilities and expectations. It is important that you are aware of these principles from the beginning of your learning in medicine. It is important that you familiarise yourself with this Code so that you are aware of what your responsibilities are, and what is expected of you. These principles form the basis of your professional development and will inform the assessment of your professional practice during your time at medical school. Your University is committed to supporting you in upholding this Code and encourages you to know where and how to access specialist support services. Any breach of these standards could undermine patient trust in the medical school and medical profession.

We ask that you read through this Code and sign the form below to acknowledge your commitment to comply with the principles in it. This form must be signed before you can begin learning to be a doctor.

Notes:

- These principles apply to all communications and interactions as a learner in medicine, including electronic communications. Special care is required to ensure patient confidentiality.² Caution is necessary when sharing your own personal information and/or that of colleagues on social networking sites.³
- This code applies in NZ and overseas, and also applies to overseas medical students in NZ.
- This code operates in conjunction with current Acts, Regulations and Codes of Practice that you will need to become familiar with during your learning. These include the [MCNZ Good Medical Practice \(2016\)](#), and all relevant Medical Council Statements, the [Code of Health and Disability](#)

[Services Consumers' Rights \(1996\)](#), the [Privacy Act \(2020\)](#), the [Health Information Privacy Code \(2020\)](#), the [Health Practitioner Competence Assurance Act \(2003\)](#) and the [NZMA Code of Ethics](#).

A. Interactions with patients and their whānau

1. Respecting patients and their whānau:

As a medical student I will:

- 1.1. Treat patients and their whānau respectfully and considerately.
- 1.2. Establish meaningful connections with patients and their whānau using whakawhanaungatanga.
- 1.3. Recognise that cultural safety requires me to reflect on how my own views and biases impact on clinical interactions and the care I provide to patients.
- 1.4. Respect the worldviews, values and cultural beliefs of patients and their whānau members.
- 1.5. Not impose my own cultural values, beliefs and practices on patients or discriminate against any person on the basis (for example) of age, sex, gender identity, ethnicity, sexual orientation, religion, creed, political affiliation, economic, social or health status.
- 1.6. Respect the dignity, privacy, tikanga and the right of patients to exercise control over their own body.
- 1.7. Respect the autonomy of patients.
- 1.8. Ensure my presentation and attire are appropriate to enable effective and respectful interaction with patients and whānau.

2. Not exploiting patients:

As a medical student I will:

- 2.1. Prioritise patient wellbeing in pursuit of my learning.
- 2.2. Not exploit any patient, whether physically, sexually, emotionally, or financially. Any sexual interaction with a patient is unacceptable.

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. Follow the guidance in the document 'Medical Students and Informed Consent'⁴. As a medical student I will:

- 3.1. Ensure that patients and their substitute decision makers (where applicable) are aware of my role and the purpose and nature of any proposed interaction with them.
- 3.2. Acknowledge and accept that patients may refuse or withdraw consent to interact with me at any stage, without any compromise to their health care.
- 3.3. Recognise the role of whānau in supporting the patient's decision making processes.

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, whānau or the general public, that 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 under supervision or 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.

B. Personal and professional expectations

5. Acting honestly, reliably and with integrity

As a medical student I will:

- 5.1. Take responsibility for my own actions and inactions.
- 5.2. Be punctual and notify where this is not possible.
- 5.3. Meet deadlines, negotiating variations where appropriate.
- 5.4. Abide by the academic integrity policies of my university and not plagiarise another's work or research.
- 5.5. Be accountable for completing tasks.
- 5.6. Complete documents accurately and truthfully.

6. 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 and/or distress. 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:

- 6.1. Hold all patient information in confidence, including after patients have ended treatment or died.
- 6.2. Respect patients' right to determine who should be provided with their personal information.
- 6.3. Not remove or copy patient-related material without specific permission, and handle such material in accordance with 6.4.
- 6.4. 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
- 6.5. Be aware of the limited circumstances in which breaches of confidentiality may be justified or required.
- 6.6. 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.

7. Accepting responsibilities to the profession:

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:

- 7.1. Report matters of serious concern in a timely and professional manner, including those which may impact on immediate patient safety, to those with the authority to act.
- 7.2. Be respectful and careful when using social networking sites or public forums.
- 7.3. Not exploit my role as a medical student for personal gain.
- 7.4 Give constructive evaluation and feedback as appropriate on medical education programmes.

C. Relationships with staff and colleagues

8. Respecting staff and colleagues:

As a medical student I will:

- 8.1. Show respect to all members of the health care team and ancillary staff.
- 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, particularly those in a vulnerable or more junior position to myself.

- 8.5. Hold in confidence information about my peers and staff 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 continuing improvement in practice, self and others

9. Research and system quality improvement :

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

- 9.1. Adhere to all the ethical principles in the appropriate national guidelines. Ensure I have appropriate ethical oversight and any required consultation and ethical processes.

10. Maintaining personal well being:

As a medical student I will:

- 10.1. Attend to my own health and wellbeing.
- 10.2. Acknowledge that my physical and psychological health impacts on my ability to function in my role with patients and staff.
- 10.3. Promptly seek appropriate assistance and notify the Student Affairs Office (Otago), or Director of Medical Student Affairs (Auckland) in the event that illness or impairment interferes with my ability to carry out my role, or my ability to learn,
- 10.4. Be aware that misuse of substances (including alcohol) impacts on health and fitness to practise, and may cross the boundaries of legality, which becomes a professional conduct issue.
- 10.5. Remain aware of the wellbeing of my colleagues, and support them, to the extent that I am able, to seek help when needed.

11. Holding a positive attitude to learning:

As a medical student I will:

- 11.1. Commit to continued learning and the development of skills.
- 11.2. Recognise that my learning needs are valid and important.
- 11.3. Be prepared to seek and respond to constructive feedback on my own performance.
- 11.4. Identify barriers that impede my learning and notify my academic supervisor.
- 11.5. Show respect and observe tikanga in working with human cadavers, human tissue and animal tissue.⁵
- 11.6. Engage in self reflection to enable me to identify my learning needs.
- 11.7. Actively engage to make the most of educational and clinical opportunities to extend my knowledge and further my skills with appropriate support and supervision.
- 11.8. Care for my peers, provide support in learning opportunities, and work collaboratively and respectfully in all situations.
- 11.9. Be prepared, when called upon, to provide constructive feedback to my peers on their performance.

References

1. Medical Council New Zealand (2020) Unprofessional Behaviour Available from: www.mcnz.org.nz/assets/standards/e4ddbfd758/Statement-on-unprofessional-behaviour.pdf
2. A Guide to Social Media & Medical Professionalism (2019). Available from: https://ama.com.au/sites/default/files/documents/2020%20AMA%20Social%20Media%20Guide%20FINAL_0.pdf
3. Taking and sharing images of patients policy documents from the relevant University.
4. Bagg, W., et al. (2015) 'Medical Students and informed consent' NZMJ Vol 128 No 1414.
5. Code of Conduct issued by the Anatomy Department at the relevant University.

December 2010, Reviewed 2013, 2015, 2020. Date for next review 2025.

I have read the Code. I undertake to comply with it and seek clarification on any areas of uncertainty.
I agree to familiarise myself with any subsequent revisions.

Family name: _____ (BLOCK LETTERS)

Given name: _____

Date: _____ Student Number _____

Signature: _____

GRADUATE PROFILE

The attributes of a graduate from the Otago Medical School are set out in the University of Otago Medical Graduate Profile:

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

Personal Attributes

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

Interactive Attributes

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

Disciplinary Attributes

1. A sound knowledge of the philosophical, scientific and ethical principles underlying the practice of medicine and an ability to apply this knowledge as part of competent medical practice.

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

POLICIES

TRANSFER BETWEEN SCHOOLS OF THE OTAGO MEDICAL SCHOOL

- Once a student is placed in a Campus School of Medicine (DSM, UOC or UOW) the student is expected to remain at that School until completion of sixth year.
- A student who wishes to transfer to another Campus School of Medicine after being placed in a School for fourth year, but fourth Year has yet to commence, will address his/her request to change Schools directly to the Associate Dean of Student Affairs, Dunedin School of Medicine. This will be dealt with as an allocation of school in third year, as opposed to transfer.
- Transfers will not normally be considered during, or between, fourth and fifth year, but may be considered for sixth year. Applications are to be submitted to the Campus School Associate Deans of Student Affairs/Undergraduate Education by 2 April in the year prior to transfer.
- The Dean of the Otago Medical School will only approve transfers if places are available, and the Deans of the respective Schools support the transfer (principles contained in the MB ChB regulation Division of Class after Third Year in the University of Otago Calendar will be considered).
- Transfers between DSM, UOC and UOW are not necessarily on a one-to-one basis but the total numbers at each school will be considered with a view to maintaining the agreed numbers of places for each school (eg 80 DSM, 110 UOC, 110 UOW).
- Criteria for assessing eligibility and priority for transfer shall be determined by the Deans and Associate Deans of Student Affairs/Undergraduate Education DSM, UOC and UOW
- Elective quarters in 6th Year cannot be guaranteed for transferring students. The School to which the student is transferring shall make the final decision on Elective quarters.

TRANSFERS BETWEEN OTAGO AND AUCKLAND MEDICAL SCHOOL

- A student who wishes to transfer to the Medical Programme, University of Auckland, for sixth year will apply in writing to the Associate Dean for Student Affairs/Undergraduate Education at the Campus School of Medicine they are currently attending. The application is to be received by 2 April in the year prior to transfer, i.e. when a student is in the fifth year of the medical course.
- Transfers will only be approved on a one-to-one swap with a student from the Medical Programme, University of Auckland.
- Students must have an acceptable standard of performance in the course.
- The home institution will notify current Vulnerable Children Act 2014 compliance and clearance to the host institution prior to the transfer commencing.
- Students must provide evidence of special reasons for transfer and the Associate Deans for Student Affairs at Otago and the relevant staff at Auckland shall determine the criteria and assess applications against these criteria.
- As the Sixth Year Course in Auckland commences in early January of each year, trainee interns from Otago who transfer to Auckland, will be required to commence the year in mid-November with a 4-week elective. Following completion of this in early January, they would then join the Auckland programme. Elective attachments in Auckland are for a period of 10 weeks and must be undertaken under one institution, and in one specialty at a time allocated by the University of Auckland Medical Programme.

- The Elective quarter cannot be guaranteed for Otago students transferring to Auckland. The Auckland Programme staff shall make the final decision on Elective quarters. Auckland students transferring to Otago will be allocated 4th Quarter Electives. This enables the Auckland student to complete the programme and meet the earlier graduation deadlines for the Auckland programme.
- Auckland students transferring to Otago will undertake the full Otago sixth year programme, i.e. from November to November.
- Otago students at Auckland are not enrolled students so will have academic visitor status ID cards, which may potentially restrict access to some student facilities, services and academic prizes as well as public transport discounts. They may use the library but if borrowing is needed, it will be provided by their home institution.

Note:

Deans of Dunedin, Christchurch, Wellington and the University of Auckland delegate to their Associate Deans of Student Affairs/Undergraduate Education (ADSA) and relevant staff at Auckland the authority to recommend transfers out of and into their School. All transfers are monitored by the ADSA (Dunedin) on behalf of the Otago Medical School to ensure applicants from all Schools have equal opportunity to transfer.

ACADEMIC GUIDELINES

INTEGRITY AND ACADEMIC MISCONDUCT

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, such as plagiarism or cheating, 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.

Academic Integrity Policy

(www.otago.ac.nz/administration/policies/otago116838.html)

Student Academic Misconduct Procedures

(<http://www.otago.ac.nz/administration/policies/otago116850.html>)

GOOD ACADEMIC PRACTICE

Information concerning acknowledgement and referencing of academic material is available on Moodle

CODE OF PRACTICE FOR FITNESS TO PRACTISE

Medical students are part of the medical profession. Whilst students do not yet enjoy the privileges accorded to qualified practitioners and are not yet bound by the full professional constraints imposed upon practising doctors, it is vital that issues that may affect their current or future fitness to practise are fairly and transparently addressed by the Otago Medical School and its Schools. The Code of Practice for Fitness to Practise outlines the policy and mechanisms of the University of Otago OMS to assess and act on issues fairly and equitably concerning a student's Fitness to Practise.

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

Throughout the undergraduate programme, the assessment processes will include steps to identify and monitor any students who might not meet the graduate profile standards through problems with health, or with professional attitudes and behaviour both within and outside the teaching environment. In the normal course of events, the assessment will be conducted by the relevant Student Progress Committee (SPC). But in cases of particular concern, referral is made to the Fitness to Practice Committee (FtPC). The Committee provides support, remediation and monitoring of

potential or actual Fitness to Practise needs of students who do not meet graduate profile standards. The FtPC has the power to recommend the granting or withholding of terms where ongoing issues are unresolved.

If there is any issue relating to this statement that you feel may be important to your circumstances now, or which arises during your time in medical school, please make contact with the Otago Medical School's Associate Dean for Student Affairs through the Student Affairs Office.

POLICY ON TRANSMISSIBLE AND BLOOD-BORNE INFECTIONS FOR MEDICAL STUDENTS

It is a condition of entry to the Otago Medical School MB ChB course, that students accept and adhere to the Policy on Transmissible and Blood-borne Infections for Medical Students and the associated fitness to practice policy. The policies are based on guidelines produced by the Medical Council of New Zealand (MCNZ). All prospective medical students are required to undergo testing for serological status for HIV, hepatitis B (HBsAg and HBsAb), for antibodies induced by hepatitis C, measles, mumps and rubella prior to application for entry into second year medicine. Varicella testing is required if the student has no history of clinical chickenpox or uncertainty exists over a history for this infection.

All prospective medical students will be required to provide a report from their general practitioner stating the results of the tests and provide attached copies of the lab results.

All prospective medical students who are not immune on initial testing and not infected, should be vaccinated against hepatitis B, measles, mumps, rubella and varicella, and should be retested to confirm immunity following vaccination. Testing and vaccination will occur in year 1, before the student enters Medical School. All Students in their 2nd year are required to have a Two Stage Mantoux test to screen for exposure to or infection with tuberculosis. The process involves two tuberculin injections and readings over a period of 2 weeks. Any student who has a positive test will be required to have a chest x-ray to determine whether evidence of tuberculosis is present and be referred to a specialist Chest Physician if required.

Medical students found to have hepatitis B (HBV) infection will be required to have a test to determine whether HBV DNA is present at a high concentration in their blood. Medical students who are HBV positive may have some limitations imposed upon their clinical training to minimise risk to patients. The Associate Dean of Student Affairs will meet with the student and discuss any required actions and limitations.

Chronic infection with hepatitis B, hepatitis C or HIV alone do not at present justify refusing a student access to study as a medical student in New Zealand, but some limitation of future professional work activities may exist, notably in surgery. It is important that affected students recognise that these infections may adversely affect clinical medical career opportunities both in New Zealand and overseas.

Medical students who know or believe themselves to be infected with hepatitis B, hepatitis C or HIV, or who may be at risk from these infections due to behaviour that has a risk for transmitting blood-borne viruses, could put patients at risk and so must seek appropriate counsel through the Associate Dean (Student Affairs) and act upon that advice. This advice could include a requirement to limit practice in certain ways. No medical student with such infection will be allowed to continue in clinical training based on his/her own personal assessment of their risk status. It is regarded by the MCNZ as unethical, and could be deemed professional misconduct, for a doctor so infected to act in a way that puts a patient at risk, as assessed by peer review. Non-compliance with this policy may result in the student having to leave the programme.