

# THE DMSAA ALM4 HANDBOOK

**INFORMATION AND TIPS FOR  
STARTING THE CLINICAL YEARS**

**WRITTEN BY STUDENTS,  
FOR STUDENTS**



# INTRODUCTION

**Congratulations on finishing ELM and welcome to the clinical years!**

ALM is a new and exciting time in medical school; you finally get the chance to put all that theory you've learnt into practice and see more patients in the hospital and community. It can be a bit nerve wracking to start clinical years, so this handbook contains advice, tips and tricks from 2024 ALM4 students to hopefully help make the transition a bit easier.



## **Important disclaimer:**

This document has been approved by the Associate Deans for Medical Education, however it is not an official document from the Medical School. It has been written by students to give an informal and brief overview of ALM4, with advice from last year's 4th years on how to succeed in your runs.

Tips have been provided by 4th year students and therefore may not be representative of the author or DMSAA. Since this document is student-written, we cannot guarantee that all information is 100% correct; some aspects may change from year to year.

**Academic information such as assessment content and dates should not be relied on in this document - please find this information on Moodle.**

## **All the best for ALM4!**

- Laura Henderson - 2024 ALM4 Education Representative
- DMSAA Education Team 2024



# ALM4 OVERVIEW

Let's start by looking at the structure of ALM4.

Just like ELM, you will do a combination of block modules and vertical modules. Block modules run consecutively throughout the year, while vertical module topics are taught throughout the year, mainly in “**Whole Class Learning**” sessions on Thursday afternoons.

The cohort is split into 4 streams, just like ELM. You can swap streams in 1-1 swaps after the streams are selected.

There are 4 main block modules, which are called “**runs**”; everyone starts on a run and then rotates through during the year. Each run lasts **8 weeks**.

There is no end of year exam! You are assessed at the end of each run and receive a grade for each run.

## Block modules:

Medicine	GP (Primary Care)	Surgery	Public Health / Older Person's Health
8 weeks	8 weeks	8 weeks	4 weeks of each

## Vertical modules:

- Hauora Māori
- Pathology
- Radiology
- Clinical Pharmacology
- Pacific Health
- Clinical Skills
- Ethics
- Professional Development
- Palliative Medicine





# INTERNAL MEDICINE



# INTERNAL MEDICINE

## INTRODUCTION

### What is Internal Medicine?

Internal Medicine (IM) is a general specialty that looks after patients who often have complex comorbidities. This is a fantastic run to talk to and examine many patients in the hospital, and see many different conditions.

**We have been advised by the ALM4 Medicine run teaching team that the run will be changing from 2024 to 2025. This section will be updated once we have more information; the following section is just a description of what the 2024 run was like!**

### Structure of the run:

This eight-week run is comprised of two 4-week attachments; most students will attach to one IM team and one older person's health team, but some students will attach to two IM teams.

**IM** - You will be attached to one of six IM teams in the hospital, which usually see patients on the 7th and 8th floors.

**Older Person's Health** - Most students will be attached to one of the inpatient teams, which are on the 6th floor. Some students will be assigned to Ortho Geriatrics (mainly 3rd floor), and some students will be assigned to Puāwai Rehabilitation Unit (located at Wakari Hospital - there is a free shuttle for transport).

### What conditions and presentations will I learn about?

These were the 2024 core conditions and presentations, to give you an idea of what will be covered.

#### Core Conditions

1. Acute Coronary Syndromes
2. Acute and Chronic Kidney Injury
3. Cardiac Arrhythmia/Atrial Fibrillation
4. Chronic Obstructive Pulmonary Disease/Asthma
5. Hepatic Dysfunction/Acute Hepatitis
6. Pneumonia
7. Dementia
8. Diabetes Mellitus
9. Heart Failure
10. Hyponatremia
11. Skin and Soft Tissue Infections
12. Stroke/Transient Ischemic Attack
13. Urinary Tract Infection
14. Venous Thromboembolic disease

#### Core Presentations

1. Anaemia/pallor
2. Bowel habit change/disturbance
3. Delirium/altered mental state
4. Falls
5. Jaundice/Hepatic failure
6. Palpitations/abnormal heart rhythm/pulse
7. Pupil change/abnormality
8. Seizures/fits/funny turns
9. Syncope
10. Urinary tract symptoms/urine abnormality on testing
11. Vision change/loss of vision/disturbance
12. Chest pain
13. Breathing difficulty/shortness of breath/noisy breathing/wheeze
14. Abdominal pain in an adult
15. Gastrointestinal bleeding

# INTERNAL MEDICINE

## INTRODUCTION

### What does a typical day in the life on Internal Medicine look like?

**This depends on what team you're on!**

**IM** - Most teams start the day with handover at around 8am. This is where the doctors assign to teams all the new patients who came in overnight. Then you will do ward rounds with your team. This can last up to multiple hours, depending on the number of patients your team is looking after. In the afternoon, you will usually do "ward jobs", which can be reviewing patients, taking bloods, going to clinics, and in general just helping the team out with things! Usually the day ends somewhere between 4-5:30 pm, but it can be variable depending on how busy the team is.

**OPH** - The day usually starts from around 8-9am with ward rounds. Similar to IM, in the afternoon you help out your team with any jobs that need doing. On both IM and OPH rotations, use available time to enjoy talking to patients and study the core conditions and presentations.

### Ambulatory sessions:

One of the highlights of the run are the Ambulatory Sessions. These are teaching sessions where you spend the first half learning about theory with a consultant, and then the second half practising the relevant examinations with volunteer patients who have certain conditions and clinical signs. These sessions are a fantastic opportunity to observe clinical signs and learn from a specialist in the field.

### Ophthalmology:

There are a few ophthalmology sessions where you learn about the anatomy of the eye, common visual pathologies (e.g. glaucoma, macular degeneration, cataracts, conjunctivitis...) and practice examinations with the ophthalmoscope and slit lamp. You also have the opportunity to spend an hour with an Ophthalmology registrar or house officer in "Eye Clinic", where you sit in on some consultations with patients (2nd floor of the hospital).

**Shadowing an ED nurse:** You are assigned one afternoon to shadow a nurse in ED. At the start of the shift, introduce yourself to the charge nurse (desk in the centre of the ED hub). This is a great chance to practice bloods, IV lines, and other clinical skills.

# ADVICE FOR LONG CASE

## What is long case?

In this assessment, a consultant will take you to see a patient on the wards, and watch you take a history and do 2 physical exams on the patient. Then they gave us 10 minutes alone to think about a list of differentials, what investigations you might order, and to organise your thoughts. After that, they have a discussion with you about the case. In 2024 students were commonly asked their differential diagnoses, Problem List, and investigations to order, as well as questions about the condition and treatment options.

## Advice about how to prepare for long case:

- **See patients in ED** (especially when on call with the registrar) and ask if you can take a history and examine them, then present back to the reg (like a mock long case).
- **Practice your physical examinations** (in 2024 we were told to prepare for Neuro, Cardio, Resp and GI) so that you know them off the back of your hand!
- Bring a copy of the **Oxford Clinical Handbook** (can borrow off a friend if you don't have one) - in 2024 we were allowed to bring this and it is helpful in that 10 minute break when you are organising your thoughts.
- On ward rounds, make a note of how each condition is treated. For example, if someone was admitted with severe community acquired pneumonia, make a note of what antibiotics they were prescribed. This helps you become more familiar with the drugs that are commonly prescribed and gives you a good shot if you are asked these questions in the long case.
- Ask your **TI** to practice with you! They've done the long case when they were 4th years so you can ask them for tips or to help you with examinations/history taking practice.
- Don't necessarily assume what body system you will be assessed on. For example, if you are told that your examiner is a Gastroenterology consultant, don't assume you will get a GI patient. Make sure you are prepared to examine all assessable body systems.

# WHAT STUDENTS SAY ABOUT... INTERNAL MED

"Things sometimes get cancelled last minute so have to be onto your emails. Make sure you join the WhatsApp group (clinical team) because you will get your info through the clinical team. Make sure you have downloaded WhatsApp if you don't already have it :)"

"The students on IM have a different timetable to the students on OPH, so don't necessarily go off what others are doing."

"Ask your TI or house officer to show you how to use Health Connect South - where to find the notes, how to look at imaging, where to find the patient's medication list, etc. It will get you off to a great start!"

"Make sure you know where the crash trolley is, the toilets, the staff room, linen and blankets, water coolers, and IV trolleys. Nurses and health care assistants are amazing and can show you where to look!"

"The ward layout is basically the same on all floors, so if you can get around the 7th floor, you'll be able to find your way around the 8th floor too!"

"Buy a little bag to hold your stethoscope! Kmart and the warehouse have really good ones and they're quite cheap (medium pencil cases can be great!)"



# PUBLIC HEALTH



# PUBLIC HEALTH INTRODUCTION

## What topics are covered in this run?

Some of the topics covered include epidemiology, study designs, health promotion, immunisation, population screening, health ethics, communicable and non-communicable diseases, environmental and occupational health, health systems, health of people who are intersex, non-binary and transgender, advocacy, and statistics of public health. There is also learning from the Hauora Māori and Va'a o Tautai departments. This run is not a placement-based run, and most content is taught through lectures and tutorials.

## Pacific Immersion:

There is a fantastic day trip to spend time with the local Pasifika community to learn about the health of Pasifika in New Zealand. In the past this has been in Dunedin but recently there have been day trips to Invercargill and Oamaru (transport provided by the Med School).

## WHAT STUDENTS SAY ABOUT... PUBLIC HEALTH

"It's much more relaxed than surgery, plan some weekend trips away to relax!!"

"I had forgotten most of the statistics content before this module so I had to put a bit of extra time into it for the test. But the practice Stats questions on Moodle really helped."

"Try to get some ideas for your study design assessment before your first 1-1 with the tutor, so you are better prepared."



# OLDER PERSON'S HEALTH



# OLDER PERSON'S HEALTH

## INTRODUCTION

The Older Person's Health run is a 4-week run (straight after Public Health) which focuses on Geriatrics and care of the elderly.

### What conditions will I learn about?

Topics covered include: delirium, dementia, falls, frailty, cognitive assessments, nutrition, spirituality, healthy ageing, and other topics relevant to care of the elderly. There is also learning from the Hauora Māori and Va'a o Tautai departments.

### Placements:

This is primarily a **community-based run**, so there is very little hospital placement. Placements are variable - the amount and type of placement available for each stream is very dependent on what can be organized with the community.

You are able to sign up for placements on Moodle, similar to the Kindy Scheduler in ELM. It's important that everyone makes an effort to ensure everyone gets a similar number of opportunities - please don't sign up for every placement at the expense of your classmates!

- Most students will have the opportunity to spend time with groups which service the elderly in Dunedin, such as Steady As You Go, Blind NZ, Senior Link, Meals On Wheels, and Tai Chi.
- Students may also attend Physiotherapy sessions at the hospital and do home visits with the Needs Assessment Team.

### Class teaching:

Teaching sessions are usually held in the Octagonal Room. There are usually only a few hours of teaching each day so there is plenty of time to do self-directed learning during the day rather than in the evenings. You can wear casual dress except for when you are on placement, where you should wear professional clothing with your ID and name badge.

**Pacific Health Day Trip:** A highlight of the run is a day-trip spent with the local Pacific Community to learn about their experience. In the past this has been out of town, such as Invercargill or Oamaru. Transport is provided by the Med School.

# OLDER PERSON'S HEALTH INTRODUCTION

## **Bereavement simulation:**

This simulation is with actors - you have the opportunity to have conversations about end-of-life with a "patient's family member" (actor) in a safe environment. The simulation is done in small groups of students. Some students may find this simulation difficult for personal reasons. Please do not hesitate to contact the module convener or Student Affairs who will be able to support you and guide you through this learning.

## **Serious illness conversations:**

This is a full-day workshop where you will learn how to discuss goals of care for a deteriorating patient and help you become more comfortable with discussing expectations with a patient's family. There is a 90 minute eLearning module that must be done before this workshop.

## WHAT STUDENTS SAY ABOUT... OPH

"The placements available changes depending on the quarter, don't stress because you won't be penalised for not doing enough placements if there aren't many available."

"This is one of the least busy runs of the year so take some time to rest and relax, especially if you've just come off the surgery run."

"This is an awesome run to spend time learning about different services in the community that you will be able to refer to in the future. Get involved in as much as possible and enjoy the placements!"



# SURGERY



# SURGERY

## INTRODUCTION

### How the run works:

The 8-week module is divided into two 4-week blocks. In each block, you will be assigned to one of the surgical teams.

### **In 2024 these were the possible teams you could be assigned to:**

- Colorectal
- Upper GI
- Urology
- Vascular
- Breast/Endocrine
- Plastics
- Invercargill (General surgery)

At the end of each 4-week block, the consultant you have spent the most time with will do an evaluation of you, called a **PASAF (Professional Attitudes and Summary of Achievement Form)**. This is a meeting with the consultant where you can chat about what you did well in the run and what you can do to improve and keep learning.

### Logbook:

In 2024 we were expected to:

- Attend 1 clinic per week
- Attend 1 on-call per week and 1 weekend call (half-day shift)
- Attend 1 Operating Theatre operation per week (follow patient through the process)
- Interact with many patients on our team. The details of 3 patient interactions should be recorded in the logbook.

Keep your handbook up to date and bring it with you every day.

if you submit your logbook without having the required signatures, it won't be accepted as a Pass. Every year there are a few students who submit it without getting everything signed off and they are given their logbook back to finish.

# SURGERY ON CALLS



## On calls:

During the run you are expected to attend on-calls with the On Call Gen Surg Registrar. Students have found it is preferable that you book in an on-call slot when **your own registrar is on call**. When the Reg is on call, they will be admitting patients from ED to the Gen Surg teams. Therefore it is an excellent opportunity to see patients in ED, take histories and practice examining them, which is good OSCE practice too! There is usually a sign-up sheet in the Student Room where you can see who the On-Call Reg is, and book a slot.

The time that you spend on call depends on your registrar. As an estimate, AM on call usually lasts from around 7:45am - early afternoon (~4pm), while PM on call lasts from ~4pm until later in the evening (9-10pm) - but this is not confirmed so please check with the team.

### • **AM on call**

- In 2024, acutes handover took place in Stephen Packer room at 7:45, and we were expected to be there just before for handover
- Take note of the patients that are discussed for the on call team/for the acute whiteboard.
- Find the on call reg or HO - they will be at handover, and stick with them.

### • **PM on call**

- Find the phone number of the reg on call and text/call them to let them know you would like to be on call with them - ask if they can let you know where to be and when to be there.

## Some advice from students:

- Give your phone number to the Reg at the start of the shift so that they can contact you easily.
- Don't forget to get your Reg to sign off that you were on-call with them since it can be hard to find them later, especially if they are not usually your Reg.
- On-calls are a fantastic opportunity to spend 1 on 1 time with the Reg. Ask lots of questions, get stuck in and learn as much as possible.
- **If you can't find the Reg, call Switch (press 0 on any ward phone) and ask for the Acute On-Call Surgical Registrar.**

# SURGERY

## OPERATING THEATRE ADVICE

This is some unofficial advice on how to follow operating theatre etiquette and get the most out of the experience.

- **Theatre attire**

- Change into scrubs in the changing rooms on 4th floor (you need your Hospital ID to get in - press the buzzer and show your ID to the camera)
- Wear navy scrubs - the teal ones are for registrars and consultants
- Wear a red hair cap, shoe covers, and mask

- **Eat, drink and fuel yourself before the surgery!**

- In the theatre environment, there is the combination of the shock of seeing an operation/blood, standing for long periods of time with minimal movement, and wearing many items of surgical scrub wear. Therefore it is common for students to feel unwell.
- If you start to feel unwell or dizzy, tell the scrub nurse that you are starting to feel sick and would like to sit down - they will help you move to a safe area away from the operating table where you can sit down to avoid the possibility of fainting into the sterile field.
- It's really common for students to need to sit down or faint (author note: I did) - there's no shame in it.

- **Scrubbing in**

- Sometimes a registrar or consultant will ask you if you would like to scrub in - it's really good to take this opportunity!
- Ask one of the floating/circulating nurses to show you how to scrub in - it's quite a long and difficult process so don't worry if you can't remember all the steps straight away!
- When you are scrubbed in, don't touch anything that's not sterile. This includes your head and your mask. If you're worried you might have made yourself unsterile, just be honest and ask the nurse!
- You might be asked to cut suture lines, hold retractors, even hold the laparoscopic camera or do some suturing.

- **If you're not scrubbing in, it's a bit hard to know where to stand...**

- Stand close enough that you can see the surgical field and feel involved, but don't touch or even brush against anything sterile!
- Just ask a nurse where is a good place to stand and they will help.

# WHAT STUDENTS SAY ABOUT... SURGERY

“Down a glass of water and eat a muesli bar before surgery. Sometimes people buy compression socks if they are prone to feeling faint. Many people feel faint in theatre and it’s nothing to be ashamed of. The bright light, heat of wearing theatre scrubs, and emotional impact that watching surgery has on many people is often the cause.”

“Keep your logbook up to date! It’s so easy to forget to get things signed off and then find yourself chasing after the registrars at the end of the run and that’s really stressful...”

“Don’t feel pressured to do things on call that you are not comfortable with, especially in the first couple weeks when you feel a bit nervous still (e.g. putting in IV cannulas). Just be honest with HO/Reg on call when you reach your limits and ask for help.”

“The end of run OSCEs are quite predictable. For example, this year we were told physical examination stations were either Abdomen, Head and Neck, or Vascular. So check with the tutors to see what the possible stations are for your year.”

“Each team is quite different. For example, Vascular and Upper GI are known to be quite full on with lots of inpatients, whereas Urology and Plastics have fewer inpatients and but lots of clinics.”

# WHAT STUDENTS SAY ABOUT... SURGERY

“Set up Citrix on your own laptop so that you can access patient information from within the hospital - computers in the hospital are unreliable and often taken - helpful for doing assessments like case write up/round prep”

“In the morning it can be helpful to prep a computer trolley with all your patients’ folders for ward rounds before handover. It’s easy and helpful for the team.”

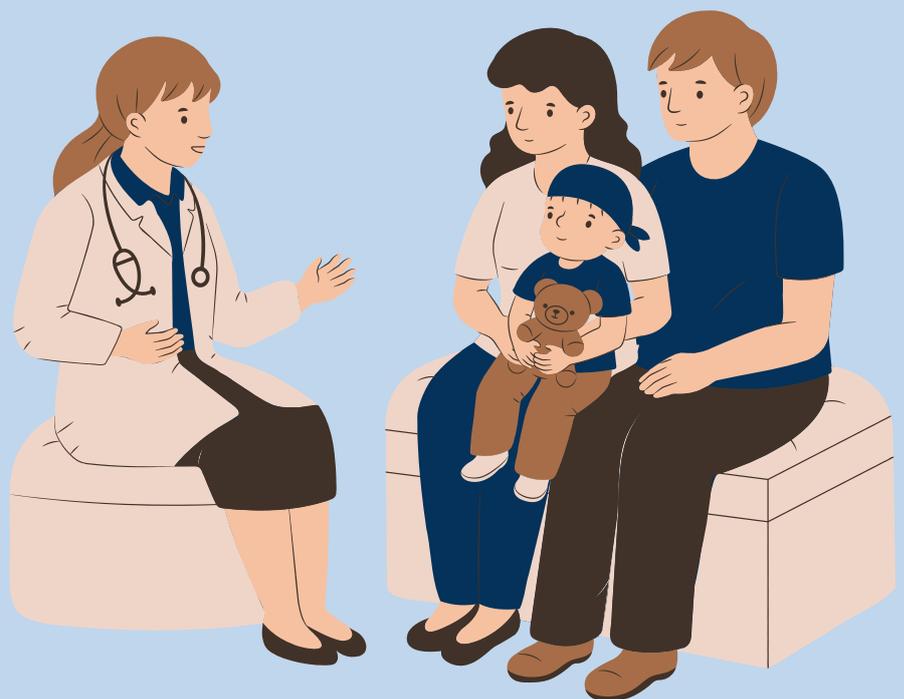
“Ask TI/HO to teach you SOAP notes, practice during ward rounds and compare yours to the actual ones later then you are ready to help if they need”

“Blood forms is a really helpful simple task we can do (especially prepping for over the weekend). However some teams won’t want you to help with this so just ask!”

“I was the most scared for this run but it ended up being my favourite. Things felt really fast-paced at first but after a couple of weeks I felt way more comfortable. I was terrified of taking blood and watching surgeries at the start, but I really desensitised to it and it got much easier. Make sure you ask for support if you need it :)”



# GP PRIMARY CARE



# GP PRIMARY CARE INTRODUCTION

2 weeks

Teaching

4 weeks

Placements + teaching

2 weeks

Teaching

## Core conditions we learnt in 2024:

- HTN
- Ischaemic heart disease
- HF
- AF
- Cough
- COPD
- Asthma
- Dyspepsia
- Altered bowel habit
- Skin rashes
- Paediatric eczema
- T2DM
- Headache
- Dizziness
- Viral URTIs
- Paediatric acute otitis media
- UTIs
- Osteoarthritis
- Back pain
- Depression
- Anxiety
- Fatigue
- Persistent somatic symptoms

## Other topics:

- Childhood immunisations
- Multimorbidity
- Older people's health
- Oral Health
- Polypharmacy
- Rainbow health
- Refugee health
- Women's health

## Skills we learnt in 2024:

- Otoscopy
- Ear, nose and throat examination
- Head and neck examination
- Cervical smear taking (online course)
- Speculum and bimanual exams

## Placements:

There are 4 weeks dedicated to placements, but many students' placements will be over 2 weeks. The amount of placement sessions is variable due to availability.

## What to wear:

- Placements, SECO clinics, tutorials with actors - *professional wear*
- All other teaching - *casual*

## SECO clinics:

SECO clinics are a start to finish "fake" consultation done in pairs, with a paid actor pretending to be the patient. One person in each pair acts as the 'lead' clinician, while the other student takes notes. You take a history, do examinations, and decide patient management, without supervision. The sessions are not recorded - it is purely for your learning and is not assessed.

Most streams do ~5 SECO clinics during the run.

Arrive early for each SECO clinic, dress formally, and bring your stethoscope.

# WHAT STUDENTS SAY ABOUT... GP PRIMARY CARE

"In the SECO pairs, it's really helpful for one person to google the health community pathways/NZ formulary stuff while you are taking a history so you can work as a team to have a really smooth consult."

"SECO clinics seem scary initially but they are the best part of GP run. Write the essay as you go through SECO, it's a pain to reflect back to the first SECO at the end of the run."

"The importance of punctuality is emphasised on this run. Even if you are a little bit late consistently, your PASAF could be affected. If you are going to be away, tell the convener, text the GP phone in advance and fill out the Leave Form."

"Different clinics have different pressures and capacities. Some students get to do lots of history taking and exams on placement and other students don't get the chance. Don't take it to heart, it's just that the GP clinics are under lots of pressure, even if it feels a bit frustrating, try to learn by observation as much as you can and make the most of the SECOs to practice"

# OUT OF TOWN PLACEMENTS

Most students will be required to do one 4-week out of town placement during the year, either at Timaru or Invercargill. A small number of students may be asked to complete two out-of-town placements.

Out-of-town placements are organized for Surgery, Medicine, and GP runs (not OPH/Public Health).

The following pages have lots of advice submitted by 4th years about placement in Timaru and Invercargill.

## Reimbursement:

Petrol Compensation to Invercargill or Timaru and back is reimbursed up to \$105 after you return. More information about this is on Moodle.



<- Southland Hospital (Invercargill)

Timaru Hospital ->



# INVERCARGILL

“Your room is available on the weekend BEFORE your placement. You’re expected to leave the accommodation on the Friday night / Saturday morning after your placement so it’s ready for the next student. If you need to stay a day or two longer, you have to ask the accommodation administrator in advance.”

“It can be difficult to find the accommodation. The Doctor’s Residence is located next to the Hospice and the Mortuary. When you get there, go to the ED entrance and speak to the Security Desk - they have the key to your room. If you accidentally lock yourself out, go to Switch (opposite the Security Desk) and they will help you (I locked myself out once and they were really helpful!!)”

“I recommend bringing your own pillow, linen and blankets! (The linen is hospital linen and is quite thin, and the pillows are pretty uncomfortable). Also bring warm clothes because it’s cold in Invercargill“

“The kitchen is very nice, with large fridges/freezers to store your food and plenty of appliances and cooking facilities. There are some pots and pans, microwaves, cooking utensils and a toaster. But it would often run out of cutlery so I’d bring my own.”

# INVERCARGILL

“Doing surgery in Invercargill was such a great experience for me. I got to see lots of different surgeries from different specialties and the doctors always wanted me to scrub in. Also the library was really nice to work in”

“Get to know the 5th Years and TIs! Make a group chat, go on day trips, hang out in the lounge, and grab a drink at the pub across the road (Southland Sports Bar)”

“The shower facilities are quite old, I found that City Fitness was really good and they also had new showers”



# TIMARU

“There is a lot of autonomy and opportunities to get involved because there’s no Regs, only HOs & Consultants. Be prepared to be an active member of the team - offering to write notes, to follow up on jobs, to provide the patient with information etc.”

“Bring your own sheets and bedding to make your living environment more comfortable :)”

“There’s lots of direct contact time w/ consultants after each patients and discussions are often collaborative so you’re expected to showcase knowledge during this time. Ward rounds tend to be quite long but vary between consultants.”

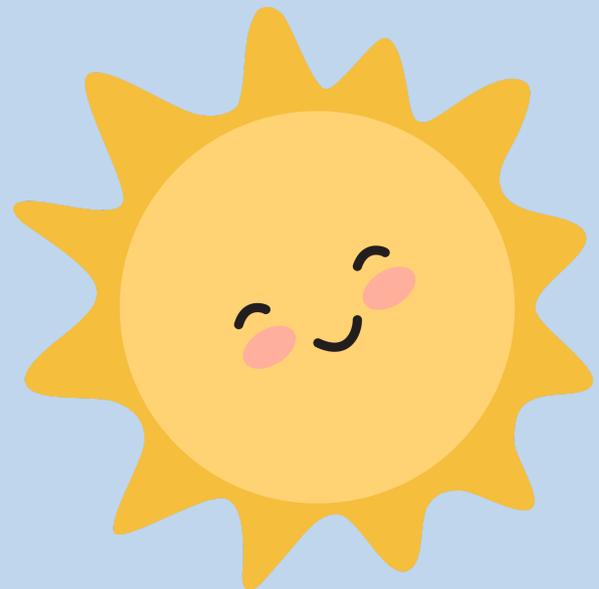
“Some consultants will do ‘practice long case’ sessions to prepare for end of run long case and is done at your own pace. Some also expect you to write at least 1 case write up a week on a patient you’ve admitted.”

“If you’re hungry don’t try the other kebab spots only try kebabizza >>>.”

“You have to be a bit proactive to organise long case and EBP presentations because some of the doctors are less familiar with what we have to do or get signed off.”



# **WELFARE: LOOKING AFTER YOURSELF AND OTHERS**



# RESOURCES

There are many resources available to support you if you are feeling overwhelmed or external factors are affecting your academic work.

**Student Affairs is a good first point of contact - they can offer support as well as recommend other services which can help you.**

This is a list of available resources that are available for ALM students. **It is not comprehensive or exhaustive by any means**, and Student Affairs will be able to help you access many other sources of support.

- **Student Affairs**

- Ciara (Associate Dean of Student Affairs) has drop in sessions every Monday during term time from 12-2pm. She has tea and biscuits, and this is a great place to talk through any concerns, learn about supports available, and just have a chat!
- Anyone from Student Affairs will be able to support you and there will always be Student Affairs staff on site even if Ciara is away.
- Students can always book an appointment with Ciara through [Ciara.lee@otago.ac.nz](mailto:Ciara.lee@otago.ac.nz) or [oms.studentaffairs@otago.ac.nz](mailto:oms.studentaffairs@otago.ac.nz).
- You can also pop in to see Ciara in her office on the Ground Floor of Sayers Building Mondays-Wednesdays, without an appointment.

- **Student Health**

- Offers \$10 counselling sessions for domestic students (international students can use insurance).
- Up to 6 sessions of talking therapy are available.
- The mental health team at Student Health always have on-the-day appointments available as well.

- **MPS counselling**

- All Otago Medical Students are eligible for 6 **free** counselling sessions each year with MPS.
- These sessions reset each year.
- These are not linked to Student Health so can be additional to make a total of 12 sessions.
- Call [0800 464 387](tel:0800464387) - Can be via Zoom or in person.

# RESOURCES

- **Hardship grants**
  - Please contact Student Affairs for more information if you need financial support
- **Te Huka Mātuaraka**
  - Offers pastoral support and free counselling, see Student Affairs for more information
- **Kōhatu and POPO (Va'a o Tautai)**
  - **Kōhatu:** Tel [+64 3 479 4878](tel:+6434794878) Email [kohatu.admin@otago.ac.nz](mailto:kohatu.admin@otago.ac.nz)
  - **POPO:** Tel [+64 3 479 8278](tel:+6434798278) Email [pacific@otago.ac.nz](mailto:pacific@otago.ac.nz)
- **International student support**
  - Support for international medical students
- **ROMSA kōrero club**
- **Student Learning Development**
  - Offers 1 on 1 chats with learning advisors - helpful for getting support with study methods, workload, etc.
- **DMSAA welfare reps**
  - Your welfare representatives are here to support you, whether that be a chat over coffee, or assisting you through the process of Reporting Concerns.
  - Contact [almwelfare@oumsa.org](mailto:almwelfare@oumsa.org) or message your ALM4 Welfare Rep
- **And more supports depending on your circumstances... just ask Student Affairs!**

# REPORTING CONCERNS

Unfortunately, every year there are some students who experience poor professional behaviour in the hospital environment. This is not acceptable and there is support available for you.

**There is an official process to report these kinds of behaviors, please see this link on the Moodle Homepage.**

**<https://medschool.otago.ac.nz/course/view.php?id=1309#section-6>**

Reports made via this link can be completely anonymous if you wish. You can use the DMSAA Welfare Rep's name on this form as a person to contact for follow up, if you wish to remain anonymous.



## Student Affairs

Helping to support the wellbeing of medical students.

**Got a professional concern?**

Courses / Support / OMS\_StudentAffairs

### Student Affairs and Support

Course Overview Participants Grades Question Tracker

#### Reporting Concerns about poor professional behaviour in the learning environment

You can report concerns using this button. This takes you to a **confidential and secure** reporting form outside of Moodle. You do not need to identify yourself, and your report cannot be linked to you as an individual unless you elect to tell us who you are to allow follow up. You may use this form to nominate someone else (e.g., a group rep) to get follow up if you wish.

**Report a Concern**

OMS Exec has endorsed recommendations that include setting up the reporting process, and establishing a team of senior people to evaluate reports and plan action. Reports come first to the OMS student affairs and the reports are collated and passed on to the Behaviour Assessment Committee, whose members are listed below.

Professor Lynley Anderson is the Chair

Dr Ruth Barnett is ELM rep

Mr John Woodfield is the DSM rep

Dr Rose Crossin is UOC rep

Dr Jonathan Kennedy is UOW rep.

# ABSENCES

## “I’m sick and I’m going to miss class/ward rounds today. What do I do?”

Fill out the leave form (unlike ELM, you need to fill this out even if you are just sick for 1 day. But you don’t need a med cert unless it’s more than 3 days.

**There are specific things to do for each run so please check on Moodle to confirm.**

**GP** - text the GP admin phone to let them know. If on placement - follow instructions on Moodle.

**Medicine** - email admin AND let your team know (e.g. Whatsapp group or phone HO via switch)

**Surgery** - email admin AND let your team know

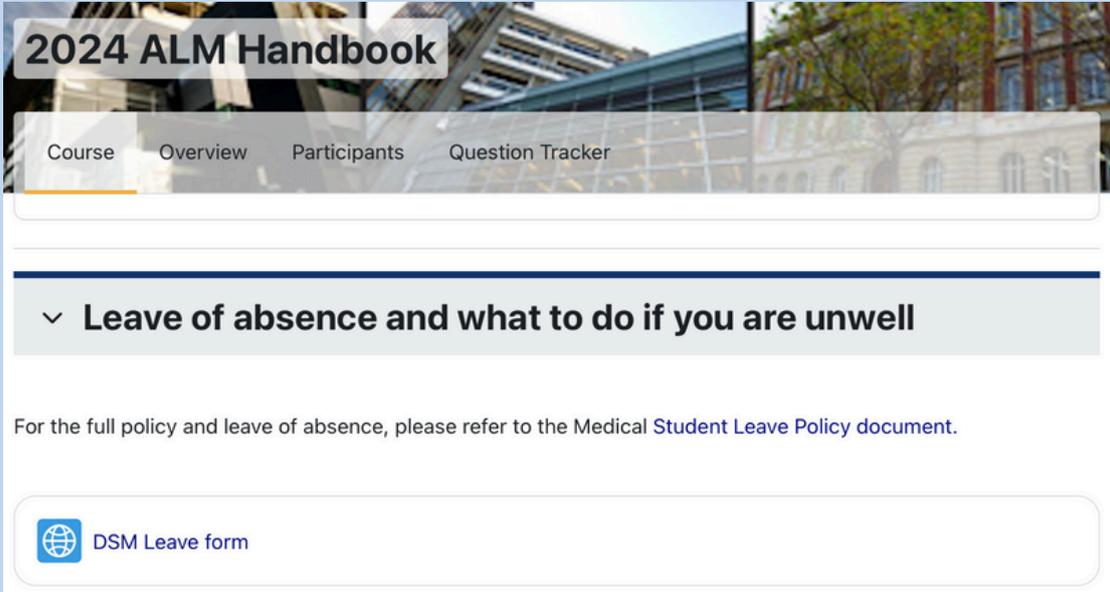
**Public Health / OPH** - email admin and organize a swap for placement if needed.

## “I am off sick for a prolonged period of time (> 3 days). What do I do?”

1. Get a medical certificate and send it to admin
2. Complete leave of absence form
3. The Associate Dean will also contact you to check in

## “I need to take leave > 3 days. What do I do?”

If the leave is planned, apply on Moodle as soon as possible. Contact your module admin/convenor to discuss with them as catch up may be required. You will need to meet with the Associate Dean to discuss. If the leave is unplanned, you can follow the same process or let Student Affairs know your situation so that you can be supported.



**2024 ALM Handbook**

Course Overview Participants Question Tracker

▼ **Leave of absence and what to do if you are unwell**

For the full policy and leave of absence, please refer to the [Medical Student Leave Policy](#) document.

 [DSM Leave form](#)

# LEARNING RESOURCES THAT WE RECOMMEND...

## **UpToDate**

- Can access when connected to SDHB Staff Wi-Fi, and download onto your phone for use anywhere
- Commonly used by doctors in the hospital

## **Southern Community Health Pathways**

<https://southern.communityhealthpathways.org>

- Username and password on Moodle

## **Curriculum Map**

<https://medmap.otago.ac.nz/ui/>

Good for lists of conditions and presentations that we need to know for exams

**Dr. Lex** - A cool app where AI generates fake patients and you need to choose the right investigations within budget to work out the condition, like a game!

**Eolas** - Eolas is replacing the 'MicroGuide' app in 2025. It will be useful on clinical placements as it contains clinical guidelines.

## **MSD manuals**

<https://www.msdmanuals.com/professional>

## **Tala-Moana**

An app which has Pasifika language learning resources, recommended by Va'a o Tautai department.

# FINAL WORDS

We hope that this document has provided some helpful advice, tips and tricks on how to succeed in ALM4 this year.

**Please remember that this is not an official document - confirm assessment information and dates on Moodle, and contact your Module Convener if you have questions about academic information.**

The transition from ELM to ALM can feel overwhelming for some students. Whatever you are feeling this year, just know that you're not alone. There are many supports available to help you; please see the 'Resources' section.

You might like to talk about how you are feeling with fellow med students or staff, your TI/house officer, or Student Affairs who are here to help support you. Many students find that having a friend in ALM5 or TI who can act as an informal "mentor" is very supportive.



**Starting clinical years can feel scary, but remember, you have worked so hard for 3 years to get to this point! Wear your stethoscope proudly and give yourself a big pat on the back. You've got this!**

**The DMSAA Education Team 2024**