



UNSW Medicine & Health

Medicine Program Student Guide 2021

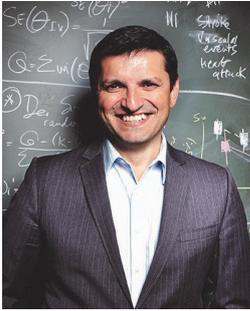
Medicine and Medicine / Arts

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Introduction

Dean's Welcome



Welcome to UNSW Medicine & Health, one of the world's top medical schools.

As Dean I feel privileged to lead a medical school that brings together excellence in teaching and research, while addressing the most significant health challenges we face. Our aim is to improve health in Australia and globally, with a focus on eliminating health disparities. We are delighted to have you join us in this endeavour.

UNSW Medicine & Health fosters an environment that enables world leading educators, researchers and clinicians to flourish in their professional careers. But our essential, core business is to train doctors and other health professionals so that they acquire the best possible skills and make the most of their great potential.

From the impacts of the COVID-19 pandemic, to ongoing issues such as obesity, global ageing and the rise of non-communicable diseases, today's most critical health issues create numerous and diverse possibilities to drive real change. We have a mandate to be progressive, address inherent disadvantages in the health system, improve health care in Indigenous and rural communities, harness underused technology and be a part of a global community that helps people live better – wherever they are.

UNSW Medicine & Health is one of the few medical schools in Australia to offer undergraduate entry to the integrated Bachelor of Medical Studies/Doctor of Medicine (MD) program, a globally recognised qualification that will equip you for an unrivalled career in health. Your training with us will be thorough, comprehensive, dynamic and innovative. It will prepare you to meet the complex and ever-changing demands of health care. You will find a welcoming community here at UNSW Medicine & Health as we work together to support the growth of everyone: our eclectic and diverse community of students, staff, alumni and partners. Cultural safety is paramount; we are all about building an inclusive culture of lifelong learning and engagement.

As you move from being a student to becoming a doctor, we encourage you to question, to discover, to design, to grow and listen and learn: our goal is to develop compassionate graduates and researchers who are the innovators and global leaders of tomorrow.

Professor Vlado Perkovic

Dean, UNSW Medicine and Health

Welcome from the Program Authority



It is a great pleasure to welcome you at the beginning of your medical studies or back from an enjoyable break. As a UNSW Medicine student, you are part of a community of professionals, doctors, teachers, researchers, mentors and learners.

The Medicine program is student-centred, dynamic, intellectually challenging and diverse in order to respond to your needs and the needs of modern medicine and health practice. It promotes the value of experience, reflection and personal growth. Our explicit aim is to graduate lifelong learners of medicine with a high degree of professionalism. The content and experiences have been designed to challenge you and allow you to graduate with a set of capabilities that will form the foundation for a professional career of medical care and learning. UNSW Medicine promotes a learning culture, which is inclusive and non-judgemental, where respect and support of our fellow students, teachers and administrative staff is highly valued. All students are expected to demonstrate a high degree of professionalism.

All courses in the program are interdisciplinary: biomedical sciences are integrated with one another and with the social and psychological sciences, and with clinical medicine. The scientific basis of medicine and clinical experience go hand in hand throughout all years of the program. There are also opportunities for in-depth research experiences. Our Medicine program emphasises collaborative learning and teamwork, communication skills and preventative medicine supported by state-of-the-art information technology. The Medicine program is constantly being evaluated and feedback from our students is an essential part of this process.

Throughout the Medicine program, we will support you and challenge you; your learning will be both exciting and demanding. The program allows you flexibility in choice of courses and assessments, but also requires you to take significant responsibility for your learning. It is your responsibility to be kept informed of the program requirements and UNSW Medicine policies. This Program Guide is updated annually to inform you of any changes, so it is essential that you check the Guide at the beginning of every year.

Welcome to our learning community.

Dr Sean Kennedy
Program Authority, UNSW Medicine

Important Information

This section includes important information and links to [University and Faculty policies](#). It also provides information about the requirements that you must meet relating to clinical placements in facilities of NSW Health. It is essential that you are familiar with and comply with, all of the University, UNSW Medicine or NSW Health policies.

myUNSW

A useful online starting point for enrolment and general information about UNSW is the myUNSW site - the online administration application for all current students. <https://my.unsw.edu.au/>

Student Code of Conduct

Students and staff are governed by the normal laws that regulate our daily lives, but in addition UNSW Sydney has its own rules and code of conduct expressed through its policies and procedures. Good conduct and academic honesty are fundamental to the mission of the University as an institution devoted to the pursuit of excellence in scholarship and research, social engagement and to the service of local and global societies. These principles apply to the whole University community, including students and staff, and have been developed over many years. In addition, medical students are expected by their colleagues and the public to demonstrate a high degree of professionalism and these expectations are outlined in our document [Professionalism in Medicine: A Student Code of Conduct](#). The consequences for unprofessional behaviour can range from a warning or a comment placed by Course or Phase Convenors in the student's portfolio to an allegation of student misconduct. All students should familiarise themselves with information relating to the code of conduct on the Medicine website, and other associated policies. Further information is available at: <https://medprogram.med.unsw.edu.au/getting-started-0> and <https://student.unsw.edu.au/policy>.

UNSW Medicine, the University and NSW Health take any form of student misconduct, including bullying, intimidation, sexual and non-sexual harassment, very seriously. The University has policies on equity and diversity, anti-racism and equal opportunity. If any student feels that they have been subject to behaviour, from another student or staff member, including staff employed by NSW Health, which would be in breach of any of these policies, it should be reported to the Student Well-being Advisor or Course Convenor or a senior staff member from the Medical Education Student Office (MESO), or an official complaint can be lodged (UNSW Student Complaints and Appeals - <https://student.unsw.edu.au/complaints>). Students should be particularly careful with conduct related to social media. Please be aware that what you or your peers may think is "funny or trivial" may be offensive to other students, staff and the public. Even if the post or links are taken down immediately, the offended party can obtain screen shots. If this post has occurred on a UNSW official website or a website linked to UNSW, or the student(s) identify themselves as UNSW students, or it relates to teaching activities, it may breach the UNSW Student Code of Conduct Policy which can result in significant penalties such as suspension from studies:

- UNSW Student Social Media Guide
<https://student.unsw.edu.au/social-media-guide>
- UNSW Student Code of Conduct
<https://www.gs.unsw.edu.au/policy/documents/studentcodepolicy.pdf>

Students are also required to abide by the codes or regulations of NSW Health and its facilities governing behaviour during clinical placements:

- NSW Health Code of Conduct
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf
- Guidelines for Clinical Placements in NSW Health
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2018_009.pdf
- Health Care Records - Documentation and Management
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2012_069.pdf
- Privacy Manual for Health Information
<https://www.health.nsw.gov.au/policies/manuals/Pages/privacy-manual-for-health-information.aspx>

If a student feels that, during a clinical placement, they are subject to bullying and harassment by an employee of NSW Health who is not a conjoint member of UNSW Medicine, the relevant Clinical School Administrator or Clinical Tutor should be notified immediately. Students can also contact confidential and free Employee Assistance Programs which are available in all teaching hospitals.

NSW Health takes bullying and harassment of any student or staff member very seriously as outlined in the Policy:

- Prevention and Management of Workplace Bullying in NSW Health:
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_040.pdf
- Prevention and Management of Unacceptable Workplace Behaviours in NSW Health - JMO Module
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_041
- Statement of Agreed Principles on a respectful culture in Medicine:
<http://www.health.nsw.gov.au/workforce/culture/Publications/respectful-culture-in-medicine.pdf>.

All students are registered with the Medical Board of Australia and are required to abide by the Medical Board of Australia's Code of Conduct. See information outlined in this guide and on the website:

<https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx>.

Clinical and Intimate examinations

Medicine is a profession based on trust and a key component of the trustful relationship between a doctor and patient is informed consent.

For all interactions with a patient, you must obtain appropriate consent from the patient and the patient must understand that you are a medical student. This consent can also be obtained by the supervisor taking the student group.

It is important that students seek verbal consent from patients for any form of examination. For intimate examinations and examinations on vulnerable adults, specific levels of consent and care are necessary.

Consent for Intimate Examinations

For intimate examinations, informed consent is mandatory. Intimate examinations include the following:

- Vaginal examination (also see the Obstetrics and Gynaecology guide)
- Rectal examination
- Examination of external genitalia
- Breast examination
- Any other examination that might embarrass patients through the removal of clothes, particularly those examinations that might expose external genitalia or breasts

As well as gaining explicit consent in advance, there should always be a chaperone in attendance for any such examinations. For examinations of the breasts, external genitalia, vagina and rectum, we recommend that students are supervised by a healthcare professional (usually a doctor) with experience carrying out that examination. For other examinations that might embarrass patients through the removal of clothes, it is acceptable for another student to act as a chaperone provided the patient agrees that this is acceptable to them. Students are also expected to be aware of any cultural issues that may make more sensitive a physical examination that would normally be considered 'standard'. They should always ask their supervisor if they are unsure about what is appropriate.

For examinations of anaesthetised patients, intimate examinations by medical students should be restricted to situations where there are genuine educational benefits, and the patient has given written consent for the named student to conduct a specified examination whilst they are under anaesthetic.

Clinical supervisors should also be aware of these requirements.

Academic Integrity at UNSW

UNSW has an ongoing commitment to fostering a culture of learning informed by academic integrity. All UNSW staff and students have a responsibility to adhere to this principle of academic integrity. Plagiarism undermines academic integrity and is not tolerated at UNSW. Plagiarism at UNSW is defined as using the words or ideas of others and passing them off as your own (see examples below).

The *UNSW Student Code* [<https://www.gs.unsw.edu.au/policy/documents/studentcodepolicy.pdf>] provides a framework for the standard of conduct expected of UNSW students with respect to their academic integrity and behaviour. It outlines the primary obligations of students and related procedures.

In addition, it is important that students understand that it is not permissible to buy essay/writing services from third parties as the use of such services constitutes plagiarism. Nor is it permissible to sell copies of lecture or tutorial notes or give them to a third party, such as a website, as students do not own the rights to this intellectual property. More information on the UNSW Plagiarism Policy can be found here:

<https://www.gs.unsw.edu.au/policy/documents/plagiarismpolicy.pdf>

When a student breaches the *Student Code* with respect to academic integrity, the University may take disciplinary action under the *Student Misconduct Procedure*

[<https://www.gs.unsw.edu.au/policy/documents/studentmisconductprocedures.pdf>].

Examples of plagiarism including self-plagiarism

Copying: Using the same or very similar words to the original text or idea without acknowledging the source or using quotation marks. This includes copying materials, ideas or concepts from a book, article, report or other written document, presentation, composition, artwork, design, drawing, circuitry, computer program or software, website, internet, other electronic resource, or another person's assignment, without appropriate acknowledgement.

Inappropriate paraphrasing: Changing a few words and phrases, while mostly retaining the original structure and/or progression of ideas and information without acknowledgement. This also applies to presentations, where someone paraphrases another's ideas or words without credit, and to piecing together quotes and paraphrases into a new whole without appropriate referencing.

Collusion: Presenting work as independent work when it has been produced, in whole or part, in collusion with other people. Collusion includes students providing their work to another student before the due date or for the purpose of them plagiarising at any time, paying another person to perform an academic task and passing it off as their own, stealing or acquiring another person's academic work and copying it, offering to complete another person's work or seeking payment for completing academic work. This should not be confused with academic collaboration.

Inappropriate citation: Citing sources which have not been read, without acknowledging the 'secondary' source from which knowledge of them has been obtained.

Self-plagiarism: *'Self-plagiarism' occurs where an author republishes their own previously written work and presents it as new findings without referencing the earlier work, either in its entirety or partially. Self-plagiarism is also referred to as 'recycling', 'duplication', or 'multiple submissions of research findings' without disclosure. In the student context, self-plagiarism includes re-using parts of, or all of, a body of work that has already been submitted for assessment without proper citation.*

Academic Misconduct and Plagiarism

You are expected to read the University's policy on Academic Misconduct (including plagiarism) which are available on the following myUNSW site:

<https://www.gs.unsw.edu.au/policy/documents/studentcodepolicy.pdf>

<https://www.gs.unsw.edu.au/policy/documents/plagiarismpolicy.pdf>

Plagiarism may lead to failure of an assessment and a course and may also lead to a charge of misconduct which could result in exclusion from the University. It is imperative you understand how seriously the Faculty and University view plagiarism. UNSW Medicine will scan all items submitted to the eMed: Portfolio system using a commercial plagiarism engine. Items submitted are also compared to other items already in the system.

Student Well-being and Student Support

Studying as a medical student or practising as a doctor can give rise to stresses over and above general university life. Issues relating to academic stress, financial, social and personal life events are factors with which all students need to deal. However, there are some stressors that are particularly applicable to medical students such as the psychological distress due to contact with patients with serious illnesses and death. Students not only have to deal with their own emotional responses but are also exposed to the emotional distress of patients. UNSW Medicine takes student well-being and student support very seriously and our students' welfare is of paramount importance (see page 42 of this Guide for more details).

Status of the Medicine Program as an Undergraduate Program

The Medicine 3805 program is classified by the University and the Commonwealth Government as a **single undergraduate** program that awards two degrees after six years of study – one a Bachelor degree (BMed) and the other a Masters degree (MD). This has important implications:

1. Domestic student contributions for course fees sit within the range for undergraduate Commonwealth supported places in Medicine for the whole program.
2. Students with a bonded Commonwealth supported place will be required to work in an area of workforce shortage for their chosen speciality. Please see the Bonded Medical Places Scheme website: <https://www.health.gov.au/bmpscheme>.
3. Students in receipt of Centrelink payments, including ABSTUDY, are advised to ensure that they are paid at the appropriate level of study i.e. undergraduate. The University regularly reports the status of enrolled students to Commonwealth agencies, including Centrelink, confirming that students in the Medicine program are enrolled as undergraduates. Students in receipt of higher levels of payment could incur a large debt to be repaid to Centrelink.
4. The BMed is not awarded until the completion of the whole six-year Medicine program. If a student is excluded or withdraws from the program after completion of the BMed, they would be eligible to graduate with the BMed only. This qualification alone would not be recognised for registration in Australia or overseas.
5. If a student decides to take leave, after 3 years, to do a higher degree such as a Masters, the Program Authority can provide evidence for the student stating they have already completed the UoC comparable to a Bachelor degree; most Universities will accept this evidence even though the BMed has not been awarded.

These points are also applicable to the combined Medicine Arts program (3855).

Enrolment

Enrolment and class registration in all courses are **the student's** responsibility. The University and Faculty provide sufficient information to ensure that this can be done correctly and on time. Specific enrolment information for each year is available on the [UNSW Medicine website](#) and in the [UNSW Handbook 2021](#).

Failure to enrol in courses before the census date can result in significant financial penalties instituted by the University.

In addition to enrolling in courses, you must also enrol in any examinations which have a zero UoC course code. Although there are no fees associated with enrolling in the examinations, it is essential that you enrol in order for your results to be recorded on your academic record.

Attendance at Classes

Studies have shown that high attendance correlates with better engagement and success in a course or discipline. By attending, engaging and actively participating in your classes, you not only increase your own opportunities for success but you also help build a learning community with other students. Attendance is a student's responsibility. Attendance and engagement are important aspects of professionalism. If you are not able to regularly attend classes, you need to consult your relevant Course Convenor or Authority.

You should carefully read your course outlines before courses commence to ensure that you are familiar with any specific attendance requirements. To perform satisfactorily in a course, students must complete all assigned tasks, attend, be punctual and engage in all scheduled small group sessions, and pass the course examination. In Phase 1, students are expected to attend all Scenario Group Sessions, Clinical Skills teaching on campus and at Clinical Schools, all Practical Classes and all small group tutorials. In Phase 2, students should attend all Case Method Tutorials, Case Tutor Sessions, Ethics Tutorials, all Practical Classes and all small group tutorials on campus and at Clinical Schools. In Phase 3, students should attend all Practical Classes, Investigative Medicine and Biomedical Sciences teaching, and all small group tutorials on campus and at Clinical Schools.

If you are unable to attend a required teaching activity you need to inform your relevant Course Authority (or for hospital-based sessions, the administration staff of the relevant Clinical School) and if the absence is for medical reasons you will be required to present a medical certificate. If examinations or other forms of assessment have been missed, you should apply for Special Consideration. More information is available on the myUNSW website.

Where a significant absence is anticipated during course time (such as conference attendance, important cultural or personal commitments) it is imperative that the student contact the Faculty as soon as possible so that leave of absence can be considered and alternative arrangements for study/assessment put into place. Failure to provide sufficient notice may result in an Unsatisfactory Fail grade for that course.

If a student is absent from any learning activity, it is their responsibility to catch-up and learn the material they missed independently. If a student fails a course, they cannot use absences from learning activities, for any reason, as grounds for appeal.

It is your responsibility to frequently check the eMed timetable for assigned classes and for any changes. Ignorance of class timetables or changes, scheduled in eMed, is not an acceptable excuse for non-attendance.

You can only attend classes to which you are allocated. You may not attend practical or other classes at different times to your timetable. You may not attend clinical sessions at different hospitals from that to which you have been assigned. Tutors or administration staff may ask you to leave if you are not in the correct class or location.

Extra-curricular Activities affecting Attendance

The Medicine program is a full-time program requiring your attendance in scheduled classes and other teaching activities (e.g. clinical placements). You are also expected to complete self-directed learning and assessment tasks outside of scheduled teaching activities.

Whilst you may be involved in extra-curricular activities throughout your studies, you must ensure that these do not significantly impact on your attendance in scheduled teaching activities or completion of assessment requirements.

The Policy on Extra-curricular Activities aims to ensure that you understand UNSW Medicine's expectations and that you know when and how to obtain approval for extra-curricular activities which may impact on attendance. The Extra-curricular Activities Policy is listed under the UNSW Medicine Policies, available at:

<https://medprogram.med.unsw.edu.au/getting-started-0>

This policy relates to

1. Employment.
2. Voluntary work.
3. Sport, music or other recreational activities.
4. Student-related activities e.g. conferences, courses
5. Academic activities e.g. conferences, courses.

UNSW Medicine and UNSW have existing policies covering non-attendance relating to Special Consideration, religious holidays and being a member of the Australian Defence Reserves.

UNSW Work Health and Safety Policy

There are many locations in UNSW Medicine, its teaching hospitals and clinical placements, and many activities that you may be involved in during your studies that are potentially dangerous to your health and safety and to the health and safety of others. You should at all times observe the requirements of the UNSW Work Health and Safety Policy which is available at: <http://www.gs.unsw.edu.au/policy/documents/ohspolicy.pdf>

Indemnity and Accident Insurance

As an enrolled student of UNSW, you are covered by the University's insurance and indemnity arrangements.

UNSW Personal Accident Insurance provides certain benefits including Non-Medicare Medical Expenses if you are accidentally injured whilst participating in any approved and recognised course-related activity including clinical placements. The University insurance cover indemnifies you in the event that you become legally liable for injury to any person or damage to the property of others (other than property damage or bodily injury arising from use of a motor vehicle), arising from you participating in any approved and recognised course-related activity including clinical placements, provided you are not receiving any payment or remuneration in relation to that activity.

The University insurance covers for legal liability arising from the provision of medical services and treatment, including education, research and clinical training. All students engaged in the provision of such activity that is



approved or recognised by UNSW are insured for legal liability arising from these activities, provided you are not receiving any payment or remuneration in relation to that activity.

These insurance covers apply to activities that you undertake as part of an enrolled course or any official study that a student is conducting, as long as it is being conducted in a facility that is a recognised UNSW teaching facility. This includes the Elective course in Year 6. If you are required to complete study during the holiday period to make up for missed time during the semester, or you need to complete your ILP because of an absence or you are required to study for a supplementary examination including a clinical examination, you will be covered for these activities. To make sure there is no doubt about this, it is important to have an appropriate disclosure and approval process such as permission from an academic, teacher, professional staff or the Clinical School Teaching Unit.

However, insurance cover does not apply to extra-curricular activities that you have arranged or may undertake during periods of recess or weekends that are not sanctioned by UNSW Medicine. For example, if you were to continue clinical training in a clinical setting over the holiday period at the end of the year in a non-UNSW sanctioned teaching site (for example another university or hospital not associated with UNSW Medicine), you would not be covered. Insurance cover would also not apply if the clinical setting was a UNSW teaching hospital and the supervisor was an academic or staff specialist in the hospital, but the activity was not related to any teaching activity. For example, you were working in a laboratory that did not have any relation to your teaching. This does not prevent you from undertaking these extra-curricular activities, but you and your supervisor should understand that you are not indemnified by the University, and insurance should be arranged by yourself or supervisor.

Immunisation and Blood-borne Viruses and ClinConnect Compliance

To be enrolled in the UNSW Medicine program, you must comply with UNSW Medicine's Immunisation and Blood-borne Viruses Policy which aims to minimise the risk of medical students contracting or spreading an infectious disease or blood-borne virus such as HIV, and Hepatitis B or C. All students in the Medicine program could ordinarily be expected to undertake exposure-prone procedures and all students in the program must know their infective status in relation to blood-borne viruses. A student who is aware he or she has a blood-borne virus infection must not undertake exposure-prone procedures.

Any infective student who knowingly undertakes an exposure-prone procedure or any student who in any other way endangers the health of patients or staff will be reported to the Medical Board of Australia. The Board may prohibit or restrict the student's right to undertake clinical studies or practice. Such a student would also be liable to criminal prosecution if a blood-borne virus is knowingly transmitted. Depending on the circumstances, the student could also be subject to the University's Student Misconduct Rules. All information regarding personal infective status in relation to blood-borne viruses is completely confidential. No student need divulge personal results to the University and no student will be discriminated against or prevented from qualifying for the degree of BMed MD because of any such infection.

Early in the course of medical training you may be exposed to patients with infectious diseases, thus personal protection in the form of immunisation is essential. It is a NSW Health requirement that all students provide evidence of immunisation/immunity prior to having contact with patients. While UNSW Medicine makes students aware of the immunisation requirements of NSW Health, it is your responsibility to ensure that you can provide the necessary documentation to show you are compliant with these requirements. Students must be compliant with ClinConnect to attend clinical placements.

Failure to be compliant at the beginning of a given course may result in a student not being allowed to attend clinical placements until they are compliant, or potentially until the next course. Not being allowed to attend due to non-compliance with ClinConnect is the same as being absent from course teaching activities for any other reason – and may result in an Unsatisfactory Fail result in that course.

Further information on the Immunisation and Blood-borne Viruses Policy including specific requirements for immunisation are available at:

- <https://med.unsw.edu.au/student-life/government-policies>
- <https://www.health.nsw.gov.au/immunisation/Pages/default.aspx>
- Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_017.pdf

Registration with the Medical Board of Australia

All Medicine program students must at all times during enrolment be registered with the Medical Board of Australia. Registration is administered by the Australian Health Practitioner Regulation Agency (AHPRA). Registration at the commencement of Year 1 will be organised by the Medicine Education and Student Office. If a student fails to maintain registration (e.g. if it is made subject to a restrictive condition because of an impairment suffered by the student which results in the student being prohibited from undertaking clinical studies or practice), the student will be excluded from the Medicine program. For more details on student registration see the Medical Board's website at:

<http://www.medicalboard.gov.au/Registration/Types/Student-Registration.aspx>

Fitness to Practise

UNSW Medicine has established a policy and process to assist students who have, or who may develop, physical or mental impairments that are likely to detrimentally affect their physical or mental capacity to practise medicine. Studying to be, and working as, a doctor are both physically, psychologically and emotionally demanding. You will be exposed to stress and disease. If you have any concerns about these issues or if you are aware of any reason (such as a chronic illness, a disability or mental illness or any impairment) that might make it difficult for you to gain medical student registration with the Medical Board of Australia or to practise as a doctor after graduating from UNSW, we urge you to speak about these important matters in confidence with UNSW Medicine Student Wellbeing Advisor or the UNSW Counselling and Psychological Services or contact the Medical Board. Students can also contact the confidential Doctors Health Advisory Service:

<http://www.dhas.org.au/resources/resources-for-medical-students.html>.

As a student of the medical profession, you have duties and responsibilities to yourself, the patients you encounter, the community and the profession. Early in the program, these issues will be discussed with you, and you should be aware of UNSW Medical Students Fitness to Practise Policy, which can be found at:

<https://medprogram.med.unsw.edu.au/getting-started-0>.

As all students are registered with the Medical Board of Australia, its jurisdiction applies with respect to the process of evaluating and assisting impaired students if and when required. If any student has an impairment that, in the course of clinical training, may place the public at substantial risk of harm, the student is obliged to inform the Medical Board. Furthermore, UNSW Medicine must notify the Board if it reasonably believes that a student may be impaired and they may be a risk to patient safety (see: <https://www.medicalboard.gov.au/codes-guidelines-policies/guidelines-for-mandatory-notifications.aspx>).

The predominant aim of UNSW Medicine and the Medical Board is the provision of assistance and remediation for students, with the desired outcome being the successful completion of the BMed MD and subsequent safe practise of medicine.

Equity and Disability

The wellbeing of students and successful academic progress are paramount priorities for the Medicine program. Students should take responsibility for their own health and wellbeing. However, the Faculty and University have a responsibility to support students through health and personal issues and to treat all students fairly and without discrimination. Equitable Learning Services at UNSW (formerly known as Disability Support Services) has well-established services that can help students with disabilities or difficult personal circumstances. For example, reasonable adjustments can be instituted to help students' study. Equitable Learning Services at UNSW provides the following services to students:

- advice and information on anti-discrimination legislation, policies and practice
- assistance with grievance handling under UNSW's discrimination and harassment grievance procedures
- disability services
- support for ACCESS students
- guest lectures and presentations to students

You can contact the Equitable Learning Services at any time to talk confidentially about issues relating to disability and equity in your study: <https://student.unsw.edu.au/els/services>.

Allocation to Clinical Environments

The Medicine program at UNSW is grounded in the principles of experiential learning, with an emphasis on learning in real places of medical work. A significant amount of teaching therefore occurs in teaching hospitals and other clinical environments.

In all three phases of the program, you will be required to travel to various clinical environments associated with UNSW. In Phase 1 the majority of teaching occurs on the main university campus (at Kensington) with fortnightly clinical sessions held in hospitals in the Sydney metropolitan area, although 25 students will complete Phase 1 at the Port Macquarie Campus in the Rural Clinical School and from 2021 there will also be a cohort at Wagga Wagga. In Phase 2, teaching in clinical environments increases to 3 days per week. By Phase 3, almost all teaching is conducted in clinical environments. In Phase 2 and Phase 3, clinical environments include hospitals and general practices which are located in Sydney and in rural sites, mainly in New South Wales.

With respect to rural clinical placement whilst undertaking studies:

- Up to 30% of local (Commonwealth Supported Places) medical students must undertake a minimum of 12 months in residential rural environments.
- All Rural Entry Scheme students will be required to spend at least 12 months in a rural campus and they may be required to spend a further 1 or 2 years, if the rural campuses are under-subscribed.
- All other local (Commonwealth Supported Places) students are encouraged to undertake a minimum of 4 weeks of clinical learning in a rural location to improve their understanding of rural health, however this requirement is no longer compulsory for all students.
- In some instances, International students will be allowed to undertake clinical learning in a rural location if places are available.

To ensure that UNSW Medicine effectively uses the clinical placements available in hospitals and general practices and to maximise students' opportunities to obtain a range of clinical experiences, the allocation of students to clinical environments is governed by the Clinical Allocation Policy. Students are expected to read this policy especially in relation to the process for allocating placements and the factors that UNSW Medicine will and will not take into consideration. A copy of the full policy regarding Allocation of Students to Clinical Environments is available on UNSW Medicine's website at: <https://medprogram.med.unsw.edu.au/getting-started-0> and <https://medprogram.med.unsw.edu.au/allocation-clinical-teaching-sites>

This Policy is under regular review and revision. The current version of the Policy is applicable at all times.

NSW Health Requirements Relating to Clinical Placements

NSW Health requires that all medical students placed in any of its facilities are fully compliant with its requirements. This applies to students undertaking clinical placements or who require access in any capacity to its facilities which includes all the teaching hospitals used by UNSW Medicine. Students need to always comply with patient Health Record and Information Privacy. A copy of the UNSW guidelines can be found at: <https://medprogram.med.unsw.edu.au/requirements>

UNSW Medicine is required to enter information about all medical students into ClinConnect which is a NSW Health database for managing all clinical training placements in public hospitals in NSW. Information reported to ClinConnect includes student name, student number, gender and year of birth.

Prior to your first clinical training session in Year 1, you will need to provide certain documentation to be confirmed as fully compliant. This will be checked by staff from NSW Health on campus. If you are not fully compliant, you will be instructed in what you need to do before you can commence your clinical training. UNSW Medicine cannot overrule the decision of **NSW Health** staff and **your clinical training will be delayed** until you have completed all requirements.

National Police Certificate

In addition to providing the necessary documentation relating to immunisations, NSW Health requires all medical students to undergo a criminal record check and obtain a National Police Certificate (NPC) from their state or territory police service.

International students may apply for a NPC before arrival in Australia through the Australian Federal Police. In addition to obtaining a NPC, international students are also required to obtain a Police Certificate (with English translation) from their home country and any country that they have resided in.

You must retain the NPC for the duration of enrolment in Medicine as you may be required to present it whenever attending a clinical placement in a NSW Health facility. Note, this certificate is valid for three years only and it will need to be replaced prior to Year 4.

Students must note that clinical placement in the NSW Health system is a substantial and essential element in the UNSW Medicine program. Students who fail to satisfy the requirements of NSW Health at any point during their enrolment in the Medicine program may be excluded from undertaking a clinical placement. This will delay progress in the program and may ultimately lead to exclusion from the program. Depending upon the circumstances at the time, students may be eligible to transfer to another program of the University.

UNSW Medicine Student Complaint Procedure

UNSW takes staff and student conduct seriously as discussed above. The University has processes in place to inform students of the steps to take if you wish to make a complaint regarding academic matters, about a person or an administrative process. You should refer to this link if you have a complaint:

<https://student.unsw.edu.au/complaints>

If you have any problems or grievances with a course, including assessments, you should in the first instance raise this with the course convenor. Either you or the course convenor may also seek assistance from the Phase convenor in resolving your grievance.

If the grievance is not resolved and you wish to seek further advice before lodging a formal complaint, the relevant senior officer in UNSW Medicine is:

Professor Anthony O'Sullivan
St George and Sutherland Clinical Hospitals
E: a.osullivan@unsw.edu.au

Please note the timelines in the procedures document for informing course convenors or lodging formal complaints.

Overview of the Program

In 2013, the Medicine program changed to award the degrees of Bachelor of Medical Studies and Doctor of Medicine (BMed MD) in line with the Australian Qualifications Framework. This change in degrees required no changes to the curriculum as described below. The change to the BMed MD aligns well with the professional nature of a medical degree and is a more globally recognised degree.

Structure of the Medicine Program

The six-year Medicine program has a modular structure comprising a series of fully integrated courses. There are 4 teaching periods in years 1 and 2 (Teaching Periods 1-4). In year 3 there are two main teaching periods and in year 4, students undertake an Independent Learning Project (ILP) or an Honours degree. An additional fifth teaching period (Summer Teaching Period) is introduced in years 5 and 6. UNSW introduced a new academic calendar (UNSW3+) commencing in 2019. The Medicine calendar has been altered to maximize alignment with the remainder of UNSW, while keeping the existing structure. The commencement dates of Teaching Periods 1 and 4 approximate the beginning dates of the standard UNSW academic terms 1 and 3 respectively, and the Medicine Summer Teaching Period generally commences in the first week of January.

The program is divided into three Phases based on the approach to teaching. Phase 1 consists of eight 8-week courses in Years 1 and 2. Phase 2 consists of clinical courses in Year 3 and the Independent Learning Project or Honours degree in Year 4, and Phase 3 consists of ten clinical courses in Years 5 and 6. You will also be required to take General Education courses in accordance with UNSW policy. [Handbook: General Education Courses 2021](#)

More information on the structure of the program is available on the Medicine program website.

Learning and teaching in Phases 1 and 2 is organised broadly around the human life cycle. This is reflected in the four fundamental domains of the program, each of which has four themes that provide a focus for its concerns:

Beginnings, Growth and Development: Involves study of the biological and social science principles relevant to the life cycle from conception to adolescence and adulthood. Its themes are:

- Conception, pregnancy and birth
- Childhood growth and development
- Puberty, adolescence, sexuality and relationships
- Nutrition, growth and body image

Health Maintenance/Adult Health: Focuses on the internal and external processes that maintain a state of health in 'middle-life', and how the disturbance of these leads to disease. Its themes are:

- Homeostasis, sustenance and equilibrium
- Education, health promotion and disease prevention
- Host defence
- Lifestyle factors that risk health

Ageing and Endings/Aged Care and Rehabilitation/Oncology and Palliative Care: Focuses on health issues that arise as people age. Its themes are:

- Menopause
- The ageing process
- Degenerative disease
- Death, dying and palliative care

Society and Health: Emphasises the inter-relationship between the health of the individual or population and the environment in which they live. Its themes are:

- Society, cultures and genes
- Socioeconomic determinants of health
- Health delivery systems
- Health and human rights

You will revisit the domain themes many times and by the end of the program you should have developed a rich understanding of how the themes apply to medical practice in a wide range of contexts and with a diverse range of people.

The program is also organised around three elements relevant to practice of medicine – Clinical Skills, Ethics and Quality of Medical Practice. Each of these elements is integrated vertically through the program.

Styles of Learning and Teaching

Learning in the program will be interesting and challenging. It will sometimes be fun, and sometimes it will seem to be chaotic and difficult. Inevitably there will be times when you will be confused and unsure of how it all adds up. At other times you will experience the excitement of understanding an issue and seeing the pieces fit together, and the satisfaction of mastering new skills and integrating them into your developing practice. Learning in this program will change the way you look at the world, other people, yourself, and the medical profession.

The program aims to support your development in **eight capability areas** that capture UNSW Medicine's goals for you as a medical graduate:

- Using Basic and Clinical Sciences in the Practice of Medicine
- Understanding the Social and Cultural Aspects of Health and Disease
- Patient Assessment and Management
- Effective Communication
- Teamwork
- Self-Directed Learning and Critical Evaluation
- Ethics and Legal Responsibilities
- Development as a Reflective Practitioner

The program has been designed so that you have time to complete your project and assignment work, and to extend your study of the material introduced in lectures, tutorials, practical classes, on-line activities and clinical experiences. Most teaching sessions will include suggestions of papers, texts or websites that complement or extend the material covered, and it is expected that you will undertake further study based on these suggestions in the areas that you are curious about, or that you feel you don't understand well enough.

The Medicine program utilises blended learning, which we define as an educational delivery model using a variety of learning activities that effectively integrates both online and face-to-face learning, where both these modes support and reinforce one another to create meaningful educational experiences for students. You will therefore be expected to engage individually and collaboratively with online interactive resources prior to, during or after scheduled learning activities. Many online resources developed by UNSW Medicine also provide a means to obtain individualised feedback on your learning.

The coherence of the program depends on you taking initiative. The program gives you the freedom to study more widely and deeply in areas that you judge will benefit your development as a medical professional. At the same time, it does not dictate exactly what you should read or how much you should study. These are decisions you are best placed to make, and making them is an important part of your development in the capabilities of 'Self direction and critical evaluation' and 'Development as a reflective practitioner'.

Each course gives you the freedom and the responsibility to focus and direct your own learning to some extent. This raises some interesting issues for the assessment system. You will find that the Course and Phase examinations may go a little beyond what has been studied in class. Your wider and deeper reading will stand you in good stead in these assessments, giving you extended knowledge and insights that you can draw upon when formulating your responses. The grading system has been designed to reward responses that demonstrate an understanding of concepts and processes that go beyond what is expected from students at each Phase. In this way the program will reward your initiative while encouraging your development as a self-directed learner.

The program incorporates a number of innovative educational elements designed to support your development in these capabilities:

- The Foundations course will introduce you to the teaching approaches and styles of learning in the program, especially blended learning.
- The emphasis on small group teaching will give you opportunities to engage in discussion and debate on the issues that arise in each course.
- The organisation of the program into three Phases enables the style of teaching to vary to match your learning needs as they develop through the program.
- The multi-year composition of many teaching groups in the program will give you the opportunity to work with others who are more or less experienced than yourself, or who have expertise in different areas.
- The portfolio assessment approach across all Phases of the program will help you to focus on the capability indicators in each Phase and to develop as a reflective practitioner of medicine. The portfolio is designed to help you drive your learning and to reflect on your progress.
- The life cycle structure of the curriculum will provide a broad framework for organising your knowledge and skills.

All these are intended to support you as you work to achieve the expectations of the capabilities of graduates from the program.

When you graduate, we want you to be a confident and proficient practitioner in all the capability areas, and a reflective and autonomous learner who will continue to develop as a medical professional throughout your career.

Rather than using a single style of learning and teaching, the program employs a range of approaches designed to encourage you to become progressively more independent and reflective in your development as a medical professional. Each Phase of the program has its own style of learning and teaching.

Phase 1: Scenario based learning

Teaching in Phase 1 is organised around scenarios which present authentic issues faced by medical practitioners. You will be encouraged to discuss these scenarios in your scenario groups, and to reflect on the issues that they raise. Through a series of learning activities - lectures, tutorials, practicals, on-line activities and scenario group sessions - you will explore the key issues and concepts that will eventually be examined at the end of each course. You will also be able to choose to pursue topics that interest you through your project and assignment work. The scenarios and other learning activities have been designed to widen your understanding of medical practice, while providing you with a sound introduction to the sciences and skills of modern medicine. Courses in Teaching Periods 3 and 4, will have a mix of first-year and second-year students that participate in small group learning activities. The mix of students and the planned learning activities will give you realistic opportunities to develop your teamwork, communication and reflection capabilities.

Phase 2: Practice based learning

In this Phase, you will spend more time in actual clinical and practical experiences. You will use these experiences to refine your developing medical knowledge. You will be able to pursue topics of interest through assignments and group projects. Small group tutorials and case method tutorials will help you combine the acquisition of clinical skills with continued learning about the scientific and social mechanisms underlying health and disease. During Phase 2, real clinical experiences will form the focus of your reflections.

During Phase 2, you will undertake an Independent Learning Project or Honours Degree. This is an opportunity to focus on an in-depth study of a topic of your choosing. You can choose to pursue a laboratory-based project in the medical sciences, or investigate issues in the social sciences, humanities, clinical medicine or another discipline, which is directly relevant to the practice of medicine. The Independent Learning Project or Honours Degree is an opportunity for you to develop your research and reporting skills while exploring in depth an area of medical practice that interests you.

Phase 3: Independent reflective learning

In this Phase, you will be attached to clinical teams where you will learn by doing and by pursuing learning projects related to the team's work and to the settings in which they are located, including hospital-based and ambulatory settings. In this Phase, much of your work will be negotiated with your clinical supervisors. Towards the end of the Phase, after you have completed your examinations and the portfolio assessment, you will be able to concentrate on preparing for the transition to the intern role in the Preparation for Internship (PRINT) course.

Clinical Learning

The Medicine program embodies the philosophy of experiential learning, and therefore a substantial amount of learning takes place in clinical environments or the equivalent (e.g. online clinical interactions), commencing in the first year of the program. Learning in such environments is significantly different from the university campus environment. As a medical student, you have certain responsibilities concerning dress and behaviour. You must at all times show respect and sensitivity to patients and the health professionals who care for them. Patient confidentiality must be maintained at all times. See the '[Student Code of Conduct](#)' documentation and the Phase relevant Clinical Skills Guides which further explain your responsibilities in clinical or equivalent environments. Our Teaching Hospitals and other health care environments can be busy places, and you will encounter experiences that will challenge you. To assist you with clinical learning, the program is structured to move from provision of support, supervision and structure in Phase 1, to an expectation of independence and self-responsibility in Phase 3.

In Phase 1 clinical learning, the focus is for you to understand the impact of illness on the patient and develop skills for gathering information for clinical problem solving. Emphasis will be placed on developing these skills, such as those required to communicate effectively with patients and to elicit the medical history, with no expectation that you will be able to determine a correct diagnosis. Your clinical experiences in Phase 1 will add authenticity to the scenario contexts that link your learning activities.

In Phase 2, you will have the opportunity to assess patients with common clinical problems. Each week will focus on a different clinical problem allowing you to see patients with a variety of medical conditions. Students will develop and refine their clinical skills and apply these skills and their knowledge of disease processes in determining a patient's diagnosis.

Phase 3 embraces the principles of what is commonly referred to as 'clinical clerkship'. We expect you to have opportunities to take responsibility for tasks in real units of work as part of a health-care team and under appropriate supervision. Through these experiences, you'll develop an understanding and approach to working with patients and other health-care workers in managing patients' illnesses.

Program Elements

Clinical Skills

The overall objective of the Clinical Skills program is to ensure that you develop competency in these skills and apply them within respectful relationships with patients. Specific objectives of the Clinical Skills Program are encapsulated by the Graduate Capabilities, particularly 'Patient Assessment and Management' and 'Effective Communication'. You will develop your clinical skills within a vertically integrated program acquiring increasing levels of competence and sophistication as you progress. Students will need to self-enrol in the Clinical Skills module in Moodle: <https://moodle.telt.unsw.edu.au/course/view.php?id=7698> Student enrolment key: CS_Student)

The following concepts are paramount to the acquisition and practice of clinical skills:

- Effective communication requires self-awareness (introspection and interpretation). This aspect of communication requires explicit learning and is associated with the 'Development as a Reflective Practitioner' capability.
- There is a significant professionalism aspect and ethical dimension involved e.g. principles of confidentiality and patient autonomy pervade the practice of all clinical skills.

In Phase 1, you will alternately attend campus-based and clinical environment (or equivalent) sessions. These sessions, with specific tutors, share common objectives and the learning activities will be complementary.

In Phase 2, you will develop your clinical skills around weekly themes, which represent common clinical presentations.

In Phase 3, you will apply and refine your skills as you work in clinical units.

Ethics

Ethics in medicine is an important component of all medical curricula. At UNSW, ethics is threaded through the program and integrated with other elements from the start.

The ethics program aims to:

- Provide you with an opportunity to look at issues in medicine and society from a number of different ethical perspectives.
- Introduce various ethical approaches and theories and consider these in relation to specific situations. Examples include such things as beginning of life issues like termination of pregnancy, pre-implantation genetic diagnosis, surrogacy; end of life issues like euthanasia and advance care directives, as well as issues like transplant tourism, designer babies, consent and capacity, dealing with mature minors and scientific misconduct.
- Support you to develop the reflective skills necessary to consider the ethical and value issues inherent in clinical care.
- Support you to examine your own moral commitments and values and consider these in relation to the values of other students, teachers, clinicians and patients.
- Help you begin to ask questions about 'ethical behaviour'. What this is and how it can differ according to situation or ethical perspective?
- Provide a forum for discussion of contemporary ethical issues related to medicine and healthcare.

What the program does not aim to do is:

- Dictate a single moral viewpoint, recognising that we live in a pluralist society.
- Provide a single absolute answer to some of the ethical or moral dilemmas encountered in everyday clinical practice. Rather it may help provide medical students with the skills and tools with which to examine these.

Specific details of what we expect you will achieve in each phase are addressed in the graduate capabilities.

Medical ethics will straddle campus, hospital, science, law and practice, and reflection.

Medical ethics tackles extraordinary complexity within the work to be learned and will require you to not only listen, read, discuss and think, but also to experience events, practise skills in perceiving, reflecting, reasoning and communicating with others.

The Ethics Cube

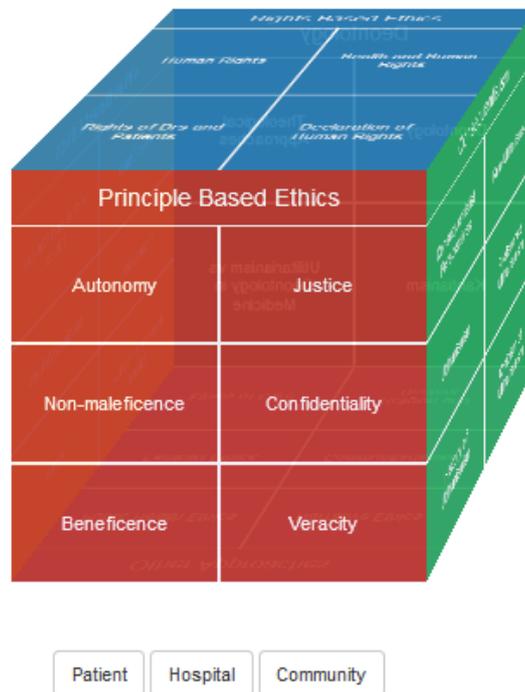
The ethics program uses a novel teaching tool and a major reference tool for medical students, the Ethics Cube. This model will be introduced during the first ethics lecture and will be accessible via the Internet at: <https://ethics.med.unsw.edu.au/>. To access it, you need the latest version of any of the common browsers.

The model illustrates how the medical student may view an ethical issue from a number of different types of ethical perspectives:

- Rights and Duties Perspectives
- Principle-based Ethics Perspectives
- Consequentialist Perspectives
- Social Perspectives
- Relational Approaches e.g. Narrative ethics
- Virtue Ethics
- Deontology

In addition, this tool has links to useful contemporary guidelines and relevant legal documents.

The following is a 2-dimensional copy of this online learning tool which is accessible via Moodle in all courses.



Ethics Resources

Although we will provide lectures to introduce many new concepts and ethical perspectives, much of the learning will be self-directed and experiential. There is also a recommended textbook which is available in the library.

There is compulsory reading and/or activities to be done prior to tutorials (this will be accessible via Moodle) and tutorial attendance will not be recorded unless these are completed in advance.

In Moodle, there is an Ethics resource section (<https://moodle.telt.unsw.edu.au/course/view.php?id=29809>). All students can self-enrol using the key: Ethics_Student, to access a multitude of contemporary resources (including the SLLIM pickings podcast). There are also many useful Bioethics and philosophy resources available online.

You will need to be able to provide evidence of adequate competence in the Ethics/Law capability at all phases of the program, and reflect on your learning in this element in your end of phase portfolios. There are a number of assignments and projects that will allow you to do this in phase 1, and self-directed learning activities in Phase 2 and 3. In Phase 3, there are now also a series of online learning modules, called the Classie modules. Completion of a minimum of 10 modules is required to obtain a certificate of completion that can be uploaded into eMed.

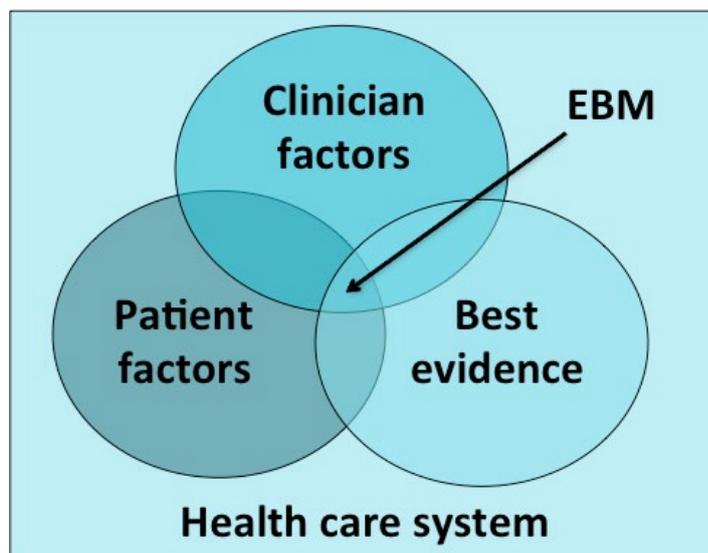
Quality of Medical Practice

Quality of Medical Practice (QMP) is one of the three vertical program elements that run through the Medicine program. QMP encompasses evidence-based medicine (EBM) and the quality and safety of medical practice. The aims of QMP are to teach you the knowledge and skills to promote life-long learning and to help you to develop into a safe and fulfilled practitioner of quality evidence-based medicine. It will also introduce you to research and show how this is essential to medical practice. See the [QMP Roadmap](#) for information about QMP across the program.

Evidence-Based Medicine

Evidence-based Medicine (EBM) or Practice (EBP) “requires the integration of best research evidence with our clinical expertise and our patient’s unique values and circumstances.”¹ The QMP learning activities aim to teach you the skills to enable you to combine relevant and up-to-date research with your increasing clinical skills and experience, together with your patients’ values, preferences and expectations.

EBM can be divided into five steps: question formulation, searching for evidence, critical appraisal, application and evaluation. Knowledge of basic statistics is also necessary to fully understand the clinical information available in medical research and how to apply it to clinical practice. Hence, EBM and medical statistics is taught across all three Phases through a series of lectures, online and face-to-face tutorials, practical classes, scenario group session activities and workshops. These activities are all accessed through the [QMP module in Moodle](#) (self-enrolment key: QMP_Student). These resources are designed to help you to understand the process of research, its evaluation and how to use this evidence in medical practice. Phase 1 QMP teaching aims to give you a sound foundation for research you will be undertaking in your Independent Learning Project in Phase 2.



Evidence-based medicine and statistics is assessed mostly under the ‘Self-directed learning and critical evaluation’ graduate capability and specifically within individual assignments (including Phase 1 QMP assignments and the negotiated assignment), group projects (including a compulsory research group project in year 2) and course and end of phase examinations.

Quality and Safety

The importance of teaching new doctors how to maintain a safe and quality practice within medicine has become paramount in recent years, so the QMP curriculum also aims to teach students about:

- Medical error theory
- Standards of clinical practice and improvement
- Audit, clinical practice guidelines and clinical indicators
- Quality use of medicines
- Professionalism, effective communication and teamwork (linking with the Clinical Skills and Ethics elements).

Quality and Safety teaching begins in Phase 1 and extends through Phases 2 and 3 to the final year Preparation for Internship (PRINT) course. It is taught with lectures, practicals, online and face-to-face tutorials, clinical case tutorials, biomedical case study sessions and presentations. Assessment of this topic is part of the clinical course continuous assessment and your individual assignments and projects, with two specific QMP assessments: a mini-audit in Phase 2, and a quality use of medicines assignment in Phase 3.

¹ Straus, S.E., Richardson, W.S., Glasziou, P., Haynes, R.B. (2005). Evidence-based Medicine: How to Practise and Teach EBM, (3rd ed.). Edinburgh: Churchill Livingstone.

Medicine / Arts Program

The Medicine / Arts program (program code 3856) is an alternative program of study in which, over a 7 or 8 year period, a student may complete the degree of Bachelor of Arts, together with the BMed MD.

In order to complete the combined program in 7 years, students are required to undertake an approved arts-focused Independent Learning Project as well as to complete an additional Arts course above the normal Term load (18 UOC) in at least one Term. All other students will require 8 years to complete the combined program.

This program allows students to pursue their interest in the Arts and Social Sciences during their medical studies and will appeal to those who are interested in a broader education or are considering a “different” type of medical career. Students may choose to enrol in Medicine / Arts up to the end of Year 2.

The BA requires a total of 96 UOC which includes a major stream of 54 UOC, a minor stream of at least 36 UOC and a prescribed Faculty Elective of 6 UOC. Students who undertake an approved humanities-focused Independent Learning Project will be credited 24 UOC towards the BA requirement, as well as complete an additional Arts course above the normal Term load (18 UOC) in at least one Term.

Further information on the Medicine / Arts program, is available on UNSW Medicine website (<http://medprogram.med.unsw.edu.au/medicine-arts-program>) and from the Medicine Education and Student Office.

Evaluation (Feedback from You)

UNSW Medicine is very keen to get feedback from you on how the program is being delivered. There are several mechanisms for you to provide feedback.

The University has a standard feedback process called myExperience. You will be asked to enter feedback online at the completion of courses. This feedback is very important to us and you are encouraged to participate in this process. Individual teachers can also use this process to obtain feedback from you on the quality of their teaching. Please see <https://teaching.unsw.edu.au/myexperience> for more details.

UNSW Medicine has also developed its own feedback survey called MedSEQ (Medical Student Experience Questionnaire). This provides much more relevant information on your experiences in the Medicine program especially in the clinical settings.

Occasionally we also organise meetings with small groups of students to get more detailed feedback.

To date, feedback from students has been influential in improving individual courses within the program and making the following significant changes to the Medicine program:

- The sequence of Phase 1 courses.
- The establishment of the Clinical Skills Centre.
- The grading of the Portfolio Examination.
- The sequence and grading of the Phase 2 courses.
- More structured activities during the Independent Learning Project.
- Changes to the structure of Phase 1 and 2.
- The establishment of the Clinical Transition Course between Phase 2 and 3.

Close the Loop – myExperience Survey Feedback

The Faculty is committed to working with students to continuously improve the Medicine program. In response to requests from MedSoc for greater transparency regarding the Faculty’s response to feedback obtained from student surveys such as myExperience and MedSEQ, we have created web pages to close the feedback loop for each Phase of the program (zID and zPass required):

<https://medprogram.med.unsw.edu.au/survey-feedback-phase-1>

<https://medprogram.med.unsw.edu.au/survey-feedback-phase-2>

<https://medprogram.med.unsw.edu.au/survey-feedback-phase-3>

Those pages contain:

1. A summary of the myExperience feedback for the most recent iteration of each course in the Medicine program;
2. A summary of the intended actions and/or action taken in response to myExperience feedback;
3. A link to the report on the most recent MedSEQ survey, which includes intended actions in relation to issues raised by students; and
4. A link to provide real-time anonymous feedback to the Faculty on current issues, outside of the regular myExperience surveys (please note that providing real-time feedback does not substitute for completing a myExperience survey at the end of each course).

Your input is valued, and leads to changes intended to improve your learning experience.

Sources of Information

There is a broad range of resources available to provide you with information to assist and guide you.

Websites

UNSW Medicine website includes general information about UNSW Medicine and its activities.

UNSW Medicine website: <http://med.unsw.edu.au>

The Medicine program website complements the information in this guide and is regularly updated.

UNSW Medicine program website: <http://medprogram.med.unsw.edu.au>

Guides

Written information on the program includes this Program Guide which is updated annually and guides for each Phase which you will receive as you progress. For each course, you will also receive a course guide which provides details of the objectives, activities and assessments for the course.

Moodle

Moodle is a learning management system used for providing information and resources for all courses at UNSW. Medicine course modules include access to course information and guides, discussion forums, links to materials provided in lectures and tutorials, access to lecture recordings, online texts and other recommended readings and other learning material relevant to individual courses. Broadcasts are frequently used to update course information.

Login at: <https://moodle.telt.unsw.edu.au/>

Newsletters

Periodically information, and current news, is provided in Phase newsletters which are released via Moodle. Important announcements and information about examinations including relevant dates and feedback from examinations is often provided in the newsletters.

Staff

All academic enquiries relating to a course should be directed to the course convenor. Academic enquiries about a Phase should be directed to the Phase convenor. Contact details for Phase and course convenors are listed in the Phase and Course guides. Element convenors may also be contacted for enquiries related to Clinical Skills, Ethics or QMP.

For general enquiries about student issues or enquiries about the administration of courses, contact the relevant Phase administrator:

Phase 1 – phase1@unsw.edu.au

Phase 2 – phase2@unsw.edu.au

ILP/Hons – ilp@unsw.edu.au

Phase 3 – phase3.med@unsw.edu.au

Or contact the Medicine Education and Student Office on 9385 8765 (choose option 2).

Learning Resources

Prescribed Textbooks

Prescribed and recommended textbooks are listed for each phase. You are expected to purchase prescribed texts for your ongoing study throughout the program. For other recommended texts you are advised to look at what may suit you best before purchasing. Many of these are available as on-line books in the UNSW Library.

<https://medprogram.med.unsw.edu.au/learning-resources>

UNSW Library

The University Library provides a range of services to assist students in understanding how to identify what information is required for assignments and projects; how to find the right information to support academic activities; and how to use the right information most effectively.

Information Desk: (02) 9385 2650 <https://www.library.unsw.edu.au/>

Help Zone

The staff at the Help Zone can assist you with all aspects of library use, including:

- using the **UNSW Library Search**
- using databases, multimedia and electronic resources;
- finding books or journal articles;
- specialised help in looking for medical and life sciences resources;
- referral to appropriate services.

Library System

The **collection** of the resources available through the UNSW Library includes books, journals, and full text electronic resources. There is also an option for checking your **Borrower Information via MyLibrary**.

Go to <https://www.library.unsw.edu.au/>

High Use Collection

Many items (books and journal articles) set as recommended reading for courses will be located in the **High use collection**, which is on Level 2 of the Main Library. Some of the journal articles will be available in electronic format via the **library system**. For medical students there will be direct links to many of these from within the Medicine program Moodle course modules or eMed Map.

You must sign in using your **staff/student number** (including z prefix) and **zPass** to get access to UNSW Library subscription resources and to access your Personal Account. Ask staff at the Help Zone if you need assistance in selecting and using appropriate resources.

Subject Guides

UNSW Library Subject Guides are produced to assist students and staff in identifying relevant subject specific material from the UNSW Library collection and the Internet. The UNSW Library has many subject guides in Medicine and Health-related topics. Go to <http://subjectguides.library.unsw.edu.au/subjectguides>

Photocopying and Printing

The Library has networked digital photocopiers and networked printing from all Library Workstations. Student cards are used for both copying and printing by loading credit onto it at a Library EPAY station.

Library Workstations

The UNSW Library provides networked workstations for UNSW staff and students to access electronic information resources via the Internet. There are also provisions for wireless access for laptops throughout the library.

Academic Language and Learning

The Learning & Career Hub supports students with the development of their academic skills. [The Learning & Career Hub](#) can help you adjust to academic culture, new approaches to learning and teaching and offers a range of learning and language assistance programs. Educational Support Advisors promote the development of skills needed to succeed at university, whilst also providing personal support throughout the process. They are available to help students with self-management and study related matters.

Assistance with Study or Language Problems

It is not uncommon for first year students to encounter difficulties in adjusting to the learning environment at University and if you are in this position it is essential that you seek help early. The University, through the Learning Centre, has a number of specific programs which have been designed to help make this transition easier. If you are having difficulties making the transition to University learning or if you are having language or communication problems you can contact the Learning Centre directly or the Student Wellbeing Advisor can put you in touch with the appropriate person or program to help you.

Online systems to support your learning.

eMed

eMed consists of a suite of online systems available to students and staff including:

- Map
- Timetable
- Registrations
- Portfolio
- Results
- Feedback

These eMed systems enable you to:

- browse and search specific content areas in the Medicine program and access past lecture notes and recordings (Map)
- retrieve your timetable (Timetable)
- register your preferences for assignments and projects (Registrations)
- submit your individual assignments and group projects (Portfolio)
- review your project and assignment grades and provisional examination results (Results)

Moodle

Moodle modules enable you to:

- access course materials, announcements, discussion forums and other learning resources for each course
- Past Moodle modules will be remain available to students for the duration of each phase

Student support pages for Moodle are located at:

<https://student.unsw.edu.au/moodle-support>

The Graduate Capabilities

The Medicine program is outcome based. The starting point for design was defining the capabilities required of graduates to be able to practise successfully in future medical environments. These eight capabilities include 'generic' capabilities such as self-directed learning, teamwork and reflective practice, as well as more traditional medical knowledge and skills. All learning activities and assessments in the program are related to these capabilities and you should use them as a guide when planning your learning.

The capabilities were developed through a process involving literature searches, consultations with other medical schools, and panels of experts. They represent UNSW Medicine's minimum expectations for the level of achievement of its graduates. The capability indicators are not intended as checklists for performance assessments. Rather, they describe goals and indicate the expected range and depth of acceptable performances. Assessors will be guided by these indicators when judging your work in the program. They will decide whether the work you present for assessment approximates in range and depth to the sorts of performances described in the capability indicators. This allows you considerable freedom to pursue your interests and needs as you develop as a medical professional, within the requirements of each assessment activity, while giving UNSW Medicine a guide to minimum standards.

The eight graduate capabilities to be achieved throughout the program are all equal in importance. They are summarised below to show how each capability develops over the three Phases of the program. There are many elements of knowledge and performance that could easily relate to a number of capabilities. For the sake of convenience in teaching and assessment and to avoid repetition they have generally been assigned to only one capability.

In the tables below, the capabilities have often been abbreviated and/or combined. The Black Dots (●) in the columns indicate an emphasis on the development of the relevant capability. All capabilities are cumulative, so that once developed they are expected to be used and refined in subsequent Phases. The numbers in brackets refer back to the full wording of the capability elements found in a more extensive table of capability elements on the Medicine program website.

<http://medprogram.med.unsw.edu.au/graduate-capabilities>

1: Using Basic and Clinical Science in the Practice of Medicine

Mechanisms of Health and Disease

- Explains mechanisms that maintain a state of health. (1.1.1)
- Recognises health problems and relate to normality. (1.1.2)
- Identifies the components of “basic/ medical” science that are necessary to understand a scenario, locates relevant information and interprets the scenario. (1.1.4).
- Describes pathophysiology of diseases and explains at whole person, organ, cellular and molecular levels. (1.1.3, 2.1.1, 3.1.1)
- Anticipates complications and their basis as well as prevention and treatment. (3.1.2)

Diagnostic Investigations

- Chooses and interprets appropriate investigations. (2.1.2)
- Plans and justifies appropriate investigations using EBM skills. (3.1.3)

Approaches to Management

- Explains how management plans alter the illness or disease process. (2.1.3)
- Understands pharmacological principles and mechanisms of standard treatments. (2.1.4)
- Predicts outcomes and prioritises approaches in multiple or multi-system diseases. (3.1.4)

Communication of Understanding

- Teaches/explains scientific basis of medicine to junior colleagues and patients. (3.1.5)

	Phase 1	Phase 2	Phase 3
• Explains mechanisms that maintain a state of health. (1.1.1)	•		
• Recognises health problems and relate to normality. (1.1.2)	•		
• Identifies the components of “basic/ medical” science that are necessary to understand a scenario, locates relevant information and interprets the scenario. (1.1.4).	•		
• Describes pathophysiology of diseases and explains at whole person, organ, cellular and molecular levels. (1.1.3, 2.1.1, 3.1.1)	•	•	•
• Anticipates complications and their basis as well as prevention and treatment. (3.1.2)			•
• Chooses and interprets appropriate investigations. (2.1.2)		•	
• Plans and justifies appropriate investigations using EBM skills. (3.1.3)			•
• Explains how management plans alter the illness or disease process. (2.1.3)		•	
• Understands pharmacological principles and mechanisms of standard treatments. (2.1.4)		•	
• Predicts outcomes and prioritises approaches in multiple or multi-system diseases. (3.1.4)			•
• Teaches/explains scientific basis of medicine to junior colleagues and patients. (3.1.5)			•

2: Understanding the Social and Cultural Aspects of Health and Disease

Social Determinants of Health and Disease

- Identifies environmental, psychological, social and cultural factors that contribute to health or illness. (1.2.1, 2.2.1)
- Explains mechanisms whereby social, cultural and environmental factors affect health. (1.2.2, 2.2.2)
- Identifies health status and needs of different groups in society (e.g. the elderly, Indigenous people, immigrant groups and refugees). (1.2.3, 3.2.2, 3.2.3)
- Plans health care with patients' lifestyle, culture and resources in mind. (3.2.1)
- Recognises major public health problems and individuals at risk. (3.2.3)

Measuring Health Status

- Describes and interprets patterns of health and illness in society. (1.2.4)
- Explains the utility and limitations of screening individuals or populations for health and illness. (2.2.3)

Health Care Systems

- Describes the structure of the Australian Health care system and how people in Australia access their health care system. (1.2.6, 1.2.7)
- Understands equity and its implications for Health Care Delivery. (1.2.5)
- Understands how and why the health system balances differing needs and priorities in the use of health resources and access to health care. (2.2.5)

Improving Health by Public or Population Health Approaches

- Describes primary, secondary and tertiary approaches to disease prevention and health promotion. (1.2.8, 1.2.9)
- Analyses and evaluates population-based interventions. (2.2.4)
- Develops management plans taking account of social, cultural and lifestyle factors (3.2.4)
- Familiar with community-based health care services and able to refer patients and collaborates appropriately with other health care professionals in health promotion and disease prevention. (3.2.5, 3.2.6)

	Phase 1	Phase 2	Phase 3
• Identifies environmental, psychological, social and cultural factors that contribute to health or illness. (1.2.1, 2.2.1)	●	●	
• Explains mechanisms whereby social, cultural and environmental factors affect health. (1.2.2, 2.2.2)	●	●	
• Identifies health status and needs of different groups in society (e.g. the elderly, Indigenous people, immigrant groups and refugees). (1.2.3, 3.2.2, 3.2.3)	●		●
• Plans health care with patients' lifestyle, culture and resources in mind. (3.2.1)			●
• Recognises major public health problems and individuals at risk. (3.2.3)			●
• Describes and interprets patterns of health and illness in society. (1.2.4)	●		
• Explains the utility and limitations of screening individuals or populations for health and illness. (2.2.3)		●	
• Describes the structure of the Australian Health care system and how people in Australia access their health care system. (1.2.6, 1.2.7)	●		
• Understands equity and its implications for Health Care Delivery. (1.2.5)	●		
• Understands how and why the health system balances differing needs and priorities in the use of health resources and access to health care. (2.2.5)		●	
• Describes primary, secondary and tertiary approaches to disease prevention and health promotion. (1.2.8, 1.2.9)	●		
• Analyses and evaluates population-based interventions. (2.2.4)		●	
• Develops management plans taking account of social, cultural and lifestyle factors (3.2.4)			●
• Familiar with community-based health care services and able to refer patients and collaborates appropriately with other health care professionals in health promotion and disease prevention. (3.2.5, 3.2.6)			●

3: Patient Assessment and Management

Consultation and Assessment (See also Effective Communication)

- Elicits important symptoms related to body systems and relates these and relevant signs to relevant underlying basic and clinical sciences. (1.3.1, 1.3.2)
- Understands patients should share decision-making and planning of their treatment, including communication of risk and benefits of management options. (1.3.3)
- Conducts a detailed efficient and focussed consultation with a patient including symptom analysis and elicits a comprehensive history, identifying and appreciating social, cultural and psychological factors that impact on a patient's health. (2.3.1, 2.3.2)
- Elicits the patient's current therapies and any complications from the condition and its treatment. (3.3.1)

Physical Examination

- Conducts appropriate, proficient physical examination on a child, adult or elderly patient, related to patient's presentation and with an understanding of relevant underlying basic and clinical sciences. (1.3.4, 1.3.5, 2.3.3, 3.3.3)

Procedural Skills

- Skills listed for the appropriate phase with an understanding of relevant underlying basic and clinical sciences. (1.3.6, 1.3.7, 2.3.4, 3.3.5)

Clinical Reasoning

- Develops and employs clinical reasoning skills, to formulate diagnoses, selects / justifies appropriate investigations and management plans (1.3.8, 2.3.5, 2.3.6, 3.3.4, 3.3.6, 3.3.7)
- Identifies the longitudinal impact of illness on patients and families/carers. (2.3.7)
- Identifies an agreed problem list with the patient that takes social, cultural, occupational and economic circumstances into account. (3.3.8)
- Handles unexpected findings and prolonged uncertainty appropriately. (3.3.2)
- Articulates and applies appropriate management strategies to patient problems, taking account of foundation principles, best available evidence and patients' circumstances. (1.3.9, 3.3.9)
- Collaborates with other health professional in management of patients with chronic and complex conditions, including Indigenous people. (3.3.10)
- Demonstrates engagement with patients in shared decision-making and planning of their treatment, including communication of risk and benefits of management options. (3.3.11)

Quality & Safety

- Places the needs and safety of patients at the centre of the care process, and complies with and demonstrates relevant safety skills and policy. (1.3.10, 1.3.11, 3.3.14)
- Recognises the concepts of risk and error, understands the importance of quality medical care and the principles of adverse event reporting and of Open Disclosure. (2.3.8)
- Applies evidence-based principles to clinical problems and understands and demonstrates safe prescribing and quality of use of medicines. (2.3.9, 3.3.13)
- Understands the part that clinical practice improvement processes (CPI), audit and clinical guidelines play in improving clinical quality and safety policy and care. (3.3.12)

	Phase 1	Phase 2	Phase 3
• Elicits important symptoms related to body systems and relates these and relevant signs to relevant underlying basic and clinical sciences. (1.3.1, 1.3.2)	•		
• Understands patients should share decision-making and planning of their treatment, including communication of risk and benefits of management options. (1.3.3)	•		
• Conducts a detailed efficient and focussed consultation with a patient including symptom analysis and elicits a comprehensive history, identifying and appreciating social, cultural and psychological factors that impact on a patient's health. (2.3.1, 2.3.2)		•	
• Elicits the patient's current therapies and any complications from the condition and its treatment. (3.3.1)			•
• Conducts appropriate, proficient physical examination on a child, adult or elderly patient, related to patient's presentation and with an understanding of relevant underlying basic and clinical sciences. (1.3.4, 1.3.5, 2.3.3, 3.3.3)	•	•	•
• Skills listed for the appropriate phase with an understanding of relevant underlying basic and clinical sciences. (1.3.6, 1.3.7, 2.3.4, 3.3.5)	•	•	•
• Develops and employs clinical reasoning skills, to formulate diagnoses, selects / justifies appropriate investigations and management plans (1.3.8, 2.3.5, 2.3.6, 3.3.4, 3.3.6, 3.3.7)	•	•	•
• Identifies the longitudinal impact of illness on patients and families/carers. (2.3.7)		•	
• Identifies an agreed problem list with the patient that takes social, cultural, occupational and economic circumstances into account. (3.3.8)			•
• Handles unexpected findings and prolonged uncertainty appropriately. (3.3.2)			•
• Articulates and applies appropriate management strategies to patient problems, taking account of foundation principles, best available evidence and patients' circumstances. (1.3.9, 3.3.9)	•		•
• Collaborates with other health professional in management of patients with chronic and complex conditions, including Indigenous people. (3.3.10)			•
• Demonstrates engagement with patients in shared decision-making and planning of their treatment, including communication of risk and benefits of management options. (3.3.11)			•
• Places the needs and safety of patients at the centre of the care process, and complies with and demonstrates relevant safety skills and policy. (1.3.10, 1.3.11, 3.3.14)	•		•
• Recognises the concepts of risk and error, understands the importance of quality medical care and the principles of adverse event reporting and of Open Disclosure. (2.3.8)		•	
• Applies evidence-based principles to clinical problems and understands and demonstrates safe prescribing and quality of use of medicines. (2.3.9, 3.3.13)		•	•
• Understands the part that clinical practice improvement processes (CPI), audit and clinical guidelines play in improving clinical quality and safety policy and care. (3.3.12)			•

4: Effective Communication with Patients, Team Members, Colleagues and the Community

Communicates Effectively with Patients and Families

- Understands good communication principles and applies principles to a 1:1 consultation with a patient. (1.4.1, 1.4.2)
- Demonstrates sensitivity with dying patients and their families, communicating bad news sensitively. (2.4.4, 3.4.4)
- Effectively applies principles in a clinical setting with an awareness of language and cultural issues – includes explaining procedures or obtaining consent. (2.4.1)
- Communicates appropriately with difficult or aggressive patients. (2.4.2)
- Explores lifestyle behaviour with patients. (2.4.3)
- Conducts proficient in depth consultation, including explanation of likely progress and outcomes of a disease. (3.4.1, 3.4.2)
- Finds common ground with patient in identifying the problem list, negotiating a management plan and agreeing roles and responsibilities. (3.4.3)

Communicates Effectively with Peers and Tutors

- Presents reports and clinical cases effectively to peers and tutors. (1.4.3, 2.4.6)
- Demonstrates effective communication with a range of health care professionals, including across a clinical team using documentation. (2.4.5, 3.4.5)

Communicates about Health Behaviour

- Develops effective health promoting messages appropriate to target groups. (1.4.4, 2.4.7)
- Explore patient views that may be detrimental to health. (1.4.5)
- Able to write or critique a piece of medical journalism. (3.4.6)

Written Communication

- Writes clearly, logically and appropriately for the intended audience. (1.4.6)

	Phase 1	Phase 2	Phase 3
Communicates Effectively with Patients and Families	●		
• Understands good communication principles and applies principles to a 1:1 consultation with a patient. (1.4.1, 1.4.2)	●		
• Demonstrates sensitivity with dying patients and their families, communicating bad news sensitively. (2.4.4, 3.4.4)		●	●
• Effectively applies principles in a clinical setting with an awareness of language and cultural issues – includes explaining procedures or obtaining consent. (2.4.1)		●	
• Communicates appropriately with difficult or aggressive patients. (2.4.2)		●	
• Explores lifestyle behaviour with patients. (2.4.3)		●	
• Conducts proficient in depth consultation, including explanation of likely progress and outcomes of a disease. (3.4.1, 3.4.2)			●
• Finds common ground with patient in identifying the problem list, negotiating a management plan and agreeing roles and responsibilities. (3.4.3)			●
Communicates Effectively with Peers and Tutors			
• Presents reports and clinical cases effectively to peers and tutors. (1.4.3, 2.4.6)	●	●	
• Demonstrates effective communication with a range of health care professionals, including across a clinical team using documentation. (2.4.5, 3.4.5)		●	●
Communicates about Health Behaviour			
• Develops effective health promoting messages appropriate to target groups. (1.4.4, 2.4.7)	●	●	
• Explore patient views that may be detrimental to health. (1.4.5)	●		
• Able to write or critique a piece of medical journalism. (3.4.6)			●
Written Communication			
• Writes clearly, logically and appropriately for the intended audience. (1.4.6)	●		

5: Working as a Member of a Team

Participates Effectively in Peer Groups

- Identifies different purposes of group work, analyses how well a group is working, discusses differences in contribution styles and identify contributions. (1.5.1)
- Gives feedback constructively and respectfully, receives feedback openly and non-defensively. (1.5.2)
- Analyses and evaluates own role and contribution in group work. (1.5.3, 1.5.4)
- Participates appropriately in group planning to identify goals and constraints, and to develop a process for achieving goals on time. (2.5.1)
- Encourages wide participation, addresses obstructive behaviour, acknowledges contributions, analyses and manages difficulties which arise. (2.5.2)
- Identifies teamwork strengths and deficiencies in self and others and shows evidence of improvement. (2.5.3)
- Assists peers and other junior colleagues with their learning through formal and informal teaching activities, and peer mentoring. (2.5.4)

Participates effectively in Health Care Teams

- Explains, observes and analyses roles and functions of other health professionals in patient care and community members. (1.5.5, 2.5.5)
- Recognises significant features of a team, including roles, responsibilities, personalities and power relations. (3.5.1)
- Defines an appropriate role for self, and assesses own performance. (3.5.2, 3.5.7)
- Understands events in a team from others' viewpoints, including identifying their goals and recognising their feelings. (3.5.3)
- Analyses and solves problems collaboratively, behaves proactively, making referrals, taking action and responsibility when necessary. (3.5.4, 3.5.5, 3.5.6)

	Phase 1	Phase 2	Phase 3
• Identifies different purposes of group work, analyses how well a group is working, discusses differences in contribution styles and identify contributions. (1.5.1)	•		
• Gives feedback constructively and respectfully, receives feedback openly and non-defensively. (1.5.2)	•		
• Analyses and evaluates own role and contribution in group work. (1.5.3, 1.5.4)	•		
• Participates appropriately in group planning to identify goals and constraints, and to develop a process for achieving goals on time. (2.5.1)		•	
• Encourages wide participation, addresses obstructive behaviour, acknowledges contributions, analyses and manages difficulties which arise. (2.5.2)		•	
• Identifies teamwork strengths and deficiencies in self and others and shows evidence of improvement. (2.5.3)		•	
• Assists peers and other junior colleagues with their learning through formal and informal teaching activities, and peer mentoring. (2.5.4)		•	
• Explains, observes and analyses roles and functions of other health professionals in patient care and community members. (1.5.5, 2.5.5)	•	•	
• Recognises significant features of a team, including roles, responsibilities, personalities and power relations. (3.5.1)			•
• Defines an appropriate role for self, and assesses own performance. (3.5.2, 3.5.7)			•
• Understands events in a team from others' viewpoints, including identifying their goals and recognising their feelings. (3.5.3)			•
• Analyses and solves problems collaboratively, behaves proactively, making referrals, taking action and responsibility when necessary. (3.5.4, 3.5.5, 3.5.6)			•

6: Self-Directed Learning and Critical Evaluation Skills

*Self-Directed Learning and Critical Evaluation involves both self-assessment and reflection. These elements are addressed under the capability of **Development as a Reflective Practitioner**.*

Directing own learning

- Identifies questions and learning needs arising from scenario presentations and other teaching activities. Engages in appropriate activities to address identified needs. (1.6.1, 2.6.1)
- Negotiates the focus and scope of learning projects. (1.6.2)
- Uses a variety of self-directed learning activities to extend learning beyond the prescribed coursework. (2.6.2)
- Completes individual and group learning projects efficiently. (1.6.2, 1.6.3)
- Efficiently organises own time and activities to complete Independent Learning Project /Honours and other set assignments. (2.6.3)
- Initiates, selects and negotiates learning projects. (1.6.2, 3.6.1)

Finding, Evaluating and Synthesising Evidence

- Demonstrates skill in appropriate literature searching strategy and the appraising and citation of evidence. (1.6.4)
- Demonstrates an understanding of basic statistical principles and ability in handling and presenting quantitative and qualitative information appropriately. (1.6.5)
- Reviews and evaluates evidence from a range of sources, including published research and opinion. Articulates a considered critical analysis. (2.6.4)
- Uses Evidence-Based Medicine skills to examine and address clinical and research learning questions. (2.6.5)

Self Development

- Critically evaluate own performance and undertakes appropriate formal and informal educational activities routinely. (3.6.2, 3.6.3)
- Identifies future postgraduate learning needs, environments and challenges; develops strategies and skills to facilitate transition to subsequent training. (3.6.4, 3.6.5)

	Phase 1	Phase 2	Phase 3
• Identifies questions and learning needs arising from scenario presentations and other teaching activities. Engages in appropriate activities to address identified needs. (1.6.1, 2.6.1)	●	●	
• Negotiates the focus and scope of learning projects. (1.6.2)	●		
• Uses a variety of self-directed learning activities to extend learning beyond the prescribed coursework. (2.6.2)		●	
• Completes individual and group learning projects efficiently. (1.6.2, 1.6.3)	●		
• Efficiently organises own time and activities to complete Independent Learning Project /Honours and other set assignments. (2.6.3)		●	
• Initiates, selects and negotiates learning projects. (1.6.2, 3.6.1)	●		●
• Demonstrates skill in appropriate literature searching strategy and the appraising and citation of evidence. (1.6.4)	●		
• Demonstrates an understanding of basic statistical principles and ability in handling and presenting quantitative and qualitative information appropriately. (1.6.5)	●		
• Reviews and evaluates evidence from a range of sources, including published research and opinion. Articulates a considered critical analysis. (2.6.4)		●	
• Uses Evidence-Based Medicine skills to examine and address clinical and research learning questions. (2.6.5)		●	
• Critically evaluate own performance and undertakes appropriate formal and informal educational activities routinely. (3.6.2, 3.6.3)			●
• Identifies future postgraduate learning needs, environments and challenges; develops strategies and skills to facilitate transition to subsequent training. (3.6.4, 3.6.5)			●

7: Understanding Ethics and Legal Responsibility in Medicine and acting in an Ethical and Socially Responsible Manner

Developing a Personal Value System

- Explores and can discuss the psychological, social and cultural determinants of one's own values in relation to clinical situations. (1.7.1)
- Articulates personal and professional values and incorporates into clinical practice to support the well-being of patients and others. (2.7.1, 3.7.1)

Sensitivity, Tolerance and Respect for Others

- Develops sensitivity to different needs and values of others, including those from different social and cultural backgrounds, and acts with respect. (1.7.2)
- Identifies and discusses ethical issues in interactions between fellow students, with staff and with patients. (1.7.3)

Clinical Ethics

- Develops the capacity to identify and discuss the ethical aspects of scenarios. (1.7.4)
- Understands the need for patient autonomy, informed consent, confidentiality and privacy. (1.7.5)
- Understands and can discuss a number of different ethical perspectives and apply these to clinical situations. (1.7.6)
- Develops the capacity to care for others and practises clinical skills with consideration for patients and their responses. (2.7.2)
- Recognises and responds appropriately to ethical aspects of clinical interactions in a variety of situations. (2.7.3, 3.7.2)
- Recognises the complexity of ethical issues throughout all stages of life and responds appropriately and with consideration for the needs of patients and their families. (2.7.4)
- Can identify inappropriate behaviour of self and others and identify effective goals and strategies for overcoming these difficulties. (3.7.3)
- Analyses the extent that systemic factors support equitable and compassionate health care. (3.7.4)

Legal Responsibilities

- Understands the professional and legal responsibilities of medical professionals, especially in relation to duty of care, confidentiality, notification, informed consent, and the requirements of relevant legislation. (1.7.7, 2.7.5)
- Understands the law relating to health care, and applies this in a way that supports effective clinical practice. (3.7.5)

Academic and Professional Conduct

- Demonstrates professionalism, honesty and integrity in all academic conduct and professional contexts. (1.7.8, 2.7.6, 3.7.6)

Research Ethics

- Recognises administrative and legal responsibilities and demonstrates knowledge of appropriate ethics. (2.7.7)

	Phase 1	Phase 2	Phase 3
Developing a Personal Value System	•		
• Explores and can discuss the psychological, social and cultural determinants of one's own values in relation to clinical situations. (1.7.1)	•		
• Articulates personal and professional values and incorporates into clinical practice to support the well-being of patients and others. (2.7.1, 3.7.1)		•	•
Sensitivity, Tolerance and Respect for Others			
• Develops sensitivity to different needs and values of others, including those from different social and cultural backgrounds, and acts with respect. (1.7.2)	•		
• Identifies and discusses ethical issues in interactions between fellow students, with staff and with patients. (1.7.3)	•		
Clinical Ethics			
• Develops the capacity to identify and discuss the ethical aspects of scenarios. (1.7.4)	•		
• Understands the need for patient autonomy, informed consent, confidentiality and privacy. (1.7.5)	•		
• Understands and can discuss a number of different ethical perspectives and apply these to clinical situations. (1.7.6)	•		
• Develops the capacity to care for others and practises clinical skills with consideration for patients and their responses. (2.7.2)		•	
• Recognises and responds appropriately to ethical aspects of clinical interactions in a variety of situations. (2.7.3, 3.7.2)		•	•
• Recognises the complexity of ethical issues throughout all stages of life and responds appropriately and with consideration for the needs of patients and their families. (2.7.4)		•	
• Can identify inappropriate behaviour of self and others and identify effective goals and strategies for overcoming these difficulties. (3.7.3)			•
• Analyses the extent that systemic factors support equitable and compassionate health care. (3.7.4)			•
Legal Responsibilities			
• Understands the professional and legal responsibilities of medical professionals, especially in relation to duty of care, confidentiality, notification, informed consent, and the requirements of relevant legislation. (1.7.7, 2.7.5)	•	•	
• Understands the law relating to health care, and applies this in a way that supports effective clinical practice. (3.7.5)			•
Academic and Professional Conduct			
• Demonstrates professionalism, honesty and integrity in all academic conduct and professional contexts. (1.7.8, 2.7.6, 3.7.6)	•	•	•
Research Ethics			
• Recognises administrative and legal responsibilities and demonstrates knowledge of appropriate ethics. (2.7.7)		•	

8: Development as a Reflective Practitioner

Reflective practice involves giving and receiving feedback. Feedback is addressed in the teamwork and communication skills capabilities. Reflection becomes focused on clinical experiences in later phases.

Self and Peer Assessment

- Engages in self and peer assessment of own and others' work and contributions to group activities. (1.8.1, 1.8.2)
- Participates constructively in portfolio and small group reviews, evaluating own learning outcomes and processes, and identifying issues that need to be addressed. (1.8.3)
- Develops an array of self-assessment skills to reflect on own strengths and weaknesses. (2.8.1)
- Seeks feedback on own performances from tutors, peers and patients, and acts to address issues raised. (2.8.2, 2.8.4)
- Supports the reflective processes of peers (e.g. asks questions, provides constructive feedback). (2.8.3)

Reflective Practitioner

- Analyses experiences and feedback, identifies barriers to improvement and addresses these, or articulates plans to do so. (1.8.5)
- Identifies limits or own understanding, identifies issues for further learning and seeks additional information and help appropriately. (1.8.6, 1.8.7)
- Provides accurate and neutral descriptions of own behaviour, emotions, and intentions. Analyses the impact of own and other's behaviour and cultural background on self and others. (1.8.4, 2.8.7)
- Provides a rationale for own actions and considers alternate courses of action in discussion with others. (2.8.5)
- Recognises and takes into account the influence of contextual, social, political and cultural factors, and the viewpoints of others, when discussing issues, or when formulating and justifying clinical plans and actions. (2.8.6, 3.8.1, 3.8.2)
- Develops plans for action and for coping in potentially difficult and/or stressful situations. (3.8.3)
- Responds flexibly to changing and uncertain situations. (3.8.4)

Recognising Limits

- Demonstrates awareness of health and wellbeing to ensure professional and safe practice. (1.8.8)
- Recognises the limits of self and peers with regard to knowledge and skill, and seeks appropriate and timely assistance. (2.8.8, 3.8.5)
- Acknowledges his or her limitations and mistakes and reflects on them so as to develop both personally and professionally. (3.8.6)
- Demonstrates the ability to recognise own health needs and when to consult and follow advice of a health professional and identify risks posed to patients by their own health. (3.8.7)

	Phase 1	Phase 2	Phase 3
Self and Peer Assessment	●		
	●		
		●	
		●	
		●	
Reflective Practitioner	●		
	●		
	●	●	
		●	●
		●	●
			●
			●
Recognising Limits	●		
		●	●
			●
			●

Assessment in the Program

Overview of assessment (examinations)

Assessment of learning in the Medicine program has been designed to support and direct your learning. Key features include:

- An assessment system that is outcome or capability based, requiring you to demonstrate your ongoing development in the eight capability areas. Progression will not be based solely on satisfactory completion of individual courses, nor will it correspond solely to annual stages;
- A focus on assessment for learning. Learning tasks, such as individual assignments or group projects, form a significant part of the assessment;
- Opportunities for formative assessment;
- Coarse grading of summative assessments, with repeated sampling. Most assessments use a four-point scale (Fail (F), Borderline Pass (P-), Pass (P), Distinction (P+). Clinical assessments use a Borderline (B) grade instead of a P- grade. An algorithm that determines student ability and question difficulty then reassigns the B grade to a P or F grade, and this is what is reported to you;
- Examinations that require you to integrate basic, clinical and social sciences;
- Assessment of clinical skills during clinical placements as well as in formal clinical examinations (performance assessments);
- A portfolio examination in each Phase requires you to collect evidence of your performances in specified areas of capability, together with a commentary on your learning, for review;
- Grading systems which are criterion referenced, making the expected standards of performance clear and explicit to you and to examiners;
- Development of your autonomy in regard to assessment through your involvement in some self and peer assessment, negotiation of some assignments and projects, and the process of selecting and reflecting on your evidence for learning for the portfolio examinations.

These characteristics of the assessment scheme have been designed to encourage active learning and to support interdisciplinary integration.

Details of the assessment requirements for each Phase are provided in the relevant guides. General details about the Portfolio Examination are included here as this is a continuous form of assessment throughout all three Phases.

Feedback to you

One of the major concerns of students is receiving timely and relevant feedback on their performance. Formative feedback will be provided to help you improve as you progress. Summative feedback will be provided for written assignments, group projects, portfolios, written and clinical examinations for you to consider as you pass into the next Phase of the program. Grading is recorded on iPads for all clinical examinations, the Phase 3 Biomedical Sciences viva and the Phase 3 portfolio examination so that timely feedback can be provided to all students.

It is important that you understand that the various assessments (examinations) throughout the program are an integral part of feedback. They are intended to assist you in preparing for the next Phase of the program and ultimately in your performance as a doctor.

It is not sufficient to pass the assessments – you need to look at where you underperformed as this area of knowledge or skill will still be relevant to you as you progress. It is also very likely that you may be re-examined in this area again in the future, so it is important that you seek to improve.

Assignments and Projects

Individual assignments and group projects are a component of course assessments in all Phases.

In Phase 1, you will be required to complete one individual assignment and participate in one group project in each course. You will be able to select from a range of possible topics determined by the course. You will also be required to negotiate at least one assignment where you determine the topic.

In Phase 2, your individual assignments will be based on patients whom you have seen during the course or term. You will also complete at least one group project in the Society and Health term.

In Phase 3, you may be required to complete an individual assignment depending on the course or you may negotiate to do an assignment to meet your own learning needs.

All assignment and project reports will be submitted through eMed: Portfolio.

Marking and Grading System for Assignments and Projects

Grades

The following grades are used in all Phases of the program for the assessment of assignments, projects and portfolios. The requirements for assignments and projects include assessment criteria for each relevant capability, and the grades below are used to recognise the standard of performance achieved in relation to those criteria. For the portfolio examination, the assessment criteria for each capability are detailed in the expectations for the graduate capabilities for the relevant phase. The specific examples in the statements below are illustrative only; they should not be interpreted as expanding or replacing the relevant assessment criteria for an assignment or project.

P+ Addresses the assessment criteria at a standard that exceeds what is normally considered satisfactory for students in the relevant phase of the program. This grade represents a clear distinction or high distinction. This level of performance involves the characteristics of a P performance, but might also demonstrate an unexpected level of expertise, originality, depth of thought, integration and/or understanding. Depending on the assessment criteria and the task this grade could recognise that the student's work: demonstrates a high level of integration or understanding; prioritises competing issues appropriately, links seemingly unrelated aspects of a case through an understanding of the underlying biomedical or social sciences; extrapolates from a particular understanding to a new context - or from a particular case or plan of management to a new case or plan - making appropriate modifications in the process.

P Addresses the assessment criteria at a standard that is satisfactory for students in the relevant phase of the program. One or two aspects may not be well done, but the standard is still considered to be satisfactory. This grade represents a good pass or a credit. Depending on the assessment criteria and the task, this grade could recognise that the student's work: answers the question; makes a good argument; draws on relevant evidence; shows some selectivity and judgment in deciding what is important and what is not; reports and interprets clinical details with due regard to the available evidence and an appropriate understanding of the underlying social and biomedical sciences; and/or proposes broadly effective management plans.

P- Addresses the assessment criteria at a standard that is barely satisfactory for students in the relevant phase of the program. This grade represents a low or conceded pass. The work demonstrates an understanding of one or a few basic aspects, but these are unintegrated and do not make a coherent statement or argument, or fail to address the key issue. Written work may rely too much on retelling other sources such as texts and lecture notes, with little evidence that the student is capable of transforming these into a personal understanding. A patient case report might omit significant features, or be interpreted without due regard to the available evidence or without an appropriate understanding of the underlying social and biomedical sciences. A management plan may contain irrelevant, ineffective or ill-advised elements.

F This grade is used when the student has misunderstood the assessment requirements, or failed to address the most important aspects. This grade represents a clear and substantial failure, which would need major work

before it could be passed, or which suggests a level of performance significantly below that expected of students in the relevant phase of the program.

To pass an assignment or project you must achieve an overall P- grade or better. The algorithm used to determine an overall pass in the portfolio examinations varies from phase to phase. Please see the information in the phase guides for details of the relevant algorithm.

For group projects, each member of the group receives the group's grades for the project overall and for the individual capabilities it addresses.

Criteria for Grades for Assignments and Projects

Focus capabilities

Projects and assignments will focus on two or three of the eight capabilities. Specific assessment criteria will be described for each focus capability.

Criteria for the generic capabilities for all project and assignment reports

The following criteria will be used for the assessment of the generic capabilities in assignment and project reports. The four grades F P- P and P+ will be used to report results for these capabilities:

Capability	Criteria
Effective communication: (applicable to both assignments and projects)	<ul style="list-style-type: none"> • Clarity (clear, simple, grammatical language, terms explained) • Logical structure • Appropriate language, length, style and format for the intended audience • Appropriate use of media (visuals, graphs, video, etc.).
Self-directed learning and critical evaluation: (applicable to both assignments and projects)	<ul style="list-style-type: none"> • Sources (range, citation standards, quality, relevance, search strategy, people consulted) • Scope (addresses all requirements of the assignment or project) • Critical thinking (evidence of awareness of bias in sources, others' viewpoints, own views, logical argument). <p><i>Negotiated assignments will be marked on the following additional criteria:</i></p> <ul style="list-style-type: none"> • Quality of the learning plan, including the assessment criteria. • Time management, including reporting, drafts, deadlines • Search strategy.
Development as a reflective practitioner: (applicable to assignments)	<ul style="list-style-type: none"> • Provides a credible self-assessment of the quality of the assignment report in terms of its strengths and weaknesses in meeting the assessment criteria for the focus and generic capabilities • Identifies strengths and weaknesses of the research process used and articulates credible plans to improve research skills • Reflects on the assignment topic, the research process and draws implications for wider learning and future practice.
Teamwork: (applicable to projects)	<ul style="list-style-type: none"> • Provides evidence of team meetings by appending to the project report documents such as: agendas, minutes, summaries of discussions, or lists of decisions made. • Provides evidence of the evaluation of the group process using tools provided, focusing on at least one of the following: group roles and responsibilities, communication between group members, resolution of conflicts, behaviour in group meetings (task, support, non-productivity) • Identifies teamwork issues, (e.g. discussion of the contributions of team members as required) that facilitated or impeded the group process and outlines plans to address these in future group work.

Self-assessment and peer feedback on teamwork contributions

The portfolio examination requires you to submit peer feedback on contributions to group projects as evidence for the teamwork capability. The Feedback component of the eMed system is used for this purpose.

The criteria to be used when reflecting on your own performance in teamwork, or when providing feedback on a team member's contributions to work in a group project, are listed below.

- **Regular attendance at group meetings**
Attended all or almost all meetings, stayed to the agreed end, worked within timescale, active and attentive, prepared to be flexible about meeting times.
- **Contribution of ideas for the task**
Usually thought about the topic in advance of the meeting, provided workable ideas which were taken up by the group, built on others' suggestions, and was prepared to test out ideas on the group rather than keep quiet.
- **Researching, analysing and preparing material for the task**
Did what they agreed to do, brought materials, did an adequate share of the research and helped to analyse and evaluate the material.
- **Contribution to cooperative group process**
Left personal differences outside the group, willing to review group progress and tackle conflict in the group, took on different roles as needed, kept group on track, willing and flexible but focused on the task.
- **Supporting and encouraging group members**
Listened to others, encouraged participation, enabled a collaborative learning environment, sensitive to issues affecting group members, supported group members with special needs.
- **Practical contribution to end product**
Willing to try new things. Did not hog the tasks, made a high level of contribution, took own initiative, was reliable and produced good standard work/presentation.

You should use these criteria as a guide when submitting reflective comments on your own contributions or on the contributions of your peers. You might use them to reflect on your role in other groups in the program, and to provide feedback to your peers in other group settings.

Medicine Program Rules for Assignments and Projects

Late Submissions

All submissions to the eMed Portfolio system are date and time stamped, and late submissions will be subject to a penalty.

If you submit an assignment or project after the specified time on the Due Date but no later than seven days afterwards, then the maximum grade that the assignment or project will be awarded for the generic Self-direction and Critical Evaluation capability will be **P-**. It may be awarded an **F** if it otherwise fails to meet the generic criteria for this capability. If it is late up to 14 days a **F** grade will be awarded for the generic Self-direction and Critical Evaluation capability. Please note that a pattern of **P-** or **F** grades for any capability may jeopardise your ability to pass the portfolio examination, which is a barrier assessment.

If you submit an assignment or project more than 14 days after the specified time and Due Date, then the assignment or project will not be assessed and an overall **F** grade for the assignment or project will be awarded. If you do not submit an assignment or project, a "dummy" entry will be made, and an overall **F** grade will be awarded. Depending on the Phase you may then have a further 28 days to re-submit a new assessment; otherwise the above process may be repeated. Your final result for the course will be withheld pending a review of your academic standing in the program.

If you experience extenuating circumstances that will prevent you from submitting an assignment or project by the due date, you should apply for Special Consideration online and you should contact the course convenor before the due date to seek advice. In most cases a medical certificate or similar evidence will be required.

Over-length Reports

The word limit for assignments and projects includes all text in the report including tables and figures, apart from the cover page, and the reference list. In other words, if you include a significant amount of text in tables, these words will be counted towards the total word count. If you submit an assignment or project report that more than marginally exceeds the maximum word length specified, then the maximum grade that the assignment or project will be awarded for the generic Effective Communication capability will be **P-**. It may be awarded an **F** if it is significantly over-length or if it otherwise fails to meet the generic criteria for this capability. Please note that a pattern of **P-** or **F** grades for any capability may jeopardise your ability to pass the portfolio examination, which is a barrier assessment.

Portfolio Examination

The portfolio examination is a formal summative assessment in each Phase of the Medicine program. It is not related to the end of course or the other end of Phase examinations, but sits alongside these assessments. Like the other end of Phase examinations, it is a barrier assessment: you must pass the portfolio examination to proceed to the following Phase of the program, or in the case of the Phase 3 portfolio examination to graduate.

The portfolio examination consists broadly of two components:

- (1) The evidence that demonstrates your achievements in each of the graduate capabilities. The nature of this evidence will vary in each Phase. You will be responsible for gathering this evidence to ensure that you can demonstrate your progress.
- (2) The periodic review (at the end of each phase) when you will be expected to comment on your progress.

UNSW Medicine uses the portfolio examination for several purposes:

- As a tool to enable examiners to look at the whole range of your performance and to check that each capability has been adequately addressed.
- As a means of encouraging, developing and assessing your capability in the area of reflection.
- As a way of recognising your development in all of the graduate capabilities, which are required of a good doctor, and as a means of excluding students who fail to develop an acceptable level of performance in one or more capabilities.
- As a method to explicitly link the graduate capabilities to assessment to help drive your learning.
- As a means for a student to reflect on lapses in professionalism or plagiarism. An entry describing a lapse in professionalism may be inserted into a student's portfolio, and the student is then required to reflect on the lapse in the next portfolio examination.

The requirements and format of the Portfolio Examination differ for each Phase and further information is available in each Phase guide.

What are the criteria for assessment of the portfolio examination?

The broad assessment criteria for the Portfolio Examination in each Phase are drawn from the indicators for each capability. The examiners will look at your portfolio to make a judgement about your development with respect to each capability. They will be looking for evidence that you have developed in each capability to the extent that your performance approximates in scope and depth to the sorts of performances described by the indicators for that capability for the relevant Phase.

There are too many indicators for you to be able to address all of them adequately or separately in your portfolio examination. The examiners are not looking to the graduate capabilities as a checklist, but rather as a broad indication of the types of performances of which you should be capable. Your reflective essay should present your case for having achieved each capability, together with your reflections on your development in each capability.

What might be included in the reflective essay?

In each Phase guide, there are some suggestions to help you think about what you might include in your reflective essay. These might be linked to the evidence in your portfolio or you might discuss specific experiences you have had which have brought about changes in your understanding. As part of your preparation for the portfolio we strongly recommend keeping a notebook in which you record details of interesting experiences or insights as

they occur. Without making notes close to the event, it is difficult to provide detail to support your observations and reflections. The primary evidence for these achievements will be drawn from assignments, projects, clinical and class experiences, independent projects and clinical term reports. Remember that you may not refer to other end of course or Phase examination results in this essay.

Who gives advice on your portfolio?

Each student in the program has a Portfolio Advisor in Phase 1. The Portfolio Advisor can assist you with the selection of projects and assignments and give general advice on the development of the portfolio. If you fail the portfolio examination your portfolio advisor will help you to identify areas to be addressed before resubmission. Contact details for portfolio advisors are available in the Phase 1 Guide.

In Phases 2 and 3, you may seek advice on your portfolio from the relevant Phase Coordinator or Academic Advisor in your clinical school.

Special Consideration

Students applying for Special Consideration (SC) for an illness or misadventure that may have affected their ability to prepare or complete an assessment are required to follow the procedures outlined by the University in myUNSW and available at the following site: <https://student.unsw.edu.au/special-consideration>

Students should particularly note the additional requirements beyond a standard medical certificate to include an assessment of the severity of your illness or misadventure and opinion of the likely effect on your capacity or ability to undertake the assessment task/s concerned. The timeline for submission i.e. before or within 3 days of the assessment is also critical. Retrospective SC will not be granted as per the University policy. Generally, SC is not granted for supplementary assessments.

Students requesting SC should consider seeing UNSW Medicine Student Wellbeing Advisor (see under Student Life). Any information provided by the student is confidential and will not be disclosed without consent. **PLEASE NOTE:** This process does not prevent or discourage a student from attending their own doctor, University Health Service, the Counselling Service or Student Central.

Supplementary Assessments

The decision to allow a student to sit for a supplementary assessment is made by the Assessment Review Group.

The form of the supplementary assessment will be determined by the Assessment Review Group and may not necessarily be the same as the original assessment.

You must make yourself available for the supplementary assessment. In most cases, supplementary assessments are held outside of University terms. Travel arrangements that have been made in anticipation of passing an examination will not be an acceptable excuse for failing to attend a supplementary assessment. If you fail to attend the supplementary assessment, a failure in the course will be recorded.

Award of Pass with Distinction

To recognise student performance within the Medicine program, students may be awarded a Pass with Distinction in either the BMed or the MD or both. To achieve a Pass with Distinction, students must achieve a weighted average mark of at least 75%. The weighted average mark is based on specified assessments in the BMed and MD and marks obtained in General Education courses. The specified assessments and their respective weightings are shown below:

	% Total
BMed	
Phase 1	
Course exams	20.0%
End of Phase Written Examination	10.0%
End of Phase Clinical Skills Examination	10.0%
Portfolio Examination	20.0%
Phase 2 Coursework	
Assignments/project	10.0%
Phase 2 Integrated Clinical Examination	20.0%
General Education/Arts courses*	10.0%
Total BMed	100.0%
MD	
ILP/(BSc(Med) Honours	15.0%
Phase 3	
Course results except Selective, Elective and PRINT courses	20.0%
Biomedical Sciences Viva Examination	15.0%
Phase 3 Integrated Clinical Examination	35.0%
Portfolio Examination	15.0%
Total MD	100.0%

*For students enrolled in the combined Medicine / Arts program, the calculation for the BMed includes a 10% contribution based on the best results from 24 UOC in the Arts program.

Note that the Faculty Weighted Average Mark (WAM) for each degree is not the same as the University WAM, which is based solely on course results.

BSc (Med) Honours

Students who have achieved a high standard in their studies may undertake a one-year program of supervised research leading to the award of the BSc (Med) Honours. Students taking this option will be exempt from undertaking the Independent Learning Project.

Students considering applying for Honours should aim to complete the General Education course requirements before Year 4.

Further information is available: <https://medprogram.med.unsw.edu.au/year-4-medicine-research-project>

Progression Requirements

Academic reviews of progress are conducted at Assessment Review Group meetings, and there are specified Rules of Progression for each Phase. You may be required to undertake additional work or additional assessments as a result of a review.

In order to satisfy the requirements of Phase 1 and to progress to Phase 2 of the program, you must pass:

- all end of course examinations in Phase 1, and
- the Phase 1 written examination including the practical component, and
- the Phase 1 clinical skills examination, and
- the Phase 1 portfolio examination.

To satisfy the requirements of Phase 2 and progress to Phase 3 of the program, you must pass:

- all Phase 2 courses, and
- both components of the Phase 2 Integrated Clinical Examination, and
- the Independent Learning Project or Honours, and
- the Phase 2 portfolio examination.

In some instances, students may commence Phase 3 pending the outcome of supplementary assessments in the ILP but this progress is not automatic.

You are also required to have successfully completed 12 units of credit of General Education courses prior to progression to Phase 3.

To graduate from the program, you must pass:

- all Phase 3 clinical courses (including PRINT), and
- the biomedical sciences viva, and
- the Phase 3 integrated clinical examination, and
- the Phase 3 portfolio examination.

Students are required to undertake the Prescribing Skills Assessment (PSA), however in 2021 they are allowed to progress even if they receive an unsatisfactory result.

The above progression requirements are a summary only. The Rules of Progression are available on the Medicine program website (see below) and in each Phase guide. It is your responsibility to be familiar with these rules and ignorance will not be accepted for failure to comply with requirements. Failure to progress from one Phase to the next Phase will result in students exiting the Medicine program.

Please note: there are specific time limits by which each Phase in the Medicine Program needs to be completed. The details of these time limits are attached to the Rules of Progression available at:

<http://medprogram.med.unsw.edu.au/progression>

Student Life

Student support

The needs of medical students are generally similar to those of all university students. Issues relating to academic stress, financial, social and personal life events are similar. Some studies have documented higher rates of anxiety and depression in medical students, whereas other studies comparing medical with other university students would suggest that rates of anxiety and depression are comparable.

However, there are some issues that are particularly applicable to medical students:

- Psychological distress due to contact with patients with serious illnesses and death. Students not only have to deal with their own emotional responses but are also exposed to the emotional distress of the patients;
- Reliving their own personal and family health problems when dealing with patients with similar problems;
- Anxiety related to fear of developing diseases which they are learning about or being exposed to;
- Greater stress arising from academic underperformance in high-achievers;
- Social disruption due to clinical placements;
- Performance anxiety associated with the performance-based assessments which are prevalent in Medicine.

These various stressors are more pronounced for international students due to potential social and cultural isolation.

Aside from the impact on their own mental health, the stress experienced by medical students is known to adversely affect their level of empathy, professionalism and potentially their fitness to practise. Therefore, it is important that university student support services are optimally utilised. However, there is also a need to recognise and address the particular issues affecting medical students.

Medical students, as with all medical practitioners, are encouraged to have their own General Practitioner whom they should consult with regularly. Referrals to other health professionals will generally be covered by Medicare, and a General Practitioner can arrange this appointment. Resources for medical students are also available (http://media.amsa.org.au/publications/keeping_your_grass_greener_2011.pdf).

Students are encouraged to seek help early including registering with a GP as soon as possible and utilising the student support services on campus including:

- University Counselling and Psychological Services (<https://student.unsw.edu.au/counselling>),
- University Health Service, <https://student.unsw.edu.au/hsu>
- Learning Centre, <https://student.unsw.edu.au/skills>
- Student Equitable Learning Services. (<https://student.unsw.edu.au/els/>)

You are also encouraged to consider making contact with the support services for [international students](#) and [rural students](#), if applicable.

UNSW Medicine has appointed a Faculty Wellbeing Officer (see below). This is a newly created role with a strong focus on preventative programs.

Student Wellbeing Action Group (SWAG)

UNSW Medicine recognises the importance of student wellbeing, and the challenges students experience in preparation for their future medical careers. In 2018, in recognition of the need to develop overarching strategic planning to guide and inform all initiatives and activities relating to student health and wellbeing, the Student Wellbeing Action Group (SWAG) is established. The aim of this group is to facilitate and oversee a coordinated approach to the provision of support to students throughout their time in the UNSW Medicine Undergraduate Program.

Specific health and wellbeing focused working groups have been established and governed by SWAG. These working groups adopt a quality improvement approach to identify the best evidence to support changes within teaching and learning and the student experience, and report this information to SWAG.

Co-Chairs

SWAG is co-chaired by a member of faculty and a student. The current Chairs of SWAG are the Senior Vice Dean (Education), UNSW Medicine and President, UNSW MedSoc.

SWAG Terms of Reference

- To advise and assist UNSW Medicine (undergraduate) in the development, implementation and evaluation of policies, strategies and practices to support and enhance the physical and mental wellbeing of students. This does not include decisions regarding individual students, particularly regarding progression.
- To provide governance and manage work in the area of student wellbeing, reporting directly to the Curriculum Development Committee (CDC) and UNSW MedSoc.
- To unify all current wellbeing-focused initiatives and programs and provide an integrated, Faculty-wide approach to student wellbeing over the entire undergraduate Medicine program.
- To provide a forum for discussion of issues relating to student wellbeing from both the staff and student perspective.
- To oversee research and evaluation of initiatives relating to student wellbeing.

MedSoc

MedSoc is the UNSW medical students' society, of which every UNSW medical student is automatically a member. It is run by students for students and provides a number of essential services, as well as academic and social events. The organisational side of MedSoc involves an executive and council which hold regular meetings. There are also a number of "sub-societies" which represent certain disciplines in Medicine, e.g., SurgSoc (Surgical Society), CardioSoc (Cardiology Society). More information is available on the MedSoc website: <http://medsoc.org.au/>.

The first and foremost function of MedSoc is to provide representation for its members' views. This occurs at both university and faculty levels, as well as at the interface between Medicine and politics. UNSW MedSoc is also affiliated with the Australian Medical Students' Association, along with every other medical student society in Australia.

MedSoc also strives to enrich your experience at university by providing a fantastic and entertaining social calendar. The MedSoc year is jam-packed with exciting events, including med camp, pub-crawl, trivia nights, talent quests, med balls, end-of-session parties, inter-campus events, and much, much more!

The MedSoc academic calendar aims to deal with interesting topics within the broad field of medicine in an entertaining and informative fashion, through events such as symposia, international students, careers days and 'women in med' nights. MedSoc approach the exciting issues in medicine in a light-hearted and enjoyable fashion.

MedSoc fundraising committee has been very successful since its beginnings in 2003. But fundraising is only half the job of the committee – finding weird and wonderful ways to do it is most of the fun.

So welcome to the sometimes frustrating, mostly challenging, ever eventful, seriously engaging yet always fun world of medicine at UNSW. Get involved, have fun and let MedSoc entertain and excite you along the way. For more information, visit: <http://www.medsoc.org.au>

Faculty Wellbeing Advisor

The Faculty Wellbeing Officer offers support services to UNSW Medicine students currently enrolled within the faculty either as undergraduate or postgraduate students. This role focuses on preventative programs including

developing student's mental health literacy and awareness, advocacy and providing additional support and assistance if required.

There are several ways that you can obtain support for problems related to your studies or personal issues that may impact upon you getting the best out of your time in the Medicine program:

- If you are having difficulty with your studies please speak to the relevant course convenor, or phase convenor if the problem is related to more than one course, as an initial step
- Students should prioritise registering with a GP as soon as is practicable
 - Bulk Billing GP practises within NSW can be found [here](#) or via [Aboriginal Medical Services](#).
- UNSW has excellent student support services on campus detailed above. Students are encouraged to utilise these services early if they are experiencing personal, physical or financial difficulties.

If you experience problems in accessing these services and feel that you require additional support, please get in contact with the Faculty Wellbeing Officer. The officer can: assess the student's problem and needs; provide advice; co-ordinate appropriate help both on and off campus if required; and act as an advocate for the student in their interaction with the Faculty, or other authorities, as needed.

Accessing support through the Faculty Wellbeing Officer is not intended to be on a long-term basis. Given the high demand for support services, the Faculty Wellbeing Officer provides short-term assistance on as needs basis. Where more intensive or long-term support is needed, the Faculty Wellbeing Officer can assist you in accessing the external support services outlined above.

Information given to the Student Wellbeing Officer will be regarded as confidential.

The Faculty may also require a student to see the Faculty Wellbeing Officer or the Counselling and Psychological Services, if there is a concern about academic progress or fitness to practice.

Further information about Faculty Wellbeing Officer is available in the Current Students section on UNSW Medicine website. <https://med.unsw.edu.au/student-life/wellbeing>