FACULTY OF MEDICINE
HANDBOOK 1978

THE UNIVERSITY OF NEWCASTLE
NEW SOUTH WALES 2308
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Faculty of Medicine

The colour band on the spine of this Handbook is the lining colour of the hood worn by Bachelors of Medicine of this University.

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FACULTY OF MEDICINE

Dean
Professor D. C. Maddison, MB, BS(DPM(Sydney)), FRACP, FRANZCP

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Elizabeth E. Oakes
Karyn A. Jolly

Fieldwork Co-ordinator
Wendy L. Saalfeld

Professional Officer
P. W. Woottie

Senior Technical Officer (Electronics)
G. B. Davis

Division of Clinical Investigation

Professors
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G. M. Kellerman, MSc, MB, BS(Sydney), FAACT, FRACP (Medical Biochemistry) (Chairman)
A. J. Smith, MA, DM, DChir(Oxford), FRCP (Clinical Pharmacology)

Senior Lecturer
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Lecturers
P. R. Dunkley, BSc, PhD(Melbourne) (Medical Biochemistry)
J. W. Heath, BSc, PhD(Melbourne) (Anatomy)

Divisional Office Staff
Elinor F. Pearsall

Division of Clinical Practice

Professors
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T. O. Morgan, BSc(Med), MD, BS(Sydney) FRACP (Medicine) (Chairman)
S. W. White, MB, BS(Sydney), MD(New South Wales) (Human Physiology) (Chairman)

Senior Lecturers
G. A. Doran, BDSc, MSc(Western Australia) (Anatomy)
R. L. B. Neame, MA, MB, DChir(Cambridge), PhD(London) (Human Physiology)

Lecturer
D. A. Powis, BSc, PhD(London) (Human Physiology)

Clinical Lecturers
A. E. Bray, MB, BS(Sydney), MD(Western Australia), FRCS(Edin), FRACS
G. Harrison, MB, BS(Sydney), FRACGP
H. N. Rose, MB, BS(Sydney), MRACGP
D. B. J. Wardle, MB, BChir(Cambridge), FRCS, FRACS
charge of the activity will establish whether or not a white coat should be worn.

For laboratory work, protective clothing (when required) will be provided by the Faculty, and should be worn.

Students will be expected to wear a name badge in the clinical setting, and on some other occasions which will again be identified by consultation with the person in charge. The badge will bear the student's given name and surname only, and will be provided by the Faculty. In some hospitals, further identification will be necessary; this should be worn or carried at all times, and may be useful identification outside the hospital.

For obvious reasons, a high standard of cleanliness will be required in all clinical settings.

General tidiness and dress should be socially acceptable and appropriate to the occasion. Students will quickly learn by experience what standards are appropriate in different circumstances, not only, for example, on the wards or in private rooms, but also in 'off duty' professional settings, e.g. hospital dining rooms.

In general, men may wear shorts with long socks and shoes. Thongs will be inadvisable for safety reasons. No restriction will be placed on hair length, but hair should be clean and kept under control.

Supervisors will notify students whose dress and appearance is inappropriate, and such students may be refused access to the facilities for which their turnout is deemed inappropriate.

Costs

Apart from the compulsory charges common to all undergraduate courses, there will be some additional costs.

Clothing

The white coats mentioned in the section on Student Dress and Appearance should be purchased by students. Coats of the approved pattern will be available on campus for purchase by students during the first week of Term 1. Each student should possess two coats, total cost approximately $25.00.

Instruments

The only instrument required by a student at the outset is a stethoscope. These have been donated to the Faculty by a pharmaceutical firm, so that students will not be required to purchase these.

Books

The Booklist is on p. 18. Students are recommended not to buy books until they have had the opportunity to assess the books during the course. The books on the booklist will be available on loan (one copy to eight students) for the first year of the course.

The Auchmmty Library

At present, medical monographs and serials form part of the general collections. Medical non-print materials, however, and facilities for their use together with a small collection of special texts will be housed in the Medical Reading Room within the Library.

Medical Reading Room

Monday to Friday ......................... 8.30 a.m. to 6.00 p.m.

For further information see the Auchmmty Library entry in the General Supplement to the Faculty Handbooks.

Requirements for the Degree of Bachelor of Medicine

Definition

1. In these Requirements, unless the context or subject matter otherwise indicates or requires, "the Faculty Board" means the Faculty Board of the Faculty of Medicine.

Graduation of Degree

2. The degree of Bachelor of Medicine may be conferred as an ordinary degree or as a degree with honours.

Enrolment

3. A candidate shall enrol only as a full-time student.

Qualification for Degree

4. To qualify for admission to the degree of Bachelor of Medicine a candidate shall in normally not less than five academic years complete to the satisfaction of the Faculty Board the programme of work set out in the Schedule of these Requirements and consisting of such seminars, tutorials and lectures, written and practical work, examinations and assessments as may be prescribed by the Faculty Board.

5. Except as otherwise provided in clauses 7 and 9 of these Requirements a candidate shall complete the programme of work in consecutive terms.

Progression

6. (1) A candidate shall attempt all the assessments prescribed as summative by the Faculty Board.

(2) Summative assessment will normally be conducted two weeks before the end of each term.

(3) Except in Phase 4, the results of candidates in summative assessments shall be classified as ungraded Pass or Fail. In Phase 4 results shall be classified as Honours, Pass or Fail.

(4) A candidate whose result in a summative assessment is classified as Fail will be required to attempt such additional assessment as the Faculty Board shall determine.
(5) A candidate who fails in summative assessments in more than one term of a Phase will normally be recommended to the Admissions Committee for exclusion from the course under the provisions of By-law 5.4.1.3.

Withdrawal

7. (1) A candidate may withdraw from the course only by notifying the Secretary to the University in writing and the withdrawal shall take effect from the date of receipt of such notification.

(2) Such withdrawal shall be —
(a) without failure, if the candidate’s performance is deemed by the Faculty Board to be satisfactory; or
(b) with failure, if the candidate’s performance is deemed by the Faculty Board to be unsatisfactory, in which event the Faculty Board will also normally recommend exclusion from the course.

8. A candidate who has been permitted to withdraw without failure and who subsequently wishes to resume his studies in the course:
(a) will be required to re-apply for admission to the course if the withdrawal occurred during his first year of study; or,
(b) if the withdrawal occurred in a later year of study, will be permitted to re-enroll under such conditions and at such time as the Faculty Board may determine; which conditions may include success at re-assessment before re-enrolment.

Leave of Absence

9. At the completion of an academic year, a candidate whose performance is deemed by the Faculty Board to be satisfactory may be granted leave of absence under such conditions as the Faculty Board may determine; which conditions may include success at re-assessment before re-enrolment. Such leave will not normally be granted for more than one year.

Relaxation Clause

10. The Senate on the recommendation of the Faculty Board may relax any provision of these Requirements in order to provide for exceptional circumstances arising in particular cases.

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### THE SCHEDULE

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<th>Phases</th>
<th>Terms</th>
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<td>Phase I <strong>Introduction to Problem Solving</strong></td>
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<td>Elective I¹</td>
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<td>Phase III <strong>Problems of Growth and Ageing</strong></td>
<td>Term 11</td>
<td>Year 4²</td>
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<td>Term 12</td>
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<td>Term 13</td>
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<td>Elective II¹</td>
<td>Term 14</td>
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<td>Phase IV <strong>Integrated Practice</strong></td>
<td>Term 15</td>
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<td>Term 18</td>
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Notes
1. The programme of work in elective studies shall be proposed by the candidate and approved by the Faculty Board.
2. Years 3, 4 and 5 each comprise four Terms whose dates are not the same as those of the three University Terms.

**Bachelor of Medical Science**

It is expected that provision will be made for a Bachelor of Medical Science degree which may be completed in one additional year's study, part way through the Bachelor of Medicine course.

**Faculty Policy on Student Failure and Withdrawal**

The requirements for the Degree of Bachelor of Medicine constitute the formal expression of the Faculty's policy concerning students who fail to satisfy the examiners, or who wish to withdraw from the course temporarily or permanently. These notes explain the Faculty's policy, and how it will be interpreted in practice.
Assessment Procedure

In the curriculum, learning will occur cumulatively, that is, the acquisition of knowledge, understanding, skills and attitudes will be built up progressively. It is therefore necessary to assess the student's mastery at each stage before proceeding to the next. This 'summative' assessment will take place about two weeks before the end of each Term. A student who satisfies the examiners will be able to undertake elective studies during the last two weeks of Term, subject to Faculty approval of the proposed studies. A student who fails to satisfy the examiners will undertake remedial studies and will be re-assessed (Degree Requirement 6 (4)). The consequences of failure at the second attempt will be described below.

Failure

The basic rule is that a student will be recommended for exclusion from the course after failure in more than one Term in any Phase (Degree Requirement 6 (5)). Thus, failure in Term 1 (Phase I) will not lead to exclusion, nor will subsequent failure in Term 2 (the first term of Phase II). However, failure in Term 2 followed by failure in Term 3 will lead to a recommendation for exclusion at the end of Term 3, and failure in any two Terms of Phase II will lead to a recommendation for exclusion at the end of the second Term in which failure has occurred. Similar arrangements exist for Phases III and IV. In the absence of extenuating circumstances, a student will not normally be allowed to repeat a year's study in the Faculty.

These arrangements will allow the entering student to become accustomed to University life and to novel ways of learning and assessment without dire penalties for failure to adapt rapidly. However, continuation in the course following failure in Terms 1 and 2 will be permitted only if the student's performance in Term 3 shows such a marked improvement that further unsatisfactory performances appear to be unlikely. One of the criteria of 'marked improvement' will be success at summative assessment in Term 3 at the first attempt.

It is obvious that a student who has failed in a Term must satisfy the examiners eventually (Degree Requirements 4 & 6 (1)), but, if possible, progress through the course should not be delayed. Such a student will therefore continue work with his or her contemporaries, but will also be required to present himself or herself for re-assessment on the failed material one year after the first failure, normally with the succeeding intake of students. Failure at the third attempt will be construed as failure in a second term in the Phase, and will result in an immediate recommendation for exclusion from the course.

If the failure occurs in a Term which is within one year of the end of the Phase (so that re-assessment one year later would interfere with the following Phase), then the Faculty may direct that remedial work and re-assessment shall be undertaken during the Elective Term at the end of the Phase. If there is no Elective Term at the end of the Phase, the Faculty may direct that the student shall undertake an extra term's work before proceeding to the degree.

Extenuating Circumstances

Failure to satisfy the examiners is often the result of health, personal or other serious extenuating circumstances. The University has made provision for cases where such circumstances hinder the student's preparation for, attendance at or performance in assessment. In their own interests students should note and follow the prescribed procedures.

A student whose preparation for assessment has been hindered will nevertheless be encouraged to attempt the assessment. Provided that there is satisfactory documentary evidence of the circumstances, the Faculty may determine that, in the event of failure, the Term shall not be counted as failed under Degree Requirement 6 (5), but that re-assessment one year later must still be undertaken.

If there has been a major impediment to study, a student may apply to repeat a year, joining the succeeding intake at the beginning of the term during which studies were interrupted, but the Faculty may call for a confidential report on the long-term prognosis of such a student before considering such an application.

Withdrawal

A student may withdraw from the course at any time by notifying the Secretary to the University in writing. For the purposes of the student's academic record, an entry of 'withdrawal without failure' will be made if the student's performance at assessment has been satisfactory, and this will allow the possibility of re-enrolment in the course at a later date (Degree Requirement 8). An entry of 'withdrawal with failure' will be made in the case of a student who withdraws after unsatisfactory performance at assessment, and such a student who wishes subsequently to re-enrol in the Faculty will have to show cause why he or she should be re-enrolled (By-law 5.4.3.2).

Leave of Absence

A student may apply for leave of absence for a year. If leave is granted, a place will be reserved in the succeeding intake, although the student may be required to resit the last assessment undertaken before leave of absence began, to ensure that he or she is adequately prepared to rejoin the course.

General Description of Curriculum

The five-year undergraduate curriculum leading to the degree of Bachelor of Medicine is divided into four Phases and two Electives. A table is included in the degree requirements illustrating this.

Phase I occupies the first term, and constitutes an introduction to problem solving, to the practice of medicine, and to University life. Phase II occupies the next eight terms, and consists of a more detailed, systematic examination
of problems which typically present in the adult.
During the Elective terms, students will be able to study, in greater depth, a topic of their choice, subject to Faculty approval.
Phase III lasts three terms, and is concerned with problems in infants, children, adolescents and the aged. The details of Phase IV, in the final year, have yet to be finalised, but students will be confronted by clinical problems as they occur, and will undertake increasing clinical responsibility, perhaps as 'trainee interns'.
Conferment of the degree will depend on satisfactory progress through the course, and on satisfactory performance in Phase IV.

Objectives
The overall objectives for the undergraduate curriculum are set out in the Faculty's Working Paper VI (Undergraduate Programme Objectives). More detailed objectives for each Phase and Block will also be available.

Learning Methods
The major curricular emphasis will be on learning through considering and solving clinical problems. Students will be expected to acquire not only the factual knowledge and intellectual understanding which are essential for clinical decision-making, but also the skills of information gathering, decision making and implementation, not only in relation to problems of individual patients, but also in relation to problems of groups or communities.

Students will usually work in groups of eight with a tutor, but smaller groups will be used when appropriate. They will be encouraged to identify their own learning needs, and to find their own individual solutions to those needs, thus progressively becoming independent learners, capable of a lifetime of continuing self-education and self-evaluation. Those who encounter learning difficulties, resulting either from poor study habits or from a different educational background (e.g. an insufficient knowledge of physics) will be offered help to overcome those difficulties.

Phase I — Term 1 — Introduction to Problem Solving
Following a week's general introduction to the University and the Faculty, the major activity in Phase I will give a broad overview of the scope of medical practice, and an introduction to clinical problem-solving, through the study of four problems:
- a mentally retarded child
- a youth with a chest injury resulting from a motor traffic accident
- a middle-aged woman with vaginal bleeding
- an old man who is paralysed on one side of his body.

Study of selected aspects of these problems will make possible the acquisition of basic information which will be the foundation upon which later learning can be built. In addition, there will be instruction and practice in the skills of interviewing and communication, in preparation for meeting and talking to patients. There will also be an introduction to the lay and health professional communities of the Hunter Region.

The final week of Phase I will be devoted to assessment.

Phase II — Term 2 — Acute Interruption of Function
The problems in Term 2 will be split into two Blocks, which are designed so that either can be studied first. Half of the student groups will study Block 2A first and the other half 2B.

Block 2A is concerned with acute interruption of function in individuals and communities, through the study of:
- a bereaved person
- a person who tries to commit suicide
- a family with multiple health and social problems
- a disaster in the city of Newcastle.

In addition to the knowledge and understanding basic to the management of these problems, emphasis will be given to the community services available to help people with such problems, and further attention will be given to communication and interviewing skills.

Block 2B is concerned with acute interruption of function in the limbs, through the study of:
- a man with a cut thigh
- a woman with a broken bone
- a man with muscle weakness and sensory loss after being stabbed in the arm
- a man with a cold, painful leg.

As before, in addition to the acquisition of basic knowledge and understanding, attention will be given to the examination of patients with problems of this type. Experience will be arranged in a casualty department seeing patients with similar problems, and in a hospital ward under the supervision of the ward sister.

Assessment of both Blocks will occur towards the end of the eighth week of the Term. The final two weeks will be available either for 'mini-elective' work or for directed remedial study, according to the result of the assessment for each student.

Phase II — Term 3 — Gastrointestinal, Renal, Urological Problems
Block 3A will be devoted to the study of a number of problems in relation to the gastrointestinal tract, giving a broad introduction to this body system through the study of abdominal pain, altered bowel habit etc.

Block 3B will consider renal and urological problems, including failure to pass urine, blood in the urine, frequent passage of urine, pain in passing urine, and pain in the loin.

During this term there will be practice in interviewing and examining patients with these and similar problems, both in hospital and in community settings.

Assessment in Term 3 will follow the same pattern as for Term 2.

Phase II — Terms 4-9
The detailed planning of the content of these terms is not yet complete, but will include Blocks of problems related to the heart, the vascular system, the lungs, the endocrine organs, the nervous system, bone and connective tissue, skin, eyes, ear, nose and throat, acute emergencies, and chronic failure of control systems. Appropriate clinical experience will be provided in association with each Block.
In the five-year, integrated course, students will be studying a wide range of disciplines simultaneously, and will therefore need access to a wide range of books. These books have been selected by the Faculty as the best available for the course. Later editions of some may be available soon. Because the number of books is much greater than in a conventional course, the Faculty will make one copy of each of these books available to each group of eight students, for the first year of the course. During that year, students will have the opportunity to use and become familiar with these books, and may then elect to purchase copies for themselves.

Students are recommended not to purchase books on a large scale until they have had the opportunity to use them during the first year of the course.

### Book List

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Edition/Price</th>
</tr>
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<tbody>
<tr>
<td>Avery, G. S. (ed.)</td>
<td>Drag Treatment: Principles and Practice of Clinical Pharmacology and Therapeutics</td>
<td>Publishing Sciences approx. $30.00</td>
</tr>
<tr>
<td>Bailey, H.</td>
<td>Demonstration of Physical Signs in Clinical Surgery</td>
<td>(Wright 1973) $30.00</td>
</tr>
<tr>
<td>Birket, D. J.</td>
<td>Practical Epidemiology 2nd edn</td>
<td>$4.95</td>
</tr>
<tr>
<td>Cruickshank, R. et al. (eds)</td>
<td>Medical Microbiology 12th edn Vol. 1</td>
<td>(Churchill Livingstone 1973) $17.40</td>
</tr>
<tr>
<td>Ellis, H.</td>
<td>Clinical Anatomy: a Revision and Applied Anatomy for Clinical Students 6th edn</td>
<td>(Blackwell Scientific 1977) approx. $12.00</td>
</tr>
<tr>
<td>Fudenberg, H. et al.</td>
<td>Basic and Clinical Immunology 1st edn</td>
<td>(Lange 1976) $15.00</td>
</tr>
<tr>
<td>Guyton, A. C.</td>
<td>Textbook of Medical Physiology 5th edn</td>
<td>(Saunders 1975) $32.50</td>
</tr>
<tr>
<td>Harvey, A. McG. et al.</td>
<td>Principles and Practice of Medicine</td>
<td>(Saunders 1976) $27.70</td>
</tr>
<tr>
<td>Hetzel, B. S.</td>
<td>I.S.E. 196 edn</td>
<td>(Penguin 1976) $2.95</td>
</tr>
<tr>
<td>Jawetz, E. et al. (eds)</td>
<td>Review of Medical Microbiology 12th edn</td>
<td>(Lange 1976) $12.70</td>
</tr>
<tr>
<td>McGilvery, R. W.</td>
<td>Biochemistry – A Functional Approach</td>
<td>(Saunders 1970) approx. $22.00</td>
</tr>
<tr>
<td>Moore, K. L.</td>
<td>The Developing Human: Clinical Oriented Embryology</td>
<td>2nd edn (Sanders 1977) $20.00</td>
</tr>
<tr>
<td>Morgan, W. L. &amp; Engel, G. L.</td>
<td>The Clinical Approach to the Patient</td>
<td>(Saunders 1969) $14.00</td>
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<tr>
<td>Oldham, P. D.</td>
<td>Measurement in Medicine</td>
<td>(Lippincott 1968) $10.50</td>
</tr>
</tbody>
</table>

Robbins, S. L. & Angell, M. | Basic Pathology 2nd edn (Saunders 1976) $20.25 |
Reit, I. M. (ed.)           | Essential Immunology (Blackwell Scientific 1974) $7.50 |
Saell, R. S.                | Medical Care in the Metting Per (Angus & Robertson 1972) $3.95 ( limp cover) |
Thorn, G. (ed.)             | Clinical Anatomy for Medical Students (Little Brown 1973) approx. $28.00 |
Vander, A. J. et al.        | Introduction to Medical Sociology (Tavistock 1970) approx. $10.00 (paper) |
Walker, H. K. et al.        | Clinical Methodology: The History, Physical and Laboratory Examinations Vol 1 $15.00 & 2 $19.00 ( limp); Vol 1 & 2 combined (hard cover) $39.00 (Butterworth 1976) |
Walter, J. B. & Isael, M. S. | General Pathology 4th edn (Churchill Livingstone 1974) $29.80 |
Zilva, J. F. & Ponnall, P. R.| Clinical Chemistry in Diagnosis and Treatment 2nd edn (Lloyd-Luke 1975) approx. $8.00 |