THE UNIVERSITY OF NEWCASTLE
NEW SOUTH WALES

LEGEND

FACULTY OF MEDICINE
HANDBOOK 1979

THE UNIVERSITY OF NEWCASTLE
NEW SOUTH WALES 2308

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As members of the second class of students taken into this still very new Faculty of Medicine, you will find us still in the process of settling down, running in a new building and a new and highly innovative curriculum, and still bringing new academic staff onto the campus and into its associated hospitals. Certainly we are not as "raw" as we were this time last year, for the present Second Year students will certainly have some hair-raising tales to tell you of the accidents, improvisations and near disasters that they had to endure with us during 1978. I am sure that you will gain much assistance and comfort from hearing of the experiences that they have accumulated over the past year and that you will find them useful mentors in many ways, even though they are still themselves at a relatively early stage of grappling with the manifold complexities of medical education in the modern world.

As you will quickly learn, it is the very originality of the educational programme that we have devised for you which provides most of the rough edges that you encounter. Those of us who have had some years of experience as medical educators are not really ashamed of this; it would have been relatively easy for us to do things in the old, traditional way, and in many respects this would have provided you with a much more comfortable and predictable experience, even though we firmly believe that it would have been a much less appropriate form of education, and would almost certainly have begun to seem dull and irrelevant once the initial excitement wore off. But virtually all the academic staff members in this Faculty have come to Newcastle because of varying degrees of disenchantment with the content and process of the standard forms of medical education, and have been determined to develop a programme which would not only maintain and develop the interest in both science and humanity which brought you here in the first place, but also provide you with a secure set of principles on which to practice medicine in what looks like being an increasingly changing world.

I suspect that you won't have been here too long before you realise that a small number of people in this and other places accuse you, and the medical school, of being irrelevant to the health care needs of the country; there are some who say that Australia already has too many doctors (an accusation which is far from proven), and that the very substantial expense which both Federal and State governments have incurred in developing this school represents money which would have been better spent elsewhere. Whilst it is true that the medical manpower situation is changing very rapidly in this country, it is highly unlikely that any one of you is likely to be unemployed in the future, even though the choice of specialisations open to you after graduation may not be as unrestricted as it was ten or twenty years ago. Our view on this issue is clear-cut: if evidence does eventually
accumulate to indicate that an excessive number of medical students are being trained in this country, then the solution for the educational planners is a relatively simple one, namely, to make modest reductions in the student intakes of one or more of the several excessively large medical schools which currently exist in this country. We firmly believe that the type of school that we are developing here has an important role to play as a catalyst of educational change, in Australia and elsewhere; indeed, you will very quickly find out that the school and its students are already attracting a good deal of national and international attention.

One important component of our approach to education is based on the conviction that we should be regularly evaluating our educational programme, systematically seeking opinions from both students and staff, and making whatever modifications appear desirable and feasible in the light of this feedback. If your own programme runs more smoothly this year than that of your immediate predecessors, at least part of the reason for this is that we have been able to make a number of substantial changes based on the information and opinions provided for us by the present second year students. You too will frequently be asked to give us your honest opinion of aspects of the curriculum, the materials we provide, and the tutors who have been appointed to help you in the learning task; constructive criticism in any of these dimensions will always be welcomed and taken seriously and, even when you are not systematically polled, you can be sure that your spontaneous comments on any aspect of the programme will be listened to with interest. We try to run an unusually open system within this Faculty, and as students you will be asked to participate in many of our important committees, the decisions of which can have an important impact on the quality of the experience that you obtain here.

The first class of students entered the programme without even knowing that the B.Med. degree awarded by this University would be a recognised qualification for the practice of medicine; such an act of faith will not be demanded of you, as we were informed in August 1978 that the Medical Board of N.S.W., having inspected our plans, had decided to recommend to the Government that our degree should be added to the list of acceptable qualifications in this State (which means, in effect, across Australia).

I wish each one of you a very warm welcome to what we all believe is a challenging and exciting enterprise, and I look forward to the opportunity of getting to know you in a more personal way as the year progresses.

David Maddison,
Dean.
Constitution of the Faculty Board

The membership of the Vice-Chancellor and the full-time academic and teaching staff is provided for by the relevant by-laws and regulations. Additional members are provided for in the Faculty of Medicine as follows:—

(a) members elected by the Senate from the academic staff of the University other than the Faculty of Medicine, in the ratio of one such member for each eight members of the full-time academic staff of the Faculty of Medicine as at 1st January in each year, the result of such calculation to be adjusted up to the next whole number;

(b) members elected by and from the part-time academic staff of the Faculty in the ratio of one such representative for each four full-time members of the academic staff of the Faculty as at 1st January in each year, the result of such calculation to be adjusted up to the next whole number; provided that medical and non-medical members of that part-time staff shall be represented as closely as possible in the proportion which their respective numbers bear to the total number of such staff;

(c) the Librarian or his nominee;

(d) the Regional Director for the Hunter Region of the Health Commission of New South Wales;

(e) a member nominated by the Hunter Medical Association;

(f) two members nominated by the Board of Directors of The Royal Newcastle Hospital; provided that there shall be only one such nominee in 1977;

(g) a member nominated by the Advisory Board of the Mater Misericordiae Hospital;

(h) a member nominated by the Board of Directors of the Wallsend District Hospital; provided that no such nominee shall be appointed before 1st January, 1978;

(i) not more than three other persons, whether or not members of the University, elected by the members of the Faculty Board other than those prescribed in this paragraph;

(j) one postgraduate student elected by and from the postgraduate students enrolled in the Faculty;

(k) two students from each year of the bachelor’s degree course offered within the Faculty, elected by and from the students enrolled in each year of that course.

Hospitals and Other Clinical Facilities

The Royal Newcastle Hospital complex comprises a total of 870 beds distributed between four main sites. These include the main hospital (503 beds) and Belmont Hospital (108 beds), which provide a range of general and specialist services, William Lyne (90 beds), the centre of the hospital’s geriatric rehabilitation programme, and Rankin Park, used for chest patients.

There are approximately 1,300,000 outpatient attendances annually, mainly for specialist clinics. The hospital also provides a domiciliary care service, involving approximately 36,000 home visits per year.

The Newcastle Mater Misericordiae Hospital has 302 beds, including 50 for paediatrics and 61 for obstetrics. Approximately 1900 births occur annually at this hospital.

Wallsend District Hospital will have approximately 200 beds after completion of current extensions and is expected to develop a significant role in geriatric and paediatric care, and in community health and domiciliary care services.

Newcastle Psychiatric Centre has 151 beds and an admission rate of approximately 2000 per year. The admission pattern is similar to that in other State psychiatric hospitals.

Private Practices

Some general practitioners and specialists in the Region will be making their practices available as learning resources.

Health Commission

The Health Commission of New South Wales has Community Care Centres throughout the Hunter Region. These provide a wide range of services including domiciliary care. These are, in addition, a number of specialist services, the Hunter Drug Advisory Service, Regional Mental Retardation Team, Regional Geriatric Team and Child Development Unit, which will participate in the educational activities of the University to some extent.

Dress and Appearance

In all professional settings, the general appearance and dress of students should be appropriate. This is so that the image which students present to patients and relatives facilitates communication between them, so that students are easily recognised as members of the profession by health professionals and other staff, and so that students themselves develop a sense of professional identity.

In some clinical settings (e.g. wards, clinics, etc.) it will be appropriate to wear a white coat of approved pattern. The Faculty will make available a supply of such coats for purchase by students, who will be responsible for laundering them. These should only be worn in hospital or other professional surroundings.

In some cases it may be more appropriate not to wear a white coat (e.g. private rooms, some surgeries). Advance consultation with the person in 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. Costs 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.

**Books**

Students are recommended not to buy books until they have had the opportunity to assess the books during the course.

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**The Ankhmty 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.

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**Medical Reading Room**

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

For further information see the Ankhmty 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.

**Grading 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.

**Qualifications 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 resuits 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.
Aim

The overriding aim of the policy is to encourage students to succeed, by humane and enlightened treatment, rather than to punish students for failure. This means that every assistance to succeed will be given to students who fail because of extenuating circumstances, but that, once it becomes clear that the student is incapable of success in the course, exclusion will promptly follow.

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 students' 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 indeed 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 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 that 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, 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 with failure' will be made if the student's performance at assessment has been satisfactory, and this will allow the possibility of re-enrollment in the course at a later date (Degree Requirement 8). An entry of 'withdrawal without 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 retake 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 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 life-time 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. insufficient knowledge of physics) will be offered help to overcome those difficulties.

Phase I—Term I—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, designed to be representative and likely to include acute and chronic illness in people of varying ages.

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
- and 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 communications 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 on 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—Term 4—Cardiology and Respiratory Problems

Block 4A will be devoted to study of a number of common cardiological problems which will enable the student to evaluate and diagnose patients with cardiac disease.

Block 4B will be devoted to study of a number of common respiratory conditions which will enable the student to understand the basic mechanisms of common respiratory disorders and to diagnose and manage patients with respiratory disease.

During this term the students will continue their practice in interviewing and physical examination and will commence to take responsibility for documenting the progress of a patient's illness. Students will attend a general practice for three hours each fortnight and obtain experience in the interviewing, examination and problem-list generation of people in the community and will commence a longitudinal study of the care of people in the community.

Phase II—Term 5—Rheumatology, Orthopaedics and Haematology

Block 5A will consider and study rheumatological and non-traumatic orthopaedic problems.

Block 5B will consider and study a number of important haematological conditions.

During this term students will be attached at the hospital on a 1:1 basis to a physician or surgeon and for a four-week period will attend for about nine hours each week to follow and document the course of a patient in hospital. The general practice involvement commenced in the previous term will continue. Attachment to various community agencies may commence.

Phase II—Term 6—Neurology and the Mind

This term will be a fully integrated term where the students will study neurological and psychiatric problems in a theoretical and practical setting.

Phase II—Term 7 and 8—Acute Emergencies, Eye Problems, Ear, Nose and Throat Problems, Dermatological Problems and Problems of Sexuality

Many students will spend one of these two terms outside Newcastle. During this term clinical experience appropriate to the specialty will be obtained.