



Phase 3  
MFAC3503: Psychiatry  
Course Guide, 2016

Never Stand Still

Medicine

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## Introduction

Welcome to the Psychiatry course in Phase 3. Psychiatry is a medical discipline that is focussed on the diagnosis and treatment of people with mental disorders. During the term we aim to teach you how the complex interaction of psychiatric and physical disease, personality style and social circumstances lead to each patient's disorder and unique presentation, and to evaluate which interventions (physical, psychological, social) are most likely to be of benefit.

It is important to learn both theoretical concepts and practical clinical skills during the term, particularly how to take a detailed psychiatric history and perform a Mental State Examination. During the 8 weeks you will be attached to a clinical team for each of two 4-week clinical placements, with four days of centralised lectures on Monday and Friday of weeks 1, Tuesday of weeks 2 and Wednesday of weeks 3. Teaching will occur in a variety of formats – lectures, small group tutorials, supervised clinical experience.

At the completion of this course you will be expected to recognize and know how to treat patients with the common mental disorders, be able to conduct a psychiatric examination, and understand the management of risk, the clinical and social role of an integrated inpatient unit and community service, and the role of the Mental Health Act.

## Course Staff

### *Head of School*

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The Student coordinator has an office on the ground floor Room G27, Black Dog Institute, Prince of Wales Hospital, Hospital Road, Randwick.

All course staff are contactable Mon-Fri during office hours.

## Units of credit

This course is a 10 UOC course and is a requirement for the completion of the Medicine program.

## Rural Clinical School and RUSC Rotations

Students attending the campuses of the Rural Clinical School or allocated to another rural hospital to meet the RUSC requirement will address the same aims and complete the same course assessments. However the structure of the course may vary depending on the campus.

## Course Aims

Specific objectives of the course are that you will:

1. Be aware of the key symptoms and signs of the major psychiatric disorders;
2. Be able to take a psychiatric history and conduct a mental state examination;
3. Have acquired those skills necessary to make relevant diagnoses (hierarchically organised at both symptom level and personality style level) and to implement those management strategies necessary for a doctor in general or non-psychiatric specialist practice;
4. Be aware of, and have some experiences of, advanced interviewing skills;
5. Be able to assess a patient's personality, psychological adjustment, coping repertoires and social functioning;
6. Be able to undertake a comprehensive risk assessment for serious harm to self or others (includes physical harm, and harm to reputation, relationships, finances and self neglect)
7. Appreciate the importance of psychological factors in the diagnosis and treatment of all illness;
8. Be trained in interviewing skills appropriate to clinical practices in any area of medicine;
9. Be aware of the appropriate sections of the Mental Health Act and Guardianship legislation, and so be able to refer patients appropriately to psychiatric facilities, where appropriate;
10. Have received basic knowledge in special areas of forensic psychiatry, child psychiatry, old age psychiatry, ethics, general practice psychiatry and consultation liaison psychiatry;
11. Be competent in prescribing psychotropic medication and the indicated use of physical interventions including ECT;
12. Be able to use therapeutic strategies including simple cognitive and behavioural techniques.

You should review the indicator statements for the Phase 3 Graduate Capabilities and consider how your experiences in Psychiatry will provide many opportunities to understand the relevance of these capabilities.

## The approach to learning and teaching

The majority of the teaching occurs in the clinical settings. Commencing on the second day of the first week of the term, you will attend the psychiatric unit of a general hospital. You will have two 4-week attachments – ideally one in a general service and one in a more specialised service. If you are attending the Rural Clinical School, the attachments may be spread over a longer period but shared with other tasks.

The metropolitan clinical sites are Prince of Wales, St Vincent's, St George, Sutherland, Liverpool, Bankstown and Campbelltown hospitals. At times, there may be access to one or more private psychiatric hospitals (for example, Sydney Clinic, St John of God and Wesley Hospital), Justice Health and to the Langton Clinic.

During clinical attachments, you will follow a program of self-directed learning in the ward or clinic. You are expected to be involved in the clerking, interviewing and assessment of patients. You should also complete the recommended clinical experiences as detailed in the [log book](#).

## Coursework

Lectures will be held two days of Week 1, Tuesday of week 2 and Wednesday of week 3 in the Black Dog Institute Lecture Theatre at the Prince of Wales Hospital.

Each week, the clinical attachments will include tutorials on the following topics:

- Anxiety disorders
- Mood disorders
- Schizophrenia
- Drug & Alcohol
- Child/adolescent disorders
- Organic/old age disorders
- Psychiatry in Physical Medicine
- Cognitive Assessment

For each tutorial you have access to articles on each topic. You are expected to have read them, the relevant section in the recommended texts and to have attended lectures prior to the tutorial. In the table in the logbook there are questions that the tutor may address. The log book also lists the learning objectives for each tutorial. There will also be regular tutorials on interviewing skills.

## Assessment

The final mark for the Psychiatry course is based on the following assessments (weightings in brackets):

Clinical Attachments/Learning Plan Overall F/P Mark to be given by site supervisor	18 marks
Observed experiences (to be marked at the time)	8
1 written case history	20
6 x 1 short answer questions across weeks 2-7 (marked out of 10) Marks will be converted by the School to a score of 4 for each question	24
Observed Clinical Interview and Viva Examination	30

### Criteria for Failing Term:

1. Grade of unsatisfactory on a learning plan
2. Unsatisfactory with serious concerns after a re-sit observed clinical interview and viva examination
3. Total mark less than 50%

### *Learning Plan*

The Learning Plan in Psychiatry will address the three generic capabilities of *Patient Assessment and Management*, *Teamwork* and *Self-Directed Learning and Critical Evaluation*. *Effective Communication* is also included as a generic capability in Psychiatry. A grade of at least P- in the generic learning plan is essential to satisfactorily completing the course.

You should meet with your supervisor early in the clinical attachment to negotiate any additional objectives to develop your portfolio.

The following are standard requirements for the Psychiatry course.

### Attendance

You must attend at least 80% of all scheduled activities included in the attachment. This includes lectures, tutorials and required clinical activities. If you fail to meet this requirement your grade for the course would be unsatisfactory and you would be required to repeat the course.

### Performance during the clinical attachment

You are expected to be an active member of the clinical service to which you are attached. At the beginning of the clinical attachment, the supervisor will explain to you what will be expected of you. You will be expected to demonstrate satisfactory performance in your role in the clinical attachment.

Your performance in meeting these expectations will be determined by the clinical supervisor – this may be done in consultation with other staff including other medical staff (junior and senior), nursing staff and other healthcare workers.

The development of effective communication skills will also be assessed during your clinical attachment through your participation in the interviewing skills tutorials and the demonstration of your skills in routine daily interactions with patients.

You should ensure that you undertake the necessary clinical experiences as detailed in the log book. You are required to observe eight of the experiential learning tasks outlined in the log book from a list of 15 and write them up briefly, mentioning background, procedure and comment. Each observation will contribute 1 mark to your final grade.

**You must write these up in the log book and have them signed off by your clinical supervisor.**

### **Preparation and participation in weekly tutorials**

You are expected to prepare for each tutorial by reviewing the online material and specifically be able to address the questions included and be ready to meet the learning objectives outlined for each tutorial in the logbook. *You will be expected to have your tutor tick that you have attended and satisfactorily participated in each tutorial and initial your log book.*

### ***Short Answer Questions***

At the end of each weekly tutorial, beginning Week 2-7, there will be a written short answer question on the following topics. You will be given 15 minutes to answer the question. Your answers will be graded and the marks from all 6 questions will contribute to your final course mark. There is a bank of practice questions on the School of Psychiatry website.

Week 2	Schizophrenia and psychotic disorders
Week 3	Mood Disorders
Week 4	Anxiety Disorders
Week 5	Drug & Alcohol
Week 6	Child & Adolescent
Week 7	Cognitive Evaluation/Psychogeriatrics/Neuropsychiatry/ any other topic

### ***Written Case History***

The course assessment includes one written case history to be completed by the end of week 4. The aim of the case history is to demonstrate familiarity with a range of patients with psychiatric disorders in various clinical locations. The case history is intended to reflect different aspects of your experience in psychiatry.

You will need to identify the case in the first week of your attachment. You should discuss with the supervisor who may allocate a case.

The emphasis will be on assessment, diagnosis and formulation, and management. The formulation (which provides a synthesis of the important factors in the patient's background which are integrated with an understanding of the current issues) will be of critical importance.

Often the case will allow a number of different and quite variable approaches in the management plan. It is important that this is made clear and it would be desirable for you to report management and treatment in some detail. This may include details of a pharmacological approach, of psychoeducational, of behavioural or cognitive approaches, or counselling and family sessions. At times it may be more appropriate to give a pluralistic approach.

Where appropriate, the case should demonstrate that you have communicated with the managing staff member, with doctors, the nurses, other allied health professionals in relation to the patient. This may involve specific difficulties that the patient is presenting to clinical staff, or that the patient is having in dealing with some aspect of their disease or treatment. Your discussion should include comments on what can be done to prevent further problems and what you learned from the specific clinical situation.

The case should not exceed 7 pages (2000 words), typed double-spaced. Names and other identifying details of patients MUST NOT be evident. All written case histories MUST be submitted by the due date i.e. end of Week 4.

Submission is via eMed. Once you have done this you should then note the receipt number of your submission and forward an assignment submission form to your clinical attachment site coordinators, also copy this email to the student coordinator in the School of Psychiatry.

### Marking guidelines for cases

There should be evidence of the following:

- Clear presentation of data and current reasons for presentation;
- Coherent history of evolution of episode(s), which may be accompanied by a time line where appropriate;
- Mental state examination;
- Formulation synthesising the important issues in the particular case;
- Diagnosis and differential diagnoses;
- Management plan, including the roles of various members of a multidisciplinary team, where appropriate.

The report will be graded heavily on your direct involvement in the assessment procedure. You are expected to comment in particular on the way in which the structure and/or processes of services may impact on the quality of treatment provided. You are encouraged to include comments about your own reactions to the clinical environments you have observed.

Marks in this section will reflect the extent of your involvement in the process and the astuteness of the insights gained into the functioning of mental health services.

All reports should focus on your role in the process described, your perception of the key features in each situation and on providing a detailed description of the impact of the location and/or style of care encountered in the patient's illness. Reports should make reference to relevant literature describing various models for the delivery of psychiatric services.

**NB: It is essential that you describe the extent to which your report is based on actual experiences within clinical settings. Reports that are simply based on theoretical concepts or do not relate to specific patients or situations will not be accepted. It is also essential that all case reports are anonymised and do not contain any identifying information such as names, MRN numbers or address.**

The priorities will change with the type of case. For example, in the case of a psychotic patient, he/she should have a comprehensive mental state examination whereas a patient with an eating disorder (with no cognitive impairment) will have more emphasis on a comprehensive formulation.

1-2	The bare minimum in terms of history. Poorly presented mental state examination (MSE). Little or no attempt at formulation. Little or no sense that the student has 'made contact' with the patient or understands the patient in their context.
3-4	Similar issues but fewer problems.
5	An adequate but uninspiring history. An adequate MSE. A reasonable attempt at formulation.
6-7	A case that has attempted more and has greater depth. A good MSE and/or good attempt at a formulation with some synthesis of important findings and/or prioritisation of management issues.
8-9	Increasing sophistication in terms of synthesis, prioritisation etc. Attempt at incorporating (where appropriate) issues related to cultural context, ethics or a sense of the patient's predicament and psychosocial functioning. A real sense that the student has 'connected' with the patient.
10	One of the best cases in the category. A sophisticated exposition incorporating the issues in the 8-9 category.

Case studies that are late will be incrementally subject to a 10% penalty from the total mark for each working day they have not been submitted. If the case history is not returned by the time of final completion of marks for the term a score of 0 will be recorded, unless special consideration has been obtained from the School's Student Coordinator to withhold final submission of marks.

All case histories will be checked for originality via a commercial plagiarism engine as part of the eMed submission process. Any occurrence of plagiarism, including copying, inappropriate paraphrasing, collusion, inappropriate citation and self-plagiarism will be dealt with very seriously according to the University and Faculty policies on Academic Misconduct and Plagiarism and are likely to result in failure and charges of misconduct.

### *Observed Clinical Interview and Viva Examination*

The clinical interview and viva examination will be undertaken in Week 8. All students should ensure that they undertake at least one supervised practice viva during the psychiatry term before the examination in which the supervisor provides feedback using the Viva Capability Evaluation Mark Sheet that is available on the Psychiatry phase 3 website.

For the Examination the student will be required to interview a patient while being observed by two examiners. Examiners should include at least one consultant psychiatrist and may also include a clinical psychologist, senior registrar or equivalent member of staff as the second examiner.

At the end of the interview, the examiners will question the student on their clinical assessment, knowledge of the condition and possible management of the patient. The interview and viva together will take 50 minutes. The student will be assessed using the Viva Capability Evaluation Mark Sheet that is available on the Psychiatry phase 3 website. The mark sheet allows the examiners to assess the student's performance across five domains or criterion for their clinical interview and five criterions for their case presentation and management.

#### Clinical Interview

- Criterion 1: Listen attentively, engage "patient/relative" and maintain respect
- Criterion 2: Elicit a relevant clinical history
- Criterion 3: Elicit relevant other history (psychosocial, past history, family history, medical)
- Criterion 4: Psychiatric knowledge and problem definition
- Criterion 5: Safe Practice

#### Case Presentation and Management

- Criterion 1: Interpret case history and clinical findings
- Criterion 2: Inter-professional communication
- Criterion 3: Judgement and approach to management
- Criterion 4: Application of psychiatric and medical knowledge
- Criterion 5: Safe practice

Each criterion is assessed using the F, P-, P, P+ system.

In addition to the assessment of capabilities we ask examiners to provide a global rating of the performance of the student during the long viva examination as either satisfactory or unsatisfactory. The unsatisfactory result is further divided into "unsatisfactory with serious concerns (outright fail)" and "Unsatisfactory but with less serious concerns".

The outright fail option is used where the assessment team feels that the viva was undertaken in a way that raised serious concern about the safety of the practice of the student or that the level of knowledge and practice in psychiatry raised such serious concern that the student should sit another viva that they will need to pass in order to graduate or repeat their psychiatry term.

The **format for the viva** (approx. 50 minutes) should be as follows:

30 minutes - student patient interview

2 minutes – thinking time

5 minutes - student to present a summary of the case to examiners including: history/mental state/diagnosis/formulation

14 minutes - questions from examiners covering issues to do with history/mental state/diagnosis/formulation and clinical management

You will be assessed on your general interviewing skills and your skills in assessing and managing a common psychiatric illness.

## Academic Honesty and Plagiarism

Students should be familiar with the UNSW Student Conduct Policy and the policies relating to code of conduct particularly relating to academic misconduct and plagiarism

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

The Faculty of Medicine regards the maintenance of academic integrity by staff and students as a matter of the highest priority. The Faculty participates in the University's use of the similarity detection software Turnitin (see <http://www.turnitin.com>). Students work submitted to the eMed Portfolio system will be compared to other items in the eMed system, to material on the Internet, electronic publications and to items in the Turnitin database.

The Learning Centre website is main repository for resources for staff and students on plagiarism and academic integrity. These resources are located at:

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

## Course Schedule

- Timetable for lecture program is emailed to students before the start of term. All PowerPoints are made available on eMed.
- Tutorials – topics and pre-reading material are listed in eMed and your log book which is provided to all students at the start of the term.
- Clinical placements are notified in advance of the term

The clinical attachment supervisor will provide you a timetable showing the clinical activities and other Unit activities that you will be required to attend.

## Resources for students

The Phase 3 Moodle module and eMed contain information and resources for the Psychiatry course.

### **Recommended texts:**

There are range of general psychiatry textbooks that are appropriate for students to use, some of which are available electronically via the UNSW library at no cost to the student. Regardless of which they choose, students must be aware that additional reading from at least one of these plus the other suggested reading materials for each lecture/tutorial are essential for progression.

Geddes, J., Price, P., McKnight, R. (2012). *Psychiatry*. (4<sup>th</sup> ed.). Oxford : Oxford University Press

Sadock, B.J. and Sadock, V.A. (2008). *Kaplan & Sadock's concise textbook of clinical psychiatry* (3<sup>rd</sup> ed.).

Philadelphia, PA.: Lippincott Williams & Wilkins.

[http://er.library.unsw.edu.au/er/cgi-](http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=booktext&D=books2&AN=01337673/3rd_Edition/3&XPATH=/OVIDBOOK%5b1%5d/METADATA%5b1%5d/TBY%5b1%5d/AUTHORS%5b1%5d)

[bin/eraccess.cgi?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=booktext&D=books2&AN=01337673/3rd\\_Edition/3&XPATH=/OVIDBOOK%5b1%5d/METADATA%5b1%5d/TBY%5b1%5d/AUTHORS%5b1%5d](http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=booktext&D=books2&AN=01337673/3rd_Edition/3&XPATH=/OVIDBOOK%5b1%5d/METADATA%5b1%5d/TBY%5b1%5d/AUTHORS%5b1%5d)

Sadock, B.J., Sadock, V.A. and Ruiz, P. (2009). *Kaplan & Sadock's comprehensive textbook of psychiatry* (9<sup>th</sup> ed.). Philadelphia, PA.: Lippincott Williams & Wilkins

[http://er.library.unsw.edu.au/er/cgi-](http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=booktext&D=books2&AN=01412563/9th_Edition/5&XPATH=/OVIDBOOK%5b1%5d/METADATA%5b1%5d/TBY%5b1%5d/EDITORS%5b1%5d)

[bin/eraccess.cgi?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=booktext&D=books2&AN=01412563/9th\\_Edition/5&XPATH=/OVIDBOOK%5b1%5d/METADATA%5b1%5d/TBY%5b1%5d/EDITORS%5b1%5d](http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=booktext&D=books2&AN=01412563/9th_Edition/5&XPATH=/OVIDBOOK%5b1%5d/METADATA%5b1%5d/TBY%5b1%5d/EDITORS%5b1%5d)

Gelder, M. et al (2012). *New Oxford Textbook of Psychiatry*. Oxford : Oxford University Press.  
<http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://oxfordmedicine.com/view/10.1093/med/9780199696758.001.0001/med-9780199696758-book-1>

**Further reading:**

Oyeboode, F. (2015). *Sims' Symptoms in the Mind : An Introduction to Descriptive psychopathology*, (5<sup>th</sup> ed.). Edinburgh : Saunders Elsevier.

<http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://www.unsw.eblib.com.wwwproxy0.library.unsw.edu.au/patron/FullRecord.aspx?p=1772151>

*Therapeutic Guidelines-Psychotropic*, 2013 (Version 7), Therapeutic Guidelines Limited, Melbourne.

[http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://etg.tg.com.au/ip/desktop/tgc/ptg71/ptg\\_topics.htm](http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://etg.tg.com.au/ip/desktop/tgc/ptg71/ptg_topics.htm)

## Course Evaluation and Development

Evaluation feedback is gathered from students at the end of each term. Students are asked to rate the lecture series and are also asked to provide written feedback on some aspects of the term.

Student feedback is taken seriously, and continual improvements are made to the course based in part on such feedback.

## Administrative Matters

### Special Consideration

If a student feels his/her performance during the course could be effected by illness or other factors, contact your site supervisor in the first instance. Faculty policy can be viewed at:

[http://www.med.unsw.edu.au/medweb.nsf/resources/csp1/\\$file/Special\\_Consideration\\_for\\_Illness.pdf](http://www.med.unsw.edu.au/medweb.nsf/resources/csp1/$file/Special_Consideration_for_Illness.pdf)

If you need further support please contact Judy Andrews, the Student Coordinator (9382 4370) to discuss the issue.

### Dress at hospital sites

Students must dress in a professional manner when on their psychiatry placement. Bearing in mind that some patients may be disinhibited due to their illness, clothing should not be too casual or revealing, for both genders. Students must wear ID tags at ALL times.

### Confidentiality

Confidentiality of patients' identities and cases MUST be maintained at all times. Case histories must not include names or include features that may identify a patient's identity, such as an address or place of employment. When interviewing a patient, do not do so where others may overhear you.

### Privacy

Patients' privacy must be respected. For example, it is a matter of courtesy to knock before entering a patient's room. In addition, sensitivity to patients' histories should be considered at all times. Intrusive questioning about some personal issues is not appropriate.

If a patient at first rejects your request to interview him/her, do not necessarily be put off. Gentle persistence at a later date, or re-phrasing of your request may be necessary.

Formality of interview style is not necessary as long as propriety and privacy are respected. For example, it is acceptable to interview in a hospital courtyard or over a cup of coffee, provided this has been checked with senior nursing or medical staff beforehand.

### Safety issues – Violence

Psychiatric Units are potentially violent places. Therefore, it is important for your own safety to follow these guidelines when interviewing a patient:

- Don't interview a patient before checking with the duty nurse;
- Students must follow local protocols around the use of duress alarms and other safety issues
- Wherever possible you should interview a patient with another student present;
- Consider the place of interview. If alone for some reason, leave the door ajar if no one is within earshot of what is being said, assess the room for escape routes such as open windows, sit closer to the door than the patient;
- When interviewing a patient, it is important to consider your personal space — leave plenty;
- Position seats in a non-confrontational style. Use the triangle approach where chairs are arranged at an angle so that direct gaze is avoided comfortably when required by either party;
- Some patients may be verbally abusive. It is essential to develop acceptance of this abuse without taking it personally.

### Other Risks

Manic patients have a proclivity to find others attractive. Such patients (in particular) may want to hug and kiss you or give you gifts. If such a situation occurs it is wise to communicate with such patients with another person present (for example, a student). Please note, patient interviews should be conducted in student pairs wherever possible.

Regardless of the underlying disorder, students must ensure they maintain professional boundaries with patients. Interviews should only be conducted after discussing with medical or nursing staff and should only occur in dedicated interview rooms.

Occasionally, you may wish to conduct a physical examination. This may be quite appropriate, but again, check with the nursing staff first, and have another student or staff member present.

### Equity and diversity

Those students who have a disability that requires some adjustment in their teaching or learning environment are encouraged to discuss their study needs with the course convener prior to, or at the commencement of, their course, or with the Equity Officer (Disability) in the Equity and Disabilities Unit (9385 4734 or <http://www.studentequity.unsw.edu.au/> )

Issues to be discussed may include access to materials, signers or note-takers, the provision of services and additional exam and assessment arrangements. Early notification is essential to enable any necessary adjustments to be made.

### Health and Safety Issues

UNSW aims to provide a safe, healthy and secure learning and working environment for all students, staff, contractors and visitors. To achieve this goal, everyone has a responsibility to take reasonable care for their own health and safety, for ensuring that their acts or omissions do not adversely affect the health and safety of others and to comply with reasonable health and safety instructions. The university has laid out these goals in its Health and Safety Policy. The policy applies to all students. While placed at another organisation you must also follow the health and safety policy and instructions of that organisation, you should be advised of these during your orientation.

If you have an injury or incident then this must be reported. To do this, log in to myUNSW, go to My Student Profile and click on the H<sub>2</sub>O link. Please also inform your local placement supervisor. You must participate in all real and practice emergency situations by following the instructions of the local warden. If you experience any traumatic event please contact the student counselling service for assistance.

General health and safety guidance for undergraduate students can be found at the following URL: [https://www.ohs.unsw.edu.au/hs\\_students/index.html](https://www.ohs.unsw.edu.au/hs_students/index.html)

Further information on health and safety can be found at this URL: <http://www.ohs.unsw.edu.au/>

The Health and Safety Coordinator in the Faculty of Medicine is Gregory Maxwell who can be contacted on 9385 0667, email: [g.maxwell@unsw.edu.au](mailto:g.maxwell@unsw.edu.au)