

## MEDICINE PROGRAMS STUDENT CODE OF CONDUCT

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I \_\_\_\_\_ **ACKNOWLEDGE THAT:**

(print name)

- A. I am responsible for my own behaviour as a professional person and I will at all times conform to the principles of the Medical Board of Australia's Code of Conduct (<http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>) and the Australian Medical Council's Code of Ethics (<https://ama.com.au/codeofethics>). I recognise that honesty, confidentiality, politeness and respect for staff, patients and colleagues, and my professional presentation are paramount.
- B. I must uphold the law at all times when participating in education and health care. I recognise the legal implications of my actions including that of providing a signature, the authenticity of academic work, and not providing health care whilst under the influence of alcohol or illicit substances.
- C. I agree to attend educational and clinical sessions as required and am aware of the *Medicine Programs Attendance, Non-Attendance and Leave Guide*.
- D. I agree to join a medical indemnity organisation to address any possible need to access independent professional legal advice.
- E. I acknowledge that Student Guidelines exist (i.e., in relation to Assessment, Room Usage, Travel, Placement allocations, etc) and I agree to abide by them.
- F. As a student in a medicine program, I am a junior member of the health profession and that I therefore have an obligation at all times to strive to improve the health care of patients who volunteer to help me learn.
- G. At all times I will work only under an appropriate supervisor who has been nominated by the College of Medicine and Dentistry. I appreciate that the intensity of supervision may lessen towards the end of my studies, but I will always seek advice if I am unsure of a course of action.
- H. I must always work within the scope of my knowledge and skills. Should I be asked to perform a function that I believe is beyond my level of training and experience, I will decline and seek the advice of the patient's treating doctor or my supervisor. The only exception to this is in an emergency when I am the most experienced, in which case I will provide assistance to the best of my ability.
- I. I acknowledge that there are various JCU Medical teaching locations across northern Australia, at which I may be required to complete placements or relocate, according to the MBBS placement/allocation Guidelines.
- J. I recognise that while on placement, I represent the College of Medicine and Dentistry JCU and the profession and I agree to act in ways that protect my own and the organisation's reputation. This includes when I am provided accommodation, I will follow house rules and respect the property and other tenants appropriately.
- K. I am aware this form is valid whilst I am enrolled in any College of Medicine and Dentistry Course.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_