



UNIVERSITY | MEDICAL  
*of* NICOSIA | SCHOOL

**Graduate Entry Doctor of Medicine (GEMD) Programme**

# **Year 4 Handbook**

**Academic Year 2024-2025**

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## 1. How to use this Handbook

This Handbook serves as the main reference for fourth-year students in the GEMD programme, providing an overview of both the seventh and eighth semester courses. Please note that some details may change throughout the semesters. This Handbook can also be accessed via Moodle, where any updates throughout the semester will be posted and subsequently communicated via email.

The Handbook undergoes an annual revision and reissuance to ensure the accurate representation of the programme. We encourage feedback on the content or presentation of the Handbook and kindly request it be sent to the Senior Clinical Placements Administrator, Katerina Tsiamenzi at: [tsiamenzi.k@unic.ac.cy](mailto:tsiamenzi.k@unic.ac.cy).

## 2. Academic Calendar for Year 4 (2024-2025)

<b>Graduate Entry Doctor of Medicine</b> <b>Year 4 (Penultimate Year)</b> <b>Academic Calendar 2024-2025</b> <b>Students based in: Cyprus/Greece/UK/US/Switzerland</b>					
Semester	Dates		Week	Description	
7	26-Aug	30-Aug	1	Clinical Specialties	
	02-Sep	06-Sep	2		
	09-Sep	13-Sep	3		
	16-Sep	20-Sep	4		
	23-Sep	27-Sep	5		
	30-Sep	04-Oct	6		
	07-Oct	11-Oct	7		
	14-Oct	18-Oct	8		
	21-Oct	25-Oct	9		
	28-Oct	01-Nov	10		
	04-Nov	08-Nov	11		
	11-Nov	15-Nov	12		
	18-Nov	22-Nov	13		
	25-Nov	29-Nov	14		
	02-Dec	06-Dec	15		
	09-Dec	13-Dec	16		
	16-Dec	20-Dec	17		
	23-Dec	27-Dec		Winter Break	
	30-Dec	03-Jan			
	06-Jan	10-Jan	18	Clinical Specialties	
	13-Jan	17-Jan	19		
	20-Jan	24-Jan	20		
	27-Jan	31-Jan	21		
	03-Feb	07-Feb	22		
	10-Feb	14-Feb	23		
	17-Feb	21-Feb	24		
	24-Feb	28-Feb	25		
	03-Mar	07-Mar	26		
	10-Mar	14-Mar	27		
	17-Mar	21-Mar	28		
	24-Mar	28-Mar	29		
	31-Mar	04-Apr	30		
	07-Apr	11-Apr	31		
	14-Apr	16-Apr	32		
	17-Apr	22-Apr			Spring Break (Thur 17 Apr - Tue 22 Apr)
8	23-Apr	25-Apr	33		Clinical Specialties
	28-Apr	02-May	34		
	05-May	09-May	35		
	12-May	16-May	36		
	19-May	23-May	37		
	26-May	30-May	38		
	02-Jun	06-Jun	39		
	09-Jun	13-Jun	40		
	16-Jun	20-Jun		Study week	
	23-Jun	27-Jun		Written Exams and OSCE	
	30-Jun	04-Jul			
	07-Jul	11-Jul		Study weeks for resit exams	
	14-Jul	18-Jul			
	21-Jul	25-Jul		Resit Exam Period	
28-Jul	01-Aug				

**Graduate Entry Doctor of Medicine  
Year 4 (Penultimate Year)  
Academic Calendar 2024-2025  
Students based in: Israel**

Semester	Dates		Week	Description
7	04-Aug	08-Aug	1	Clinical Specialties
	11-Aug	15-Aug	2	
	18-Aug	22-Aug	3	
	25-Aug	29-Aug	4	
	01-Sep	05-Sep	5	
	08-Sep	12-Sep	6	
	15-Sep	19-Sep	7	
	22-Sep	26-Sep	8	
	29-Sep	03-Oct		Break
	06-Oct	10-Oct	9	Clinical Specialties
	13-Oct	17-Oct	10	
	20-Oct	24-Oct		Break
	27-Oct	31-Oct	11	Clinical Specialties
	03-Nov	07-Nov	12	
	10-Nov	14-Nov	13	
	17-Nov	21-Nov	14	
	24-Nov	28-Nov	15	
	01-Dec	05-Dec	16	
	08-Dec	12-Dec	17	
	15-Dec	19-Dec	18	
22-Dec	26-Dec	19		
29-Dec	02-Jan		Break	
05-Jan	09-Jan	20	Clinical Specialties	
12-Jan	16-Jan	21		
19-Jan	23-Jan	22		
26-Jan	30-Jan	23		
02-Feb	06-Feb	24		
09-Feb	13-Feb	25		
16-Feb	20-Feb	26		
23-Feb	27-Feb	27		
02-Mar	06-Mar	28		
09-Mar	13-Mar	29		
16-Mar	20-Mar	30		
23-Mar	27-Mar	31		
30-Mar	03-Apr	32		
06-Apr	10-Apr	33		
13-Apr	17-Apr		Break	
20-Apr	24-Apr	34	Clinical Specialties	
27-Apr	01-May		Break	
04-May	08-May	35	Clinical Specialties	
11-May	15-May	36		
18-May	22-May	37		
25-May	29-May	38		
01-Jun	05-Jun	39		
08-Jun	12-Jun	40		
15-Jun	19-Jun			Study week
22-Jun	26-Jun			Written Exams and OSCE
29-Jun	03-Jul			
06-Jul	10-Jul			
13-Jul	17-Jul		Study weeks for resit exams	
20-Jul	24-Jul		Resit Exam Period	
27-Jul	31-Jul			

### 3. Introduction to the Penultimate Year of GEMD

Dear Students,

Welcome to the Penultimate Year of the Graduate Entry MD Programme. During Semester 7 and Semester 8 you will complete Clinical Specialties courses on: Cardiology and Respiratory, Rheumatology, Orthopaedics and Dermatology, Gastroenterology and Endocrinology, Nephrology and Urology, Obstetrics and Gynaecology, Paediatrics, Psychiatry, Neurology (Neurology, Neurosurgery and Palliative Care), ENT and Ophthalmology.

Every effort has been made to provide a structured and well-organized learning experience that will ensure adequate exposure to the diagnostic and therapeutic approaches that take place in large Academic Hospitals.

Enjoy your fourth year of the Graduate Entry MD Programme!

## 4. The Penultimate Year Curriculum

During the Penultimate Year you will complete the GEMD-401 course: Clinical Specialties. This course comprises of the following specialties and sub-specialties: Gastroenterology, Endocrinology, Nephrology, Urology, Cardiology, Respiratory, Rheumatology, Orthopaedics, Dermatology, Paediatrics, Obstetrics and Gynaecology, Psychiatry, Neurology, ENT, Ophthalmology.

Specific elements of the clinical curriculum of course GEMD-401 may appear at different times throughout the academic year, although the totality of the objectives will be covered by the end of it.

Students are graded and awarded 60 ECTS at the end of the year.

Course
GEMD-401 Clinical Specialties: Gastroenterology, Endocrinology
GEMD-401 Clinical Specialties: Nephrology, Urology
GEMD-401 Clinical Specialties: Cardiology, Respiratory
GEMD-401 Clinical Specialties: Rheumatology, Orthopaedics, Dermatology
GEMD-401 Clinical Specialties: Paediatrics
GEMD-401 Clinical Specialties: Obstetrics & Gynaecology
GEMD-401 Clinical Specialties: Psychiatry
GEMD-401 Clinical Specialties: Neurology (Neurology, Neurosurgery & Palliative Care), ENT, Ophthalmology



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Nephrology Clinical Lead	Dr Veeda Landeras	<a href="mailto:Veeda.Landeras@AinMD.com">Veeda.Landeras@AinMD.com</a>
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	Dr Adam Goldenberg	<a href="mailto:AGoldenberg@northshore.org">AGoldenberg@northshore.org</a>
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Administrative Support	Jeanette Maatouk	<a href="mailto:jmaatouk@schosp.org">jmaatouk@schosp.org</a>



#### 4.4 Student Support Services

Name	Title	Responsible for	Contact Details email, phone number & office
Dr Soulla Nicolaou	Associate Dean for Students	Overseeing Student Experience	<a href="mailto:nicolaou.p@unic.ac.cy">nicolaou.p@unic.ac.cy</a> +357 22 471 914 1 <sup>st</sup> floor, Centre for Primary Care and Population Health (Block C)
Mr Andreas Demetroudiou	Student Services Manager	Accommodation	<a href="mailto:servicecentre@med.unic.ac.cy">servicecentre@med.unic.ac.cy</a> Student Service Centre, Ground floor, Block A
Ms Pamela Pastou	Student Services Coordinator	International Student advice (visas)	
Ms Christiana Constantinou	Student Services & Alumni Officer	Document requests	
Mr Andreas Mavrou	Student Services Officer	Events and Activities Health Insurance MSSS Collaborations/ Student Clubs	
Ms Hero Glykys	Registrar	Providing guidance to students about the operation of all procedures	<a href="mailto:glykys.h@unic.ac.cy">glykys.h@unic.ac.cy</a> +357 22 471 951 1 <sup>st</sup> floor, Medical School Block A
Ms Despina Varda	Registry Coordinator	Student Support & Welfare Student Records	<a href="mailto:varda.d@unic.ac.cy">varda.d@unic.ac.cy</a> +357 22 471 905 Ground floor, Medical School Block A
Ms Lovella Galinato	Registry officer	Student Support & Welfare Student Records	<a href="mailto:registry.medical@unic.ac.cy">registry.medical@unic.ac.cy</a>
Ms Androniki Ellina			
MS Dina Georgiades			
Ms Georgia Christodoulou	Head Librarian	Library	<a href="mailto:christodoulou.g@unic.ac.cy">christodoulou.g@unic.ac.cy</a> +357 22 471 946 Ground floor, Medical School Block A
Ms Sue Chrysostomou	Careers & Alumni Manager/Disabilities Advisor	Careers Graduate & Alumni Affairs Students with Disabilities	<a href="mailto:chrysostomou.su@unic.ac.cy">chrysostomou.su@unic.ac.cy</a> +357 22 471 959 1 <sup>st</sup> floor, Medical School Block B
Ms Karen Stephanou	Careers & Alumni Adviser	Postgraduate Application support Alumni Presentations	<a href="mailto:stephanou.k@unic.ac.cy">stephanou.k@unic.ac.cy</a> +357 22 471 910 1 <sup>st</sup> floor, Medical School Block B
Ms Lamprini Zoulianiti	Careers & Alumni Administrator		<a href="mailto:zoulianiti.l@unic.ac.cy">zoulianiti.l@unic.ac.cy</a>

			+357 22 471 821 1 <sup>st</sup> floor, Medical School Block B
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Finance Department		Finance	<a href="mailto:financeoffice@med.unic.ac.cy">financeoffice@med.unic.ac.cy</a>
Dr Nicolas Pipis	Physician for Student Health Services	Student Medical issues and guidance on health matters	<a href="mailto:hsphysician@med.unic.ac.cy">hsphysician@med.unic.ac.cy</a> +357 22 471 876
Ms Inese Ellina	Student Health Services (SHS) Administrator	Student support relating to all questions regarding OH and Disabilities	<a href="mailto:occupationalhealth@med.unic.ac.cy">occupationalhealth@med.unic.ac.cy</a> +357 22 471 931 Ground floor, Medical School Block A
Mr Evangelos Stampolis	Facilities Supervisor & Environment, Health and Safety Coordinator	Facilities Health and Safety (Medical School)	<a href="mailto:stampolis.e@unic.ac.cy">stampolis.e@unic.ac.cy</a> +357 22 471 938 1 <sup>st</sup> floor, Medical School Block B
Counselling Service - KESY		Counselling	<a href="mailto:KESY@unic.ac.cy">KESY@unic.ac.cy</a> +357 22 795 100

## 5.Course Outlines

<b>Course title</b>	<b>Clinical Specialties</b>			
<b>Course code</b>	<b>GEMD-401</b>			
<b>Course type</b>	Required			
<b>Level</b>	Undergraduate			
<b>Year / Semester</b>	Year 4 / Semesters 7 & 8 (rotation)			
<b>Course Lead</b>	Professor Joseph Joseph Chair, Clinical Education			
<b>ECTS</b>	60	<b>Teaching Periods per Week</b>		
		<b>Large Group Learning</b>	<b>Small Group Learning</b>	<b>Clinical Practice</b>
		6	2	30
<b>Prerequisites</b>	None	<b>Required</b>	None	
<b>Teaching Methodology</b>	The course is delivered by clinical placements, lectures, tutorials, case studies and group discussions, theatre attendance and visits to the community including a hospice.			
<b>Assessment</b>	End of year exam and end of year OSCE. The written assessment will be Single Best Answer MCQs and Short Answer Questions. Workplace based assessments will take place during the attachment.			
<b>Language</b>	English			
<b>Course purpose and objectives</b>	The main objectives of the last two years of the five-year medical course are to provide students with extensive experience in the clinical environment, mainly in hospitals but also in the community, so that they can utilise their learning over the previous three years to practise their clinical, communication, diagnostic and reasoning skills on real patients, and to learn about the management of patients, from a medical, therapeutic, surgical, psychosocial and caring perspective.			

<b>Cardiology and Respiratory (Cardiology, Cardiothoracic and Vascular Surgery; Respiratory Medicine, Thoracic Surgery)</b>	
<b>Course purpose and objectives</b>	<p>In this course, students will spend five weeks working primarily with patients with heart conditions and respiratory &amp; breast diseases. They will develop an understanding of the presentation, signs and symptoms, physical examination findings, investigations, diagnosis, treatment (medical and/or surgical as appropriate) and management plan for common cardiovascular and respiratory diseases.</p> <p>The students will learn how to take detailed histories from, carry out systematic clinical examination of, and interpret laboratory and imaging data on patients with disorders of the cardiovascular and respiratory systems. They will also spend time in theatre observing cardiothoracic surgery.</p>

<b>Learning outcomes</b>	<p>By the end of the course, the students should be able to:</p> <ol style="list-style-type: none"> <li>1. take a focused history from a patient, or relative of a patient, presenting with a cardiovascular, respiratory or breast condition, in a sensitive and caring manner.</li> <li>2. carry out a sensitive physical examination as part of investigation of the presenting complaint.</li> <li>3. discuss a differential diagnosis for the presenting complaint.</li> <li>4. apply their knowledge of basic and clinical science to identify and explain appropriate investigations, including sputum, blood and urine tests, peak flow, imaging, fine needle aspiration, and biopsy, to assist in the diagnosis of the presenting complaint and to interpret the results from such tests.</li> <li>5. prepare and explain a treatment management plan for the patient to present to the responsible clinician to include medical, pharmacological, surgical options as appropriate.</li> <li>6. observe, and where appropriate carry out or assist with, medical and surgical procedures relating to patients with cardiovascular and respiratory conditions, planned and opportunistic.</li> <li>7. Prescribe medications to treat patients with cardiovascular and respiratory diseases and make appropriate therapeutic/management decisions.</li> </ol>																																				
<b>Course content</b>	<p>Common presentations affecting the cardiovascular, respiratory and breast systems including:</p> <ul style="list-style-type: none"> <li>○ Hypertension</li> <li>○ Arrhythmias</li> <li>○ Valvular heart disease</li> <li>○ Myocardial ischemia and infarction</li> <li>○ Shock</li> <li>○ Chest infections</li> <li>○ Asthma and other lung disorders</li> <li>○ Respiratory failure</li> <li>○ Lung and breast cancer</li> <li>○ Benign breast disorders</li> </ul>																																				
<b>Bibliography</b>	<p><b>Required textbooks/reading</b></p> <table border="1" data-bbox="427 1312 1476 1848"> <thead> <tr> <th>Authors</th> <th>Title</th> <th>Edition</th> <th>Publisher</th> <th>Year</th> <th>ISBN</th> </tr> </thead> <tbody> <tr> <td>Grech, Ever D.</td> <td>ABC of interventional cardiology</td> <td>1<sup>st</sup></td> <td>Wiley-Blackwell</td> <td>2011</td> <td>9781405170673 <a href="#">e-book</a></td> </tr> <tr> <td>Caroline R Thomas, Gunchu Randhawa, Stephen H. Hughes,</td> <td>The Respiratory System: Systems of the Body Series</td> <td>3<sup>rd</sup></td> <td>Elsevier</td> <td>2022</td> <td>9780702082849</td> </tr> <tr> <td>Robert M. Zollinger, E. Christopher Ellison, Timothy M. Pawlik, Patrick Vaccaro</td> <td>Zollinger's atlas of surgical operations</td> <td>11<sup>th</sup></td> <td>McGraw-Hill</td> <td>2022</td> <td>9781260440850</td> </tr> </tbody> </table> <p><b>Recommended textbooks/reading</b></p> <table border="1" data-bbox="427 1921 1476 2089"> <thead> <tr> <th>Authors</th> <th>Title</th> <th>Edition</th> <th>Publisher</th> <th>Year</th> <th>ISBN</th> </tr> </thead> <tbody> <tr> <td>Herring N Paterson DJ.</td> <td>Levick's introduction to cardiovascular</td> <td>6<sup>th</sup></td> <td>CPC Press</td> <td>2018</td> <td>9780815363613</td> </tr> </tbody> </table>	Authors	Title	Edition	Publisher	Year	ISBN	Grech, Ever D.	ABC of interventional cardiology	1 <sup>st</sup>	Wiley-Blackwell	2011	9781405170673 <a href="#">e-book</a>	Caroline R Thomas, Gunchu Randhawa, Stephen H. Hughes,	The Respiratory System: Systems of the Body Series	3 <sup>rd</sup>	Elsevier	2022	9780702082849	Robert M. Zollinger, E. Christopher Ellison, Timothy M. Pawlik, Patrick Vaccaro	Zollinger's atlas of surgical operations	11 <sup>th</sup>	McGraw-Hill	2022	9781260440850	Authors	Title	Edition	Publisher	Year	ISBN	Herring N Paterson DJ.	Levick's introduction to cardiovascular	6 <sup>th</sup>	CPC Press	2018	9780815363613
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		physiology				
	Stephen J. Bourke, Graham P. Burns, James G. Macfarlane	Respiratory medicine (lecture notes)	10 <sup>th</sup>	Wiley-Blackwell	2022	9781119774204
	Dixon JM	ABC of Breast Diseases	4 <sup>th</sup>	Wiley	2012	9781444337969 <a href="#">e-book</a>
	Joint Formulary Committee	<a href="https://bestpractice.bmj.com/drugs">https://bestpractice.bmj.com/drugs</a>	Last one	BMJ Group and Pharmaceutical Press	Current year	
	National Institute for Health and Clinical Excellence	<a href="https://www.nice.org.uk/guidance">https://www.nice.org.uk/guidance</a>	Last one		Current year	

For more information on accessing the British National Formulary (BNF) please see the library guide [Health Research Basics](#)

Additional information can also be found in the library guides: [Clinical Placement Support Resources](#) & [Health Library Student Well-being Resources](#)

<b>Rheumatology, Orthopaedics, Dermatology</b>	
<b>Course purpose and objectives</b>	<p>In this course, students will spend five weeks working primarily with patients with musculoskeletal, orthopaedic and skin disorders. They will develop an understanding of the presentation, signs and symptoms, physical examination findings, investigations, diagnosis, treatment (medical and/or surgical, including plastic surgery, as appropriate) and management plan for common musculoskeletal, orthopaedic and skin disorders.</p> <p>The students will learn how to take detailed histories from, carry out systematic clinical examination of, and interpret laboratory and imaging data on patients with disorders of the musculoskeletal and integumentary systems and on patients requiring orthopaedic surgery. The students will gain a basic understanding of the application and type of information to be obtained from different methods for investigating musculoskeletal and skin disorders. They will also spend time in theatre observing musculoskeletal, orthopaedic and dermatological operations and plastic surgery.</p>
<b>Learning outcomes</b>	<p>By the end of the course the students should be able to:</p> <ol style="list-style-type: none"> <li>1. take a focused history from a patient, or relative of a patient, presenting with a musculoskeletal, orthopaedic or skin disorder, in a sensitive and caring manner.</li> <li>2. carry out a sensitive physical examination as part of investigation of the presenting complaint.</li> <li>3. discuss a differential diagnosis for the presenting complaint.</li> <li>4. apply their knowledge of basic and clinical science to identify and explain appropriate investigations, including blood and urine tests, nerve conduction tests, imaging, joint aspiration and biopsy to assist in the diagnosis of the presenting complaint and to interpret the results from such tests.</li> <li>5. prepare and explain a treatment management plan for the patient to present to the responsible clinician to include medical, pharmacological, surgical options as appropriate.</li> <li>6. observe, and where appropriate, carry out or assist with, medical and surgical procedures relating to patients with rheumatological, orthopaedic and</li> </ol>

	<p>dermatological conditions, planned and opportunistic.</p> <p>7. Prescribe medications to treat patients with disorders of the joints, muscles, ligaments and skin make appropriate therapeutic/management decisions.</p>																																																						
<b>Course content</b>	<p>Common presentations affecting the musculoskeletal system and skin including:</p> <ul style="list-style-type: none"> <li>○ Rheumatoid and osteoarthritis</li> <li>○ Connective tissue disorders</li> <li>○ Disorders of bones and joints</li> <li>○ Fractures, dislocations and ligament injuries</li> <li>○ Disorders of the foot and spine</li> <li>○ Skin disorders and infections</li> <li>○ Sarcomas and skin cancer</li> <li>○ Burn management and wound healing</li> <li>○ Sports Medicine injuries</li> </ul>																																																						
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	Ramachandran M	Basic orthopaedic Sciences	2 <sup>nd</sup>	CRC Press	2017	9781444120981
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<b>Gastroenterology, Endocrinology</b>	
<b>Course purpose and objectives</b>	<p><b>Gastroenterology, Endocrinology</b></p> <p>In this course, students will spend five weeks working primarily with patients with gastrointestinal (including liver and pancreas) and endocrine disorders</p> <p>They will develop an understanding of the presentation, signs and symptoms, physical examination findings, investigations, diagnosis, treatment (medical and/or surgical as appropriate) and management plan for common gastrointestinal and endocrine disorders.</p> <p>The students will learn how to take detailed histories from, carry out systematic clinical examination of, and interpret laboratory and imaging data on patients with disorders of the GI and endocrine systems. The students will gain a basic understanding of the application and type of information to be obtained from different methods of investigation. They will also spend time in theatre observing gastrointestinal and endocrine surgery.</p>
<b>Learning outcomes</b>	<p>At the end of the course, the student will be able to:</p> <ol style="list-style-type: none"> <li>1. Take a focused history from a patient, or relative of a patient, presenting with a gastrointestinal (including liver and pancreatic) or endocrine disorder, in a sensitive and caring manner</li> <li>2. Carry out a sensitive physical examination as part of investigation of the presenting complaint</li> <li>3. Discuss a differential diagnosis for the presenting complaint</li> <li>4. Apply their knowledge of basic and clinical science to identify and explain appropriate investigations, including sputum, blood, urine and faecal tests, imaging, fine needle aspiration, and biopsy to assist in the diagnosis of the presenting complaint and to interpret the results from such tests</li> <li>5. Prepare and explain a treatment management plan for the patient to present to the responsible clinician to include medical, pharmacological, surgical options as appropriate</li> <li>6. Observe, and where appropriate carry out or assist with, medical and surgical procedures relating to patients with gastrointestinal and endocrine conditions, planned and opportunistic</li> <li>7. Prescribe medications to treat patients with gastrointestinal and endocrine disorders and make appropriate therapeutic/management decisions.</li> </ol>
<b>Course content</b>	<p>Common presentations affecting the gastrointestinal and endocrine systems including:</p> <ul style="list-style-type: none"> <li>• acute and chronic abdominal pain</li> <li>• gastrointestinal bleeding</li> <li>• inflammatory bowel disorders</li> <li>• diseases of the liver and biliary tract</li> <li>• oesophageal, gastric, colonic and rectal cancer</li> <li>• endocrine disorders of the hypothalamus, pituitary, thyroid, parathyroid, adrenal and pancreas</li> </ul>

<b>Required textbooks/reading</b>						
<b>Authors</b>	<b>Title</b>	<b>Edition</b>	<b>Publisher</b>	<b>Year</b>	<b>ISBN</b>	
Logan, R, Harris, A, Misiewicz, J & Baron, J	ABC of the Upper Gastrointestinal Tract		BMJ Books	2002	9780727912664	
Chris Tselepis, Mohammed Nabil Quraishi, Richard Horniblow, Stephen H. Hughes,	Digestive system: basic science and clinical conditions	3 <sup>rd</sup>	Elsevier	2022	9780702083761	
Wass J Arlt W, Semple R	Oxford Textbook of Endocrinology and Diabetes	3 <sup>rd</sup>	Oxford University Press	2021	9780198870197	
Holt, EH, Lupsa, B, Lee, GS, Bassyouni, H, Peery, H	Goodman's Basic Medical Endocrinology	5 <sup>th</sup>	Elsevier	2021	9780128158449	
Joint Formulary Committee	<a href="https://bestpractice.bmj.com/drugs">https://bestpractice.bmj.com/drugs</a>	Latest	BMJ Group and Pharmaceutical Press.	Current year		
National Institute for Health and Clinical Excellence	<a href="https://www.nice.org.uk/guidance">https://www.nice.org.uk/guidance</a>	Latest		Current year		
<b>Recommended textbooks/reading</b>						
<b>Authors</b>	<b>Title</b>	<b>Edition</b>	<b>Publisher</b>	<b>Year</b>	<b>ISBN</b>	
Hall I	Gastrointestinal Tract Disorders: Diagnosis and Treatment	1 <sup>st</sup>	Murphy & Moore Publishing	2022	9781639872534	
<p>For more information on accessing the British National Formulary (BNF) please see the library guide <a href="#">Health Research Basics</a></p> <p>Additional information can also be found in the library guides: <a href="#">Clinical Placement Support Resources</a> &amp; <a href="#">Health Library Student Well-being Resources</a></p>						

<b>Nephrology, Urology</b>	
<b>Course purpose and objectives</b>	<p>In this course, students will spend five weeks working primarily with patients with renal and urological disorders.</p> <p>They will develop an understanding of the presentation, signs and symptoms, physical examination findings, investigations, diagnosis, treatment (medical and/or surgical, including transplant surgery, as appropriate) and management plan for common renal and urological disorders.</p> <p>The students will learn how to take detailed histories from, carry out systematic clinical examination of, and interpret laboratory and imaging data on patients with disorders of the kidneys and urological system. The students will gain a basic understanding of the application and type of information to be obtained from different methods for investigating kidney and urological disorders. They will also spend time in theatre</p>



	observing renal, urological and transplant surgery.																								
<b>Learning outcomes</b>	<p>At the end of the course, the student will be able to:</p> <ol style="list-style-type: none"> <li>1. Take a focused history from a patient, or relative of a patient, presenting with a renal or urological disorder, in a sensitive and caring manner</li> <li>2. Carry out a sensitive physical examination as part of investigation of the presenting complaint</li> <li>3. Discuss a differential diagnosis for the presenting complaint</li> <li>4. Apply their knowledge of basic and clinical science to identify and explain appropriate investigations, including blood and urine tests, imaging, fine needle aspiration, and biopsy to assist in the diagnosis of the presenting complaint and to interpret the results from such tests</li> <li>5. Prepare and explain a treatment management plan for the patient to present to the responsible clinician to include medical, pharmacological, surgical options as appropriate</li> <li>6. Observe, and where appropriate, carry out or assist with, medical and surgical procedures relating to patients with renal or urological conditions, planned and opportunistic</li> <li>7. Prescribe medications to treat patients with kidney and urinary tract diseases/disorders and make appropriate therapeutic/management decisions.</li> </ol>																								
<b>Course content</b>	<p>Common presentations affecting the renal and urogenital systems including:</p> <ul style="list-style-type: none"> <li>• renal failure and nephropathy</li> <li>• urinary calculi</li> <li>• fluid and electrolyte imbalance</li> <li>• infections</li> <li>• renal, bladder and prostatic cancer</li> <li>• benign prostatic and urinary tract disorders</li> </ul>																								
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### Obstetrics and Gynaecology

<b>Course purpose and objectives</b>	<p>In this course, students will spend five weeks working primarily with women of all ages, and, particularly during pregnancy, labour and birth, with their families. They will develop an understanding of the presentation, signs and symptoms, physical examination findings, investigations, diagnosis, treatment (medical, pharmacological and surgical) and management plan for straightforward and abnormal obstetric and gynaecological conditions.</p> <p>The course introduces the students to key processes in human procreation and development. They will follow normal and abnormal pregnancies, from conception to delivery and will encounter, and learn how to deal with, common obstetric problems, including emergencies. Students will also acquire an understanding of all aspects of health and illness relating to women from childhood to old age and will identify common problems related to the female reproductive system and describe their management.</p>
<b>Learning outcomes</b>	<p>By the end of the course the students should be able to:</p> <ol style="list-style-type: none"> <li>1. take a general obstetric history, and identify case-specific obstetric risk factors, from women with normal and abnormal pregnancies, in a sensitive and caring manner</li> <li>2. describe, in detail, normal pregnancy, labour, delivery and the puerperium and its management.</li> <li>3. take a focused gynaecological history from women with abnormal gynaecological presentations</li> <li>4. carry out obstetric examinations, including what is required for a routine antenatal check.</li> <li>5. carry out an abdominal examination, with particular relevance to common gynaecological conditions.</li> <li>6. perform intimate examinations where appropriate, including vaginal and speculum examinations on both gynaecological and obstetric patients.</li> <li>7. take cervical smears and where relevant vaginal and cervical swabs.</li> <li>8. discuss a differential diagnosis for the presenting complaint</li> <li>9. apply their knowledge of basic and clinical science to identify and explain appropriate investigations for Obstetrics &amp; Gynaecology patients, interpret the results accurately</li> <li>10. prepare and explain a treatment management plan for the patient to present to the responsible clinician to include medical, pharmacological, surgical options as appropriate</li> <li>11. communicate effectively with women and colleagues about general health and problems related to their reproductive system.</li> <li>12. work effectively as a key team member in the management of health and illness issues for women.</li> <li>13. observe, and where appropriate, carry out or assist with, medical and surgical procedures relating to patients with obstetric and gynaecological conditions, planned and opportunistic.</li> <li>14. Prescribe medications to treat patients with gynecological diseases and in pregnancy, and make appropriate therapeutic decisions.</li> </ol>
<b>Course content</b>	<p>Common presentations affecting the reproductive system including:</p> <ul style="list-style-type: none"> <li>○ Neonatal congenital disorders</li> </ul>

- Prepubertal, pubertal, congenital and benign gynaecological disorders
- Menstruation, vaginal bleeding and post-menopausal disorders
- Sub-fertility
- Sexually transmitted infections
- Ovarian, endometrial and cervical cancer
- Pregnancy and birth disorders

**Bibliography**

**Required textbooks/reading**

Authors	Title	Edition	Publisher	Year	ISBN
Symonds, I.M & Arulkumaran, S	Essential Obstetrics and Gynaecology	6 <sup>th</sup>	Elsevier	2019	9780702076381
Barbara Hoffman, John Schorge, Karen Bradshaw, Lisa Halvorson, Joseph Schaffer, Marlene Cotton	Williams Gynaecology	4 <sup>th</sup>	Blackwell McGraw Hill	2020	9781260456868
Gary Cunningham, Kenneth Leveno, Catherine Spong, Jodi Dashe, Barbara Hoffman, Brian Casey	Williams Obstetrics	26 <sup>th</sup>	Blackwell McGraw Hill	2022	9781260462739
Hanretty, K	Obstetrics Illustrated	7 <sup>th</sup>	Churchill Livingstone	2009	9780702030666
Joint Formulary Committee	<a href="http://bestpractice.bmj.com/drugs">http://bestpractice.bmj.com/drugs</a>	Latest	BMJ Group and Pharmaceutical Press	Current year	
National Institute for Health and Clinical Excellence	<a href="http://www.nice.org.uk/guidance">http://www.nice.org.uk/guidance</a>	Latest		Current year	

**Recommended textbooks/reading**

Authors	Title	Edition	Publisher	Year	ISBN
Sally Collins, Kevin Hayes, Sabaratnam Arulkumaran, Kirana Arambage, Lawrence Impey	Oxford handbook of obstetrics and Gynaecology	4 <sup>th</sup>	Oxford	2023	9780198838678

For more information on accessing the British National Formulary (BNF) please see the library guide [Health Research Basics](#)  
 Additional information can also be found in the library guides: [Clinical Placement Support Resources](#) & [Health Library Student Well-being Resources](#)

## Paediatrics

<b>Course purpose and objectives</b>	<p>In this course, students will spend five weeks working primarily with children of all ages, and their families. They will develop an understanding of the presentation, signs and symptoms, physical examination findings, investigations, diagnosis, treatment (medical, pharmacological and surgical) and management plan for common paediatric illnesses.</p> <p>They will learn to recognize and manage the well and ill infant, child and adolescent, to elicit and interpret findings from history taken from a child or accompanying adult, to acquire sufficient skill to carry out a full physical examination of a child of any age, to interpret laboratory and imaging data, form a differential diagnosis and treatment plan and communicate information appropriately with the child or accompanying adult.</p>
<b>Learning outcomes</b>	<p>After the completion of the course the students should be able to:</p> <ol style="list-style-type: none"> <li>1. take a focused history from a child, or relative/guardian of a child, in a sensitive and caring manner.</li> <li>2. carry out a sensitive physical examination of the newborn, infant, toddler, child and adolescent as part of investigation of the presenting complaint.</li> <li>3. assess the adherence of a child to developmental milestones, outlining the different abilities of children at different ages.</li> <li>4. explain the importance of growth in children and how to use a growth chart.</li> <li>5. discuss a differential diagnosis for the presenting complaint.</li> <li>6. apply their knowledge of basic and clinical science to identify and explain appropriate investigations, including blood and urine tests, and imaging, to assist in the diagnosis of the presenting complaint and to interpret the results from such tests.</li> <li>7. prepare and explain a treatment management plan for the child to present to the responsible clinician to include medical, pharmacological, surgical options as appropriate.</li> <li>8. observe, and where appropriate carry out or assist with, the following procedures: and other surgical procedures, planned and opportunistic.</li> <li>9. discuss ways in which the delivery of care might be different for a child compared to an adult and describe how infants and children need different care at different ages.</li> <li>10. outline the role of different professionals involved in the delivery of care to children and describe how a team works together to tailor treatment to the individual.</li> <li>11. describe the routine immunisation schedule for children.</li> <li>12. recognise signs of possible child abuse and outline procedures to be followed in the eventuality of coming across such abuse.</li> <li>13. recognize when a parent or guardian must give consent on behalf of a child, and when the child is legally able to consent on his/her own.</li> <li>14. Prescribe medications to treat children and make appropriate therapeutic management decisions.</li> </ol>
<b>Course content</b>	<p>Knowledge</p> <ul style="list-style-type: none"> <li>• Normal values of investigations in children and how they differ with age</li> <li>• Immunisation schedule for children</li> <li>• Metabolic, endocrine and growth in children and adolescents</li> <li>• Handicapping conditions of childhood and the services available for their amelioration</li> <li>• Neonatology</li> <li>• The scope of paediatric surgery</li> <li>• Common conditions affecting children and adolescents</li> </ul>

- Cot deaths (SIDS sudden infant death syndrome)
- Respiratory conditions in children and adolescents
- Congenital heart and cardiovascular disease in children and adolescents
- Neurology and development in children of all ages
- Urinary tract and nephrology conditions in children and adolescents
- Gastro-Intestinal disease in children and adolescents
- Immunological, allergic and skin conditions affecting children and adolescents
- Common childhood infections
- Child psychiatry and aspects of social medicine affecting children
- Child abuse
- Musculoskeletal and joint problems affecting children and adolescents
- Haematology and Oncology conditions affecting children and adolescents
- Adolescent health, including psychosocial development, mental health and gynaecological issues

**Skills**

- History-taking, examination, communication with children of all ages
- Measurement and recording of developmental milestones; growth charts

**Professional competencies**

- Healthcare professionals involved in the care of children of all ages
- Consent and Gillick/Fraser competence

**Bibliography**

**Required textbooks/reading**

Authors	Title	Edition	Publisher	Year	ISBN
Tom Lissaue, Will Carroll	Illustrated textbook of paediatrics	6 <sup>th</sup>	Elsevier	2021	9780702081804
Gill, Denis	Paediatrics clinical examination made easy	6 <sup>th</sup>	Elsevier	2018	9780702072895
Joint Formulary Committee	<a href="https://bestpractice.bmj.com/drugs">https://bestpractice.bmj.com/drugs</a>	Latest	BMJ Group and Pharmaceutical Press	Current year	
National Institute for Health and Clinical Excellence	<a href="https://www.nice.org.uk/guidance">https://www.nice.org.uk/guidance</a>	Latest		Current year	

**Recommended textbooks/reading**

Authors	Title	Edition	Publisher	Year	ISBN
Robert M. Kliegman, Joseph W. St. Geme III	Nelson textbook of pediatrics	22 <sup>nd</sup>	Elsevier	2024	9780323883054

For more information on accessing the British National Formulary (BNF) please see the library guide [Health Research Basics](#)

Additional information can also be found in the library guides: [Clinical Placement](#)

<b>Psychiatry</b>	
<b>Course purpose and objectives</b>	<p>In this course, students will spend five weeks working primarily with patients with mental illness. They will develop an understanding of the presentation, signs and symptoms, physical examination findings (if any), investigations (if any), diagnosis, treatment (medical and psychological) and management plan for common psychiatric disorders.</p> <p>They will communicate with the mentally ill, take a psychiatric history from them and carry out a mental state examination, while appreciating the importance of psychological, biological and social factors in the presentation, diagnosis and treatment of physical and psychiatric illness.</p>
<b>Learning outcomes</b>	<p>After completion of the course the students should be able to:</p> <ol style="list-style-type: none"> <li>1. Take a psychiatric history from a patient, or relative of a patient, who is mentally ill in a sensitive and caring manner.</li> <li>2. Carry out a mental state examination (and any necessary physical examination) as part of investigation of the presenting complaint.</li> <li>3. Broadly outline a classification of mental illness differentiating between functional and organic illness and psychotic and neurotic states.</li> <li>4. Discuss a differential diagnosis for the presenting complaint.</li> <li>5. Identify appropriate investigations, if any, including blood and urine (e.g. for drugs) to assist in the diagnosis of the presenting complaint and to interpret the results from such tests.</li> <li>6. Produce a comprehensive summary of the patient, to include symptoms and problems, aetiological factors, differential diagnosis, treatment plan and prognosis to present to the responsible clinician.</li> <li>7. Describe the psychological, social (talking) and physical (pharmacological and other) therapies that may be used in the treatment of mental illness, and discuss possible adverse effects or complications of treatments.</li> <li>8. Discuss the medico-legal and ethical dilemmas associated with working with the mentally ill, including the ethics of involuntary detention and treatment in psychiatry.</li> <li>9. Describe how to carry out a risk assessment on a patient.</li> <li>10. Prescribe medications to treat psychiatric patients and make appropriate therapeutic/management decisions</li> </ol>
<b>Course content</b>	<ul style="list-style-type: none"> <li>• Addictive behaviour, alcohol, smoking and drugs</li> <li>• Mood disorders e.g. depression</li> <li>• Anxiety disorders, including phobias</li> <li>• Self-harm and suicide</li> <li>• Delirium (acute confusional state)</li> <li>• Eating disorders and obesity</li> <li>• Medically unexplained symptoms (somatoform, hypochondriacal and dissociative disorders)</li> <li>• Psychological aspects of chronic pain and disability</li> <li>• Schizophrenia and Psychosis, including delusions and hallucinations</li> <li>• Behavioural Disorders, including sexual dysfunction</li> <li>• Cognitive Problems (Organic Psychiatric Disorder) including dementia and Alzheimer's</li> </ul>

	<ul style="list-style-type: none"> <li>• Learning disability</li> <li>• Personality Disorder</li> <li>• Forensic Psychiatry</li> <li>• Psychiatry of aging and disability</li> <li>• Child and adolescent psychiatry</li> <li>• Psychological treatments</li> <li>• ECT</li> <li>• Mental Health Act</li> <li>• Capacity and consent to treatment</li> </ul>
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<b>Bibliography</b>	<b>Required textbooks/reading</b>					
	<b>Authors</b>	<b>Title</b>	<b>Edition</b>	<b>Publisher</b>	<b>Year</b>	<b>ISBN</b>
	Padraig Wright, Julian Stern, Michael Phelan	Core Psychiatry	3 <sup>rd</sup>	Saunders	2012	9780702033971
	Joint Formulary Committee	<a href="https://bestpractice.bmj.com/drugs">https://bestpractice.bmj.com/drugs</a>	Latest	BMJ Group and Pharmaceutical Press	Current year	
	National Institute for Health and Clinical Excellence	<a href="https://www.nice.org.uk/guidance">https://www.nice.org.uk/guidance</a>	Latest		Current year	
	<b>Recommended textbooks/reading</b>					
<b>Authors</b>	<b>Title</b>	<b>Edition</b>	<b>Publisher</b>	<b>Year</b>	<b>ISBN</b>	
American Psychiatric Association	Diagnostic and statistical manual of mental disorders	5 <sup>th</sup>	American Psychiatric Association	2022	9780890425763	
<p>For more information on accessing the British National Formulary (BNF) please see the library guide <a href="#">Health Research Basics</a></p> <p>Additional information can also be found in the library guides: <a href="#">Clinical Placement Support Resources</a> &amp; <a href="#">Health Library Student Well-being Resources</a></p>						

<b>Neurology (Neurology, Neurosurgery and Palliative Care), ENT, Ophthalmology</b>	
<b>Course purpose and objectives</b>	<p>In this course, students will spend five weeks working primarily with patients with neurological, ear, nose &amp; throat (ENT) and eye disorders and with those receiving end-of-life palliative care. They will develop an understanding of the presentation, signs and symptoms, physical examination findings, investigations, diagnosis, treatment (medical and/or surgical as appropriate) and management plan for common neurological, ENT or eye disorders. They will learn how terminally ill patients are cared for when they are no longer able to benefit from curative treatment, but receive palliative care instead.</p> <p>The students will learn how to take detailed histories from, carry out systematic clinical examination of, and interpret laboratory and imaging data on patients with neurological, ENT and eye disorders. The students will gain a basic understanding of the</p>

	application and type of information to be obtained from different methods for investigating neurological, ENT and eye disorders, including learning to use instruments for the assessment of ENT and eye disorders They will also spend time in theatre observing neurosurgical, ENT and eye operations					
<b>Learning outcomes</b>	<p>After the completion of the course the students should be able to:</p> <ol style="list-style-type: none"> <li>1. take a history from a patient, or relative of a patient, presenting with a neurological disorder or a condition affecting the ear, nose, throat or eye, in a sensitive and caring manner</li> <li>2. carry out a sensitive physical examination as part of investigation of the presenting complaint including use of the basic instruments for ENT and eye examination such as otoscope and hand-held ophthalmoscope.</li> <li>3. discuss a differential diagnosis for the presenting complaint</li> <li>4. apply their knowledge of basic and clinical science to identify and explain appropriate investigations, including blood, urine and CSF tests, tests using electrodes, and imaging, cytology and biopsy to assist in the diagnosis of the presenting complaint and to interpret the results from such tests</li> <li>5. prepare and explain a treatment management plan for the patient to present to the responsible clinician to include medical, pharmacological, surgical options as appropriate</li> <li>6. observe, and where appropriate carry out or assist with, medical and surgical procedures relating to patients with neurological, ENT or eye conditions, planned and opportunistic.</li> <li>7. define palliative care and summarise what is included in an integrated care pathway for terminally ill patients and their families</li> <li>8. Prescribe medications to treat patients with neurological disorders and in palliative care, and make appropriate therapeutic/management decisions.</li> </ol>					
<b>Course content</b>	<p>Common presentations affecting the neurological system, ear, nose and throat, and eyes including:</p> <ul style="list-style-type: none"> <li>• Headache</li> <li>• Cerebrovascular disease</li> <li>• Blackouts, seizures and epilepsy</li> <li>• Movement disorders</li> <li>• Demyelinating conditions</li> <li>• Meningitis and other intracranial infections</li> <li>• Brain tumours and ENT tumours</li> <li>• Muscle disease and myasthenia gravis</li> <li>• Cranial nerve palsies</li> <li>• Hearing loss and other conditions relating to the ear</li> <li>• Disorders relating to the nose and sinuses</li> <li>• Throat disorders</li> <li>• Disorders affecting the voice</li> <li>• Disorders affecting the eye, including conjunctivitis, cataracts, glaucoma and retinopathy</li> <li>• Ophthalmological emergencies</li> <li>• Terminal Care issues including euthanasia</li> </ul>					
<b>Bibliography</b>	<b>Required Textbooks/Reading:</b>					
	<b>Authors</b>	<b>Title</b>	<b>Edition</b>	<b>Publisher</b>	<b>Year</b>	<b>ISBN</b>
	Lindsay, K. & Bone I	Neurology & neurosurgery illustrated	5 <sup>th</sup>	Churchill Livingstone	2010	9780443069574



Fuller, G. & Manford, M.	Neurology: an illustrated colour text	3 <sup>rd</sup>	Churchill Livingstone	2010	9780702032240
Cherny N Fallon M, Kasasa S Portenoy RK Currow D.	Oxford textbook of palliative medicine	6 <sup>th</sup>	Oxford	2024	9780198900597
Fallon, Marie Hanks G	ABC Palliative Care	2 <sup>nd</sup>	Wiley-Blackwell	2006	9781405130790
Corbridge, R Steventon N	Oxford handbook of ENT and head and neck surgery	3 <sup>rd</sup>	Oxford	2020	978019872331
Riordan-Eva, Paul	Vaughan & Asbury's general ophthalmology	19 <sup>th</sup>	McGraw-Hill	2017	9780071843539
Joint Formulary Committee	<a href="http://bestpractice.bmj.com/drugs">http://bestpractice.bmj.com/drugs</a>	Latest	BMJ Group and Pharmaceutical Press	Current Year	
National Institute for Health and Clinical Excellence	<a href="https://www.nice.org.uk/guidance">https://www.nice.org.uk/guidance</a>	Latest		Current Year	

**Recommended Textbooks/Reading:**

Authors	Title	Edition	Publisher	Year	ISBN
Lewis ED Mayer SA Noble JM	Merritt's neurology	14 <sup>th</sup>	Lippincott, Williams & Wilkins.	2021	9781975141226 <a href="#">E-book</a>
Jackson Timothy L	Moorfields Manual of Ophthalmology	3 <sup>rd</sup>	JP Medical Ltd	2019	9781909836945
Batterbury M Murphy C	Ophthalmology: An illustrated Colour Text	4 <sup>th</sup>	Churchill Livingstone	2019	97800702075025

For more information on accessing the British National Formulary (BNF) please see the library guide [Health Research Basics](#)

Additional information can also be found in the library guides: [Clinical Placement Support Resources](#) & [Health Library Student Well-being Resources](#)

## 6. Assessment in the Penultimate Year

### 6.1 Scheme of Assessment

The Scheme of Assessment sets out the assessment requirements for Years 1-5 for a student enrolled on the programme. Please refer to the Scheme of Assessment on Moodle (<https://courses.unic.ac.cy/course/view.php?id=24968>) for further details regarding the Assessment of the Penultimate Year of the GEMD Programme.

## 7. Professional Values and Behaviours in the Penultimate Year

### 7.1 Introduction to Professional Values and Behaviours

The Professional Values and Behaviours (PVB) domain is one of the three domains that underpins all five years of the GEMD Programme – the other domains being those of ‘Knowledge’ and ‘Skills’. The PVB domain monitors medical students’ progress in developing appropriate behaviours and skills and their ability to apply these in a clinical workplace. Increased exposure to clinical environment during clinical attachments provides opportunities to develop professional skills in a real work environment. Medical students are expected to observe the same standards of professionalism as a qualified doctor.

### 7.2 Content and Delivery in the Penultimate Year

In the penultimate Year, the PVB domain is divided into three elements:

1. **Attendance Element:** This element assesses satisfactory attendance at mandatory teaching sessions and clinical attachments (including punctuality).
2. **Professional Behaviour Element:** This element assesses professional behaviour relating to learning and clinical practice required by practising doctors.
3. **Clinical Placement Portfolio Element:** This element assesses knowledge and skills required for clinical practice.

Element	What is assessed
Attendance	Overall satisfactory attendance in the Penultimate Year sessions (including punctuality)
Professional Behaviour	Appropriate professional behaviour
Clinical Placement Portfolio	Assessment of knowledge and skills for clinical practice

## 7.3 The Attendance Element

### 7.3.1 The Attendance Policy

Students on the GEMD Programme are expected to attend 100% of the time. It is understood that there may be extreme circumstances when a student needs to be absent, however, this would need to be justified by mitigating circumstances and cannot exceed 20% of timetabled activities across the academic year. Only substantiated mitigating circumstances will be approved. Furthermore, students are reminded that they should be present in advance of any session of the eight clinical rotations of the Penultimate Year. The Medical School applies a strict rule policy for lateness. Therefore, if students are more than 5 minutes late for any scheduled session they may not be allowed to attend the session in order to prevent disruption. If this happens, then the student will be marked as absent. This decision is at the absolute discretion of the clinical team member delivering the session and is not subject to appeal unless for very valid and substantiated reasons. It is also important to note that if students need to be absent for any reason they should inform their **Clinical Site Administrator and Senior Clinical Placements Administrator Ms Katerina Tsiamenzi prior to or immediately after their absence in order to allow adequate time for any remediation to be planned.**

All absences (regardless of the reason) are recorded. This will include approved mitigating circumstances; **an absence still constitutes an absence and is recorded** under the 'Attendance Element' of the Professional Values and Behaviours Domain of assessment.

Attendance guidance specific for courses/ clinical rotations in Semesters 7 and 8 of the Penultimate Year will normally be outlined at the start of each attachment. **It is mandatory to keep a logbook for all clinical attachments and details of this requirement will be given to students at the start of each clinical attachment.**

### 7.3.2 Mitigating Circumstances

We understand that due to illness or unforeseen personal circumstances, students may be unable to attend 100% of a course/clinical rotation. If a student is absent for more than two consecutive days, relevant supporting documents, such as a doctor's note confirming the medical condition, must be provided. These documents should be submitted to the Clinical Site administrator within a reasonable timeframe - no later than five working days after the circumstances occurred. Students who fail to provide the necessary documentation will have their absence classified as unauthorized. The form for mitigating circumstances is available on Moodle.

### 7.3.3 Missing out on clinical experience

Any time missed from any of the clinical rotations for any reason, even if mitigating circumstances apply, needs to be remediated in collaboration with the relevant Clinical Placement Lead. In the event whereby a student misses 20% and more of a placement, they need to inform the relevant **Clinical Site Administrator and Clinical Placements Administrator – Ms Katerina Tsiamezi who will inform the Penultimate Year Lead and PVB Assessment Lead - Dr Paola Nicolaides** for arrangement of the remediation for which student will require approval from PVB Assessment Lead prior to the start of the remediation. For further information please refer to Rules for Missing Time on Clinical Attachments in Clinical Practice Years in Appendix II.

### 7.3.4 The Attendance Element Grade

- During the Penultimate Year the students have to complete the following clinical rotations:
  - GEMD-401 Clinical Specialties: Gastroenterology, Endocrinology
  - GEMD-401 Clinical Specialties: Nephrology, Urology
  - GEMD-401 Clinical Specialties: Cardiology, Respiratory
  - GEMD-401 Clinical Specialties: Rheumatology, Orthopaedics, Dermatology
  - GEMD-401 Clinical Specialties: Paediatrics
  - GEMD-401 Clinical Specialties: Obstetrics & Gynaecology
  - GEMD-401 Clinical Specialties: Psychiatry
  - GEMD-401 Clinical Specialties: Neurology (Neurology, Neurosurgery & Palliative Care), ENT, Ophthalmology
- The Clinical Lead will provide the Attendance Grade for each attachment by completing the **CLINICAL PLACEMENT & PROFESSIONALISM CERTIFICATE (CPPC)**. Each clinical attachment requires completion of a separate CPPC.
- **The Attendance Grade is either a Pass or a Fail.**
- The Clinical Lead will be consulting with other clinicians/medical professionals that have observed your work during the attachment when completing the CPPC.
- **Further information on the criteria for a Pass or Fail are found on the CPPC form.**

A summary of the Attendance Element components of the Penultimate Year Professional Values and Behaviours Domain is provided in the table below.

**Table 1: Attendance Element components**

Element		Component	Algorithm for Attendance Element	Grade for Attendance Element
Attendance	Attendance Grade for	A1. Gastroenterology, Endocrinology (completion of CPPC and Logbook)	To achieve a Pass a student needs to pass all components A1-A8. A Fail across any course A1-A8 (following remediation if needed) will be reviewed by the Grading Committee which is responsible for giving the overall grade for the Attendance Element.	Pass (P) / Fail (F)
		A2. Nephrology, Urology (completion of CPPC and Logbook)		
		A3. Cardiology, Respiratory (completion of CPPC and Logbook)		
		A4. Rheumatology, Orthopaedics, Dermatology (completion of CPPC and Logbook)		
		A5. Paediatrics (completion of CPPC and Logbook)		
		A6. Obstetrics & Gynaecology (completion of CPPC and Logbook)		
		A7. Psychiatry (completion of CPPC and Logbook)		
		A8. Neurology (Neurology, Neurosurgery & Palliative Care), ENT, Ophthalmology (completion of CPPC and Logbook)		

The possible grades for the Attendance Element are Pass or Fail. To achieve a Pass a student needs to pass all components A1-A8 (please see Table 3). A Fail in any of the components A1-A8 may require remediation prior to the Grading Committee meeting which is responsible for giving an overall grade for the Attendance Element. If a student is unable to do so, they will be discussed at the PVB GC meeting and if appropriate, a remediation plan will be agreed to be completed in the resit period by the student.

## 7.4 The Professional Behaviour Element

### 7.4.1 Professional Behaviour of Medical Students

Whilst the majority of doctors and students are highly professional, poor professional behaviour is one of the most common reasons for poor performance in doctors. Of those individuals referred to their licensing board for poor professional behaviour in the UK or US, a high proportion have previously exhibited unprofessional behaviour at the medical school.

The University of Nicosia Medical School aligns with the United Kingdom Medical School standards and guidelines represented by the General Medical Council (GMC). These guidelines require that medical schools have strategies in place for detecting unprofessional behaviour and offer help to students who do not understand the importance of, or who do not exhibit high standards of, the professional behaviour expected.

In Years 1-5 the assessment of professionalism is summative and the students will be assessed against behavioural markers in their approach to learning. Their professionalism on clinical attachments and in relation to managing their workload and good academic practice will also be systematically assessed.

Student's professional attitude and behaviour will be assessed with regards to the following:

- Honesty and integrity
- Reliability and responsibility
- Respect for patients and others
- Compassion, empathy, altruism and advocacy
- Communication and collaboration
- Approach to learning
- Self-awareness and knowledge of limits
- Attitude to own health

**Specific descriptors of appropriate professional behaviour are provided by the American Academy of Paediatrics (AAP) and are shown in [Appendix I](#).**

Recognising the subjective nature of 'one off' assessments, normally multiple markers of unprofessional behaviour would be required to affect a student's end of year PVB overall grade. 'One-off' minor issues or handing in a piece of work late is not likely to result in a Fail. However, 'one-off' serious matters (such as signing in for absent students, signing in and leaving sessions, the forging of any assessment form, or rudeness etc.) may affect the Professional Behaviour grade and the overall PVB grade.

#### 7.4.2 The structure of the Professional Behaviour Element

A summary of the Professional Behaviour Element components of the Penultimate Year Professional Values and Behaviours Domain is provided in the table below.

**Table 2: Professional Behaviour Element components**

Element	Component	Algorithm for Professional Behaviour Element	Grade for Professional Behaviour Element
Professional Behaviour	P1: Absence of Professional Incident Reports (PIRs) and;/or Attendance at Progress Meetings due to unprofessional behaviour	To achieve a Pass a student needs to pass all components P1–P11. A fail in any of the components P1–P11 will be reviewed by the Grading Committee which is responsible for giving the overall grade for the Professional Behaviour Element.	Pass/Fail
	P2: Absence of Warning Letters		
	P3: Timely submission of clinical placement portfolio for each course/clinical rotation		
	P4: End of course feedback for all courses/clinical rotations		
	P5: <b>Professionalism Grade</b> for Gastroenterology, Endocrinology ( <b>completion of CPPC</b> )		
	P6: <b>Professionalism Grade</b> for Nephrology, Urology ( <b>completion of CPPC</b> )		
	P7: <b>Professionalism Grade</b> for Cardiology, Respiratory ( <b>completion of CPPC</b> )		
	P8: <b>Professionalism Grade</b> for Paediatrics ( <b>completion of CPPC</b> )		
	P9. <b>Professionalism Grade</b> for Obstetrics & Gynaecology ( <b>completion of CPPC</b> )		
	P10. <b>Professionalism Grade</b> for Psychiatry ( <b>completion of CPPC</b> )		
	P11. <b>Professionalism Grade</b> for Neurology (Neurology, Neurosurgery & Palliative Care), ENT, Ophthalmology ( <b>completion of CPPC</b> )		

**P1: Absence of Professional Incident Reports (PIRs) and/or attendance at Progress Meetings due to unprofessional behaviour**

A Professional Incident Report (PIR) is designed to give an opportunity to faculty or staff to report any concerns they may have about repetitive unprofessional behaviours displayed by students either within the Medical School, on the clinical sites or elsewhere. PIRs may be also issued in the event of a serious incident of unprofessional behaviour and without warning. The PIR will be sent to the Professional Values and Behaviours Administrator and then will be forwarded to the student, requesting a written response to the incident. PIRs are recorded in the student’s Professional Values and Behaviours and Registry files and in the student may be invited to a Progress Meeting (PM) to discuss the issues further, provide support and decide on an action plan.

Students with no PIR will automatically pass this component of the Professional Behaviour Element, whilst students who acquire one or more PIRs displaying repetitive unprofessional behaviour are



likely to fail this component.

Progress meetings are designed to provide support to the student when an issue arise under the Professional Values and Behaviours domain. Students who have issues around attendance and professional behaviour are invited to a PM to discuss these further and proper guidance is given. These are not disciplinary meetings, however are noted under Professional Behaviour element as it involves students who exhibit problematic behaviour in the Professional Values and Behaviours domain.

## P2: Absence of Professional Values and Behaviours Warning Letters

Warning Letters (WL) are official documents issued by the Professional Values and Behaviours Domain Lead and kept in the student's Professional Values and Behaviours and Registry files. A WL may be issued at any time during the academic year, where a student is reported for unprofessional behaviour or poor attendance due to unauthorised absences. The WL may lead to an invitation to a Student Progress Meeting (PM), where the student will be provided with support and guided to develop an action plan. Based on the seriousness of the concerns raised and if a student does not comply with the agreed action plan and/or does not demonstrate satisfactory improvement following the first WL, their case may be escalated to a Level 2 WL, a Level 3 WL and /or to a Fitness to Practice (FTP) procedure.

### Level of WL:

- 1. Level 1 WL (green)** - Personal Tutor and Year Lead are informed to provide support and agree to an action plan where necessary.
- 2. Level 2 WL (yellow)** - depending on the seriousness of the incident or in case of repetitive unprofessional behaviour, the student case may be referred to the Student Review Committee (SRC) for discussion. The SRC will monitor the student's progress, and will identify and implement additional support, accordingly.
- 3. Level 3 WL (pink)** - depending on the seriousness of the case the student may be referred to the informal stage of the FTP procedure. If the student is not already monitored under SRC their case will also be automatically referred for monitoring and support.

Students can only **receive a Level 1 WL twice during their five years of studies at the Medical School.** In the event that concerns are raised for a third time, or in two consecutive years, the student will be automatically issued with a Level 2 or Level 3 WL.

**Students can only receive a Level 2 or Level 3 WL once during their five years of studies at the Medical School.**

**Serious unprofessional behaviour may warrant the automatic issue of a Level 2 or Level 3 WL.**

Any student who has been issued with a WL will be discussed at the end of year Professional Values and Behaviours Grading Committee meeting, on a case by case basis, where the grade for the Professional Behaviour element and the overall Professional Values and Behaviours grade will be agreed. Possible outcomes may include a Pass with sanctions and/or undertakings and/or implementation of additional support (e.g. mentoring), or, depending on the seriousness of the concerns, failing the Professional Values and Behaviours Domain and consequently the year.

### P3. Timely submission of clinical placement portfolio for each course/clinical rotation

- Students must complete a number of clinical placement forms during their attachments/rotations.
- All clinical placement forms and logbooks should be submitted via MyProgress Health by the deadlines provided.
- A list of the forms as part of the clinical rotations can be found on Moodle. Students are advised to check the deadlines and complete the checklist when submitting the different forms.
- Students must submit the Learning Outcomes Record (LOR) in timely manner along with each attachment assessment forms.
- Students should use a logbook to record activities and attendance (see [Appendix IV](#))
- Students must request from the supervising clinical tutor to sign their logbooks at the end of each session / day and obtain a signature at the end of each week by the clinical lead.
- Late or incomplete submissions will be recorded under the 'Professional Behaviour' element.
- **If you are having difficulties meeting a deadline please contact your clinical site administrator who will try to help you. Students who repeatedly submit assessments late and without explanation will be marked down for unprofessional behaviour.** The pattern will be discussed at the Professional Values and Behaviours Grading Committee and recurrent lateness without explanation may result in a grade of 'Fail' for professional behaviour component, which in turn can result in a grade of 'Fail' for the whole year. If you are having trouble meeting a deadline and contact us we can work with you to ensure you meet the deadline or set a new agreed deadline.

### P4: End of course feedback for all courses/clinical rotations

Students need to complete the online feedback survey for each of the clinical rotations in Semesters 7 and 8. **They should take a screenshot of the last page of the survey** and submit it via MyProgress

Health upon each clinical attachment's deadline. The completion of the survey, which is anonymous, is a requirement that contributes to continuous improvement, the results of which are shared within the Medical School.

#### P5-P11. Professionalism Grade for all courses/clinical rotations

- During the Penultimate Year students have to complete eight courses/clinical rotations.
- The Clinical Lead of each course/clinical rotation will provide the Professionalism Grade for each attachment by completing the **CLINICAL PLACEMENT & PROFESSIONALISM CERTIFICATE (CPPC)**. **Each clinical attachment requires completion of a separate CPPC.**
- The Clinical Lead will be consulting with other clinicians/medical professionals that have observed your work during the attachment when completing the CPPC.
- The Professionalism Grade is either Pass or Fail.

#### 7.4.3. The Professional Behaviour Element Grade

To achieve a Pass a student needs to pass all components P1-P11. Students exhibiting unprofessional behaviours (e.g. a Fail in any of the components P1-P7), will be discussed at the Professional Values and Behaviours Grading Committee (GC) meeting at the end of the year that is responsible for awarding the overall grade for the Professional Element. In cases where unprofessional behaviour occurs, a number of actions may be taken, including, for example, the appointment of a mentor, assignment of a reflective piece, issuing of a Warning Letter, monitoring under the Student Review Committee, or referral to the Fitness to Study or Practice procedure.

### 7.5 The Clinical Placement Portfolio Element

The Clinical Practice Portfolio Element will assess the student's performance in a clinical environment that will come out of the interaction with patients and the clinical team. Clerking of patients, performing every day clinical procedures and participating in other attachment specific activities will be some of the tasks the students will be assessed each day.

#### 7.5.1 Definition of a Workplace Based Assessment (WPBA)

The General Medical Council defines a workplace-based assessment as:



The assessment of competence based on what a learner actually does in the workplace. The main aim of WPBA is to aid learning by providing constructive feedback. The assessments help to chart the learner's progress during a placement. WPBA is learner-led; the learner choosing the method, timing,

activity and assessor under the guidance of the tutor. (GMC Supplementary guidance April 2010. Workplace Based Assessment: A guide for implementation)

**Workplace Based Assessments (WPBA)** act as formal assessments of clinical competencies, test what students will be expected to do in their future work and have a significant educational impact.

However, variation in the complexity of the clinical cases and variability within and between assessors may constitute WPBAs a less reliable form of assessment, therefore although completion of WPBAs is compulsory, the content is used primarily for feedback and students' learning. As students' progress through the programme, safe, correct, and successful completion of all procedures is expected.

WPBAs are separated into two types:

-  **Attachment specific WPBAs:** assessments that must be completed within a specific attachment.
-  **Floating WPBAs:** assessments that must be completed by the end of Year 4 during any clinical placement.

### 7.5.2 Attachment Specific WPBAs

During clinical attachments in the Penultimate Year, students are required to complete a number of Attachment Specific WPBAs. WPBAs may take place on ward rounds, general practice, during clinical teaching, in out-patients and during on-call. Performance of assessments can take place in 'public', i.e. in front of other students or staff, but feedback should be individual and confidential.

Attachment Specific WPBAs are linked to a particular attachment and students will need to complete these during the specific attachment to contribute to their overall sign-off. There is no upper limit on the number of CBDs, Mini-CEXs and ECSAs that a student may perform in any one attachment, however there is a required minimum number that needs to be completed for each attachment.

**Attachment specific WPBAs should be completed within the dates of the relevant courses.** Students should attempt WPBAs early in an attachment in order to gain feedback to improve skills. Regularly paced assessments will allow students to make steady progress, developing skills according to feedback. Students who leave their assessments to the end of the course may run out of time and fail to complete the minimum requirements.

#### 7.5.2.1 Mini-CEX

**A Mini Clinical Evaluation Exercise (Mini-CEX)** involves taking a history or performing an examination on a patient in front of an approved assessor who observes the student's performance. The approved assessor (clinician, nurse, or other qualified professional) provides

feedback to the student about areas of strength and areas that need to be improved. The assessment may be in public, but oral feedback should be confidential and individual, with written feedback on the Mini-CEX Form.

For Mini-CEX the observation and feedback should be provided by clinicians in the discipline to which the student is attached i.e., clinician, nurse or another qualified professional.

It is anticipated that Mini-CEX assessments should take around 15-20 minutes. Feedback should take about 5 minutes.

The Mini-CEX Form can be found in **MyProgress Health**.

#### 7.5.2.2. CBD

**A Case Based Discussion (CBD)** is a structured discussion of a case that a student has clerked. It offers the opportunity for assessment and feedback on how a student gathers and uses relevant data, how they use prior knowledge and apply diagnostic and therapeutic reasoning in their clinical management of the case.

The discussion with the approved assessor (clinician, nurse, or other qualified professional) should last around 20 minutes with five minutes for feedback. Not all aspects of the case need be discussed – assessors could focus on particularly interesting aspects of the case e.g., therapeutics, or areas which the student feels they need to develop. The discussion may be public, but verbal feedback should be confidential and given individually, with additional written feedback on the CBD form.

In CBD the observation and feedback should be provided by clinicians in the discipline to which the student is attached i.e., clinician, nurse or another qualified professional.

The CBD form can be found in **MyProgress Health**.

#### 7.5.2.3 Essential Clinical Skills Assessment (ECSA)

An ECSA requires a **clinical or prescribing skill** to be demonstrated in the context of a clinical case.

**All essential clinical procedures listed in Table 3 are compulsory and have to be completed by the end of the Penultimate Year.**

Even though some of these are attachment specific, you will be expected to complete some as part of your Floating WPBAs. Appropriate assessors are usually clinical trainees or specialist clinicians.

The ECSA form can be found in **MyProgress Health**.

**Table 3: A list of ECSAs**

ECSAs (Floating and Attachment specific)		Optional or compulsory	Assessor Level
Rectal examination (Floating)	Correct, safe & successfully completed	All Compulsory	ST1/CT1 or equivalent and above
Prescribing iv fluids (Floating)	Meets expectations		
Bimanual vaginal &/or Cusco's speculum examination (Obstetrics and Gynaecology)	Correct, safe & successfully completed		
Antenatal examination (Obstetrics and Gynaecology)	Correct, safe & successfully completed		ST1/CT1 or equivalent and above midwife
Glasgow coma score (Neurology, Neurosurgery and Palliative Care)	Correct, safe & successfully completed		ST1/CT1 or equivalent and above
Mini mental state examination (Neurology, Neurosurgery and Palliative Care)	Correct, safe & successfully completed		F1 or equivalent and above
Drug Initiation (Cardiology and Respiratory)	Correct, safe & successfully completed		F1 or equivalent and above
Wells' score calculation (Cardiology and Respiratory)	Correct, safe & successfully completed		F1 or equivalent and above
Interpreting an ECG - Cardiology and Respiratory	Indirect Supervision		ST1/CT1 or equivalent and above

### *Prescribing assessments*

In the Penultimate Year you need to complete two prescribing tasks that you will be performing as Junior Doctor or Trainee. Both assessments are in the form of an ECSA – one attached to Cardiology and Respiratory (Drug Initiation), and one floating (Prescribing IV Fluids). Please see [Appendix II](#) for specific information and guidance on prescribing tasks.

### 7.5.3 Performing Attachment Specific WPBAs (Mini-CEX, CBD and ECSA)

- Students should only perform practical procedures under the supervision of an approved assessor. Non-medically qualified clinical professionals may supervise if they perform the procedure in routine clinical practice. Such teachers and assessors will normally be clinicians, nurses and other qualified professionals. Please remember that global competence in performing any clinical procedure can only be achieved through repeated attempts under supervision.
- The student's competency when attempting a practical procedure in the Penultimate Year does not directly contribute towards the grade for this element for the domain. The Clinical Lead however will take into consideration the competency of the student when completing

the CPPC form and will provide appropriate feedback and an overall grade for the Clinical Practice Portfolio element. Additionally, attempting the minimum number of procedures does count towards the element grade.

- Students must be aware that completing a procedure once, on one patient, does not mean that the student is globally competent and that there is no need for the procedure to be repeated or no need for future supervision. Students need to practise each procedure many times, in a variety of situations, and on a variety of patients before they are globally competent. So, even if a student meets the requirements for completion of WPBAs, they will need to continue practising and gain more experience of these as they move on through the programme.

#### 7.5.4 Floating WPBAs

Floating WPBAs are not attachment specific and maybe performed during any clinical attachment. These procedures include DOPS.

#### **DOPS**

A Direct Observation of Procedural Skills (DOPS) requires students to perform a practical procedure on a patient, under the supervision of an approved assessor. In the Penultimate Year, experience of practical procedures should normally be gained in a hospital setting. As students' progress through the programme, the opportunity to complete DOPS may be more readily available in other clinical settings.

The approved assessor should be someone who performs the procedure on a regular basis, as part of their clinical role (clinician, nurse, or another qualified professional). They will supervise the procedure to ensure patient safety and give the student focused feedback.

Students must know the process of the procedure before starting the procedure on a patient, and must obtain informed consent from the patient, introducing themselves as a medical student. They should aim to achieve the required level of competence which is safe to practice either 'in Indirect Supervision' (IS) or 'in Direct Supervision' (DS) when performing a procedure in the Penultimate Year. See below details on the new GMC levels.

Students are reminded that they should complete all 9 DOPS by the end of the Penultimate Year.

The DOPS Forms can be found in **MyProgress Health**.

#### **GMC Practical Procedures for Newly qualified Doctors and WPBA**

The GMC have produced relevant guidance (2018) on the practical skills and procedures that newly qualified doctors are expected to be able to perform. Therefore, the DOPs have been designed accordingly.

These skills need to be demonstrated at the level required by the GMC. The GMC defines three levels of supervision relating to safe performance of procedures. These are: safe to practice under indirect supervision, safe to practice under direct supervision or safe to practice in simulation. Your list of DOPS are designed to ensure that you can meet these requirements by the time you graduate.

The GMC defines the new levels of competence as:

**I. Safe to practice in simulation**

As a newly qualified doctor you are safe to practice in a simulated setting and are ready to move to direct supervision. This means that you will not have performed the procedure on a real patient during medical school, but on a simulated patient or manikin. This means that you will have some knowledge and skill in the procedure but will require direct supervision when performing the procedure on patients.

**II. Safe to practise under direct supervision**

As a newly qualified doctor you are ready to perform the procedure on a patient under direct supervision. This means that you will have performed the procedure on real patients during medical school under direct supervision (you will have a supervisor with them observing their practice as they perform the procedure). As your experience and skill becomes sufficient to allow you to perform the procedure safely you will move to performing the procedure under indirect supervision.

**III. Safe to practise under indirect supervision**

As a newly qualified doctor you are ready to perform the procedure on a patient under indirect supervision. This means that you will have performed the procedure on real patients during medical school under direct supervision at first and, your experience and skill became sufficient to allow you to perform the procedure safely, with indirect supervision. By indirect supervision, we mean that you can access support to perform the procedure if you need to –for example by locating a colleague and asking for help.

The list of DOPS is designed to demonstrate that you can meet these requirements. You have to demonstrate successful completion of each floating DOP once during the year. This does not mean you should only do them once, but you only need to formally log their completion in MyProgress once in the year. You may be assessed more times if you wish and find this helpful for your learning.



When performing any clinical procedures or examinations involving patients you should aim to be

- I. safe,
- II. procedurally correct
- III. and successful.

However, the most important aspect is safety and sometimes you may be safe but unsuccessful. **The patient must be informed that you are not medically qualified and informed consent must be obtained before you attempt to perform a procedure.**

**Table 4: A list of DOPs**

<b>DOPS Indirect Supervision</b>	<b>Standard</b>	<b>Optional or compulsory</b>	<b>Assessor Level</b>
Carry out peak expiratory flow respiratory function test	IS	Compulsory all 5 required	Any competent
Instruct patients in the use of devices for inhaled medication	IS		Any inc pharmacist
Perform direct ophthalmoscopy	IS		ST1/CT1 or equivalent and above
Perform otoscopy	IS		ST1/CT1 or equivalent and above
Prescribe and administer oxygen	IS		ST1/CT1 or equivalent and above
<b>DOPS – Direct Supervision</b>		<b>Optional or compulsory</b>	<b>Assessor Level</b>
Carry out arterial blood gas and acid base sampling from the radial artery in adults	DS	10/12 required	F1/F2, ST1/CT1 or equivalent and nurse
Take blood cultures	DS		
Carry out venepuncture	DS		
Carry out intravenous cannulation	DS		
Set up an infusion	DS		
Prepare and administer injectable intramuscular	DS		
Prepare and administer injectable subcutaneous drugs	DS		
Prepare and administer injectable intravenous	DS		
Carry out male urinary catheterisation	DS		
Carry out female urinary catheterisation	DS		
Perform surgical scrubbing up	DS		ST1 or equivalent and above
Diagnosis of Death	DS		F1/F2, ST1/CT1 or equivalent and nurse

**! Please ensure that all WPBA forms are completed during and /or at the end of each assessment and not retrospectively to ensure accuracy and sufficient specific feedback. It is not appropriate to**

**fill in the WPBA forms at a later date as they form a formal assessment and are of high complexity, thus providing a prompt to the assessor when grading the student and providing constructive feedback.**

**Approved Assessors:** Students must only approach approved assessors for their WPBA. A list of approved assessors will be available on Moodle. In the event that a clinician who is not included in the assessors list sign any of the forms, the students must have their forms co-sign by the clinical lead also.

#### 7.5.5 Learning Outcomes Record (LOR)

The Learning Outcomes Record (LOR) has been developed to help students reflect on the clinical material they have seen, which will assist them in guiding their learning. It is recognised that reflective practice form is an important part of postgraduate medical training and is a skill that requires practice to be effective. It is therefore important for students to learn how to embed this in their day-to-day practice because when they qualify they will have to do this as part of their lifelong learning.

For each attachment, this will provide a log and record of your learning combined with reflection to help you progress in your learning and development. You need to complete this for each attachment and make it available to discuss with your supervisor at sign off. The LOR form will need to be submitted at the end of each attachment along with the WPBAs Forms. This is an important part of your professional responsibility and development.

- Prior to submitting the reflective reports, it is recommended that students revise the skills required for reflective writing ([http://www.aomrc.org.uk/wpcontent/uploads/2018/08/Reflective\\_Practice\\_Toolkit\\_AoMRC\\_CoPMED\\_0818.pdf](http://www.aomrc.org.uk/wpcontent/uploads/2018/08/Reflective_Practice_Toolkit_AoMRC_CoPMED_0818.pdf)).
- Students are encouraged to write in the first person and material should be presented in an organised way.
- In keeping with ethical and professional practice, all descriptions should be anonymised, i.e. no patients or staff should be identifiable from the work written in the portfolio.
- There is no definitive way in which students are expected to write about their experiences under the headings below but the following guidance may be useful: Consider how you personally dealt with the issues that arose and how your thoughts about your response have developed since the experience.

### 7.5.6 Patient Safety and Informed Consent

Students should always obtain informed consent from the patient to perform a procedure and must always be supervised. They should explain to the patient that they are a student and not medically qualified.

When performing any form of clinical procedures or examinations involving patients' students should aim to be safe, procedurally correct and successful.

### 7.5.7 Patient Confidentiality

Confidentiality issues can arise when dealing with patients directly. As per the GMC guidance document titled 'Confidentiality: good practice in handling patient information' (GMC website):

*"You must make sure any personal information about patients that you hold or control is effectively protected at all times against improper access, disclosure or loss. You should not leave patients' records, or other notes you make about patients, either on paper or on screen, unattended. You should not share passwords.*

*You should not share personal information about patients where you can be overheard, for example in a public place or in an internet chat forum. While there are some practice environments in which it may be difficult to avoid conversations with (or about) patients being overheard by others, you should try to minimise breaches of confidentiality and privacy as far as it is possible to do so."*

Therefore, you must safeguard patient's medical data from improper disclosure.

### 7.5.8 Attachment sign off process

1. Students should contact their Clinical Lead in advance to agree a mutually convenient date to conduct the completion and sign-off of the **CLINICAL PLACEMENT & PROFESSIONALISM CERTIFICATE (CPPC)** using the final week of their attachment. It may take around 15-20 minutes so please bear that in mind when arranging a suitable time slot. Students should check in advance if the Clinical Lead will be absent at any time towards the end of the attachment.
2. Students need to complete all required assessments by the end of the attachment using the **MyProgress Health** app on your mobile device. The **CLINICAL PLACEMENT & PROFESSIONALISM CERTIFICATE (CPPC)** certificate must be completed on your device by the relevant tutor/lead clinician no later than one week after the completion of the attachment.
3. You must ensure that your tutor will be able to access all the WPBAs you completed on your device. It is extremely important that forms are completed when the assessor is present and are only submitted once they have agreed the content and grades.

4. You should use the Learning Outcomes Record (LOR) to record your activities and Weekly Attendance Logbooks.

Below are some useful resources on reflection in the preparation of the LOR:

<https://medicinehealth.leeds.ac.uk/medicine-cpd/doc/lite-bites-free-e-learning-courses>

<https://students.unimelb.edu.au/academic-skills/resources/developing-an-academic-writing-style/reflective-writing>

<https://www.anu.edu.au/students/academic-skills/writing-assessment/reflective-writing>

5. The sign-off should be carried out face-to-face to give students an opportunity to discuss feedback on both their performance and on the clinical placement. Occasionally this may not be possible therefore the clinical lead may complete the CPPC at a later date upon review of all documentation without the student being present but within the one-week post attachment deadline.
6. It is the student's responsibility to ensure that their CPPC certificate and all WPBA forms are properly completed prior to their submission.
7. Students will also need to ensure that they have completed the online feedback survey and submit evidence of this via email to the PVB administrator upon the submission deadline for each attachment. This is a requirement, which contributes to continuous improvement. Results from such surveys are shared with other colleagues at the medical school.

**Note:** Students must check that all required WPBAs have been completed by the end of the attachment. **In the event that a student has not fulfilled all requirements of the attachment they will have additional three days for resubmission of pending forms. This does not apply to students who will require to attend remediation for a rotation.**

#### 7.5.9 The structure of the Clinical Practice Portfolio Element

**The Clinical Practice Portfolio (CPP) Element** aims to assess the knowledge and skills required for clinical practice. On completion of each clinical placement students will receive a Clinical Practice grade given by the attachment lead or supervising tutor who will evaluate their clinical knowledge demonstrated during the placement. **The grade is also determined by the completion of required Workplace Based Assessments (WPBAs).**

**! All forms must be submitted completed correctly via MyProgress Health, within one week of completing the attachment (by 17:00pm on a Friday).**

**Table 5** below shows a list of all CBDs, Mini-CEXs, DOPs and ECSAs to be completed in the Penultimate Year of the GEMD programme.

<b>17 x Case Based Discussions (CBDs)</b>	<b>Requirements</b>
GEMD-401 Clinical Specialties: Gastroenterology, Endocrinology	2
GEMD-401 Clinical Specialties: Nephrology, Urology	2
GEMD-401 Clinical Specialties: Cardiology, Respiratory	2
GEMD-401 Clinical Specialties: Rheumatology, Orthopaedics, Dermatology	2
GEMD-401 Clinical Specialties: Paediatrics	2
GEMD-401 Clinical Specialties: Obstetrics & Gynaecology	2
GEMD-401 Clinical Specialties: Psychiatry	2
GEMD-401 Clinical Specialties: Neurology (Neurology, Neurosurgery & Palliative Care), ENT, Ophthalmology	3
<b>19 x Mini Clinical Evaluation Exercises (Mini-CEXs)</b>	<b>Requirements</b>
GEMD-401 Clinical Specialties: Gastroenterology, Endocrinology	2
GEMD-401 Clinical Specialties: Nephrology, Urology	2
GEMD-401 Clinical Specialties: Cardiology, Respiratory	2
GEMD-401 Clinical Specialties: Rheumatology, Orthopaedics, Dermatology	3
GEMD-401 Clinical Specialties: Paediatrics	2
GEMD-401 Clinical Specialties: Obstetrics & Gynaecology	2
GEMD-401 Clinical Specialties: Psychiatry	2
GEMD-401 Clinical Specialties: Neurology (Neurology, Neurosurgery & Palliative Care), ENT, Ophthalmology	4
<b>15 x Direct Observation of Procedural Skills (DOPs)</b>	<b>Requirements</b>
To complete all 5 IS DOPs and 10/12 DS DOPs	
<b>9 x Essential Clinical Skills Assessments (ECSAs)</b>	<b>Requirements</b>
<b>Floating Essential Clinical Skills Assessments (ECSAs)</b>	Please note that you have to complete <b>ALL 9 ECSAs</b> .
1. Prescribing IV fluids	
2. Rectal examination	
<b>Attachment Specific Essential Clinical Skills Assessments (ECSAs)</b>	
1. Wells' score calculation- Cardiology and Respiratory	
2. Drug Initiation- Cardiology and Respiratory	
3. Interpreting an ECG - Cardiology and Respiratory	
4. Glasgow Coma Score- Neurology, Neurosurgery and Palliative care	
5. Mini mental state examination- Neurology, Neurosurgery and Palliative care	
6. Bimanual Vaginal and/or Cusco's speculum examination (1 assessment, 2 parts required for completion) - Obstetrics and Gynaecology	
7. Antenatal examination- Obstetrics and Gynaecology	

**Table 6: Clinical Practice Portfolio Element components**

Element		Component	Algorithm for Attendance Element	Possible Grades (Pass=P) (Fail=F)
Clinical Practice Portfolio	Completion of the following Attachment Specific requirements (WPBAs) by valid assessors	C1. GEMD-401 Clinical Specialties: Gastroenterology, Endocrinology: <b>1 CPPC, 2 Mini-CEXs, 2 CBDs</b>	To achieve a Pass a student needs to pass all components C1-C10. A Fail in any of the components C1-C10 after remediation will be reviewed by the PVB Grading Committee which is responsible for giving the overall grade for the Clinical Practice Portfolio Element.	P/F
		C2. GEMD-401 Clinical Specialties: Nephrology, Urology <b>1 CPPC, 2 Mini-CEXs 2 CBDs</b>		
		C3. GEMD-401 Clinical Specialties: Cardiology, Respiratory: <b>1 CPPC, 2 Mini-CEXs, 2 CBDs, 2 ECSAs: 1. Drug initiation, 2. Well's score calculation &amp; 3. Interpreting an ECG</b>		
		C4. GEMD-401 Clinical Specialties: Rheumatology, Orthopaedics, Dermatology: <b>1 CPPC, 3 Mini-CEXs (1 of each specialty), 2 CBDs</b>		
		C5. GEMD-401 Clinical Specialties: Paediatrics: <b>1 CPPC, 2 Mini-CEXs, 2 CBDs</b>		
		C6. GEMD-401 Clinical Specialties: Obstetrics & Gynaecology: <b>1 CPPC, 2 Mini-CEXs, 2 CBDs, 2 ECSAs: 1. Bimanual vaginal examination &amp;/or Cuscoe's speculum and 2. Antenatal examination</b>		
		C7. GEMD-401 Clinical Specialties: Psychiatry <b>1 CPPC, 2 Mini-CEXs, 2 CBDs, 1 long case, 4 minimum CPBL Tutorials</b>		
		C8. GEMD-401 Clinical Specialties: Neurology (Neurology, Neurosurgery & Palliative Care), ENT, Ophthalmology <b>1 CPPC, 4 Mini-CEXs (1 of each specialty), 3 CBDs, 2 ECSAs: 1. Glasgow Coma Score and 2. Mini mental examination</b>		
	Floating WPBAs (Prescribing ECSAs & DOPs)	C9. Floating WPBAs (DOPS & ECSAs): <b>Completion of 5 IS DOPs + 10/12 DOPS and 2 ECSAs to achieve a 'Pass' mark in courses/ clinical attachments</b>		
	Completion of LOR	C10. All attachments		

C1-C8. Clinical Practice Grades for courses/ clinical rotations MED-501-MED-509 (Semesters 9 and 10), C9. Completion of Floating WPBAs and C10. Completion of LOR

- The clinical tutor will provide a Clinical Practice Grade (C1-C8) for each of the nine rotations or clinical placements / attachments by completing the **CLINICAL PLACEMENT & PROFESSIONALISM CERTIFICATE (CPPC)**. The Clinical Practice grade is either Pass or Fail.
- The Clinical Lead will be consulting with other clinicians/medical professionals that have observed your work during the attachment when completing the CPPC.
- In addition, the students will have to **complete their Floating WPBAs (DOPs and ECSAs – C9)**.
- And completion of the **Learning Outcomes Record (LOR) for all attachments (C10)**.

### 7.5.10 The Clinical Practice Portfolio Element Grade

To achieve a Pass a student needs to pass all components C1-C11. A Fail in any of the components C1-C11 will be reviewed by the PVB GC which is responsible for giving the overall grade for the Clinical Practice Portfolio Element. In exceptional circumstances additional remediation will be arranged during resit period. Remediation needs to be completed by the end of the Penultimate Year. Following remediation, a new CPPC Form(s) needs to be completed by the supervising Clinician to provide the final grade(s) for the Attachment(s) and a new Logbook showing remediation dates will need to be included.

### General Questions

#### Timing the assessments – when should WPBA be performed?

- Attachment specific WPBAs should be completed within the dates of the relevant clinical attachment. All floating WPBAs can be completed throughout the year, across all clinical placements. We would strongly suggest however, that you do not leave the completion of the Floating WPBAs for the last placement of the year but aim to complete them throughout all your placements, giving you ample time to get them completed satisfactorily.

#### How should feedback be given?

- Verbal and written feedback to individual students should normally be confidential and private. Assessors must fill in all narrative text boxes on the clinical attachment forms and WPBA (Mini-CEX, CBD and DOPS) assessment forms. Wherever possible, assessors should add additional comments into the free text/comments section on each form to provide detailed and student specific feedback. Written feedback should include positive comments on what the student has done well along with any comments citing areas for improvement. Oral feedback can also be provided and may be equally valid and helpful.
- If a student is marked with a “Fail” on the CPPC form for any of the elements, the assessor must give specific detailed written feedback explaining reasons for the grade. Feedback should be focused and specific. General comments such as ‘clerk more patients’, overgenerous, or personal rather than skill-focused are not constructive or useful. See the link below for details of how feedback should/should not be given and written tips for giving feedback.
- Forms will not be accepted without comments where a Fail grade has been given.
- Students should ask their assessors to provide feedback on all WPBA forms and the Clinical Attachment forms, especially if they receive a Fail.

Do I need to get informed consent from patients to undertake procedures?

- Yes, you must always obtain informed consent from the patient to perform a procedure. You should be supervised until you are told you may undertake the procedure alone. You should explain to the patient that you are a medical student and not yet qualified.
- If you witness an event during your education or clinical training that relates to the care provided to patients and any potential risk then you should report it via completing a Patient Safety Incident Form (can be found on Moodle). Students should feel comfortable reporting incidents, which will be handled confidentially and sensitively.

Am I ready to undertake a procedure?

- Your assessor should check whether you know how to undertake the procedure before starting on a real patient, and that you obtained informed consent from the patient. If you do not know how to undertake the procedure in detail, or the patient has not given their consent, then the assessor should not agree to supervise you or allow you to proceed.

## 7.8 Student Support

Any student given a grade which may threaten their overall end of year PVB grade are invited to explain the context for the grade, in a required **Professional Values and Behaviour Progress Meeting (PVB PM)**. Progress Meetings may take place at any time during the year.

Progress meetings are short compulsory meetings, which are primarily held for student support and guidance. This can be in response to any perceived performance issues, or to address specific incidents that have been reported to Registry. During the progress meeting, students will have the opportunity to discuss any issues or concerns that they may have at this stage of their studies. Where required, the students will be provided with available means of support e.g. counseling. The PVB Progress Meeting involves a meeting between the student, the Year Lead, the PVB Lead and the PVB Administrator or Site Administrator.

## 7.9 Reporting unprofessional behaviour of medical school faculty, administrative staff or clinical staff

Students are reminded that they can provide feedback about any unprofessional behaviour of staff using an Educational Incident form (see [Appendix VI](#)). These can be dealt with anonymously or eponymously depending on the case and circumstances.

In addition, if students witness an event during education or clinical training that relates to the care provided to patients and any potential risk then they should report it via completing a Patient Safety



Incident Form (see [Appendix VII](#)). Students should feel comfortable reporting incidents, which will be handled confidentially and sensitively.

## 8. Personal Tutor Scheme: Student Guidelines

### 8.1 Personal Tutoring at the University of Nicosia

Every student at the University of Nicosia Medical School will be provided with a Personal Tutor (PT), responsible for monitoring the student's academic progress and offer advice on matters that may be affecting their studies. The PT acts as a referral point for academic or personal issues.

The University of Nicosia Medical School encourages all Tutors and Tutees to collaborate in forming a good working relationship in which students feel comfortable discussing academic or personal issues that may be affecting their work or progress. In some cases, the PT may be able to give advice; in other cases, they will advise the student where best to seek help, for example, from Registry, Occupational Health, Counselling Service etc.

If students are experiencing significant academic problems that affect their work across the programme, then the PT may be the best person to approach first, rather than a Course Lead.

Examples would be:

- aPVBting to new environments
- feeling swamped by the volume of work
- general study skills problems or regular or prolonged absence from the programme.

In the case of personal issues that may hinder a student's performance, in class or on exams, it is highly advised that the student contacts their tutor as soon as possible. In these situations, Personal Tutors are encouraged to arrange a meeting with their tutees in a matter of days.

The Personal Tutor role involves taking part in a formal 1:1 meeting each academic year, with each student, in which the student's welfare is discussed and a proforma is completed. Outside of these meetings, it is up to the student (tutee) to determine the level of contact they require, bearing in mind that some students may need more support when experiencing challenges with aPVBting to the environment or the programme.

The principles of confidential support, to help with personal and academic development, apply. The same PT remains the student point of contact throughout the five years. **For the clinical years (Years 4-5) a 2<sup>nd</sup> PT will be appointed at the Clinical Site.** The student will retain both Personal Tutors until

graduation. An introduction between the two Personal Tutors will be made at the start of the clinical attachment, via email, when the student is initially appointed with a 2<sup>nd</sup> PT.

## 8.2 Specific responsibilities of the Personal Tutor

There is one compulsory PT meeting in the Penultimate and one compulsory PT meeting in the Final Year. It is the responsibility of the student to contact their PT and arrange these meetings. During these meetings, the PT must routinely check on the student's progress, academic performance, and any concerns or challenges they may be facing.

- Academic progress
- Discuss reflective writing pieces, part of the reflective portfolio.
- Financial situation
- Accommodation
- Support from their family
- Satisfaction with the University of Nicosia Medical School and with the GEMD programme in particular

The tutee may wish to initiate a discussion on any of the above (or any other topic of concern) or simply confirm that they are not currently experiencing any issues or challenges with any of the above topics.

The PT is required to complete, sign and submit the Personal Tutor Meeting form which will be sent to them by the student. The form is available on MyProgress Health. In addition, PTs are also required to ensure that their tutee has all their relevant contact details (email and office telephone number), in order to make an appointment with them. Tutees are to be notified of any changes that may occur to the PTs contact details throughout the 5 years of tutorship.

The PT will remind tutees of important health matters, such as:

- Registering with Student Health Services Department or being aware of local GP/Physician clinics
- Notifying the University of Nicosia Medical School of any disability that requires additional support or adjustment
- Having necessary vaccination/s
- Dealing with accidents like sharps injuries
- Ensuring the student knows how to access the Counselling Service

If you have any concerns about reporting any of the above, or other health-related matters, you should discuss them with your PT who will be able to provide sound guidance and support.

The PT may also provide guidance and support with projects, electives, or job applications and act as the tutee's referee. Tutees may ask the PT to act as their advocate, and act on their behalf, where appropriate.

Students must remember that the PT is not the appropriate person to report absences. The appropriate person (as appointed in the Programme Handbook) must be informed, if absent from a clinical placement due to illness or any other cause. In most cases, the student must inform the relevant Course Lead, Course Administrator, and Registry of any absence.

### **Confidentiality**

Personal matters discussed are confidential and will not usually be disclosed to other people. However, occasionally it is in the student's interest to let the programme team know that the student is experiencing problems, to collate information, or for the PT to get advice from more experienced staff or the Counselling Service provider. In general, personal matters should not be revealed without the agreement of the student. In exceptional circumstances, the PT may have to breach confidentiality to protect either the student or others.

### 8.3 What is expected of the student in relation to the Personal Tutor?

- Keep appointments with the PT.
- Answer emails and letters from the PT as promptly as possible.
- Don't expect the PT to be available without an appointment – they are busy and unlikely to have free time without forward planning.
- Ensure the PT has contact details, and keep in contact through email, face-to-face or telephone depending on the PT/Tutee agreed method.
- Address health needs:
  - Inform the Registrar (Hero Glykys-Philaniotis / [glykys.h@unic.ac.cy](mailto:glykys.h@unic.ac.cy)) as early as possible if there is a health problem likely to affect academic performance. It shows the student has recognised the problem and is willing to get help if necessary. It means necessary support can be put in place, with less likelihood of a major impact on performance and / or future health.
  - Register with a local GP or be aware of local clinics and private hospitals.

- Inform other relevant staff members of health issues that may impact on aspects of the programme, including sitting examinations. It is the student's, not the PT's, responsibility to inform Registry or other members of staff.
  - Tell the PT when there is a personal problem likely to affect academic performance and discuss what help, may be useful. It shows the student has recognised the problem and is willing to get help if necessary.
  - Let the PT know in good time if you want him/her to give you a reference when applying for a job.

#### 8.4 Limitations of the role of Personal Tutor

Your PT will be able to provide you with guidance and support relating to your studies, a sympathetic ear, general reassurance and common-sense advice. Most of the time, this is all that is needed. On the rare occasions when more serious problems arise, it is important that students act on the advice of the PT to seek more specialist support.

Even if your PT has formal counselling qualifications, they are required to abide by the Tutor-Tutee relationship and not develop a practitioner-client relationship, which may bring the roles into conflict. Students are reminded that if they feel they may have emotional or significant mental health problems it may be appropriate to contact a GP or the Primary Care Doctor if the student does not have a regular GP. The Primary Care Doctor will be able to provide medical guidance and source relevant medial support.

#### 8.5 Recommended process for initial PT / Tutee meeting

- Students should send an initial email to the PT asking for a meeting. Students should check their timetable and provide the days and times that are free for a meeting.
- In certain cases, meetings with PT will be on-line, rather than face-to-face. Students should proceed to make initial contact with the PT via email and they may then agree how best to have their meeting
- Prior to the first meeting, students are expected to send the (empty) Personal Tutor Meeting form to their PT's email account by using the 'Email for later' option.

## 8.6 PT Meeting Form submission

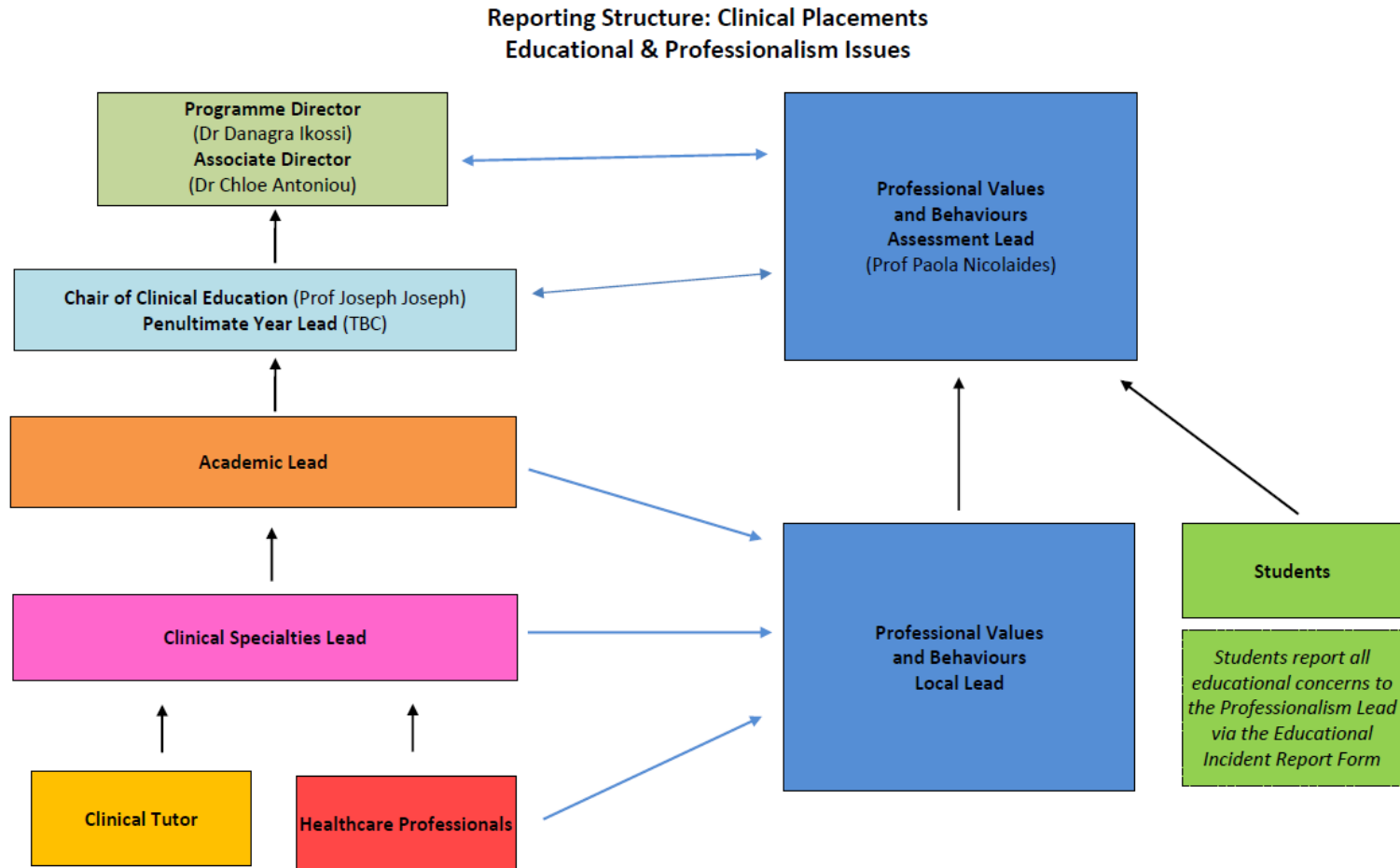
Students are required to submit their PT Meeting Form through the electronic portfolio system, MyProgress Health by **Friday 17<sup>th</sup> January 2025**.

Please note that your PT is not obligated to include confidential information on the PT Meeting Form. Any confidential information shared during the meeting will remain strictly between you and your PT.

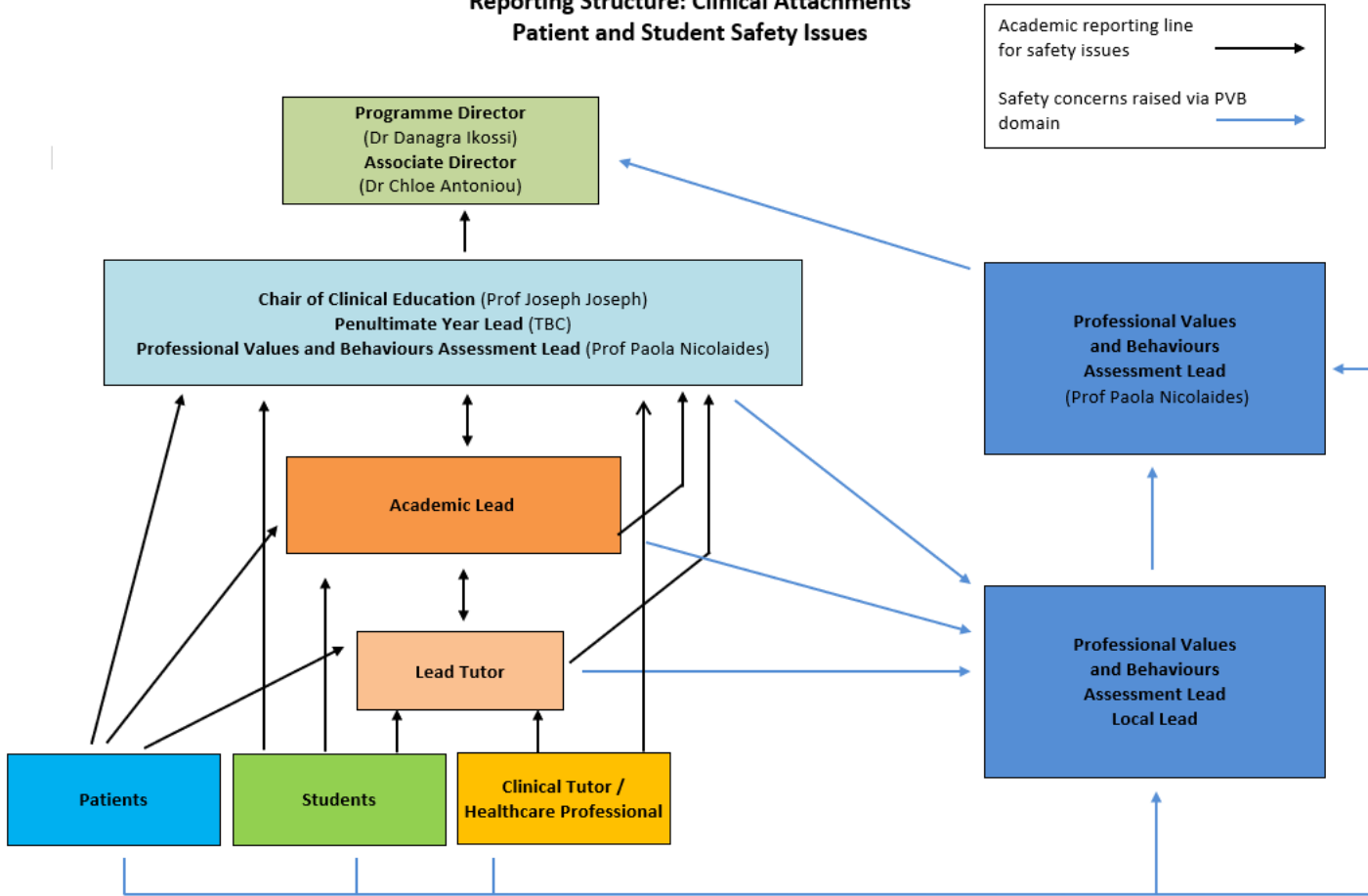
It is the students' responsibility to ensure that the required PT meeting form is completed, signed and submitted by the PT accordingly. Instructions on how to access and use the MyProgress Health app will be provided by the relevant administrator.

In case you encounter any issues with MyProgress Health or experience difficulties in communicating with your tutor, please contact your PT Administrator, Ms. Chrystalla Kapnisi ([kapnisi.c@unic.ac.cy](mailto:kapnisi.c@unic.ac.cy)), to prevent any delays in your meeting and document submission.

## 9. Reporting Structures



**Reporting Structure: Clinical Attachments  
Patient and Student Safety Issues**





## 10. Appendices

### Appendix I - Descriptors for AAP assessment of professional attitude and conduct

Professional domains	Acceptable	Cause for concern	Unacceptable
Honesty and integrity:	Always honest with patients, peers, staff and in professional work (presentations, documentation, communication)	One episode of dishonesty with patients, tutor, staff or professional work (presentations, documentation, communication)	More than one episode of dishonesty with patients, tutor, staff or professional work (presentations, documentation, communication)
Reliability and responsibility:	Reliable and conscientious. Punctual. Completes assigned tasks. Accepts responsibility for errors.	One episode of poor reliability or irresponsibility. Late on more than one occasion, fails to complete assigned tasks, one episode of avoiding responsibility for personal role in errors. Not conscientious on more than one occasion. Occasionally lets down peers in group work. Fails to complete assigned tasks.	Repeated evidence of poor reliability or irresponsibility. Repeatedly late, fails to complete assigned tasks. Avoids responsibility for personal role in errors. Not conscientious. Let's down peers in group work. Fails to complete assigned tasks.
Respect for patients:	Consistently demonstrates respect for patients' autonomy and dignity. Maintains confidentiality at all times. Maintains professional boundaries at all times. Always appropriately dressed for clinical setting.	Single demonstration of disrespect respect for patients' autonomy and dignity. Inappropriately dressed for clinical setting on more than one occasion. Maintains confidentiality at all times. Maintains professional boundaries at all times.	Repeated demonstration of disrespect respect for patients' autonomy and dignity. One episode of breaching patient confidentiality. One episode of having an inappropriate professional boundary with patient. Inappropriately dressed for clinical setting on more than one occasion.
Respect for others:	Shows respect for patient's relatives, other health care team professionals and members of staff.	Single episode of showing disrespect to any of patient's relatives, other health care team professionals and other members of staff.	Repeated pattern of showing disrespect to any of patient's relatives, other health care team professionals and members of staff.
Approach to learning:	Full participation in professional and interprofessional seminars and other learning opportunities.	Variable participation in small groups. Variable attitude towards learning opportunities – negative on occasion.	Poor participation and attitude to learning in seminars and other learning opportunities.
Compassion and empathy:	Listens attentively and responds humanely and empathetically to patients' and relatives' concerns.	Mostly listens attentively and responsively to patients and relatives. Tries to respond humanely and empathetically to their situation.	Regularly expresses little interest or empathy for the patient or his/her situation.
Communication and Collaboration:	Works co-operatively and communicates effectively with patients and health care team members.	Occasional lapse in ability to communicate well with peers and tutors, and or health care team members. Occasional lapses in reliable collaboration.	Pattern of poor communication to tutors, peers, clinical teams. Little effort to communicate well with teachers or teams. Can disrupt working groups effectiveness by lack of collaboration.
Self-awareness and knowledge of limits:	Recognises need for guidance and supervision, aware of appropriate professional boundaries. Personal beliefs do not prejudice approach to patients. Honest about errors.	Patchy insight into need for guidance and supervision. May take on more responsibility than is appropriate for stage of learning, or overly cautious. Personal beliefs may prejudice approach to patients.	Lack of insight into his or her level of competence. Doesn't recognise need for guidance and supervision where appropriate. Any breach of appropriate professional boundaries, or behaviour which suggests lack of awareness. Personal beliefs do prejudice approach to patients.
Altruism and advocacy:	Adheres to the best interests of patients, and advocates for them.	Occasionally fails to advocate for patients when needed. Occasionally shows little interest in the needs of patient compared with own needs.	Lack of insight regarding altruism or regularly puts interests of self above those of patient. Fails to advocate for patients when necessary.
Health:	Does not allow his/her own health or condition to put patients and others at risk.		Allows his or her health or condition to put patients and others at risk

APVBtd from the American Academy of Paediatrics Professionalism Evaluation and Good Medical Practice GMC

## Appendix II-Prescribing Assessments

### Prescribing Intravenous Fluids ECSA

#### Student Instructions

##### Preparation

This assessment focuses on your proposed management of a patient requiring intravenous fluid therapy, including the prescription you write to translate this into practice. It will allow you to exercise your skills in clinical assessment, data interpretation, reasoning/decision-making, and prescribing. To do this task you need to look out for a situation in which a patient requires intravenous fluid therapy. This may be on the wards, in the emergency department, or in theatre. The CBD should be done at the time fluid therapy is required, or soon after. It should take you about 10 minutes to assess the patient and write a prescription, and 5-10 minutes to discuss it with your assessor.

##### Doing the task

- a) Having determined that a patient requires supplementary intravenous fluid, the questions you may ask yourself include: Which fluid preparation should I prescribe? How much? How quickly should it be given? Should potassium be added?
- b) To answer these questions, you need to decide *why* you are administering IV fluid. Is it (a) for intravascular volume expansion, or (b) for fluid and electrolyte provision? The approach you take will differ substantially according to this decision.
- c) Determining an appropriate strategy for *intravascular volume expansion* requires you to understand how various fluid preparations distribute between body compartments (e.g. intravascular; extracellular; intracellular). You will need to consider how best to administer the fluid in order to achieve optimal volume expansion, and how you will judge the success of this intervention.
- d) By contrast, if your aim is to *fluid and electrolyte provision*, you will need to have made an assessment of what they require. This can be divided into:
  - Maintenance requirement for water and electrolytes
  - Replacement of any additional ongoing losses (e.g. diarrhoea, stoma output)
  - Replacement of any existing deficits
- e) You will then determine which fluid preparation(s), and in what volume, will satisfy this requirement. You therefore need to know the composition of the fluid preparations available to you. If you can't remember this, a helpful summary table can be found in the BNF, or you can refer to the information printed on bags of fluid themselves.
- f) **Writing the prescription** - You should write your prescription on the patient's prescription chart but DO NOT SIGN IT. It should be signed by the assessor (or crossed through, as appropriate).

##### Assessment

- You should choose an assessor who is medically-qualified and is at CT1/ST1 level or above (or equivalent at each international site; (list of qualified assessors can be found on Moodle).
- You will need up to 10 minutes for the discussion and assessment.

## Prescribing Intravenous Fluids ECSA

### Guidance for Assessors

#### Preparation

- This is a formative assessment. This means that the student has to complete the assessment to go on to do their finals. However, the grading and comments you give them are to help them improve their performance. It will not count to the final exam and even if they fail they don't need to do the assessment again. We hope you will be as honest as possible with your feedback. Student prescribing WILL be assessed before qualification with a formal prescribing exam that they have to pass.
- Assessors for this task should be medically-qualified at CT1/ST1 level or above (or equivalent at each international site; (list of qualified assessors can be found on Moodle).
- Please ensure that the student has selected an appropriate patient for this task, and that you will be on-hand while the student is making their assessment and immediately thereafter
- The student should spend up to 10 minutes making their assessment and writing the prescription; they should be able to access relevant material e.g. British National Formulary, local guidelines, etc.
- They have been asked to write the prescription on a real inpatient chart but told NOT TO SIGN it. This is for the clinical team to do if the prescription is correct. It is entirely appropriate for this assessment to be conducted in the peri-operative setting, but please ensure that the student still writes a prescription for their proposed therapy on an inpatient chart.
- Once they have written the prescription you will need about 10 minutes for the assessment. Please discuss their assessment of the patient's fluid and electrolyte requirement; the selection of an appropriate fluid preparation, volume and rate of administration; and the accuracy and clarity of the prescription itself.

#### Assessment

The standard the student should be aiming for is that required to work as a new registrar (or equivalent at each international site; (list of qualified assessors can be found on Moodle). The relevance of each domain to this task is outlined below.

- a) **Clinical assessment** - Clinical assessment of volume status and fluid and electrolyte requirement by reviewing, as applicable, the patient's history, examination, and clinical data (e.g. fluid balance chart, blood results).
- b) **Existing medication** - Identification of any existing therapies that may have relevance to fluid management (e.g. diuretics, infusions, artificial nutrition)
- c) **Special circumstances** - Identification of any special circumstances that may influence fluid management (e.g. fever, additional losses, electrolyte disturbance)
- d) **Clinical judgment** - Integration of clinical assessment and data interpretation to arrive at an appropriate proposal for the patient's immediate fluid therapy (including choice of fluid preparation, volume, and rate of administration)
- e) **Documentation** - Is the prescription accurate? Please check the following:
  - That the drug name accords with its approved name (as listed in the BNF), and appropriately reflects the composition of the fluid (e.g. the term 'normal saline' should not be used to describe sodium chloride 0.9%)
  - The fluid volume, rate of infusion, and 'added drugs' are all clearly stated
  - The prescription is signed and dated
- f) **Future planning** - Determination of an appropriate monitoring plan. For example, what monitoring parameters will they use, and how and when will they assess them?

## Drug Initiation ECSA

### Student Instructions

#### Preparation

The purpose of this task is to give you some supervised practice in the actual selection and prescription of a drug for a patient. This differs from planning management as it involves translation of a management plan into the selection of a specific drug and actually writing the drug onto the chart or outpatient prescription. To do this task you need to look out for an opportunity of initiating a drug e.g. on a ward round, on call or in general practice. The first time you do this you should take around 10-15 minutes to do the task and spend about 5-10 minutes discussing it with your assessor.

#### Doing the task

Use the British National Formulary, local guidelines or any other resources required to do this task.

**Choosing the drug.** You need to consider:

- a) **Efficacy** – Is the drug you have chosen the right/best drug for the indication? How does it work? What do guidelines (e.g. grey book) say about which drug to use? Which members of a drug class are available locally?
- b) **Safety** – Consider potential adverse drug reactions, contraindications/cautions, interactions, special circumstances that may affect prescribing (e.g. allergies, previous adverse effects of treatment, pregnancy/breast feeding, renal/hepatic impairment). Check which of these are important for the drug you are starting and whether they apply to your patient.
- c) **Acceptability** – Is the drug you have chosen acceptable to the patient (e.g. most patients prefer tablets to suppositories or painful injections)
- d) **Cost** – where 2 drugs have similar properties, cost may be an important consideration.

**Doing the prescribing.** You should write the drug on the patient's inpatient chart or outpatient prescription but DO NOT SIGN the prescription. It should be signed by the assessor. When writing up the drug you need to decide:

- e) How will it be administered? – dose, route, formulation, frequency, timing
- f) How will you monitor the patient for efficacy and side effects?
- g) How long should the patient stay on the drug for, have you planned a stop date?
- h) Also consider what information should you give to the patient about this new treatment?

#### Assessment

- You should choose an assessor who is medically-qualified and is at CT1/ST1 level or above (or equivalent at each international site; list of qualified assessors can be found on Moodle). You will need around 10 minutes for discussion and assessment
- You should spend about 7-8 minutes reviewing your choice of the drug and suitability for the individual patient
- You should spend 2-3 minutes reviewing your actual prescribing and use of the British National Formulary and guidelines

## Drug Initiation ECSA

### Guidance for Assessors

#### Preparation

- This is a formative assessment. This means that the student has to complete the assessment to go on to do their finals. However, the grading and comments you give them are to help them improve their performance. It will not count to the final exam and even if they fail they don't need to do the assessment again. We hope you will be as honest as possible with your feedback. Student prescribing WILL be assessed before qualification with a formal prescribing exam that they have to pass.
- Assessors for this task should be medically qualified at CT1/ST1 level or above (or equivalent at each international site; list of qualified assessors can be found on Moodle). The student should be asked to choose a drug and write a prescription for it in a real clinical situation e.g. initiating medication on the acute take, on an inpatient ward round or in general practice
- They should be given around 15 minutes to do this task and should be able to access relevant material e.g. British National Formulary, guidelines etc.
- They have been asked to write the prescription on a real inpatient chart or real outpatient prescription but told **NOT TO SIGN** the drug. This is for the clinical team to do if the prescription is correct
- Once they have written the prescription you will need about 10 minutes for the assessment. Please spend about 7-8 minutes reviewing the choice of the drug and suitability for the individual patient and 2-3 minutes reviewing the actual prescribing and use of the British National Formulary and guidelines
- You may wish to have a British National Formulary present during the discussion to check any prescribing points.

#### Assessment

The standard the student should be aiming for is that required for work as a new qualified doctor. The things that should be considered for each domain on the form are below:

- a) **Clinical assessment** - Is the student clear about the indication for the drug and other treatment options for the patient's condition?
- b) **Existing medication** - Has the student identified potential interactions of the new drug with existing medication?
- c) **Special circumstances** - Have they appropriately identified any special circumstances that need to be considered when prescribing e.g. allergies, previous adverse effects of treatment, pregnancy/ breast feeding, renal/hepatic impairment?
- d) **Clinical judgment** - Have they put all the indications/contraindications/special circumstances together and made a correct/reasonable drug selection
- e) **Documentation** - Is the prescription accurate? Please check the following:
  - f) Is it dated?
  - g) Is the drug name i) generic, ii) legible
  - h) Is the dose chosen correct/reasonable? Are the units documented correctly e.g. 'micrograms' and 'units' should be written in full.
  - i) Is the drug prescribed the correct number of times/day and at the right times?
  - j) Has a correct/reasonable route of administration been chosen?
- k) **Future planning** - Is there a clear and reasonable plan for monitoring – including response to treatment, potential side effects/interaction – and follow up? Is it clear how long the drug will continue for? Is there a planned stop date

## Appendix III-Rules for Missing Time on Clinical Attachments in Clinical Practice Years (Year 3-5)

### These rules apply to:

- ❖ Students who have serious mitigating circumstances (health or personal) which have necessitated absence from clinical rotations;
- ❖ Students who have failed any of the assessment requirements of a clinical rotation and need to make up time and/or undertake further clinical experience to reach an acceptable standard for the rotation;
- ❖ Students who have failed to achieve a Pass grade for the PVB domain ((i.e. they have not completed the minimum required WPBAs).

### Process

The PVB Domain Lead in collaboration with the Year Lead and Clinical Leads will decide what needs to be repeated/completed. For all individual courses/clinical rotations, absence of 20% and more of the overall duration of the course/clinical rotation **will require** students to make up missed time at a later point in the year (where possible) or within the same clinical rotation if possible (specifically if the missed time is at the beginning of the clinical rotation). Absence up to 20% **require** remediation **in collaboration with the relevant Clinical Placement Lead.**

### Principles

If the PVB Domain Lead and Clinical Lead decide that a student needs to make up missed time or spend additional time in a specialty, the following principles will apply:

- ❖ If the duration of time to be made up is **equal or less than 4 weeks** (in Year 4 & 5) it will be fitted within the current academic year prior to the start of the next academic year and prior to any Resit Exam within that year
- ❖ If the duration of time to be made up is **more than 4 weeks** (in Year 4 & 5) and there is no time for remediation, the student will need to interrupt their study (IoS) and repeat attachment in full the following year. Each case will be reviewed and agreed subject to the timing within the academic year.
- ❖ If the assessment requirements for courses/clinical rotations are not satisfactorily completed by the first 'sitting' of written examinations and OSCE examinations, the students in Year 4
- ❖ have the discretion to decide whether to take the examination or defer attempt until after the satisfactory completion at second 'sitting'. In Year 6, students who have failed to achieve a satisfactory completion of the assessment requirements for courses/clinical rotations will not be permitted entry to the first 'sitting' of the written examinations or OSCE.
- ❖ Students must fulfil courses/clinical rotations attendance requirements for each clinical practice year within the academic year. Attachments cannot be carried over into the next academic year
- ❖ Students who have not achieved a Pass grade for the PVB domain at the relevant year, are required to complete the missing practical procedures in accordance with the year PVB assessment requirements, before the Resit Exam Board, of the same academic year

### Grading

For students who have serious mitigating circumstances (health or personal), which have necessitated absence from courses/clinical rotations, grades for the Attendance, Professional Behaviour and Clinical Practice Portfolio elements of the PVB domain will be assigned after the missing time from the attachment has been completed by the student. All grades (for relevant elements) will be available.

For students who have failed a course/clinical rotation and need to make up time to reach a Pass standard for the attachment, grades assigned at the end of the original rotation (for the Attendance, Professional Behaviour and Clinical Practice Portfolio elements of the PVB domain) will be used for domain assessment purpose

Appendix IV – Clinical Placement Logbook

Clinical Placement: .....

<b>Week/Date</b>	<b>Morning</b>	<b>Afternoon</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

**CLINICIAN'S NAME** \_\_\_\_\_

Signature and stamp for Week \_\_\_\_\_ Date \_\_\_\_\_

## CPBL Tutorial Logbook

Student's Name:

Attendance at CPBL tutorials is compulsory. Your Tutors will mark your attendance at CPBL tutorials in the CBPL Tutorials Attendance Register.

### CPBL TUTORIALS ATTENDANCE REGISTER

CPBL INDICATIVE PROBLEMS	Tutor Signature and date
Deliberate Self-Harm	
Cognitive Impairment or Learning Disability	
Alcohol and Drug Misuse	
Detained Under Mental Health Act	
Cultural, Family or Social Issues	

**TO BE HANDED IN AT THE END OF YOUR ATTACHMENT**



**GEMD Programme - Educational Incident Form**

To: Prof Paola Nicolaidis, PVB Domain Assessment Lead

**Student Name** \_\_\_\_\_

**Date** \_\_\_\_\_

An educational incident is an event in education or training that concerned you and potentially provides a learning opportunity.

Should you need advice or guidance on completing this form, please contact Prof Paola Nicolaidis Email:

[nicolaidis.p@unic.ac.cy](mailto:nicolaidis.p@unic.ac.cy). **The form should be submitted via email or in an envelope addressed to Dr Nicolaidis via Reception in Block A.**

What happened? (please be as specific as possible)
How did it affect you?
How did it affect other parties e.g. students, patients, other staff?
How did it affect your educational or training experience?
Why do you think it happened?
How do you think similar events might be avoided in the future?
What would you like to happen as a result of completing this form?

**GEMD Programme**

**Professional Incident Form - Professional Attitude and Conduct Incident Short Form**

***Student Name***


***Year/Course/Group***

--

***Student email***

--

***Nature of incident***

(see AAP descriptors)

--

***Action taken***

--

***Completed by:***

<b>Name:</b>
<b>Signature:</b>
<b>Email:</b>
<b>Date:</b>

Completed form should be submitted to PVB Administrator, Ms Chrystalla Kapnisi ([kapnisi.c@unic.ac.cy](mailto:kapnisi.c@unic.ac.cy)).