



UNIVERSITY | MEDICAL  
*of* NICOSIA | SCHOOL

**MED-507**  
**Psychiatry**  
**Clinical Rotation Handbook**

**2024-2025**

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## Course Handbook introduction by the Chair of Clinical Education

Dear Student,

Your course handbook is an invaluable resource. Reading it before starting your placement will make a huge difference to your learning experience. You will find outlines of the course, the objectives of your learning, the assessment requirements, learning resource suggestions, contact numbers and reporting structures.

You can use the learning outcomes and objective list to guide you through your learning of the subject and even to discuss with your tutors. The requirements, whether these are workplace - based assessments or tutorials, will allow smooth running of your clinical block and avoid unnecessary last-minute hardship.

The medical school has a course lead in place, with knowledge of the specific block, including its learning, revision, and assessment. And the department of clinical education ensures smooth running and delivery of the clinical training, through a number of Curriculum Leads (one for each main specialty) who work with the course leads and the local teams at the placement, to ensure the curriculum is delivered as planned.

The nature of clinical learning is such that, whilst your experiences will be comparable, it is not possible to have identical clinical exposure across all students; a case of disease X may be available today, whereas when the next student comes along it may be disease Y. It is desirable that we see all cases as far as possible but your handbook with its checklist of conditions and objectives will allow you to not fall behind and fill any gaps that may appear during your clinical exposure, and help guide your preparation for assessments.

If there are academic or administrative problems, if you need help and if you need to report anything back to your medical school, the reporting structures ensure that you should not feel even for one minute that you do not have someone to go to when needed. Please contact the team if you need any help, we are all here with our contact details available if you need us.

Please ensure that you are present and available for learning, opportunities will come when you least expect them, the amount we can learn from patients is huge and endless and therefore sitting with, talking to and examining patients is one of your strongest tools.

I hope you gain a lot of knowledge and clinical experience.

Enjoy the next few weeks!

**Professor Joseph Joseph**  
**Chair of Clinical Education**

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## 1. Welcome

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The MED-507 Psychiatry course/clinical rotation offers students the opportunity to develop an understanding of the presentation, signs and symptoms, clinical examination findings, investigations, diagnosis, treatment (pharmacological and/or psychological) and management plan for common mental illnesses.

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

On behalf of all the clinicians, nurses and administrative staff of the Psychiatry department, I would like to warmly welcome you as an integral part of our team and wish you an effective and pleasant learning experience.

Kind Regards,

**Dr Costas Adamides**  
**MED-507 Psychiatry**



## 2. MED-507 Psychiatry Course/Clinical Rotation Course Outline

Course Title	<b>Psychiatry</b>						
Course Code	<b>MED-507</b>						
Course Type	Required						
Level	Undergraduate						
Year / Semester	Year 5/ Semester 10 (Spring)						
Teacher's Name	<b>Course Lead:</b> Dr Costas Adamides						
ECTS	8	Lectures / week	4	Laboratories / week	0	Clinical Practice	36
Course Purpose and Objectives	<p>The main objectives of the last two years of the six year medical programme 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 4 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.</p> <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>						

Learning Outcomes	<p>After the 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. Come up with 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> </ol>
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Prerequisites	None	Required	None
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Course Content	<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> <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>																									
Teaching Methodology	The course is delivered by clinical placements, lectures, tutorials, case studies and group discussions and visits to the community, including a hospice.																									
Bibliography	<p><b>Required Textbooks/Reading:</b></p> <table border="1" data-bbox="352 1487 1458 1975"> <thead> <tr> <th>Authors</th> <th>Title</th> <th>Publisher</th> <th>Year</th> <th>ISBN/E-Book</th> </tr> </thead> <tbody> <tr> <td>Wright, Pdraig (ed.)</td> <td>Core psychiatry, 3<sup>rd</sup> ed.</td> <td>Saunders</td> <td>2012</td> <td>978-0702033971</td> </tr> <tr> <td>American Psychiatric Association</td> <td>Diagnostic and statistical manual of mental disorders DSM V, 5<sup>th</sup> ed.</td> <td>American Psychiatric Association</td> <td>2022</td> <td>978-0890425763</td> </tr> <tr> <td>David Semple et al.</td> <td>Oxford Handbook of Psychiatry, 4<sup>th</sup> ed.</td> <td>Oxford University Press</td> <td>2019</td> <td>978-0198795551</td> </tr> <tr> <td>Cornelius Katona</td> <td>Psychiatry at a Glance, 6<sup>th</sup> ed.</td> <td>Wiley-Blackwell</td> <td>2015</td> <td>978-1119129677 <a href="#">E-Book</a></td> </tr> </tbody> </table>	Authors	Title	Publisher	Year	ISBN/E-Book	Wright, Pdraig (ed.)	Core psychiatry, 3 <sup>rd</sup> ed.	Saunders	2012	978-0702033971	American Psychiatric Association	Diagnostic and statistical manual of mental disorders DSM V, 5 <sup>th</sup> ed.	American Psychiatric Association	2022	978-0890425763	David Semple et al.	Oxford Handbook of Psychiatry, 4 <sup>th</sup> ed.	Oxford University Press	2019	978-0198795551	Cornelius Katona	Psychiatry at a Glance, 6 <sup>th</sup> ed.	Wiley-Blackwell	2015	978-1119129677 <a href="#">E-Book</a>
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Cornelius Katona	Psychiatry at a Glance, 6 <sup>th</sup> ed.	Wiley-Blackwell	2015	978-1119129677 <a href="#">E-Book</a>																						

	Sarah Stringer	Psychiatry PRN: Principles, Reality, Next Steps, 1 <sup>st</sup> ed.	Oxford University Press	2009	978-0199561988	
	Paul Harrison	Shorter Oxford Textbook of Psychiatry, 7 <sup>th</sup> ed.	Oxford University Press	2018	978-0198747437	
	Basant K. Puri et al.	Textbook of Psychiatry, 3 <sup>rd</sup> ed.	Churchill Livingstone	2011	978-0702031571	
	<p><b>E-book resources for Clinical Placements Support Resources:</b>  <a href="https://libguides.unic.ac.cy/placementresources">https://libguides.unic.ac.cy/placementresources</a></p>					
Assessment	Final year exam (EYEs) and final year OSCE.					
Language	English					

### 3. MED-507 Psychiatry Course/Clinical Rotation Requirements

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Please take note of the following assessments that students will need to complete and submit via **'MyProgress Health'**, **no later than one week** after the completion of the MED-507 Psychiatry course/ clinical rotation. You must also cross-reference the above with the Year 5 PVB assessment domain handbook, which takes precedence to any other handbook.

#### Required PVB Assessments

<b>1 x Clinical Placement and Professionalism Certificate (CPPC)</b>
<b>2 x Mini Clinical Education Exercise (Mini-CEX)</b>
<b>2 x Case Based Discussion (CBD)</b>
<b>Long case assignment</b>
<b>CPBL sign off sheet</b>
<b>Daily Attendance Logbook (submitted via 'MyProgress Health' by uploading the attendance weekly sheets)</b>
<b>1 x Learning Outcomes Record (LOR)</b>
<b>Evidence of completing online student feedback survey</b>

#### Floating WPBA and On-line Feedback Survey

Submit the above forms together with any floating WPBAs completed during the MED-507 Psychiatry course/clinical rotation. You also need to ensure that you have completed the online feedback survey and upload evidence of this via **'MyProgress Health'**, by the deadline.

#### Logbook

The logbook should be completed on a daily basis and submitted at the end of your course/ clinical rotation by uploaded on **'MyProgress Health'**.

#### Attachment sign-off process

**PLEASE NOTE: It is your responsibility to ensure that your tutor completes your Clinical Practice Portfolio Certificate (CPPC) as well as WPBA forms for you.**

**You should follow these steps:**

- You should contact your 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 your attachment. It may take around 15-20 minutes so please bear that in mind when arranging a suitable time slot. You should check in advance if the Clinical Lead will be absent at any time towards the end of the attachment.
- Your CPPC must be completed by the relevant tutor/lead clinician no later than one week after the completion of the attachment (recommended to be completed by the last day of

the clinical attachment). Your tutor will be able to access all the WPBAs you have completed on your device during the attachment, as well as your logbooks and other evidence of your attendance.

- If you have not been told who will be signing you off you should contact your local administrator for guidance.
- Attend the meeting with your clinical tutor and bring your device to present all required WPBA forms and logbooks, as well as any other evidence of your attendance.
- It is your responsibility to ensure that the CPPC certificate and all WPBA forms are properly completed prior to their submission. In addition, you are required to use your logbooks to record activities and attendance and ask for a signature from your supervisor prior to submitting these.

#### **DON'T FORGET:**

- You should use the diaries to record activities and attendance and ask for a signature from supervising Consultant or Registrar each week.
- You need to achieve submission of all assessment forms and attendance logbook/diaries via **'MyProgress Health'** within one week of completing an attachment. If you are using the *'Email for later'* function it is your responsibility to chase up the clinician and have your WPBAs completed and submitted by the deadline. **If you anticipate any delays please always inform the PVB administrator. No communication and late submissions are considered serious and recorded under Professional Behaviour of the PVB domain.**
- You must check that all section of WPBA forms have been completed appropriately and fully before you submit. Otherwise, your forms will not be accepted by the system.
- If you are marked with a 'Fail' on the CPPC form for any of the elements, the assessor must give specific detailed feedback explaining reasons for the grade. Feedback should be focused and specific. In such cases or in cases where you fail to complete the required number of WPBAs, you will normally be required to redo part or the whole of the course/clinical rotation (after discussion with your local PVB Domain Lead). **Once remediation is complete a new CPPC form needs to be completed and signed off by the Clinical Lead or the remediation supervisor or the remediation supervisor along with a new Logbook that shows remediation dates.**
- Check that your course/clinical rotation specific and floating WPBAs have been supervised and signed off by the correct assessor level. If you are unsure, please check before you undertake the WPBA to avoid your forms being rejected and having to return to your placement to repeat the WPBA with the correct assessor.
- Ensure you have completed the online feedback survey and upload evidence of this via **'MyProgress Health'**, by the submission deadline.



**Note that late submissions will be recorded under PVB Professional Behaviour Element.**

**Your clinical Site Administrator is here to help! If you are unclear or unsure about any aspect of the PVB Domain ask your Clinical Site Administrator.**



**In case of illness or absence**

**Students must notify their Clinical Site Administrators via E-mail, and their Clinical Tutor prior or on the day of absence.**

## The long case

The long case is presented as a written account of a patient students have followed up during your psychiatric attachment. They are advised to select a suitable patient at the start of their attachment. The assessment is divided into two parts; a written summary of the case and a written reflection on the case.

This assignment is designed to assess common tasks that a doctor has to perform in psychiatric practice as well as giving a chance for the student to reflect on how mental illness affects the patient, and themselves.

### CLINICAL PRESENTATION

The patient should be clerked and referred to only by initials.

### PART 1 – WRITTEN DISCUSSION OF THE CASE

The written submission should comprise of elements listed below:

- A summary of the case including (at the minimum)
  - a. Presenting complaint and the history of presenting complaint
  - b. current medication
  - c. relevant past psychiatric history, family history and personal history, relevant medical history
  - d. mental state examination.
  - e. Physical examination if possible.
  
- A differential diagnosis.
- A discussion of aetiological factors using the biopsychosocial model.
- Management discussion, including
  - a. immediate management
  - b. further assessments
  - c. brief description of relevant risk concerns
  - d. treatment.
- Prognosis

Part 1 should be written in such a way that a clinician who has not known the patient would be able to have a good understanding of the case after reading the piece. Students will be marked down for not fulfilling this aspect.

This section should not exceed 2000 words in total. Please list the word count at the end of this section. Ensure that your full name is on your submitted document.



## **PART 2 - REFLECTION**

In this section the student should discuss the impact of a few key issues of the case (mentioned in the Part 1), regarding the patient, student and their future practice. It should include:

- Key issues in the case (no more than 4, no less than 2)
- How the key issues affected the patient?
- How the case affected the student?
- How will this influence the future practice of the student?

The aim of this section is to facilitate the student to examine the effect of mental illness on the patient and the reactions, emotional and intellectual, evoked in the student. Students should reflect on their own practice in relation to these issues. It is not envisaged that this section needs to be academically referenced. However, if the student wishes to refer to the literature, this is acceptable and the full reference should be provided; references should be limited to no more than 5. This section should not exceed 1000 words in length.

## **ADDITIONAL INFORMATION**

1. Parts 1 and 2 should be word processed and submitted by E-mail to the Psychiatry Lead of each clinical site.
2. Illegibility, poor spelling and poor grammar will be penalised.
3. The two parts are equally weighted. A pass mark will need to be achieved in both parts in order to pass the assessment overall.
4. The work should be submitted **by midnight on Friday of Week 5 of the Attachment, to Ms Katerina Tsiamezi (Senior Clinical Placements Administrator) at [tsiamezi.k@unic.ac.cy](mailto:tsiamezi.k@unic.ac.cy)**

# 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	

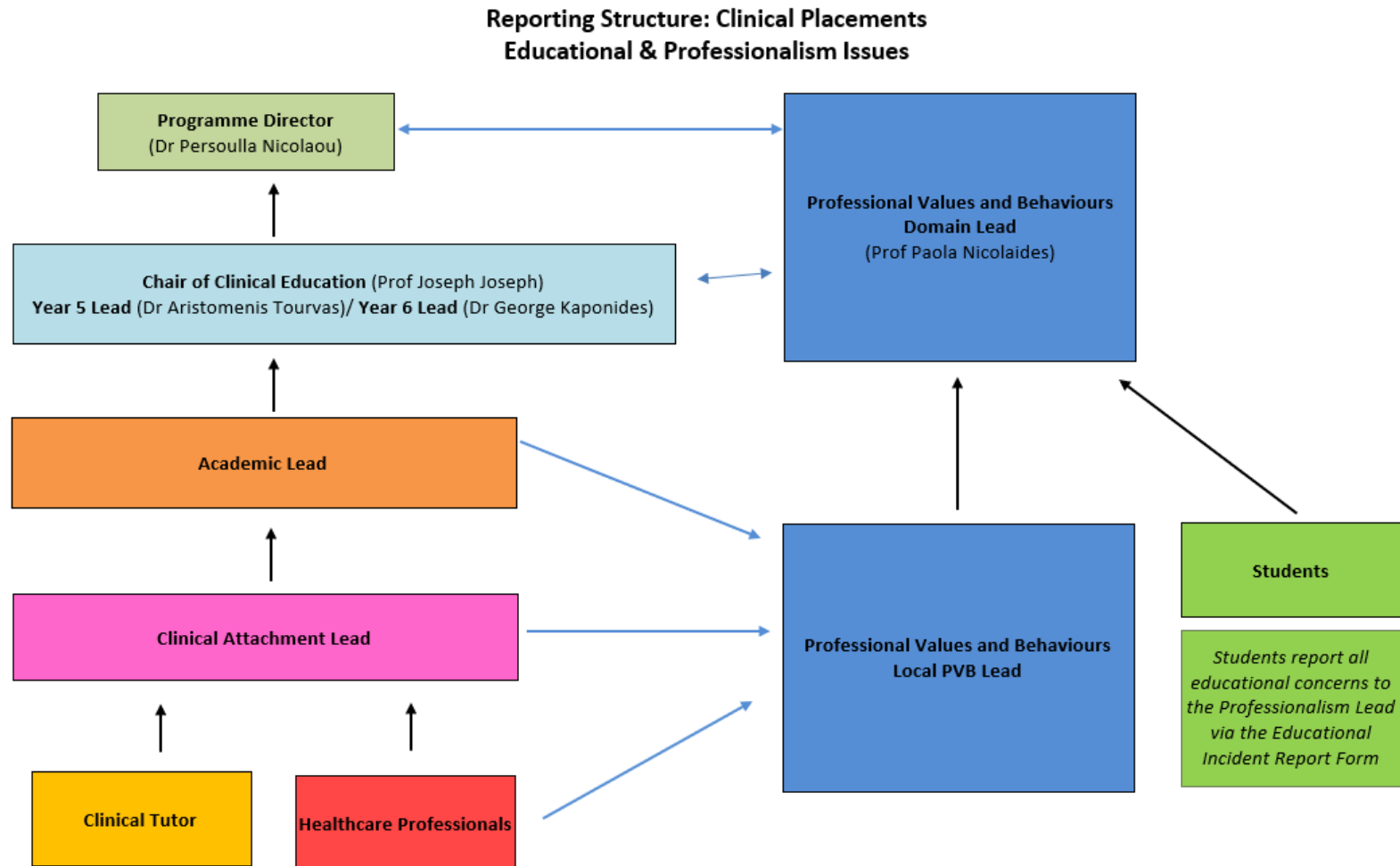
**TO BE HANDED IN AT THE END OF YOUR ATTACHMENT**

#### 4. MED-507 Psychiatry Course / Clinical rotation material on Moodle

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1. Psychiatric Interview
2. Schizophrenia
3. Anxiety disorders
4. Mood disorders
5. Dementia
6. Addictions
7. Personality disorders
8. Eating disorders
9. Neurodevelopmental disorders
10. Forensic Psychiatry
11. General Review
12. Risk Assessment Management
13. Substance Use
14. Mental health Act
15. Self-Harm and Suicide
16. Learning Disabilities
17. Long Case Example
18. History Taking and MSE Presentation
19. Substance misuse
20. Alcohol abuse and related disorder
21. Functional Disorders
22. Liaison and Organic Psychiatry
23. Memory Loss
24. Consultation Liaison Psychiatry
25. Diagnostic and Statistical Manual Disorders DSM
26. General Pharmacology

## 5. Reporting Structures



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

