



UNIVERSITY | MEDICAL
of NICOSIA | SCHOOL

MED-502
Respiratory Medicine,
Thoracic Surgery and Breast Surgery
Course/ Clinical Rotation Handbook

2023-2024

Year 5
Doctor of Medicine (MD) Programme

University of Nicosia Medical School Academic and Administrative Contacts:

Chair of Clinical Education:

Professor Joseph Joseph

E-mail: joseph.j@unic.ac.cy

Year 5 Lead:

Dr Aris Tourvas

E-mail: tourvas.a@unic.ac.cy

Medicine Curriculum Lead:

Professor Joseph Joseph

E-mail: joseph.j@unic.ac.cy

Surgery Curriculum Lead:

Professor Panos Economou

E-mail: economou.p@unic.ac.cy

Course Co-Leads of MED-502 Respiratory Medicine, Thoracic Surgery and Transplant Medicine:

Dr Evis Bagdades (Respiratory)

E-mail: bagdades.e@unic.ac.cy

Mr Pambos Charalambous (Breast Surgery)

E-mail: cy660213@yahoo.gr

Senior Clinical Placements Administrator:

Ms Katerina Tsiamezi

E-mail: tsiamezi.k@unic.ac.cy

Limassol General Hospital Academic and Administrative Contacts:

Academic Lead at Limassol General Hospital:

Dr Christos Nicolaou

E-mail: c.nikolaou@shso.org.cy

Clinical Co-Leads at Limassol General Hospital:

Dr Ioannis Hadzimanolis (Respiratory)

Email: ihatziman@gmail.com

Dr Vasilis Karatzias (Surgery)

E-mail: bas.karatzias@gmail.com

Deputy Clinical Co-Leads at Limassol General Hospital

Dr Maria Hadjicosta (General Surgery)

Email: ma.hadjicosta@shso.org.cy

Dr Christina Griniouk (Respiratory)

Email: hristinchik@gmail.com

Administrative Contact:

Ms Helen Sophroniou - LGH Senior Site Administrator

E-mail: sophroniou.h@unic.ac.cy

Ms Aristeia Bati - LGH Site Administrator

E-mail: bati.a@unic.ac.cy

Paphos General Hospital Academic and Administrative Contacts:

Academic Lead at Paphos General Hospital:

Prof Joseph Moutiris

E-mail: moutiris.j@unic.ac.cy

Clinical Lead at Paphos General Hospital:

Dr Adonis Eleftheriou

E-mail: adonise@cytanet.con.cy

Administrative Contact:

Ms Stella Naziri - PGH Senior Site Administrator

E-mail: naziri.s@unic.ac.cy

Klinik Hirslanden Academic and Administrative Contacts:

Academic Leads at Klinik Hirslanden:

Prof. Dr. med. Stefan Russmann

E-mail: stefan.russmann@hirslanden.ch

KD Dr. med. Tanja Volm

E-mail: t.volm@himed.ch

Clinical Co-Leads at Klinik Hirslanden:

Dr. med. Andreas Piecyk (Respiratory)

E-mail: a.piecyk@lungenzentrum.ch

Prof. Dr. med. Othmar Schöb (Thoracic Surgery)

E-mail: os@professorschueb.ch

PD Dr. med. Christoph Tausch (Breast Surgery)

E-mail: c.tausch@brust-zentrum.ch

Administrative Contact:

Ms Barbara Etzensberger

E-mail: barbara.etzensberger@hirslanden.ch

Ms Isabelle Heer

E-mail: isabelle.heer@hirslanden.ch

Lewisham & Greenwich NHS Trust Academic and Administrative Contacts:

Academic Lead at Lewisham & Greenwich NHS Trust:

Dr George Dervenoulas

E-mail: georgios.dervenoulas@nhs.net

Clinical Lead at Lewisham & Greenwich NHS Trust:

Name: Dr Karnan Satkuman

E-mail: karnan.satkunam@nhs.net

Site Administrator: Nikola Hewitt

E-mail: nikola.hewitt@nhs.net

Site Administrator: Carly Raven

E-mail: carly.raven@nhs.net

Site Administrator: Suzanne Faulkner

E-mail: suzanne.faulkner@nhs.net

Hellenic Healthcare Group Academic and Administrative Contacts:

Academic Lead at Hellenic Healthcare Group:

Prof Panagiotis Skandalakis

E-mail: tskandalakis@hhg.gr

Deputy Academic Leads at Hellenic Healthcare Group:

Dr Dimitrios Karatzas

E-mail: dimitriskaratzas@hotmail.com

Dr Stergios Douvetzemis

E-mail: stergiosdouvetzemis@yahoo.gr

Clinical Lead at Hellenic Healthcare Group:

Dr Stergios Douvetzemis

E-mail: stergiosdouvetzemis@yahoo.gr

Administrative Contact:

Ms Vickie Mastrogianni

E-mail: vicmast@yahoo.gr

Ms Angeliki Petrou

E-mail: agpetrou@mitera.gr

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

Table of Contents

1. Welcome	7
2. MED-502 Respiratory Medicine, Thoracic Surgery and Breast Surgery course/ Clinical rotation Course Outline	8
3. MED-502 Respiratory Medicine, Thoracic Surgery and Breast Surgery course/ Clinical rotation Requirements	17
4. Reporting Structures	20

1. Welcome

The MED-502 Respiratory Medicine, Thoracic Surgery and Breast Surgery course/ clinical rotation offers students the opportunity to 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 respiratory and breast diseases.

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 that take place in a large Academic Hospital.

On behalf of all the clinicians, nurses and administrative staff of the Medicine, Thoracic Surgery and Breast Surgery departments, I would like to warmly welcome you as an integral part of our team and wish you an effective and pleasant learning experience. Our education team stands ready to assist you with any questions you may have.

Kind Regards,

Dr Evis Bagdades and Mr Pambos Charalambous

Course Co-Leads for Respiratory Medicine, Thoracic Surgery and Breast Surgery

2. MED-502 Respiratory Medicine, Thoracic Surgery and Breast Surgery course/ Clinical rotation Course Outline

Course Code MED-502	Course Title Respiratory Medicine, Thoracic Surgery and Breast Surgery	ECTS Credits 6
School Medical School	Semester Fall (Semester 9)	Prerequisites None
Type of Course Required	Field Medicine	Language of Instruction English
Level of Course Undergraduate	Year of Study 5 th	Course Co-Leads: Dr Evis Bagdades Mr Bambos Charalambous
Mode of Delivery Face-to-face	Clinical Placement in Hospitals	Co-requisites None

Objectives of the Course:

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.

In this course, students will spend four weeks working primarily with patients with respiratory and 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 respiratory and breast diseases.

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 respiratory system and breast. The students will gain a basic understanding of the application and type of information to be obtained from different methods for investigating the lungs and breast. They will also spend time in theatre observing thoracic and breast surgery.

Learning Outcomes:

After the completion of the course the students should be able to:

1. Demonstrate active participation and effective learning.
2. Demonstrate effective history taking and information giving and perform relevant clinical examinations.
3. Formulate appropriate differential diagnoses.

4. Create a diagnostic plan (including the interpretation of the ordered tests).
5. Define the most probably diagnosis and form a management plan.
6. Recognise a patient requiring emergency care and initiate evaluation and management.
7. Directly observe/ perform clinical procedures appropriate to the stage of training/
8. Create a patient centered management plan.
9. Prescribe drugs and initiate medications (under direct supervision- prescription to be signed by the attending physician).

Detailed description of clinical learning objectives:

Clinical learning objective 1: Demonstrate active participation and effective learning.

Students should:

- Clerk as many patients as possible.
- Participate in all relevant activities (morning rounds, organized lectures and multidisciplinary meetings).
- Augment their knowledge and skills by utilizing self-directed learning and covering at a minimum the conditions indicated as A and B in the focused list of conditions as well as all the procedures/skills indicated with two asterisks (**see Focused list of conditions and procedures/skills in the Course Contents section**).

Clinical learning objective 2: Demonstrate effective history taking and information giving, and perform the relevant clinical examinations.

Students should be able to perform a complete assessment including:

Respiratory medicine

- Full medical history
- Measure blood pressure
- Measure respiratory rate
- Auscultate the lungs and detect normal and added breathing sounds
- Measure peak expiratory flow
- Identify pleural effusion based on percussion and auscultation
- Recognize accessory muscle use
- Take a focused COPD/asthma exacerbation history
- Provide information to patients regarding the use of inhalers/nebulizers

Thoracic surgery

- Full medical history
- Monitor the patient clinically pre and post-operatively
- Measure respiratory rate
- Recognize chest deformities
- Auscultate the lungs and detect normal and added breathing sounds
- Identify pleural effusion based on percussion and auscultation

Breast surgery

- Take a focused history from a patient investigated for a breast tumor
- Carry out breast examination
- Carry out examination of axillary lymph nodes
- Monitor the patient clinically pre and post-operatively

Clinical learning objective 3: Formulate appropriate differential diagnoses.

Students should be able to form a differential diagnosis for the corresponding clinical presentations:

Respiratory Medicine

- Chest pain
- Clubbing
- Cough
- Dyspnoea
- Egophony
- Fever
- Haemoptysis
- Increased bronchial secretions
- Non cardiogenic pulmonary edema (ARDS)
- Orthopnoea
- Platypnea-orthodeoxia
- Stridor
- Unilaterally diminished breathing sounds
- Wheezing

Thoracic Surgery

- Clubbing
- Fever with unilaterally diminished breathing sounds
- Haemoptysis
- Pectus excavatum
- Shortness of breath
- Weight loss

Breast Surgery

- Axillary lymphadenopathy
- Breast lump
- Mastalgia
- Nipple discharge
- Peau d'orange

Clinical learning objective 4: Create a diagnostic plan (including the interpretation of the ordered tests)

Students should be able to create a diagnostic plan by choosing the investigations needed to narrow the differential diagnosis:

Radiology	Commonly ordered blood tests
Chest X-ray	Full blood count Diagnosis of: anaemia, leucocytosis, leukopenia, thrombocytopenia, thrombocytosis
Ventilation perfusion scintigraphy	INR/PT/activated partial thromboplastin Time

CT angiography of pulmonary artery	Direct microscopy
Classical angiography of pulmonary artery	Blood film
High resolution CT chest	CRP
Mammography/breast ultrasound	Cancer markers
Other tests	ABG
Bronchoscopy	Urea, creatinine, electrolytes
Spirometry	Blood glucose
Sputum cultures/ Blood cultures/Urine legionella-Pneumococcal antigen	liver biochemistry(AST,ALT, γ -GT)

Clinical learning objective 5: Define the most probable diagnosis and form a management plan.

Relevant conditions that may be encountered include:

Respiratory Medicine

- Asthma
- Bronchiectasis
- Carcinoma of the Bronchus
- Chronic Obstructive pulmonary disease (COPD)
- Cystic Fibrosis
- Interstitial Lung Disease
- Obstructive Sleep Apnoea
- Pleural Effusions and Pleural disease
- Pneumonia
- Pneumothorax, Haemothorax
- Pulmonary Embolus
- Pulmonary Hypertension
- Pulmonary Tuberculosis
- Respiratory failure type 1
- Respiratory failure type 2
- Sarcoidosis

Thoracic Surgery

- Chest Trauma
- Haemothorax
- Hiatus Hernia
- Lung cancer
- Mesothelioma
- Pneumothorax

Breast Surgery

- Benign breast disease
- Breast abscess
- Breast cancer
- Breast infection

Clinical learning objective 6: Identify a patient requiring emergency care.

Examples of such conditions include:

- Acute airway obstruction
- Acute respiratory failure (Type 1)
- Acute respiratory failure (Type 2)
- Empyema
- Massive haemoptysis
- Mediastinitis
- Non Cardiogenic Pulmonary edema(ARDS)
- Pneumothorax
- Pulmonary embolism
- Ruptured/unstable thoracic aortic aneurysms
- Severe Asthma exacerbation
- Severe COPD exacerbation
- Traumatic hemothorax

Clinical learning objective 7: Directly observe/perform clinical procedures appropriate to the stage of training.

Examples of procedures to be observed:

- Bronchoscopy
- Chest drain insertion
- Observation during thoracic surgery
- Pleural tap
- Pleurodesis
- Polysomnography
- Spirometry

Examples of procedures to be performed (under supervision):

- ABG
- BP measurement
- Drug administration/dilution
- Nebulization of bronchodilators
- Venepuncture

Clinical learning objective 8: Create a patient centred management plan.

Key competencies:

- Propose a diagnostic and therapeutic management plan.
- Describe an evidence-based clinical management for all the components of the focused list of conditions (**see Focused list of conditions and procedures/skills in the Course Contents section**).
- Develop prescribing skills (prescription to be signed by the attending physician).

Clinical learning objective 9: Prescribe drugs and initiate medications (under direct supervision-prescription to be signed by the attending physician).

The prescription of medications is a key competency for junior doctors. In this context students should pursue all relevant learning opportunities including:

- Direct observation during ward rounds.
- Interaction with clinical pharmacists.
- Administration of nebulized bronchodilators.
- Observation of drug preparation by the nurses/physicians.
- Administering (under supervision) IM/SC medications.
- Familiarisation with the most commonly prescribed medication and study their indications, contraindications, side effects.
- Use of the corresponding national formulary to learn about the dosing schemes and the adjustments needed depending on renal/liver function.

Course Contents:

Focused list of conditions and procedures/skills			
1 = Good knowledge of these conditions and corresponding therapeutic options is expected			
2 = Some knowledge of these conditions as well as appropriate clinical judgement to seek help is expected			
3 = Be aware of the existence of these conditions and know where to refer			
* Emergency and/or life-threatening conditions. Initiation of management and/or appropriate referral is expected			
**Procedures which the students must be able to perform			
***Procedures/tests which the students should know when to request			
	Respiratory Medicine		Relevant procedure/ skill
1	Acute airway obstruction	1*	**Detect relevant clinical findings **Initiate emergency management
2	Acute respiratory failure (Type 1)	1*	**Take ABGs ***Request CXR
3	Acute respiratory failure (Type 2)	1*	**Take ABGs ***Request CXR
4	Pneumothorax	1*	**Detect relevant clinical findings **Recognize need for emergency needle decompression ***Request CXR
5	Pulmonary embolism	1*	**Performing an ECG **Administer oxygen with venturi/non rebreathing mask ***Request CT angiography/ventilation-perfusion scan ***Request heart echo to detect dilated right ventricle
6	Severe Asthma exacerbation	1*	**Detect relevant clinical findings **Administer nebulized bronchodilators
7	Severe COPD exacerbation	1*	**Detect relevant clinical findings **Administer nebulized bronchodilators
8	Chronic asthma/COPD	1	**Detect relevant clinical findings

			Administer nebulized bronchodilators *Request spirometry
9	Community-acquired pneumonia	1	**Detect relevant clinical findings **Take blood cultures **Prescription of antibiotics(signed by the attending physician) ***Request CXR
10	Pulmonary Tuberculosis	1	**Take ABGs **Perform Mantoux testing
11	ARDS	2*	**Detect relevant clinical findings **ABG **Monitor Oxygen saturation **Oxygen administration
12	Mediastinitis	2*	**Detecting relevant clinical findings **Take blood cultures
13	Bronchiectasis	2	**Request CXR/CT chest
14	Lung cancer	2	**Detect relevant clinical findings ***Request CT chest scan
15	Pulmonary Hypertension	2	**Detect relevant clinical findings if present
16	Sleep apnea	2	**Detect relevant clinical findings ***Request polysomnography
17	Cystic fibrosis	3	**Detect relevant clinical findings
18	Interstitial lung disease	3	***Request high resolution CT
19	Lung contusion (traumatic)	3	***Request CXR
20	Sarcoidosis	3	**Detect relevant clinical findings **Phlebotomy for relevant blood tests(to be ordered by the attending physician)
	Thoracic Surgery		
21	Esophageal cancer	1*	**Recognise relevant clinical findings
22	Ruptured/unstable aortic aneurysms	1*	***Request CT angiography
23	Traumatic pneumothorax/hemothorax	1*	**Recognise relevant clinical findings ***Request CXR
24	Pleural effusion	1	**Detect relevant clinical findings **Take ABGs **Calculate Light's criteria for transudate/exudate
25	Pre- and post-surgical monitoring	1	**Performing an ECG **Measuring oxygen saturation **Take ABGs
26	Empyema	2*	**Recognize a pleural effusion clinically **Apply the criteria for the diagnosis of empyema
27	Hiatus Hernia	2	**Recognise relevant clinical findings
28	Mediastinal tumors	3*	**Detect clinical findings
29	Mesothelioma	3*	**Identify alarming symptoms

			**Request radiological tests
30	Thoracic deformities	3	**Detect clinical findings
	Breast Surgery		
31	Breast cancer	1*	**Perform relevant clinical examination **Request mammography/ ultrasonographic examination
32	Axillary lymphadenopathy	1	**Detect relevant clinical findings
33	Breast infection	2	**Detect relevant clinical findings **Antibiotic prescription(attending physician to sign)
34	Benign Breast lesions	3	**Breast examination

Lecture List (Uploaded to Moodle)

Type 1 & 2 respiratory failure Benign breast disease and breast cancer

Pharmacology learning objectives:

<p>General pharmacology learning objectives for year 5:</p> <ol style="list-style-type: none"> 1) Define prescribing. 2) Describe how to use hospital charts. 3) Define national formularies and describe how to use them (emphasise on BNF). 4) Describe students' formulary and its use. 5) Describe principles of safe and effective prescribing. 6) Define therapeutic drug monitoring and describe drugs whose levels are monitored. 7) Describe principles of prescribing at hospital admission. 8) Describe principles of prescribing on call in the hospital. 9) Describe principles of prescribing at hospital discharge. 10) Describe principles of IV fluids prescribing. <p>Learning objective for MED-502 Respiratory Medicine, Thoracic Surgery and Breast Surgery course/ clinical rotation</p> <ol style="list-style-type: none"> 1) Describe how to prescribe drugs/medications for patients suffering from respiratory diseases and impaired lung function.

Learning Activities and Teaching Methods:

The course is delivered by clinical placements, lectures, tutorials, case studies and group discussions.
--

Assessment Methods:

End of Year Exams (EYEs) and OSCE.

Recommended Textbooks/Reading:

Authors	Title	Publisher	Year	ISBN/ E-Book
Davies, Andrew	The respiratory system: basic science and clinical conditions, 2 nd ed.	Churchill Livingstone	2010	978-0702033704
Zollinger, Robert Milton	Zollinger's atlas of surgical operations, 10 th ed.	McGraw-Hill	2016	9780071797559 E-Book
Bourke, S. J.	Respiratory medicine: lecture notes 9 th ed.	Wiley-Blackwell	2015	9781118652329 E-Book
Garden O. J and Parks R.W.	Principles and practice of Surgery, 8th ed.	Elsevier	2022	978-0702082511
McLatchie, Greg	Oxford Handbook of Clinical Surgery, 5 th ed.	Oxford University Press	2022	978-0198799481

E-book resources for MD YR 5 Clinical Placements:

<https://libguides.unic.ac.cy/mdplacementresources>

3. MED-502 Respiratory Medicine, Thoracic Surgery and Breast Surgery Course/ Clinical Rotation Requirements

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-502 Respiratory Medicine, Thoracic Surgery and Breast Surgery course/ clinical rotation. You must also cross-reference the above with the Year 5 DAP assessment domain handbook, which takes precedence to any other handbook.

Required DAP Assessments

1 x Clinical Placement and Professionalism Certificate (CPPC)
2 x Mini Clinical Education Exercise (Mini-CEX) - 1 Respiratory + 1 Breast Exam
2 x Case Based Discussion (CBD) - 2 Respiratory or 1 Respiratory + 1 Thoracic
Daily Attendance LogBook (submitted via 'MyProgress Health' by uploading the attendance weekly sheets)
1 x Learning Outcomes Record (LOR)
Attachment feedback on Survey Monkey

Floating WPBA and On-line Feedback Survey

Submit the above forms together with any floating WPBAs completed during the MED-501 Cardiology, Cardiothoracic and Vascular Surgery course/clinical rotation. You also need to ensure that you have completed the online feedback survey and submit evidence of this via E-mail to the DAP administrator.

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. If you are using your tablet for daily electronic sign-off please make sure the signature of the Assessor is clear as it would have been on paper.
- 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 'E-mail to Assessor to complete 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 DAP administrator. No communication and late submissions are considered serious and recorded under Professional Behaviour of the DAP 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 DAP 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 submit evidence of this via E-mail to the DAP administrator.



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

Your clinical site administrator is here to help!

If you are unclear or unsure about any aspect of the DAP Domain please ask your clinical site administrator

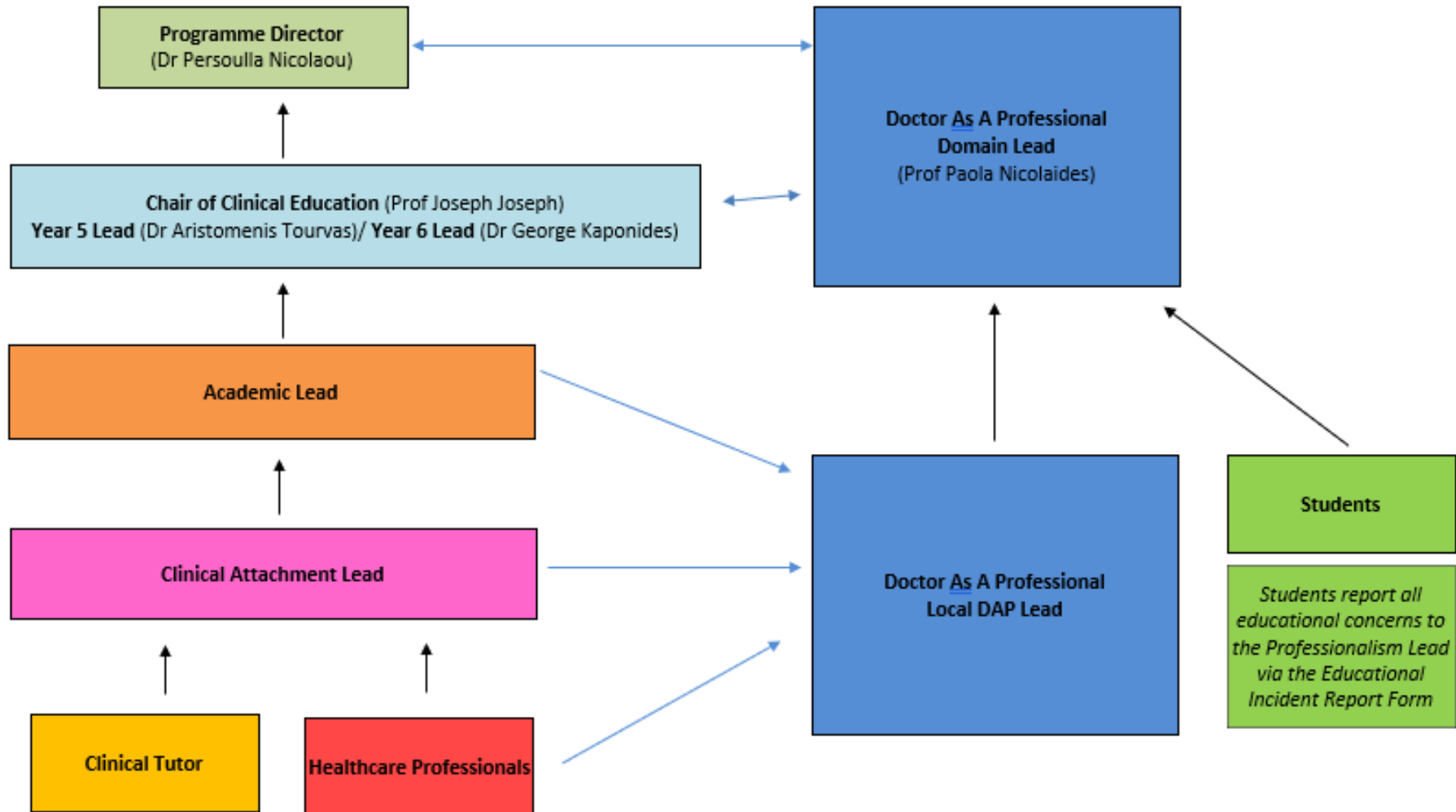


In case of illness or absence

Students must notify their clinical site administrators via E-mail, and their Clinical Tutor prior or on the day of absence.

4. Reporting Structures

Reporting Structure: Clinical Placements Educational & Professionalism Issues



Reporting Structure: Clinical Attachments Patient and Student Safety Issues

