



UNIVERSITY | MEDICAL  
*of* NICOSIA | SCHOOL

**MED-604**  
**Orthopaedics, Otorhinolaryngology**  
**And Ophthalmology**  
**Course/ Clinical Rotation Handbook**

**2024-25**

**Year 6**  
**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](mailto:joseph.j@unic.ac.cy)

**Year 6 Lead: Dr George Kaponides**

E-mail: [kaponides.g@unic.ac.cy](mailto:kaponides.g@unic.ac.cy)

**Surgery Curriculum Lead: Professor Panos Economou**

E-mail: [economou.p@unic.ac.cy](mailto:economou.p@unic.ac.cy)

**Course Lead of MED-604 Orthopaedics, Otorhinolaryngology and Ophthalmology:**

**Dr Nicos Maroudias**

E-mail: [maroudia@cytanet.com.cy](mailto:maroudia@cytanet.com.cy)

**Senior Clinical Placements Administrator: Ms Katerina Tsiamenzi**

E-mail: [tsiamenzi.k@unic.ac.cy](mailto:tsiamenzi.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](mailto:c.nikolaou@shso.org.cy)

**Clinical Lead at Limassol General Hospital: Dr Georgios Georgiou**

E-mail: [dr.georgiou@hotmail.com](mailto:dr.georgiou@hotmail.com)

**Deputy Clinical Lead at Limassol General Hospital:**

**Dr Vassos Nicolaou**

Email: [v290160@gmail.com](mailto:v290160@gmail.com)

**Administrative Contact:**

**Ms Helen Sophroniou - LGH Senior Site Administrator**

E-mail: [sophroniou.h@unic.ac.cy](mailto:sophroniou.h@unic.ac.cy)

**Ms Aristeia Bati - LGH Site Administrator**

E-mail: [bati.a@unic.ac.cy](mailto: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](mailto:moutiris.j@unic.ac.cy)

**Clinical Lead at Paphos General Hospital: Dr George Metaxas**

E-mail: [metaxasg@cytanet.com.cy](mailto:metaxasg@cytanet.com.cy)

**Administrative Contact:**

**Ms Stella Naziri - PGH Senior Site Administrator**

E-mail: [naziri.s@unic.ac.cy](mailto:naziri.s@unic.ac.cy)

## **Lewisham & Greenwich NHS Trust Academic and Administrative Contacts:**

**Academic Lead at Lewisham & Greenwich NHS Trust:**

**Dr George Dervenoulas**

E-mail: [georgios.dervenoulas@nhs.net](mailto:georgios.dervenoulas@nhs.net)

**Clinical Lead at Lewisham & Greenwich NHS Trust: Mr Sunil Bajaj**

E-mail: [sunilbajaj@nhs.net](mailto:sunilbajaj@nhs.net)

**Administrative Contacts:**

**Site Administrator: Nikola Hewitt**

E-mail: [nikola.hewitt@nhs.net](mailto:nikola.hewitt@nhs.net)

**Site Administrator: Carly Raven**

E-mail: [carly.raven@nhs.net](mailto:carly.raven@nhs.net)

**Site Administrator: Suzanne Faulkner**

E-mail: [suzanne.faulkner@nhs.net](mailto:suzanne.faulkner@nhs.net)

## **Klinik Hirslanden Academic and Administrative Contacts:**

**Academic Leads at Klinik Hirslanden:**

**Prof. Dr. med. Stefan Russmann**

E-mail: [stefan.russmann@hirslanden.ch](mailto:stefan.russmann@hirslanden.ch)

**KD Dr. med. Tanja Volm**

E-mail: [t.volm@himed.ch](mailto:t.volm@himed.ch)

**Clinical Co-Leads at Klinik Hirslanden:**

**Dr. med. Remy Flückiger (Orthopaedics)**

E-mail: [remy.flueckiger@gelenkzentrum-bern.ch](mailto:remy.flueckiger@gelenkzentrum-bern.ch)

**Dr. med. Dominik Hinder (Otorhynolaryngology)**

E-mail: [hinder@orl-zentrum.com](mailto:hinder@orl-zentrum.com)

**Prof. Dr. med. Johannes Eisenack (Ophtalmology)**

E-mail: [johannes.eisenack@hin.ch](mailto:johannes.eisenack@hin.ch)

**Administrative Contact:**

**Ms Barbara Etzensberger**

E-mail: [barbara.etzensberger@hirslanden.ch](mailto:barbara.etzensberger@hirslanden.ch)

**Ms Michelle van Haften**

E-mail: [michelle.vanhaaften@hirslanden.ch](mailto:michelle.vanhaaften@hirslanden.ch)

**Hellenic Healthcare Group Academic and Administrative Contacts:**

**Academic Lead at Hellenic Healthcare Group:**

**Prof Panagiotis Skandalakis**

E-mail: [tskandalakis@hhg.gr](mailto:tskandalakis@hhg.gr)

**Deputy Academic Leads at Hellenic Healthcare Group:**

**Prof Dimitrios Karatzas**

E-mail: [dimitriskaratzas@hotmail.com](mailto:dimitriskaratzas@hotmail.com)

**Prof Stergios Douvetzemis**

E-mail: [stergiosdouvetzemis@yahoo.gr](mailto:stergiosdouvetzemis@yahoo.gr)

**Clinical Co-Leads at Hellenic Healthcare Group:**

**Prof. Yiotakis Ioannis**

E-mail: [jyiot@otenet.gr](mailto:jyiot@otenet.gr)

**Prof. Sapkas George**

E-mail: [gsapkas1@hol.gr](mailto:gsapkas1@hol.gr)

**Prof. Dr. Papadopoulos Pantelis**

E-mail: [guitdoc@gmail.com](mailto:guitdoc@gmail.com)

**Administrative Contacts:**

**Ms Vickie Mastrogianni**

E-mail: [vicmast@yahoo.gr](mailto:vicmast@yahoo.gr)

**Ms Angeliki Petrou**

E-mail: [agpetrou@mitera.gr](mailto: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**

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## 1. Introduction

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Dear Students,

I would like to welcome you on this final stage of your studies, during which you will come into much more contact with patients and the hospital environment.

Orthopaedics is the major single largest surgical specialty and you will have the opportunity to see elective surgeries and trauma situations. I strongly encourage you to attend all hospital meetings during your rotation. I will also provide you with the programme of the scientific activities of the Cyprus Orthopaedics Association, which I also encourage you to follow.

## 2. MED-604 Orthopaedics, Otorhinolaryngology and Ophthalmology Course/ Clinical rotation Course Outline

Course Title	<b>Orthopaedics, Otorhinolaryngology &amp; Ophthalmology</b>						
Course Code	<b>MED-604</b>						
Course Type	Required						
Level	Undergraduate						
Year / Semester	Year 6/ Semester 12 (Spring)						
Teacher's Name	<b>Course Leads:</b> Dr Nicos Maroudias						
ECTS	6	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 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 four 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 work primarily with patients with orthopaedic, ear, nose &amp; throat (ENT), and eye problems. 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 orthopaedic, ENT or eye problems.</p> <p>The students will learn how to take detailed histories from, carry out appropriate clinical examination of, and interpret laboratory and imaging data on patients requiring orthopaedic surgery or requiring treatment, medical or surgical, for ENT and eye disorders. The students will learn to use instruments for the assessment of ENT and eye disorders and will spend time in theatre observing orthopaedic, ENT and eye operations.</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 history from a patient, or relative of a patient, presenting with an orthopaedic condition or a condition affecting the ear, nose, throat or eye, in a sensitive and caring manner.</li> <li>2. Carry out a physical examination as part of assessment 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. Come up with a differential diagnosis for the presenting complaint.</li> <li>4. Identify appropriate investigations, including blood tests, and imaging, to assist in the diagnosis of the presenting complaint and to interpret the results from such tests.</li> <li>5. Prepare a treatment management plan for the patient to present to the responsible clinician to include medical and surgical options as appropriate.</li> <li>6. Observe, and where appropriate carry out or assist with, the following procedures: arthroscopy, meniscectomy, chondroplasty, anterior cruciate ligament reconstruction, laminectomy, disc repair, arthroplasty; otoscopy, Rinne and Weber tests, audiography, auditory brainstem response, CT and MRI scans, electronystagmographography, laryngoscopy, nocturnal polysomnogram, sinus endoscopy; ophthalmoscopy, basic eye tests, colour vision tests, visual field tests, computerized optic disc imaging, corneal topography and other surgical procedures, planned and opportunistic.</li> </ol>
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Prerequisites	None	Required	None
Course Content	<p><b>Orthopaedics</b></p> <ul style="list-style-type: none"> <li>• Common fractures, dislocations, and ligament Injuries, including carpal scaphoid fracture, Colles fracture, shoulder dislocation, hip fracture, ankle injuries, spinal fractures, pelvic fractures</li> <li>• Fracture management – reduction, cast, fixation, traction</li> <li>• Amputation</li> <li>• Compartment syndrome</li> <li>• Sports Medicine injuries, including stress fractures, tennis elbow, shoulder bursitis</li> <li>• plantar fasciitis, sprains, Achilles tendon rupture</li> <li>• Osteomyelitis, septic arthritis, tenosynovitis</li> <li>• Osteoarthritis, Rheumatoid Arthritis</li> <li>• Degenerative joint disease of the hip, knee, and spine.</li> <li>• Osteoporosis, osteomalacia, hyperparathyroidism, Paget’s Disease</li> <li>• Osteonecrosis.</li> <li>• Spondylolysis</li> <li>• Disc herniation</li> <li>• Spinal stenosis</li> <li>• Primary and secondary malignant neoplasm of bone</li> </ul>		

### ***Otorhinolaryngology***

- Hearing loss
- Conditions of the pinna and external auditory canal
- Acute otitis media
- Chronic otitis media
- Earache
- Tinnitus
- Vertigo
- Epistaxis
- Nasal injury and foreign body
- Rhinitis, nasal polyps
- Acute and chronic sinusitis
- Tumours of nose, sinuses and nasopharynx
- Pharyngitis and tonsillitis
- Laryngitis and epiglottitis
- Vocal cord paralysis
- Airway obstruction and tracheostomy
- Diseases of salivary glands

### ***Ophthalmology***

- Ophthalmological emergencies
- Disorders affecting the eyelids - entropion, ectropion, blepharitis, stye, chalazion
- Conjunctivitis
- Corneal ulcers
- Uveitis
- Glaucoma
- Refractive errors
- Cataract
- Retinopathy – diabetic, hypertensive, other
- Retinal artery/ vein occlusion
- Retinal detachment
- Macular and retinal disease
- Visual impairment

Teaching Methodology	The course is delivered by clinical placements, tutorials, case studies, theatre attendance and occasional lectures.				
Bibliography	<b>Required Textbooks/Reading:</b>				
	<b>Authors</b>	<b>Title</b>	<b>Publisher</b>	<b>Year</b>	<b>ISBN</b>
	Dandy, David J.	Essential orthopaedics and trauma, 5 <sup>th</sup> ed.	Churchill Livingstone	2009	978-0443067174
	Corbridge, Rogan	Oxford handbook of ENT and head and neck surgery, 3 <sup>rd</sup> ed.	Oxford	2020	978-0198725312
	Riordan-Eva, Paul	Vaughan & Asbury's general ophthalmology 19 <sup>th</sup> ed.	Lange	2018	978-0071843539
	<b>Recommended Textbooks/Reading:</b>				
	<b>Authors</b>	<b>Title</b>	<b>Publisher</b>	<b>Year</b>	<b>ISBN</b>
	Ramachandran, M	Basic Orthopaedic Sciences, 2 <sup>nd</sup> ed.	CRC Press	2017	978-1444120981
	Jackson, Timothy L	Moorfields Manual of Ophthalmology 3 <sup>rd</sup> ed.	JP Medical Ltd	2019	978-1909836945
	Riordan-Eva, Paul	Vaughan & Asbury's general ophthalmology, 19 <sup>th</sup> ed.	Lange	2018	978-0071843539
	Batterbury Mark	Ophthalmology: An Illustrated Colour Text, 4 <sup>th</sup> ed.	Elsevier	2019	978-0702075025
	Ashley Blom, David / Warwick, Michael /Whitehouse	Apley & Solomon's System of Orthopaedics and Trauma, 10 <sup>th</sup> ed.	CRC Press	2017	978-1498751674
Louis Solomon, David Warwick, Selvadurai Nayagam	Apley's System of Orthopaedics and Fractures, 9 <sup>th</sup> ed.	Hodder Arnold	2010	978-0340942055	
<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>					
Assessment	Final year exam and final year OSCE.				
Language	English				

### 3. MED-604 Orthopaedics, Otorhinolaryngology and Ophthalmology 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-604 Orthopaedics, Otorhinolaryngology and Ophthalmology course/ clinical rotation. You must also cross-reference the above with the Year 6 PVB assessment domain handbook, which takes precedence to any other handbook.

#### Required PVB Assessments

1x CPPC
3x Mini-CEX (one for each specialty)
1x CBD (in Orthopaedics)
2x ECSAs (Ophthalmoscopy + Otoscopy)
Daily Attendance Logbook (submitted via <b>'MyProgress Health'</b> by uploading the attendance weekly sheets)
1 x Learning Outcomes Record (LOR)
Evidence of completing online student feedback survey

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

Submit the above forms together with any floating WPBAs completed during the MED-604 Orthopaedics, Otorhinolaryngology and Ophthalmology 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:**

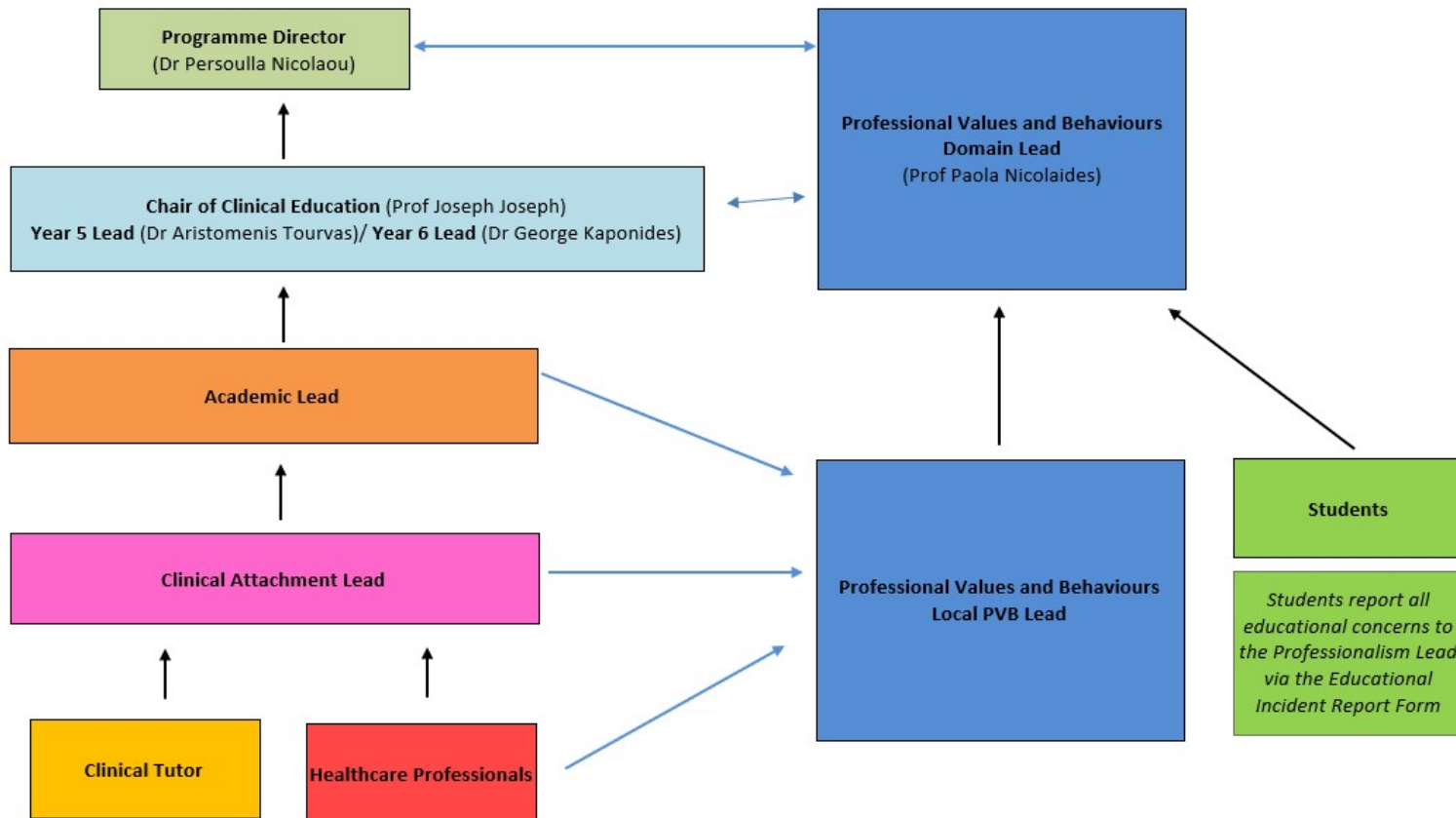
- You should use the diaries to record activities and attendance and ask for a signature from supervising Consultant or Registrar each week.
- You need to achieve submission of all assessment forms and attendance logbook/diaries via **'MyProgress Health'** within one week of completing an attachment. 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 email, 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**

