



UNIVERSITY | MEDICAL
of NICOSIA | SCHOOL

MED-602
General Surgery
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

Year 6 Lead: Dr George Kaponides

E-mail: kaponides.g@unic.ac.cy

Surgery Curriculum Lead: Professor Panos Economou

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

Course Lead of MED-602 General Surgery: Dr Marios Karaiskakis

E-mail: karaiskakis@cytanet.com.cy

Senior Clinical Placements Administrator: Ms Katerina Tsiamenzi

E-mail: 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

Clinical Lead at Limassol General Hospital: Dr Vasilis Karatzias (Surgery)

E-mail: bas.karatzias@gmail.com

Deputy Clinical Lead at Limassol General Hospital:

Dr Maria Hadjicosta (General Surgery)

Email: ma.hadjicosta@shso.org.cy

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 Andreas Stylianou

E-mail: androstylas@gmail.com

Administrative Contact:

Ms Stella Naziri - PGH Senior Site Administrator

E-mail: 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

Clinical Lead at Lewisham & Greenwich NHS Trust: Mr Paolo Sorrelli

E-mail: paolo.sorrelli@nhs.net

Administrative Contacts:

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

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:

Prof. Dr. med. Nicolas Clément (General Surgery)

E-mail: info@chirurgie-clement.ch

Prof. Dr. med. Marius Keel (Traumatology)

E-mail: marius.keel@hin.ch

Prof. Dr. med. Michael Ganter (Anesthesia)

E-mail: michael.ganter@hirslanden.ch

Prof. Dr. med. Lyubov Chaykovska (Vascular Surgery)

E-mail: lyubov.chaykovska@hirslanden.ch

Administrative Contact:

Ms Barbara Etzensberger

E-mail: barbara.etzensberger@hirslanden.ch

Ms Michelle van Haaften

E-mail: 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

Deputy Academic Leads at Hellenic Healthcare Group:

Prof Dimitrios Karatzas

E-mail: dimitriskaratzas@hotmail.com

Prof Stergios Douvetzemis

E-mail: stergiosdouvetzemis@yahoo.gr

Clinical Co-Leads at Hellenic Healthcare Group:

Prof. Machairas Anastasios

E-mail: tmachair@gmail.com

Ass. Prof. Tsiotos Grigoris

E-mail: gregtsiotos@gmail.com

Administrative Contacts:

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

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1. Introduction

The basis of the Surgery Rotation is for students to contact patients suffering clinical problems related to the broad array of surgery, experiencing first-hand the daily routine and practice of medicine by surgeons and the associated hospital teams.

Students are expected to learn about the assessment and management of surgical patients in the clinical setting. Several surgical subspecialties may be available, such as colorectal, breast, endocrine, vascular and plastic surgery.

The knowledge explosion and rapid advances in medicine in general and surgery, makes it impossible to cover everything in one single rotation. However, knowledge of the common surgical presentations will provide a firm foundation for students' continuing professional development.

The expectations of a final-year medical student are much different from those of the inexperienced, fourth- and fifth-year student. Final year students have a different knowledge base; have some procedural skills; and understand the workings of the hospital. The mere fact that students are already thinking ahead and must go through the challenge of a more "difficult" rotation will put students in a better position for success.

The overwhelming amount of work expected of the surgical resident can be lightened by a helpful, hardworking six-year medical student. Reduce a resident's workload, he or she will likely think positively of you and will provide positive feedback to the clerkship director.

Our goal for students is to embrace Surgery as exciting, interesting and challenging. We expect some students will pursue Surgery as a career choice. However, all students will gain into the practice of surgery, which will aid in caring for patients in whatever medical field they do decide to follow. We encourage students to be proactive learners, ask questions and involve themselves thoroughly in their education for this rotation.

2. MED-602 General Surgery Course/ Clinical rotation Course Outline

Course Title	General Surgery						
Course Code	MED-602						
Course Type	Required						
Level	Undergraduate						
Year / Semester	Year 6/ Semester 11 (Fall)						
Teacher's Name	Course Lead: Dr Marios Karaiskakis						
ECTS	10	Lectures / week	4	Laboratories / week	0	Clinical Practice	36

<p>Course Purpose and Objectives</p>	<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 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 spend six weeks working with patients who present with a surgical problem across any sub-specialty of surgery. They will develop an understanding of the presentation, signs and symptoms, physical examination findings, investigations, diagnosis, treatment (medical and surgical) and management plan for a wide range of conditions.</p> <p>Students will be “on call” in the Emergency Room to receive and clerk patients. They will spend most of their time on wards, in theatre and in outpatient clinics. They will try to follow their patients throughout their treatment to build up some continuity of care. They will take part in all ward activities, working alongside other doctors, nurses, physiotherapists, occupational therapists, pharmacists, social workers – any healthcare professional involved in patient care – in order to understand the roles each healthcare professional undertakes and the importance of teamwork. They will take histories (clerking), carry out physical examinations, suggest investigations and interpret the findings with a view to reaching a diagnosis and starting treatment. They will take part in ward rounds, team meetings, theatre sessions, radiology, and pathology meetings and will present their patients to the rest of the team. They will keep accurate records (using an agreed template).</p> <p>The overall aims of the attachment are as follows:</p> <ul style="list-style-type: none"> • To gain experience of patient care as part of a clinical team. • To become proficient in diagnosis and formulation of management plans. • To develop an adequate knowledge base for understanding common problems in general surgery. • To practise basic surgical skills, such as hand-washing, gowning and gloving, and to observe (and take part, if appropriate) in operations and other surgical procedures. • To learn about anaesthetics and airway management during their time in theatre. • To develop clinical reasoning and problem solving skills at the bedside, in outpatients and in theatre. • To develop high standards of professional behavior. • To continually reinforce basic and clinical science principles learnt during the earlier part of the course.
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Learning Outcomes	<p>By the end of the course, students will be able to:</p> <ol style="list-style-type: none"> 1. Take a competent history from a patient, or relative of a patient, presenting with a condition requiring surgical intervention, in a sensitive and caring manner. 2. Carry out a physical examination of patients. 3. Come up with a differential diagnosis for the presenting complaint. 4. Identify appropriate investigations, including blood, urine and faecal tests and imaging, to assist in the diagnosis of the presenting complaint and to interpret the results from such tests. 5. Prepare a surgical treatment management plan for the patient to present to the responsible surgeon. 6. Apply clinical reasoning and problem solving skills at the bedside, in outpatients and in theatre, using hypothesis generation, data gathering, integration of basic science, clinical medicine and evaluation of opinions. 7. Demonstrate knowledge of common surgical problems and surgical emergencies 8. Perform procedures common to general surgery – aseptic technique, scrubbing, gowning & gloving, suturing, use of local anaesthetic for suturing, removal of sutures and staples, freezing and cautery, endoscopic procedures (observed only), wound management, wound dressing and bandaging, management of leg ulcers and burns, control of haemorrhage, airway maintenance, bag and mask, resuscitation, venepuncture, insertion of intravenous cannulae, arterial puncture, urinary catheter, setting up an intravenous fluid infusion, administration of an intravenous injection, intramuscular injection, subcutaneous injection, administration of oxygen, diagnosis of death, male and female urinary catheterization. 9. Demonstrate high professional standards and attitudes regarding relationships in the workplace, team work, confidentiality, initiative, selfdirected learning an ethical issues. 		
Prerequisites	None	Required	None
Course Content	<ul style="list-style-type: none"> • History taking • Problem formulation • Differential diagnosis • Development of surgical (and medical) management plans • Discriminatory use of investigations • Examination of: <ul style="list-style-type: none"> ❖ head & neck, thyroid and lymph nodes, eye, ear, nose and throat ❖ respiratory system ❖ breast and axillae ❖ cardiovascular system ❖ vascular system, including venous circulation in legs ❖ abdomen – liver, spleen and bowel ❖ rectal examination – digital, proctoscope ❖ renal system, including dipstick analysis 		

	<ul style="list-style-type: none"> ❖ neurological system ❖ penis, scrotum and testes ❖ foot, ankle, knee and hip ❖ hand, wrist, elbow and shoulder ❖ lumbar and cervical spine ❖ skin and appendages <ul style="list-style-type: none"> • Clean and sterile technique • Scrubbing, gowning and gloving • Wound dressing and bandaging • Leg ulcers • Management of superficial thrombophlebitis and DVTs • Suturing and removal of sutures and staples • Instrument tie • Freezing and cautery • Insertion of tubes, drains, needles • Interpretation of investigations – X-rays, CT scans, MRI scans, ultrasound, Doppler and duplex scans, blood tests, pathology • Management of fluids and electrolytes • Emergency medicine skills – airway maintenance etc. • Patient education – peak flow, spirometry, inhalers, nebulisers, glucose measurement • Prescribing skills • Infection control
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Teaching Methodology	The course is delivered by clinical placements and associated lectures. Time is allocated during the week for discussions and self-directed learning.															
Bibliography	<p>Required Textbooks/Reading:</p> <table border="1"> <thead> <tr> <th>Authors</th> <th>Title</th> <th>Publisher</th> <th>Year</th> <th>ISBN</th> </tr> </thead> <tbody> <tr> <td>Brunicaudi, F. Charles</td> <td>Schwartz's principles of surgery, 11th ed.</td> <td>McGraw-Hill</td> <td>2019</td> <td>978-1259835353</td> </tr> <tr> <td>Raferly, Andrew T.</td> <td>Applied basic science for basic surgical training, 2nd ed.</td> <td>Churchill Livingstone Elsevier</td> <td>2008</td> <td>978-0080451404</td> </tr> </tbody> </table>	Authors	Title	Publisher	Year	ISBN	Brunicaudi, F. Charles	Schwartz's principles of surgery, 11 th ed.	McGraw-Hill	2019	978-1259835353	Raferly, Andrew T.	Applied basic science for basic surgical training, 2 nd ed.	Churchill Livingstone Elsevier	2008	978-0080451404
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	Recommended Textbooks/Reading:				
	Authors	Title	Publisher	Year	ISBN
	Goldberg, Andrew.	Surgical talk: lecture notes in undergraduate surgery, 3 rd ed.	Imperial College Press	2012	978-1848166141
	Clive Quick and George Burkitt	Essential Surgery: Problems, Diagnosis and Management, 6 th ed.	Churchill Livingstone	2019	978-0702076312
OJ Garden	Principles and Practice of Surgery	Elsevier	2023	978-0702082511	
	E-book resources for Clinical Placements Support Resources: https://libguides.unic.ac.cy/placementresources				
Assessment	Final year exam and final year OSCE.				
Language	English				

3. MED-602 General Surgery Course/ Clinical Rotation Requirements

Please take note of the following assessments that students will need to complete and submit via ensure that you have completed the online feedback survey and upload evidence of this via **'MyProgress Health'**, **no later than one week** after the completion of the MED-602 General Surgery 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
1x Mini-CEX
1x CBD
Daily Attendance Logbook (submitted via 'MyProgress Health' 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-602 General Surgery 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.**

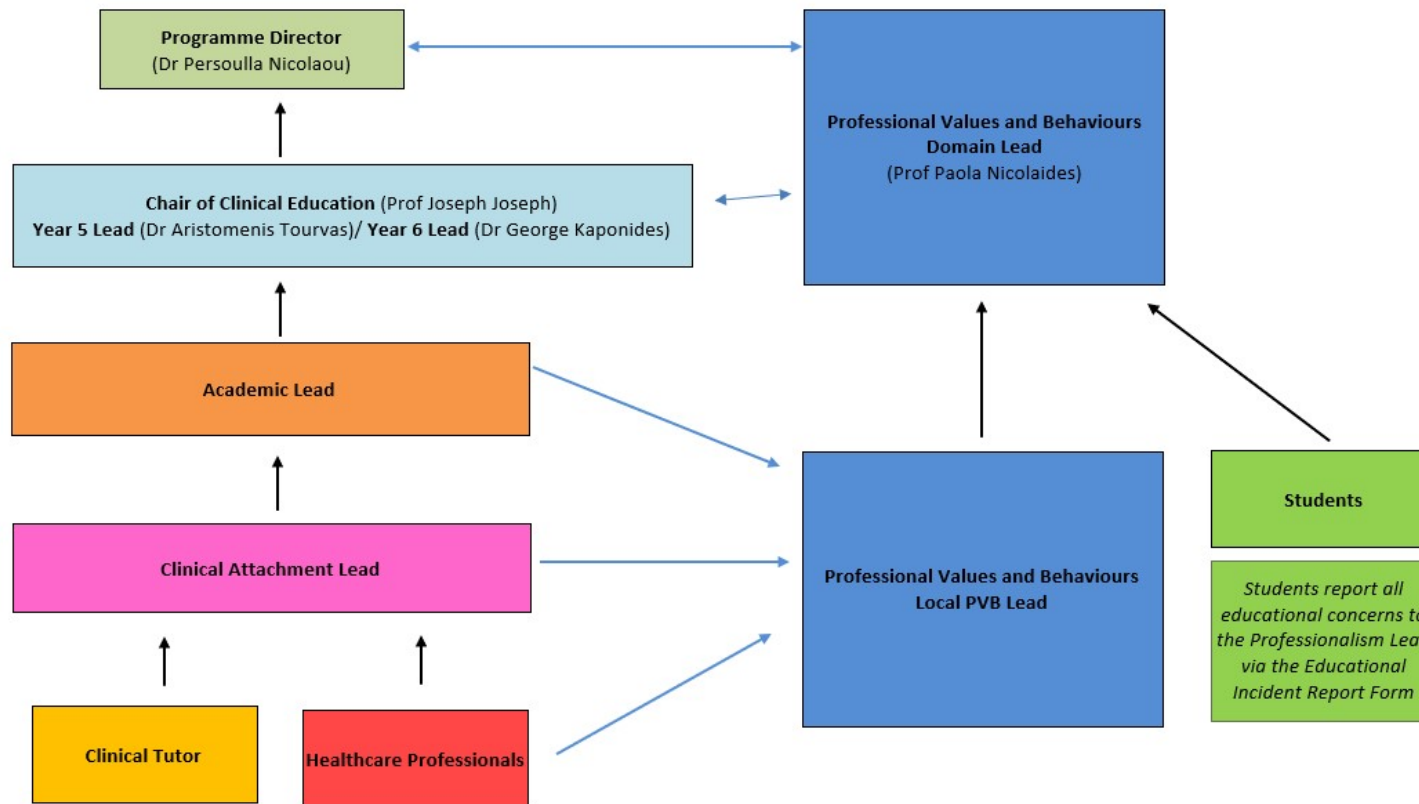


In case of illness or absence

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**

