



UNIVERSITY | MEDICAL
of NICOSIA | SCHOOL

MED-606
General Practice and Geriatric Medicine
Course/ Clinical Rotation Handbook

2024-25

Year 6
Doctor of Medicine (MD) Programme

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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. Introduction

Welcome to the General Practice and Geriatric Medicine rotation. We hope that you will find this six-week clinical attachment both enjoyable and stimulating. The clinical placements will take place both in Limassol, Cyprus and Barnsley, UK. During your clinical attachments you will be supervised by experienced tutors within a supportive community environment.

General Practice and Geriatric Medicine are essential disciplines and integral parts of the whole teaching program at the University of Nicosia Medical School. Whatever your future specialty may be, General Practice and Geriatrics offer a distinctive approach to medical practice in the community and an opportunity to improve your clinical reasoning and communication skills. An average of 50% of graduates choose General Practice as their career. High quality health care for older people in the community requires collaboration between health professions and the social care sector and multidisciplinary teams working together towards a common goal of patient well-being. Geriatric Medicine is an integration of other medical specialties with the core being Internal Medicine. Aspiring Geriatricians spend considerable amount of time in stroke wards, orthopedic wards as well as psychiatric wards as cerebrovascular lesions, osteoporotic fractures and dementia with behavioral and psychological symptoms (BPSD) are amongst the commonest causes of hospital admissions in the elderly. The pandemic has highlighted in importance of infection control in care homes and the impact of restrictive measures on the mental health of this vulnerable population group.

The vast scope of General Practice and Geriatric Medicine cannot be covered in 6 weeks; however, you are expected to cover the core content and to develop the skills and attitudes of a reflective practitioner and a life-long learner in the community. You have the unique opportunity of dealing with undifferentiated presentations of illness, medical uncertainty and complex long-term illness (multi-morbidity). As a sixth-year medical student you are expected to show at all times exemplary professional behaviour in line with the core values of your university.

Your GP clinical placements will consist of attachments with GP practices in the morning. Learning may be reinforced by online lectures. During the course, you will have to watch four virtual patient cases. This is a mandatory component of the course. Any concerns or difficulties during your rotation please discuss these with your clinical lead. The aim of the Geriatrics placements is to provide adequate exposure to the role of the Geriatrician, both in primary and secondary care and to understand the concept of holistic approach in the elderly patient.

As senior medical students you are expected to be self-directed learners with the ability to reflect on well-coordinated and integrated care. During your placements you will have time for personal learning so use your time wisely, talk to members of the practice team and try to get involved. The more effort you put into your clinical placement the more learning will be achieved. Try to share ideas with your fellow students and support each other.

There will be on-going assessment by your clinical tutors and discussions about your strengths and areas for improvement as part of your learning experience. You will be expected to complete the requirements of the course, as they relate to the PVB domain, including one CBD and one mini-CEX, per specialty perform some basic procedures as detailed in your course handbook. This is your course so we welcome your feedback to improve your teaching programme.

Kind regards,

Dr Irene Cotter
Dr Stelios Orphanides
MED-606 General Practice and Geriatric Medicine Course Co-Leads

2. MED-606 General Practice and Geriatric Medicine Course/ Clinical rotation Course Outline

Course Title	General Practice and Geriatric Medicine						
Course Code	MED-606						
Course Type	Required						
Level	Undergraduate						
Year / Semester	Year 6/ Semester 12 (Spring)						
Teacher's Name	Course Leads: Dr Stylianos Orphanides Dr Irene Cotter						
ECTS	10	Lectures / week	4	Laboratories / week	0	Clinical Practice	36
Course Purpose and Objectives	<p>The objectives of the course are:</p> <ul style="list-style-type: none"> • To provide the student with a basic understanding of general practice and geriatric medicine. • To understand the role played by the General Practitioner (GP) in the community. • To understand the limitations of the GP and the need to refer to a secondary care centre when appropriate. • To use the wealth of experience in General Practice to aid in the transition from senior student to house officer. • To enhance history-taking, information giving, physical examination and procedural skills through practice with a wide range of patients. • To illustrate doctors' and other health professionals' roles working across primary and secondary care. • To understand the importance of teamwork in the primary health care team. • To understand the importance of taking a holistic overview of elderly patients, as in geriatric medicine, rather than an isolated system view of the elderly by individual specialists who may not communicate adequately enough with their colleagues in other specialties to identify health patterns. 						

Learning Outcomes

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

1. Outline the nature of the physician-patient relationship and its impact upon the management of the patient's illness.
2. Assess patients and their families in the context of the biopsychosocial model.
3. Consider patient problems in a community and family context.
4. Develop long term treatment plans and goals for individual patients with chronic illness.
5. Formulate differential diagnoses and treatment plans based on the limited information gathered in a typical GP office visit and evaluate a given treatment plan on the basis of outcome for the patient, likelihood of being implemented successfully, and the cost effectiveness of the treatment.
6. Describe the importance of follow-up visits in terms of gaining further information, clarifying diagnoses, and evaluating treatment.
7. Recognise how interpersonal relationships, social characteristics, and cultural norms can alter the presentation and management of an illness and explain how a patient's problem may present differently or be interpreted differently if that patient is from a different cultural/religious background than the physician.
8. Develop problem solving skills with outpatients/ambulatory patients who have undifferentiated, early-disease state problems.
9. Refine time management skills by classifying tasks according to their importance, resource cost, time cost, and potential benefits.
10. Manage the most common problems seen in ambulatory practice.
11. Maintain good patient records
12. Perform procedures commonly carried out by GPs, including: urinalysis, venepuncture, throat culture, intramuscular and subcutaneous injections, ECGs, skin testing, spirometry, tympanometry, suturing, incision and drainage, casting and splinting, stool for occult blood.
13. Value the basic core concepts of General Practice/Family Medicine including:
 - Continuity of care throughout a patient's life
 - Treating the whole person
 - Comprehensive care
 - Prevention/lifetime health monitoring
 - Anticipatory guidance
 - Use of community resources
 - Patient advocacy
 - Cost-effective medicine
 - Primary/ambulatory care
 - Compliance/health belief model
 - Developmental stages of life
 - Use of consultation/coordination of care
 - Lifestyle/community involvement
14. Interact in a positive, productive manner with other professionals and support staff.

15. Display professional values and attitudes.
16. Develop a caring and empathic attitude towards all patients, regardless of their background, age, skin colour, gender, sexual preference, culture, religion or social status
17. Assess the patient and the family in the context of the biopsychosocial model.
18. Recognise how interpersonal relationships, social characteristics and cultural norms can alter the presentation and/or management of an illness.
19. Describe the concept of prevention and generalise the concept of prevention/ lifetime health monitoring and developing long-term treatment plans and goals
20. Outline patients' problems in a community and family context.
21. Analyse the nature of the physician/patient relationship and the impact on the management of the patient's illness, and develop long-term treatment plans and goals for health maintenance.
22. Recognize the impact of interpersonal relationships, social characteristics, cultural norms and religious/spiritual beliefs and practices on the presentation and the management of an illness and compliance.
23. Predict how financial factors can influence disease management.
24. Demonstrate the use of community resources/patient education in managing an illness.
25. Illustrate the concept of continuity of care and patient responsibility throughout a patient's life and through the natural course of disease process.
26. Be able to take a history from an older person, including information of functional ability and social support.
27. Demonstrate how to interview a confused older patient and demonstrate an ability to collect information from appropriate collateral sources in the process.
28. Demonstrate the ability to perform a full physical examination of elderly people including systems often affected by illness in old age (locomotor, nervous and cardiorespiratory systems).
29. Explain the need to respect older patients' rights regardless of their age, background, culture, lifestyle, beliefs, race, gender, sexuality, disability, social or economic status.
30. Communicate clearly and effectively with older patients, their relatives and colleagues from a variety of health and social care professions
31. Discuss the balance between prolongation and quality of life
32. Describe the assessment, investigation and management of an elderly patient with falls in order to establish the cause
33. Outline the investigation and management of an elderly person with delirium
34. Describe the assessment, investigation and treatment of a patient with suspected dementia
35. Describe the assessment, management and investigation of a patient with reduced mobility to establish the cause
36. Describe the assessment, investigation and management of an elderly patient with urinary and/or faecal incontinence

	<p>37. Discuss how the breakdown of an older person's social circumstances may be the atypical presentation of an underlying pathology and identify ways in which the notion of social dependency influences the attitudes and treatment of the older patient</p> <p>38. Describe the process and principles of rehabilitation in hospital and community settings, the importance of functional assessment and what may realistically be achieved, the importance of goal setting, and the influence of socio-economic factors.</p> <p>39. Describe indications for referral of an elderly person to a residential or nursing home and explain how placement is organised</p> <p>40. Outline the many roles played by a wide range of health professionals in caring for elderly patients</p> <p>41. Discuss the ethical and legal issues relating to older people including: consent to treatment, capacity to make decisions, safe-guarding finances, withdrawing and withholding treatment, elder abuse and cardio-pulmonary resuscitation decisions.</p>
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Prerequisites	None	Required	None
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Common skills encountered in General Practice

- Measuring BP
- Examining ears and eyes
- Examining children
- Heart examination
- Respiratory examination including using a peak flow meter, asthma drug delivery systems and nebuliser
- Vaginal examination, taking cervical smears and high vaginal swabs
- Contraceptive methods
- Breast examination
- Joint examination and back examination
- Neurological examination
- Mental state examination
- Abdominal examination and rectal examination
- Measuring blood glucose
- Urinalysis

Common symptoms presenting in General Practice

- Colds, influenza and throat conditions
- Aches and pains
- Cough and fever
- Rash or spots
- Abdominal pain
- Bleeding PR
- Backache
- Earache
- Headache
- Tension or anxiety
- Depression
- Tiredness
- Dementia/confusion
- Chest pain
- Breathlessness
- Dizziness
- Menstrual disorders
- Vaginal discharge
- Urinary symptoms
- Diabetes
- Disability/handicap
- Vaccination
- Leg ulcers

- Breaking bad news
- Dealing with one's own emotions as a doctor
- Dealing with ethical issues
- Referral letters and hospital discharge letters
- Sickness certification

Common disease presentations in general practice

- Coronary heart disease, hypertension, plasma lipids
- Diabetes
- Asthma and COPD
- Emergency care and pain management
- Minor illnesses, including epistaxis, hearing loss, tinnitus and vertigo, laryngitis, epiglottitis, otitis
- Obstetric care, contraception, cervical smears, menopause
- Child development, the sick child, childhood illnesses, infectious diseases and immunisations
- Alcohol and drug abuse, anxiety disorders, mood disorders, cognitive problems, schizophrenia, psychosis
- Smoking cessation

Geriatric Medicine

- Geriatric medicine as a specialty
- Dealing with elderly patients
- Issues affecting the elderly
- Falls in the elderly
- Incontinence
- Delirium
- Dementia
- Confusion
- Reduced mobility
- Rehabilitation
- Residential care
- Multiprofessional healthcare team
- Ethical and legal issues

Teaching Methodology

The course is delivered by clinical placements, lectures, tutorials, case studies and theatre attendance.

Bibliography	Required Textbooks/Reading:				
	Authors	Title	Publisher	Year	ISBN
	Patrick White, Ann Wylie, Anne Stephenson (Editor)	A textbook of general practice, 3 rd ed.	CRC Press	2011	978-1444120646
	Chantal Simon, Hazel Everitt, Françoise van Dorp, Nazia Hussain, Emma Nash, Danielle Peet	Oxford Handbook of General Practice, 5 th Edition	Oxford University Press	2020	978-0198816331 E-Book
	Prof Sir David Haslam	Side Effects: How Our Healthcare Lost its Way and How We Fix It, 1 st ed.	Atlantic Books	2022	978-1786495396
	Woodford, Henry.	Essential geriatrics, 4 th ed.	CRC Press	2022	978-1032135298
	Timiras, Paola S. (ed.)	Physiological basis of aging and geriatrics, 4 th ed.	CRC Press	2007	978-0849373053
	Recommended Textbooks/Reading:				
	Authors	Title	Publisher	Year	ISBN
	Fillit, Howard	Brocklehurst's textbook of geriatric medicine and gerontology 8th ed.	Saunders/Elsevier	2017	978-0702061851
Chantal Everitt and Van Dorp	Oxford Handbook of General Practice, 5 th ed.	OUP Oxford	2020	978-0198816331 E-Book	
Peter Tate	Doctor's Communication Handbook, 8 th ed.	CRC Press	2019	9780367198220	
E-book resources for Clinical Placements Support Resources: https://libguides.unic.ac.cy/placementresources					
Assessment	Final year exam and final year OSCE.				
Language	English				

Recorded lectures (uploaded to Moodle)

- Clinical Reasoning in General Practice
- Prevention in General Practice
- Chronic Disease/ Long term Conditions

3. MED-606 General Practice and Geriatric Medicine 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-606 General Practice and Geriatric Medicine 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
2x Mini-Cex (one for each specialty)
2x CBD (one for each specialty)
e-CREST certificate and Consent Form
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-606 General Practice and Geriatric Medicine 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 'E-mail 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. e-CREST online educational tool

As part of your **MED-606 General Practice and Geriatrics Medicine course**, we will be using an online educational tool to improve your clinical reasoning. The tool is called *electronic Clinical Reasoning Educational Simulation Tool (e-CREST)* and was developed by researchers at University College London (UCL) Department of Applied Health Research in the UK.

Clinical reasoning skills are increasingly recognized as essential for practice. You can practise your clinical reasoning on simulated online patients using e-CREST. You will also be asked to complete online surveys as part of the evaluation of e-CREST and its implementation at the University of Nicosia. **Please note that completion of the cases and associated learning quizzes, survey and reflective account are compulsory and form part of your assessment in the Professional Values and Behaviours (PVB) domain.**

Please print:

- 1) the e-CREST certificate
- 2) the Research project consent form

All the above are to be submitted together with your clinical portfolio, at the end of the attachment.

Benefits

- Improve your clinical reasoning
- Revise and apply knowledge and skills in respiratory and general practice
- Obtain a Certificate of completion

A recently qualified medical student from Koc who tested e-CREST said:

“I learned better how to ask *relevant questions* in the history taking in order to reach correct differential diagnosis earlier”

Instructions

- Go to link: <https://ecrest.uk/>
- You can access a User Manual at the top of the page as well as contact the UCL team for support by clicking 'Contact Support'
- Click the link 'register' to create your username and password to access e-CREST. Then you will need to select your relevant course (i.e. UNIC MD) to proceed. Then complete the registration process. Please note that if you forget either of your username and password you can request this to be sent to you.
- You will then be taken to the Welcome Page. You can read the objectives of e-CREST and then access the pre-learning survey.
- The pre-learning survey starts with a respiratory quiz. Once you submit your answers you will get a score and you will be able to download your answers (including the correct ones). After that you will be asked to complete a clinical reasoning quiz.
- You can then access the Waiting Room where you can select your patients. There are four cases. **You are required to complete three cases, namely John Roberts, Arjun Patel and Taru Gandhi, in the first instance. You are not required to complete the cases in any particular order. Once**

you complete these three cases, you will be able to access and complete the consultation of Zoya Akintola, which is the fourth and final case.

To get a sense of how the consultations go please watch the video with instructions here: https://www.ucl.ac.uk/dahr/vidcomp3/eCREST_demo_211017.mp4

- Once you complete all cases you will be asked to go through a post-learning quiz (including an evaluation survey to help us make constant improvements to e-CREST).

The Medical School considers this to be a useful educational tool, which has already been successfully utilized in other medical schools, including that of University College London (UCL). **In collaboration with UCL, we are also conducting a research study to investigate the effectiveness of e-CREST in increasing clinical reasoning in medical students. This is a research project which has received bioethical approval from the Cyprus National Bioethics Committee. You are therefore kindly invited to participate in this study.** Please sign the consent form (below), which will allow us to use your results as part of the project. Your participation does not require completion of anything else. Your results will be combined with those of other students for statistical analysis, therefore anonymity will be maintained throughout the study.

Consent Form

Study Title: An evaluation of an online patient simulation training tool (e-CREST) to improve the clinical decision-making skills of students at the University of Nicosia Medical School

Name of Researchers at University of Nicosia Medical School, Nicosia, Cyprus:

Dr Constantina Constantinou

Prof Alexia Papageorgiou

Dr Adonis Ioannides

Dr Persoulla Nicolaou

Name of Researchers at University College London, London, UK:

Dr Angelos Kassianos

Dr Jessica Sheringham

Please note that this form is submitted through MyProgress.

Participant Information Sheet

Study Title: An evaluation of an online patient simulation training tool (e-CREST) to improve the clinical decision-making skills of students at the University of Nicosia Medical School

We would like to invite students of the **MD6 Programme** of the University of Nicosia Medical School who are about to start the **MED-606 General Practice and Geriatrics Medicine** to participate in this research project. This study has been approved by the University College London (UCL) Research Ethics Committee (Project ID Number): 9605/001. The study has been implemented in final year medical students at UCL and the following medical schools:

- Barts School of Medicine, Queen Mary University, London, UK
- University of East Anglia Medical School, Norwich, UK
- Koc University School of Medicine, Istanbul, Turkey

Details of the study

e-CREST is an online educational tool designed to help improve medical students' clinical reasoning skills. By clinical reasoning skills we mean the thought processes you use to make clinical decisions such as a diagnosis and management plan. This tool uses virtual patients, which are videos of actors representing students, to simulate a doctor-patient consultation in a GP setting. Your role is to act as the GP and work through each virtual patient case, making clinical decisions based on the information you learn from the patients. This study is aiming to see whether online simulation is an effective way of teaching medical students clinical reasoning skills.

What happens next?

You will be required to respond to a survey related to respiratory medicine and clinical reasoning before and after the simulations. Then you will enter a virtual waiting room, where you will be presented with virtual patients. All patients are presenting to their GP with respiratory symptoms. Select the first patient case and watch the video and follow the instructions to complete the case. For each case you will have the opportunity to ask patient questions using a drop-down menu and receive their patient history. You will also be asked throughout the consultation to provide a differential diagnosis and suggest your recommended management plan and any further tests. When you are finished select the second case and so on, until you have completed all the cases. It will take you approximately 30 minutes per case and you will not have to complete all the cases at once.

Risks and benefits

We do not anticipate that taking part in this research will incur any risks. By participating in this research you will get the chance to practise making diagnostic decisions and revise your respiratory training.

Anonymity and confidentiality

We will collect some personal information such as your name, E-mail address and student ID number through Moodle but your data will then be anonymised and only the researchers will have access to this data. Your data will only be used for research purposes and it will not contribute to your final grades, be used as an assessment, or shared with any third parties. All data will be collected and stored in accordance with the Data Protection Act 1998.

Please discuss the information above with others if you wish or ask us if there is anything that is not clear or if you would like more information.

It is up to you to decide whether to take part or not; choosing not to take part will not disadvantage you in any way. If you do decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen to the results of the study?

The results of this study may be presented at relevant conferences and we will prepare papers for submission for publication to a peer reviewed journal.

Who is organising and funding the research?

This research is organised and funded, supported and regulated by the **University of Nicosia Medical School**.

Who has reviewed the study?

This study has been approved by the University College London (UCL) Research Ethics Committee (Project ID Number): 9605/001. In order to implement the study at the **University of Nicosia Medical School**, the study has also been reviewed by the **Cyprus National Bioethics Committee**.

Consent

In order to provide consent, you will have to complete and sign the associated Consent Form.

Complaints

If you wish to make any complaints about the study or the research procedure, please contact Dr Constantina Constantinou, Director of Research/PhD Programme Director, University of Nicosia Medical School at constantinou.co@unic.ac.cy

Further Information

If you have any queries regarding this project please contact the researchers involved in this study at the University of Nicosia Medical School, Cyprus and University College London, UK:

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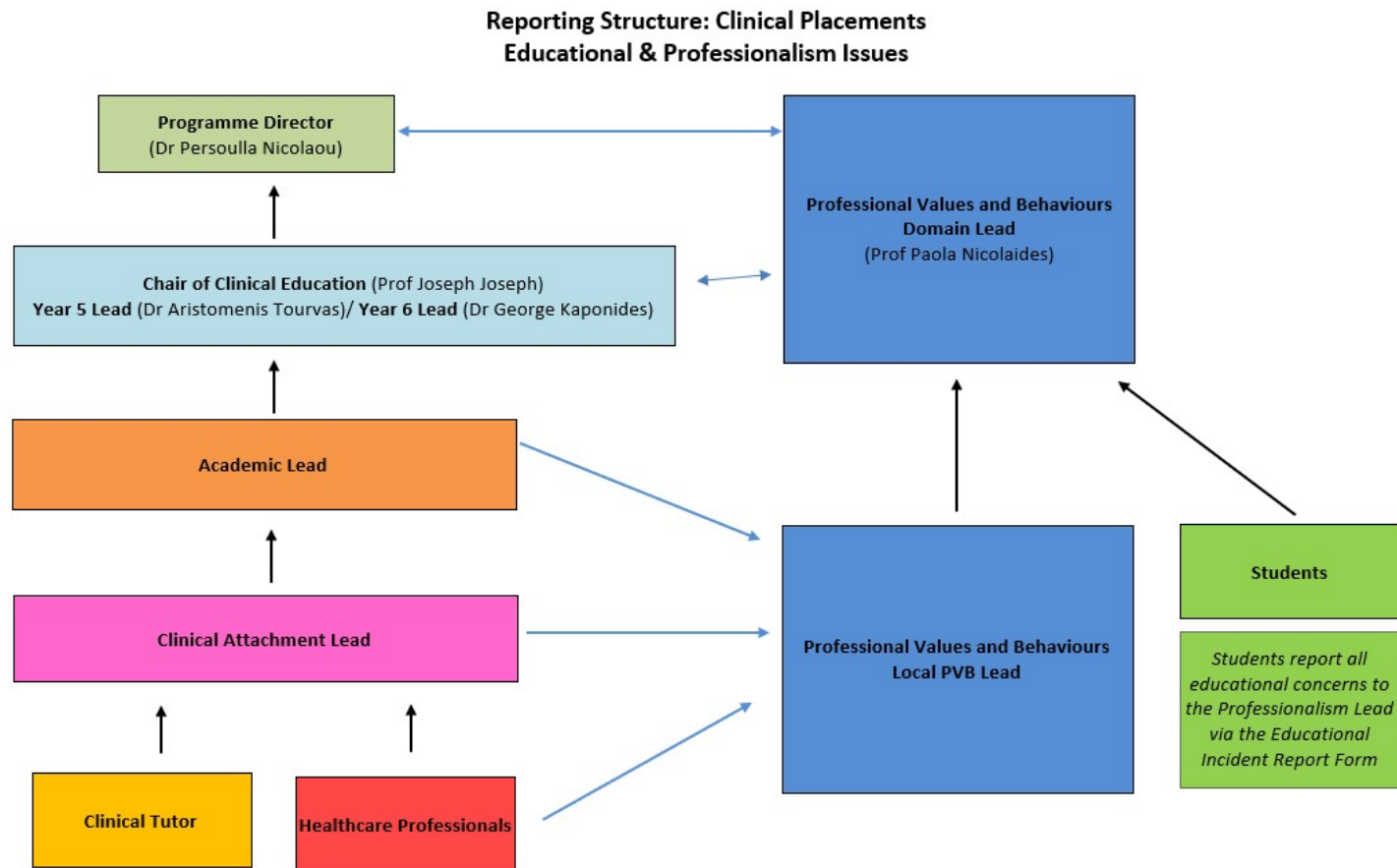
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Thank you for reading this information sheet and for taking part in this research.

5. Reporting Structures



Reporting Structure: Clinical Attachments Patient and Student Safety Issues

