



UNIVERSITY | MEDICAL
of NICOSIA | SCHOOL

MED-507
Psychiatry
Clinical Rotation Handbook

2023-2024

Year 5
Doctor of Medicine (MD) Programme

University of Nicosia Medical School Academic and Administrative

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Course Handbook introduction by the Chair of Clinical Education

Dear Student,

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

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

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

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

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

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

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

Enjoy the next few weeks!

Professor Joseph Joseph
Chair of Clinical Education

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1. Welcome

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

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

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

Kind Regards,

Professor Michael Davidson
MED-507 Psychiatry

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

Course Code MED-507	Course Title Psychiatry	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	Stelios Georgiades
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 five weeks working primarily with patients with mental illness. They will develop an understanding of the presentation, signs and symptoms, clinical examination findings, investigations, diagnosis, treatment (pharmacological and psychological) and management plan for common psychiatric disorders.

They will communicate with the mentally ill, take a psychiatric history from them and carry out a mental state examination, while appreciating the importance of psychological, biological and social factors in the presentation, diagnosis and treatment of physical and psychiatric illnesses.

Learning Outcomes:

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

1. Develop and demonstrate effective **learning and teaching skills**.
2. Demonstrate effective **history taking and information giving**.
3. Perform a **clinical examination**.
4. Formulate appropriate **differential diagnosis**.
5. Formulate an **investigation** plan and interpret the results.
6. Synthesise elicited information and define the most likely **diagnosis**.
7. Recognise a patient requiring **emergency** care, and initiate evaluation and management.
8. Observe/assist/perform **clinical procedures** appropriate to the stage of training.
9. Create a patient-centred **management** plan.
10. **Prescribe drugs** and monitor patient outcomes.

11. **Communicate** and collaborate in a **multi-professional** environment.
12. Integrate **legal, ethical and professional** guidance and standards into the care of patients.

Detailed description of clinical learning objectives:

Clinical learning objective 1:

Develop and demonstrate effective learning and teaching skills

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 and 3:

Demonstrate effective history taking and information giving/Perform a clinical examination

Students should be able to perform a complete assessment including:

- Full medical history
- A focused Psychiatric history
- Mental Status Examination
- Assessment of patient’s cognitive functions

Clinical learning objective 4:

Formulate appropriate differential diagnosis

Students should be able to prioritize a differential diagnosis following a clinical encounter, especially with the following clinical presentations:

- Low/elated mood
- Anxiety state
- Suicidal ideation/self-harm
- Psychotic phenomena (hallucinations, delusions, thought disorder)
- Acute/chronic confusion
- Low body mass

Clinical learning objective 5:

Formulate an investigation plan and interpret the results

Students should be able to create an investigation plan by choosing the investigations needed to narrow the differential diagnosis. In psychiatry lab tests and radiology are used mainly to exclude underlying organ pathology or monitor treatment and side-effects.

Radiology:	Commonly ordered blood tests:
CT brain scan (to exclude a brain tumor)	Full blood count
MRI brain scan (to exclude a brain tumor)	Urinalysis
CXR (to exclude paraneoplastic origin)	Electrolytes
	Renal Function

ECG Pregnancy test Psychological testing: Cognitive testing Clinical Rating and Screening Scales: Alcohol: CAGE and AUDIT Depression: Becks, Hamilton Urine drug screen Therapeutic drug monitoring	Liver biochemistry Blood glucose Hemoglobin A1c Lipid profile Thyroid Function Tests Vitamin B12 Folate
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Clinical learning objective 6:

Synthesise elicited information and define the most likely diagnosis

Students should be able to formulate a differential diagnosis based on the biopsychosocial model of the psychiatric illness:

	PHYSICAL	PSYCHOLOGICAL	SOCIAL
PREDISPOSING			
PRECIPITATING			
MAINTAINING			

Students should be able to learn about the diagnostic criteria (using DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) of the following diagnoses:

Mood disorders	Anxiety disorders
Depression	Obsessive Compulsive Disorder (OCD)
Bipolar disorder	Generalised Anxiety Disorder (GAD)
Addictive behaviour and misuse	Phobias
Alcohol	Panic Disorder
Smoking	Social Anxiety
Drugs	Acute stress reaction
Psychotic disorders	Adjustment disorder
Schizophrenia	Post-Traumatic Stress Disorder (PTSD)
Schizoaffective disorders	Personality disorders
Drug induced psychosis	Specific personality disorders
Eating disorders	Mixed personality disorders
Anorexia Nervosa	Delirium
Bulimia Nervosa	Acute confusional state
Intellectual Disability	Chronic confusion (Dementia)

Clinical learning objective 7:

Recognise a patient requiring emergency care, and initiate evaluation and management

Examples of such conditions include:

- Agitated and violent patient
- Self-harm/Suicide
- Delirium

- Neuroleptic Malignant Syndrome
- Over dosage of common psychiatric medications
- Over dosages and withdrawal from addicting substances
- Physical health deterioration in patients with mental illness

Clinical learning objective 8:

Observe/assist/perform clinical procedures appropriate to the stage of training

These procedures have a limited use in Psychiatry. However, the following might be observed:

- ECT
- MHA (Mental Health Act) assessment

Clinical learning objective 9:

Create a patient-centred management plan

- Produce a management plan based on the biopsychosocial model of mental health, combined with the predisposing, precipitating and perpetuating framework of illness.

Clinical learning objective 10:

Prescribe drugs and monitor patient outcomes

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

1. Direct observation during ward rounds.
2. Familiarization with the interactions of psychiatric medications and their side effects.
3. Observation of drug preparation/administration by the nurses/physicians.
4. Be aware of and know the rationale of alternative routes of administration in psychiatry, like short and long term intramuscular administration.
5. Use of the corresponding national formulary to learn about the dosing schemes and the adjustments needed depending on renal/liver function.

Clinical learning objective 11:

Communicate and collaborate in a multi-professional environment

This placement will allow the students opportunities for multi-professional exposure, including shadowing of Occupational therapy sessions, psychotherapy sessions, Multi-Disciplinary team (MDT) meetings.

1. Students should be able to develop a basic knowledge of the main professional roles within mental health care.
2. Contribute to multi-professional meetings.

Clinical learning objective 12:

Integrate legal, ethical and professional guidance and standards into the care of patients

Students should develop a working knowledge of the following:

- Mental Health Act (MHA)
- Mental Capacity Act (MCA)
- Forensic psychiatry frameworks

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		
1	Self-Harm and Suicide	1*
2	Addictive behaviour (alcohol, smoking and drugs)	1*
3	Delirium (acute confusional state)	1*
4	Chronic Confusion	1*
5	Cognitive problems (Organic Psychiatric Disorder)	2**
6	Mood disorders	2**
7	Anxiety disorders	2**
8	Functional disorders (somatoform, hypochondriacal and dissociative disorders)	2
9	Psychological aspects of chronic pain and disability	2**
10	Schizophrenia and psychosis	2**
11	Psychiatry of aging and disability (including intellectual disability)	2**
12	General aspects of psychiatric care	2
13	Psychological treatments	2**
14	Physical treatment	2
15	Eating Disorders and obesity	3**
16	Behavioural disorders	3
17	Personality disorder	3
18	Forensic Psychiatry	3

Lecture List:

Patient Interview
Schizophrenia
Mood disorders
Anxiety disorders
Addictions
Personality disorder
Risk assessment and management
Eating disorders
Forensic Psychiatry
Liaison Psychiatry and Delirium
Neurodevelopmental Disorders
Functional disorders

Pharmacology learning objectives:**General pharmacology learning objectives for year 5:**

- 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.

Learning objectives for MED-507 Psychiatry course/ clinical rotation

- 1) Describe how to prescribe drugs/medications for patients suffering from psychiatric disorders.

Learning Activities and Teaching Methods:

The course is delivered by clinical placements, lectures, tutorials, specialist visits, case studies and self-directed learning.

Assessment Methods:

End of Year Exams (EYEs) and OSCE.

Recommended Textbooks/Reading:

Authors	Title	Publisher	Year	ISBN/E-Book
Wright, Pdraig (ed.)	Core psychiatry, 3 rd ed.	Saunders	2012	9780702033971
American Psychiatric Association	Diagnostic and statistical manual of mental disorders DSM V, 5 th ed.	American Psychiatric Association	2013	9780890425558
David Semple et al.	Oxford Handbook of Psychiatry, 4 th ed.	Oxford University Press	2019	9780198795551
Cornelius Katona	Psychiatry at a Glance, 6 th ed.	Wiley-Blackwell	2015	9781119129677 E-Book
Sarah Stringer	Psychiatry PRN: Principles, Reality, Next Steps	Oxford University Press	2009	9780199561988
Paul Harrison	Shorter Oxford Textbook of Psychiatry, 7 th ed.	Oxford University Press	2018	9780198747437
Basant K. Puri et al.	Textbook of Psychiatry	Churchill Livingstone	2011	9780702031571

E-book resources for MD YR 5 Clinical Placements:

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

3. MED-507 Psychiatry 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-507 Psychiatry 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)
2 x Case Based Discussion (CBD)
Long case assignment
CPBL sign off sheet
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-507 Psychiatry 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.

The long case

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

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

CLINICAL PRESENTATION

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

PART 1 – WRITTEN DISCUSSION OF THE CASE

The written submission should comprise of elements listed below:

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

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

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

PART 2 - REFLECTION

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

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

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

ADDITIONAL INFORMATION

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

CPBL Tutorial Logbook

Student's Name:

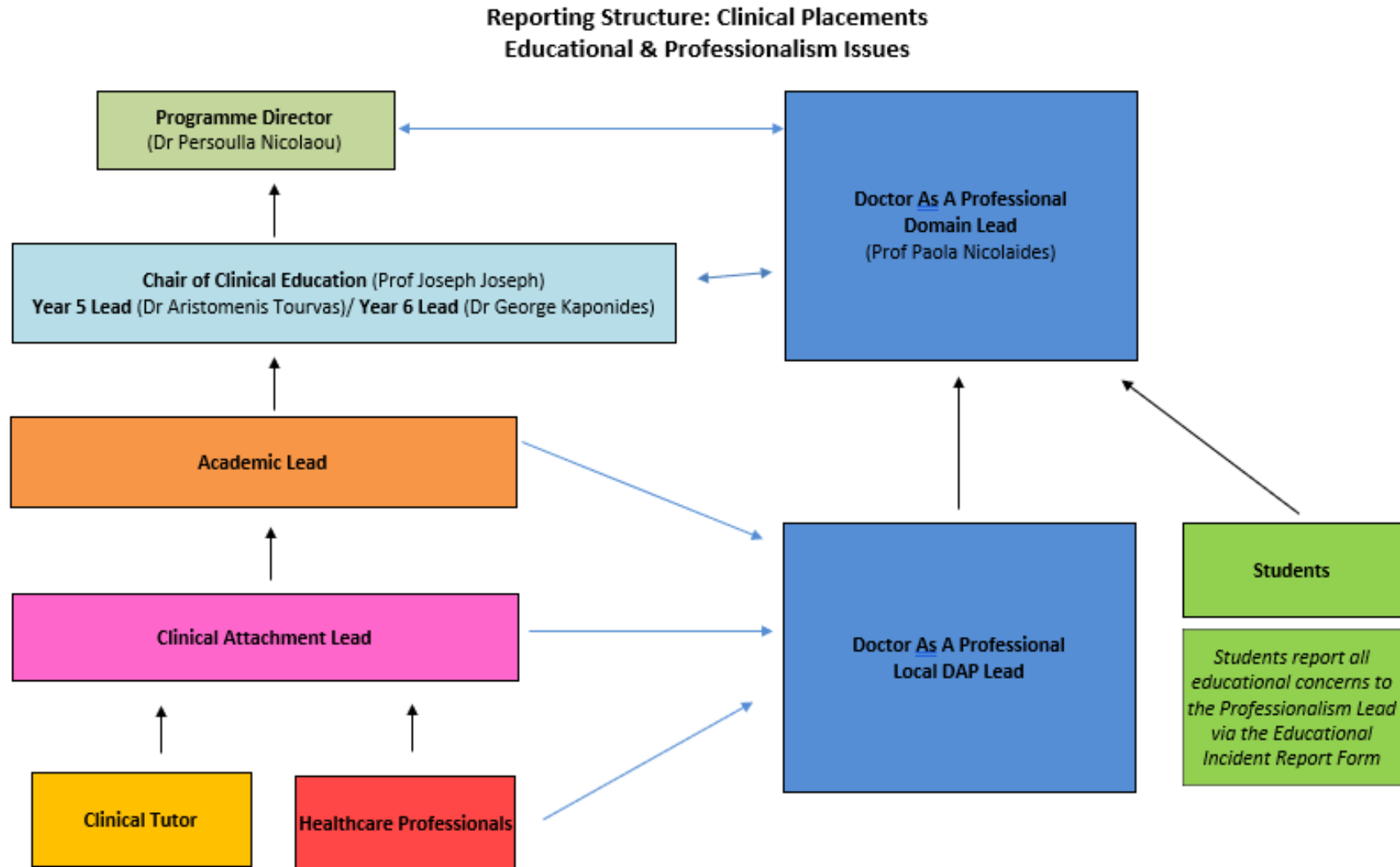
Attendance at CPBL tutorials is compulsory. Your Tutors will mark your attendance at CPBL tutorials in the CBPL Tutorials Attendance Register.

CPBL TUTORIALS ATTENDANCE REGISTER

CPBL INDICATIVE PROBLEMS	Tutor Signature and date
Deliberate Self-Harm	
Cognitive Impairment or Learning Disability	
Alcohol and Drug Misuse	
Detained Under Mental Health Act	
Cultural, Family or Social Issues	

TO BE HANDED IN AT THE END OF YOUR ATTACHMENT

4. Reporting Structures



Reporting Structure: Clinical Attachments Patient and Student Safety Issues

