



UNIVERSITY | MEDICAL
of NICOSIA | SCHOOL

MED-503

**Gastroenterology and GI Surgery Course/
Clinical Rotation Handbook**

2023-2024

**Year 5
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. Welcome

The MED-503 Gastroenterology and GI surgery course/ clinical rotation offers students the opportunity to develop an understanding of the presentation, signs and symptoms, physical examination findings, investigations, diagnosis, treatment (medical and/or surgical as appropriate) and management plan for common gastrointestinal diseases.

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

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

Kind Regards,

Dr Yiannis Hadjiloucas

Course Co-Lead for Gastroenterology and GI surgery

2. MED-503 Gastroenterology and GI Surgery course/ Clinical Rotation Course Outline

| | | |
|---|--|--|
| Course Code MED-503 | Course Title Gastroenterology and GI Surgery | ECTS Credits 6 |
| School Medical School | Semester Fall (Semester 9) | Prerequisites None |
| Type of Course Required | Field Medicine | Language of Instruction English |
| Level of Course Undergraduate | Year of Study 5 th | Course Co-Leads: TBC Dr Yiannis Hadjiloucas |
| 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 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.

In this course, students will spend four weeks working primarily with patients with gastrointestinal disorders, including liver and pancreas. 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 gastrointestinal disorders.

The students will learn how to take detailed histories from, carry out systematic clinical examination of, and interpret laboratory and imaging data on patients with disorders of the respiratory system and breast. The students will gain a basic understanding of the application and type of information to be obtained from different methods for investigating the gastrointestinal tract. They will also spend time in theatre observing gastrointestinal surgery.

Learning Outcomes:

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

1. Demonstrate active participation and effective learning.
2. Demonstrate effective history taking and information giving and perform relevant clinical examinations.
3. Formulate appropriate differential diagnoses.
4. Create a diagnostic plan (including the interpretation of the ordered tests).

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

Detailed description of clinical learning objectives:

Clinical learning objective 1: Demonstrate active participation and effective learning

Students should:

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

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

Students should be able to perform a complete cardiovascular assessment including:

- Full medical history
- Take a focused Gastrointestinal history
- Measure blood pressure
- Perform abdominal examination
- Check for ascites
- Perform rectal examination (under supervision)
- Perform Inguinal examination
- Assess abdominal tenderness and guarding
- Assess for rebound tenderness

Clinical learning objective 3: Formulate appropriate differential diagnoses.

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

Gastroenterology and GI Surgery

- Anemia
- Anorexia
- Blood in stool (gross or occult)
- Clubbing
- Dysphagia
- Fever
- Hematochezia
- Hepatomegaly
- Jaundice
- Melena
- Pain that awakens patient

- Persistent nausea and vomiting
- Splenomegaly
- Weight loss

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

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

| Radiology | Commonly ordered blood tests |
|-------------------------------------|--|
| Barium meal | Full blood count Diagnosis of: anaemia, leucocytosis, leukopenia, thrombocytopenia, Thrombocytosis |
| Barium enema | INR/PT/activated partial thromboplastin Time |
| CT colonoscopy | AFP |
| CT angiography of mesenteric artery | Blood film |
| AXR | CRP |
| Abdominal ultrasound | Cancer markers |
| Other tests | Serology for <i>H.Pylori</i> |
| Gastroscopy | Urea, creatinine, electrolytes |
| Colonoscopy | Blood glucose |
| Stool occult blood testing | Liver biochemistry (AST, ALT, γ -GT) |
| Liver elastography | Amylase |
| Stool culture | Antimitochondrial antibodies (primary biliary cirrhosis), Antinuclear antibodies (ANA), anti-smooth muscle antibodies (ASMA), anti-liver-kidney microsome-1 antibodies (ALKM) (autoimmune hepatitis) |
| ERCP | |
| Small bowel capsule endoscopy | |

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

Relevant conditions that may be encountered include:

- Acute abdomen
- Acute and chronic pancreatitis
- Carcinoma of the pancreas
- Carcinoma of the stomach
- Chronic Liver Disease
- Colonic and rectal polyps and neoplasms
- Diverticular disease
- Focal Hepatic lesions
- Functional gastrointestinal disorders
- Gall stones, cholecystitis and cholangiocarcinoma

- Gastrointestinal bleeding
- Gastro-oesophageal reflux and Barrett's oesophagus
- Hepatic failure
- Hepatitis
- Infections and infestations of the gastro-intestinal tract
- Inflammatory bowel disease
- Jaundice
- Malabsorption
- Mesenteric ischaemia or infarction
- Oesophageal cancer
- Peptic ulcer disease

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

Examples of such conditions include:

- Acute cholangitis
- Acute lower gastrointestinal bleeding
- Acute pancreatitis
- Acute upper gastrointestinal bleeding (including Variceal haemorrhage)
- Bowel ischaemia and infarction
- Hepatic encephalopathy
- Hepatic failure
- Ischaemic hepatitis
- Obstructive jaundice
- Perforation of peptic ulcer
- Peritonitis
- Retroperitoneal haemorrhage
- Sepsis
- Severe acute diarrhea
- Severe iron deficiency anaemia
- Severe vomiting
- Spontaneous bacterial peritonitis

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

Examples of procedures to be observed:

- Ascites paracentesis
- Colonoscopy
- ERCP
- Gastroscopy
- Observation during gastrointestinal surgery

Examples of procedures to be performed (under supervision):

- BP measurement
- Drug administration/dilution
- Nasogastric tube placement
- Phlebotomy

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

Key competencies:

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

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

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

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

Course Contents:

| Focused list of conditions and procedures/skills | | | |
|--|--|----|--|
| 1 = Good knowledge of these conditions and corresponding therapeutic options is expected | | | |
| 2 = Some knowledge of these conditions as well as appropriate clinical judgement to seek help is expected | | | |
| 3 = Be aware of the existence of these conditions and know where to refer | | | |
| * Emergency and/or life-threatening conditions. Initiation of management and/or appropriate referral is expected | | | |
| **Procedures which the students must be able to perform | | | |
| ***Procedures/tests which the students should know when to request | | | |
| | Gastroenterology and GI Medicine | | Relevant procedure/skill |
| 1 | Acute lower gastrointestinal bleeding | 1* | **Detect promptly ***Request urgent colonoscopy |
| 2 | Acute upper gastrointestinal bleeding (including Variceal haemorrhage) | 1* | **Detect promptly ***Request urgent endoscopy for binding of varices |
| 3 | Ischaemic hepatitis | 1* | **Detect relevant clinical findings **Phlebotomy for LFTs and INR measurement |

| | | | |
|----|--|----|---|
| 4 | Obstructive jaundice | 1* | **Detect clinical findings ***Request ultrasound examination |
| 5 | Peritonitis | 1* | **Detect relevant clinical findings |
| 6 | Severe acute diarrhea | 1* | **Detect clinical findings **Administration of IV fluids (under direct supervision) |
| 7 | Spontaneous bacterial peritonitis | 1* | **Prescribe antibiotics (to be signed by the attending physician) |
| 8 | Acute gastroenteritis | 1 | **IV fluid administration (to be signed by the attending physician) ***Request stool culture |
| 9 | Gallstone disease | 1 | **Detect relevant clinical findings ***Request abdominal ultrasound |
| 10 | Gastro-oesophageal reflux and Barrett's oesophagus | 1 | **Detect clinical findings **Prescribe PPI (under supervision) ***Request gastroscopy |
| 11 | Hepatic encephalopathy | 1 | **Determine level of encephalopathy |
| 12 | Peptic ulceration | 1 | **Phlebotomy for FBC **Per rectum examination for melena (under supervision) **Prescribe PPI (under supervision) ***Request gastroscopy ***Request H.Pylori testing |
| 13 | Acute pancreatitis | 2* | **Detect relevant clinical findings **ABG **Phlebotomy for amylase **IV fluid administration preparation (under supervision) |
| 14 | Hepatic failure | 2* | **Phlebotomy for LFTs and INR |
| 15 | Oesophageal/stomach/colon cancer | 2* | **Detect clinical findings ***Request endoscopy |
| 16 | Pancreatic cancer | 2* | **Detect red flags ***Request CT scan |

| | | | |
|----|---|----|--|
| 17 | Sepsis | 2* | **Phlebotomy for blood cultures **Prescribe antibiotics (to be signed by attending physician) **Initiate fluid resuscitation under supervision |
| 18 | Cirrhosis | 2 | **Detect relevant clinical findings ***Request liver ultrasonography |
| 19 | Inflammatory bowel disease | 2 | **Detect relevant clinical findings ***Request stool microscopy |
| 20 | Severe iron deficiency anaemia | 2 | **Phlebotomy for ferritin testing ***Request stool occult blood testing |
| 21 | Bowel ischaemia and infarction | 3* | **Detect relevant clinical findings if present ***Request CT angiography of the mesenteric artery |
| 22 | Retroperitoneal haemorrhage | 3* | **Detect relevant clinical findings |
| 23 | Autoimmune hepatitis | 3 | ***Phlebotomy for auto immunity panel |
| 24 | Budd–Chiari syndrome | 3 | ***Request hepatic vein doppler |
| 23 | Fatty liver disease | 3 | ***Request liver ultrasound |
| 25 | Malabsorption | 3 | **Detect relevant clinical findings |
| 26 | Wilson’s disease | 3 | **Detect Kaiser Fleisher ring |
| | GI Surgery | | Relevant procedure/skill |
| | THE ABDOMEN AND ABDOMINAL WALL | | |
| 1 | Peritonitis and the acute abdomen | 1* | Initiate resuscitation and management |
| 2 | Intra-abdominal abscess | 1 | ***Request USS/CT guided drainage |
| 3 | Peritoneal and retroperitoneal tumours | 3 | |
| 4 | Abdominal wall herniae | 1* | ***detect incarcerated herniae and initiate urgent management |
| 5 | Rectus sheath haematoma/ tumours | 1 | |
| | THE OESOPHAGUS | | |
| 6 | Gastro-oesophageal reflux disease | 1 | ***investigation and management of reflux symptoms. |
| 7 | Reflux oesophagitis and Barrett’s oesophagus | 1 | |
| 8 | Hiatus hernia | 1 | |
| 9 | Oesophageal perforation | 1* | |
| 10 | Oesophageal tumours (benign and malignant) and motility disorders | 2 | ***Investigation of dysphagia/ odynophagia |

| | THE STOMACH AND DUODENUM | | |
|----|--|----|---|
| 11 | Peptic ulceration | 1 | |
| 12 | Upper GI bleeding | 1* | *** request urgent upper GI endoscopy |
| 13 | Perforated peptic ulceration | 1* | |
| 14 | Pyloric stenosis, gastric outlet obstruction | 1 | |
| 15 | Peptic ulcer surgery and complications | 1 | |
| 16 | Zollinger- Ellison syndrome | 3 | |
| 17 | Gastric neoplasms (benign and malignant) | 2 | |
| 18 | Gastric volvulus, swallowed foreign bodies, bezoars | 1 | |
| 19 | Duodenal obstruction, diverticulae and trauma | 1 | |
| | THE SMALL AND LARGE INTESTINE | | |
| 20 | Principles of intestinal surgery | 1 | |
| 21 | Small bowel resection and its consequences. Acute intestinal failure | 1 | ***knowledge of short bowel syndrome |
| 22 | Large bowel resection. Post-operative complications | 1* | ***recognise intestinal anastomotic leakage and initiate management |
| 23 | Intestinal stomas | 1 | |
| 24 | Large bowel diverticular disease | 1 | |
| 25 | Acute diverticulitis and complications | 1* | |
| 26 | Crohn's disease. Surgical treatment | 1 | |
| 27 | Ulcerative colitis. Surgical treatment | 1 | |
| 28 | Toxic megacolon | 1* | |
| 29 | Acute intestinal ischaemia | 1* | |
| 30 | Ischaemic colitis | 1* | |
| 31 | Small bowel neoplasms (benign and malignant) | 1 | |
| 32 | Large bowel neoplasms (benign and malignant) | 1 | |
| 33 | Acute appendicitis | 1* | |
| 34 | Acute intestinal obstruction | 1* | ***Initiate resuscitation and management |
| 35 | Paralytic ileus | 1 | |
| 36 | Colonic pseudo-obstruction | 1 | |
| | ANORECTAL CONDITIONS | | |
| 37 | Anal incontinence | 2 | |
| 38 | Haemorrhoids | 1 | |
| 39 | Perianal haematoma | 1 | |

| | | | |
|----|--|----|--|
| 40 | Anal fissure | 1 | ***investigation and treatment of acute anal pain. Need for examination under general anaesthesia. |
| 41 | Acute ano-rectal abscess | 1* | ***need for urgent incision and drainage |
| 42 | Anal fistula | 2 | |
| 43 | Rectal prolapse | 2 | |
| 44 | Pruritus ani | 1 | |
| 45 | Anal neoplasms | 2 | |
| 46 | Pilonidal sinus. Pilonidal abscess | 1 | |
| | THE LIVER AND BILIARY TREE | | |
| 47 | Obstructive jaundice | 1 | |
| 48 | Liver trauma | 1 | |
| 49 | Congenital biliary abnormalities | 3 | |
| 50 | Hepatic infections and infestations. Hydatid disease | 3 | |
| 51 | Hepatic tumours. Benign. Primary hepatic. Metastatic. | 2 | |
| 52 | Gallstones | 1 | |
| 53 | Complications of laparoscopic cholecystectomy | 1 | |
| 54 | Tumours of the biliary tree | 2 | |
| | THE PANCREAS | | |
| 55 | Congenital disorders of the pancreas | 3 | |
| 56 | Acute pancreatitis | 1* | |
| 57 | Chronic pancreatitis | 1 | |
| 58 | Neoplasms of the exocrine pancreas | 1 | |
| 59 | Neoplasms of the endocrine pancreas | 3 | |
| | THE SPLEEN | | |
| 60 | Indications for splenectomy | 1 | |
| 61 | Splenomegaly and hypersplenism. Causes | 1 | |
| 62 | Cysts of the spleen | 3 | |
| 63 | Splenic artery aneurysms | 2 | |
| 64 | Splenectomy. Pre-operative preparation. Post-operative complications | 1 | |

Lecture List (Uploaded to Moodle):

Chronic diarrhoea
Gallstone disease
Large and small bowel
Liver and Pancreas
Gastrointestinal bleeding
Functional bowel disorder

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-503 Gastroenterology and GI Surgery course/ clinical rotation

- 1) Describe how to prescribe drugs/medications for patients suffering from gastro-enteral and hepatic disorders.
- 2) Describe how to prescribe in patients with impaired hepatic function.

Learning Activities and Teaching Methods:

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

Assessment Methods:

End of Year Exams (EYEs) and OSCE.

Recommended Textbooks/Reading:

| Authors | Title | Publisher | Year | ISBN |
|--|---|--------------------------------|-------------|----------------|
| Logan, R, Harris, A, Misiewicz, J & Baron, J | ABC of the Upper Gastrointestinal Tract | BMJ Books | 2002 | 978-0727912664 |
| Smith, Margaret E & Morton, Dion G. | Digestive system: basic science and clinical conditions, 2 nd ed. | Churchill/ Livingstone | 2010 | 978-0702033674 |
| Emory, T (ed.) | Atlas of Gastrointestinal Endoscopy and Endoscopic Biopsies | American Registry of Pathology | 2000 | 978-1881041641 |
| Garden O. J and Parks R.W. | Principles and practice of Surgery, 8 th ed. | Elsevier | 2022 | 978-0702082511 |
| McLatchie, Greg | Oxford Handbook of Clinical Surgery, 5 th ed. | Oxford University Press | 2022 | 978-0198799481 |
| Essential Surgery: Problems, Diagnosis and Management | Clive Quick and George Burkitt 6 th ed. | Churchill Livingstone | 2019 | 978-0702076312 |
| Browse's Introduction to the Symptoms & Signs of Surgical Diseases | James A. Gossage, Matthew F. Bultitude, Steven A. Corbett, Katherine M. Burnand, Rajiv Lahiri 6 th ed. | CRC Press | 2021 | 978-1138330085 |

E-book resources for MD YR 5 Clinical Placements:

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

3. MED-503 Gastroenterology and GI Surgery course/ Clinical Rotation Requirements

Please take note of the following assessments that students will need to complete and submit via 'MyProgress Health', no later than one week after the completion of the MED-503 Gastroenterology/ GI Surgery course/ clinical rotation. You must also cross-reference the above with the Year 5 DAP assessment domain handbook, which takes precedence to any other handbook.

Required DAP Assessments

| |
|---|
| 1 x Clinical Placement and Professionalism Certificate (CPPC) |
| 2 x Mini Clinical Education Exercise (Mini-CEx) |
| 2 x Case Based Discussion (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-503 Gastroenterology and GI Surgery course/clinical rotation. You also need to ensure that you have completed the online feedback survey and submit evidence of this via E-mail to the DAP administrator

Logbook

The logbook should be completed on a daily basis and submitted at the end of your course/ clinical rotation by uploaded on 'MyProgress Health'.

Attachment sign-off process

PLEASE NOTE: It is your responsibility to ensure that your tutor completes your Clinical Practice Portfolio Certificate (CPPC) as well as WPBA forms for you.

You should follow these steps:

- You should contact your Clinical Lead in advance to agree a mutually convenient date to conduct the completion and sign-off of the **CLINICAL PLACEMENT & PROFESSIONALISM CERTIFICATE (CPPC)** using the final week of your attachment. It may take around 15-20 minutes so please bear that in mind when arranging a suitable time slot. You should check in advance if the Clinical Lead will be absent at any time towards the end of the attachment.
- Your CPPC must be completed by the relevant tutor/lead clinician no later than one week after the completion of the attachment (recommended to be completed by the last day of

the clinical attachment). Your tutor will be able to access all the WPBAs you have completed on your device during the attachment as well as your logbooks and other evidence of your attendance.

- If you have not been told who will be signing you off you should contact your local administrator for guidance.
- Attend the meeting with your clinical tutor and bring your device to present all required WPBA forms and logbooks, as well as any other evidence of your attendance.
- It is your responsibility to ensure that the CPPC certificate and all WPBA forms are properly completed prior to their submission. In addition, you are required to use your logbooks to record activities and attendance and ask for a signature from your supervisor prior to submitting these.

DON'T FORGET:

- You should use the diaries to record activities and attendance and ask for a signature from supervising Consultant or Registrar each week. If you are using your tablet for daily electronic sign-off please make sure the signature of the Assessor is clear as it would have been on paper.
- You need to achieve submission of all assessment forms and attendance logbook/diaries via 'MyProgress Health' within one week of completing an attachment. If you are using the 'E-mail to Assessor to complete later' function it is your responsibility to chase up the clinician and have your WPBAs completed and submitted by the deadline. **If you anticipate any delays please always inform the DAP administrator. No communication and late submissions are considered serious and recorded under Professional Behaviour of the DAP domain.**
- You must check that all section of WPBA forms have been completed appropriately and fully before you submit. Otherwise, your forms will not be accepted by the system.
- If you are marked with a 'Fail' on the CPPC form for any of the elements, the assessor must give specific detailed feedback explaining reasons for the grade. Feedback should be focused and specific. In such cases or in cases where you fail to complete the required number of WPBAs, you will normally be required to redo part or the whole of the course/clinical rotation (after discussion with your local DAP Domain Lead). **Once remediation is complete a new CPPC form needs to be completed and signed off by the Clinical Lead or the remediation supervisor or the remediation supervisor along with a new Logbook that shows remediation dates.**
- Check that your course/clinical rotation specific and floating WPBAs have been supervised and signed off by the correct assessor level. If you are unsure, please check before you undertake the WPBA to avoid your forms being rejected and having to return to your placement to repeat the WPBA with the correct assessor.
- Ensure you have completed the online feedback survey and submit evidence of this via E-mail to the DAP administrator.



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

Your clinical site administrator is here to help!

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

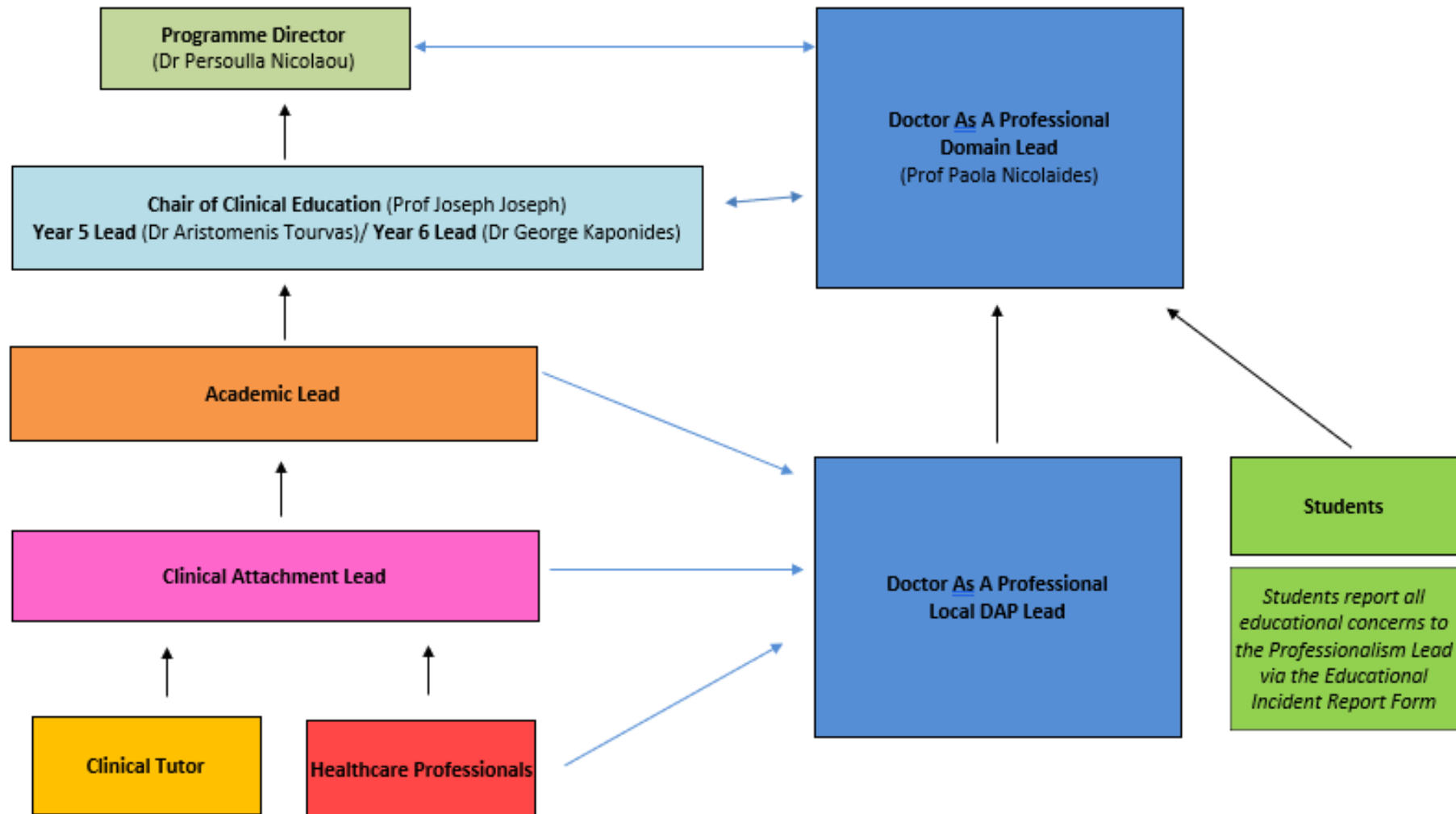


In case of illness or absence

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

4. Reporting Structures

Reporting Structure: Clinical Placements Educational & Professionalism Issues



Reporting Structure: Clinical Attachments Patient and Student Safety Issues

