



UNIVERSITY | MEDICAL  
*of* NICOSIA | SCHOOL

**MED-504**  
**Nephrology, Urology and Transplant  
Surgery Handbook**  
**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

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The MED-504 Nephrology, Urology and Transplant 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 renal and urological 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 Nephrology, Urology and Transplant 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 Polys Polycarpou  
Dr Savvas Omorphos

**Course Co-Leads Nephrology, Urology and Transplant Surgery Course**

## 2. MED-504 Nephrology, Urology and Transplant Surgery Course/ Clinical rotation Course Outline

|   |   |  |
|---|---|--|
| <b>Course Code</b><br>MED-504           | <b>Course Title</b><br>Nephrology, Urology<br>and Transplant<br>Surgery | <b>ECTS Credits</b><br>6   |
| <b>School</b><br>Medical School         | <b>Semester</b><br>Fall (Semester 9)                                    | <b>Prerequisites</b><br>None   |
| <b>Type of Course</b><br>Required       | <b>Field</b><br>Medicine  | <b>Language of Instruction</b><br>English                            |
| <b>Level of Course</b><br>Undergraduate | <b>Year of Study</b><br>5 <sup>th</sup>                                 | <b>Course Co-Leads:</b><br>Dr Polys Polycarpou<br>Dr Savvas Omorphos |
| <b>Mode of Delivery</b><br>Face-to-face | <b>Clinical Placement</b><br>in<br>Hospitals                            | <b>Co-requisites</b><br>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 renal and urological disorders. They will develop an understanding of the presentation, signs and symptoms, physical examination findings, investigations, diagnosis, treatment (medical and/or surgical, including transplant surgery, as appropriate) and management plan for common renal and urological 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 kidneys and urological system. The students will gain a basic understanding of the application and type of information to be obtained from different methods for investigating kidney and urological disorders. They will also spend time in theatre observing renal, urological and transplant 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 centred 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 assessment including:

- Full medical history.
- Focused renal and urologic history.
- Take a focused STD history.
- Provide information to patients regarding the prevention of STDs.
- Genitourinary examination.
- Detect a positive Giordano sign.
- Auscultate and detect renal bruits.
- Recognize hematuria.
- Recognize pyuria.
- Monitor clinically patients post operatively.
- Recognize clinically early signs of sepsis in the immunocompromised organ recipient.

#### Clinical learning objective 3: Formulate appropriate differential diagnoses.

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

## Nephrology and Urology

- Anuria
- Ballotable kidneys
- Dysuria
- Flank pain
- Generalised edema
- Hematuria
- Oliguria
- Polyuria
- Purulent discharge
- Uremic symptoms
- Weight loss

**Transplant Medicine**

- Acute organ dysfunction
- Fever

**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:

| <b>Radiology</b>                       | <b>Commonly ordered blood tests</b>   |
|--|---|
| Cystourethrogram                       | Full blood count<br>Diagnosis of: anaemia, leucocytosis, leukopenia, thrombocytopenia, Thrombocytosis |
| Ultrasound of kidneys/bladder/prostate | INR/PT/activated partial thromboplastin Time  |
| Doppler of the renal arteries          | Direct microscopy   |
| Ultrasound vs CT                       | ABG   |
| <b>Other tests</b>                     | Urea, creatinine  |
| Cystoscopy                             | Blood glucose   |
| Renal biopsy                           | Autoimmunity panel  |
| Urinalysis, Microscopy, cytology       | CRP   |
| Blood and urine cultures               | PSA   |
| 24 hour urine protein measurement      | Electrolytes  |

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

Relevant conditions that may be encountered include:

**Nephrology**

- Acidosis and alkalosis
- Acute renal failure
- Chronic renal failure
- Developmental abnormalities including: Renal Agenesis, Unilateral Kidney, Pelvic Kidney, Horseshoe Kidney, Multiple Ureters, Misplaced ureters, Polycystic Kidneys
- Diabetic nephropathy
- Glomerular disease
- Haematuria
- Haemodialysis, peritoneal dialysis
- Hyponatraemia, Hypernatraemia, Hypokalaemia, Hyperkalaemia
- Nephrotic syndrome
- Polycystic kidney disease
- Pyelonephritis
- Renal artery stenosis
- Renal stones
- Uraemia
- Urinary tract infection
- Urinary tract stones

**Urology**

- Benign prostatic hypertrophy
- Bladder carcinoma
- Chronic urinary retention
- Epididymal cysts, Epididymo-orchitis
- Hydrocele and Varicocele of the testis
- Penile carcinoma
- Prostate cancer
- Reflux nephropathy
- Renal cell carcinoma
- Testicular tumours
- Ureteric obstruction

**Transplant Medicine**

- Acute transplant rejection
- Chronic transplant rejection
- Diagnosis and management of surgical complications
- Hyper-acute transplant rejection
- Immunosuppression related sepsis
- Liver transplantation
- Renal transplantation
- Other immunosuppression related side effects

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

Examples of such conditions include:

- Severe Hyponatraemia, Hypernatraemia, Hypokalaemia, Hyperkalaemia
- Acute Kidney Injury
- Acute renal failure
- Acute urinary retention
- Paraphimosis
- Pyelonephritis
- Renal colic
- Sepsis
- Severe acidosis/alkalosis
- Testicular torsion
- Transplant rejection
- Uremia

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

Examples of procedures to be observed:

- Cystoscopy
- Hemodialysis
- Laparoscopic surgeries
- Peritoneal dialysis
- Renal and urological surgeries
- Renal biopsy
- Renal ultrasound

Examples of procedures to be performed (under supervision):

- ABG
- BP measurement
- Dipstick urine test
- Phlebotomy
- Urinary catheterization

**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 drug preparation by the nurses/physicians.
- Administration (under supervision) IM/SC medications.

- Familiarisation 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  |   |    |   |
|---|---|----|---|
| <b>1 = Good knowledge of these conditions and corresponding therapeutic options is expected</b>                         |   |    |   |
| <b>2 = Some knowledge of these conditions as well as appropriate clinical judgement to seek help is expected</b>        |   |    |   |
| <b>3 = Be aware of the existence of these conditions and know where to refer</b>  |   |    |   |
| <b>* Emergency and/or life-threatening conditions. Initiation of management and/or appropriate referral is expected</b> |   |    |   |
| <b>**Procedures which the students must be able to perform</b>  |   |    |   |
| <b>***Procedures/tests which the students should know when to request</b>   |   |    |   |
|   | Nephrology  |    | Relevant procedure/skill  |
| 1   | Acute renal failure   | 1* | **Phlebotomy for creatinine, urea, electrolytes/ creatinine<br>**Recognize AKI findings   |
| 2   | Pyelonephritis  | 1* | **Perform Urine dipstick test<br>**Detect clinical finding indicating sepsis<br>**Prescribe antibiotics (to be signed by the attending physician) |
| 3   | Sepsis in the immunocompromised                                   | 1* | **Phlebotomy for CRP, FBC<br>**Take blood cultures  |
| 4   | Severe Hyponatraemia, Hypernatraemia, Hypokalaemia, Hyperkalaemia | 1* | **Phlebotomy for electrolyte measurement  |
| 5   | Diabetic nephropathy  | 1  | **Perform urine dipstick test<br>**Request 24-hour protein urine measurement  |
| 6   | Urinary tract infection   | 1  | **Perform urine dipstick test<br>**Prescribe antibiotics (to be signed by the attending physician)  |
| 7   | Severe acidosis/alkalosis   | 2* | **Perform ABG   |
| 8   | Uremia  | 2* | **Detect clinical findings<br>**Phlebotomy for biochemistry   |
| 9   | Chronic renal failure   | 2  | **Phlebotomy for electrolytes/ creatinine   |

|                |  |    |  |
|----------------|--|----|--|
| 10             | Haematuria   | 2  | **Detect clinically<br>**Perform urine dipstick test   |
| 11             | Nephrotic syndrome   | 2  | **Request 24-hour protein urine measurement<br>**Recognize peripheral edema  |
| 12             | Renal artery stenosis  | 2  | **Detect relevant renal artery bruit<br>***Request renal artery doppler  |
| 13             | Developmental abnormalities including: Renal Agenesis, Unilateral Kidney, Pelvic Kidney, Horseshoe Kidney, Multiple Ureters, Misplaced ureters, Polycystic Kidneys | 3  | N/A  |
| 14             | Polycystic kidney disease  | 3  | ***Request kidney ultrasound   |
| <b>Urology</b> |  |    |  |
| 15             | Acute urinary retention  | 1* | **Detect relevant clinical findings<br>**Perform urinary catheterization under direct supervision<br>***Request renal ultrasound |
| 16             | Paraphimosis   | 1* | **Detect relevant clinical findings  |
| 17             | Testicular torsion   | 1* | **Detect relevant clinical findings<br>***Request testicular ultrasound  |
| 18             | Benign prostatic hypertrophy   | 1  | **Detect relevant clinical signs<br>**Perform per rectum examination under direct supervision                                    |
| 19             | Renal colic  | 1  | **Detect relevant clinical findings<br>***Request renal ultrasound   |
| 20             | Bladder carcinoma  | 2* | **Detect relevant clinical signs<br>***Request bladder ultrasound  |
| 21             | Renal cell carcinoma   | 2* | **Detect relevant clinical signs<br>***Request renal ultrasound  |

|                            |   |    |   |
|----------------------------|---|----|---|
| 22                         | Prostate cancer                                     | 2  | **Detect relevant clinical signs<br>**Perform per rectum examination under direct supervision |
| 23                         | Epididymal cysts, Epididymo-orchitis                | 3  | **Detect relevant clinical signs  |
| 24                         | Hydrocele and Varicocele of the testis              | 3  | **Detect relevant clinical signs  |
| 25                         | Penile carcinoma                                    | 3  | N/A   |
| 26                         | Reflux nephropathy                                  | 3  | N/A   |
| <b>Transplant Medicine</b> |   |    |   |
| 27                         | Immunosuppression related sepsis                    | 2* | **Take blood cultures<br>**Prescribe antibiotics (to be signed by attending physician)        |
| 28                         | Hyper-acute, acute and chronic transplant rejection | 3* | **Detect relevant clinical and laboratory findings  |
| 29                         | Lymphocele  | 3* | N/A   |
| 30                         | Peri-transplant hematoma                            | 3* | ***Request CT abdomen scan  |
| 31                         | Vascular thrombosis and stenosis                    | 3* | N/A   |

**Lecture List:**

|   |
|---|
| <b>Nephrology</b>   |
| Renal - Acute Kidney Injury - Presentation and Management |
| Chronic Kidney Disease: Diagnosis and Management          |
| Hyponatraemia & Hyperkalaemia                             |
| Acid Base Balance   |
| Advanced Acid Base Balance                                |
| Fluid Balance   |
| Hypercalcaemia  |
| Nephrology in clinical practice                           |
| <b>Urology</b>  |
| Stone disease   |
| Urinary tract infection                                   |
| Functional Urology  |
| Bladder Cancer  |
| Renal Cancer  |
| Prostate Cancer   |
| Testicular Cancer   |

|   |
|---|
| <b>Transplant Surgery</b>                         |
| Kidney transplant                                 |
| Medical complications of the transplanted patient |
| Renal Graft Dysfunction                           |

**Pharmacology Learning Objectives:**

|   |
|---|
| <p><b>General Pharmacology learning objectives for Year 5:</b></p> <ol style="list-style-type: none"> <li>1. Define prescribing</li> <li>2. Describe how to use hospital charts</li> <li>3. Define national formularies and describe how to use them (emphasise on BNF)</li> <li>4. Describe students' formulary and its use</li> <li>5. Describe principles of safe and effective prescribing</li> <li>6. Define therapeutic drug monitoring and describe drugs whose levels are monitored</li> <li>7. Describe principles of prescribing at hospital admission</li> <li>8. Describe principles of prescribing on call in the hospital</li> <li>9. Describe principles of prescribing at hospital discharge</li> <li>10. Describe principles of IV fluids prescribing</li> </ol> <p><b>Learning objectives for MED-504 Nephrology, Urology and Transplant Surgery course/ clinical rotation</b></p> <ol style="list-style-type: none"> <li>1. Describe how to prescribe drugs/medications for patients suffering from kidney and genito-urinal disorders</li> <li>2. Describe how to prescribe in patients with impaired renal function</li> </ol> |
|---|

**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                                    |
|--|--|---------------------------------|------|---|
| Field, Michael J.  | The renal system: basic science and clinical conditions, 3 <sup>rd</sup> ed. | Churchill Livingstone Elsevier, | 2022 | 9780702082924                           |
| Brenner, Barry M & Rector, Floyd C                               | Brenner & Rector's The kidney, 11 <sup>th</sup> ed.                          | Saunders                        | 2019 | 9780323532655                           |
| Garden O. J and Parks R.W.                                       | Principles and practice of Surgery, 7 <sup>th</sup> ed.                      | Elsevier                        | 2017 | 9780702068591                           |
| McLatchie, Greg  | Oxford Handbook of Clinical Surgery, 5 <sup>th</sup> ed.                     | Oxford University Press         | 2022 | 9780198799481<br><a href="#">E-book</a> |
| John Reynard, Simon F. Brewster, Suzanne Biers, Naomi Laura Neal | Oxford Handbook of Urology, 4 <sup>th</sup> ed.                              | Oxford University Press         | 2019 | 9780198783480<br><a href="#">E-book</a> |

**E-book resources for MD YR 5 Clinical Placements:**

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

### 3. MED-504 Nephrology, Urology and Transplant Surgery Course/ Clinical rotation Requirements

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Please take note of the following assessments that students will need to complete and submit via 'MyProgress Health', , no later than one week after the completion of the MED-504 Nephrology, Urology and Transplant Medicine 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

|  |
|--|
| <b>1 x Clinical Placement and Professionalism Certificate (CPPC)</b>   |
| <b>2 x Mini Clinical Education Exercise (Mini-CEX) - 1 Nephrology + 1 Urology</b>                            |
| <b>2 x Case Based Discussion (CBD) - 1 Nephrology + 1 Urology</b>  |
| <b>Daily Attendance Logook (submitted via 'MyProgress Health' by uploading the attendance weekly sheets)</b> |
| <b>1 x Learning Outcomes Record (LOR)</b>  |
| <b>Evidence of completing online student feedback survey</b>   |

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

Submit the above forms together with any floating WPBAs completed during the MED-504 Nephrology, Urology and Transplant Medicine 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!

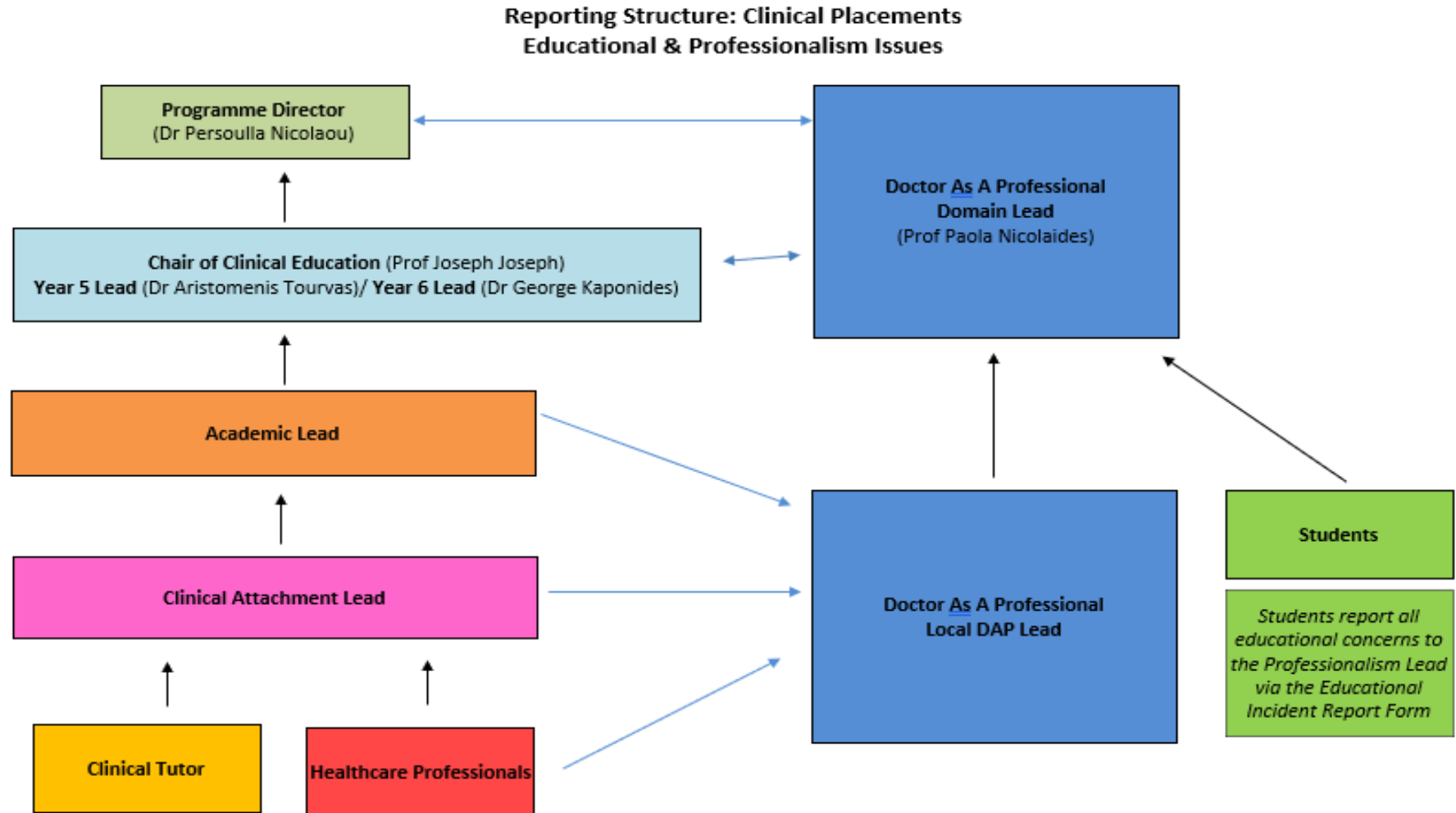
If you are unclear or unsure about any aspect of the DAP Domain please ask your clinical site administrator



**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 Attachments  
Patient and Student Safety Issues**

