



UNIVERSITY | MEDICAL  
*of* NICOSIA | SCHOOL

**MED-509**  
**Obstetrics and Gynaecology**  
**Course 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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Dear Students,

The MED-509 Obstetrics and Gynaecology clinical course/ clinical rotation aims to teach students the anatomy and physiology of female reproductive organs, the fundamentals for normal and abnormal labour, as well as the most frequent pathologies in gynaecology.

This is a structured and well organised training program that ensures adequate exposure to the diagnostic and therapeutic approaches. The first 2 days of the course, consist of lectures with targeted learning objectives, aiming to provide all necessary theoretical knowledge, essential for better understanding of the clinical placements that will follow. Rotations in the departments of outpatient clinics, ultrasound, labour and operating rooms will provide the opportunity to take history and examine patients, to investigate for signs and symptoms, to revise anatomy and physiology. In addition, you will be challenged to make a diagnosis and propose management of the cases.

Your active contribution is imperative to gain the maximum of this clinical training; to develop the necessary clinical skills for the correct diagnosis and treatment of ObGyn patients. Do not hesitate to spend some extra hours in the labour room to follow a woman in labour, to observe a delivery or to see the final steps of a minimal invasive surgery. I strongly advise you during your home study to review the cases you examined in the morning in the hospital and ask questions where necessary. Try to be creative and efficient. Your questions, comments and interest will inspire and challenge your tutors to be more interactive and devote more time discussing and demonstrating interesting cases.

I am ready to assist you with any questions you may have. You will also have the opportunity to ask questions and discuss about your training at the beginning, middle and end of your ObGyn attachment.

I wish you all a fruitful and exciting rotation in ObGyn with lots of experiences.

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## 2. MED-509 Obstetrics and Gynaecology course/ Clinical rotation Course Outline

<b>Course Code</b> MED-509	<b>Course Title</b> Obstetrics and Gynaecology	<b>ECTS Credits</b> 6
<b>School</b> Medical School	<b>Semester</b> Spring (Semester 10)	<b>Prerequisites</b> None
<b>Type of Course</b> Required	<b>Field</b> Medicine	<b>Language of Instruction</b> English
<b>Level of Course</b> Undergraduate	<b>Year of Study</b> 5 <sup>th</sup>	<b>Course Lead:</b> Dr Vasilios Tanos
<b>Mode of Delivery</b> Face-to-face	<b>Clinical Placement in Hospitals</b>	<b>Co-requisites</b> 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 women of all ages, and, particularly during pregnancy, labour and birth, with their families. They will develop an understanding of the presentation, signs and symptoms, physical examination findings, investigations, diagnosis, treatment (medical, pharmacological and surgical) and management plan for straightforward and abnormal obstetric and gynaecological conditions.

The course introduces the students to key processes in human procreation and development. They will follow normal and abnormal pregnancies, from conception to delivery and will encounter, and learn how to deal with, common obstetric problems, including emergencies. Students will also acquire an understanding of all aspects of health and illness relating to women from childhood to old age and will identify common problems related to the female reproductive system and describe their management.

### 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 (**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:

**Gynaecology**

- Full medical history
- Focused gynaecological history
- Perform Gynecological examination
- Inform patient about HPV vaccination
- Inform patient about Sexually transmitted infections
- Perform cytological smear sampling under supervision.

**Obstetrics**

- Full medical history
- Take focused Obstetric History
- Perform obstetric abdominal examination
- Perform pelvic examination
- Monitor clinically antenatal patients
- Educate patients about skin cancer prevention (exposure to sun) an early detection
- Management of Covid-19 infection in pregnancy and delivery

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

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

**Gynaecology**

- Abdominal / pelvic pain
- Abnormal vaginal discharge
- Abdominal distension
- Urinary symptoms
- Vaginal bleeding – menorrhagia
- Vulval itching / discomfort

## Obstetrics

- Abdominal pain
- Contractions
- Dysuria
- Fever and vomiting
- Vaginal Bleeding

### 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
Pregnancy ultrasound (+nuchal translucency measurement)	Full blood count Diagnosis of: anaemia, leucocytosis, eosinophilia, leukopenia, thrombocytopenia, Thrombocytosis
MRI scans for specific pathology	Human chorionic gonadotropin (hCG)
CT scans in non-pregnant women	INR, PT, Aptt
<b>Other tests</b>	Urea, creatinine, LFTs
<i>Hysteroscopy</i>	Pregnancy associated plasma protein A
Laparoscopic surgery	Electrolytes
Pap test	Prenatal Lab tests (ABO and Rh Antibody screen, HIV, HBV, HCV, Rubella antibody, Covid -19, urine analysis)

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

Relevant conditions that may be encountered include:

#### Gynaecology

- Ambiguous genitalia
- Amenorrhoea, oligomenorrhoea, menorrhagia, dysmenorrhea
- Climacteric and Menopause disorders
- Dysfunctional uterine bleeding (DUB)
- Fertility and sub-fertility, IVF
- Genital Tract Infection
- Gynaecological Oncology and screening
- Intermenstrual (IMB) and post coital bleeding (PCB)
- Menstruation and menstrual disorders
- Pelvic organ prolapse
- Pelvic Pain and Dyspareunia
- Polycystic Ovarian Syndrome (PCOS) and hirsutism
- Postmenopausal disorders
- Prepubertal and congenital gynecological disorders
- Pubertal disorders
- Sexually transmitted infections

- Urinary incontinence

### **Obstetrics**

- Gestational diabetes
- Pre-eclampsia
- Intrauterine pregnancy
- Hyperemesis gravidarum
- Miscarriage
- Ectopic pregnancy
- Hydatidiform mole & choriocarcinoma
- Postpartum haemorrhage
- Cord prolapse
- Shoulder dystocia

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

Examples of such conditions include:

#### **Gynaecology**

- Acute Pelvic Inflammatory Disease
- Adnexal Masses
- Menorrhagia
- Rupture of Ovarian Cyst
- Torsion of Ovarian Cyst
- Tubo-ovarian Abscess

#### **Obstetrics**

- Amniotic fluid embolism
- Ectopic pregnancy
- Miscarriage
- Placenta accreta
- Placenta previa
- Placental abruption
- Pre-eclampsia and eclampsia
- Premature rupture of membranes
- Prolapsed umbilical cord
- Rupture of the uterus
- Shoulder dystocia

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

**Examples of procedures to be observed:**

- Cardiotocography
- Hysteroscopy
- Labor
- Observe Caesarean section
- Observe gynecological surgeries (vaginal, laparotomies and Laparoscopies)
- Ultrasound examinations (obstetrical and gynaecological)

**Examples of procedures to be performed (under supervision):**

- Bimanual examination
- BP measurement
- Phlebotomy
- Smear for cytology
- Speculum examination

**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 of (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 pregnancy categorization of the medications according to their safety for the fetus (Categories A, B, C, D).

**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>			
	Gynecology		Relevant procedure/skill
1	Acute Pelvic Inflammatory Disease	1	**Detect clinical findings **Phlebotomy for CRP **Prescribe antibiotics (to be signed by the attending physician)
2	Pelvic organ prolapse	1	**Perform gynecological examination

3	Rupture of Ovarian Cyst	1	**Detect clinical findings
4	Adnexal Masses	2	**Detect jaundice and signs of cirrhosis ***Request pelvic ultrasound
5	Climacteric and Menopause disorders	2	N/A
6	Fertility and sub-fertility, IVF	2	N/A
7	Polycystic Ovarian Syndrome (PCOS) and hirsutism	2	**Detect characteristic clinical signs
8	Uterine and Cervical cancer	2	**Detect relevant clinical signs ***Request CT scan of pelvis/abdomen
9	Menorrhagia	3	**Phlebotomy for FBC and clotting parameters
10	Postmenopausal disorders	3	** Detect characteristic clinical signs
11	Torsion of Ovarian Cyst	3	**Detect relevant clinical findings
12	Tubo-ovarian Abscess	3	**Detect clinical findings **Phlebotomy for CRP **Prescribe antibiotics (to be signed by the attending physician)
<b>Obstetrics</b>			
13	Ectopic pregnancy	1*	**Perform gynecological examination **Phlebotomy for Human chorionic gonadotropin (hCG) ***Request ultrasonographic examination
14	Miscarriage	1*	**Perform gynecological examination **Phlebotomy for Human chorionic gonadotropin (hCG) ***Request ultrasonographic examination
15	Placental abruption	1*	**Perform gynecological examination ***Request ultrasonographic examination
16	Pre-eclampsia and eclampsia	1*	**Measure blood pressure **Perform urine dipstick test for pre-eclampsia/eclampsia related proteinuria
17	Gestational diabetes	1	**Measure capillary glucose
18	Placenta previa	2*	**Perform gynecological examination

			***Request ultrasonographic examination
19	Premature rupture of membranes	2*	**Detect relevant clinical signs
20	Shoulder dystocia	2	N/A
21	Amniotic fluid embolism	3*	**Detect relevant clinical findings
22	Rupture of the uterus	3*	**Detect the characteristic findings
23	Placenta accrete	3	**Detect relevant clinical findings
24	Prolapsed umbilical cord	3	**Detect relevant clinical findings

**Lecture list:**

<p><b>The External Female Genital Organs (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>Describe and focus on functionality and clinical implications of the mons pubis, labia majora, labia minora, clitoris, vestibule, vagina and perineum.</li> </ul>
<p><b>The Internal Female Genital Organs (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>Explain the functions and surgical anatomy of the uterus, uterine cervix, body of the uterus, oviducts and ovaries.</li> <li>Describe the importance of Embryological Remnants, e.g. ovarian dermoid cysts etc.</li> </ul>
<p><b>The structure and function of the Bony Pelvis (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>Demonstrate pelvis anatomy, pelvic joints, planes and diameter of the pelvis, pelvic shapes, pelvic dimensions and clinical implications.</li> </ul>
<p><b>Normal Menstrual Bleeding (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>Explain the physiological mechanisms of ovarian function and steroid hormones during folliculogenesis.</li> </ul>
<p><b>Physiological mechanisms, endometrial effect and implantation (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>Describe the mechanism of embryo formation in the ampulla, tubal transportation and endometrial implantation.</li> </ul>
<p><b>Menstrual disorders (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>Present the terms describing abnormalities of menstrual bleeding.</li> <li>Explain the pathophysiology of anovulatory bleeding and elaborate on differential diagnosis of Abnormal Uterine Bleeding (AUB).</li> <li>Describe the benign conditions causing menstrual disorders like coagulopathies, endocrine disorders, endometritis - infections, polyps, myomas.</li> <li>Describe the malignant conditions that cause AUB such as endometrial hyperplasia and cancer, cervical cancer and ovarian cancer.</li> </ul>
<p><b>Early pregnancy loss (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>Describe and explain the clinical importance of the different types of miscarriages, e.g. Threatened, Inevitable, Incomplete, Complete Missed, repeated Pregnancy Loss.</li> </ul>

<p><b>Ectopic pregnancy (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>• Present and discuss the diagnosis and management of Tubal, Cornual and Cervical pregnancies and explain how these may be life threatening conditions and medical emergencies.</li> </ul>
<p><b>Abdominal pain: Differential Diagnosis and management (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>• Explain Endometriosis, Adenomyosis, Corpus luteum ruptured, ovarian cyst torsion and Myoma as conditions causing severe abdominal pain.</li> <li>• Describe adolescent endometriosis and outline preventive measures.</li> </ul>
<p><b>Gynaecological malignancies (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>• Present Cervical, Endometrial and Ovarian cancer and focus on prevention, early diagnosis, management and fertility preservation.</li> <li>• Describe the importance of HPV and the role of vaccination in teenage females.</li> </ul>
<p><b>Cord prolapse and shoulder dystocia (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>• Explain how Shoulder dystocia can be predicted and how management prevention can be applied.</li> <li>• Describe the risk factors and the Maternal and Fetal consequences (Branchial plexus injury, Clavicular fracture).</li> </ul>
<p><b>Normal Labour mechanisms - Part 1 (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>• Describe the mechanisms of normal labour and parturition.</li> <li>• Observe normal labour and delivery, explain the importance of the partogram, CTG, PV examinations and amniotomy.</li> </ul>
<p><b>Normal Labour: Intrapartum assessment - Part 2 (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>• Describe Intrapartum assessment.</li> <li>• Explain about Analgesia and Anaesthesia and the puerperium.</li> </ul>
<p><b>Abnormal labour: fetopelvic disproportion - Part 1 (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>• Describe abnormal labour and fetopelvic disproportion – Dystocia.</li> <li>• Explain Dystocia due to abnormal presentation, position and development of the fetus.</li> <li>• Elaborate on Induction and augmentation of labour.</li> </ul>
<p><b>Abnormal labour: Instrumental delivery and Caesarean Section - Part 2 (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>• Describe when Forceps delivery and Vacuum extraction are indicated.</li> <li>• Present the management dilemma of a Breech presentation and delivery.</li> <li>• Explain when Caesarean section and post-partum hysterectomy are indicated.</li> </ul>
<p><b>Obstetric complications: Preterm delivery and hypertensive disorders - Part 1 (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>• Explain the causes, diagnosis and management of Hypertensive Disorders in pregnancy.</li> <li>• Describe Foetal growth disorders and Preterm birth.</li> </ul>

<p><b>Obstetric complications GDM and obstetrical haemorrhage - Part 2 (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>• Explain the epidemiological factors triggering GDM.</li> <li>• Describe the complications before, during and after labour of GDM.</li> </ul>
<p><b>Obstetric complications: Post term pregnancy, Twin pregnancy and delivery - Part 3 (Recording)</b></p> <p><b>Lobs:</b></p> <ul style="list-style-type: none"> <li>• Describe the abnormalities of the fetal membranes and amniotic fluid, puerperal infections and diseases and abnormalities of the placenta.</li> </ul>

**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-509 Obstetrics and Gynaecology course/ clinical rotation</b></p> <ol style="list-style-type: none"> <li>1) Describe how to prescribe drugs/medications for patients requiring help from obstetrician and/or gynaecologist.</li> <li>2) Describe how to prescribe in pregnancy.</li> </ol>
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**Learning Activities and Teaching Methods:**

<p>The course is delivered by clinical placements, lectures, tutorials, case studies and group discussions.</p>
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**Assessment Methods:**

<p>End of Year Exams (EYEs) and OSCE.</p>
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**Recommended Textbooks/Reading:**

Authors	Title	Publisher	Year	ISBN/ E-Book
Hanretty, K	Obstetrics Illustrated, 7 <sup>th</sup> ed.	Churchill Livingstone	2010	9780702030666
Symonds, I.M. & Arulkumaran, S	Essential Obstetrics and Gynaecology, 6 <sup>th</sup> ed.	Churchill Livingstone	2019	9780702076381
Impey L et al. (eds.)	Oxford handbook of Obstetrics and Gynaecology, 3 <sup>rd</sup> ed.	Oxford	2013	9780199698400 <a href="#">E-Book</a>

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

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



### 3. MED-509 Obstetrics and Gynaecology 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-509 Obstetrics and Gynaecology 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)</b>
<b>2 x Case Based Discussion (CBD)</b>
<b>2 x ECSA (1 Bimanual Vaginal Examination &amp; Cuscoe's Speculum and 1 Antenatal Examination)</b>
<b>Daily Attendance Logbook (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-509 Obstetrics and Gynaecology 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. If any of the assessments on the form have been changed, the assessor must sign where the correction has been made. Absence of a signature will result in the form being returned to the assessor for validation. 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 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.**

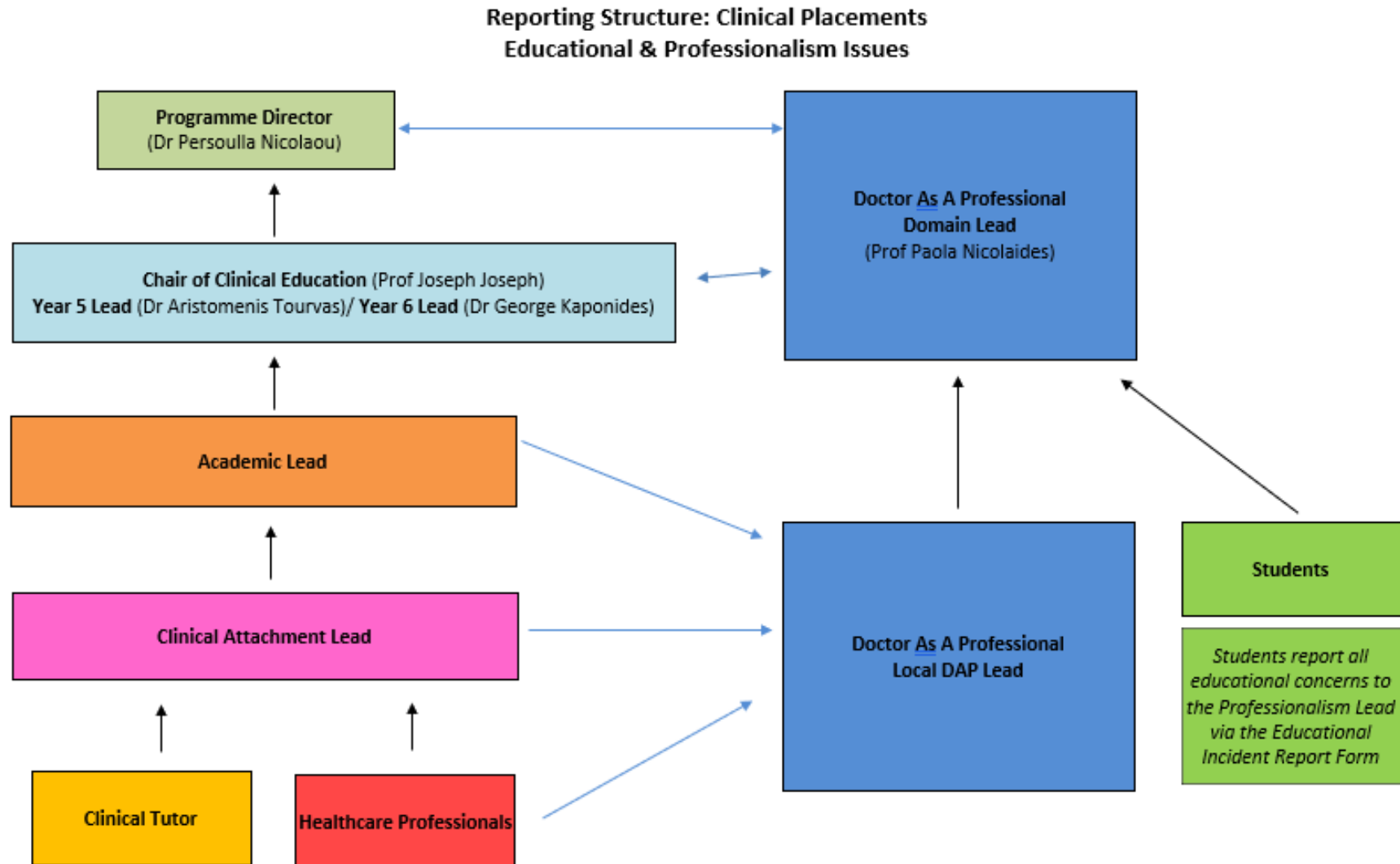
Your clinical site administrator is here to help!  
If you are unclear or unsure about any aspect of the DAP Domain please ask your clinical site administrator



**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 Structure



### Reporting Structure: Clinical Attachments Patient and Student Safety Issues

