



UNIVERSITY | MEDICAL  
*of* NICOSIA | SCHOOL

**MED-506**  
**Neurology, Neurosurgery and  
Palliative Care 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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The MED-506 Neurology, Neurosurgery and Palliative Care 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 neurological 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 Neurology, Neurosurgery and Palliative Care 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,

Prof Savvas Papacostas

**Course Lead for MED-506 Neurology, Neurosurgery and Palliative Care**

## 2. Course outline for MED-506 Neurology, Neurosurgery and Palliative Care course / clinical rotation

<b>Course Code</b> MED-506	<b>Course Title</b> Neurology, Neurosurgery and Palliative Care	<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 Savvas Papacostas
<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 patients with neurological disorders and with those receiving end-of-life palliative care. 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 neurological disorders. They will learn how terminally ill patients are cared for when they are no longer able to benefit from curative treatment, but receive palliative care instead.

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 neurological disorders. The students will gain a basic understanding of the application and type of information to be obtained from different methods for investigating neurological disorders. They will also spend time in theatre observing neurosurgical operations.

### 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 probable 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 (**available in Course Contents**)

**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:

**Neurology/ Neurosurgery**

- Full medical history
- Take a focused Neurological history
- Calculate Glasgow Coma Scale (GCS)
- Examine cranial nerves
- Perform spinal examination as well as elicit neurologic signs in the chest, abdomen and back
- Perform Mini–Mental State Examination

**Palliative Care**

- Full medical history
- Perform full sensory examination
- Assess patient for pain, dyspnea, fatigue, anorexia, insomnia, delirium, anxiety
- Provide information to the patient and relatives

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

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

**Neurology/ Neurosurgery**

- Difficulty reading and writing (aphasias)
- Movement and gait disorders
- Headache and dizziness
- Diminished reflexes
- Hyperreflexia
- Muscle weakness
- Partial or complete loss of sensation
- Partial or complete paralysis
- Poor cognitive abilities
- Seizures

### Palliative Care

- Dyspnoea/anxiety
- Fatigue/muscle weakness
- Insomnia
- Nausea/vomiting/constipation
- Pain

### 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>
CT brain scan	Full blood count Diagnosis of: anaemia, leucocytosis, leukopenia, thrombocytopenia, thrombocytosis
MRI Brain	INR/PT/activated partial thromboplastin Time
MRI spinal cord	CSF cell count and biochemistry
CT angiography of Circle of Willis	CSF gram stain
Classical angiography of circle of Willis	CRP
Transcranial Doppler	Anti-acetylcholine receptor (AChR) and anti-muscle-specific tyrosine kinase (MuSK) antibodies (Myasthenia Gravis), LPR4
<b>Other tests</b>	ESR
Nerve conduction studies	Urea, creatinine, electrolytes
Evoked potentials	Blood glucose
EMG/ EEG	liver biochemistry (AST, ALT, $\gamma$ -GT)
Lumbar puncture	Prolactin

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

Relevant conditions that may be encountered include:

### Neurology

- Blackouts, seizures and epilepsy
- Carpal Tunnel Syndrome and other peripheral mononeuropathies
- Cerebellar Disorders
- Cerebrovascular disease (TIA, cerebral infarction, intracranial haemorrhage)
- Cranial nerve palsies
- Encephalitis

- Headache, including migraine and tension type
- Meningitis and other intracranial infections
- Motor Neurone disease (MND)
- Multiple Sclerosis
- Muscle disease and myasthenia gravis
- Myasthenia Gravis
- Neurorehabilitation
- Parkinson's disease and other movement disorders
- Peripheral polyneuropathy (including Guillain-Barre syndrome)
- Spinal cord disease, intervertebral disc prolapse and nerve root lesions
- Dementia and Delirium

### **Neurosurgery**

- Brain contusion(trauma)/ Head Injury and Coma
- Epidural Haematoma
- Intracranial tumours and other space occupying lesions
- Subarachnoid Haemorrhage
- Subdural Haematoma

### **Palliative Care**

- Life limiting conditions
- Multiorgan failure
- Neuropathic pain
- Terminal disease

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

Examples of such conditions include:

#### **Neurology**

- Brain abscess
- Brain tumor
- Complicated migraine
- Encephalitis
- Guillain Barre syndrome
- Intracerebral hemorrhage
- Medication or drug overdose
- Myasthenic Crisis
- Seizures / status epilepticus

#### **Neurosurgery**

- Arteriovenous malformation
- Brain Herniation
- Dural arteriovenous fistula
- Increased Intracranial Pressure
- Intracranial aneurysm
- Neurogenic Shock
- Spinal cord injury

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

Examples of procedures to be observed:

- EEG
- EMG
- Lumbar puncture
- MRI/CT studies
- Nerve conduction studies
- Transcranial Doppler

Examples of procedures to be performed (under supervision):

- BP measurement
- Drug administration/dilution
- Fundoscopy for assessing papilledema
- 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).
- Where appropriate, refer the patient for neurorehabilitation.

**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.
- Interaction with consultant anesthesiologist and familiarization with the basic principles of analgesia
- 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:**

<b>Focused list of conditions and procedures/skills</b>			
<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>			
	<b>Neurology</b>		<b>Relevant procedure/skill</b>
1	Cerebrovascular disease (TIA, cerebral infarction, intracranial haemorrhage)	1*	**Detect promptly ***Request CT brain scan
2	Head Injury and Coma	1*	**Calculate GCS ***Request CT brain scan
3	Meningitis and other intracranial infections	1*	**Detect clinical findings (nuchal rigidity, Kernig's sign, Brudzinski's sign) **Prescribe antibiotics (to be signed by attending physician) ***Request Lumbar Puncture
4	Seizures	1*	**ABCD approach
5	Carpal Tunnel Syndrome and other peripheral mononeuropathies	1	**Detect relevant clinical findings
6	Cranial nerve palsies	1	**Perform cranial nerve examination
7	Headache, including migraine and tension type	1	**Detect relevant clinical findings **Exclude red flags
8	Multiple Sclerosis	1	**Detect clinical findings **Request MRI scan
9	Encephalitis	2	**Detect relevant clinical findings ***Request Lumbar Puncture
10	Myasthenia gravis	2	**Detect relevant clinical findings **Phlebotomy for corresponding auto antibodies
11	Parkinson's disease and other movement disorders	2	**Detect characteristic rigidity and gait changes
12	Peripheral polyneuropathy (including Guillain-Barre syndrome)	2	**Detect relevant clinical findings
13	Spinal cord disease, intervertebral disc prolapses and nerve root lesions	2	**Detect relevant clinical findings ***Request MRI spine

14	Cerebellar Disorders	3	***Request MRI scan
15	Motor Neurone disease (MND)	3	**Detect relevant clinical findings
<b>Neurosurgery</b>			
16	Increased intracranial pressure/Brain herniation	1*	**Calculate GCS ***Request CT brain scan
17	Brain contusion (trauma)	2*	**Calculate GCS ***Request CT brain scan
18	Epidural Haematoma	2*	**Detect red flags ***Request CT scan
19	Intracranial tumours and other space occupying lesions	2*	**Detect clinical findings ***Request CT/MRI brain scan
20	Subarachnoid haemorrhage	2*	**Calculate GCS ***Request CT brain scan
21	Subdural Haematoma	2*	**Calculate GCS ***Request CT brain scan
22	Brain abscess	3*	**Calculate GCS **Take blood cultures ***Request CT brain scan
<b>Palliative care</b>			
23	Congestive Heart Failure (CHF)	1	**Perform cardiovascular examination **Recognize the need for diuretic therapy adjustment and modification of treatment to reduce dyspnoea and minimize discomfort
24	Chronic obstructive pulmonary disease (COPD)	1	**Perform respiratory examination **Recognize need for adjustment of treatment/ modifications to reduce dyspnoea and minimize discomfort
25	Malignancies	1	**Recognize the need for analgesic adjustment and reduction of patient discomfort
26	Amyotrophic Lateral Sclerosis (ALS)	3	**Perform neurological examination **Recognize need for adjustments to minimize discomfort

**Lecture List:**

Stroke 1
Stroke 2
Multiple sclerosis and other demyelinating disorders
Seizures, Epilepsy, other paroxysmal disorders
Headache, facial pain
Spinal cord trauma, back and neck pain
Neuro-oncology
Dementia
Movement disorders
Muscle and nerve disorders
Infections of the nervous system
Neuroradiology
Altered states of consciousness, head trauma, GCS, tumours
Introduction to palliative care
Pain
End of life care and the last 48 hours

**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 objective for MED-506 Neurology, Neurosurgery and Palliative Care course/clinical rotation**

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

**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/ E-Book
Samuels, M.A and Ropper, A. H	Samuels Manual of Neurologic Therapeutics, 9 <sup>th</sup> ed.	Lippincott Williams and Wilkins	2017	9781496360311 <a href="#">E-Book</a>
	NICE GUIDELINES			<a href="#">Link</a>
Cherny, Nathan	Oxford textbook of palliative medicine, 5 <sup>th</sup> ed.	Oxford	2015	9780198810254
Fallon, Marie	ABC of Palliative Care, 2 <sup>nd</sup> ed.	Wiley-Blackwell	2006	9781405130790
Quill, Timothy E.	Palliative care and ethics	Oxford	2014	9780199316670 <a href="#">E-Book</a>

**Additional Textbooks/Reading:**

Lindsay, K. & Bone, I.	Neurology & neurosurgery Illustrated, 5 <sup>th</sup> ed.	Churchill Livingstone	2010	9780443069574
Fuller, G. & Manford, M.,	Neurology: an illustrated colour text, 3 <sup>rd</sup> ed.	Churchill Livingstone	2010	9780702032240
Merritt, H. Houston	Merritt's neurology	Lippincott, Williams & Wilkins, 13 <sup>th</sup> Edition	2015	9781451193367
Jackson, Timothy L.	Moorfields manual of ophthalmology	JP Medical, 2 <sup>nd</sup> Edition	2014	9781907816888

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

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



### 3. MED-506 Neurology, Neurosurgery and Palliative Care 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-506 Neurology, Neurosurgery and Palliative Care 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) - 2 Neurology or 1 Neurology + 1 Neurosurgery</b>
<b>2 x Case Based Discussion (CBD) - 2 Neurology or 1 Neurology + 1 Neurosurgery</b>
<b>2 x ECSA (1 Glasgow Coma Score and 1 Mini mental state 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!

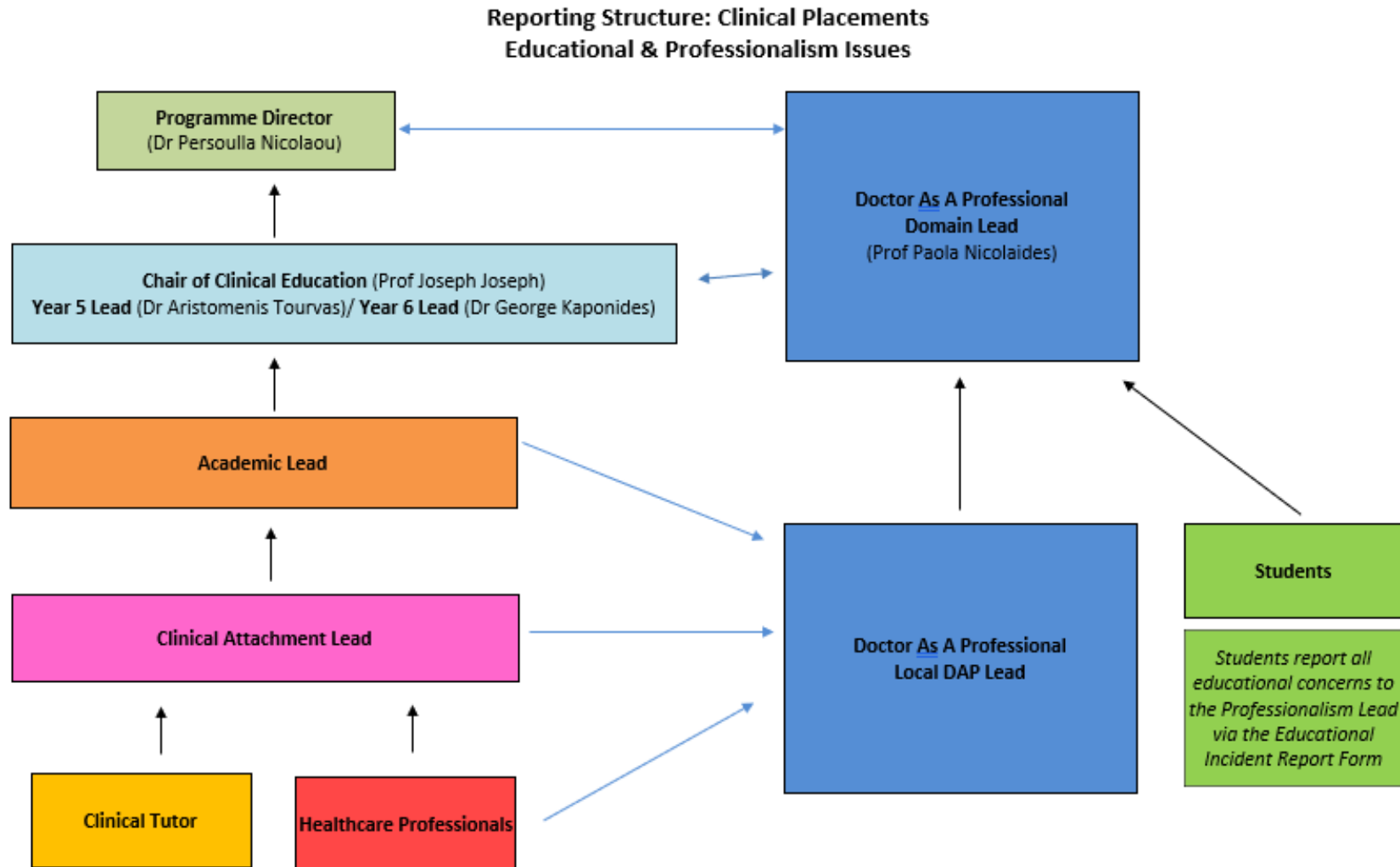
If you are unclear or unsure about any aspect of the DAP Domain please ask your clinical site administrator



**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 Structures



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

