



UNIVERSITY | MEDICAL
of NICOSIA | SCHOOL

MED-505
Rheumatology, Dermatology and
Plastic 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

Table of Contents

1. Welcome	7
2. MED-505 Rheumatology, Dermatology and Plastic Surgery course/ Clinical rotation Course Outline	8
3. MED-505 Rheumatology, Dermatology and Plastic Surgery course/ Clinical rotation Requirements	18
4. Reporting Structures	21

1. Welcome

The MED-505 Rheumatology, Dermatology and Plastic 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 musculoskeletal and skin 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 Rheumatology, Dermatology and Plastic 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 Elpida Mina
Dr Georgia Koulermou

Clinical Co-Leads Rheumatology, Dermatology and Plastic Surgery

2. MED-505 Rheumatology, Dermatology and Plastic Surgery course / Clinical rotation Course Outline

Course Code MED-505	Course Title Rheumatology & Dermatology/ Plastic 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: Dr Elpida Mina Dr Georgia Koulermou
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 musculoskeletal and skin disorders. They will develop an understanding of the presentation, signs and symptoms, physical examination findings, investigations, diagnosis, treatment (medical and/or surgical, including plastic surgery, as appropriate) and management plan for common musculoskeletal and skin 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 musculoskeletal and integumentary systems. The students will gain a basic understanding of the application and type of information to be obtained from different methods for investigating musculoskeletal and skin disorders. They will also spend time in theatre observing musculoskeletal and dermatological operations and plastic 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 assessment including:

Rheumatology

- Full medical history
- Focused rheumatological history
- Physical examination with focus on joint status /ability to identify tenderness and/or redness in joints or tendons
- Examination of the skin with focus for psoriasis, Raynaud's phenomenon, ulceration of skin and rashes
- Detect wasting of regional muscles
- Assess for joint deformity or contracture
- Assess restriction in the range of movement of the peripheral joints including Spinal cord

Dermatology

- Full medical history
- Focused rheumatological history
- Examine relevant skin lesions (Macule, Patches, plaque, papules, nodules, vesicles, pustules)
- Educate patients about skin cancer prevention (exposure to sun) an early detection
- Detect skin lesions with a high probability for melanoma
- Perform a Total Body Skin Exam
- Use side lighting to detect raised lesions

Plastic Surgery

- Take a full medical history
- Assess relevant skin lesions
- Calculate the extent of burns using the rule of multiples of 9%
- Assess clinically patients pre and post operatively

Clinical learning objective 3: Formulate appropriate differential diagnoses.

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

Rheumatology

- Arthritis
- Erythema over joints
- Fatigue
- Fever
- Generalized fatigue
- Joint pain
- Joint stiffness
- Non-specific multi system manifestations
- Skin manifestations (macules, patches etc)
- Weight loss

Dermatology/ Plastic surgery

- Cystic skins lesions
- Macules
- Melanocytic skin lesions
- Non melanotic skin lesions
- Skin erythema
- Depth of burn trauma (full thickness, partial thickness, superficial)

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
Bone density measurement	Full blood count Diagnosis of: anaemia, leucocytosis, eosinophilia, leukopenia, thrombocytopenia, Thrombocytosis
Plain x rays for joint assessment	IgE
MRI for affected bones/joints	ESR
Ultrasound for affected organs in systemic rheumatologic conditions	ANA, ANCA, C3, C4, CRP, RF
Gallium-67 (67Ga) scanning(sarcoidosis diagnosis)	INR, aPTT, PT
Other tests	Urea, creatinine, LFTs
<i>Dermatoscopy</i>	DNA binding, antibodies to ENAs, antibodies to Cardiolipin, immunoglobulin levels
Skin biopsy	Anti-centromere antibodies, anti Scl-70

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

Relevant conditions that may be encountered include:

Rheumatology

- Bone tumours
- Juvenile arthritis / JIA
- Crystal Arthritis / Gout and Pseudogout
- Foot disorders
- Fractures in the elderly
- Inheritable disorders of connective tissue
- Joint injuries
- Metabolic bone disease
- Osteoarthritis
- Polymyalgia Rheumatica (PMR) and Giant cell arteritis (GCA)
- Polymyositis (PM) and dermatomyositis (DM)
- Principles of fracture management
- Raynaud’s phenomenon
- Rheumatoid arthritis (RA), Psoriatic Arthritis
- Septic arthritis/osteomyelitis
- Sjögren’s Syndrome
- Spinal disorders and back pain
- Spondyloarthropathy (SpA)
- Systemic lupus erythematosus (SLE)

- Systemic sclerosis (Scleroderma)
- Upper limb disorders
- Vasculitic syndromes / vasculitis

Dermatology/ Plastic Surgery

- Cutaneous manifestations of generalised disease
- Dermatological malignancies
- Drug reactions and allergies
- Eczema
- Leg ulcers
- Psoriasis
- Skin Infections
- Burn disease management, the acute phase of burn patient

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

Examples of such conditions include:

- Acute arthritis
- Acute exacerbation in a patient with chronic arthritis
- Acute gout
- Acute low backache
- Arthritis arising
- Catastrophic antiphospholipid syndrome
- Erythema nodosum
- Immunosuppression related bone marrow suppression
- Lupus flare
- Scleroderma renal crisis
- Systemic necrotizing vasculitides

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

Examples of procedures to be observed:

- Dermatoscopy
- Joint paracentesis
- Joint ultrasonography
- Plain X ray assessment of bone/joint changes
- Plastic surgery
- Skin biopsy

Examples of procedures to be performed (under supervision):

- BP measurement
- Microscopy of synovial fluid
- Phlebotomy
- Wound care

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.
- Familiarisation with the creams and ointments that are most commonly prescribed in dermatology
- Observation of drug preparation by the nurses/physicians.
- Administration of (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			
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			
	Rheumatology		Relevant procedure/skill
1	Addison disease	1*	**Detect clinical findings **Prescribe corticosteroids (to be signed by the attending physician)
2	Septic arthritis	1*	**Detect relevant clinical findings (warm, swollen, painful joint) **Take blood cultures **Prescribe antibiotics (to be signed by the attending physician)
3	Temporal arteritis	1*	**Identify diminished temporal artery pulse
4	Guillain-Barre Syndrome	1	**Detect diminished reflexes
5	Polymyalgia rheumatica	1	**Detect clinical findings ***Phlebotomy for ESR
6	Rheumatoid Arthritis	1	**Detect clinically symmetric polyarthritis
7	Systemic Lupus Erythematosus (SLE)	1	**Apply the SLE diagnostic criteria
8	Ankylosing Spondylitis	2	**Perform Schober Test
9	Antiphospholipid Syndrome	2	**Phlebotomy for anti-cardiolipin and antiphospholipid antibodies
10	Crystal arthritis	2	**Detect relevant clinical signs
11	Graves disease	2	**Detect goiter
12	Primary Biliary Cirrhosis	2	**Detect jaundice and signs of cirrhosis ***Phlebotomy for AMA ***Request Liver ultrasound
13	Raynaud's phenomenon	2	Detect characteristic clinical signs
14	Sarcoidosis	2	N/A

15	Scleroderma	2	**Phlebotomy for auto immune antibodies
16	Celiac disease	3	**Phlebotomy Transglutaminase Antibodies (tTG-IgA)
17	Juvenile Rheumatoid Arthritis	3	N/A
18	Reactive Arthritis/Reiter Syndrome	3	**Detect relevant clinical findings and combine with compatible history
19	Sclerosing Cholangitis (see Autoimmune-associated Liver Diseases)	3	**Detect relevant clinical findings
20	Sjögren Syndrome	3	Detect keratoconjunctivitis sicca [KCS]) and xerostomia
	Dermatology		
21	Skin cancer	1*	**Detect lesions suspicious for skin cancer
21	Acne	1	N/A
22	Cellulitis	1	**Prescribe antibiotics (to be signed by attending physician)
23	Urticaria	1	**Detect the characteristic weals
24	Eczema	2	**Detect relevant clinical signs **Phlebotomy for eosinophilia detection
25	Psoriasis	2	**Detect relevant clinical signs
25	Henoch-Schönlein purpura	3	**Detect relevant clinical and laboratory findings
23	Polymyositis (PM) and dermatomyositis(DM)	3	N/A
	Plastic surgery		
24	Burns	1	**Provide wound care under supervision
25	Diabetic foot ulcers	1	**Provide wound care under supervision **Educate patients about prevention strategies
26	Pressure ulcers	1	**Provide wound care under supervision
27	Breast cancer(reconstruction surgery)	2	**Monitor patients clinically pre and post operatively
28	Excision of skin cancer lesions	2	**Provide wound care under supervision
29	Facial/Neck tumours (reconstructive surgery)	2	N/A
29	Cleft lip/cleft palate	3	N/A
30	Craniosynostosis	3	N/A

Lecture List (Presentations and Recording uploaded on Moodle):

Rheumatology - Full medical history rheumatological history / joint examination Detect tenderness and/or redness in joints or tendon - range of movement / Detect wasting of regional muscles Rheumatoid arthritis / Spondyloarthropathies and Psoriatic arthritis
Rheumatology -/Osteoarthritis/Osteoporosis & metabolic bone/ Crystal arthritis/Connective tissue disorders - antibodies
Rheumatology - Vasculitis / classification - antibodies
Dermatology - Skin infections
Dermatology - Skin cancers
Dermatology - Description of skin lesions (incorporating eczema, psoriasis and red rashes)
Plastic Surgery - Wound Healing
Plastic Surgery - Burns
Plastic Surgery - Breast Reconstruction

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-505 Rheumatology, Dermatology and Plastic Surgery course/ clinical rotation:

- 1) Describe how to prescribe drugs/medications for patients suffering from skin and rheumatic diseases.

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
Adebajo, Ade (ed.)	ABC of rheumatology, 5 th ed.	Wiley-Blackwell	2018	9781118793213 E-Book
McGregor, Alan D	Fundamental techniques of plastic surgery and their surgical applications, 10 th ed.	Churchill Livingstone	2000	9780443063725
Imboden, John B	Current diagnosis & treatment in rheumatology, 3 rd ed.	McGraw-Hill Medical	2013	9780071742801
Garden O. J and Parks R.W.	Principles and practice of Surgery, 8th ed.	Elsevier	2022	978-0702082511
McLatchie, Greg	Oxford Handbook of Clinical Surgery, 5 th ed.	Oxford University Press	2022	9780198799481 E-book

E-book resources for MD YR 5 Clinical Placements:

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

3. MED-505 Rheumatology, Dermatology and Plastic Surgery Course/ Clinical Rotation Requirements

Please take note of the following assessments that students will need to complete and submit 'MyProgress Health', no later than one week after the completion of the MED-505 Rheumatology, Dermatology and Plastic 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) - 1 Rheum. or 1 Derm. + 1 Plastics
2 x Case Based Discussion (CBD) - 1 Rheumatology + 1 Dermatology
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

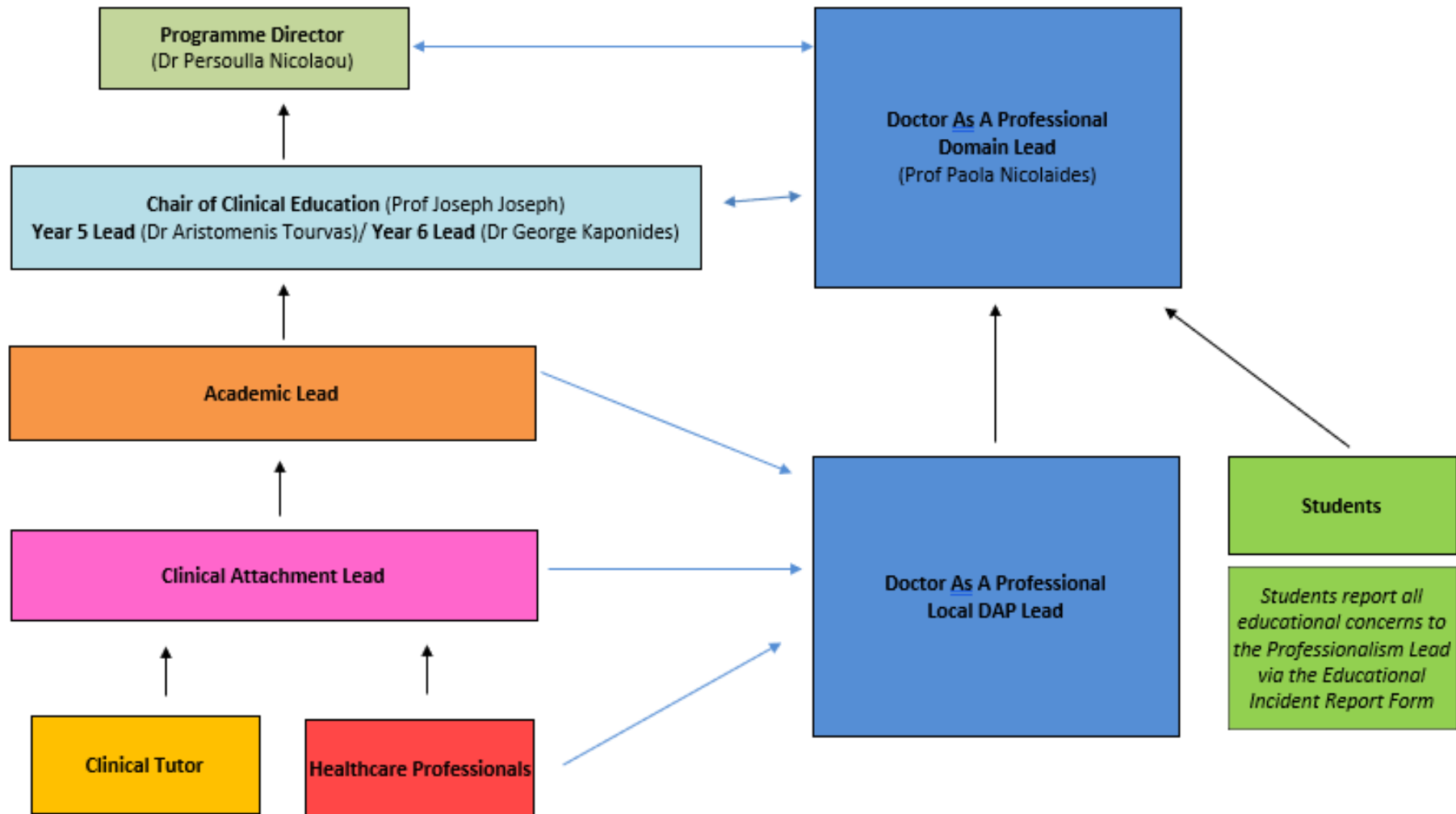


In case of illness or absence

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**

