



UNIVERSITY | MEDICAL
of NICOSIA | SCHOOL

MED-603
Emergency and Intensive Care Medicine
Course/ Clinical Rotation Handbook

2024-25

Year 6
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. Introduction

This is a six-week module with 2 attachments: Intensive Care and Emergency Medicine (3 weeks of each attachment). During the course, you shall complete compulsory sessions that aim to enable you to recognize the acutely and seriously sick patients, successfully assess and triage them and perform life support procedures using relevant equipment, techniques and medications. Additionally, you shall be trained to choose, prescribe and administer safely blood products and to break bad news including brain death and organ donation. Lastly, you shall be trained on how to “translate” direct patient care in demanding clinical environments such as the Intensive Care Unit and the Emergency Department to learning objectives and outcomes.

Additionally, you will be allocated to clinical placements/rotations of 3 weeks each in the Dept. of Intensive Care Medicine and Emergency Dept./Ambulance. The objective of these placements is to introduce you to early recognition and multidisciplinary management of acutely / critically ill patients as well as to familiarize yourself with patients presenting in the Emergency Room, their usual problems, differential diagnosis, the use of diagnostic procedures and emergency treatment of life-threatening or potentially life-threatening conditions.

We anticipate that you will exploit every opportunity to get involved in direct patient care and receive informal / formal teaching. Bear in mind, however, that these can be very busy and on occasions you will only be able to observe. All students can and are encouraged to request extra time on the units and you are most likely to benefit from the attachment if you are prepared to get involved. We strongly recommend that you use every opportunity to demonstrate your clinical skills, discuss cases with members of the health care team and document sign-off on the appropriate forms as soon as you feel you are ready to be assessed. We strongly advise that you do not leave this until the last minute. The consultant may request to see evidence of your assessments during sign-off. Please also use your initiative throughout the attachment: approach members of the team to identify which patients you can see and, if possible, try to present cases at rounds and meetings. Treat patients, relatives and health care team members with dignity and professionalism, do not hesitate to contact your co-ordinator if you have concerns over patient safety or your / your colleagues’ safety and well-being.

Kind regards,

Dr Theodoros Kyprianou

Course Academic Lead for MED-603 Emergency & Intensive Care Medicine

2. MED-603 Emergency and Intensive Care Medicine Course/ Clinical rotation Course Outline

Course Title	Emergency Medicine and Intensive Care						
Course Code	MED-603						
Course Type	Required						
Level	Undergraduate						
Year / Semester	Year 6/ Semester 11 (Fall)						
Teacher's Name	Course Lead: Dr Theodoros Kyprianou						
ECTS	10	Lectures / week	4	Laboratories / week	0	Clinical Practice	36

<p>Course Purpose and Objectives</p>	<p>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 emergency management of patients, from a medical, therapeutic, surgical, psychosocial and caring perspective.</p> <p>In this course, students will spend six weeks working primarily with patients with conditions requiring urgent medical or surgical attention and with patients undergoing intensive 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 emergency and/or critically ill patients. Critical care medicine is concerned with the diagnosis, management, and prevention of complications in patients who are severely ill and who usually require intensive monitoring and/or organ system support.</p> <p>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 cardiovascular system. They will also spend time in theatre observing emergency surgery. They will learn about anaesthetics and the roles played by anaesthetists during surgical operations.</p> <p>They will learn to recognise the sick patient and to undertake the early management of medical emergencies. They will learn about the principles of preoperative evaluation, intraoperative care and postoperative management of surgical patients.</p> <p>In a simulated ward situation, they will practise leading the stabilisation and resuscitation of a patient. They will learn basic procedural skills such as wound care, suturing, and splinting, as well as advanced skills such as fracture management, insertion of central venous lines, acute airway management, and resuscitation.</p>
<p>Learning Outcomes</p>	<p>After the completion of the course the students should be able to:</p> <ol style="list-style-type: none"> 1. Assess the urgency of care required for an emergency patient (triage) 2. Take a history from a patient, or relative of a patient, who presents as an emergency, in a sensitive and caring manner 3. Carry out a physical examination of patients so presenting 4. Come up with a differential diagnosis for the emergency 5. Identify appropriate investigations, including blood, sputum and urine tests and imaging, to assist in the diagnosis of the presenting complaint and to interpret the results from such tests 6. Prepare a treatment management plan for the patient to present to the responsible clinician to include medical, pharmacological, surgical options as appropriate 7. Observe, and where appropriate carry out or assist with, the following procedures: measurement of arterial blood gases, interpretation of liver function tests and coagulation studies, measurement of ECG, cardiac stress test, angiogram, echocardiogram, IV cannulation insertion, maintenance of a Guedel airway ventilation with bag and mask, endotracheal intubation, CT, MRI and PET scans, X-rays, ultrasound, Doppler scans, emergency surgical procedures e.g. appendectomy, planned and opportunistic

	<p>8. Identify the patient who requires immediate medical attention and intervention.</p> <p>9. Describe the initial emergency management of shock, seizures, severe respiratory distress, head trauma, and cervical spine trauma in children and describe findings suggestive of non-accidental trauma.</p> <p>10. Describe the treatment for wounds and burns, the stabilization of orthopaedic trauma, the recognition and initial management of shock and coma, head and cervical spine trauma in adults</p> <p>11. Outline the specific initial management issues for abrasions, bites, burns, contusions, fractures, lacerations, near drowning, and sprains, including tetanus prevention</p> <p>12. Outline the diagnosis and management of acute organ failure, with particular emphasis on the cardiorespiratory system.</p> <p>13. Describe sedation and analgesia in the critical care unit and outline parenteral and enteral nutrition in the critically ill patient.</p>
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Prerequisites	None	Required	None
Course Content	<ul style="list-style-type: none"> • Recognising the sick patient on the ward or in A&E • The indications for the use of emergency drugs and routes of administration • The significance of abnormal pulses, cardiac rhythms; cardiac arrest rhythms and • Principles of Critical Care Medicine • SIRS, Sepsis and Septic Shock • Cardiogenic Shock and pulmonary oedema • Cardiac arrest and sudden cardiac death • Acute Respiratory Distress Syndrome • Mechanical Ventilatory Support • Respiratory Monitoring in Critical Care • Oxygen therapy • Organ Failures • Choking • Acute asthma attack • Anaphylactic shock • Hyperventilation • Faints/syncope • Respiratory arrest • Angina and Myocardial infarction • Seizures • Drugs used in resuscitation • Coma • Hypoxic-ischaemic encephalopathy • Ischaemic and haemorrhagic cerebrovascular diseases • Oncologic emergencies 		

	<ul style="list-style-type: none"> • Renal Failure and Fluid and Electrolyte Disorders • iv fluids and blood – composition and use • Glycaemic Control in the critically ill patient • Pre-operative assessment, investigation and premedication • Indications for intubation • Local and general anaesthetics • Maintenance of Anaesthesia and Monitoring • Acute Pain Management
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Teaching Methodology	The course is delivered by clinical placements, lectures, tutorials, case studies and group discussions.				
Bibliography	Required Textbooks/Reading:				
	Authors	Title	Publisher	Year	ISBN / E-Book
	S. V. Mahadevan, Gus M. Garmel (Ed)	An introduction to clinical emergency medicine, 2 nd ed.	Cambridge University / Press	2012	978-0521747769
	Mervyn Singer	Oxford Handbook of Critical Care, 3 rd ed.	OUP Oxford	2009	978-0199235339 E-Book
	Jonathan P. Wyatt	Oxford Handbook of Emergency Medicine, 5 th ed.	OUP Oxford	2020	978-0198784197 E-Book
	Recommended Textbooks/Reading:				
	Authors	Title	Publisher	Year	ISBN
	Knoop, Kevin J	Atlas of emergency medicine, 5 th ed.	McGraw Hill	2020	978-1260134940
	Ron Walls, Robert Hockberger, Marianne	Rosen's Emergency Medicine: Concepts and	Elsevier	2022	978-0323757898

	Gausche-Hill, Timothy B. Erickson, Susan R. Wilcox	Clinical Practice: 2-Volume Set, 10th ed.			
	Joseph Parrillo, R. Phillip - Dellinger	Critical Care Medicine: Principles of Diagnosis and Management in the Adult, 5th ed.	Elsevier	2019	978-0323446761
E-book resources for Clinical Placements Support Resources: https://libguides.unic.ac.cy/placementresources					
Assessment	Final year exam and final year OSCE.				
Language	English				

Emergency & Intensive Care Medicine Core Components

Lectures:

- The LOBS / LOS of the Emergency Medicine Year 6 module; how to attain them and prepare for your final year exams
- The LOBS / LOS of the Critical Care / Anaesthesia Year 6 module; how to attain them and prepare for your final year exams
- Shock: Bench to the Bedside
- Acute Respiratory Failure: Presentation and management
- How to recognise and prioritize the sickest patients in the acute ward and A&E areas
- End-of-life issues – DNAR/
- no escalation of care / ceiling of care, brain death
- How to prescribe fluids, electrolytes, and vasopressors / inotropes in hypovolemia
- When & How to prescribe & administer blood products
- Trauma & ATLS/PHTLS principles
- Preoperative, intraoperative, and postoperative assessment

Practical skills:

- Prescription and delivery of oxygen, scenarios based
- Shock resuscitation: Prescription and administration of IV fluids, blood products and vasopressors, scenarios based
- Airway management: Respiratory arrest, resuscitation, and intubation, scenarios based

3. MED-60 Emergency Medicine and Intensive Care Course/ Clinical Rotation Requirements

Please take note of the following assessments that students will need to complete and submit via **'MyProgress Health'**, **no later than one week** after the completion of the MED-603 Emergency Medicine and Intensive Care course/ clinical rotation. You must also cross-reference the above with the Year 6 PVB assessment domain handbook, which takes precedence to any other handbook.

Required PVB Assessments

1 x CPPC
2 x Mini-CEX (one for each specialty)
2 x CBD (one for each specialty)
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-603 Emergency Medicine and Intensive Care course/clinical rotation. You also need to ensure that you have completed the online feedback survey and upload evidence of this via **'MyProgress Health'**, by the deadline.

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.

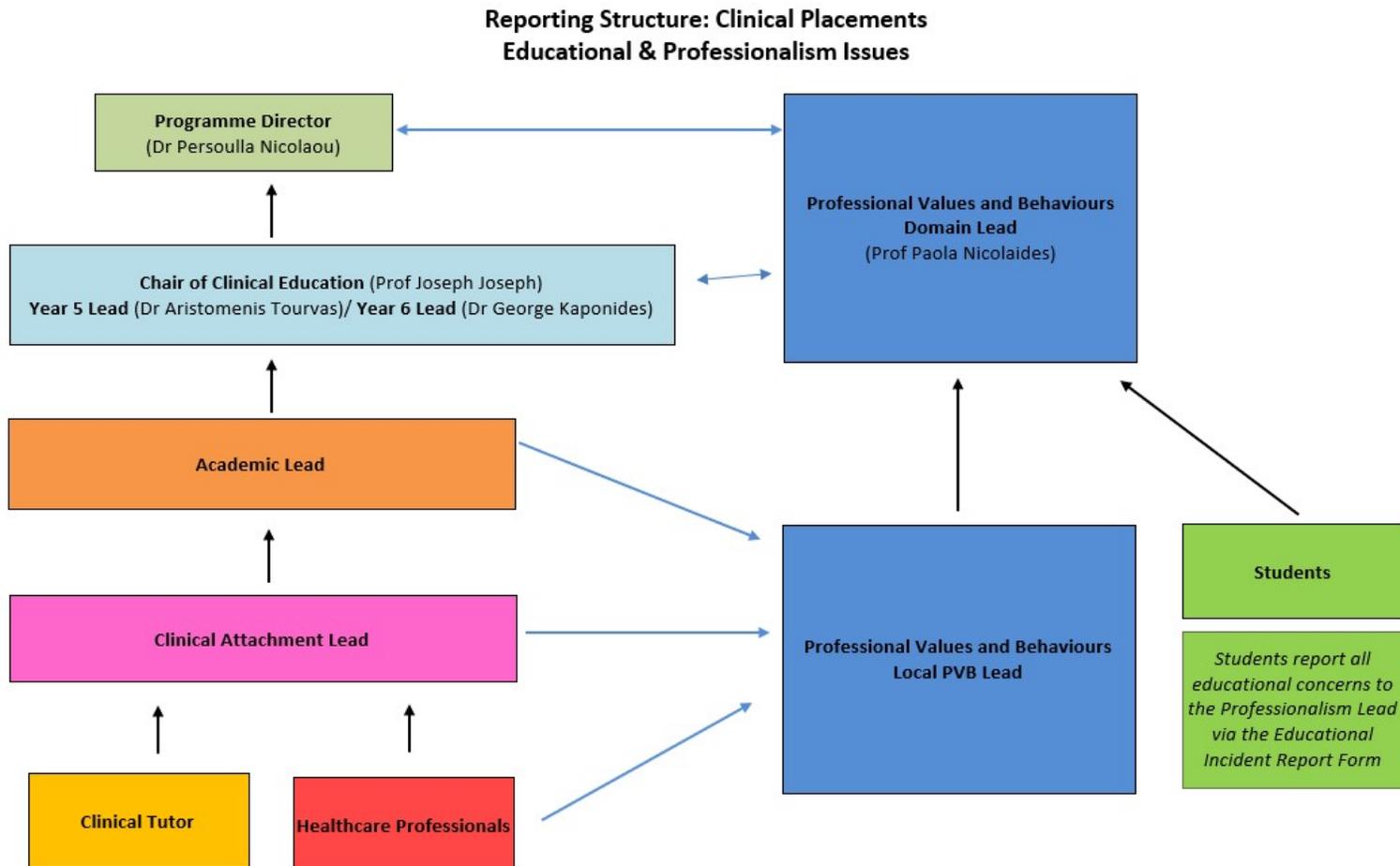
DON'T FORGET:

- You should use the diaries to record activities and attendance and ask for a signature from supervising Consultant or Registrar each week.
- 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 *'Email for 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 PVB Administrator. No communication and late submissions are considered serious and recorded under Professional Behaviour of the PVB 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 PVB 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 upload evidence of this via **'MyProgress Health'**, by the submission deadline.

 **Note that late submissions will be recorded under PVB Professional Behaviour Element. Your clinical Site Administrator is here to help! If you are unclear or unsure about any aspect of the PVB Domain ask your Clinical Site Administrator.**

 **In case of illness or absence Students must notify their Clinical Site Administrators via email, and their Clinical Tutor prior or on the day of absence.**

4. Reporting Structures



Reporting Structure: Clinical Attachments Patient and Student Safety Issues

