<table>
<tr><td>Course title</td><td colspan="4">Clinical Practice: General Surgery</td></tr>
<tr><td>Course code</td><td colspan="4">MD-601</td></tr>
<tr><td>Course type</td><td colspan="4">Required</td></tr>
<tr><td>Level</td><td colspan="4">Undergraduate</td></tr>
<tr><td>Year / Semester</td><td colspan="4">Year 6/ Semester 11/12 (rotation)</td></tr>
<tr><td>Course Lead</td><td colspan="4">Professor Joseph Joseph
Chair, Clinical Education</td></tr>
<tr><td rowspan="3">ECTS</td><td rowspan="3">48</td><td colspan="3">Teaching Periods per Week</td></tr>
<tr><td>Large Group Learning</td><td>Small Group Learning</td><td>Clinical Practice</td></tr>
<tr><td>3</td><td>1</td><td>36</td></tr>
<tr><td>Course purpose and objectives</td><td colspan="4">The main objectives of the last two years of the Medicine 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 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 work with patients who present with a surgical problem across any sub-specialty of surgery. They will develop an understanding of the presentation, signs and symptoms, physical examination findings, investigations, diagnosis, treatment (medical and surgical) and management plan for a wide range of conditions.

Students will be “on call” in the Emergency Room to receive and clerk patients. They will spend most of their time on wards, in theatre and in outpatient clinics. They will try to follow their patients throughout their treatment to build up some continuity of care. They will take part in all ward activities, working alongside other doctors, nurses, physiotherapists, occupational therapists, pharmacists, social workers – any healthcare professional involved in patient care – in order to understand the roles each healthcare professional undertakes and the importance of teamwork. They will take histories (clerking), carry out physical examinations, suggest investigations and interpret the findings with a view to reaching a diagnosis and starting treatment. They will take part in ward rounds, team meetings, theatre sessions, radiology, and pathology meetings and will present their patients to the rest of the team. They will keep accurate records (using an agreed template).

The overall aims of the attachment are as follows:

• To gain experience of patient care as part of a clinical team.

• To become proficient in diagnosis and formulation of management plans. To develop an adequate knowledge base for understanding common problems in general surgery.</td></tr>
</table>

	• To practise basic surgical skills, such as hand-washing, gowning and gloving, and to observe (and take part, if appropriate) in operations and other surgical procedures. • To learn about anaesthetics and airway management during their time in theatre. • To prepare students to be able to prescribe drugs safely upon completion of their course. • To ensure students are able to write prescriptions and fill out drug charts accurately. • To ensure students are able to inject drugs, at the correct dose, intramuscularly, subcutaneously and intravenously. • To develop clinical reasoning and problem-solving skills at the bedside, in outpatients and in theatre. • To develop high standards of professional behaviour. • To continually reinforce basic and clinical science principles learnt during the earlier part of the course.
Learning outcomes	By the end of the course, students will be able to: 1. Take a competent history from a patient, or relative of a patient, presenting with a condition requiring surgical intervention, in a sensitive and caring manner. 2. Carry out a physical examination of patients. 3. Discuss a differential diagnosis for the presenting complaint. 4. Apply their knowledge of basic and clinical science to identify and explain appropriate investigations, including blood, urine and faecal tests and imaging, cytology and biopsy to assist in the diagnosis of the presenting complaint and to interpret the results from such tests. 5. Prepare and explain a surgical treatment management plan for the patient to present to the responsible surgeon. 6. Apply clinical reasoning and problem-solving skills at the bedside, in outpatients and in theatre, using hypothesis generation, data gathering, integration of basic science, clinical medicine and evaluation of opinions. 7. Demonstrate knowledge of common surgical problems and surgical emergencies. 8. Perform procedures common to general surgery – aseptic technique, scrubbing, gowning & gloving, suturing, use of local anaesthetic for suturing, removal of sutures and staples, freezing and cautery, endoscopic procedures (observed only), wound management, wound dressing and bandaging, management of leg ulcers and burns, control of haemorrhage, airway maintenance, bag and mask, resuscitation, venepuncture, insertion of intravenous cannulae, arterial puncture, urinary catheter, setting up an intravenous fluid infusion, administration of an intravenous injection, intramuscular injection, subcutaneous injection, administration of oxygen, diagnosis of death, male and female urinary catheterization. 9. Prescribe drugs safely

	a. Demonstrate how to write a prescription for a patient, including effective prescription of controlled drugs. b. Demonstrate the correct use of an in-patient prescription chart. c. Inject drugs, at the correct dose, intramuscularly, subcutaneously and intravenously. d. Correctly prescribe oxygen, "As Required" medication, fluids and blood products, under supervision. 10. Mix and inject drugs into an intravenous infusion bag and prepare and give drugs by infusion pump. 11. Demonstrate high professional standards and attitudes regarding relationships in the workplace, team work, confidentiality, initiative, self- directed learning and ethical issues.		
Prerequisites	None	**Required**	None

Course content	• The diagnosis and management of common acute and elective surgical conditions
	• The diagnosis and management of surgical complications
	• Clean and sterile technique
	  ○ Scrubbing, gowning and gloving
	  ○ Wound dressing and bandaging
	  ○ Suturing and removal of sutures and staples
	• Infection control
	• Freezing and cautery
	• Insertion of tubes, drains, needles
	• Interpretation of investigations – X-rays, CT scans, MRI scans, ultrasound, Doppler and duplex scans, blood tests, pathology
	• Emergency medicine skills – airway maintenance etc.
	• Prescribing Skills
	  ○ Management of fluids and electrolytes
	  ○ Postoperative pain control
	• Gaining informed consent
	  ○ Explaining procedure to patient		

Teaching methodology	The course is delivered by clinical placements and associated lectures. Time is allocated during the week for discussions and self-directed learning.		
Bibliography	Required textbooks/reading		

	Authors	**Title**	**Edition**	**Publisher**	**Year**	**ISBN**
	Brunicardi, F. Charles	Schwartz's principles of surgery	9th	McGraw-Hill	2010	9780071547703
	Raftery, Andrew T.	Applied basic science for basic surgical training		Churchill Livingstone Elsevier	2008	9780080451404
	Joint Formulary Committee	https://bestpractice.bmj.com/drugs	Last one	BMJ Group and Pharmaceutical Press.	Current year	
	National Institute for Health and Clinical Excellence	https://www.nice.org.uk/guidance	Last one		Current year	

Recommended textbooks/reading

Authors	**Title**	**Edition**	**Publisher**	**Year**	**ISBN**
Goldberg, Andrew.	Surgical talk: lecture notes in undergraduate surgery		Imperial College Press	2012	9781848166141

Assessment	Final year exam and final year OSCE. The written assessment will be Single Best Answer MCQs and Short Answer Questions. Workplace based assessments will take place during the attachment.
Language	English

<table>
<tr><td>Course title</td><td colspan="4">Clinical Practice: Internal Medicine</td></tr>
<tr><td>Course code</td><td colspan="4">MD-601</td></tr>
<tr><td>Course type</td><td colspan="4">Required</td></tr>
<tr><td>Level</td><td colspan="4">Undergraduate</td></tr>
<tr><td>Year / Semester</td><td colspan="4">Year 6/ Semester 11/12 (rotation)</td></tr>
<tr><td>Course Lead</td><td colspan="4">Professor Joseph Joseph
Chair, Clinical Education</td></tr>
<tr><td rowspan="3">ECTS</td><td rowspan="3">48</td><td colspan="3">Teaching Periods per Week</td></tr>
<tr><td>Large Group Learning</td><td>Small Group Learning</td><td>Clinical Practice</td></tr>
<tr><td>3</td><td>1</td><td>36</td></tr>
<tr><td>Course purpose and objectives</td><td colspan="4">The main objectives of the last two years of the Medicine Programme are to 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 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 work with patients who present with a medical problem across any sub-specialty of medicine. They will develop an understanding of the presentation, signs and symptoms, physical examination findings, investigations, diagnosis, treatment and management plan for a wide range of conditions.

Students will be “on call” in the Emergency Room to receive and clerk patients. They will spend most of their time on wards and in outpatient clinics. They will try to follow their patients throughout their treatment to build up some continuity of care. They will take part in all ward activities, working alongside other doctors, nurses, physiotherapists, occupational therapists, pharmacists, social workers – any healthcare professional involved in patient care – in order to understand the roles each healthcare professional undertakes and the importance of teamwork. They will take histories (clerking), carry out physical examinations, suggest investigations and interpret the findings with a view to reaching a diagnosis and starting treatment. They will take part in ward rounds, team meetings, radiology and pathology meetings and will present their patients to the rest of the team. They will keep accurate records (using an agreed template).

The overall aims of the attachment are as follows:
• To gain experience of patient care as part of a clinical team.
• To become proficient in medical diagnosis and formulation of management plans.
• To develop an adequate knowledge base for understanding common problems in internal medicine.</td></tr>
</table>

	• To develop clinical reasoning and problem-solving skills at the bedside. • To develop high standards of professional behaviour. • To continually reinforce basic and clinical science principles learnt during the earlier part of the course. • To prepare students to be able to prescribe drugs safely upon completion of their course. • To ensure students are able to write prescriptions and fill out drug charts accurately. • To ensure students are able to inject drugs, at the correct dose, intramuscularly, subcutaneously and intravenously.
Learning outcomes	By the end of the course, students will be able to: 1. Take a competent history from a patient, or relative of a patient, presenting with a medical condition, in a sensitive and caring manner. 2. Carry out a physical examination of patients. 3. Discuss a differential diagnosis for the presenting complaint. 4. Apply their knowledge of the basic and clinical sciences to identify and explain appropriate investigations, including blood and urine tests and imaging, to assist in the diagnosis of the presenting complaint and to interpret the results from such tests. 5. Prepare and explain a treatment management plan for the patient to present to the responsible clinician. 6. Apply clinical reasoning and problem-solving skills at the bedside, using hypothesis generation, data gathering, integration of basic science, clinical medicine and evaluation of opinions. 7. Demonstrate knowledge of common medical problems and medical emergencies. 8. Perform procedures common to internal medicine e.g. venepuncture, insertion of intravenous cannulae, arterial puncture, urinary catheter and nasogastric tubes, measurement of peak flow, arterial blood gases, transcutaneous pulse oximetry, setting up an intravenous fluid infusion, administration of an intravenous medicine, intramuscular injection, subcutaneous injection, insulin injection, administration of oxygen, diagnosis of death. 9. Demonstrate effective history taking in relation to prescribed drugs, over the counter medication, complementary and alternative therapies, illicit drug use and allergies. 10. Demonstrate the correct use of an in-patient prescription chart. 11. Demonstrate how to write a prescription for a patient, including effective prescription of controlled drugs. 12. Demonstrate how to prescribe at hospital admission, on-call in hospital and at hospital discharge.

	13. Inject drugs, at the correct dose, intramuscularly, subcutaneously and intravenously and prepare and give nebulised drugs. 14. In general, for each condition studied, list the main drugs (if any) that relieve symptoms, produce a cure or improve prognosis or reduce risk of recurrence. 15. Demonstrate high professional standards and attitudes regarding relationships in the workplace, team work, confidentiality, initiative, self- directed learning and ethical issues.

Prerequisites	None	**Required**	None

Course content

- The diagnosis and management of common acute and elective medical conditions
- The preventative approach to healthcare
- Insertion of tubes, drains, needles
- Interpretation of investigations, including X-rays, CT scans, MRI scans, ultrasound, Doppler and duplex scans, blood tests, pathology
- Emergency medicine skills – airway maintenance etc.
- Prescribing skills
    - Management of fluids and electrolytes
- Patient education – peak flow, spirometry, inhalers, nebulisers, glucose measurement.

Teaching methodology

The course is delivered by clinical placements, lectures, tutorials, case studies and group discussions.

Bibliography

Required textbooks/reading

Authors	Title	Edition	Publisher	Year	
Loscalzo J Kasper D Wiener C Fauci A Hauser S Longo J Jameson L	Harrison's Principles of Internal Medicine	20th	McGraw Hill, New York	2021	9781260463040
Joint Formulary Committee	https://bestpractice.bmj.com/drugs	Last one	BMJ Group and Pharmaceutical Press.	Current year	
National Institute for Health and Clinical Excellence	https://www.nice.org.uk/guidance	Last one		Current year	

Assessment	Final year exam and final year OSCE. The written assessment will be Single Best Answer MCQs and Short Answer Questions. Workplace based assessments will take place during the attachment.
Language	English

<table>
<tr><td>Course title</td><td colspan="4">Clinical Practice: Emergency Medicine and Intensive Care</td></tr>
<tr><td>Course code</td><td colspan="4">MD-601</td></tr>
<tr><td>Course type</td><td colspan="4">Required</td></tr>
<tr><td>Level</td><td colspan="4">Undergraduate</td></tr>
<tr><td>Year / Semester</td><td colspan="4">Year 6 / Semester 11/12 (rotation)</td></tr>
<tr><td>Course Lead</td><td colspan="4">Professor Joseph Joseph
Chair, Clinical Education</td></tr>
<tr><td rowspan="3">ECTS</td><td rowspan="3">48</td><td colspan="3">Teaching Periods per Week</td></tr>
<tr><td>Large Group Learning</td><td>Small Group Learning</td><td>Clinical Practice</td></tr>
<tr><td>3</td><td>1</td><td>36</td></tr>
<tr><td>Course purpose and objectives</td><td colspan="4">The main objectives of the last two years of the Medicine 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 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.

In this course, students will work 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.

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.

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.

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.</td></tr>
<tr><td>Learning outcomes</td><td colspan="4">By the end of the course the students should be able to:</td></tr>
</table>

	1. Assess the urgency of care required for an emergency patient (triage). 2. Take a focused history from a patient, or relative of a patient, who presents as an emergency, in a sensitive and caring manner. 3. Carry out an appropriate physical examination of patients so presenting. 4. Discuss a differential diagnosis for the emergency. 5. Apply their knowledge of basic and clinical science to identify and explain 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 and explain a treatment management plan for the patient to present to the responsible clinician to include medical, pharmacological, surgical options as appropriate. 7. Demonstrate effective history taking with relation to prescribed drugs, over the counter medication, complementary and alternative therapies, illicit drug use and allergies. 8. Prescribe drugs safely a. Demonstrate how to write a prescription for a patient, including effective prescription of controlled drugs. b. Demonstrate the correct use of an in-patient prescription chart. c. Inject drugs, at the correct dose, intramuscularly, subcutaneously and intravenously. d. Correctly prescribe oxygen, “As Required” medication, fluids and blood products, under supervision. e. Administer nebulized drugs. 9. Calculate the strength of an infusion based on the required rate of drug administration. 10. Mix and inject drugs into an intravenous infusion bag and prepare and give drugs by infusion pump. 11. Describe the emergency assessment and resuscitation of a patient following a drug overdose. 12. Describe the symptoms and signs following overdose with aspirin, paracetamol, opiates, tricyclic antidepressants, benzodiazepine. 13. Describe the specific management including antidotes of each drug listed. 14. 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. 15. Identify the patient who requires immediate medical attention and intervention. 16. 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. 17. 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. 18. Outline the specific initial management issues for abrasions, bites, burns, contusions, fractures, lacerations, near drowning, and sprains, including tetanus prevention. 19. Outline the diagnosis and management of acute organ failure, with particular emphasis on the cardiorespiratory system. 20. Describe sedation and analgesia in the critical care unit and outline parenteral and enteral nutrition in the critically ill patient.		
Prerequisites	None	**Required**	None
Course content	• The diagnosis and management of common emergencies including cardiac arrest, shock, respiratory emergencies, seizures, renal failure, acute pain management • Recognising the sick patient on the ward or in A&E • The indications for the use of emergency drugs and routes of administration • Oxygen therapy • Choking and hyperventilation • The indications for intubation • Prescribing skills • Local and general anaesthetics • Adverse drug reactions and anaphylaxis • Overdose with aspirin, paracetamol, opiates, carbon monoxide, tricyclic antidepressants, benzodiazepine • The emergency assessment and resuscitation of a patient following overdose • The specific management including antidotes of drugs commonly taken as overdose		

<table>
<tr><td></td><td>

- Desensitisation therapy in the management of allergy to insect stings (bee, wasp) and pollen (grass, trees)

</td></tr>
<tr><td>Teaching methodology</td><td>The course is delivered by clinical placements, lectures, tutorials, case studies and group discussions.</td></tr>
<tr><td>Bibliography</td><td>
Required textbooks/reading
<table>
<tr><th>Authors</th><th>Title</th><th>Edition</th><th>Publisher</th><th>Year</th><th>ISBN</th></tr>
<tr><td>Mahadevan, Swaminatha V</td><td>An introduction to clinical emergency medicine</td><td></td><td>Cambridge University Press</td><td>2012</td><td>9780521747769</td></tr>
<tr><td>Joint Formulary Committee</td><td>https://bestpractice.bmj.com/drugs</td><td>Last one</td><td>BMJ Group and Pharmaceutical Press</td><td>Current year</td><td></td></tr>
<tr><td>Natioal Institute for Health and Clinical Excellence</td><td>https://www.nice.org.uk/guidance</td><td>Last one</td><td></td><td>Current year</td><td></td></tr>
</table>
Recommended textbooks/reading
<table>
<tr><th>Authors</th><th>Title</th><th>Edition</th><th>Publisher</th><th>Year</th><th>ISBN</th></tr>
<tr><td>Knoop, Kevin J</td><td>Atlas of emergency medicine</td><td></td><td>McGraw Hill</td><td>2013</td><td>9780071496186</td></tr>
</table>
</td></tr>
<tr><td>Assessment</td><td>Final year exam and final year OSCE. The written assessment will be Single Best Answer MCQs and Short Answer Questions. Workplace based assessments will take place during the attachment.</td></tr>
<tr><td>Language</td><td>English</td></tr>
</table>

<table>
<tr><td>Course title</td><td colspan="4">Clinical Practice General Practice and Geriatric Medicine</td></tr>
<tr><td>Course code</td><td colspan="4">MD-601</td></tr>
<tr><td>Course type</td><td colspan="4">Required</td></tr>
<tr><td>Level</td><td colspan="4">Undergraduate</td></tr>
<tr><td>Year / Semester</td><td colspan="4">Year 6 / Semester 11/12 (rotation)</td></tr>
<tr><td>Teacher’s name</td><td colspan="4">Professor Joseph Joseph
Chair, Clinical Education</td></tr>
<tr><td rowspan="3">ECTS</td><td rowspan="3">48</td><td colspan="3">Teaching Periods per Week</td></tr>
<tr><td>Large Group Learning</td><td>Small Group Learning</td><td>Clinical Practice</td></tr>
<tr><td>3</td><td>1</td><td>36</td></tr>
<tr><td>Course purpose and objectives</td><td colspan="4">The objectives of the course are:
To provide the student with a basic understanding of general practice and geriatric medicine.
To understand the role played by the General Practitioner (GP) in the community.
To understand the limitations of the GP and the need to refer to a secondary care centre when appropriate.
To use the wealth of experience in General Practice to aid in the transition from senior student to house officer.
To enhance history-taking, information giving, physical examination and procedural skills through practice with a wide range of patients.
To prepare students to be able to prescribe drugs safely upon completion of their course and write prescriptions.
To illustrate doctors’ and other health professionals’ roles working across primary and secondary care.
To understand the importance of teamwork in the primary health care team.
To understand the importance of taking a holistic overview of elderly patients, as in geriatric medicine, rather than an isolated system view of the elderly by individual specialists who may not communicate adequately enough with their colleagues in other specialties to identify health patterns.</td></tr>
<tr><td>Learning outcomes</td><td colspan="4">By the end of the course the students should be able to:
Outline the nature of the physician-patient relationship and its impact upon the management of the patient's illness.
Demonstrate effective shared decision-making skills.</td></tr>
</table>

	3. Formulate differential diagnoses and treatment plans based on the limited information gathered in a typical GP office visit and evaluate a given treatment plan on the basis of outcome for the patient, likelihood of being implemented successfully, and the cost effectiveness of the treatment. 4. Manage the most common problems seen in ambulatory practice. 5. Maintain good patient records. 6. Perform procedures commonly carried out by GPs, including: urinalysis, venepuncture, throat culture, intramuscular and subcutaneous injections, ECGs, skin testing, spirometry, tympanometry, suturing, incision and drainage, casting and splinting, stool for occult blood. 7. Demonstrate effective history taking in relation to prescribed drugs, over the counter medication, complementary and alternative therapies, illicit drug use and allergies. 8. Demonstrate how to write a prescription for a patient, including effective prescription of controlled drugs. 9. Give subcutaneous, intramuscular and intravenous injections and prepare and give nebulised drugs.In general, for each condition studied, list the main drugs (if any) that relieve symptoms, produce a cure or improve prognosis or reduce risk of recurrence. 10. Develop a caring and empathic attitude towards all patients, regardless of their background, age, skin colour, gender, sexual preference, culture, religion or social status. 11. Describe the concept of prevention and generalise the concept of prevention/ lifetime health monitoring and developing long-term treatment plans and goals. 12. Take a history from an older person, including information of functional ability and social support. 13. Demonstrate the ability to perform a full physical examination of elderly people including systems often affected by illness in old age (locomotor, nervous and cardio-respiratory systems). 14. Explain the need to respect older patients' rights regardless of their age, background, culture, lifestyle, beliefs, race, gender, sexuality, disability, social or economic status. 15. Communicate clearly and effectively with older patients, their relatives and colleagues from a variety of health and social care professions. 16. Discuss the balance between prolongation and quality of life. 17. Describe the assessment, investigation and management of an elderly patient with falls, delirium, dementia, reduced mobility or incontinence. 18. Describe the process and principles of rehabilitation in hospital and community settings, the importance of functional assessment and what may

<table>
<tr><td></td><td colspan="3">realistically be achieved, the importance of goal setting, and the influence of socio-economic factors.

19. Describe indications for referral of an elderly person to a residential or nursing home and explain how such a placement is organised.

20. Outline the many roles played by a wide range of health professionals in caring for elderly patients.

Discuss the ethical and legal issues relating to older people including: consent to treatment, capacity to make decisions, safe-guarding finances, withdrawing and withholding treatment, elder abuse and cardio-pulmonary resuscitation decisions.</td></tr>
<tr><td>Prerequisites</td><td>None</td><td>Required</td><td>None</td></tr>
<tr><td>Course content</td><td colspan="3">• The diagnosis and management of common General Practice presentations affecting all the systems of the body including minor illnesses, obstetric and gynaecological conditions, childhood illnesses, infectious diseases and immunisations, mental health issues

• Problem formulation and differential diagnosis recognising the biopsychosocial dimensions of illness

• Development of management plans

• Discriminatory use of investigations including phlebotomy, measuring blood pressure measuring blood glucose, urinalysis

• Prescribing skills

• Adoption of preventative approach to healthcare including patient education

• Dealing with elderly patients presenting with falls, incontinence, delirium, dementia, confusion and reduced mobility

• Rehabilitation and residential care

• Breaking bad news

• Dealing with ethical issues

• Writing referral letters and hospital discharge letters

• Sickness certification</td></tr>
<tr><td>Teaching methodology</td><td colspan="3">The course is delivered by clinical placements, lectures, tutorials, case studies and group discussions.</td></tr>
<tr><td>Bibliography</td><td colspan="3">Required textbooks/reading
<table><tr><th>Authors</th><th>Title</th><th>Edition</th><th>Publisher</th><th>Year</th><th>ISBN</th></tr></table></td></tr>
</table>

	Stephenson, Anne. (ed.)	A textbook of general practice		Hodder Arnold	2011	9781444120646
	Woodford, Henry	Essential geriatrics		Radcliffe	2010	978146194269
	Timiras, Paola S.	Physiological basis of aging and geriatrics		Informa Healthcare	2007	9780849373053
	Joint Formulary Committee	https://bestpractice.bmj.com/drugs	Last one	BMJ Group and Pharmaceutical Press	Current year	
	National Institute for Health and Clinical Excellence	https://www.nice.org.uk/guidance	Last one		Current year	

Recommended textbooks/reading

Authors	**Title**	**Edition**	**Publisher**	**Year**	**ISBN**
Fillit, Howard	Brocklehurst's textbook of geriatric medicine and gerontology	7th	Saunders/ Elsevier	2010	9781416062318

Assessment	Final year exam and final year OSCE. The written assessment will be Single Best Answer MCQs and Short Answer Questions. Workplace based assessments will take place during the attachment.
Language	English