SCHOOL OF MEDICINE
PHASE II CLINICAL
CLERKSHIP PROGRAMME
(YEARS 4 AND 5)

INTRODUCTION
On successful completion of the Phase I programme, students proceed to Phase II. This part of the undergraduate programme is based on the well-proven 'clerkship' system, which lasts two (2) calendar years during which groups of students rotate through different clerkships.

The first clinical Year involves students as members of clinical service teams in the disciplines of Medicine & Therapeutics; General Surgery; Child Health; Obstetrics & Gynaecology; Psychiatry and Public Health. The second clinical Year involves additional experience in the disciplines encountered in the first year and provides exposure to other clinical disciplines - Primary Care, Orthopaedics, Otolaryngology, Ophthalmology and Anaesthetics and Intensive Care.

These attachments, with the exception of Child Health and Obstetrics & Gynaecology, will be primarily to clinical firms at local and regional hospitals and health clinics.

In the clerkship rotations of the two clinical years, students continue to develop the clinical skills to which they were exposed in the skills Laboratory and improve their abilities in the clinical reasoning process. Additionally, this exposure is expected to achieve integration of the clinical features of diseases with an understanding of the underlying disorders of normal structure and function and the use and interpretation of laboratory and radiological data in rejecting or confirming clinical hypotheses.

In the Clerkships, the students are exposed further to the factors which inform a rational, cost-effective and humane use of the vast armamentarium of therapeutic measures and substances, which are available for the amelioration and cure of disease conditions.

For most of the students, the first exposure to patients in various stages of illness and disease and the impact of such conditions, for both patients and students may be disconcerting and traumatic. It is important, therefore, that the early contacts with patients should be structured and guided in a way that sensitises the students to the needs of patients and their relatives and inculcates that caring approach to clinical practice that is essential if both patients and health practitioners are to benefit from the encounter.

It is expected that clinical clerks will display in their attitudes, mode of attire, behaviour in a public setting, and interrelationship with the patients and all categories of staff on the firms to which they are assigned, the highest standards of deportment and medical ethics. Such an approach to their responsibilities in the provision of medical care will ensure that the students will derive the maximum benefit from this period of clinical tutelage.

OBJECTIVES OF THE CLINICAL CLERKSHIPS
The Clinical Skills course followed during Phase I of the undergraduate programme is a prerequisite for a smooth and effective transition to clinical clerkship activity. In Phase II, the courses aim to consolidate the basic concepts of history taking and presentation, together with the development of the necessary skills in eliciting and interpreting abnormal physical signs in the various organ systems.

Students will be expected to develop proficiency in the techniques of physical examination of the major organ system and to differentiate normal from abnormal physical signs and their interpretation.

HOLIDAYS
During the fourth year, students will be entitled to two (2) weeks Vacation Leave. Such leave, however, will be taken at the discretion of the Tutor or Consultant to whom they are assigned.

DISCIPLINES
In the fourth year, the course consists of eight (8) week clerkships in the following disciplines: Medicine, Surgery, Paediatrics, Obstetrics & Gynaecology, Psychiatry and Public Health.

In the fifth (5th) and final year of the programme, there are additional clerkships in Primary Care Orthopaedics, Otolaryngology, Ophthalmology and Anaesthetics, and Intensive Care.
SCHOOL OF MEDICINE
DEPARTMENT OF CLINICAL MEDICAL SCIENCES

COURSE LISTING

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Phase II Examinations

[MEDC5320] Medicine & Therapeutics (Paper 1)]
[MEDC5321] Medicine & Therapeutics (Paper 2)]

COURSE DESCRIPTIONS

Level: 4 & 5
Semester: Year Long
Course Code: [MEDC4300], [MEDC5300]
Course Title: CLINICAL MEDICINE
Number of Credits:
Prerequisites: Successful completion of all Basic Health Sciences courses
Co-requisites:
Course Description: The core cases to be covered during the clerkship in Medicine include those from the following areas:-
• Cardiovascular Disease
• Gastroenterology
• Neurology
• Respiratory Diseases
• Genito-Urinary Diseases
• Endocrine and Metabolic Diseases
• Haematology and Immunology
• Musculo-Skeletal System/Rheumatology
• Aging
• Diseases of the Aged/Aging
• Infectious Diseases/HIV

Many of the diseases and disorders taught in Medicine will be repeated, albeit with a different emphasis when they move to another discipline such as Surgery, Paediatrics and Obstetrics, and Gynaecology etc.

Students will receive a Case-book in which they will record their experiences to serve as a portfolio for years 4 and 5.

During these clerkship, students are involved in the management of patients assigned to them. Clinical exposure will be obtained through attendance at ward rounds, out-patient clinics, operating-room sessions and emergency duty assignments, as rostered.

Rotations take place during the final clinical year at the Port-of-Spain General hospital. Some teaching is done at the San Fernando General hospital and is soon to resume at the Medical Sciences Complex.

Objectives

At the end of the clerkship, the student will be able to:

1. Demonstrate a systematic approach to history taking and the clinical examination of the musculo-skeletal system and derive a clinical diagnosis based on this;
2. Relate the disease process to the functional impairment induced so that an appreciation can be had of the extent to which traumatic and non-traumatic afflictions of the locomotor system can affect the ability of a patient to perform normal work-related and recreational physical activity;
3. Identify patients with common orthopaedic and traumatologic complaints, relate their clinical features to the underlying pathology and establish a rational protocol for management;
4. Appraise the devastating effects on normal physical and psycho-social development which may ensue as a result of congenital lesions of the musculo-skeletal system and the modalities available to manage their sequelae, e.g. physiotherapy and rehabilitatory procedures.

Formal tutorial sessions will cover topics such as:-
• Fractures, sprains and dislocations in childhood and adult life including classifications and management;
• Congenital anomalies and disorders of normal growth, including kyphoscoliosis;
• The arthropathies and haemoglobinopathies;
• Metabolic and endocrinological diseases of bone;
• Postural problems and low back pain;
• Tumours of the skeletal system;
• General principles of sports medicine, including training methods and prevention and management of injuries in athletes.

A programme in Accident & Emergency Medicine is being developed to familiarise students with the principles of trauma evaluation and care and give a grounding in basic life support procedures.

Assessment

Continuous evaluation takes place during the clerkship, and an end of clerkship evaluation, which may include a research project, is carried out.
**Aims and Objectives**
At the end of their training, Clerkship students are expected:

1. To demonstrate competence in the initial management of medical emergencies, especially as a first responder;
2. To engage in effective medical problem-solving and clinical diagnosis.
3. To assess the health status of individuals and groups through observation and data collection by way of history taking, physical examination and judicious use of laboratory investigations.
4. To perform standard clinical procedures.
5. To prepare to implement a rational management plan including appropriate referral.
6. To involve the patient and family in the plan for care and to educate the patient and family.
7. To have a rational approach to therapeutics evidence based as far as possible.
8. To recognize the role of nutrition and physical activity in maintaining wellness, prescribing diet therapies and lifestyle modifications where they are relevant.
9. To understand the importance of disease (physical, emotional and financial) upon the individual and family.
10. To practise medicine within the ambit of professional medical ethics and the law.
11. To be accountable for professional and personal actions in the care of patients.
12. To evaluate the results of treatment and to follow up with appropriate feedback.
13. To function harmoniously and constructively as a member of the multidisciplinary team within the health sector and between the health sector and other sectors of the society.
14. To investigate and treat the individual with a consciousness of the cost of such interventions.

**Pathophysiology**
It is imperative that students maintain an intimate and continuous association with the Departments of Pathology and Microbiology, as it will become increasingly clear that a comprehensive knowledge of the patho-physiology of disease is the basis of all clinical diagnosis and treatment of disease. It is impossible to master the understanding of disease without a sound knowledge of Pathology.

**Assessment**

**FOURTH YEAR**
1. Students will be assessed on a continuous basis on the following criteria:
   - Attendance
   - Professional Attitude and Deportment
   - Clinical /Technical Skills
   - Factual Knowledge
   - Initiative and Involvement
   - Empathy
   (See attached end of Clerkship Assessment form)

2. A COSCE (a modified OSCE and written examination) will be administered during the final week of each Adult Medicine clerkship.

3. Students are expected to keep a Portfolio of ward and clinic experiences. These will be reviewed periodically to ascertain quality of the clinical experience.

4. From the Class of 2007 onwards, continuous assessment will contribute 20% towards the final examination.

**FIFTH YEAR**
As per the fourth year

**EXCEPT:**
A mock OSCE will be held circa one month prior to the final MB BS Examinations in May-June and November-December.

**PASS/FAIL FOR CLERKSHIP:**
Grades A, B, C secure a pass. Students with lower grades may be required either to conduct remedial work or repeat the clerkship.
**FINAL EXAMINATION:**

Paper I is a 3-hour paper and comprises of a Multiple Choice component with 100 single best response questions as well as 40 Extended Matching Questions reflecting eight (8) themes.

Paper II is a 3-hour long paper with 25 Short Answer Questions.

The clinical component takes the format of an objective, structured clinical examination that comprises stations in Adult Medicine, Child Health, Psychiatry and Community Health – usually a combined total of twenty-one to twenty-five each of seven minutes duration. The candidate must obtain a pass in this component in order to pass the examination in Medicine and Therapeutics. Borderline candidates and Honours/Distinction candidates will be further tested in a multidisciplinary ORAL examination.

* See item 4 above re: continuous assessment.

Full details of curriculum, clerkship timetables and detailed regulations governing examinations are available from the Departmental Secretary at Extension 2926.

**Level:** 4 & 5  
**Semester:** Yr Long  
**Course Code:** [MEDC4301], [MEDC55301]  
**Course Title:** CHILD HEALTH  
**Number of Credits:**

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**Prerequisites:**

**Co-requisites:**

**Course Description:** The overall objectives of the child health programme are to equip the student to recognise a normal child from birth to adolescence, obtain a complete medical history, perform a physical examination, arrive at a rational, informed diagnosis, acquire certain technical skills, become familiar with certain procedures, understand the social and familial environment of childhood problems, and develop a professional and caring attitude.

**The Curriculum**

The curriculum comprises the following:

A. An Eight-week Clerkship, Year 1 (i.e. 4th Year). This includes bedside teaching, tutorials, seminars, case presentations, attendance on emergency service and outpatient clinics (see Annex 1 for details). The main components of the clerkship are:

1. An introduction to child health including history taking and complete physical examination in which differences peculiar to Paediatrics are highlighted.

2. Rotations through various services at the Children's Hospital, EWMSC, Neonatal Unit, Mount Hope Women's Hospital, the Community Paediatric Clinics and Radiology.

B. A Six-week Clerkship, Year 2 (i.e. 5th Year). This is designed to strengthen clinical skills and further develop basic paediatric knowledge.

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At the end of the clerkships, the student must be able to:

1. take a complete history from the parent or guardian with special emphasis on those aspects of more relevance to the paediatric age group, e.g. antenatal, natal and post-natal histories, nutritional and dietary history, developmental, immunisation, social and family history;

2. perform a physical examination on a child and gestational assessment in the newborn;

3. estimate the age of any child based on physical, developmental and behavioural features;

4. identify, based on history and examination, all the problems in the physical, social, behavioural and intellectual functioning of the child and produce a scheme of management intended to solve them;

5. assess the nutritional status of the paediatric patient and understand the use of growth charts;

6. demonstrate a knowledge of the pathophysiology and management of common childhood diseases, including common emergencies and preventive paediatrics;

7. relate the problems of the patient to his environment and discuss the various resources in hospital, home and community that may be used to solve them;

8. communicate effectively with the patient and family, and understand medical ethics.

**Technical Skills**

The student should be able to:

1. Perform venepuncture: antecubital, external jugular and femoral veins
2. Perform heel prick
3. Start an intravenous infusion using scalp or peripheral vein
4. Obtain throat and blood cultures
5. Insert a nasogastric tube
6. Feed a baby by bottle, cup and spoon
7. Perform bag & mask ventilation and external cardiac massage
8. Perform and interpret urinalysis & microscopy, dextrostix, haematocrit and bilirubin estimations, blood gas analysis and transillumination of skull & chest
9. Witness and describe the following procedures:
   - saphenous vein cutdown
   - umbilical vein catheterisation
   - exchange transfusion
   - resuscitation of the newborn
   - suprapubic aspiration
   - lumbar puncture
   - thoracocentesis
   - subdural tap
   - Denver development screening test
The student should be able to do the following:
1. Give advice to parents on infant and child feeding and nutrition, having regard to their social and economic circumstances.
2. Design a childhood immunisation programme.

The student should demonstrate an understanding of the concept of the health team and recognise his/her limitations in dealing with a problem and recognise when to seek help. The student should understand and respect the rights of the patient and discharge his duties in an ethical and caring manner.

Assessment
Students will be assessed in the following manner:
1. Attendance and reliability 10
2. Factual knowledge 10
3. Approach to clinical problems 10
4. Deportment 10
5. OSCE 25
6. Case presentation 10
7. MCQ/Essay 25
Total 100

Grading:
A = 75% = Excellent
B = 65%-74% = Good
C = 55%-64% = Fair
D = 50%-54% = Poor
E = Up to 50% = Very Poor
F = Fail = < 50

The fourth year, Community Health Clerkship Rotation students will learn about the health care delivery system of Trinidad & Tobago and the health protection and health promotion activities, based in the community. Applying the knowledge acquired in the Community Health subjects during the pre-clinical course, they are expected to study in a practical way, and to understand and analyse health structures, systems and their functions. The interactions and interrelations of health related activities would be studied in the context of the concept of Primary Health Care in relation to the particular environment of the Caribbean region. Students will observe the ways in which health care organisation impacts on access and utilisation and influence the perception of patients and their attitudes to the health services.

The clerkship is intended to encourage the students to function as a team. It intends as well to develop their ability to collect relevant information through observation and practical participation in health activities, in the health services, and community. It is also expected that during the Clerkship, students will develop the ability to analyse and critically assess this information and present it in the form of written reports or orally at seminars for group discussion.

The students, who should by now be skilled and motivated in self-directed learning, will actively participate in the definition, planning and organisation of the Clerkship. This will enable them to take a larger responsibility for the educational process and enhance their ability for self-organisation of the learning activities.

General Objectives
The Clerkship should enable the medical students to:
1. study and understand the health policy of Trinidad & Tobago, as well as the structure, organisation and function of the health care delivery system, including drug supply/utilisation and cost-effectiveness of chronic disease management, and also the special welfare services of the country, as they relate to health;
2. become aware of the role of medical, health and social workers, as members of a health team, in the delivery of health care, prevention of diseases and health promotion of the individual, and community;
3. study the activities related to disease prevention, control and health promotion as carried out by the health services and the community in the context of the primary health care strategy and observe the ways in which health care organisation impacts on access and utilisation;
4. study the organisation and delivery of environmental and occupational health services and appreciate the relevance of these activities in the prevention and control of disease and health promotion;
5. obtain relevant information through active participation in health care activities, through observation and through discussions with resource persons, and after critical analysis of such information, to present it orally for group discussion or in written reports;
6. develop the attitudes of teamwork and the ability to undertake responsibility as a team member;

Organisation of a Clerkship
The Clerkship is structured in three blocks:

1. Block One (3 weeks) - study of health care delivery system in Trinidad & Tobago, the organisation, structure and function of basic health services, including the recording, reporting and referral system, and its relation to social welfare services, family and community, and its influence on patient access and utilisation. The learning activities will be focused on the role and function of health centres, the health team, maternal and child health, chronic disease and family planning clinics, school health and home visits.

2. Block Two (2 weeks) - study of structure, organisation and function of prevention, control and surveillance of disease, and the monitoring of health. The learning activities will be centred on the function of the system of disease surveillance, health education and specific programmes related to sexually transmitted diseases with emphasis on AIDS, and re-emerging diseases e.g. tuberculosis.

3. Block Three (3 weeks) - study of structure, organisation and function of environmental and occupational health services.

Learning activities will focus on specific areas within the existing system such as general environmental health, occupational and industrial health, vector control, public health engineering, monitoring of food and drugs, and disaster preparedness.

Educational Approach
The clerkship is based on the educational principles of self-directed learning and self-organisation of learning activities, including classical PBL tutorials and seminar discussions.

Student Involvement and Responsibility
Students are expected to actively participate in the definition, development and the organisation of the clerkship so that the clerkship evolves towards the students’ perception of what they should learn, know, understand and be able to perform, to achieve their own objectives, the educational objectives of the Community Health programme and the broad objectives of the Clerkship. Therefore:

a. the students define the objectives of the clerkship and the individual blocks at the beginning of the clerkship and discuss the organisation and the timetable for learning activities;

b. at the end of the clerkship, the students discuss and analyse the programme and its organisation and timetable. They evaluate their own performance as a team and as individual members of the team, and the achievement of the objectives that they have set up. The students assess the assistance received from the staff and make recommendations for the future clerkship groups;

c. the students are involved in the preparation of the programme for the next group, thus assuring a continuous student input in the development of the clerkship programme.

Problem Based Learning (PBL)
The major learning topics will be introduced through PBL tutorials. The methodology of the tutorials follows the established pattern, but with some modifications accommodating the requirements of a practical self-directed and self-organised learning programme.

Structure of the PBL Tutorials
STAGE I
- discuss the presented problem;
- formulate the learning objectives;
- identify priorities of the objectives;
- define the learning activities;
- plan the work timetable.

STAGE II
- work on the issues and collect the information through observation and/or participation in activities, through interviews with the health staff and patients and through study of documents and references;
- analyse and summarise, both individually and collectively, the acquired information and findings.

STAGE III
- present and discuss the problem;
- summarise what has been learnt;
- evaluate achievement of the learning objectives;
- identify problems related to the students’ work;
- assess support received;
- assess the PBL problem formulation;
- make recommendations for the clerkship.

Places of Work and Sub-grouping of Students
The Clerkship work will be carried out at health centres, maternal and child health, family planning clinics and various departments of central Ministry of Health and their sub-units, as well as private/non-governmental organisations. Students will be expected to undertake visits to the community, to families and to schools, and to work with environmental health personnel and acquire knowledge of the role and functions of the National Surveillance Unit.

For particular studies or activities, the students will form sub-groups of 2 to 3 students.
Seminars
Groups of 2 to 3 students will be assigned to prepare and present, for seminar discussion, a topic related either to the health care delivery system of Trinidad & Tobago, or an important health problem in the Caribbean. The students are encouraged to select a topic of their own choice. A member of staff of Community Health, Ministry of Health or CAREC will serve as a resource person. However, all students of the group are expected to prepare for the seminar and take an active part in the discussions.

Written reports
As the Clerkship is based on self-directed and self-organised learning, it is a requirement that the individual students each prepare and submit a written report on their activities, on the collected information, and on the analysis made. Such a report should include recommendations related to particular components of the blocks.

End of Clerkship Examination
The examination will cover all activities of the clerkship, practical as well as theoretical, of the various blocks.

Assessment
The students' performance will be evaluated on the basis of continuous assessment of their work during the clerkship in relation to the major learning objectives and activities of the clerkships and a final examination. It will include:

a. knowledge as shown in the PBL tutorial and seminar discussions;
b. aptitude in application of concepts in practice as expressed in the reports, PBL and seminar discussions;
c. ability to collect, analyse and present relevant information in verbal and written report form (reports, seminar presentations);
d. attitude to work, self-discipline and team spirit, (attendance, timely presentation of reports, group reports);
e. end of clerkship examination.

The final assessment mark will be cumulative of the following:
1. The average of the reports 20%
2. Seminar presentation 20%
3. Contribution and participation in the PBL and Seminar discussions 20%
4. End of clerkship examination 20%
5. Attitude to work and diligence 20%

Where appropriate, the students will be asked to assess the seminar presenters and the group performance, drawing conclusions and making recommendations for improvement.

Evaluation of the Clerkship Programme
At the end of the Clerkship the students will evaluate all aspects of the Clerkship in accordance with a questionnaire prepared by the Department of Medical Sciences Education, and their views and recommendations will be discussed with the Community Health; Department Staff, which will be taken into account in the continuous review of the clerkship programme.

Level: 4
Semester: Yr Long
Course Code: [MEDC4303]
Course Title: PSYCHIATRY
Number of Credits:
Prerequisites:
Co-requisites:
Course Description: The Psychiatry undergraduate clerkship is geared toward providing the student with a general understanding of psychiatry as it relates to medical practice as a whole; it hopes to encourage some students to choose psychiatry as a speciality. For the majority who do not, it seeks to sensitize them to the relevance of psychiatric problems in their practice.

Aims
The Unit of Psychiatry aims to make the medical student sufficiently familiar with the psychological aspects of medicine so that (s)he would be a safe and competent doctor regardless of the specific field in which (s)he may eventually settle.

Desired Attitudes:
A balanced approach to the practice of medicine requires awareness in the doctor that although patients usually present a physical complaint, their physical symptoms often carry some emotional disturbance. Furthermore, some conditions (e.g. conversion hysteria) may have a psychological rather than an organic basis and the doctor should be able to recognize when this is the case.

a. The student also needs to keep in mind that all classes of physical illness (e.g., infections, neoplasms, adverse effect of drugs prescribed) may include psychiatric features and often present as purely psychiatric syndromes.

b. The student should be aware that certain forms of behaviour, which appear to be character traits or to be within normal limits and may even, be socially accepted, may in fact be pathological and lie within the realm of psychological disturbance (e.g. heavy drinking, suspiciousness, and irritability).
Objectives of the Psychiatry Clerkship

The clerkship in psychiatry is intended to equip the student with the knowledge and skills in psychiatry that are essential for him or her to practice effectively as a medical practitioner. By the end of the clerkship the student should be able to recognise the biological, psychological and socio-cultural determinants of psychiatric illness, be able to diagnose the common psychiatric disorders and be conversant with the principles of management and the techniques of treatment in psychiatry.

In order to achieve these goals and to establish a basis for assessment, the "objectives" of the clerkship are formulated as follows:

The student should be able to:

1. Conduct a psychiatric interview and establish a therapeutic alliance with the patient.

2. a. Understand the way human growth and development impacts on illness and psychopathology. Explain the relevance of details of the patient's life history, including birth and early life, school record, pre-morbid personality and intelligence, cultural background and sexual adjustment.

2. b. Use this information to be able to present a formulation of a patient's illness, which takes into account the part played by:
   - Biological factors
   - Psychological factors
   - Socio-economic and cultural factors

3. Understand the commonly used terms that are relevant to psychiatry so that one can conduct a mental status examination and describe its findings in the language of psychiatry.

4. Recognise and manage emotional and psychiatric issues that may affect patients seen in any medical setting. This includes working understanding of stress and the way it impacts on disease states.

5. Identify abnormal psychological states, which have a known neurological, biological or other organic basis.

6. a. Describe the main features of:
   - The major psychoses (schizophrenia, affective disorder)
   - The anxiety disorders
   - Alcoholism and substance abuse
   - Organic brain disorders e.g. dementia, delirium, and HIV related problems
   - Personality disorders
   - The more common childhood and adolescent disorders

b. Identify them in a given subject.

7. Define the principles of psychotherapy as might be used in cognitive/behavioural, interpersonal, and psychodynamic interventions and describe the relevant techniques.

8. To describe the meaning and use of:
   - Group therapy
   - Behaviour therapy
   - Family therapy
   - Therapeutic community
   - Crisis intervention

9. Foster an understanding of the function of the multidisciplinary team in Psychiatry. To describe the part played in the management of the patient by:
   - The nurse
   - The occupational therapist
   - The mental health officer
   - The psychologist
   - The psychiatric social worker

10. a. Be familiar with the pharmacology of the drugs commonly used in psychiatric practice.

b. State indications, dosage and cost of preparation, side effects, toxic effects and duration of treatment.

11. Describe the principles and technique of other forms of physical treatment e.g. ECT.

The psychiatric clerkship lasts for eight weeks. All students spend the first week in the Psychiatry Unit, Eric Williams Medical Sciences Complex receiving an introduction to psychiatry and psychology.

From the second week on, students are divided into two groups and are assigned to psychiatric wards at the San Fernando General Hospital and at St Ann's Hospital, as well as at community clinics. Each group is assigned to each institution for three weeks. Clinical teaching is conducted on mornings by lecturers or associate lecturers on ward rounds and outpatients' clinics.

The final week consists of clerkship assessment. This includes a multiple true-false paper, essay and mini-OSCE examinations.

Students are expected to examine patients on the wards and in the clinics, and to present those cases when asked. Students are expected to prepare clinical case notes, in which case histories and mental status examinations, investigations, differential diagnoses, treatment plans, and follow up notes are maintained for at least three patients suffering from different psychiatric disorders. Task cards with specific activities must be completed and signed by a supervising lecturer.

Tutorials are conducted three times weekly and follow the Problem Based Learning (PBL) format and student presentations. Lectures in Psychology are conducted weekly.
THE JUNIOR CLERKSHIP ROTATION

Level: 4  
Semester: Yr Long  
Description: During this period the student will be expected to develop a strong foundation in General Surgery. A progression of topics is introduced during the eight weeks, which are divided into two blocks of four weeks each at the Port-of-Spain and San Fernando General hospitals. Students will be assigned in groups, to specific firms. They will begin to assume limited clinical responsibility for the care of patients.

The first block introduces the following subjects:
- Pre-operative preparation; operative etiquette; post-operative care
- Fluid and electrolyte balance
- Body surface lesions
- Wound care; principles of wound healing
- Abdominal wall and groin hernias
- Surgical infections

During the second block, the student is introduced to:
- The acute abdomen—diagnosis and management
- Surgical pathology of malignant lesions; diagnosis and management

Seminars will be conducted on common urological problems on a weekly basis. Topics will include haematuria, renal calculi and urinary retention.

During the junior rotation, weekly sessions on Accident and Emergency Medicine will also be conducted. Tutorials will include problem-based learning sessions and clinical skills training on:
- Trauma resuscitation
- Management of the head injured
- Early management of burns
- Abdominal trauma
- Shock; haemorrhage and transfusion
- Basic life support; basic airway management; basic cardiac resuscitation

During both clinical years, the student will be required to keep a surgical case book of the cases in whose management (s)he has participated. (S)he will also need to get documentation of a series of procedures listed in the log book. The individual entries will have to be signed off by the tutor(s). An end of clerkship assessment is done by written and/or oral examination.

THE SENIOR CLERKSHIP ROTATION

Level: 5  
Semester: Yr Long  
Description: The final year includes a number of rotations in disciplines encountered in the junior year as well as exposure to the major sub-specialties. The new rotations include Anaesthetics and Intensive Care, Orthopaedics, Ophthalmology, Otorhinolaryngology and Paediatric Surgery.

In addition, attendance at clinico-pathological presentations and conferences is meant to facilitate a deeper, more comprehensive understanding of the relationship of pathological processes to the symptoms and signs of disease states.

The fifth year programme is intended to:

1. Consolidate and refine the objectives outlined in Year four (4) of problem-solving in a clinical setting.
2. Create a deeper understanding of the patho-physiology of disease and facilitate a comprehensive knowledge of Pathology/Microbiology, Immunology and their relationship to symptoms and physical signs, in continuation of the process begun in Year 4.
3. Promote an understanding of the epidemiology and pathogenesis of disease processes, and how these may interact with the patient, his/her relatives and the community.
4. Foster the acquisition of the skills necessary for predicting, recognising and hopefully preventing the progression of a disease process and its complications.
5. Develop a more comprehensive insight into the relevance of investigations of disease processes, and the use of possibly predicting the outcome of a disease process. It is imperative that students become fully aware of the value and limitations of clinical and laboratory investigations in obtaining an overview and understanding of a disease process and its final outcome.
6. Induce knowledge of the pharmacological basis for the treatment and management of disease. Students will be taught the therapeutic interventions considered necessary in the treatment of disease. Students will also be expected to acquire a working knowledge of the essential drugs used in the management of the major disease processes and the therapeutic models of intervention. They will be expected to know and understand such concepts as absorption - bioavailability, distribution, selective uptake and methods of degradation and routes of elimination of drugs and their metabolites etc.
7. Emphasise an awareness of the interdependence of the various disciplines in Clinical Medicine on each other, and their close relationships. Students should be able to recognise that the development of divisions such as Medicine, Surgery etc., is purely arbitrary and hence, must learn early to recognise the interdependence of disciplines (departments) on each other in achieving optimum management of the patient as a whole person.

8. Enable the student to recognise and understand the impact of the disease on the patient physically, psychologically and economically, and to be able to advise the patient and his/her relatives about the prognosis and final outcome of a particular disease process and how it may modify the patient’s ability to function both now and in the future.

Assessment
End of clerkship assessments will follow a format similar to that indicated for the fourth year.

Phase II Examinations

**[MEDC5320] Medicine & Therapeutics (Paper 1)**
**[MEDC5321] Medicine & Therapeutics (Paper 2)**

**FINAL EXAMINATION:**
Paper I is a 3-hour paper and comprises of a Multiple Choice component with 100 single best response questions as well as 40 Extended Matching Questions reflecting eight (8) themes.

Paper II is a 3-hour long paper with 25 Short Answer Questions.

The clinical component takes the format of an objective, structured clinical examination that comprises stations in Adult Medicine, Child Health, Psychiatry and Community Health – usually a combined total of twenty-one to twenty-five each of seven minutes duration. The candidate must obtain a pass in this component in order to pass the examination in Medicine and Therapeutics. Borderline candidates and Honours/Distinction candidates will be further tested in a multidisciplinary ORAL examination.

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**SCHOOL OF MEDICINE**  
**DEPARTMENT OF CLINICAL MEDICAL SCIENCES**

Aims of the undergraduate programme in the Clinical Surgical Sciences:

1. To prepare students for the practice of whichever branch of medicine they may subsequently enter by providing them with training in those essentials of care that every physician should provide.
2. In collaboration with other departments, to ensure that students adopt logical and scientific methods of history-taking and physical examination and apply these to the understanding of the natural history and treatment of disease.
3. To teach concepts of normal body processes and the principles of tissue response to disease and injury, building on the understanding which students have acquired during training in the Basic Health Sciences programme.
4. By providing exposure to as wide a variety of disease conditions as possible, to underline from the beginning of the clinical training programmes, the importance of basic clinical acumen in the proper care of patients, stressing a critical attitude towards the use of investigative facilities.
5. To emphasise the application of principles previously learnt to the details of patient care, especially in the emergency room, the outpatient department and the acute surgical wards.
6. To encourage the continued application of self-directed study to the process of life-long learning, during a period of increasing participation in the responsibilities of patient care.
7. To enhance the doctor-patient relationship, through example and teaching, by fostering an attitude of concern for all patients with whom contact is made and for whom some responsibility is assumed, through honest and effective communication about the disease(s) affecting them and the choice of treatment options.
8. To teach the importance of formulating and applying a management plan to patient care, particularly in less acute cases.
9. To insist that trainees are completely familiar with and motivated to apply strict ethical principles to the practice of medicine.
COURSE LISTING
The following courses will be covered during the clinical rotations in the Department:

<table>
<thead>
<tr>
<th>Level</th>
<th>Semester</th>
<th>Course Code</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>4&amp;5 Yr Long</td>
<td>[MEDC4330]</td>
<td>Obstetrics and Gynaecology I</td>
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<tr>
<td></td>
<td>[MEDC5330]</td>
<td>Obstetrics and Gynaecology II</td>
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<tr>
<td>4&amp;5 Yr Long</td>
<td>[MEDC5340]</td>
<td>Orthopaedic Surgery</td>
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<tr>
<td>5 Yr Long</td>
<td>[MEDC5341]</td>
<td>Otorhinolaryngology (E.N.T. Surgery)</td>
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<tr>
<td>5 Yr Long</td>
<td>[MEDC5342]</td>
<td>Ophthalmology</td>
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<tr>
<td>5 Yr Long</td>
<td>[MEDC5343]</td>
<td>Anaesthesia and Intensive Care</td>
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COURSE DESCRIPTIONS
Level: 4&5
Semester: Yr Long
Course Code: [MEDC4330], [MEDC5330]
Course Title: Obstetrics & Gynaecology
Number of Credits:
Prerequisites: Successful completion of all Basic Health Sciences courses
Co-requisites:
Course Description: The chief aims of this initial period of training in human reproduction and family planning are:
• To allow students to establish an effective relationship with patients in order to gather data from them and,
• To develop their clinical skills to an extent over-riding reliance on elaborate biochemical and biophysical investigations.

These aims are accomplished by:
1. Teaching the evaluation of a clinical condition from the history and physical findings
2. Employing case presentation as the preferred method of teaching
3. Bedside discussions/tutorials and clinical teaching sessions, and
4. Clerkship rotations through the labour, antenatal and gynaecological wards, in order to gain effective communication and rapport with women in physical or mental stress.

In Obstetrics, the physiology of normal pregnancy, antenatal care and basic nutritional requirements, the management of the normal puerperium and lactation are given priority. The mechanism of normal parturition is taught with emphasis on pain relief and the use of pharmacological agents in retarding or accelerating labour. Students are allowed to gain practical experience by performing a number of deliveries and are given the opportunity to develop manual skills, e.g. by suturing episiotomies and assisting at operative deliveries. They are also introduced to obstetric problems that are common in the Caribbean, such as the hypertensive disorders of pregnancy, diabetes, anaemia, etc.

In Gynaecology, much attention is focused on the science and techniques of conception control and the importance of these entities in a comprehensive maternal and child care programme. The key role of screening programmes in controlling cervical cancer and the problems of early pregnancy are highlighted.

Course Outline
A. Obstetrics:
1. Antenatal management:
   Antenatal Care, prenatal diagnosis
   Hyperemesis gravidarum
   Anaemia, Sickle Cell Disease
   The Hypertensive Disorders
   Diabetes
   Antepartum Haemorrhage
2. Delivery:
   Normal Labour
   Dysfunctional labour
   Relief of Pain
   Episiotomy
   Foetal Distress
3. The Puerperium:
   Lactation
   Postpartum Haemorrhage
4. Caesarean Section, Forceps Delivery

B. Gynaecology
   Physiology of menstruation
   Contraception and Sterilisation
   Abortion/Miscarriage
   Infertility
   Pelvic Pain
   Excessive or irregular blood loss
   The Pap Smear, Cervical Cancer
   Vaginal Discharge

A course outline is given to junior students at the beginning of the clerkship so that each student can study the topics for the end-of-clerkship examination. It also presents a guide to the teachers but is by no means a rigid curriculum, and teachers are advised to maintain a degree of flexibility. Didactic teaching is not always possible on all the subjects in the course curriculum, and clinical exposure and self-learning activity are relied upon to fill the gaps.
The clerkship in the first clinical year consists of eight (8) weeks spent at the General Hospital, Port-of-Spain and the second Year includes a six (6) week clerkship at the Mount Hope Women’s Hospital.

Requirements
During the Obstetrics & Gynaecology Clerkship, persons in statu pupillari:

1. Are on duty until 10:00 p.m. on weekdays when their unit is receiving; and on Saturdays and Sundays, until 6:00 p.m.
2. Are expected to perform normal deliveries and to participate in at least 5 operations, during the junior and senior years. Each delivery must be certified by the doctor or midwife in charge.
3. Are expected to suture vaginal lacerations and episiotomies. This provides an excellent opportunity for studying the anatomy of the region and for developing one’s surgical skill.
4. Must wear proper dress while attending to patients and wear a name badge at all times. Proper decorum is mandatory.
5. Must on no account leave the precincts of the hospital when on duty, without the permission of the Registrar or Consultant. Labour Ward duty takes priority over everything else in the Department. The lecture theatre and library may be used while awaiting deliveries.
6. Must be punctual. No student will be allowed to join teaching sessions if he is late, without good reason.
7. Are attached to Units and must on all counts adhere to the attachment scheme. Failure to adhere to this scheme will result in poor assessment grades.
8. Are required to read the manuals, available in the department during the first week of the clerkship.

Assessment
Students are evaluated chiefly on their application to work on the wards. Written course-work is assigned twice during the clerkship, corrected with criticisms, and the achievement data are fed back to the students. This technique is used simply as a device to support learning. A terminal assessment is performed by written and/or clinical examination.

Objectives
At the end of the clerkship in General Surgery the student will be able to:

1. Take a competent history.
2. Correctly interpret symptoms and physical signs and make confident clinical decisions.
3. Explain how surgical disorders evolve and the various stages at which physical examination, laboratory investigation and special procedures may lead to the establishment of an accurate diagnosis.
4. Identify those surgically remediable conditions that commonly afflict members of the community.
5. Choose between different therapeutic manoeuvres, according to time and circumstance, and, in particular, recognise life-threatening surgical emergencies and initiate management.
6. Based on (5) above, formulate and carry out a management plan as appropriate.
7. Appreciate the importance of patient education on the nature of their disease, the prognosis and the treatment options available.
8. Demonstrate the acquisition of skills in minor surgical procedures such as wound suturing, urethral catheterisation and drainage of superficial abscesses, and describe the basic principles of operative surgery and the various factors that may influence a choice of procedure.

Students will be expected to keep a ‘case book’ record of the patients in whose care they are involved and to ensure that the list of procedures, which they are required to perform or observe, is completed.

A number of topics will be presented in a lecture format on an annual basis. These lectures are given on Saturday mornings in an Amphitheatre at the Eric Williams Medical Sciences Complex. Attendance is possible for students in both clinical years. A detailed programme will be posted.

Assessment
An in-training evaluation will be submitted by each tutor at the end of each rotation for each student. A clerkship assessment will take place at the end of the rotation. This may involve an MCQ, an Objective Structured Clinical Examination (OSCE) and/or an oral examination. This assessment may be used in determining the student's eligibility to write the final examination and to achieve a passing grade. A student whose evaluation is unsatisfactory may be required to undergo a course of remedial training.
NEUROSURGERY
Level: 4 & 5
Description: The teaching in this specialty begins in the junior clinical year and continues in the final year. The student is exposed to bedside teaching, small group tutorials and formal lectures in Neurological Surgery.

Objectives
At the end of the Surgical Clerkship, it is expected that students will be able to:

1. take a history of the presenting relevant complaint quickly;
2. assess the mental state of a patient;
3. assess the level of consciousness of a brain damaged patient and assign a Glasgow Coma Scale Score;
4. be proficient in carrying out an examination of the nervous system and eliciting and interpreting any abnormal physical signs;
5. conduct assessments of visual and auditory functions;
6. determine, on the basis of the history and physical examination, the level in the nervous system which is impaired, and the likely pathology;
7. indicate what further (cost effective) investigative measures are required;
8. detect obvious abnormalities of the neuraxis on plain radiographs and more specialised radiological studies;
9. formulate and maintain a management plan for an individual case both in an emergency and in the stabilised state;
10. describe the principles of management of subluxated or displaced spinal fractures complicated by compression of the spinal cord;
11. initiate non-operative prophylactic measures against possible complications of primary and secondary CNS trauma;
12. describe the triad of clinical features associated with increased intracranial pressure;
13. appraise the risks of lumbar puncture in patients with raised intra-cranial pressure;
14. describe concepts of space usurping intracranial mass lesions, their associated pathophysiology and principles of treatment;
15. describe the common types of congenital defects of the neuraxis and the principles of management of such conditions; and
16. describe the potential value of electro-physiological tests e.g. E.E.G and nerve conduction studies.

Assessment
The student will receive ongoing assessment based on performances during the tutorials. Some questions on the specialty will be included in the end of clerkship examination.

PAEDIATRIC SURGERY
Level: 5
Description: This course is introduced during the final year clerkships. The student is expected to attend weekly outpatient clinical sessions at the Medical Sciences Complex and take part in case presentations and discussions. Attendence at weekly grand rounds on the surgical wards is encouraged. An overview of the specialty is included in the annual lecture series.

The aim of this course is to build on the knowledge of general surgery and paediatrics acquired during the fourth year rotation. The student is helped to understand the pathophysiology, diagnosis and principles of management of common and important surgical conditions that occur in infants and older children. Several areas of overlap exist within the programmes in paediatric medicine, general surgery and some of the other surgical sub-specialties.

At the end of the clerkship, the student will be expected to be able to identify, describe and discuss the pathophysiology and management of common paediatric surgical conditions such as:

- Masses, cysts and fistulae of the head and neck
- Benign body surface tumours
- Hernias, hydrocoeles and undescended testes
- The acute scrotum
- Non-acute and acute abdominal pain
- Congenital abnormalities of the genito-urinary system.

In addition, the student will be expected to demonstrate a detailed knowledge of the following topics peculiar to the specialty:

- Neonatal surgical conditions
- Congenital pyloric stenosis
- Meckel’s diverticulum
- Intussusception
- Hirschsprung’s disease
- Solid tumours of infancy and later childhood

Assessment
A clerkship assessment will be incorporated in the end of clerkship assessment in general surgery during the fifth year. This will include some questions in the MCQ, OSCE, essays and oral assessments.
**Level:** 5  
**Semester:** Yr Long  
**Course Code:** [MEDC5342]  
**Course Title:** OTORHINOLARYNGOLOGY (E.N.T. SURGERY)  
**Number of Credits:**  
**Prerequisites:**  
**Course Description:** The aim of this rotation is to familiarise the student with common disorders of the Ear, Nose and Throat. Students will be assigned to the operating theatre and the out-patient clinic to observe details of management of common conditions that occur in the specialty. They will be rostered on call to assist in the management of E.N.T. emergencies. This is a six (6) week programme concurrent with otorhinolaryngology.

**Objectives**  
At the end of the rotation, the student should be able to perform a thorough E.N.T. examination and be able to diagnose and manage common E.N.T. diseases. Students will be able to:

1. Take a complete history including details of specific E.N.T. complaints e.g. otorrhoea, otalgia, rhinorrhoea, hoarseness etc.;
2. Do a thorough otological examination, with the proper use of the otoscope and tuning fork;
3. Examine the nose externally as well as perform anterior rhinoscopy;
4. Examine the oral cavity, pharynx, larynx, salivary glands and neck.

Students will also be exposed to indirect laryngoscopy and posterior rhinoscopy.

Tutorials and clinical teaching will be directed towards the following areas:

1. **OTOLOGY**
   a. Hearing Loss
      - Diagnosis and management of common causes, including the use of audiometry and interpretations of audiograms.
      - Identification of infants at high risk of hearing deficit and their evaluation.
   b. Causes of otalgia, otorrhoea, tinnitus and vertigo and their management.

2. **RHINOLOGY**
   a. Causes and management of epistaxis, nasal obstruction and rhinorrhoea.
   b. The use of the endoscope in the diagnosis and management of nasal and para-nasal sinus disease.

3. **HEAD AND NECK SURGERY**
   Causes and management of a 'sore throat', hoarseness, dysphagia and upper airway obstruction.

**Assessment**
A Clerkship assessment will take place at the end of the rotation. This will consist of an MCQ and/or an Objective Structured Clinical Examination (OSCE).
4. To evaluate a patient with a red eye, specifically:
   • To perform the necessary diagnostic steps to recognise the danger signs involved in the interpretation of findings.
   • To understand the serious complications of prolonged use of topical anaesthetics and of corticosteroids.
   • To describe the treatment for cases appropriate for treatment by the primary care physician and to recognise more serious problems, which should be referred.

5. To evaluate the ophthalmologic sign of neurologic disorders, specifically:
   • To take an ocular and neurologic history.
   • To measure and record visual acuity.
   • To assess pupillary function and to discriminate between afferent pupillary defects.
   • To find visual field defects by confrontation techniques.
   • To assess ocular movements and detect indications of impairments of cranial nerves III, IV and VI.
   • To recognise, on ophthalmoscopic examination, neurologically significant abnormalities, including swelling and atrophy of the optic nerve head.

6. To recognise common ocular or orbital injuries, and determine which need to be referred for the prompt attention of an ophthalmologist, specifically:
   • To recognise which problems are urgent enough to dictate that urgent treatment take precedence over detailed history taking, e.g. chemical burns of the eye, penetrating injuries of the globe, lid lacerations and hyphemas.
   • To deduce which facts are salient. These include time and place of injury, circumstances e.g. blunt or sharp trauma, acid or alkali burn, a history of previous eye conditions, drug allergies and tetanus immunisation.
   • To examine the traumatised eye and record the visual acuity as accurately as possible.
   • To decide which injuries should be referred for specialist management.

7. To measure the intra-ocular pressure with a Schiotz tonometer and to evaluate the nerve head, particularly with regard to the presence of glaucoma, specifically:
   • To describe the concept of intra-ocular pressure, why this pressure could rise and how elevated pressure may be lowered.
   • To describe the damage elevated intra-ocular pressure may cause to the optic nerve and to vision.
   • To recognise characteristics of the optic disc useful in determining whether a disc is normal or abnormal.
   • To determine how a Schiotz tonometer functions and its application to the measurement of intra-ocular pressure.
   • To properly perform tonometry on a patient, record the results, and decide whether referral is necessary.
   • To explain why screening methods to detect glaucoma are important.

Level: 5
Semester: Yr Long
Course Code: [MEDC5344]
Course Title: ANAESTHESIA AND INTENSIVE CARE (4 weeks)
Number of Credits:
Prerequisites:
Co-requisites:
Course Description: This rotation is geared to provide a thorough grounding in the fundamentals of anaesthesia and intensive care. Students will be assigned to outpatient clinics, operating room sessions and emergency duty in accordance with the roster. Students are expected to administer at least four (4) anaesthetics during the clerkship. Lectures take place at the Eric Williams Medical Sciences Complex weekly.

Objectives of the Rotation in Anaesthesia, Intensive Care & Pain Management
1. The student will be able to perform effective cardio-pulmonary resuscitation using a bag and mask to support the patient’s ventilation, and external cardiac compression to support the patient’s circulation. The student will be exposed to advanced cardiac life support and will be able to recognize cardiac arrest rhythms, know the correct intervention and drug therapy, and safely perform defibrillation.
2. The student will be able to evaluate pre-operative patients describing those findings which may influence the course of anaesthesia. This will include anatomical, physiological, pathological and pharmacological factors. He/she will be able to determine if the patients are in optimal physical condition and evaluate anaesthetic risk and physical status. The student will also be able to write rational pre-anesthetic orders and be able to defend those orders.
3. When assigned to patients in the Operating Theater, the student will apply knowledge to the principles of intra-operative care to include the basic concept of how physiological, pathological and pharmacological processes are affected by, and interact with, commonly used anaesthetic drugs and techniques.
4. The student will know the indications for use of intra-op monitoring devices and will be aware of the complications. The student will be able to effectively apply and utilize basic monitoring devices in theatres.
5. The student will be able to evaluate and care for any comatose/defenseless patient whether this is during an anaesthetic or from some other cause.
6. The student will be able to discuss the major regional and local anaesthetic techniques used in this hospital, their indications, advantages and disadvantages, complications and treatment of complications.
7. The student will have knowledge of oxygen therapy, its indications and hazards, and be able to administer this agent effectively when required.
8. The student will be able to discuss the major regional and local anaesthetic techniques used in this hospital, their indications, advantages and disadvantages, complications and treatment of the complications.
9. The student will be able to identify the type of patient who would benefit from intensive care and be able to efficiently and safely refer such a patient to a hospital offering this facility.
10. The student will be able to identify the role the anaesthetist plays in the care of the hospitalized patient.

11. During the clerkship, the students will be expected to observe and perform several clinical procedures under the supervision of specialist anaesthetists at the Port-of-Spain General Hospital, the San Fernando General Hospital and the Eric Williams Medical Sciences Complex. Tutorials are held two or three times per week at the Eric Williams Medical Sciences Complex.

12. Clinical exposure will be obtained through outpatient clinics, operating room sessions, and emergency duty in accordance with the timetable. Students are expected to document at least four (4) anaesthetic cases in which they assisted during the clerkship. The supervising anaesthetist must certify these reports.

13. A number of topics are covered on an annual basis in a lecture format. These are held in Amphitheatre A of the Eric Williams Medical Sciences Complex on a Saturday morning. The dates will be announced during the course of the year.

14. A worksheet is provided for the student to document procedures performed and procedures observed. This must be returned to the Department at the end of the Clerkship. The students should have an understanding of the indications and contra-indications, precautions and complications of performing the procedures.

15. The students will work in groups on research projects and case reports which will be presented during the last week of the clerkship. These presentations will contribute to the final assessment.

16. Student Assessment at the end of the clerkship will take the form of a written paper with Multiple Choice Questions, Extended Matched Questions and an essay as well as an OSCE exam.

**Undergraduate Lecture Topics**

- Management of Cerebro-Cardiopulmonary Resuscitation
- Peri-operative Fluid and Electrolyte Management
- History of Anaesthesia, Intensive Care & Pain Management
- Blood Gases and their Interpretation
- Shock and its Therapy - Blood Transfusion
- Respiratory Failure - Blood Transfusion
- Transport of the Critically Ill Patient
- Management of the Critically Ill Patient
- Treatment of Poisoning - General Principles
- Neurological Disorders in Intensive Care Unit
- Acute Pain Relief – its Indications and Management
- An introduction to Chronic Pain
- Ethical Dilemmas in Anaesthesia & Intensive Care
- Anaesthesia for Ambulatory Surgery
- General Anaesthesia for Patients with co-existing diseases
- General Anaesthesia versus Regional Analgesia
- A look at Past Exam Papers

In addition, the Anaesthesia and Intensive Care Unit provides programmes in the following areas:

- **Year 1 – Skills Training: Basic Life Support**
  - School of Medicine
  - School of Dentistry
  - School of Veterinary Medicine
  - Pharmacy Programme

Examination of this skill is done in Year 3 at the Phase 1 examination.

- **Year 2 – School of Medicine**
  Supervision of research projects in collaboration with Community Health.

- **Year 5 – School of Dentistry**
  10-week series of formal lectures including the following topics:
  - Preoperative Anaesthetic Assessment & Pre-medication
  - Inhalation Agents & Relative Analgesia
  - Intravenous Induction Agents & Sedation Techniques
  - Neuromuscular Blocking Agents
  - Analgesic Agents & Dental Analgesia
  - Airway Management in Dental Anaesthesia
  - Management of Cardiopulmonary Resuscitation
  - Cardiopulmonary Resuscitation in Skills Lab
  - Anaesthesia for Dental Surgery
  - Post-operative Complications
  - Exam in Dental Anaesthesia – Internal Assessment

Skills Training: Advanced Life Support

**Assessment**

At the end of the lecture schedule, assessment will be done by means of an MCQ paper.