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Welcome to your Clinical Attachment Programme in Medicine and Surgery. You will experience six months of clinical exposure between today and the end of June. The sequence of the attachments have been planned to give you exposure to both general and specialised Medicine and Surgery.

You are assigned to Clinical Medicine and Clinical Surgery for 3 months each. ENT/Ophthalmology have been relocated to this year and will contribute as one of the months of Surgery.

Attachment to the hospital departments of clinical medicine and surgery occupy four week attachments throughout the scheduled clinical teaching year.

Rosters for each student will involve attachment to clinical teams at Tallaght, St James’s, Naas and Peamount Hospitals. In addition, this module involves regular small-group tutorials which will be arranged by individual tutors within the Hospital Attachment time, plus formal teaching sessions during the teaching blocks. Assessment of this module is continuous, with periodic examinations and evaluations of clinical competence each contributing towards the final Fifth Year marks in clinical medicine and surgery. There will also be a Clinical Skills development programme run throughout the year, a detailed description will be provided at the beginning of Michaelmas term.

This booklet is designed to assist you while you are attached to your specific teams. Each speciality has outlined the objectives, under the headings of knowledge, skills and professional behaviour, that you are expected to obtain while on attachment. The assessment format is also provided. Where possible the timetables for the teams are provided, if the timetable for your speciality is blank, ask for the information from your team and fill in appropriately. **Please note that these timetables are subject to change and you should always refer to your team for the most up-to-date information.** You will be expected to draw on the clinical skills that you developed last year and expand them further in accordance with the directions included within.
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<td><strong>General Surgery 1</strong> (all 1 month duration)</td>
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<td>1. Breast</td>
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<td>4. Upper GI</td>
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<td><strong>General Surgery 2</strong> (2 week rotations)</td>
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<td>1. Orthopaedics/Plastics (SJH)</td>
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<td>2. Urology/Head &amp; Neck (SJH)</td>
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<td>3. Vascular/Cardiothoracic (SJH)</td>
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<td>4. Orthopaedics (AMNCH)</td>
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<td><strong>Subspecialty Medicine</strong> (1-3 two weeks per specialty) (GUM 1 month)</td>
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<td>1. Hospice/Rehabilitation Medicine</td>
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<td>2. Haematology/Oncology</td>
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<td>3. GUM (inc immun &amp; clin micro)</td>
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**READING LIST:**
- Kumar and Clark’s CLINICAL MEDICINE (Saunders, 5th Edition, August ’05)
- Clinical Examination: A Systemic Guide to Physical Diagnosis by Tally & O’Connor
- Oxford Handbook for Clinical Medicine
- Medicine at a Glance
- Davidson Text Book of Clinical Medicine
- Handbook of Acute Medicine
- BNF
- Pharmacology at a Glance
- Essentials of Clinical Medicine (Saunders, 3rd Edition, pocket)
- ECG Made Easy

Reference texts which provide supplementary information and background reading include:
1. The Oxford Textbook of Clinical Medicine
2. Harrison’s Principles and Practices of Medicine
3. Scientific American Medicine
### 3rd YEAR TEACHING SCHEDULE
#### YEAR 3 2009/10
#### DRAFT CLINICAL TEACHING SCHEDULE AMNCH/SJH

<table>
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<th>Week Plan</th>
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Please note that this schedule is subject to change and you should always refer to the School of Medicine website for the most up-to-date timetable.
OBJECTIVES OF ATTACHMENT

During your month our aim is twofold. The first is an approach to general medicine in older people: according to Professor Mulley of Leeds, if you find less than five diagnoses in a patient over the age of 75, you are missing some! This is not an exercise in diagnostic stamp collecting, but rather the detection and prioritization of multiple diseases in older people which is one of the cornerstones in geriatric medicine.

The second area is of emphasis on function and also the working of the multi-disciplinary team. By function we mean an emphasis on medical, physical and emotional factors which lead to problems with functions like mobility, continence, intellectual function etc. It is these factors which are often complex and represent a challenge to the diagnosis and management which are the most important ones in terms not only in the patient’s quality of life but also with their length of stay in the hospital. To this end Age-Related Health Care works in an inter-disciplinary fashion with doctors, nurses, physiotherapists, speech therapists, occupational therapists, social workers, psychiatry, chiropody and clinical nutrition services. You will also have exposure to the first Acute Stroke Service in Ireland, as well as to a Rapid-Access TIA Clinic. We also ensure a strong link with the community and do this through close communication via a visiting sister and referral to community based rehabilitation teams, the District Care Unit.

On arrival to the ward you will be assigned a number of patients to clerk and follow their progress, as well as seeing new patients as they arrive. During your month with us you will be expected to present cases on a weekly basis from the wards and as a help to understanding the assessment of function you will be expected to carry out the following screening instruments on patients:-

(i) Mini-Mental State Examination (cognitive function)
(ii) Geriatric Depression Scale (depression screening scale)
(iii) Barthel (activity of daily living index)

Print-outs of our AgePages are available from our website: http://indigo.ie/~arhc

Tel +353 1 414 3215 Fax +353 1 414 3244 Email: arhc@amnch.ie
Unless you become a Paediatrician or Obstetrician, for the rest of your professional life you will be dealing predominantly with older patients. It is important that you should build up the skills necessary to access and treat their specific problems. We also hope that you will find your experience in the Unit enjoyable and our activities are

### General Geriatric Medicine Service:
- a. Consultant ward-rounds, Tuesdays and Friday mornings
- b. Case Conference on Tuesday at 11.30 a.m
- c. Out-Patients, Wednesday afternoons, Suite I and II

### Stroke Service
- b. Ward Round, Monday and Thursday mornings
- c. Clinic, Monday afternoon, Suite 4
- d. Case Conference, Monday 12.00 pm

### Educational session
- a. Medical journal club Wednesday 8.30 am
- b. Interdisciplinary Journal Club on Fridays at 12.30
- c. CT Radiology Conference in the X-Ray Department on Thursdays at 9.30
- d. Hospital Grand Rounds, Tuesdays, 1pm, post-Grad Centre
- e. 4th medical tutorials on Wednesday mornings at 9.15 in our Tutorial Room
  (Suspended until clarification of 4th med schedule)

Attendance at Tuesday lunchtime Grand Rounds is an integral part of our working week. SHO registrar tutorials will take place as well and we encourage who wish to undertake Summer HRB Scholarships to join the team as well.
OBJECTIVES OF ATTACHMENT
During this attachment a student is expected to:-

1. Learn the physiology of the cardiovascular system
2. Recognise and describe the signs and symptoms of major cardiovascular disease such as myocardial ischemia, infarction and hypertension.
3. Gain an understanding of the Bayesian or probabilities-based approach to diagnosis.
4. Gain an understanding of the concept of evidence based medicine.
5. Develop a working knowledge of the range of services provided, investigations and therapies provided by a department of cardiology.
6. Develop knowledge of basic clinical pharmacology and appreciation for the need for generic prescribing.
7. Learn the concept of total cardiovascular risk estimation and its practical importance in patient management. A working knowledge of the department of cardiac rehabilitation.

Technical Skills/Procedures
Be able to:-
Do a complete cardiovascular assessment including:-
1. Full medical history.
2. Examination of peripheral pulses for rate, rhythm and quality.
3. Take blood pressure.
4. Locate the apex beat.
5. Observe of the JVP.
6. Palpate for thrills.
7. Identify the first and second heart sounds.
8. Recognize mitral, aortic, pulmonary and tricuspid murmurs and assess their timing and intensity.
9. Record an ECG and identify of common abnormalities.

Management and Professional Behaviour.
The student will always:
1. Present a clean and tidy appearance. 2. Demonstrates punctuality, reliability, and willingness to co-operate with other team members. 3. Empathise with patients and shows consideration towards patients at all times. 4. Demonstrates a capacity to act appropriately on his/her own initiative. 5. Demonstrates resourcefulness and flexibility in work practice.

At the end of this attachment the assessment format will include:-
1. Presentation of a patient with a recent myocardial infarction. 2. Interpretation of cardiac aspects of chest x-ray. 3. Interpretation of electrocardiograph. 4. Discussion of the use of drugs in the management of hypertension. 5. Advice to be given to a patient to ensure healthy lifestyle practices.
Dear Student
Welcome to the Department of Cardiology.

The hospital can be large and intimidating, so please ask any of the secretaries in the Department of Cardiology if you get lost or don’t know what is on, or indeed any of the doctors. Nobody minds being asked.

Attached you will find a programme of activities which you can participate in. While we would like you to see some of the high technology tests such as angiograms, your focus should be very much on getting used to dealing with patients – taking histories and undertaking physical examinations. Try to present cases to the junior doctors or to the consultants. A good time is in the outpatients – you can see the patient, and then present your findings to one of the doctors who then will go through the case with you. There is often more time for teaching than on ward rounds. Try to see how each aspect of the Department of Cardiology works. In particular, visit the coronary care unit, Webb ward, the outpatients department and the cardiac rehabilitation programme, as well as getting some idea of how the ECG department works.

At all times feel free to ask for help.

With best wishes.

____________________  _________________  _________________
Professor Ian Graham   Dr. David Mulcahy   Dr D Ward
_____________    _______________
Dr. David Moore   Dr. Vincent Maher

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<td>MONDAY</td>
<td>Cardio Thoracic Conference (Cath. Lab. 8am – 10am) OR Cardiology/Endocrinology Journal Club Webb Sitting Room 8-9am Cardiac Rehab Dept 9am-1pm Dr. Moore OPD Suite (1&amp;2) 9am-1pm</td>
<td>Ward Round CCU 9am-1pm Cath. Lab. 9am – 4pm</td>
<td>Dr. Mulcahy OPD (Suite 1 &amp; 2) 2pm-5pm Cardiac Rehab Dept. 2pm-4pm</td>
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<td>TUESDAY</td>
<td>Chart Round Webb Sitting Room 8.30am-9.30am</td>
<td>Cath Lab 9.00am- 4.00pm Grand Rounds Education Centre 1-2</td>
<td>Wards 2pm-5pm</td>
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<td>WEDNESDAY</td>
<td>Journal Club 8-9 Webb Sitting Room Prof. Graham OPD (Suite 1&amp;2) 9am-1pm</td>
<td>Cath. Lab. 9am-4pm TOE Endoscopy Day Ward 10.30am-1.00pm</td>
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<td>THURSDAY</td>
<td>Research Meeting Webb sitting room 8am-9am Dr. Maher OPD Suite 1&amp;2) 9am-1pm</td>
<td>Wards 9am-1pm Cath. Lab. Pm Academic activities</td>
<td>Tutorial (Registrar/SHO) 2pm-5pm</td>
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<td>FRIDAY</td>
<td>Dr. Maher OPD (Suite 1&amp;2) 9am-1pm</td>
<td>DSE Cardiology Dept. 8am 12pm Cath. Lab 9am – 4pm</td>
<td>Wards 2pm-5pm Cardiology Dept 2pm-5pm</td>
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OBJECTIVES OF ATTACHMENT
During this attachment a student is expected to:-

Know
1. A working knowledge of the common skin diseases, how to describe them, how to diagnose them and basic management.
2. Familiarity with contact dermatitis.
3. Investigation and treatment of inflammatory skin disease with light treatment and systemic therapy.
4. Basic paediatric dermatology problems.
5. Introduction to skin surgery.

Technical Skills/Procedures
Be able to:-
1. Recognise the common dermatological abnormalities.
2. Describe the range and appropriate use of investigations.
3. Acquire the practical skills of dressing and wound care.
4. Understand the processes involved in patch testing.
5. Describe the common dermatological, surgical procedures as a result of direct observation.

Management and Professional Behaviour.
The student shows:
1. Attention to dress, demeanour and punctuality.
2. Careful attention to patient needs.
3. Good working relationship with team members and peers.
4. Resource and flexibility in working situations and emergencies.
5. A capacity to take responsibility as appropriate to status.
6. A capacity to do self study and lateral thinking.
7. Overall impresses as an effective practitioner (global judgement)

At the end of this attachment the assessment format will include Selection, presentation and discussion of a case seen during the attachment.
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<tr>
<td>Investigative procedures e.g. skin biopsy</td>
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<tr>
<td>OTHER ACTIVITIES</td>
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</table>
OBJECTIVES OF ATTACHMENT
During this attachment a student is expected to

Know
1. The nature of endocrine glands in general and to be able to discuss the role of hormones and the hypothalamic / pituitary / endocrine axis and feedback loops.
2. The normal physiology and anatomy of the pancreas and thyroid glands
3. The aetiology, clinical features and management of (a) Type 1 and 2 Diabetes (b) hyperthyroidism and hypothyroidism (c) goitre and thyroid lumps (d) pituitary disorders including Cushing’s disease and acromegaly (e) osteoporosis (f) common reproductive disorders such as polycystic ovary syndrome, (g) endocrine hypertension (h) hypercalcaemia and hypocalcaemia

Technical Skills/Procedures
Be able to
1. Take a full medical history with particular emphasis on the signs and symptoms and relevant background history associated with a) Diabetes Mellitus b) hyperthyroidism and hypothyroidism c) thyroid lump, d) common reproductive disorders such as polycystic ovary syndrome e) osteoporosis
2. Do a physical examination of a patient with a) Diabetes Mellitus b) hyperthyroidism c) hypothyroidism and d) thyroid lump
3. Explain the physiological principles underlying common endocrinological investigations such as thyroid function tests, short synacthen test, insulin tolerance test and dexamethasone suppression test.

Management and Professional Behaviour
The student is
1. Present punctually and properly dressed and remains with the team for full days unless otherwise scheduled for academic activities.
2. Aware of the particular needs of each patient, has an empathy with their situation, and an ability to manage their treatment having negotiated with them as to desirable outcomes.
3. Has a good relationship with team members, peers and associated professionals.
4. Shows some evidence of resourcefulness and flexibility in the workplace.
5. Shows some capacity for taking responsibility appropriately and for exploring interesting leads which arise during case discussion.

At the end of this attachment the assessment format will include some of the following:-
1. Case presentation of diabetic or thyrotoxic patient.
2. Discussion on complications of diabetes and thyroid diseases.
3. Interpretation of laboratory results.
### MAJOR TEAM ACTIVITIES IN A TYPICAL WEEK

<table>
<thead>
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<th>MON</th>
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</thead>
<tbody>
<tr>
<td><strong>am</strong></td>
<td>08:00 Ward round with Dr. Gibney</td>
<td>Ward round with team</td>
<td>09:00 Ward round with Dr. Gibney</td>
<td>Ward round with team</td>
<td>08:00 Endocrinology Clinical Cases/ Journal club</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>10:30 X-ray conference</td>
<td></td>
<td>09:00 Ward round with Dr. Gibney</td>
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<tr>
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<td></td>
<td>09:45 Outpatients 1st Friday- General medicine Other Fridays- General Endocrinology</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td></td>
<td>Grand Rounds</td>
<td>Diabetes Journal Club/ Team Meeting</td>
<td></td>
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</tr>
<tr>
<td><strong>pm</strong></td>
<td>High-Risk Diabetes clinic</td>
<td>Outpatients (Type 2 Diabetes/ Thyroid)</td>
<td>Outpatients (Dr Kevin Moore – Type 1/Type 2 Diabetes)</td>
<td>Academic activities</td>
<td>Ward work</td>
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</tbody>
</table>
OBJECTIVES OF ATTACHMENT

During this attachment a student is expected to:-

Know
1. The physiology of the gastrointestinal tract.
2. Recognise signs and symptoms of gastrointestinal tract diseases.
3. Understand in detail the common GI diseases such as GORD, PUD, dyspepsia, irritable bowel disease, inflammatory bowel disease, liver disease, the various forms of GI cancer.
4. A working knowledge of the range of services, investigations and therapies available in gastroenterology.

Technical Skills/Procedures
Be able to:-
1. Take a comprehensive medical history.
2. Do a complete GI assessment including palpating the abdomen for tenderness or masses, palpating the liver and spleen, palpating the kidneys, assessment for the ascites.
3. Basic interpretation of the liver profile.
4. Observe and describe the procedures of OGD, colonoscopy, ERCP, and EUS.

Management and Professional Behaviour.
The student always:
1. Well Dressed, punctual.
2. Alert to patient needs and sensitivities.
3. Able to establish a good working relationship with team members and peers.
4. Demonstrates resourcefulness and flexibility in work practice.

At the end of this attachment the assessment format will include:-
1. Presentation of a patient’s history and discussion of further management.
2. Interpretation of liver profile.
3. Interpretation of endoscopy results.
<table>
<thead>
<tr>
<th></th>
<th>MON</th>
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</thead>
<tbody>
<tr>
<td><strong>Outpatient Session</strong></td>
<td><strong>OPD clinics commence at 8.30 a.m. and 2.00 p.m.</strong></td>
<td><strong>Coeliac Clinic – am</strong></td>
<td><strong>Dr Ryan Clinic – am</strong></td>
<td><strong>Inflammatory Bower Disease Clinic – pm</strong></td>
<td><strong>Dr Breslin Clinic – am</strong></td>
</tr>
<tr>
<td><strong>Clinic</strong></td>
<td><strong>Liver/CRC Screening Clinic – pm</strong></td>
<td><strong>Dr O’Connor Clinic – pm</strong></td>
<td><strong>Clinic – pm</strong></td>
<td><strong>Clinic – pm</strong></td>
<td><strong>Clinic – am</strong></td>
</tr>
<tr>
<td><strong>Clinic – am</strong></td>
<td><strong>Dr Ryan</strong></td>
<td><strong>Dr O’Connor</strong></td>
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<tr>
<td><strong>Clinic – pm</strong></td>
<td><strong>Inflammatory Bower Disease Clinic</strong></td>
<td><strong>Clinic – pm</strong></td>
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<tr>
<td><strong>Clinical Rounds</strong></td>
<td><strong>12:30 MDM (Radiology Tutorial Room)</strong></td>
<td><strong>7.45 am Journal Club (Robert Graves Post grad lecture theatre)</strong></td>
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<td></td>
<td><strong>8 am Histology Conference (Pathology Dept conference room)</strong></td>
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<tr>
<td><strong>Endoscopy</strong></td>
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</table>
OBJECTIVES OF ATTACHMENT:

During this attachment a student is expected to:-

Know
1. Exposure to basic concepts of benign and malignant haematological disorders and blood count abnormalities.
2. Basic understanding of the management of common haematological conditions, including anaemia, thrombocytopenia, leucopenia, and common myelo- and lymphoproliferative disorders.
3. Understanding of the basic principles of diagnosis and management of the patient with neutropenic sepsis
4. Basic principles of blood transfusion
5. Basic principles of effects of chemotherapy (including side effects)

Technical Skills/ Procedures
1. Take a full relevant medical history.
2. Do a comprehensive physical examination including the lymphatic system and detection of splenomegaly.
3. Interpret the full blood count and coagulation screen.
4. Observe and describe bone marrow sampling procedures.
5. Demonstrate a high level of cross infection control awareness and technique.

Management and Professional Behaviour
1. Present each day
2. Well dressed, punctual and available for as long as is required by the team.
3. Shows empathy and awareness of patient needs and wishes.
4. Takes responsibility, appropriately for his/her own learning and work practices.
5. Relates well to peers and co-workers.
6. Demonstrates control, efficiency and resourcefulness in emergency situations.

At the end of this attachment the assessment format will include some of the following:
1. Discuss the appropriate investigations of an anaemic patient.
2. Present a case of Leukaemia and discuss the treatment plan.
3. Discuss the likely differential diagnosis of a patient with splenomegaly or lymphadenopathy.
## MAJOR TEAM ACTIVITIES IN A TYPICAL WEEK

<table>
<thead>
<tr>
<th>Activity</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
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<tbody>
<tr>
<td>Outpatient Session</td>
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<tr>
<td>Consultant Rounds</td>
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<tr>
<td>General Rounds</td>
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<tr>
<td>Clinical Conference/tutorial</td>
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<td>√</td>
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<tr>
<td>Investigative procedures</td>
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<tr>
<td>Day Ward</td>
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<tr>
<td>OTHER ACTIVITIES</td>
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<td>Academic activities</td>
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</tbody>
</table>
OBJECTIVES OF ATTACHMENT

During this attachment a student is expected to Know

1. Clinical presentation of renal disease, e.g., proteinuria, hypertension, haematuria and uraemia.
2. Normal values in blood and urine.
3. The signs and symptoms of renal failure including dialysis & transplantation.
4. The management of acute and chronic renal failure.
5. Impact of renal failure on drug handling.

Technical Skills/Procedures

Be able to;

1. Take a full and appropriate current and past medical history.
2. Discuss the range of clinical investigations available and to understand how they may be used to inform the differential diagnosis.
3. Attend and observe at least 1 haemodialysis session and if possible a renal biopsy.
4. Palpate a Renal transplant kidney & a native Kidney

Management and Professional Behaviour

The student is

1. Present punctually and properly dressed and remains with the team for full days unless otherwise instructed.
2. Aware of the particular needs of each patient, has empathy with their situation, and an ability to manage their treatment having negotiated with them as to desirable outcomes.
3. In a good relationship with team members, peers and associated professionals.
4. Showing some evidence of resourcefulness and flexibility in the workplace.
5. Showing some capacity for taking responsibility appropriately and for exploring interesting leads which arise during case discussion

At the end of this attachment the assessment format will include some of the following;

1. Discussion of abnormal blood and / or urine laboratory reports.
2. Presentation and discussion of a case currently being treated in the unit.
3. An understanding of the principles of dialysis
<table>
<thead>
<tr>
<th>Major Team Activities in a Typical Week</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
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</thead>
<tbody>
<tr>
<td>Outpatient Session</td>
<td></td>
<td>Nephrology AMH CW/GM</td>
<td>CAPD Transplant AMH</td>
<td>Nephrology SJH GM Gen Med AMH-CW</td>
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<tr>
<td>Consultant Rounds</td>
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<td>AM_AMH</td>
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<tr>
<td>Dr Wall (AMH only)</td>
<td>AM_AMH</td>
<td>PM_AMH</td>
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<td>AM_AMH</td>
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<tr>
<td>Dr Mellotte</td>
<td>AM_AMH</td>
<td>PM_SJH</td>
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<td>AM AMH</td>
<td>PM_SJH</td>
</tr>
<tr>
<td>Clinical Conference/tutorial</td>
<td></td>
<td></td>
<td>Tuesdays</td>
<td></td>
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<tr>
<td>Investigative procedures</td>
<td>DAILY Dialysis</td>
<td>Renal Biopsy</td>
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</tbody>
</table>
OBJECTIVES OF ATTACHMENT

During this attachment a student is expected to:-

Know
1. In broad outline, the anatomy and physiology of the cerebral hemispheres, spinal tract and peripheral nervous system.
2. To be able to know how to assess the neuro-psychological state simply by using a mini-mental state testing.
3. To understand the indications for the appropriate investigations in neurological disease.
4. To be familiar with the commonly used drugs to treat epilepsy, Parkinson’s disease, MS and other common neurological disorders.

Technical Skills/Procedures

Be able to:-
1. To be able to take a full medical history with particular reference to any neurological symptoms.
2. To be able to competently do a basic neurological examination of the cranial nerves, central nervous system and peripheral nervous system.
3. To be able to recognise the common intracranial structures seen on CT brain and MRI of brain- you may acquire these skills on the ward and by attending the weekly XR meeting and the neuroscience meeting at Beaumont.

Management and Professional Behaviour.
The student must always:
1. Present punctually and properly dressed and remain with the team for full days unless otherwise instructed.
2. Be aware of the particular needs of each patient, has empathy with their situation, and an ability to manage their treatment having negotiated with them as to desirable outcomes.
3. Has a good relationship with team members, peers and associated professionals.
4. Shows some evidence of resourcefulness and flexibility in the workplace.
5. Shows some capacity for taking responsibility appropriately and for exploring interesting leads which arise during case discussion. (appropriate reading of literature etc.)

At the end of this attachment the assessment format will include some of the following:-
1. Review of Cranial nerve examination.
2. Case presentation and discussion.
3. Set up and preparation for lumbar puncture.
### Major Team Activities in a Typical Week

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<tr>
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<th>MON</th>
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<tbody>
<tr>
<td><strong>am</strong></td>
<td>Registrar ward round &amp; LPs etc</td>
<td>8:30 OPD Smith 1 new patient clinic</td>
<td>Reg ward round</td>
<td>8:30 – 10:00 Journal Club, Multidisciplinary meeting</td>
<td>8:30 – 10:00 Neuroscience meeting Beaumont 11 am to</td>
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<tr>
<td><strong>pm</strong></td>
<td>2-5pm OPD Clinic</td>
<td>1-2pm Grand Rounds</td>
<td>2-5pm OPD St James’s Hospital</td>
<td>Academic activities</td>
<td>3/4pm Ward Round Starting Ruttle Ward</td>
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<td></td>
<td>2-5pm Ward Round Ruttle</td>
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</table>
Objectives:

- Understand the World Health Organization concepts of Impairment, Activity and Participation.
- Use case studies to link the clinical assessment and examination of a patient with neurological impairments with anticipated functional deficits.
- Understand the holistic approach and role of the multidisciplinary rehabilitation team in improving rehabilitation specific outcomes in patients with severe impairments associated with neurological disorders.
- Students must exhibit attitudes of empathy accompanied by a satisfactory comfort level with patients with chronic acute and chronic illnesses and disabilities.

World Health Organization.

Body functions are the physiological functions of body systems, including psychological function.

Impairments are abnormalities of function or structure i.e. the physiological dysfunction = impairment.

Activity is the execution of a task or action by an individual and represents the individual perspective of functioning i.e. the ability to perform basic personal care needs. Activity limitations = disability.

Participation refers to the involvement of an individual in a life situation and represents the societal perspective of functioning. Participation limitations = handicap or inability to engage in normal societal role.

Rehabilitation.

Rehabilitation is an active process by which those disabled by injury or disease achieve full recovery, or, if full recovery is not possible, realize their optimal physical mental and social potential and are integrated into their most appropriate environment.

Physical Medicine: Interventions aimed at improving physiological and mental functioning. Rehabilitation Medicine: Enabling people to participate actively in society.
REHABILITATION EVALUATION OF A PATIENT WITH NEUROLOGICAL IMPAIRMENTS.

History. History of presenting complaint.

Past Medical History. (additional impairments, co-morbidities)

Family History.

Social History. Home, accessibility, family, dependents, community, family support, work, school, recreation.

Review of systems.
- Central nervous
- Cardiovascular
- Gastrointestinal
- Musculoskeletal

Evaluation of functional deficits. (activity limitations)
- Premorbid functional status
- Current functional status

Neurological Examination in relation to Function.

Neurological Exam. Functional correlate

Mini mental status. Global cognitive orientation and function.
- Frontal lobe syndromes

Speech and Language.

Cranial nerves.
- 1 Taste smell
- 11 Vision, visual fields
- 111, 1V, V1 diplopia
- V facial sensation, mastication
- V11 facial expression, pocketing of food.
- V111 hearing.
- 1X, X, X11. swallowing.
- X1 shoulder shrug, sternocleidomastoid.

Manual muscle testing. Grade 1-5

Sensation. light touch, pinprick, temperature, proprioception, stereognosis.

Reflexes Co-ordination.

Balance Gait.
REHABILITATION ASSESSMENT AND INTERVENTIONS

Impairments.

Activity limitations.

Participation Limitations.

Rehabilitation utilizes a holistic and interdisciplinary team approach to maximize outcomes in patients with impairments, activity and participation limitations associated with neurological disorders.

Rehabilitation team.

Physical and Rehabilitation Medicine physician.

Rehabilitation Nursing.

Physiotherapy  Occupational therapy
Speech and Language therapy  Audiology
Psychology  Recreational
Family
Orthotics  Prosthetics

Rehabilitation Outcomes.

1. Preventing secondary complications that will add to impairments

2. Maximizing functional independence (activity)

3. Promoting community reintegration and return to work, social and recreational activities. (participation)

4. Promoting Quality of life
OBJECTIVES OF ATTACHMENT
During this attachment a student is expected to:-

Know
1. Normal physiology of the respiratory system including mechanics of breathing, oxygen delivery, lung volumes, capacities and normal blood gasses and anatomy of bronchial tree/lungs.
2. Recognise signs and symptoms of upper and lower respiratory tract diseases.
3. The range of tests available and indications for use including pulmonary function and bronchoscopy.
4. Understand in detail the common pulmonary diseases such as; asthma, chronic obstructive airways disease, pneumonia, TB, sleep apnoea, and disorders of ventilation and lung cancer.
5. Basic knowledge of the principles of inhaler therapy, oxygen therapy, non-invasive ventilation and pulmonary rehabilitation.

Technical Skills/Procedures
Be able to:-
1. Take comprehensive medical history, including detailed occupational history.
2. Do a full physical examination of resting respiratory rate and depth, presence or absence of tachypnoea or cyanosis, chest configuration and movement, finger clubbing, location of the trachea, auscultation of breath sounds and any additional sounds such as crackles and wheezes. Percussion of lungs, liver and cardiac borders.
3. Be familiar with techniques and principles of laboratory testing of pulmonary function.
4. Interpretation of basic chest x-rays.
5. Observe and describe the procedure of bronchoscopy.
6. Manage foreign body inhalation (Heimlich Manoeuvre)

Management and Professional Behaviour.
The student always be:
1. Well dressed and punctual.
2. Alert to patient needs and sensitivities.
3. Ready to show empathy combined with firm patient management skills.
4. Able to establish a good working relationship with team members and peers.
5. Resourceful and flexible in the work situation. Willing to accept responsibility for his/her own learning and read outside the box.

At the end of this attachment the assessment format will include:-
1. Interpretation of Chest x-ray, basic only.
   How to approach interpreting a chest x-ray, (not necessarily recognising abnormal CXR).
2. Interpretation of abnormal pulmonary function laboratory results.
   What is meant by FEV, FVC, Lung volumes, diffusion
3. Interpretation of abnormal blood gases, understand acid-base abnormalities.
4. Presentation of a case of lung cancer, asthma and COPD.
5. Discussion of drug therapy options in asthma and COPD.
# MAJOR TEAM ACTIVITIES IN A TYPICAL WEEK

## Weekly Schedule

<table>
<thead>
<tr>
<th></th>
<th>Morning</th>
<th>Lunch</th>
<th>Afternoon</th>
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</thead>
<tbody>
<tr>
<td><strong>MON</strong></td>
<td><strong>8:30 am</strong> multidisciplinary meeting (AMNCH)</td>
<td></td>
<td><strong>2pm</strong> Consultant-led teaching ward-round</td>
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<tr>
<td></td>
<td><strong>9:30 am</strong> New patient clinic/cancer clinic (AMNCH) (Dr. Lane)</td>
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<td>(AMNCH) (Dr. Lane)</td>
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<tr>
<td></td>
<td>Ward Round Dr Moloney</td>
<td></td>
<td><strong>2-3pm</strong> pulmonary guidelines meeting/journal club (AMNCH)</td>
</tr>
<tr>
<td><strong>TUES</strong></td>
<td><strong>8am</strong> Bronchoscopies (AMNCH) (Dr. Lane)</td>
<td><strong>12:30 – 2pm</strong> Grand Rounds (AMNCH) usually starts in September</td>
<td><strong>3-4pm</strong> Interpretation of lung function studies (AMNCH)</td>
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<td></td>
<td><strong>12:00 – 13:00</strong> Radiology teaching meeting (AMNCH) (Dr. Lane/Dr. Moloney/Dr. Hogan)</td>
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<tr>
<td><strong>WED</strong></td>
<td><strong>9am</strong> Registrar-led ward round (AMNCH) Bronchoscopies Dr Moloney</td>
<td></td>
<td><strong>2pm</strong> review patient clinic (AMNCH) (Dr. Lane)</td>
</tr>
<tr>
<td><strong>THURS</strong></td>
<td><strong>8am</strong> Bronchoscopies (AMNCH) (Dr. Power)</td>
<td></td>
<td><strong>Academic activities</strong></td>
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<tr>
<td></td>
<td><strong>9am</strong> Registrar-led ward round (AMNCH)</td>
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<tr>
<td><strong>FRI</strong></td>
<td><strong>9.30-11am</strong> Lung cancer multidisciplinary meeting (AMNCH)</td>
<td></td>
<td><strong>2pm</strong> Dr Moloney Clinic</td>
</tr>
</tbody>
</table>

**TUES** Peamount doctors to attend Tallaght from 11:30 on

**WED** Registrar-led ward round (AMNCH) Bronchoscopies Dr Moloney

**THURS** Peamount doctors to attend cancer meeting
OBJECTIVES OF ATTACHMENT

During this attachment a student is expected to:-

Know
1. Demonstrate understanding of basic peripheral and spinal joint anatomy
2. Understand the difference between inflammatory and non-inflammatory arthritis
3. Develop a basic understanding of connective tissue diseases
4. Interpret commonly requested laboratory tests
   - inflammatory markers
   - serology results/autoantibodies
5. Clinical presentation and management of common rheumatic conditions
6. Understand the roles of the members of the multi-disciplinary team
7. Obtain further knowledge of general internal medicine

Technical Skills/Procedures

1. Learn to perform a screening musculoskeletal history and examination as part of routine medical clerking (GALS)
2. Musculoskeletal history taking    } Learn about
3. Physical examination of the musculoskeletal system  } REMS
4. Interpretation of x-rays of joints: normal vs abnormal
   identification of changes of osteoarthritis, rheumatoid arthritis
5. Observation of joint aspiration and injection
6. Attend one session of outpatient physiotherapy and occupational therapy to understand the roles of these disciplines in managing musculoskeletal disease

Management and Professional Behaviour
1. Full time attendance as part of the rheumatology team
2. Individual assessment of 2 or more in-patients per week, following patients through their hospital course to discharge
3. Courtesy in dealing with patients and members of staff

At the end of this attachment the assessment format will include

Review student log to ensure goals have been met
<table>
<thead>
<tr>
<th>Day</th>
<th>AM</th>
<th>PM</th>
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</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
<td>Team ward round, receive transfers of care, assess consults</td>
<td>1.00 p.m. Multidisciplinary ward round/Business meeting on first Monday of each month (Tutorial room Ruttle Ward)</td>
</tr>
<tr>
<td><strong>Tuesday</strong></td>
<td>Team ward round, receive transfers of care, assess consults</td>
<td>1.00 p.m. Hospital Grand Rounds</td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>Team ward round, receive transfers of care, assess consults</td>
<td>12.30-1.30 p.m. Rheumatology Medical Meeting</td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>Naas General Hospital (clinic and consults)</td>
<td>Naas General Hospital</td>
</tr>
<tr>
<td><strong>Friday</strong></td>
<td>Ward Round Consultant (Transition Unit)</td>
<td></td>
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</tbody>
</table>
OBJECTIVES OF ATTACHMENT
During this attachment a student is expected to Know
1. Physiology of the Cardiovascular System.
2. Symptoms and Signs of Cardiovascular Disease.
3. Ability to take a history, perform physical examination and present findings to team members.
4. Observation of diagnosis and treatment of cardiovascular emergencies and acute admissions.
5. Some knowledge of evidence based therapies.
6. Observation of non-invasive and invasive diagnostic procedures.

Technical Skills/Procedures
Be able to
1. Medical History
2. Examination of the cardiovascular system.
3. Assessment of pulse, JVP, BP.
4. Location of apex beat and precordial palpation.
5. Auscultation of heart sounds and lungs.
6. Recognition of murmurs.
7. Apply scientific knowledge to clinical problems.
8. Familiarity with commonly used cardiovascular drugs.

Management and Professional Behaviour
The student is
1. Regular attendance.
2. Punctuality.
3. Proper relationship with patients and staff.
4. Flexibility.
5. Initiative.

At the end of this attachment the assessment format will include some of the following:-
1. Continuing assessment of the above skills set.
2. Presentation of a patient to staff member.
3. Interpretation of ECG.
4. Some knowledge of commonly used cardiovascular drugs.
## MAJOR TEAM ACTIVITIES IN A TYPICAL WEEK

<table>
<thead>
<tr>
<th></th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Session</strong></td>
<td>Professor Michael Walsh 1.30p.m.</td>
<td>Dr Brendan Foley 9.00a.m.</td>
<td>Dr Peter Crean 9.00a.m.</td>
<td>Dr R Murphy 1.30p.m.</td>
<td>Dr Angela Brown</td>
</tr>
<tr>
<td><strong>Consultant Rounds</strong></td>
<td>CCU RAW</td>
<td>CCU RAW</td>
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<td>CCU RAW</td>
<td>CCU RAW</td>
</tr>
<tr>
<td><strong>Clinical Conference/Tutorial</strong></td>
<td></td>
<td></td>
<td>Seminar Room Cardiothoracic Conference 8-9a.m.</td>
<td>Registrar Room Journal Club 8-9a.m.</td>
<td>Trinity Building Grand Rounds 8-9a.m.</td>
</tr>
<tr>
<td><strong>On Take for Admission</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td><strong>Investigative Procedures</strong></td>
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<td></td>
<td>Coronary Angiography, Echo &amp; Stress testing daily</td>
</tr>
</tbody>
</table>
SPECIALTY: Dermatology
CONSULTANT: Dr Louise Barnes, Dr Rosemarie Watson, Prof. Alan Irvine
Dr. Patrick Ormond
HOSPITAL: SJH, Department of Dermatology, HOSPITAL 7, Ph 2102/2103
Registrar’s Bleeps – 973/978.
YEAR OF COURSE 3

Programme for students attached to the Dermatology Department:
1. Introduction to the department
2. Aims of programme
3. Time table of activities
4. Aids to learning dermatology
5. Assessment

1. INTRODUCTION TO THE DERMATOLOGY DEPT.
On day one of your Dermatology attachment, please come to the Dermatology department at 9.00am to meet the team or bleep 978 or 973. Telephone extensions of the department are 2102, 2103 and 4089.

The Department of Dermatology is in hospital 5, the Health Care Centre (HCC). The UVL room, the registrars office and the minor theatres are in the first part of the HCC. The secretaries and consultants offices are just beyond there (follow a narrow corridor) All dermatology outpatients are held in suite 5. Laser clinics are held upstairs in hospital 7. Dr Watson and Prof. Irvine also work in Our Lady’s Hospital for Sick Children, Crumlin.

Please make a special effort to attend the academic Wed am session which takes place in one of 3 venues. Speak to the registrars about where it is on and how to get there.

Welcome to the dermatology department. It is hoped that you will both enjoy and learn the basics of dermatology from your brief period with the department. This may be your last exposure to clinical dermatology prior to your clinical finals and it is vital that you use your time in the department well to learn the fundamentals of diagnosis and treatment of common skin disorders. Every doctor will encounter some aspect of skin disease in his or her daily practice and a basic knowledge is essential.

2. AIMS DURING ELECTIVE:

- To be able to recognise common skin conditions
- To learn the terminology used to describe skin conditions and to be able to use it effectively
- To learn the basic classifications of skin disease, in particular to develop an understanding of the difference between primary and secondary lesions.
- To be able to formulate an investigation and treatment plan for common skin disorders.
- To be aware of the practical skills of dressing and wound care, patch testing and dermatological surgery.
- To become familiar with the principles of topical skin therapy.

TOPICS TO COVER:
• Making a dermatological diagnosis
• Making a dermatopathological diagnosis
• Papulosquamous disorders
• Disorders of Keratinisation
• Blistering disorders
• Disorders of pigmentation
• Skin cancers
• Disorders of hair and nails
• Cutaneous manifestations of internal malignancy
• Cutaneous manifestations of connective tissue disease
• Cutaneous manifestations of metabolic disorders
• Primary cutaneous infections.
• Drug reactions.
• Clinical histological correlations.
• Treatment of dermatological disorders- topical therapies, systemic treatments and phototherapy.

3. TIMETABLE FOR STUDENTS ATTACHED TO DERMATOLOGY

<table>
<thead>
<tr>
<th>DAY</th>
<th>TIME</th>
<th>LOCATION</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONDAY</td>
<td>9.30AM</td>
<td>SJH</td>
<td>OPD PROF A. IRVINE SUITE 5</td>
</tr>
<tr>
<td></td>
<td>1:30 PM</td>
<td>SJH</td>
<td>OPD DR BARNES SUITE 5</td>
</tr>
<tr>
<td>TUESDAY</td>
<td>9.00AM*</td>
<td>SJH</td>
<td>WARD WORK Mohs surgery Derm. Dept.</td>
</tr>
<tr>
<td></td>
<td>12.45PM</td>
<td>SJH</td>
<td>DERM-PATH TCD Centre for Health Science UPSTAIRS-</td>
</tr>
<tr>
<td></td>
<td>2.00PM</td>
<td>SJH</td>
<td>DMS, Rx clinic TREATMENT ROOM OPD</td>
</tr>
<tr>
<td></td>
<td>2nd TUESDAY of month 9.00AM*</td>
<td>SJH</td>
<td>LUPUS CLINIC SUITE 2 OPD DR WATSON</td>
</tr>
<tr>
<td>WEDNESDAY</td>
<td>8.00AM</td>
<td>SJH</td>
<td>JOURNAL CLUB Check Venue</td>
</tr>
<tr>
<td></td>
<td>11.30AM</td>
<td>SJH</td>
<td>WARD ROUND</td>
</tr>
<tr>
<td></td>
<td>1.30PM</td>
<td>SJH</td>
<td>OPD Dr. Ormond/Watson Suite 5</td>
</tr>
<tr>
<td>THURSDAY</td>
<td>2.00PM</td>
<td>SJH</td>
<td>DAY SURGERY Day Surgery Unit</td>
</tr>
<tr>
<td>FRIDAY</td>
<td>8.00AM</td>
<td>SJH</td>
<td>GRAND ROUNDS TCD Centre for Health Science. RSLT</td>
</tr>
<tr>
<td></td>
<td>9.30AM</td>
<td>SJH</td>
<td>PHOTOTHERAPY Dept. derm.</td>
</tr>
<tr>
<td></td>
<td>9.30AM 2nd &amp; 3rd Fridays</td>
<td>SJH</td>
<td>LASER CLINIC HOSPITAL 7</td>
</tr>
<tr>
<td></td>
<td>1.30PM</td>
<td>SJH</td>
<td>OPD Dr Barnes/Ormond Suite 5</td>
</tr>
</tbody>
</table>

KEY: SJH St James’s Hospital HSH Hume Street Hosp OPD Outpatients Dept
4. AIDS TO LEARNING DERMATOLOGY:

All staff will be happy to help you.

Presentation of case histories to the team

- There is a wide selection of dermatology texts and atlases available in the TCD library on site in SJH.

- Weekly teaching sessions with slides, Trinity Centre

  Suggested text – Hunter. Various Atlases of Dermatology  

Dermatology online atlas site- [http://www.derma.med.uni-erlangen.de/en_index.htm](http://www.derma.med.uni-erlangen.de/en_index.htm)

http://www.derma.med.uni-erlangen.de/en_index.htm

5. ASSESSMENT

As you know you are requested to present a case to the consultant or registrar during your period with the team. Ask for help to select a patient.
SPECIALTY: Gastroenterology/Hepatology
CONSULTANT: Prof Dermot Kelleher (Gastro)
            Dr PW Napoleon Keeling (Gastro)
            Dr Nasir Mahmud (Gastro)
            Dr Susan McKiernan (Hep)
            Dr Suzanne Norris (Hep)
HOSPITAL: SJH
YEAR OF COURSE 3

OBJECTIVES OF ATTACHMENT
During this attachment a student is expected to:-
Know
1. The physiology of the gastrointestinal tract and the hepatobiliary system.
2. Recognise signs and symptoms of gastrointestinal tract, hepatic and biliary diseases.
3. Understand in detail the common GI diseases such as GORD, PUD, dyspepsia, irritable bowel disease, inflammatory bowel disease, liver disease, the various forms of GI cancer.
4. A working knowledge of the range of services, investigations and therapies available in gastroenterology and Hepatology.

Technical Skills/Procedures
Be able to:-
1. Take a comprehensive medical history.
2. Do a complete GI assessment including palpating the abdomen for tenderness or masses, palpating the liver and spleen, palpating the kidneys, assessment for the ascites.
3. Basic interpretation of the liver profile.
4. Observe and describe the procedures of OGD, colonoscopy, ERCP, and EUS.

Management and Professional Behaviour.
The student always:
1. Well Dressed, punctual.
2. Alert to patient needs and sensitivities.
3. Able to establish a good working relationship with team members and peers.
4. Demonstrates resourcefulness and flexibility in work practice.

At the end of this attachment the assessment format will include:-
1. Presentation of a patient’s history and discussion of further management.
2. Interpretation of liver profile.
3. Interpretation of endoscopy results.
## MAJOR TEAM ACTIVITIES IN A TYPICAL WEEK

<table>
<thead>
<tr>
<th></th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Session</td>
<td>Keeling 9a.m.-5p.m.</td>
<td>Mahmud 8a.m.-1.00p.m.</td>
<td>Norris 9a.m.-1.00p.m.</td>
<td>McKiernan 9a.m.-1.00p.m.</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mahmud 9a.m. 1.00p.m.</td>
<td>Norris 2p.m.-5p.m.</td>
<td>McKiernan 9a.m.-1.00p.m.</td>
<td></td>
</tr>
<tr>
<td>Consultant Rounds</td>
<td>McKiernan 9a.m.-12 noon</td>
<td>Norris 2p.m.-5p.m.</td>
<td>Mahmud Keeling 9a.m.-12 noon</td>
<td>Norris 2p.m.-5p.m.</td>
<td>Mahmud 1p.m.-3p.m.</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Keeling 9a.m.-12 noon</td>
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<tr>
<td>General Rounds</td>
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<td>Gran rounds</td>
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<td>8a.m.-9a.m.</td>
</tr>
<tr>
<td>Clinical Conference/tutorial</td>
<td>Case presentation 8a.m.-9a.m.</td>
<td>Xray Meeting 8.30a.m.-9a.m.</td>
<td>Tumor meeting 7.30a.m.-8.30a.m.</td>
<td>Journal Club 1-2p.m.</td>
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<tr>
<td></td>
<td></td>
<td>Histo meeting 1p.m.-2p.m.</td>
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<tr>
<td>Day Ward</td>
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<tr>
<td>Investigative procedures e.g. endoscopy</td>
<td>Kelleher Mahmud 9a.m-5p.m.</td>
<td>Keeling 9a.m-5p.m</td>
<td>McKiernan 9a.m-5p.m.</td>
<td>Keeling 9a.m.-1p.m.</td>
<td>Norris 9a.m.-5p.m. McKiernan 9a.m. – 5p.m.</td>
</tr>
<tr>
<td>OTHER ACTIVITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Academic activities pm</td>
</tr>
</tbody>
</table>
SPECIALTY: GU Medicine & Infectious Diseases  
CONSULTANT: Prof Mulcahy, Dr Bergin, Dr Lyons  
HOSPITAL: SJH

OBJECTIVES OF ATTACHMENT
During this attachment a student is expected to
Know
• Basic principles of infection & immunity
• Management of immunosuppressed patients & drug misuse issues
• Ability to undertake full sexual health & psychosocial history
• Basic principles of antimicrobial prescribing
• Clinical presentation & management of :
  (a) community acquired infection eg Bacterial Endocarditis, Sepsis, complicated soft tissue infection, pneumonia etc
  (b) opportunistic infections of HIV disease
  (c) principles of antiretroviral prescribing
  (d) sexual health screening
  (e) management of liver failure
  (f) international health infections eg malaria

Technical Skills/Procedures
Be able to:-
  phlebotomy + line insertion
  ABG
  Bone marrow
  Lumbar puncture
  Skin biopsies
  Gram stain & interpretation
  Observation of in house procedures e.g. bronchoscopy, TOE, Endoscopy, liver biopsy etc
  Power point presentation (x1) at departmental meeting

Management and Professional Behaviour
Full attendance @ weekly schedule
Continuity of care of at least 2 patients/week
Attendance @ multidisciplinary team decision meetings
Dignity in dealing with patients, family & staff
Appropriate dress

At the end of this attachment the assessment format will include

Review student log book
Feedback
Formal assessment as per medical school
<table>
<thead>
<tr>
<th>Major Team Activities in a Typical Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Session</strong></td>
</tr>
<tr>
<td>HIV - PM</td>
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<tr>
<td>Co-infection - AM</td>
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<tr>
<td>STI - PM</td>
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<tr>
<td><strong>Consultant Rounds</strong></td>
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<tr>
<td>Morning</td>
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<td>Morning</td>
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<tr>
<td>Morning</td>
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<tr>
<td><strong>General Rounds</strong></td>
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<tr>
<td>Afternoon (Infectious Diseases)</td>
</tr>
<tr>
<td><strong>Clinical Conference/tutorial</strong></td>
</tr>
<tr>
<td>Morning &amp; lunchtime</td>
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<tr>
<td>Lunchtime</td>
</tr>
<tr>
<td>Morning (grand rounds) &amp; lunchtime</td>
</tr>
<tr>
<td>Morning (Infection and Micro)</td>
</tr>
<tr>
<td><strong>On take for admissions</strong></td>
</tr>
<tr>
<td>Daily</td>
</tr>
<tr>
<td>admissions</td>
</tr>
<tr>
<td>Via A&amp;E &amp; Dept</td>
</tr>
<tr>
<td>Dayward</td>
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<tr>
<td><strong>Theatre lists</strong></td>
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<td>N/A</td>
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<td>N/A</td>
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<td>N/A</td>
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<tr>
<td>N/A</td>
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<tr>
<td>Investigative procedures e.g. bronchoscopy</td>
</tr>
</tbody>
</table>
SPECIALITY: Haematology
CONSULTANT: Dr Paul Browne, Dr Eilish Conneally, Dr Elizabeth Vanderberghe
HOSPITAL: St James's Hospital
YEAR OF COURSE: 3

OBJECTIVES OF ATTACHMENT:

During this attachment a student is expected to:-

Know
1. Learn the common presenting symptoms of different types of Anaemia.
2. Learn the signs and symptoms of Thrombocytopenia.
3. Learn signs and symptoms of Myeloproliferative diseases.
4. Learn the common presenting signs and symptoms of acute and chronic leukaemia.
5. Learn the principles of the diagnosis and management of patients with neutropenia.
6. Learn the principles of chemotherapy.
7. Learn the principles of blood transfusion.
8. Learn the principles of stem cell transplantation.

Technical Skills/ Procedures
1. History and Examination of patient with specific reference to the Haematological disorders.
2. Interpretation of ‘Full blood Count’ results and ‘Normal’ ranges.
3. Interpret simple Coagulation Screen.
4. See normal bone marrow slide
5. Learn principles diagnosis of Leukaemia
6. Attend peripheral blood stem cell harvest and /bone marrow harvest.

Management and Professional Behaviour
• To attend multidisciplinary ward rounds to understand the complexity of dealing with patients undergoing intensive therapy and/or transplantation for malignant haematological disorders.
• Understand sense of fear in patients undergoing complex treatments for life threatening diseases. Understand ethical issues involved in decision-making. Learn how to dress, behave and interact with patients.

At The End Of This Attachment
• Be able to take a history and examine patient
• Be able to interpret ‘Full Blood Count’ and simple Coagulation results.
• Be able to look at simply interpret a blood film
• Understand the principles and common complications of transfusion of blood and blood products.
<table>
<thead>
<tr>
<th>Activity</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Session</td>
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<tr>
<td>Consultant Rounds</td>
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<td>11:00am</td>
<td>9:30am</td>
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<tr>
<td>Grand Rounds</td>
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<td>8:00am</td>
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<tr>
<td>Sign out rounds</td>
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<td>1:30pm</td>
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<tr>
<td>Day Ward</td>
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<tr>
<td>Inpatients</td>
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<td>pm</td>
<td>8:00am</td>
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<td>8:00am</td>
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<tr>
<td>Laboratory</td>
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<td>pm</td>
<td>3p.m</td>
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<tr>
<td>Biopsy Conference</td>
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<td></td>
<td>2.00pm</td>
<td>8:30am Denis Burkitt Seminar Room</td>
<td>12:45am lunchtime conference</td>
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<tr>
<td>X-ray Conference</td>
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<td>8:00am</td>
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<tr>
<td>Investigative procedures e.g.</td>
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<tr>
<td>bone marrow biopsy</td>
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<td>Coag</td>
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<tr>
<td>OTHER ACTIVITIES</td>
<td></td>
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</tr>
</tbody>
</table>
SPECIALTY: Medical Gerontology
CONSULTANT: Prof Davis Coakley, Prof. J. Bernard Walsh, Dr Conal Cunningham, Dr Miriam Casey, Dr Joe Harbison
HOSPITAL: SJH
YEAR OF COURSE 3

OBJECTIVES OF ATTACHMENT
During this attachment a student is expected to

Knowledge
1. Review of systems examination
2. Multi-system disease and be aware of the multi-factorial causes of illness
3. Major focus on cardiovascular, CNS, Parkinson's Disease and mobility
4. Syncope, Falls, Bone Protection and Osteoporosis, Memory Assessment
5. Rehabilitation esp. stroke rehabilitation and the close working involvement of the multidisciplinary team
6. Family and social components of illness

Technical Skills/Procedures
1. General History and Physical Examination of all systems
2. Comprehensive cognitive assessment
3. CNS examination
4. Cardiovascular systems

Management and Professional Behaviour
1. Expected to understand and experience at first hand the clinical management of cases and the post discharge follow up.
2. To attend consultant and registrar ward rounds and case conferences.
3. To experience and work with multidisciplinary teams
4. To attend general and specialised clinics (Bone, Falls and Memory)
5. To attend all X-Ray and teaching conferences including lunch time journal clubs
6. To attend and experience the day hospital during allocated periods
7. To be able to fully relate to patients and work closely with other professionals
8. To attend all tutorials (including Final Med tutorial sessions)

At the end of this attachment the assessment format will include
1. Bedside examination of cases
2. Clinical discussion of major cases
<table>
<thead>
<tr>
<th>Activity</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Sessions</td>
<td></td>
<td>afternoon</td>
<td>afternoon</td>
<td>am (Bone)</td>
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</tr>
<tr>
<td>Consultant Rounds</td>
<td>am</td>
<td>am</td>
<td>am</td>
<td>am</td>
<td>am</td>
</tr>
<tr>
<td>Clinical Conference</td>
<td>CC (9.30am)</td>
<td>JBW (10.30am)</td>
<td>MC (9.30am)</td>
<td>DC (10.30am)</td>
<td></td>
</tr>
<tr>
<td>On take for admissions</td>
<td>Daily</td>
<td>Daily</td>
<td>Daily</td>
<td>Daily</td>
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<tr>
<td>Investigative procedures</td>
<td></td>
<td></td>
<td>Syncopal Lab (am)</td>
<td>Syncopal Lab (am)</td>
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</tr>
<tr>
<td>Teaching Conferences and Journal Clubs</td>
<td>12 Noon Multi-disciplinary Journal Club</td>
<td>1pm Research and Audit Meetings</td>
<td></td>
<td>8.30 am</td>
<td>Friday Lunchtime Journal Club (1pm)</td>
</tr>
<tr>
<td>Student Tutorials</td>
<td>The times of the different tutorials will be co-ordinated by the Lecturer</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
OBJECTIVES OF ATTACHMENT
During this attachment a student is expected to:
Know:
1. Appreciate the basics of cancer biology.
2. Learn how cancer presents and is diagnosed.
3. Appreciate the importance of a full tissue diagnosis.
4. Understand the staging of cancer and how it guides treatment.
5. Understand the psychological and social effects of a cancer diagnosis.
6. Gain insight to the multidisciplinary management of cancer.
7. Begin to understand oncologic emergencies.

Technical Skills/Procedures:

1. History recording including family history.
2. Physical examination focused on cancer staging.
3. Observation of procedures such as aspiration of body fluids, bone marrow sampling and lumbar puncture with intrathecal therapy.
4. Undertake venepuncture and siting of IV lines, if sufficiently skilled.

Management and Professional Behaviour:

1. Commit to becoming a full member of team.
2. Assist NCHD colleagues with patient management as appropriate.
3. Undertake supervised care of a small number of patients and present these cases on rounds.
4. Develop interpersonal skills as applied to patients’ families and colleagues.

At the end of this attachment the assessment format will include:

Review of logbook record of cases and professional development
## MAJOR TEAM ACTIVITIES IN A TYPICAL WEEK

<table>
<thead>
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<th>MON</th>
<th>TUES</th>
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</thead>
<tbody>
<tr>
<td>Outpatient Session</td>
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</tr>
<tr>
<td>Consultant Rounds</td>
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</tr>
<tr>
<td>General Rounds</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Clinical Conference/tutorial</td>
<td></td>
<td>8.30am Psychosocial</td>
<td>4pm Pathology Review</td>
<td>1.30pm Diagnostic Imaging</td>
<td>8.00am Grand Rounds</td>
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OBJECTIVES OF ATTACHMENT
During this attachment a student is expected to Know
1. Clinical presentation of renal disease, e.g., proteinuria, hypertension, haematuria and uraemia.
2. Normal values in blood and urine.
3. The signs and symptoms of renal failure including dialysis & transplantation.
4. The management of acute and chronic renal failure.
5. Impact of renal failure on drug handling.

Technical Skills/Procedures
Be able to;
1. Take a full and appropriate current and past medical history.
2. Discuss the range of clinical investigations available and to understand how they may be used to inform the differential diagnosis.
3. Attend and observe at least 1 haemodialysis session and if possible a renal biopsy.
4. Palpate a Renal transplant kidney & a native Kidney

Management and Professional Behaviour
The student is
1. Present punctually and properly dressed and remains with the team for full days unless otherwise instructed.
2. Aware of the particular needs of each patient, has empathy with their situation, and an ability to manage their treatment having negotiated with them as to desirable outcomes.
3. In a good relationship with team members, peers and associated professionals.
4. Showing some evidence of resourcefulness and flexibility in the workplace.
5. Showing some capacity for taking responsibility appropriately and for exploring interesting leads which arise during case discussion

At the end of this attachment the assessment format will include some of the following;
1. Discussion of abnormal blood and / or urine laboratory reports.
2. Presentation and discussion of a case currently being treated in the unit.
3. An understanding of the principles of dialysis
## MAJOR TEAM ACTIVITIES IN A TYPICAL WEEK

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<td>Outpatient Session</td>
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<td>Nephrology</td>
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<td>Gen Med AMH-CW</td>
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<td>Consultant Rounds</td>
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<td>Dr Wall (AMH only)</td>
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<td>Clinical Conference/tutorial</td>
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<td>Investigative procedures</td>
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<td>Renal Biopsy</td>
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<td>Dialysis</td>
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OBJECTIVES OF ATTACHMENT
During this attachment a student is expected to
Know
1. Basic Neuro anatomy.
2. Testing for use for EEG, EMG
3. Testing for Brain and Spinal imaging.
4. Background in Neuropharmacology.
5. How to do a Neurologic examination

Technical Skills/Procedures
Be able to:
1. Able to take a full history/family review.
2. Competently perform a basic neurological exam.
3. Be able to know what normal neurophysiological results look like.
4. Be able to know what normal Brain and spinal imaging look like.

Management and Professional Behaviour
The student is
1. Present punctually and look professional and get integrated with team activities.
2. Time must be spent with patients in a helpful and constructive fashion.
3. Background reading is essential.

At the end of this attachment the assessment format will include some of the following;
1. Cranial Nerve exam.
2. Mental State exam.
3. Examination of the peripheral nervous system.
4. Some understanding of common neurological complaints.
### MAJOR TEAM ACTIVITIES IN A TYPICAL WEEK

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<th>Activity</th>
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<td>Medical Update</td>
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<td>Consultant Rounds/Outpatients</td>
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<td>Multi Disciplinary meeting</td>
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<td>Outpatients Clinic</td>
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<td>Neuroscience meeting</td>
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<td>Journal Club</td>
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OBJECTIVES OF ATTACHMENT
During this attachment a student is expected to
Knowledge

1. Systems examination
2. Common medical conditions
3. Medication Safety, Adverse Drug Reactions
4. Pharmacoeconomics – an introduction
5. Hypertension

Technical Skills/Procedure

1. General history and physical examination
2. Blood pressure recording
3. Interpretation of ambulatory blood pressure recordings
4. Check prescription charts
5. Interpret lipid profiles
6. Calculate cardiovascular risk
7. An understanding of arterial stiffness

Management and Professional Behaviour
Be present each day properly dressed for professional activities.
Show empathy and understanding of patient needs
Work as members of team including undertaking simple tasks
Visit the Library and do at least one topic research.

At the end of this attachment the assessment format will include
Review student log of respiratory firm activities
Presentation of cases both written and at bedside.
# Major Team Activities in a Typical Week

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<td><strong>General Rounds</strong></td>
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<tr>
<td><strong>Clinical Conference/tutorial</strong></td>
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<td>1.00 p.m. Medical update</td>
<td>1.00 p.m. Departmental Seminars</td>
<td>8.00 a.m. Grand Rounds</td>
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<tr>
<td><strong>On take for admissions</strong></td>
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<tr>
<td><strong>Investigative procedures</strong></td>
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<td>a.m. Arterial stiffness</td>
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</table>
SPECIALTY: Respiratory/ General medicine
CONSULTANT: Dr. D. O'Riordan
HOSPITAL: SJH
YEAR OF COURSE 3

OBJECTIVES OF ATTACHMENT
During this attachment a student is expected to
Know
acquire knowledge of basic anatomy and physiology of the respiratory system, how to take a
good respiratory history, how to assess and manage common respiratory illnesses, how to
interpret ABG’s, PFT’s and CXR’s.

Also will be exposed to a broad spectrum of general and acute medicine and will be
expected at the end of the rotation to be knowledgeable in the management of some of the
common acute medical presentations such as asthmatic attacks, pneumonia, exacerbation of
COPD, exacerbation of CCF, cellulitis, diabetes complications, sepsis, stroke, pulmonary
embolism.

Be familiar with management of common respiratory illnesses including COPD, asthma,
pneumonia, P.E., Lung cancer, TB, respiratory failure.

Technical Skills/Procedures
Be able to:-
interpretation of blood gases, of CXR’s, of pulmonary function tests
basic knowledge of the theory and practice of non invasive ventilation

Management and Professional Behaviour
The student shows:-
will be expected to be able to take a good respiratory history and do respiratory clinical
examination. Interact with the team during the rotation. Display empathy, professional
behaviour, understand the broader implications of an illness for the patient in terms of
physical, mental, social issues etc.,

At the end of this attachment the assessment format will include
medical knowledge, clinical skills, punctuality, attendance, level of interaction with the
team, professionalism in dealing with patients, empathy
### MAJOR TEAM ACTIVITIES IN A TYPICAL WEEK – Dr D. O’Riordans team

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<thead>
<tr>
<th>Activity</th>
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<tr>
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<td>Clinical Conference/tutorial</td>
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<td>Yes MDT meeting re lung cancer and clinical</td>
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<td>acute medicine meeting</td>
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<td>Yes, clinical resp conference</td>
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<td>Yes, general medical update meeting</td>
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**Note:**
- Grand rounds are usually scheduled on Fridays.
SPECIALTY: Respiratory  
CONSULTANT: Dr. F. O’Connell, Dr R. Fahy, Dr J. Keane  
HOSPITAL: SJH  
YEAR OF COURSE 3

OBJECTIVES OF ATTACHMENT  
During this attachment a student is expected to  
Knowledge  
Basic respiratory anatomy (learn through CXR/Bronchoscopy)  
Basic respiratory Physiology (learn through Pulmonary function)  
Important features of the respiratory history  
Clinical presentation and management of the common respiratory conditions  
- Asthma  
- COPD  
- Respiratory failure  
- Respiratory infections including TB  
- Lung Cancer

Technical Skills/Procedures  
- Detailed Respiratory History Taking  
- Detailed Respiratory Examination  
- Basic Chest X-Ray interpretation  
- Performance and interpretation of spirometry  
- Performance and interpretation of ABG’s  
- Observation of bronchoscopy

Management and Professional Behaviour  
- Full time attendance as part of the team  
- Individual assessment of 2 patients per week from admission to discharge  
- Courtesy in dealing with patients/staff

At the end of this attachment the assessment format will include  
Review student log of respiratory firm activities
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<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Outpatient Session</td>
<td>9.30a.m – 12.30p.m.</td>
<td>2.00p.m.- 5.00p.m.</td>
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<td>Consultant Rounds</td>
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<td>General Rounds</td>
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<tr>
<td>Clinical Conference/tutorial</td>
<td>8.30a.m.- 9.30a.m.</td>
<td>8.15a.m.- 9.00a.m.</td>
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<td>On take for admissions</td>
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<td>Theatre lists</td>
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<td>1.30- 4.30p.m.</td>
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<td>Investigative procedures e.g. bronchoscopy</td>
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OBJECTIVES OF ATTACHMENT
During this attachment a student is expected to
Know
Basic joint anatomy
Understanding the difference between inflammatory and non-inflammatory arthritis
Basic understanding of connective tissue diseases
Interpreting commonly requested laboratory tests
  - inflammatory markers
  - serology results/autoantibodies
Clinical presentation and management of common rheumatic conditions
Further knowledge of general medicine

Technical Skills/Procedures
Musculoskeletal history taking
Physical examination of the musculoskeletal system
Interpretation of x-rays of joints: normal vs abnormal
  - identification of changes of osteoarthritis, rheumatoid arthritis
Observation of joint aspiration and injection

Management and Professional Behaviour
Full time attendance as part of the rheumatology team
Individual assessment of 1-2 in-patients per week, following patients through their hospital course to discharge
Courtesy in dealing with patients and members of staff

At the end of this attachment the assessment format will include

Review student log to ensure goals have been met
## MAJOR TEAM ACTIVITIES IN A TYPICAL WEEK

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DEPARTMENT OF SURGERY

A guide for resident students

During your surgery attachment, you should spend most of your time on the wards speaking with and examining patients. While on this attachment, you should also attend OPD clinics, operating theatre sessions, day ward admissions, ward rounds and the multidisciplinary clinical conferences. You should divide your own group to make sure you attend all these areas and make optimum use of your time with us.

This booklet gives the range of surgical conditions you are expected to be familiar with during your surgical attachment in both hospitals.

General Topics

History taking in Surgical Patients

Most important part of the decision making tree
This should follow the following pattern

- Demographics – name, sex, age, race and occupation
- Presenting complaint: duration, onset, severity, list multiple complaints in order of severity
- History of the presenting Complaint(s): Chronological account of the development of the complaint(s). Exact dates. Clarification of history if necessary. Remaining questions about the abnormal system
- Past medical / surgical history: Diabetes, asthma, hypertension, tuberculosis, rheumatic fever, bleeding tendencies, ischaemic heart disease, past surgical procedures, date of procedures, accidents.
- Drug history: Steroids, anticoagulants, monoamine oxidase inhibitors, insulin, OCP, anti-hypertensive, bronchodilators, oral hypoglycemics ect.
- Allergy: Drugs, dressings, food etc
- Family History: health of close family, deaths, malignancies, similar complaints
- Social history: smoking, alcohol, accommodation, support, occupation (exposure to chemicals or disease), marital status, hobbies, travel abroad
- Systemic Review: Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Nervous System, breast, vascular
- Pain history: site, radiation, referred pain, character or nature, severity, mode of onset / duration, pattern, periodicity and progress, aggravating and relieving factors
Physical examination of surgical patient

- General physical examination includes vital observations (Pulse, BP, Temperature and Respiratory rate), weight loss, anaemia, jaundice and obvious deformity.
- Systematic examination including cardiovascular, respiratory and neurological. This provides risk stratification for these patients if they require surgical intervention.
- Abdominal examination including all quadrants assessment
- Other examinations such as: neck/thyroid, breast, groin/inguinal hernia, vascular, lumps and ulcers.
- Each system examination in sequence of inspection, palpation, percussion and auscultation.
- Repetition of each examination with standard bed side manners such as introduction to the patient, privacy, anticipatory warnings/explanations, chaperone and gratitude at the end of examination.

Investigation for surgical patients

Base line tests
- Interpretations of Full blood count such as haemoglobin, differential blood and platelet count.
- Electrolytes& Urea and its interpretation.
- What is the importance of swab for culture and sensitivity and blood cultures?
- Urinalysis and its interpretation.
- Liver function tests with obstructive and non obstructive patterns.
- Nutritional assessment such anthropological and biochemical measurements
- Interpretation of chest x-rays and plain abdominal films.

Specific tests
- Indications for contrast studies such as barium swallow, barium meal, intravenous urography, angiogram, ect
- Advantages of Imaging with U/S, C/T, MRI, PET scanning, fluoroscopic studies and radioisotope studies.
- Benefits of endoscopic assessment such as gastroscopy, colonoscopy and cystoscopy.
- Obtaining a histological diagnosis by fine needle aspiration, trucut biopsy or open biopsy.
Preoperative preparation for surgical patients

- To ensure operation is performed with minimal risk and maximal benefit, in a cost effective manner
- Adequate history and physical examination
- Respiratory, cardiovascular, metabolic and nutritional risks assessments
- Vital systems optimisation such as
  - Improving lung capacities by Inhalers, bronchodilators, steroids and chest physiotherapy.
  - Effective blood pressure control thus reducing cardiac or cerebral events, treating arrhythmia such as atrial fibrillation to inhibit peripheral arterial embolisation.
- Treatment of active sepsis with appropriate antibiotics.
- Reducing risk of aspiration pneumonia by nasogastric tube insertion,
- Intravenous fluids and urine output monitoring.
- Glycaemic control by sliding scale insulin.
- Prophylactic anticoagulation according to the risk group category.
- Improving nutritional status by parental or enteral nutrition. Which is more beneficial and why?
- Assessment of patients for in-patient or out-patient procedure – surgical category and ASA classification
- What is informed consent and its implications?

Postoperative care of surgical patients

- To enhance the patients overall recovery and decrease the incidence of complications
- Monitoring of vital observations.
- Fluid and electrolyte balancing.
- Blood replacement rationale.
- Adequate pain control-what are the means of achieving this and the main benefits to the patient.
- Monitoring of urine output and central venous pressure-how do we do it.
- Respiratory complications including atelectasis, lobar pneumonia and blood oxygen desaturations. How do we manage these
- Cardiac complications including dysrhythmias, myocardial infarction, ventricular failure and hypertension - 2° to pain or hypoxia
- Postoperative fever: atelectasis, pneumonia, UTI, septic and non-septic phlebitis, wound infection, drug allergies, other deep infection. How do we manage these
- Chest tube insertions for pneumothorax and haemothorax. Which is the best position for insertion? What is Tension Pneumothorax and how should this be tackled.
- What is deep venous thrombosis and what way is this treated
- Advantages of early ambulation
Surgical infections

- Know types of operative wounds such as clean, contaminated and infected.
- Bacterial load of gut organisms—which antibiotics are effective against gram negatives cocci and bacteroids.
- Abdominal wound dehiscence. What are the signs of this condition and how is this treated.
- Necrotising fasciitis
- Risk of superadded fungal infection in patients who are on multiple antibiotics for long periods.
- Is there a role for prophylactic antibiotics to reduce the surgical infections?

Multidisciplinary team management

- What are the benefits of this approach for patients as well as surgeon?
  For example
  - Evidence based medicine can be practiced within each surgical speciality.
  - Optimal therapy can be planned for cancerous and complex diseases.
  - Patient satisfaction is high.

Upper GI & Surgical Oncology

- What are the epidemiological and aetiological issues in oesophageal carcinoma? And the histological types?
- How does it present and spread?
- What is progressive dysphagia?
- You should know the various investigations used for diagnosis and the different modality treatment.
- What do you understand by the term GORD and is it a common condition in this part of the world?
- There are two main causes of GORD – hiatus hernia with reflux and reflux without abnormal anatomy. What is hiatus hernia and what types do you know?
- What is Barrett’s oesophagus?
- You should know about the investigations used for diagnosis and the common medical treatments.
- What are the indications for surgery?
- What do you understand about the term fundoplication?
- Peptic Ulcer disease (PUD) comprises both gastric and duodenal ulcers.
- You should understand the physiology of the stomach and duodenum in relation to PUD.
- The relationship between peptic ulcer disease and helicobacter pylori infection and non-steroidal anti-inflammatory drugs should be noted.
- How does PUD present? How is it investigated?
- What is the medical treatment of PUD and what are the indications for surgical intervention?
- What are the aetiological and contributory factors of gastric carcinoma?
- How common is the condition?
What are the symptoms and signs?
How is it investigated?
What are the treatment options?
What are the aetiological factors of Cholelithiasis?
What are the types?
In what way does gallstone present?
How will you confirm your diagnosis?
What is choledocholithiasis?
What other complications of gallstones do you know?
What is Murphy’s Sign? Boas’s sign?
What are the treatment options for gallstones and its complications?
What is splenomegaly? How is it different from hypersplenism?
What are the causes of both conditions?
What is splenectomy? What are the indications and complications?
What is Kehr’s Sign? What is OPSI?
What is pancreatitis?
What is the difference between acute and chronic pancreatitis?
What are the causes of pancreatitis?
What are the symptoms and signs of pancreatitis?
What are Cullen’s and Grey Turner’s signs?
You should know about Ranson’s & Imrie Glasgow scoring systems.
How is pancreatitis treated?
What are the complications of pancreatitis?
How are they managed?
What are the epidemiological and aetiological factors of Pancreatic carcinoma?
How are they classified?
How does it present and how does it spread?
What is Courvoisier’s Law?
What investigations are required for diagnosis?
What are the treatment modalities available?
What is Whipple’s procedure?
What are the epidemiological and aetiological factors of malignant melanoma?
What are the clinical types of malignant melanoma?
What are the features in a naevus suggesting malignant melanoma?
What is Clark’s level classification?
What is Breslow thickness classification?
What are the treatment modalities?
What does ANDI stands for?
What is Gynaecomastia? What are the causes?
What are the common breast symptoms in benign disease?
What do you understand by cyclical and non-cyclical pain?
What is “tripple” approach to management?
Distinguish between fibroadenosis and fibroadenoma?
What is Phylloides Tumour?
What are the causes of nipple discharge?
What are the risk factors for breast cancer?
Know about the TNM and UICC classification of breast cancer
What are the prognostic indicators of survival?
What is the difference between Grading and Staging of breast cancer?
What do you understand by LCIS and DCIS? And what are the pathological types of invasive breast cancer?
What are the Imaging Modalities useful in diagnosis?
What are the various Modalities available in the Management of Breast Cancer?
How does Thyroid Gland develop?
Explain development of thyroglossal cyst/sinus
What are the nerves and blood vessels important in the anatomical considerations of the thyroid gland – what happens if they are damaged?
What do you understand by the terms, euthyroidism, hyperthyroidism and hypothyroidism? What are the signs and symptoms of hyperthyroid and hypothyroid states?
Know how to examine the thyroid gland.
What is goitre? What are the common causes?
What are the investigative modalities useful in diagnosis of thyroid lesions?
What are the causes of and management options for thyrotoxicosis?
What is your understanding of clinically solitary nodule?
What is thyroid storm? How do you prevent it?
Name the four common types of thyroid cancer?
What are the predisposing factors to thyroid cancer?
How will you differentiate between follicular adenoma and follicular carcinoma?
What are the embryological origins of the superior and inferior Parathyroid glands?
Where are the usual anatomical locations of the glands and what artery supplies them?
Parathyroid hormone is produced by the abundant chief cells of the parathyroid gland, what are its principal actions?
What is the relationship between Parathyroid hormone and Vitamin D?
What is hyperparathyroidism? Distinguish between 1\textdegree, 2\textdegree and 3\textdegree hyperparathyroidism?
What do you understand by the expression “stones, bones, abdominal groans and psychic moans” in relation to hyperparathyroidism? What are the other symptoms?
What investigations would you carry out to diagnose hyperparathyroidism? And how would you localise the abnormal parathyroid(s)?
What are the other causes of hypercalcemia?
• How do you treat acute hypercalcemia disturbance? What are the indications for surgery in 1° hyperparathyroidism?
• What are Trousseau’s and Chvostek’s signs?
• Describe the Adrenal Glands anatomically and what is their blood supply?
• Adrenal glands consist of two components, Cortex and Medulla, what are their functions?
• What are the various disorders arising from the different zones of the Adrenal Cortex?
• What are the various disorders arising from the Adrenal Medulla?
• What condition is called the ‘10% tumour’?
• Know about their presentations, investigations and management.
• Know about Multiple Endocrine Neoplasia (MEN) Syndrome Types I & II
• Classify Carcinoid Tumours; where do they arise? What is Carcinoid Syndrome? What is the Pathophysiology? How is it diagnosed? And what is the management?

**Colorectal**

• What is the blood supply of the large bowel and what are the functions?
• How will you define constipation? What are the causes?
• What are the factors that may be involved in the aetiology of Inflammatory Bowel Disease?
• How will you differentiate between Ulcerative Colitis and Crohns?
• What are their histological and endoscopic findings?
• What are the clinical features and complications?
• How do you manage the condition and what are the indications for surgical intervention?
• What is Diverticular Disease? And what is the Pathophysiology?
• What are the various Clinical Presentations and Complications?
• What investigations will you carry out to make the diagnosis?
• Know about the management of various presentations.
• What is a Polyp? Classify Colorectal Polyps?
• What is the importance of Adenomatous Polyps?
• What are the aetiological factors important in Colorectal Carcinoma?
• How will you classify colorectal carcinoma macroscopically?
• How does it spread?
• Differentiate between Staging and Grading of colorectal carcinoma?
• Know about the two methods of Staging – Dukes and TNM classifications.
• How do right sided colorectal carcinoma present? How do left sided tumours present and how do rectal tumours present?
• What do you understand by the terms synchronous & metachronous lesions?
• What are the investigations needed for diagnosis?
• What parts of Bowel are resected in Right hemicolecction? Left hemicolectomy?
• Anterior resection? And Abdomino-perineal resection?
• What are the treatment options in colorectal carcinoma?
• Know the anatomy of anorectal region
• What are the common symptoms of anorectal disorders?
• What are the causes of rectal bleed?
- What are Haemorrhoids? What are the predisposing aetiological factors? How will you classify haemorrhoids? How do they present? And what are the conditions related to and which may be confused with haemorrhoids?
- Discuss the various treatment options for haemorrhoids?
- What is Perianal Hematoma? How do you treat it?
- What do you understand by Fissure-in-ano? What are the causes? What are the pathological and clinical features and how do you treat the condition?
- What do you understand by Fistula-in-ano? Classify it.
- What are the aetiological factors and clinical features? How do you treat the condition?
- What is Pruritus ani? What are the possible causes? How is the problem dealt with?

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**Vascular**

The principle disorders affecting the arterial system are occlusive disease (either acute or chronic) and aneurysmal disease. Regardless of the precise vessels affected, the basic physiological principles are similar but the precise method of presentation will be different. You should be familiar with the typical presentation of chronic occlusive vascular disease in the coronary circulation, (angina pectoris, myocardial infarction), the cerebral circulation (TIA, RIND or stroke), and the peripheral circulation (intermittent claudication, rest pain, ulceration or gangrene).

Be aware that patients with symptoms or signs of disease in one system may have covert or overt disease in other areas and this should be specifically sought during history taking and examination.

Patients with peripheral vascular disease may present with one or more of the following: -
- Intermittent claudication
- Rest pain
- Acute limb ischaemia
- Gangrene or ulcers
- Amputation (for vascular disease)

You should also consider that there might be other explanations for these symptoms (differential diagnosis).

What are the risk factors for the development of Atherosclerosis?
How may these be modified to prevent or delay the development of atherosclerosis?
What are the common sites with a predilection to develop atheroma and why is this so?
What is the pathophysiology of intermittent claudication?
How can the severity and extent of the disease be evaluated clinically?
What are the principles of conservative management?
What are the indications for invasive treatment/surgery?
What are the invasive options and how would you choose between them?

Gangrene or Lower limb amputation
Which vessels/branches supply which parts of the limb?
What are the indications for amputation?
How is the level of amputation chosen?
What are the prospects for rehabilitation for different amputations?
What is the typical presentation of acute limb ischaemia? (the 6 “Ps”)
How do you differentiate thrombosis from embolism?
How should this patient be managed?
What is a transient ischaemic attack and how does this differ from a reversible ischaemic neurological defect (RIND) or a cerebrovascular accident (CVA). How does the presentation differ according to the area affected by the embolism?

What is amaurosis fugax?

How should these patients be investigated?

What are the treatment options for those with carotid disease?

Who should have surgery?

How should an asymptomatic carotid bruit be managed?

What are the conditions that may present with vasospasm?

How should these patients be investigated?

What are the treatment options for vasospastic disease?

What are the modes of presentation of an abdominal aortic aneurysm?

What are the typical findings on examination – what features of a pulsatile mass suggest that it is an aneurysm?

What are the management options for abdominal aneurysm?

What preoperative assessment is required and why?

What are the major postoperative complications and how may these be prevented?

What should patients be advised of before they go home?

What are the causes of aneurysm formation?

What should you tell a patient with a small aortic aneurysm?

How do patients with ruptured abdominal aortic aneurysm present?

What other diagnoses should be considered?

How should these patients be investigated and managed?

What are the basic steps in the operation?

Aneurysms may occur at other sites (popliteal, splenic) – how will these present and how should they be managed?

What is the difference between true and false aneurysm?

Venous disease

Deep venous thrombosis may occur spontaneously or following surgery. These patients are often managed on medical wards. Varicose veins are common (20% of the population) but many never have any surgery performed. Varicose vein surgery is usually carried out in the day ward and you will see these patients only in the OPD or the day ward. You should make sure to see both preoperative and postoperative patients. Patients with leg ulcers (due to a variety of causes) are most commonly seen in the OPD.

What are the causes of varicose veins?

What symptoms do they cause?

How may you clinically determine the pattern of reflux?

What are the treatment options?

What are the indications for surgery?

What complications of surgery would you warn patients about?

**Deep Venous Thrombosis (DVT) and Pulmonary Embolus (PE)**

What are the risk factors for DVT – how are these classified (Virchow’s Triad)?

Who is at particular risk – what measures might you take to prevent DVT?

How would you anti-coagulate a patient?

What are the symptoms and signs of DVT?

What diagnostic tests should be used – outline an investigation algorithm.

What is the clinical presentation of pulmonary embolus (PE)?

What abnormality might be found using simple common tests?

What other tests are used specifically to diagnose PE?

How would you manage this patient?
What is the role of surgery?
What would you advise a patient about the long-term risks following DVT?
What treatments might you offer?
What are the causes of leg ulcers?
What are the underlying patho-physiological mechanisms?
What criteria help distinguish venous, arterial, diabetic and infectious leg ulcers – what are the other rare causes?
How should these ulcers be managed?
What role does surgery play in the management of venous ulcers?

Lymphoedema
How do you distinguish the cause of leg swelling?
What feature specifically suggests Lymphoedema?
What are the causes of secondary Lymphoedema?
What treatment options are available?

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**Miscellaneous Topics**

- **What is a hernia?** What does it consist of? What are the types of hernia?
- **What are the predisposing, aetiological factors?**
- **Hernias may be reducible, irreducible, obstructed or strangulated.**
- **What is the pathophysiology of strangulation?**
- **What do you understand by the terms Sliding hernia, Richter’s hernia, Maydls hernia, Spigelian hernia?**
- **Distinguish between direct, indirect inguinal hernia and femoral hernia and know how to examine them.**
- **What is the difference between midpoint of inguinal canal and midinguinal point?**
- **Intestinal obstruction** can broadly be divided into mechanical obstruction and paralytic ileus. What is the difference between the two?
- **How will you further divide mechanical obstruction?**
- **What are the causes of paralytic ileus?**
- **What are the clinical features of mechanical obstruction and paralytic ileus?**
- **What investigations are required for diagnosis?**
- **What are the treatment options?**
- **What is appendicitis?**
- **In what age group is it common?**
- **What is the treatment of acute appendicitis?**
- **What is an appendicular mass? How is it managed?**
- **What is the aetiology and pathological features of acute appendicitis?**
- **What is the classical manner of presentation and what are the other forms of presentation?**
- **What is McBurney’s point and of what relevance is it to appendicitis?**
- **What is Rovsing’s sign?**
- **What investigations are useful in making diagnosis?**
- **What are the differential diagnoses?**
Orthopaedics

Trauma:

- Type of road traffic accident such as Vehicle/fall/mass injury.
- Importance of acceleration and deceleration impacts. Driver, passenger or pedestrian.
- ABC of *Advance trauma life support* system.
- Significance of associated abdominal, chest and head injury.
- What is Glasgow coma scale and its relevance with management of the patient.
- Solid organ versus hollow viscus injury, how do they present clinically.
- Soft tissue trauma and blood loss.
- Importance of fracture stabilisation with external splints.
- Concept of POP, CAST and backslabs and their risks such as compartment syndromes.
- Benefits of internal fixation of long bone fractures. Such as early mobility and reducing the risk of thrombo-embolism.

Elective Orthopaedics:

**History**

- Disability such as nature of pain, with its area of involvement. e.g, hip pain, knee pain, neck pain and back pain.
- Duration of debility and its effect upon lifestyle.
- Physical deformity due to presenting complaint. such as limping, flexures and kyphosis.
- Radiation of pain especially along the back of leg called sciatica.
- History of any arthropathy especially Rheumatoid Arthritis.
- Past history of trauma or intervention such as arthroscopy for diagnosis.

**Physical examination**

- Obvious limb shortening and fixed flexures.
- Valgus or varus deformity
- Kyphosis or Lordosis
- Joint effusion and how to elicit it.
- Range of movements of effected joints.
- Straight leg raising angles.
- Neurological examination as part of an overall assessment.

**Investigations**

1. Blood tests
2. Radiology
3. Special tests such as C/T, MRI, bone scans for individual cases.

*Treatments options available for patients such as physiotherapy, minimally invasive techniques, joint fixations and replacements.*
In Urology, you should use the opportunity of patient contact to fine tune your skill in one or more of the following components:

- Taking a detailed history
- Performing a clinical examination of a part or the whole patient
- Coming up with a differential diagnosis
- Formulating a management plan
- Communicating with the patient, relatives and colleagues

You should try to conduct clinical assessment in the company of one or more colleagues. This should minimise the risk of misunderstandings. It will also be more productive if you discuss the case with your colleague and provide instant feedback and critique.

When you interview a patient try to glean as much information as possible about the patient and his problem through the history and clinical examination. Your goal is not to make a diagnosis but to propose a differential diagnosis and to formulate a management plan which would include all of your differentials.

Remember that in the management of a clinical problem it is more important to ask “What is right for this patient” than to ask, “What is the right management for this problem”.

Aim to develop all the knowledge and skills to perform competently as a junior team member once the final medical examinations have been successfully completed.

In Urology, medical students must have an understanding of the following symptoms:

- Stream (poor/intermittent/splayed), hesitancy, post micturition dribble, urinary retention, nocturia, double voiding
  - Daytime frequency, dysuria, urgency, strangury
  - Incontinence (stress/urge/continuous), enuresis
  - Haematuria
  - Renal/ureteric colic

In Urology between fourth and final medical years, medical students should have knowledge of the clinical presentation, investigations and management of the following scenarios:

- Patient with haematuria (either frank or microscopic, either painful or painless)
- Patient with scrotal swelling (acute and chronic)
- Patient with poor urinary stream (voiding and bladder storage problems)
- Patient with renal/ureteric colic
- Patient with urinary tract infection
- Patient with bladder cancer
- Patient with prostatic carcinoma
- Patient with renal carcinoma
- Patient with testicular cancer
In terms of examination skills the following skills are vital in Urology

- Be able to perform a full abdominal examination including;
- Theoretical knowledge of normal and abnormal findings on rectal exam
- Be able to Ballott kidneys
- Be able to describe the difference on clinical examination between palpable kidneys, liver, spleen
- Be able to percuss a bladder to determine if it is full or not
- Testis examination

**Patient with haematuria**  
*You should be able to :-*

- Outline the common causes of haematuria
- Outline the first line investigations of a patient with haematuria
- Outline the second line investigations based on the common first line findings
- Discuss the presentation and management of haematuria in relation to trauma to the kidney, ureter, bladder and urethra.
- Describe the presentation and treatment of patient with infections in the GU tract
- Describe the aetiology, presentation and management of renal calculi

**Patient with poor urinary stream**  
*You should be able to :-*

- Describe the presentation of bladder outlet obstruction, the common causes and the relevant questions
- Describe how you would decide if intervention is required
- Say how you assess the need for intervention
- Outline the common treatment modalities for the common causes
- Describe the management of benign prostatic hyperplasia
- Describe the management of urethral stricture
- Describe the complications of TURP

**A patient with acute scrotal pain**  
*You should be able to :-*

- Provide a differential diagnosis of acute scrotal pain
- Discuss the presentation, diagnosis and management of torsion of the testis
- Describe the indications for exploration of the testis

**Patient with renal/ureteric colic**  
*You should be able to :-*

- Provide a differential diagnosis for acute flank/abdominal pain
- Discuss the presentation, diagnosis and management options for renal/ureteric calculi
- Describe a management plan for the investigation of recurrent renal calculi + complications
A patient with a GU malignancy

You should be able to :-

- Describe the presentation and management of renal cell carcinoma,
- Describe the presentation and management of transitional cell carcinoma of the bladder
- Describe the presentation and management of carcinoma of the prostrate
- Describe the presentation and management of testicular carcinoma

Patient with scrotal swelling

You should be able to :-

- Discuss the differential diagnosis of a testicular swelling
- Describe how you would distinguish a scrotal swelling from a hernia
- Describe the role of transillumination
- Distinguish between an epididymal and testis swelling

A patient with a kidney (and pancreas) transplant

You should be able to :-

- List the indications for kidney transplantation
- Indicate how you would decide on the suitability of a donor for organ transplantation
- Describe the usual anatomical positions for renal transplant in children and adults
- Outline the criteria for establishing death for the purposes of organ donation.
- Broadly list the medications used in immunosuppression for transplantation

All students should have seen during their rotation the following:

- CAPD Tenckhoff dialysis catheter
- Arteriovenous dialysis fistula
- Ileal Conduit
- Nephrectomy incision
- Percutaneous Nephrostomy tube
- Hydrocoele
- Testicular tumour/exploration
- IVP
- KUB
- Three way urethral catheter + Irrigation
- Suprapubic catheter
- Cystoscopy
- TURP
All students by the end of the rotation should be able to describe the mechanism of action and role of the following drugs used in Urology:

- Alpha antagonists
- LHRH analogues
- Antiandrogens
- Anticholinergics
- Genitourinary antibiotics

All students by the end of final medical years should have developed the following skills:-

- The ability to pass a urinary catheter
- The ability to assess the prostate on rectal examination
- The ability to interpret an IVU, KUB, renal isotope scan, and CT
- The ability to interpret renal function from blood and urinary electrolyte results
- The ability to examine the abdomen and identify an abdominal mass
- The ability to examine the scrotum and diagnose the cause of testicular swellings

**Recommended Surgical Textbooks**

1. An introduction to the signs and symptoms of surgical disease by Norman L. Browse
2. Oxford handbook of clinical surgery by McLatchie
3. Clinical Surgery by MM Henry and JN Thompson
4. Bailey & Love’s short practice of surgery by RCG Russell, NS Williams, CJK Bulstrode

**Reference Journals**

The Lancet  
New England Journal of Medicine  
The Surgeon  
Annals of Surgery  
British Journal of Surgery
**Department of Clinical Surgery - St James Hospital**

**3rd Medical Year Surgical Programme**

Welcome to the clinical side of learning that you have all been looking forward to. The following details will give you an overview of the 3rd Year surgical rotation programme.

**Where to go:**

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Consultants</th>
<th>SPR/Registrar/Lecturer</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper GI</td>
<td>Professor Reynolds, Mr N. Ravi</td>
<td>J Larkin, J Martin- Smith,</td>
<td>Bennett’s Ward</td>
</tr>
<tr>
<td>Colorectal</td>
<td>Mr. Stephens, Mr Mehigan</td>
<td>P McCormick, T. Alhafiz</td>
<td>Dun’s Ward</td>
</tr>
<tr>
<td>Breast and Endocrine</td>
<td>Mr Boyle, Ms. Connolly, Mr J Butt</td>
<td>A. Manning, K Al-Tahs</td>
<td>Bennett’s Ward</td>
</tr>
<tr>
<td>Vascular</td>
<td>Mr. Moore, Mr. Madhavan, Mr. O’Neill,</td>
<td>Z Martin, N Cloete, G</td>
<td>Dun’s Ward</td>
</tr>
<tr>
<td>Urology (G.U. Surgery)</td>
<td>Mr McDermott, Mr. Lynch, Mr. Grainger</td>
<td>K O’Connor, J Forde, D</td>
<td>Bennett’s Ward</td>
</tr>
<tr>
<td>Plastics</td>
<td>Mr. Orr, Ms. Eadie, Mr. Beausang, Mr. O’Donavan, Mr. Meagher, Mr Murray</td>
<td>F Conroy, R Dunlop, F</td>
<td>Ann Young Ward</td>
</tr>
<tr>
<td>Cardiothoracic</td>
<td>Ms. McGovern, Mr. Young, Mr. Tolan</td>
<td>S Early, R. Aziz, W Ahmed</td>
<td>Keith Shaw Ward</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>Mr. Hogan, Mr. Smyth, Mr. McCarthy, Mr. McKenna</td>
<td>M Gehad, A. Azhar, C. Keating, T</td>
<td>Colle’s Ward</td>
</tr>
<tr>
<td>ENT</td>
<td>Professor Timon, Mr. Conlon, Mr. McShane, Mr. Kinsella, Mr Rafferty</td>
<td>O Young, E Cashman, G</td>
<td>John’s Ward</td>
</tr>
</tbody>
</table>

**General**

Please make sure that you have a security swipe card, as you will need access to the various departments within the Hospital.

**Weekly Tutorials**

Attached please find your tutorial schedule whilst attached to the Department of Surgery.

**SHO weekly tutorials:** Each group should contact the SHO of their relevant service to organise this tutorial. You should receive one tutorial a week.

In addition to the above weekly programmes you should receive ward round teaching and tutorials from the Consultants and SpR’s.

**Please remember**, whatever speciality you are attached to, your aim is to learn the art of patient contact, history taking and examination skills. You will also learn preoperative preparation, postoperative management principles, and operating theatre protocols.
**WEEKLY LECTURE /SEMINAR SCHEDULE**

**3rd YEAR SURGERY 2009/2010**

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Group</th>
<th>Lecturer</th>
<th>Specialty</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>13:00-14:00</td>
<td>All Groups</td>
<td>TBC</td>
<td>Radiology</td>
<td>RTR</td>
</tr>
<tr>
<td><strong>Tuesday</strong></td>
<td>9:30-10:30, 15:00</td>
<td>All Groups</td>
<td>Ms. Connolly, Mr. Ravi</td>
<td>Surgery</td>
<td>BTR</td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>8:30-9:30</td>
<td>All Groups</td>
<td>Prof. Reynolds</td>
<td>Surgery</td>
<td>BTR</td>
</tr>
<tr>
<td><strong>Friday</strong></td>
<td>8:30-9:30</td>
<td>All Groups</td>
<td>Claire Donoghue, Sarah Picardo</td>
<td>Surgery</td>
<td>BTR</td>
</tr>
<tr>
<td></td>
<td>12:00-13.00</td>
<td>All Groups</td>
<td>Dr. Ryan</td>
<td>Anaesthetics</td>
<td>BTR</td>
</tr>
</tbody>
</table>

The Registrar/SHO belonging to each specialty must give each group a single tutorial per week, during the 4 weeks attachments.

BTR= Bennett Tutorial Room
RTR= Radiology Tutorial Room

**MEETINGS AND CONFERENCES TO ATTEND**

- **Tuesday** 8.00 a.m. Breast Conference – Radiology Conference Room (SJH)
- **Wednesday** 7.30 a.m. Surgical Conference, Robert Smith Lecture Theatre, Trinity Centre for Health Sciences.
- **Wednesday** 8.30 a.m. G.I. Radiology conference, Radiology Conference Room (SJH)
- **Thursday** 7.30 a.m. G.I. Oncology MDT, Trinity Centre for Health Sciences.
  13.00 p.m. G.I. Histology conference William James MacNeven Lecture room, 1st floor, Trinity Centre.
- **Friday** 8.00 a.m. Grand Rounds. Robert Smith Lecture Theatre, Trinity
CONTINUOUS ASSESSMENT DETAILS

The Components are:

1. Ward attendance & assessment forms signed by the respective Consultants for each of the attachments – these should be submitted to the Secretary in the Department of Surgery, Trinity Centre for Health Sciences, St. James’ Hospital, ideally after each month’s postings are completed.

2. Continuous Progressive Assessment (CPA) - January.

Assessment forms can be collected from the Department of Surgery Office at the Trinity Centre for Health Sciences, and should be signed and returned at the end of each posting to be considered as part of continued assessment.

Should you have any queries please contact Siobhan Ryan, Department at 01-896 2189.

**NB: Please contact Siobhan Ryan (siobhan.ryan@tcd.ie) or at the above number if any tutorials or lectures do not take place.**
Department of Clinical Surgery- AMNCH

3rd Medical Year Surgery Programme

Welcome to the clinical side of learning that you have all been looking forward to. The following details will give you an overview of the 3rd Year surgical rotation programme at AMiNCH:

Where to go:-

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Ward</th>
<th>Consultants</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>Crampton Ward</td>
<td>Professor Conlon, Mr. P. Neary, Mr. O’Riordain, Ms. Jane Rothwell, Mr. E Eguare, Mr. P. Ridgway</td>
</tr>
<tr>
<td></td>
<td>Gogarty Ward</td>
<td></td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>Crampton Ward</td>
<td>Prof. S. Tierney, Mr. M. Feeley, Ms B Egan</td>
</tr>
<tr>
<td></td>
<td>Gogarty Ward</td>
<td></td>
</tr>
<tr>
<td>G.U. Surgery</td>
<td>Lane Ward</td>
<td>Mr. R. Grainger, Mr. R. Flynn, Mr. McDermott, Mr. J. Thornhill, Mr. T. Lynch</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>Franks Ward</td>
<td>Mr. J. McElwain, Mr. P. Nicholson, Mr M Nelligan, Mr S Morris</td>
</tr>
<tr>
<td></td>
<td>Ormsby Ward</td>
<td></td>
</tr>
</tbody>
</table>

General
Please make sure that you have an AMiNCH security swipe card, as you will need access to the various departments within the Hospital. These can be obtained between 2-4pm from the Security Office in the Atrium.

Weekly Tutorials
Attached, please find your tutorial schedule whilst attached to the Department of Surgery. You will see from the layout that the lectures (i.e. Radiology, Anaesthetics, Mr Kumar Perthiani, and Professor K.C.P. Conlon) are for all groups.

Clinical Skills
A rota with times of attendance will be given to you when you start your clinical attachments.

SHO weekly tutorials
Each group should contact the SHO of their relevant service to organise this tutorial. You should receive one tutorial a week.

In addition to the above weekly programmes you should receive ward round teaching and tutorials from the Consultants and SpRs.

During your attachment it is important to become a member of the team with emphasis on learning the art of history-taking and physical examination skills. You should also learn about pre-operative, post-operative and overall patient management care.
### Weekly Lectures Schedule 3rd Year Medical

#### 2009/10

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Group</th>
<th>Lecturer</th>
<th>Specialty</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>2:00-2:45</td>
<td>All Groups</td>
<td>Prof. Kevin Conlon</td>
<td>Surgery</td>
<td>Trinity Lecture Theatre</td>
</tr>
<tr>
<td></td>
<td>3:15-4:15</td>
<td>All Groups</td>
<td>TBA</td>
<td>Radiology</td>
<td>Radiology Lecture Theatre</td>
</tr>
<tr>
<td>Tuesday</td>
<td>2:00-3:00</td>
<td>All Groups</td>
<td>Mr. Haresh Kumar Perthiani</td>
<td>Surgery</td>
<td>Trinity Lecture Theatre</td>
</tr>
<tr>
<td>Wednesday</td>
<td>9:00-11.30</td>
<td>As per surgical skills rota</td>
<td>Ms. Phillippa Marks Ms Marie Morris</td>
<td>Clinical Skills</td>
<td>Clinical Skills Lab</td>
</tr>
<tr>
<td></td>
<td>11.30-2:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2:00-4:30</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>As per surgical skills rota</td>
<td>Ms. Phillippa Marks Ms Marie Morris</td>
<td>Clinical Skills</td>
<td>Clinical Skills Lab</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>10:00-11:00</td>
<td>All Groups</td>
<td>Dr. Anne Heffernan</td>
<td>Anaesthetics</td>
<td>Trinity Lecture Theatre</td>
</tr>
<tr>
<td>Friday</td>
<td>9:00-11.30</td>
<td>As per surgical skills rota</td>
<td>Ms. Phillippa Marks Ms Marie Morris</td>
<td>Clinical Skills</td>
<td>Clinical Skills Lab</td>
</tr>
<tr>
<td></td>
<td>11.30-2:00</td>
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<tr>
<td></td>
<td>2:00-4:30</td>
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</tbody>
</table>

** The SHO belonging to each specialty must give each group a single tutorial per week during their four-week attachment.

### Venues
- **Radiology Tutorial Room**: Located in the X-ray Area.
- **Clinical Skills Lab**: Located in the Education Centre, near locker rooms.
- **Trinity Lecture Theatre**: Located behind the Trinity Centre Coffee Shop (Kylemore).
- **Education Centre Lecture Theatre**: Located next to the Education Centre/Trinity Centre reception desk.
**Weekly Meetings and Conferences to attend**

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Meeting</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>07.30</td>
<td>Trauma Orthopaedic Teaching Session</td>
<td>Orthopaedic Office, Franks Ward</td>
</tr>
<tr>
<td></td>
<td>12.30 p.m.</td>
<td>G.I. Multidisciplinary Meeting</td>
<td>Radiology Conference Room</td>
</tr>
<tr>
<td>Tuesday</td>
<td>07.00 a.m.</td>
<td>Elective Orthopaedic Teaching Session</td>
<td>Elective Office, Ormsby Ward</td>
</tr>
<tr>
<td></td>
<td>07.45 a.m.</td>
<td>General and Vascular Teaching Session</td>
<td>Dept of Surgery, Crampton Ward</td>
</tr>
<tr>
<td></td>
<td>08.00 a.m.</td>
<td>Urology Meeting (fortnightly)</td>
<td>Radiology Conference Room</td>
</tr>
<tr>
<td>Thursday</td>
<td>07.30 a.m.</td>
<td>Trauma Orthopaedic Teaching Session</td>
<td>Orthopaedic Office, Franks Ward</td>
</tr>
<tr>
<td></td>
<td>08.00 a.m.</td>
<td>Breast Multidisciplinary Meeting</td>
<td>Radiology Conference Room</td>
</tr>
<tr>
<td>Friday</td>
<td>08.00 a.m.</td>
<td>Hospital Grand Rounds</td>
<td>Post Graduate Centre</td>
</tr>
</tbody>
</table>

Should you have any queries, you are always welcome to drop into the Department of Surgery, Room 1.36, Trinity Centre for Health Sciences (Tel: 896-3719) or e-mail profsurg@tcd.ie.

**NB:** Please contact Alison or Suzanne at the above number if any tutorials or lectures do not take place.

**Continuous Assessment Details**

The components are:

1. Ward attendance and assessment sheet signed by Consultants
2. Continuous Progressive Assessment (CPA) - December/January.
Department of Surgery

**Staff/Contact Numbers**

**St.James’s Hospital**

Professor John V. Reynolds  
Chair of Surgery

Ms Liz Connolly  
Consultant Surgeon/  
S. Lecturer  
EMConnolly@stjames.ie

Ms Liz Connolly  
(maternity leave from Sept 23, 2009)

Mr. N Ravi  
Lecturer  
ravin@tcd.ie

Ms Clare Donoghue  
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Ms. Sarah Picardo  
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Ms Clare Martin  
(maternity leave until Jan 2010)  
Clinical Skills Tutor  
martinc4@tcd.ie

Ms Triona Flavin  
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Mr. Jim Woo  
(Sept 2009 to Jan 2010)  
Clinical Skills Tutor  
Jimwoo@yahoo.com

Ms Siobhan Ryan  
Executive Officer  
siobhan.ryan@tcd.ie  
01 8962189

**AMNCH**

Professor Kevin Conlon  
Chair of Surgery

Mr. Haresh Kumar Perthani  
Lecturer in Surgery  
01 89683711

Ms. Kate Smith  
Administration Staff  
01 4142213

Ms. Deirdre Farrell  
Department of Surgery  
Crampton Ward  
01 4142211

Ms Phillippa Marks  
Clinical Skills Tutor  
01 8961475

Ms Marie Morris  
Clinical Skills Tutor  
01 8962910

Ms. Alison Barlow  
Executive Officer  
01 8963719