



**Training Programme (essential elements)**  
**Clinical Practical Year (CPY)**  
**at Medical University of Vienna, Austria**

CPY-Tertial C

**Orthopaedics and Traumatology**

Valid from academic year 2018/19

Responsible for the content

Ao. Univ.-Prof. Dr. Josef G. Grohs

Dr. Jozsef-Tibor Erdös

o. Univ.-Prof. Dr. Reinhard Windhager

This training programme applies to the subject of "Orthopaedics and Traumatology" within CPY tertial C "Electives". If "Orthopaedics and Traumatology" are being taken within the compulsory CPY tertial B "Surgery and Perioperative Disciplines", in addition to the learning objectives in CPY tertial B, the learning objectives listed in this training programme under Point 3 can be added as optional learning objectives in the logbook for the compulsory CPY tertial B.

The training programmes for the elective subjects in CPY tertial C are each designed for a duration of 8 weeks. If the subject in CPY tertial C is being completed over a period of 16 weeks, the specified content shall be treated in greater depth.

### 3. Learning objectives (competences)

The following skills must be acquired or deepened in the subject of Orthopaedics and Traumatology during the CPY.

#### 3.1 Competences to be achieved (mandatory)

##### A) History taking

1. Taking a systematic history (symptoms, current complaints, trauma history, the patient's life situation, her/his understanding of the illness and concerns, social and cultural background and illness experience)
2. Taking occupational and workplace history
3. Identification of possible risk factors for surgery/anaesthetic and appropriate clarification

##### B) Performance of examination techniques

4. Assessment of general condition (habitus and posture, gait, symmetry and mobility of body) and nutritional state
5. General examination of the extremities and spinal column
6. Standardized examination of bones and joints with established clinical tests
7. Evaluation of structure and function, mobility and pain sensitivity of the upper extremity (elbow, wrist, finger joints as well as relevant muscles)
8. Evaluation of structure and function, mobility and pain sensitivity of the lower extremity (ankle joint, hip, knee, meniscus signs, position of the patella, patella function and relief)
9. Assessing feet on standing (pes planus, pes valgus)
10. Eliciting peripheral reflexes (triceps, biceps, knee, ankle) and plantar response (Babinski sign)
11. Examination of spine, spine mobility and paravertebral muscles standing and supine (kyphosis, scoliosis, lateral tilt, Schober procedure, position-dependent pain)
12. Palpation of head and cervical spine
13. Examination of iliosacral joint and pelvis including muscles (mobility, pain, atrophies)
14. Assessment of pulse status (central and peripheric) and of possible blood flow noise
15. Inspection of gait (normal, on heels, hopping in one place) (sensitivity and motor skills)
16. Testing for cervical and lumbar radicular signs
17. Assessment and discussion of radiological findings in a clinical context
18. Identifying superficial wound healing problems
19. Identifying deep wound healing problems
20. Evaluation of bacteriological findings
21. Identification of post-operative bleeding

- C) Performance of routine skills and procedures
  - 22. Using appropriate hand hygiene at the workplace
  - 23. Preparation to watch/to assist in operating theatre (scrub-up, gown up, put on sterile gloves, etc.)
  - 24. Handling a central venous catheter
  - 25. Removal of sutures, wound cleaning and application of a bandage
  - 26. Performance of perioperative patient safety measures (checklist, sign-in/time-out/sign-out)
  - 27. Pre-operative preparation of operative field for minor surgery, asepsis and antisepsis
  - 28. Correct removal of drains
- D) Therapeutic measures
  - 29. Subcutaneous and intramuscular injection
  - 30. Treatment of superficial wound healing problems
  - 31. Suture or clips after an operation
  - 32. Puncture of joints (knee, shoulder, elbow, ankle)
- E) Communication with patients/team
  - 33. Working in a multidisciplinary team
  - 34. Summarizing the main points of diagnoses, active problems and management plans of a patient
  - 35. Elaborating a clinical question and searching for its solution in the literature
  - 36. Informing colleagues and other professionals on findings and checking understanding
  - 37. Notification of examination using instruments or of a specialist consultation with detailed explanation and information
  - 38. Giving information to a patient for a planned surgical procedure/intervention and obtaining consent
  - 39. Discussing diagnoses/prognoses with patients under supervision
  - 40. Presenting a patient in the morning ward round
- F) Documentation
  - 41. Recording findings in patient file
  - 42. Filling in prescription forms
  - 43. Retrieving patient-specific information from clinical data system
  - 44. Filling out a requisition for instrumental investigations (lab tests, imaging)
  - 45. Writing a description of progress, letters for transfer or discharge of patient
  - 46. Speciality-specific classification
  - 47. Speciality-specific diagnostic coding and performance coding

### 3.2 Optional competences

In addition to the competences that are mandatory to achieve, further competences from the following list may also be acquired.

1. Assistance in operations
2. Application of plaster casts
3. Participation in device training sessions
4. Participation in training courses
5. Participation in night shifts
6. Symptom-oriented examination and the ordering of further diagnostics in the case of an acute patient
7. Assessment of patients with medical emergencies and after trauma
8. Evaluation of the perioperative nutritional situation and gastrointestinal function
9. Attaching a pulse oximeter and interpreting the results
10. Abdominal examination
11. Stopping hemorrhage (direct pressure, pressure points, pressure bandage, tourniquet)
12. Assessment and initial care of external injuries (wounds, bleeding, burns, sprains, dislocations, fractures)
13. Stitching of skin incisions and lacerations
14. Application of local (infiltration) anaesthesia/Oberst conduction anaesthesia
15. Correct removal of a central venous catheter
16. Caring for a wound in an out-patient setting or in the operating room
17. Performance of measures for secondary wound healing (e.g. VAC system)
18. Treatment of deep wound healing problems
19. Identification and implementation of acute measures in the case of post-operative bleeding
20. Participation in the treatment of suspected deep vein thrombosis/pulmonary embolism
21. Determining the indication, dosage and use of oxygen therapy (timing)
22. Accompanying transport of casualties
23. Diagnostic coding
24. Participation in the diagnosis and treatment of suspected pneumothorax
25. Preliminary initial examination of trauma room patient (ABC)
26. Assessment using Glasgow Coma Scale
27. Performance of surgical wound care (suture and knotting technique) under local and regional anaesthesia (including Oberst anaesthesia)
28. Repositioning of finger dislocations
29. Positioning and primary fixation of fractured extremities
30. Breaking bad news to patients and family (simulated situation)

31. Transfer of patient from emergency transport with and without accompaniment of emergency doctor
32. Diagnosing a pneumothorax
33. Assistance in trauma room

#### **4. Information on verification of performance, on-going assessments**

##### **4.1 The following aspects can be assessed in the Mini-CEX:**

1. Taking a medical history and clinical examination on in-patient admission for an operation
2. Symptom-oriented examination and the ordering of further diagnostics in the case of an acute patient
3. Giving information to a patient for a planned surgical procedure/intervention and obtaining consent
4. Case presentation during ward teaching rounds (information on active status)
5. Identification of possible risk factors for surgery/anaesthetic and appropriate clarification
6. Performance of perioperative patient safety measures (checklist, sign-in/time-out/sign-out)
7. Determining the indication, dosage and use of oxygen therapy (timing)
8. Creating plan for pain therapy and thrombosis prophylaxis
9. Assessment and treatment of acute and chronic wounds

This list can be expanded accordingly.

##### **4.2 The following skills can be assessed in the DOPS**

1. Treating a wound in an out-patient setting or in the operating room
2. Performing a sterile dressing change
3. Removal of sutures and clips
4. Removing drains
5. Performing a suture
6. Preparation of a bodily region for operation (washing and covering)
7. Surgical hand disinfection
8. Handling a central venous catheter
9. Removing a central venous catheter
10. Application of local (infiltration) anaesthesia/Oberst conduction anaesthesia

This list can be expanded accordingly.