



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

CPY-Tertial C

Plastic, Aesthetic and Reconstructive Surgery

Valid from academic year 2021/22

Responsible for the content

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With the assistance from

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This training programme applies to the subject of "Plastic, Aesthetic and Reconstructive Surgery" within CPY tertial C "Electives". 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 "Plastic and Reconstructive Surgery" during the CPY.

3.1 Competences to be achieved (mandatory)

A) History taking

1. Taking a systematic history (symptoms, current complaints, the patient's life situation, his/her understanding and concerns of the illness, social and cultural background, illness experience)
2. Taking a targeted, hypothesis-directed history
3. Clarifying the patient's expectations and requests for the consultation
4. Taking history in patients with special communication needs, e.g. language or speech problems
5. Communicating in a multi-disciplinary team

B) Performance of examination techniques

6. Symptom-oriented examination and organisation of further diagnostics
7. Assessment of a wound
8. Assessment of burning depth and extent of skin damage
9. Diagnosis of nerve compression of the median, ulnar and radial nerve
10. Assessment of a hand status
11. Assessment of leg ulcers and decubital ulcers
12. Assessment of a scar

C) Performance of routine skills and procedures

13. Assessment and initial care of external injuries (wounds, bleeding, burns, sprains, dislocations, fractures)
14. Preoperative hygiene measures (surgical hand disinfection, dressing of sterile gloves, etc.)
15. Preoperative preparation of the surgical field for minor surgical procedures (asepsis, antisepsis)
16. Wound cleaning
17. Removal of sutures and drainages
18. Applying a dressing (head dressing, hand bandage, plaster splint, etc.)
19. Performing a sterile dressing change

D) Therapeutic measures

20. Application of local anaesthesia
21. Application of measures for intraoperative haemostasis
22. Performing a skin suture after surgery
23. Application and changing of a VAC dressing

- E) Communication with patient/team
 - 24. Taking history during inpatient admission or initial outpatient presentation
 - 25. Communication in an interdisciplinary team
 - 26. Presentation of patients during the rounds
 - 27. Posing a clinical question and performing targeted literature research for its solution
 - 28. Comprehending hints and signs of child abuse
 - 29. Contribution to the preoperative checklist under participative decisioning
 - 30. Participation in specialized consultations/outpatient clinics

- F) Documentation
 - 31. Writing a journal or e-journal
 - 32. Writing an outpatient and/or inpatient patient letter
 - 33. Filling out an examination assignment/requisition for instrumental investigation
 - 34. Prescribing prescriptions and therapy arrangements
 - 35. Coding of the diagnoses
 - 36. Clarifying with nursing staff monitoring measures and calling criteria concerning patients
 - 37. Active and passive activities in the field of data protection

3.2 Optional competences

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

For example:

1. Co-supervision of severely burned patients in the intensive care unit
2. Co-supervision of patients on the ward
3. Treatment planning and management of a patient with pathologies of the hand, peripheral nerve lesions, lymphedema, pathologies of the breast, neurofibromatosis, pain syndromes, vascular malformations, gender incongruence

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

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

1. Taking history and clinical examination at inpatient admission
2. Symptom-oriented examination in an acutely ill patient
3. Assessment of a wound
4. Assessment of burning depth and extent of skin damage in burn injury patient
5. Examination of the vitality of a flap plastic
6. Assessment of postoperative bleeding
7. Diagnosing of a local infection and describing a treatment proposal
8. Assessment of a hand status
9. Assessment of scars and describing a treatment proposal
10. Diagnosing of decubital ulcers / leg ulcers and describing a treatment proposal
11. Diagnosing a nerve compression syndrome in the upper extremity

This list can be expanded accordingly.

4.2 The following skills can be assessed in the DOPS

1. Wound cleaning
2. Removal of sutures and drainages
3. Performing a skin suture (single button suture, vertical mattress suture, continuous intracutaneous suture), performing subcutaneous sutures
4. Preoperative hygiene measures (surgical hand disinfection, dressing of sterile gloves, etc.)
5. Application of a local anaesthesia (topical anaesthesia, Oberst conduction block, etc.)
6. Application of measures for intraoperative haemostasis
7. Application of a wound dressing
8. Immobilization of an extremity (splinting, bandaging, plaster casts, etc.)
9. Application and changing of a VAC dressing
10. Harvesting split skin grafts and skin meshes

This list can be expanded accordingly.

5. Literature

- D Brown: Michigan Manual of Plastic Surgery, Lippincott Williams & Wilkins, 2014
J Rudigier: Kurzgefasste Handchirurgie: Klinik und Praxis, Thieme, 2006
J E Janis: Essentials of Plastic Surgery, Thieme, 2014
P M Vogt: Praxis der Plastischen Chirurgie, Springer, 2011
R Hoffmann: Checkliste Handchirurgie, Thieme, 2016