



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

CPY-Tertial C

Urology

Valid from academic year 2015/16

Responsible for the content

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In collaboration with

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This training programme applies to the subject of "Urology" 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 Urology during the CPY.

3.1 Competences to be achieved (mandatory)

A) History taking

1. Taking a targeted, hypothesis-directed history
2. Identification of possible risk factors for surgery/anaesthetic

B) Performance of examination techniques

3. Assessment of skin and mucous membranes (signs of anemia, cyanosis, jaundice, edema, dehydration)
4. Assessment of vital functions (body temperature, respiration, pulse rate, blood pressure, venous pressure)
5. Symptom-oriented examination and the ordering of further diagnostics in the case of an acute patient
6. Inspection of abdomen including eliciting abdominal tenderness, rebound tenderness and guarding
7. Rectal examination in male
8. Inspection and palpation of penis and scrotum (testes, epididymis, spermatic cord) including transillumination of scrotum
9. Inspection and palpation of female external genitalia (vulva, perineum)
10. Assessment and discussion of radiological findings in a clinical context
11. Assessment of perioperative fluid balance and loss of electrolytes
12. Evaluation of the perioperative nutrition situation and gastrointestinal function
13. Attaching a pulse oximeter and interpreting the results
14. Identifying superficial wound healing problems
15. Identifying deep wound healing problems
16. Identification of post-operative bleeding/complications
17. Participation in the diagnosis of suspected deep vein thrombosis/pulmonary embolism

C) Performance of routine skills and procedures

18. Intravenous injection
19. Urinary catheterization
20. Handling a central venous catheter
21. Pre-operative preparation of operative field for minor surgery, asepsis and antisepsis
22. Patient instruction for mid-stream urine sample collection
23. Performing and reading of urine stick test
24. Taking an electrocardiogram at rest
25. Using appropriate hand hygiene at the workplace
26. Wound cleaning

27. Removal of wound sutures
 28. Application of a bandage
 29. Application of local (infiltration) anaesthesia/Oberst conduction anaesthesia
 30. Correct removal of drains
 31. Correct removal of a central venous catheter
 32. Correct performance of perioperative thrombosis prophylaxis
 33. Positioning a permanent peripheral venous cannula
 34. Performing a sterile dressing change and wound cleaning
 35. Positioning a urinary catheter
 36. Positioning a gastric tube
- D) Therapeutic measures
37. Caring for a wound in an out-patient setting or in the operating room
 38. Performance of measures for secondary wound healing (e.g. VAC system)
 39. Treatment of superficial wound healing problems
 40. Treatment of deep wound healing problems
 41. Treatment of post-operative bleeding
 42. Participation in the treatment of suspected deep vein thrombosis/pulmonary embolism
 43. Prescribing measures in treatment of pain, palliative and end-of-life care
 44. Suture or clips after an operation
- E) Communication with patient/team
45. Communicating with severely ill patients
 46. Elaborating a clinical question and searching for its solution in the literature
 47. Notification of examination using instruments or of a specialist consultation with detailed explanation
 48. Giving information to a patient regarding a planned surgical procedure/endoscopy/intervention or for an anaesthetic procedure and obtaining consent
 49. Summarizing the main points of diagnoses, active problems and management plans of a patient
 50. Clarifying with nursing staff monitoring measures and calling criteria concerning patients
- F) Documentation
51. Recording findings in patient file
 52. Filling in prescription forms
 53. Writing a detailed referral for an examination (using instruments) (e.g. CT)
 54. Writing a discharge letter
 55. Writing a daily report of distinct medical parameters on the present status and progress of a patient
 56. Filling in a death certificate and/or requesting a post-mortem (simulated situation)

57. Diagnostic coding
58. Requesting information in hospital information system

3.2 Optional competences

In addition to the competences that are mandatory to achieve, further competences from relevant surgical disciplines, anaesthesia and intensive care (see individual training plan) may also be acquired.

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 out-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 regarding a planned surgical procedure/endoscopy/intervention or for an anaesthetic procedure 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. Assessment of perioperative fluid balance and loss of electrolytes and prescription of appropriate replacement
7. Evaluation of the perioperative nutrition situation and gastrointestinal function
8. Performance of perioperative patient safety measures (checklist, sign-in/time-out/sign-out)

This list can be expanded accordingly.

4.2. The following skills can be assessed in the DOPS

1. Removing sutures and clips
2. Removing drains
3. Performing a suture
4. Preparation of a bodily region for operation (washing and covering)
5. Surgical hand disinfection
6. Handling a central venous catheter
7. Removing a central venous catheter
8. Positioning a urinary catheter
9. Positioning a gastric tube

This list can be expanded accordingly.