

## Learning objectives – mandatory

The fulfilled and assessed learning objectives must be marked **by the student** with an x.

The **assessment** can be performed by the mentor in three ways: **direct observation** of the student during performance of a clinical activity (see page ii), **CPY task** (see page P4-P6), **Mini-CEX/DOPS** (see page v-vi). At the end of completion of the CPY tertial in the respective department, fulfilment of the learning objectives must be signed off by the mentor.

Competence	Objectives completed
<b>Taking a medical history</b>	
1. Taking a systematic history (symptoms, current complaints, trauma history, the patient's life situation, his/her understanding of the illness and concerns, social and cultural background and illness experience)	<input type="radio"/>
2. Taking occupational and workplace history	<input type="radio"/>
3. Identification of possible risk factors for surgery / anaesthetic and appropriate clarification	<input type="radio"/>
<b>Performance of examination techniques</b>	
4. Assessment of general condition (habitus and posture, gait, symmetry and mobility of body) and nutritional state	<input type="radio"/>
5. General examination of the extremities and spinal column	<input type="radio"/>
6. Standardized examination of bones and joints with established clinical tests	<input type="radio"/>
7. Evaluation of structure and function, mobility and pain sensitivity of the upper extremity (elbow, wrist, finger joints as well as relevant muscles)	<input type="radio"/>
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)	<input type="radio"/>
9. Assessing feet on standing (pes planus, pes valgus)	<input type="radio"/>
10. Eliciting peripheral reflexes (triceps, biceps, knee, ankle) and plantar response (Babinski sign)	<input type="radio"/>
11. Examination of spine, spine mobility and paravertrebral muscles standing and supine (kyphosis, scoliosis, lateral tilt, Schober procedure, position-dependent pain)	<input type="radio"/>
12. Palpation of head and cervical spine	<input type="radio"/>
13. Examination of iliosacral joint and pelvis including muscles (mobility, pain, atrophies)	<input type="radio"/>
14. Assessment of pulse status (central and peripheric) and of possible blood flow noise	<input type="radio"/>
15. Inspection of gait (normal, on heels, hopping in one place) (sensitivity and motor skills)	<input type="radio"/>
16. Testing for cervical and lumbar radicular signs	<input type="radio"/>
17. Assessment and discussion of radiological findings in a clinical context	<input type="radio"/>
18. Identifying superficial wound healing problems	<input type="radio"/>
19. Identifying deep wound healing problems	<input type="radio"/>
20. Evaluation of bacteriological findings	<input type="radio"/>

## Competence

Objectives completed

21. Identification of post-operative bleeding	<input type="radio"/>
<b>Performance of routine skills</b>	
22. Using appropriate hand hygiene at the workplace	<input type="radio"/>
23. Preparation to watch / to assist in operating theatre (scrub-up, gown up, put on sterile gloves, etc.)	<input type="radio"/>
24. Handling a central venous catheter	<input type="radio"/>
25. Removal of sutures, wound cleaning and application of a bandage	<input type="radio"/>
26. Performance of perioperative patient safety measures (checklist, sign-in/time-out/sign-out)	<input type="radio"/>
27. Pre-operative preparation of operative field for minor surgery, asepsis and antisepsis	<input type="radio"/>
28. Correct removal of drains	<input type="radio"/>
<b>Therapeutic measures</b>	
29. Subcutaneous and intramuscular injection	<input type="radio"/>
30. Treatment of superficial wound healing problems	<input type="radio"/>
31. Suture or clips after an operation	<input type="radio"/>
32. Puncture of joints (knee, shoulder, elbow, ankle)	<input type="radio"/>
<b>Communication with patient/team</b>	
33. Working in a multidisciplinary team	<input type="radio"/>
34. Summarizing the main points of diagnoses, active problems and management plans of a patient	<input type="radio"/>
35. Elaborating a clinical question and searching for its solution in the literature	<input type="radio"/>
36. Informing colleagues and other professionals on findings and checking understanding	<input type="radio"/>
37. Notification of examination using instruments or of a specialist consultation with detailed explanation and information	<input type="radio"/>
38. Giving information to a patient for a planned surgical procedure/intervention and obtaining consent	<input type="radio"/>
39. Discussing diagnoses/prognoses with patients under supervision	<input type="radio"/>
40. Presenting a patient in the morning ward round	<input type="radio"/>

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## Competence

Objectives completed

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### Documentation

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|-------------------------------------------------------------------------------------|-----------------------|
| 41. Recording findings in patient file                                              | <input type="radio"/> |
| 42. Filling in prescription forms                                                   | <input type="radio"/> |
| 43. Retrieving patient-specific information from clinical data system               | <input type="radio"/> |
| 44. Filling out a requisition for instrumental investigations (lab tests, imaging)  | <input type="radio"/> |
| 45. Writing a description of progress, letters for transfer or discharge of patient | <input type="radio"/> |
| 46. Speciality-specific classification                                              | <input type="radio"/> |
| 47. Speciality-specific diagnostic coding and performance coding                    | <input type="radio"/> |

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### Verified by mentor

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## Learning objectives – optional

In addition to the competences that are mandatory to achieve, optional competences from the training programmes may also be acquired.

Competence as per training programme	Objectives completed
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<b>Verified by mentor</b>	