



MEDICAL UNIVERSITY  
OF VIENNA



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[kpj-ausbildungsfeedback@meduniwien.ac.at](mailto:kpj-ausbildungsfeedback@meduniwien.ac.at)

## My Clinical Practical Year

(to be filled out by the student)

	Institution*	Department	Date from-to	Days absent**
<b>A</b>		“Internal Medicine”	Weeks 1-8	
			Weeks 9-16	
<b>B</b>		“Surgery and Perioperative Disciplines”	Weeks 1-8	
			Weeks 9-16	
<b>C</b>		“Electives”	Weeks 1-16 bzw. 1-8	
		Elective I		
		Elective II	Weeks 9-16	

\* University hospital, teaching hospital

\*\* A total of 25 days' absence are allowed (includes all forms of absence); max. 10 days' absence in one CPY tertial (per 16 weeks). Any absences in excess of this number shall be made up. This applies both to the entire CPY (max. 25 days) and one CPY tertial (max. 10 days). In the case of absences (leave days), the agreement of the teaching hospital / training practice shall be sought. Special arrangements for longer periods of absence (e.g. for pregnancy, lengthy illness, nursing) may be made.

This Logbook and Portfolio belongs to:

First name:

Last name:

Student ID:

You can attach a passport photo of yourself here.

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# Competence in medical science and medical practice



Dear student,

We are delighted that you have now successfully completed the initial five years of your studies and are now beginning the Clinical Practical Year (CPY). During the CPY you will be a learning team member in the departments of university hospitals, accredited teaching hospitals and in training practice facilities. During your intensive clinical and practical training you will be supervised by mentors.

During the CPY you will deepen the knowledge, skills and proper medical attitudes (i.e. professional conduct) acquired in the previous five years and – under guidance – obtain qualifications allowing further postgraduate training and professional development. The primary objectives are the acquisition of

- skills, knowledge and attitudes in accordance with the Austrian Competence Level Catalogue and European requirements,
- competence in clinical, problem-oriented scientific thinking and evidence-based medical practice.

The sixth year of your studies should be a transition period to your later everyday professional life.

We hope that you will make the best possible use of the CPY in order to gain medical skills, to train and to deepen your knowledge. Use this year to make significant progress along the pathway towards the practice of professional medical care.

We wish you a successful CPY with many intensive educational experiences.

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Board of Curriculum Directors - Medical Studies

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**Key:**  
 A = CPY tertial A “Internal Medicine”  
 B = CPY tertial B “Surgery and Perioperative Disciplines”  
 C = CPY tertial C “Electives”  
 d = German  
 e = English



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# The Clinical Practical Year at Medical University of Vienna

[kpj.meduniwien.ac.at](http://kpj.meduniwien.ac.at)

The Clinical Practical Year emphasises “learning at the workplace” and therefore differs significantly in terms of its aims and structure from the previous years of the student’s medical studies. It requires the employment of tailored didactic concepts that enable self-directed student learning in daily clinical practice and ensure the achievement of the specified training objectives.



## Key features of the training during the Clinical Practical Year

1. The CPY takes place in the sixth year of studies and comprises 48 weeks.
2. The CPY helps students to acquire and deepen the competences and skills listed in the Austrian Competence Level Catalogue for Medical Skills and in accordance with European guidelines (EU directive on basic studies).
3. The application and consolidation of what is learned in a learning context must take place in a clinical ward, out-patient unit or training practice (general medicine) with patients and under supervision. An exception here are Electives in non-clinical specialist areas where these are included as elective options in the CPY.
4. The focal point is self-directed learning through real tasks in daily clinical practice (task-based learning).
5. The emphasis is on caring for patients under instruction (see Section 49 (4 and 5) of the Austrian Physicians Act 1998, BGBl. I No. 169/1998, as last amended). A simple observing role (passive participation in ward rounds, multidisciplinary team meetings like tumour boards, etc.) is not sufficient.
6. Active participation in daily clinical practice (e.g. patient presentation by the student, participation in training and professional development events, ward rounds, multidisciplinary team meetings like tumour boards) is an essential component of the training. Independent consolidation of knowledge in relation to encountered problems should also be practiced as part of a process of lifelong learning.
7. The exercise of clinical problem-oriented scientific thinking and an evidence-based medical approach when managing patients.
8. Integration in a treatment team and taking responsibility for tasks in accordance with the level of training. Students are trainees who are involved in clinical activities to the extent necessary for them to achieve the relevant training objectives. It must be ensured that as part of the overall course of studies the Clinical Practical Year provides the required breadth of training.
9. Exercise of professional conduct towards patients and their relatives as well as towards different professional groups and public agencies.
10. Promotion of own initiative and own responsibility for the student’s training and professional development.

# 1. The CPY curriculum

The central element of the CPY curriculum are the **training programmes** for each subject that can be chosen during the CPY ([kpj.meduniwien.ac.at](http://kpj.meduniwien.ac.at)). These training programmes specify the objectives of the relevant CPY subject and define the **mandatory and optional competences** that should be achieved by the students. In addition, subject-specific information is provided on the verification of performance (on-going assessments), on the CPY tasks and on the structured feedback meetings.

During each CPY tertial (for each department) there is a **structured feedback meeting** between the student and mentor at the start, middle and end of the period:

- Frameworks and individual objectives are agreed in the introductory meeting.
- A skills assessment is conducted in the midterm evaluation.
- In the final evaluation the tertial is reviewed.



## Learning through structured tasks

CPY students should manage patients under supervision (if possible, from admission to discharge). The majority of CPY tasks can and should be completed by means of patient management. There are three different ways to verify the achievement of a competence (see diagram):

- (1) Direct observation of daily clinical practice (mentor observes student)
- (2) CPY tasks (documentation in Logbook)
- (3) Standardised verification by means of MiniCEX or DOPS (protocols in Logbook)

These different approaches enable a flexible response to the individual circumstances of the various subjects and departments.

**Direct observation** means that the mentor observed the student directly during the performance of a clinical activity. If this was performed satisfactorily, it is taken as confirmation of achievement of the relevant competence.

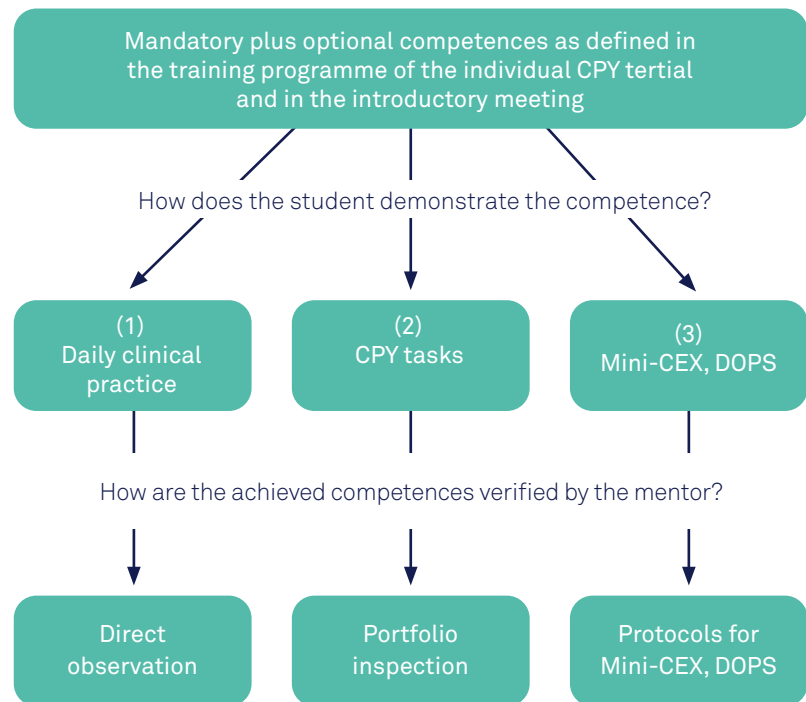
**The CPY tasks** are a clearly structured programme in which the students acquire basic medical skills through clinical tasks (task-based learning) (see page P 3–P 6).

The tasks are formulated uniformly for all subjects. If a subject has special requirements for certain tasks, these are laid down in the relevant training programme. The students are expected to fulfil the specified tasks in accordance with the relevant content and structural requirements (for explanation see Portfolio). The tasks selected for documentation should be taken from daily clinical practice. They constitute the



basis for Return Week (see pages P 55–P 58).

**Mini-CEX** (Mini Clinical Evaluation Exercise) and **DOPS** (Direct Observation of Procedural Skills) are widely used international, standardised workplace-based assessments that are employed for the on-going assessment of students. One assessment should be completed (Mini-CEX or DOPS) every 14 days and should be integrated into daily clinical practice (see page v–vi).



## 2. Instructions on how to use the Logbook

All above-mentioned elements for each of the three CPY tertials (“Internal Medicine”, “Surgery and Perioperative Disciplines” and 1 or 2 Electives) are to be documented in the **Logbook**. The **Portfolio** is a record of all the CPY tasks a student has successfully completed. It is **not** necessary to add these to the file. Students are invited to document optional further activities in the Portfolio and also to use these for creating their personal profile.

The Logbook and Portfolio remain in the possession of the student and are her/his companions during

daily collected clinical practice. They must be kept carefully and are collected by the Medical University of Vienna at the end of the Clinical Practical Year for the purpose of final assessment (Return Week).

There are individual training programmes for the mandatory 16-week tertials (blocks) “Internal Medicine” (CPY tertial A) and “Surgery and Perioperative Disciplines” (CPY tertial B). For these tertials the mandatory competences are already printed in the Logbook. The training programmes for the Electives are designed for a duration of 8 weeks each. These competences are available to download (see [kpj.meduniwien.ac.at](http://kpj.meduniwien.ac.at)) and are entered in the Logbook individually by the student (please enter the lists of learning objectives, NOT the study plan). First the student marks the achieved competences, and then the mentor confirms them ideally in the context of the Mid-Term and then Final evaluation. For documentation the valid version of the year, in which the tertial is completed, should be used.

In the Logbook and Portfolio the blue fields must be filled out by the responsible person at the teaching hospital (mentor, head of department or their deputy).

All other fields are to be filled out by the student.

On the certification sheet the student fills out the grey fields, the mentor the blue fields, and the subject coordinator the orange fields.

The relevant forms for **Mini-CEX** and **DOPS** are already included in the Logbook and are filled in by the examiner (e.g. mentor). If additional forms are required (if more Mini-CEX or DOPS assessments are performed), they can be downloaded from [kpj.meduniwien.ac.at](http://kpj.meduniwien.ac.at) and inserted in the Logbook at the relevant place.

The **certification sheets** confirm achievement of all mandatory elements in the CPY tertial and are signed at the end of the CPY tertial by the mentor and Head of Department. At the end of the relevant CPY tertial the CPY student forwards the certification sheet to the Department for Student Affairs of the Medical University of Vienna. One certification sheet per CPY tertial is already included in the Logbook (two certification sheets are included in the Logbook for the Electives).





## 2.2 Mini-CEX and DOPS

On-going assessment is a significant component of the CPY. The specific types of assessments to be used are Mini-Clinical Evaluation Exercises (Mini-CEX) and Direct Observations of Procedural Skills (DOPS). With the Mini-CEX the focus is on communication and clinical examination; with the DOPS it is on manual skills and interventions.

One Mini-CEX or DOPS is to be completed every 14 days. It is important to integrate the assessment into daily clinical practice, as well as to agree it as such beforehand in good time with the student. The assessment sheet is to be held ready by the student in the Logbook. The skills to be assessed are specified in the training programmes of the CPY tertials. In each assessment a different skill should normally be observed. The assessment may be performed by all mentors on the ward and by the head of department.

The assessment consists of three steps: observation (approx. 15 min. depending on problem), recording the assessment and the feedback discussion (approx. 5 min.). In the Mini-CEX the students may, for example, take a specialist medical history or assess relevant aspects of the clinical/physical status. In the DOPS the students may, for example, insert a urinary catheter or treat post-operative wounds. The mentor observes based on defined criteria. Subsequently, the student is to submit a summary clinical assessment. The mentor then records the performance on the assessment form and gives the student feedback.

Feedback on the demonstrated performance is of central importance. Only through feedback on their development requirements can students continuously improve their clinical skills and competences. The feedback enables students to identify their learning progress in relation to the learning objectives. The feedback meeting also includes the development of clear, verifiable objectives and actions to improve weaknesses jointly with the student. The formulation of an action plan is the most important step for the success of the on-going assessment.

### Description criteria – scale

Overall impression	More detailed description
<b>Learning</b>	Intensive guidance still needed, the task must be practised and demonstrated again
<b>Competent</b>	Safe performance in accordance with training requirements
<b>Adept</b>	Excellent, clearly superior performance

**Mini-CEX: Criteria for the student**

<b>Communication</b>	Introduces her:himself; explains the procedure to the patient; gives the patient the opportunity to ask questions; answers questions honestly. Avoids the use of technical terms; responds to the views/perceptions of the patient; obtains consent of the patient regarding further course of action. Responds suitably to verbal and non-verbal patient reactions.
<b>History taking/consultation</b>	Skills demonstrated during performance: Structures discussion, listens actively; formulates open and closed questions, grasps the personal inner map of the individual patient; clarification and advice are appropriate to situation and patient.
<b>Clinical examination</b>	Skills demonstrated during performance: Adapts the examination to the clinical problem and condition of the patient; explains to the patient what she:he is doing. The clinical examination follows an efficient and logical sequence.
<b>Clinical judgement</b>	Demonstrates good clinical judgement, is able to synthesise information; formulates relevant differential diagnoses and creates an appropriate diagnostic and therapeutic plan taking into account risk-benefit assessment and medical urgency.
<b>Organisation/efficiency</b>	Sets priorities; is concise; works in a structured manner; uses available resources appropriately.
<b>Professional conduct</b>	Shows empathy and respect; responds to the concerns and needs of the patient; knows the regulatory framework; is aware of her:his own limits; creates appropriate documentation; takes account of the ethical dimensions of medicine.

**DOPS: Criteria for the student**

<b>Preparation/aftercare/safety</b>	Explains to the patient the intervention procedure and risks and obtains her:his consent; has the necessary materials ready and checks them; instructs the patient and assisting personnel; positions patient optimally. Explains to the patient the necessary post-intervention measures and checks; explains to the patient the procedure in the event of complications. Correctly selects and uses disinfectant; works under sterile conditions; avoids endangerment of self and others. Removes required material correctly.
<b>Technical expertise</b>	Technically correct application of e.g. local anaesthetic; performs intervention with skill and precision; works atraumatically; achieves a satisfactory result.
<b>Clinical judgement</b>	Defines indication correctly; selects appropriate medication and dosage for local anaesthesia; is knowledgeable of the anatomical geography, applied intervention steps and instruments.
<b>Organisation/efficiency</b>	Works systematically; appropriate documentation; preserves and labels correctly any material taken.
<b>Professional conduct</b>	Shows empathy and respect towards the patient; maintains a professional relationship with medical personnel; assesses her:his own capabilities appropriately; asks for help when required; knows the regulatory framework.

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# Literature

Buckley S, Coleman J, Davison I, et al. The educational effects of portfolios on undergraduate student learning: a Best Evidence Medical Education (BEME) systematic review. BEME Guide No. 11. Med Teach. 2009;31(4):282-98.

Busing N, Slade S, Rosenfield J, et al. In the spirit of Flexner: working toward a collective vision for the future of medical education in Canada. Acad Med. 2010;85(2):340-8.

Cruess R, McLroy JH, Cruess S, et al. The Professionalism Mini-Evaluation Exercise: a preliminary investigation. Acad Med. 2006;81(10 Suppl):S74-S78.

Driessen EW, Van Tartwijk J, Govaerts M, et al. The use of programmatic assessment in the clinical workplace: A Maastricht case report. Med Teach. 2012;34(3):226-231.

Harden RM. Learning outcomes and instructional objectives: is there a difference?. Med Teach. 2002;24(2):151-155.

Jayawickramarajah PT. WFME task force on defining international standards in basic medical education. Med Educ. 2001;35(5):515.

Kern D, Thomas P, Hughes M. Curriculum Development for Medical Education. A six-step approach. 2nd edition ed. Baltimore: Johns Hopkins University Press, Baltimore, 2009.

Le T, Bhushan V, Sheikh-Ali M, et al. First Aid for the USMLE Step 2 CS (First Aid for the USMLE Step 2: Clinical Skills). McGraw-Hill Publishers, New York, 2012.

Medizinische Universität Innsbruck. Logbuch KPJ für Studierende.

Norcini JJ, Blank LL, Arnold GK, et al. The mini-CEX (clinical evaluation exercise): a preliminary investigation. Ann Intern Med. 1995;123(10):795-799.

Norcini JJ, Blank LL, Duffy FD, et al. The Mini-CEX: A method for assessing clinical skills. Ann Intern Med. 2003;138(6):476-481.

Norcini J, Burch V. Workplace-based assessment as an educational tool: AMEE Guide No. 31. Med Teach. 2007;29(9-10):855-871.

Tochel C, Haig A, Hesketh A, et al. The effectiveness of portfolios for post-graduate assessment and education: BEME Guide No 12. Med Teach. 2009;31(4):299-318.

Van Tartwijk J, Driessen EW. Portfolios for assessment and learning: AMEE Guide no. 45. Med Teach. 2009;31(9):790-801.

# Legal position/ insurance regulations

## Activities under the Austrian Physicians Act

According to Section 49 (4 and 5) of the Austrian Physicians Act 1998 as last amended, medical students are authorised in respect of “non-independent performance” to conduct the following activities “under the instruction and supervision of the medical practitioners providing the training”:

## Insurance situation

Accident and third-party liability insurance has been taken out by the Österreichische HochschülerInnenschaft (Austrian Students Union – ÖH) for all members of the ÖH. By paying the ÖH membership fee, all students who have been admitted to the study programme, or who have applied to continue their course of studies, are basically covered by this insurance. Subject to the above conditions, any biological and underage child of a student verifiably living in the same household shall also – although to a more limited extent – be viewed as an insured person. In the event of a claim, the university registration document (“Inskriptionsbestätigung”) shall be deemed as evidence of insurance cover.

The **third-party liability** insurance cover exists for the “personal statutory liability under private law on account of personal injury or damage to property resulting from the risks of everyday life” of those students registered in a study programme. The level of cover of the third-party liability insurance for personal injury or damage to property is EUR 1,000,000.00. It also covers in particular the “exercise of activities, e.g. internship or other training measures (that are provided for by law, regulation or study plan, or that serve the further training of students) at home or abroad”. Insurance cover however only exists where the employer is not statutorily or contractually obliged to take out equivalent insurance.

The ÖH **accident insurance** policy covers all accidents that occur “during the exercise of activities, e.g. internship and other training measures (that are provided for by law, regulation or study plan, or that serve the further training of students) at home or abroad”. The level of accident insurance cover is EUR 7,500 for accident expenses and EUR 15,000 for accidental death. The maximum lump sum payment in the event of accident is EUR 50,000.00. In addition, all students are partially covered by statutory accident insurance in accordance with Section 8 (1) 3 i of the Social Security Act (ASVG).

The insurance (third-party liability and accident insurance) also covers voluntary and mandatory clinical clerkships (“Famulatur”), other clinical internships and all teaching events and placements that serve the further training of students at home or abroad (e.g. activities during the Clinical Practical Year in the course of the Medicine Degree Programme).

1. Taking a medical history
2. Simple physical examination, including measuring blood pressure
3. Drawing blood from veins
4. Intramuscular and subcutaneous injections
5. Other individual medical activities where the mastering of such skills is vital for the successful completion of the Medicine Degree Programme, and in respect of which the trainee medical students already demonstrably have the necessary skills and experience to perform such activities conscientiously, bearing in mind the level of difficulty of these activities.

The new accident and third-party liability insurance of the Österreichische HochschülerInnenschaft (Austrian Students Union – ÖH), which came into force on 1.10.2014, also explicitly includes needlestick injuries to students in the following passage: Supplementing Art. 6, Point 4 of the General Conditions for Accident Insurance (AUVB) 2013, insurance protection also covers the treatment of **needlestick injuries** and subsequent prophylactic therapy for the prevention of infections (e.g. HIV, hepatitis A, B and C) in accordance with the current guidelines of the relevant hospitals. Needlestick injuries include pricks, cuts and scratches with sharp or pointed medical instruments (e.g. cannulas, lancets and scalpels) that might be contaminated by blood or other bodily fluids from the patient.

For more detailed information, insurance regulations and claim forms, please visit the ÖH web page (see: <http://www.oeh.ac.at/>).



### **Medical confidentiality**

In accordance with Section 54 (1) of the Austrian Physicians Act 1998, as last amended, physicians and their assistants are basically bound by the duty of confidentiality in respect of all secrets that are entrusted or become known to them in the exercise of their profession. The professional duty of confidentiality also applies to students during the Clinical Practical Year.

### **Data confidentiality**

Besides the professional duty of confidentiality under the Austrian Physicians Act, the students must also observe the duty of confidentiality concerning personal data (Confidentiality of Data) that become known to them in the course of their studies (e.g. patient data) pursuant to Section 6 of the Austrian Data Protection Act (DSG). The students therefore also undertake to observe the confidentiality of personal data in accordance with Section 6 of the Austrian Data Protection Act, which must also be maintained after completion of their studies.

### **Protection of Privacy**

Copyright regulations and other rights to protection of privacy of third parties must also be complied with. For example, Section 78 (1) of the Austrian Copyright Act (UrhG), as last amended, prohibits the exhibition of pictures (photographs) of people (including patients) in public, or of distributing them in any other manner where they are made accessible to the public, if this would cause injury to the legitimate interests of the person portrayed, or, where she:he has died without having permitted or ordered such publication, to the legitimate interests of a close relative (rights of a person to their own image).

### **Conflict of interest**

Physicians, who are supervising and evaluating the performance of students in specific individual cases throughout the Clinical Practical Year, are in general acting as officially appointed experts according to Section 52 (1) of the General Administrative Procedure Act 1991 (AVG). Therefore, physicians, who are directly involved in the process of supervising students and are responsible for assessing the performance of students, must abide by the rules stated in Section 7 AVG concerning the conflict of interest of administrative bodies.

In case of a conflict of interests, these officially appointed experts, in exercising their duties shall abstain from exercising their office and ensure to appoint a suitable substitute (where possible).

I have read and understood the above:

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of student

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Internal Medicine

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# KPJ-Tertial A

Innere Medizin  
*Internal Medicine*



**Department 1 (weeks 1-16 or 1-8 if change of department)**

<b>Hospital</b>	
<b>Department</b>	
<b>Mentor</b>	
<b>Deputy mentor</b>	

**Department 2 (weeks 9-16, only if change of department)**

<b>Hospital</b>	
<b>Department</b>	
<b>Mentor</b>	
<b>Deputy mentor</b>	

# Introductory meeting in Department 1

(To be held within the first week)

The meeting is held with (please tick)  Mentor  Head of Department

## Agreed organisational framework:

Core attendance\*:

Participation in routine meetings (type, time):

Participation in structured training and professional development events (type, time):

Accompanying doctors on duty (type, time frame):

Assignment to special areas, e.g. out-patients, ward, ICU (time frame):

\* The attendance time, including accompanying standby duties and self-study time, should amount to 35 hours/week.

## Special arrangements, individual areas of focus:

Which areas will be looked at in more depth?

Clinical areas of focus:

Optional elements in the CPY tasks:

Optional learning objectives:

The student will be briefed on the in-house regulations (including confidentiality, hygiene regulations, hospital/department-specific procedures and regulations).

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of responsible member of staff

## Introductory meeting in Department 2

*(To be held within week 9, only if change of department)*

The meeting is held with *(please tick)*  Mentor  Head of Department

### Agreed organisational framework:

Core attendance\*:

Participation in routine meetings (type, time):

Participation in structured training and professional development events (type, time):

Accompanying doctors on duty (type, time frame):

Assignment to special areas, e.g. out-patients, ward, ICU (time frame):

\* The attendance time, including accompanying standby duties and self-study time, should amount to 35 hours/week.

### Special arrangements, individual areas of focus:

Which areas will be looked at in more depth?

Clinical areas of focus:

Optional elements in the CPY tasks:

Optional learning objectives:

The student will be briefed on the in-house regulations (including confidentiality, hygiene regulations, hospital/department-specific procedures and regulations).

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of responsible member of staff

## Learning objectives – mandatory

The fulfilled and assessed learning objectives must be marked **by the student** with an x – in the “Department 1” column if 8 or 16 weeks were spent in this department, and/or in the “Department 2” column if there was a change of department after 8 weeks.

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 P 4–P 6), **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	
	Department 1	Department 2
<b>History taking</b>		
1. Taking a medical history, including taking history from third person to assess psycho-social, economic and hygiene situation, including risk factors for fall	<input type="radio"/>	<input type="radio"/>
2. Lifestyle history	<input type="radio"/>	<input type="radio"/>
3. Family history	<input type="radio"/>	<input type="radio"/>
4. Medication history, taking into account side effects and interactions with other medications	<input type="radio"/>	<input type="radio"/>
5. Identifying hazardous behaviour and dangerous lifestyles	<input type="radio"/>	<input type="radio"/>
<b>Performance of examination techniques</b>		
6. Clinical/physical status (including rectal examination)	<input type="radio"/>	<input type="radio"/>
7. ECG	<input type="radio"/>	<input type="radio"/>
8. Assessment of patients with medical emergencies and after trauma	<input type="radio"/>	<input type="radio"/>
9. Assessment of basic and instrumental activities of daily living	<input type="radio"/>	<input type="radio"/>
10. Clinical diagnosis of death: if not possible in practice, (theoretical) work on this topic	<input type="radio"/>	<input type="radio"/>
11. Bedside test	<input type="radio"/>	<input type="radio"/>
12. Attaching a pulse oximeter and interpreting the results	<input type="radio"/>	<input type="radio"/>
<b>Performance of routine skills</b>		
13. Making out a prescription	<input type="radio"/>	<input type="radio"/>
14. Venepuncture/drawing blood	<input type="radio"/>	<input type="radio"/>
15. Positioning a permanent peripheral venous cannula	<input type="radio"/>	<input type="radio"/>
16. Subcutaneous injection	<input type="radio"/>	<input type="radio"/>
17. Intravenous injection	<input type="radio"/>	<input type="radio"/>
18. Urinary catheterization	<input type="radio"/>	<input type="radio"/>
19. Correct taking of blood cultures	<input type="radio"/>	<input type="radio"/>

Competence	Objectives completed	
	Department 1	Department 2
20. Interpretation of antibiogram	<input type="radio"/>	<input type="radio"/>
<b>Therapeutic measures</b>		
21. Prescribing measures in treatment of pain, or palliative or end-of-life care	<input type="radio"/>	<input type="radio"/>
22. Using and giving instructions to use metered dose inhalers, spacers and nebulizers	<input type="radio"/>	<input type="radio"/>
23. Determining the indication, dosage and use of oxygen therapy (timing)	<input type="radio"/>	<input type="radio"/>
24. Indication, dosage and monitoring of oral anti-coagulation	<input type="radio"/>	<input type="radio"/>
25. Checking drug therapy for drug interactions	<input type="radio"/>	<input type="radio"/>
26. Identification of drug side effects and their management	<input type="radio"/>	<input type="radio"/>
<b>Communication with patient/team</b>		
27. Providing information to patients and relatives in an ethically correct and professional manner in compliance with legal requirements and ensuring that the patient has understood the information	<input type="radio"/>	<input type="radio"/>
28. Checking adherence	<input type="radio"/>	<input type="radio"/>
29. Participation in giving main information elements necessary to get informed consent	<input type="radio"/>	<input type="radio"/>
30. Breaking bad news to patients and family (simulated situation)	<input type="radio"/>	<input type="radio"/>
31. Summarizing the main points of diagnoses, active problems and management plans of a patient	<input type="radio"/>	<input type="radio"/>
32. Clarifying with nursing staff monitoring measures and calling criteria concerning patients	<input type="radio"/>	<input type="radio"/>
33. Giving teaching presentations and passing on specialist information, procedures and skills to students and other medical professionals	<input type="radio"/>	<input type="radio"/>
34. Identifying ethically problematic situations	<input type="radio"/>	<input type="radio"/>
35. Communicating and dealing professionally with geriatric patients	<input type="radio"/>	<input type="radio"/>
36. Advising and supporting patients (empowerment)	<input type="radio"/>	<input type="radio"/>
37. Managing patients with contradictory investigation results	<input type="radio"/>	<input type="radio"/>
38. Discussing diagnoses/prognoses with patients	<input type="radio"/>	<input type="radio"/>
39. Participating in meetings with relatives	<input type="radio"/>	<input type="radio"/>
40. Involvement in discharge management	<input type="radio"/>	<input type="radio"/>

Competence	Objectives completed	
	Department 1	Department 2
<b>Documentation</b>		
41. Writing letters for transfer or discharge of patient	<input type="radio"/>	<input type="radio"/>
42. Filling in a death certificate and/or preparing an autopsy request (simulated situation)	<input type="radio"/>	<input type="radio"/>
43. Diagnostic coding	<input type="radio"/>	<input type="radio"/>
44. Working with local/national and international guidelines and protocols	<input type="radio"/>	<input type="radio"/>
45. Documentation in patient files/report of distinct parameters	<input type="radio"/>	<input type="radio"/>
46. Information request in hospital information system	<input type="radio"/>	<input type="radio"/>
<b>Verified by Department 1 mentor</b>		
<b>Verified by Department 2 mentor</b> (if change of department)		

## Learning objectives – optional

In addition to the competences that are mandatory to achieve, competences from optional learning objectives in the Internal Medicine training programme or competences from the specialities of Internal Medicine (see respective training programme) may also be acquired.

Competence as per training programme	Objectives completed	
	Department 1	Department 2
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Verified by Department 1 mentor</b>		
<b>Verified by Department 2 mentor</b> (if change of department)		

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## Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:** Observation in min.:  Feedback in min.:

### Comments:

What was good?

What can be improved and **how**?

**Overall impression (please tick)**      **Learning**       **Competent**       **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

# Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement:

Observation in min.:

Feedback in min.:

Comments:

What was good?

What can be improved and **how**?

Overall impression (please tick)

Learning

Competent

Adept

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

## Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:** Observation in min.:  Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**      **Learning**       **Competent**       **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

# Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement:

Observation in min.:

Feedback in min.:

Comments:

What was good?

What can be improved and **how**?

Overall impression (please tick)

Learning

Competent

Adept

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

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## Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:** Observation in min.:  Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**      **Learning**       **Competent**       **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

# Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement:

Observation in min.:

Feedback in min.:

Comments:

What was good?

What can be improved and **how**?

Overall impression (please tick)

Learning

Competent

Adept

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

## DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  highTime requirement: Observation in min.:  Feedback in min.: 

## Comments:

What was good?

What can be improved and **how**?Overall impression (please tick) **Learning**  **Competent**  **Adept** Date: Signature of student: Signature of assessor: 

Hospital stamp

# DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement: Observation in min.:  Feedback in min.:

Comments:

What was good?

What can be improved and **how**?

Overall impression (please tick) **Learning**  **Competent**  **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

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## DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  highTime requirement: Observation in min.:  Feedback in min.: 

## Comments:

What was good?

What can be improved and **how**?Overall impression (please tick) **Learning**  **Competent**  **Adept** Date: Signature of student: Signature of assessor: 

Hospital stamp

# DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement:

Observation in min.:

Feedback in min.:

Comments:

What was good?

What can be improved and **how**?

Overall impression (please tick)

Learning

Competent

Adept

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

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## Mid-term evaluation in Department 1

(To be held within weeks 8–9/4–5)

The meeting is held with (please tick)  Mentor  Head of Department

In the mid-term meeting there should be **a)** reflection on achievement of specified competences, **b)** a progress review and **c)** discussion of progress in terms of professional medical conduct.

### a) Reflection on achievement of the competences specified in the training programme

The reflection questions must be completed by the student **before** the mid-term evaluation.

Self-reflection of the student:	Feedback from supervisor:
<i>What was good? (Strengths)</i>	
<i>What can be improved and how? (Areas for development)</i>	

### b) Progress evaluation (based on Logbook and Portfolio):

Please mark (student and mentor) the current level of achievement of the competences to be achieved in Department 1 in accordance with the training programme and introductory meeting (learning objectives, tasks and Mini-CEX/DOPS clinical exercises):

Student:	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Mentor:	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

To be completed by the mentor:

**The following measures were agreed in order to achieve all training objectives by the end of the CPY tertial:**

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**c) Structured feedback meeting on medical professionalism**

The aim of the meeting is to reflect on the characteristics listed below, particularly with regard to difficult clinical situations. Personal conduct and the structural framework of the working environment should be considered separately. To a certain extent this meeting serves as a preparation for subsequent staff appraisals.

In preparation for the meeting the student should reflect personally on her:his professional conduct. The student can also state what she:he particularly wants feedback about. The following points are a framework for carrying out the feedback meeting.

- Active listening
- Empathy, gaining trust
- Understanding of other cultures, dealing with language barriers
- Ensuring continuity of patient care
- Taking responsibility, demonstrating awareness of limitations
- Dealing constructively with mistakes
- Cultivating a culture of feedback
- Keeping calm in difficult situations
- Maintaining an appropriate appearance, politeness, controlling body language
- Good time and stress management, reliability
- Learning strategies for closing knowledge and skill gaps, behaviour when overloaded
- Training in meeting and presentation skills
- Respectful attitude to colleagues, avoiding derogatory remarks
- Working in a team, taking leadership and coordination responsibilities within a team
- Keeping medical confidentiality, handling of data privacy and copyright issues
- Appropriate management of resources
- Autonomy and independence when completing the CPY tasks and Return Week

This meeting on medical professionalism took into account the points listed above. Strengths and areas for development were discussed verbally.

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible member of staff

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**Please tick as appropriate**

As a result of serious situations in relation to professional medical conduct,

- the Head of Department,
- the study coordinator or CPY tertial coordinator was involved in the meeting,
- the Curriculum Directorate of MedUni Vienna was informed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of responsible member of staff

## Mid-term evaluation in Department 2

(To be held within weeks 12–13, only if change of department)

The meeting is held with (please tick)  Mentor  Head of Department

In the mid-term meeting there should be **a)** reflection on achievement of specified competences, **b)** a progress review and **c)** discussion of progress in terms of professional medical conduct.

### a) Reflection on achievement of the competences specified in the training programme

The reflection questions must be completed by the student **before** the mid-term evaluation.

Self-reflection of the student:	Feedback from supervisor:
<i>What was good? (Strengths)</i>	
<i>What can be improved and how? (Areas for development)</i>	

### b) Progress evaluation (based on logbook and portfolio):

Please mark (student and mentor) the current level of achievement of the competences to be achieved in Department 2 in accordance with the training programme and introductory meeting (learning objectives, tasks and Mini-CEX/DOPS clinical exercises):

Student:	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentor:	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To be completed by the mentor:

**The following measures were agreed in order to achieve all training objectives by the end of the CPY tertial:**

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**c) Structured feedback meeting on medical professionalism**

The aim of the meeting is to reflect on the characteristics listed below, particularly with regard to difficult clinical situations. Personal conduct and the structural framework of the working environment should be considered separately. To a certain extent this meeting serves as a preparation for subsequent staff appraisals.

In preparation for the meeting the student should reflect personally on her:his professional conduct. The student can also state what she:he particularly wants feedback about. The following points are a framework for carrying out the feedback meeting.

- Active listening
- Empathy, gaining trust
- Understanding of other cultures, dealing with language barriers
- Ensuring continuity of patient care
- Taking responsibility, demonstrating awareness of limitations
- Dealing constructively with mistakes
- Cultivating a culture of feedback
- Keeping calm in difficult situations
- Maintaining an appropriate appearance, politeness, controlling body language
- Good time and stress management, reliability
- Learning strategies for closing knowledge and skill gaps, behaviour when overloaded
- Training in meeting and presentation skills
- Respectful attitude to colleagues, avoiding derogatory remarks
- Working in a team, taking leadership and coordination responsibilities within a team
- Keeping medical confidentiality, handling of data privacy and copyright issues
- Appropriate management of resources
- Autonomy and independence when completing the CPY tasks and Return Week

This meeting on medical professionalism took into account the points listed above. Strengths and areas for development were discussed verbally.

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible member of staff

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**Please tick as appropriate**

As a result of serious situations in relation to professional medical conduct,

- the Head of Department,
- the study coordinator or CPY tertial coordinator was involved in the meeting,
- the Curriculum Directorate of MedUni Vienna was informed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of responsible member of staff

## Final evaluation in Department 1

*The reflection questions must be completed by the student before the final evaluation.*

The meeting is held with (please tick)  Mentor  Head of Department

In the final meeting there should be **a)** reflection on achievement of the competences specified in the training programme and **b)** progress in terms of professional medical conduct should be discussed.

### a) Reflection on achievement of the competences specified in the training programme

Self-reflection of the student:	Feedback from supervisor:
<i>What was good? (Strengths)</i>	
<i>What can be improved and how? (Areas for development)</i>	

**My three most important learning experiences in this CPY tertial are:**

1.

2.

3.

**b) Structured feedback meeting on medical professionalism**

The aim of the meeting is to reflect on the characteristics listed below, particularly with regard to difficult clinical situations. Personal conduct and the structural framework of the working environment should be considered separately. To a certain extent this meeting serves as a preparation for subsequent staff appraisals.

In preparation for the meeting the student should reflect personally on her:his professional conduct. The student can also state what she:he particularly wants feedback about. The following points are a framework for carrying out the feedback meeting.

- Active listening
- Empathy, gaining trust
- Understanding of other cultures, dealing with language barriers
- Ensuring continuity of patient care
- Taking responsibility, demonstrating awareness of limitations
- Dealing constructively with mistakes
- Cultivating a culture of feedback
- Keeping calm in difficult situations
- Maintaining an appropriate appearance, politeness, controlling body language
- Good time and stress management, reliability
- Learning strategies for closing knowledge and skill gaps, behaviour when overloaded
- Training in meeting and presentation skills
- Respectful attitude to colleagues, avoiding derogatory remarks
- Working in a team, taking leadership and coordination responsibilities within a team
- Keeping medical confidentiality, handling of data privacy and copyright issues
- Appropriate management of resources
- Autonomy and independence when completing the CPY tasks and Return Week

This meeting on medical professionalism took into account the points listed above. Strengths and areas for development were discussed verbally.

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible member of staff

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**Please tick as appropriate**

As a result of serious situations in relation to professional medical conduct,

- the Head of Department,
- the study coordinator or CPY tertial coordinator was involved in the meeting,
- the Curriculum Directorate of MedUni Vienna was informed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of responsible member of staff



## Final evaluation in Department 2

*(Only fill out if change of department)*

*The reflection questions must be completed by the student before the final evaluation.*

The meeting is held with *(please tick)*  Mentor  Head of Department

In the final evaluation there should be **a)** reflection on achievement of the competences specified in the training programme and **b)** progress in terms of professional medical conduct should be discussed.

### a) Reflection on achievement of the competences specified in the training programme

Self-reflection of the student:	Feedback from supervisor:
<i>What was good? (Strengths)</i>	
<i>What can be improved and how? (Areas for development)</i>	

**My three most important learning experiences in this CPY tertial are:**

1.

2.

3.

**b) Structured feedback meeting on medical professionalism**

The aim of the meeting is to reflect on the characteristics listed below, particularly with regard to difficult clinical situations. Personal conduct and the structural framework of the working environment should be considered separately. To a certain extent this meeting serves as a preparation for subsequent staff appraisals.

In preparation for the meeting the student should reflect personally on her:his professional conduct. The student can also state what she:he particularly wants feedback about. The following points are a framework for carrying out the feedback meeting.

- Active listening
- Empathy, gaining trust
- Understanding of other cultures, dealing with language barriers
- Ensuring continuity of patient care
- Taking responsibility, demonstrating awareness of limitations
- Dealing constructively with mistakes
- Cultivating a culture of feedback
- Keeping calm in difficult situations
- Maintaining an appropriate appearance, politeness, controlling body language
- Good time and stress management, reliability
- Learning strategies for closing knowledge and skill gaps, behaviour when overloaded
- Training in meeting and presentation skills
- Respectful attitude to colleagues, avoiding derogatory remarks
- Working in a team, taking leadership and coordination responsibilities within a team
- Keeping medical confidentiality, handling of data privacy and copyright issues
- Appropriate management of resources
- Autonomy and independence when completing the CPY tasks and Return Week

This meeting on medical professionalism took into account the points listed above. Strengths and areas for development were discussed verbally.

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible member of staff

---

**Please tick as appropriate**

As a result of serious situations in relation to professional medical conduct,

- the Head of Department,
- the study coordinator or CPY tertial coordinator was involved in the meeting,
- the Curriculum Directorate of MedUni Vienna was informed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of responsible member of staff



MEDICAL UNIVERSITY  
OF VIENNA

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Surgery and perioperative disciplines

# KPJ-Tertial B

Chirurgische und perioperative Fächer  
*Surgery and perioperative disciplines*

**Department 1 (weeks 1-16 or 1-8 if change of department)**

<b>Hospital</b>	
<b>Department</b>	
<b>Mentor</b>	
<b>Deputy mentor</b>	

**Department 2 (weeks 9-16, only if change of department)**

<b>Hospital</b>	
<b>Department</b>	
<b>Mentor</b>	
<b>Deputy mentor</b>	

# Introductory meeting in Department 1

(To be held within the first week)

The meeting is held with (please tick)  Mentor  Head of Department

## Agreed organisational framework:

Core attendance\*:

Participation in routine meetings (type, time):

Participation in structured training and professional development events (type, time):

Accompanying doctors on duty (type, time frame):

Assignment to special areas, e.g. out-patients, ward, ICU (time frame):

\* The attendance time, including accompanying standby duties and self-study time, should amount to 35 hours/week.

## Special arrangements, individual areas of focus:

Which areas will be looked at in more depth?

Clinical areas of focus:

Optional elements in the CPY tasks:

Optional learning objectives:

The student will be briefed on the in-house regulations (including confidentiality, hygiene regulations, hospital/department-specific procedures and regulations).

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of responsible member of staff

## Introductory meeting in Department 2

*(To be held within week 9, only if change of department)*

The meeting is held with *(please tick)*  Mentor  Head of Department

### Agreed organisational framework:

Core attendance\*:

Participation in routine meetings (type, time):

Participation in structured training and professional development events (type, time):

Accompanied duties on-site (type, time frame):

Assignment to special areas, e.g. out-patients, ward, ICU (time frame):

\* The attendance time, including accompanying standby duties and self-study time, should amount to 35 hours/week.

### Special arrangements, individual areas of focus:

Which areas will be looked at in more depth?

Clinical areas of focus:

Optional elements in the CPY tasks:

Optional learning objectives:

The student will be briefed on the in-house regulations (including confidentiality, hygiene regulations, hospital/department-specific procedures and regulations).

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of responsible member of staff

## Learning objectives – mandatory

The fulfilled and assessed learning objectives must be marked **by the student** with an x – in the “Department 1” column if 8 or 16 weeks were spent in this department, and/or in the “Department 2” column if there was a change of department after 8 weeks.

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 P 4–P 6), **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	
	Department 1	Department 2
<b>History taking</b>		
1. Identification of possible risk factors for surgery/anaesthesia and appropriate clarification	<input type="radio"/>	<input type="radio"/>
<b>Performance of examination techniques</b>		
2. Symptom-oriented examination and ordering further diagnostics in the case of an acute patient	<input type="radio"/>	<input type="radio"/>
3. Assessment of perioperative fluid balance and loss of electrolytes	<input type="radio"/>	<input type="radio"/>
4. Evaluation of the perioperative nutrition situation	<input type="radio"/>	<input type="radio"/>
5. Identifying superficial wound healing problems	<input type="radio"/>	<input type="radio"/>
6. Identifying deep wound healing problems	<input type="radio"/>	<input type="radio"/>
7. Identification of post-operative bleeding	<input type="radio"/>	<input type="radio"/>
<b>Performance of routine skills</b>		
8. Using appropriate hand hygiene at the workplace	<input type="radio"/>	<input type="radio"/>
9. Removal of wound sutures	<input type="radio"/>	<input type="radio"/>
10. Application of a bandage	<input type="radio"/>	<input type="radio"/>
11. Performance of perioperative patient safety measures (checklist, sign-in/time-out/sign-out)	<input type="radio"/>	<input type="radio"/>
12. Preparation to watch/to assist in operating theatre (scrub-up, gown up, put on sterile gloves, etc.)	<input type="radio"/>	<input type="radio"/>
13. Handling a central venous catheter	<input type="radio"/>	<input type="radio"/>
14. Pre-operative preparation of operative field for minor surgery, asepsis and antisepsis	<input type="radio"/>	<input type="radio"/>
15. Wound cleaning	<input type="radio"/>	<input type="radio"/>
16. Stitching of skin incisions and lacerations	<input type="radio"/>	<input type="radio"/>
17. Application of local (infiltration) anaesthesia/Oberst conduction anaesthesia	<input type="radio"/>	<input type="radio"/>
18. Correct removal of drains	<input type="radio"/>	<input type="radio"/>

	Objectives completed	
	Department 1	Department 2
<b>Competence</b>		
19. Correct removal of a central venous catheter	<input type="radio"/>	<input type="radio"/>
20. Positioning a permanent peripheral venous cannula	<input type="radio"/>	<input type="radio"/>
21. Performing a sterile dressing change and wound cleaning	<input type="radio"/>	<input type="radio"/>
22. Positioning a urinary catheter	<input type="radio"/>	<input type="radio"/>
<b>Therapeutic measures</b>		
23. Participation in caring for a wound in an out-patient setting or in the operating room	<input type="radio"/>	<input type="radio"/>
24. Participation in performance of measures for secondary wound healing (e.g. VAC system)	<input type="radio"/>	<input type="radio"/>
25. Participation in the perioperative management of cardiovascular risk factors	<input type="radio"/>	<input type="radio"/>
26. Participation in the treatment of superficial wound healing problems	<input type="radio"/>	<input type="radio"/>
27. Participation in the treatment of deep wound healing problems	<input type="radio"/>	<input type="radio"/>
28. Participation in the treatment of post-operative bleeding	<input type="radio"/>	<input type="radio"/>
29. Participation in the treatment of suspected deep vein thrombosis/pulmonary embolism	<input type="radio"/>	<input type="radio"/>
30. Participation in performance of measures in the treatment of pain, or in palliative or end-of-life care	<input type="radio"/>	<input type="radio"/>
31. Suture or clips after an operation	<input type="radio"/>	<input type="radio"/>
32. Incision and drainage of an infected surgical wound	<input type="radio"/>	<input type="radio"/>
33. Identification of drug side effects and their management	<input type="radio"/>	<input type="radio"/>
34. Participation in determining the indication, dosage and use of oxygen therapy (timing)	<input type="radio"/>	<input type="radio"/>
35. Accompanying transport of casualties within the area of the hospital	<input type="radio"/>	<input type="radio"/>
<b>Communication with patient/team</b>		
36. Communicating with severely ill patients	<input type="radio"/>	<input type="radio"/>
37. Communicating with "difficult" patients and relatives	<input type="radio"/>	<input type="radio"/>
38. Elaborating a clinical question and searching for its solution in the literature	<input type="radio"/>	<input type="radio"/>
39. Notification of examination using instruments or of a specialist consultation with detailed explanation	<input type="radio"/>	<input type="radio"/>
40. Informing colleagues and other professionals on findings and checking understanding	<input type="radio"/>	<input type="radio"/>



Competence	Objectives completed	
	Department 1	Department 2
41. Giving information to a patient for a planned surgical procedure/endoscopy/ intervention or for an anaesthetic procedure and obtaining consent	<input type="radio"/>	<input type="radio"/>
42. Breaking bad news to patients and family (simulated situation)	<input type="radio"/>	<input type="radio"/>
43. Summarizing the main points of diagnoses, active problems and management plans of a patient	<input type="radio"/>	<input type="radio"/>
44. Clarifying with nursing staff monitoring measures and calling criteria concerning patients	<input type="radio"/>	<input type="radio"/>
45. Managing patients with contradictory investigation results	<input type="radio"/>	<input type="radio"/>
46. Discussing diagnoses/prognoses with patients	<input type="radio"/>	<input type="radio"/>
<b>Documentation</b>		
47. Recording findings in patient file	<input type="radio"/>	<input type="radio"/>
48. Filling in prescription forms/Prescribing therapies	<input type="radio"/>	<input type="radio"/>
49. Writing a detailed referral for an examination (using instruments) (e.g. CT)	<input type="radio"/>	<input type="radio"/>
50. Writing a discharge letter	<input type="radio"/>	<input type="radio"/>
51. Writing a daily medical report on the present status and progress of a patient	<input type="radio"/>	<input type="radio"/>
52. Filling in a death certificate and/or requesting post-mortem (simulated situation)	<input type="radio"/>	<input type="radio"/>
53. Diagnostic coding	<input type="radio"/>	<input type="radio"/>
54. Requesting information in hospital information system	<input type="radio"/>	<input type="radio"/>
<b>Verified by Department 1 mentor</b>		
<b>Verified by Department 2 mentor</b> (if change of department)		

## Learning objectives – optional

In addition to the competences that are mandatory to achieve, competences from optional learning objectives in the 'Surgery and Perioperative Disciplines' training programme or competences from the specialities of the surgical and perioperative disciplines (see respective training programme) may also be acquired.

Competence as per training programme	Objectives completed	
	Department 1	Department 2
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Verified by Department 1 mentor</b>		
<b>Verified by Department 2 mentor</b> (if change of department)		

Inspection Copy

## Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:** Observation in min.:  Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**      **Learning**       **Competent**       **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

# Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement:

Observation in min.:

Feedback in min.:

Comments:

What was good?

What can be improved and **how**?

Overall impression (please tick) **Learning**  **Competent**  **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

## Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:** Observation in min.:  Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**      **Learning**       **Competent**       **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

# Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement:

Observation in min.:

Feedback in min.:

Comments:

What was good?

What can be improved and **how**?

Overall impression (please tick) **Learning**  **Competent**  **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

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## DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  highTime requirement: Observation in min.:  Feedback in min.: 

Comments:

What was good?

What can be improved and **how**?Overall impression (please tick) **Learning**  **Competent**  **Adept** Date: Signature of student: Signature of assessor: 

Hospital stamp

## DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement:

Observation in min.: Feedback in min.: 

Comments:

What was good?

What can be improved and **how**?

Overall impression (please tick)

Learning Competent Adept Date: 

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp



## DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  highTime requirement: Observation in min.:  Feedback in min.: 

## Comments:

What was good?

What can be improved and **how**?Overall impression (please tick) **Learning**  **Competent**  **Adept** Date: Signature of student: Signature of assessor: 

Hospital stamp

## DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement:

Observation in min.: Feedback in min.: 

Comments:

What was good?

What can be improved and **how**?

Overall impression (please tick)

Learning Competent Adept Date: 

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

## DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  highTime requirement: Observation in min.:  Feedback in min.: 

Comments:

What was good?

What can be improved and **how**?Overall impression (please tick) **Learning**  **Competent**  **Adept** Date: Signature of student: Signature of assessor: 

Hospital stamp

## DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement:

Observation in min.: Feedback in min.: 

Comments:

What was good?

What can be improved and **how**?

Overall impression (please tick)

Learning Competent Adept Date: 

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

# Mid-term evaluation in Department 1

(To be held within weeks 8–9/4–5)

The meeting is held with (please tick)  Mentor  Head of Department

In the mid-term meeting there should be **a)** reflection on achievement of specified competences, **b)** a progress review and **c)** discussion of progress in terms of professional medical conduct.

## a) Reflection on achievement of the competences specified in the training programme

The reflection questions must be completed by the student **before** the mid-term evaluation.

Self-reflection of the student:	Feedback from supervisor:
<i>What was good? (Strengths)</i>	
<i>What can be improved and how? (Areas for development)</i>	

## b) Progress evaluation (based on Logbook and Portfolio):

Please mark (student and mentor) the current level of achievement of the competences to be achieved in Department 1 in accordance with the training programme and introductory meeting (learning objectives, tasks and Mini-CEX/DOPS clinical exercises):

Student:	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentor:	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To be completed by the mentor:

**The following measures were agreed in order to achieve all training objectives by the end of the CPY tertial:**

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**c) Structured feedback meeting on medical professionalism**

The aim of the meeting is to reflect on the characteristics listed below, particularly with regard to difficult clinical situations. Personal conduct and the structural framework of the working environment should be considered separately. To a certain extent this meeting serves as a preparation for subsequent staff appraisals.

In preparation for the meeting the student should reflect personally on her:his professional conduct. The student can also state what she:he particularly wants feedback about. The following points are a framework for carrying out the feedback meeting.

- Active listening
- Empathy, gaining trust
- Understanding of other cultures, dealing with language barriers
- Ensuring continuity of patient care
- Taking responsibility, demonstrating awareness of limitations
- Dealing constructively with mistakes
- Cultivating a culture of feedback
- Keeping calm in difficult situations
- Maintaining an appropriate appearance, politeness, controlling body language
- Good time and stress management, reliability
- Learning strategies for closing knowledge and skill gaps, behaviour when overloaded
- Training in meeting and presentation skills
- Respectful attitude to colleagues, avoiding derogatory remarks
- Working in a team, taking leadership and coordination responsibilities within a team
- Keeping medical confidentiality, handling of data privacy and copyright issues
- Appropriate management of resources
- Autonomy and independence when completing the CPY tasks and Return Week

This meeting on medical professionalism took into account the points listed above. Strengths and areas for development were discussed verbally.

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible member of staff

**Please tick as appropriate**

As a result of serious situations in relation to professional medical conduct,

- the Head of Department,
- the study coordinator or CPY tertial coordinator was involved in the meeting,
- the Curriculum Directorate of MedUni Vienna was informed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of responsible member of staff

## Mid-term evaluation in Department 2

(To be held within weeks 12–13, only if change of department)

The meeting is held with (please tick)  Mentor  Head of Department

In the mid-term meeting there should be **a)** reflection on achievement of specified competences, **b)** a progress review and **c)** discussion of progress in terms of professional medical conduct.

### a) Reflection on achievement of the competences specified in the training programme

The reflection questions must be completed by the student **before** the mid-term evaluation.

Self-reflection of the student:	Feedback from supervisor:
<i>What was good? (Strengths)</i>	
<i>What can be improved and how? (Areas for development)</i>	

### b) Progress evaluation (based on Logbook and Portfolio):

Please mark (student and mentor) the current level of achievement of the competences to be achieved in Department 2 in accordance with the training programme and introductory meeting (learning objectives, tasks and Mini-CEX/DOPS clinical exercises):

Student:	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentor:	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To be completed by the mentor:

**The following measures were agreed in order to achieve all training objectives by the end of the CPY tertial:**

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**c) Structured feedback meeting on medical professionalism**

The aim of the meeting is to reflect on the characteristics listed below, particularly with regard to difficult clinical situations. Personal conduct and the structural framework of the working environment should be considered separately. To a certain extent this meeting serves as a preparation for subsequent staff appraisals.

In preparation for the meeting the student should reflect personally on her:his professional conduct. The student can also state what she:he particularly wants feedback about. The following points are a framework for carrying out the feedback meeting.

- Active listening
- Empathy, gaining trust
- Understanding of other cultures, dealing with language barriers
- Ensuring continuity of patient care
- Taking responsibility, demonstrating awareness of limitations
- Dealing constructively with mistakes
- Cultivating a culture of feedback
- Keeping calm in difficult situations
- Maintaining an appropriate appearance, politeness, controlling body language
- Good time and stress management, reliability
- Learning strategies for closing knowledge and skill gaps, behaviour when overloaded
- Training in meeting and presentation skills
- Respectful attitude to colleagues, avoiding derogatory remarks
- Working in a team, taking leadership and coordination responsibilities within a team
- Keeping medical confidentiality, handling of data privacy and copyright issues
- Appropriate management of resources
- Autonomy and independence when completing the CPY tasks and Return Week

This meeting on medical professionalism took into account the points listed above. Strengths and areas for development were discussed verbally.

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible member of staff

**Please tick as appropriate**

As a result of serious situations in relation to professional medical conduct,

- the Head of Department,
- the study coordinator or CPY tertial coordinator was involved in the meeting,
- the Curriculum Directorate of MedUni Vienna was informed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of responsible member of staff



## Final evaluation in Department 1

*The reflection questions must be completed by the student before the final evaluation.*

The meeting is held with (*please tick*)  Mentor  Head of Department

In the final meeting there should be **a)** reflection on achievement of the competences specified in the training programme and **b)** progress in terms of professional medical conduct should be discussed.

### a) Reflection on achievement of the competences specified in the training programme

Self-reflection of the student:	Feedback from supervisor:
<i>What was good? (Strengths)</i>	
<i>What can be improved and how? (Areas for development)</i>	

**My three most important learning experiences in this CPY tertial are:**

1.

2.

3.

**b) Structured feedback meeting on medical professionalism**

The aim of the meeting is to reflect on the characteristics listed below, particularly with regard to difficult clinical situations. Personal conduct and the structural framework of the working environment should be considered separately. To a certain extent this meeting serves as a preparation for subsequent staff appraisals.

In preparation for the meeting the student should reflect personally on her:his professional conduct. The student can also state what she:he particularly wants feedback about. The following points are a framework for carrying out the feedback meeting.

- Active listening
- Empathy, gaining trust
- Understanding of other cultures, dealing with language barriers
- Ensuring continuity of patient care
- Taking responsibility, demonstrating awareness of limitations
- Dealing constructively with mistakes
- Cultivating a culture of feedback
- Keeping calm in difficult situations
- Maintaining an appropriate appearance, politeness, controlling body language
- Good time and stress management, reliability
- Learning strategies for closing knowledge and skill gaps, behaviour when overloaded
- Training in meeting and presentation skills
- Respectful attitude to colleagues, avoiding derogatory remarks
- Working in a team, taking leadership and coordination responsibilities within a team
- Keeping medical confidentiality, handling of data privacy and copyright issues
- Appropriate management of resources
- Autonomy and independence when completing the CPY tasks and Return Week

This meeting on medical professionalism took into account the points listed above. Strengths and areas for development were discussed verbally.

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible member of staff

---

**Please tick as appropriate**

As a result of serious situations in relation to professional medical conduct,

- the Head of Department,
- the study coordinator or CPY tertial coordinator was involved in the meeting,
- the Curriculum Directorate of MedUni Vienna was informed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of responsible member of staff

## Final evaluation in Department 2

*(Only fill out if change of department)*

*The reflection questions must be completed by the student before the final evaluation.*

The meeting is held with *(please tick)*  Mentor  Head of Department

In the final evaluation there should be **a)** reflection on achievement of the competences specified in the training programme and **b)** progress in terms of professional medical conduct should be discussed.

### a) Reflection on achievement of the competences specified in the training programme

Self-reflection of the student:	Feedback from supervisor:
<i>What was good? (Strengths)</i>	
<i>What can be improved and how? (Areas for development)</i>	

**My three most important learning experiences in this CPY tertial are:**

1.

2.

3.

**b) Structured feedback meeting on medical professionalism**

The aim of the meeting is to reflect on the characteristics listed below, particularly with regard to difficult clinical situations. Personal conduct and the structural framework of the working environment should be considered separately. To a certain extent this meeting serves as a preparation for subsequent staff appraisals.

In preparation for the meeting the student should reflect personally on her:his professional conduct. The student can also state what she:he particularly wants feedback about. The following points are a framework for carrying out the feedback meeting.

- Active listening
- Empathy, gaining trust
- Understanding of other cultures, dealing with language barriers
- Ensuring continuity of patient care
- Taking responsibility, demonstrating awareness of limitations
- Dealing constructively with mistakes
- Cultivating a culture of feedback
- Keeping calm in difficult situations
- Maintaining an appropriate appearance, politeness, controlling body language
- Good time and stress management, reliability
- Learning strategies for closing knowledge and skill gaps, behaviour when overloaded
- Training in meeting and presentation skills
- Respectful attitude to colleagues, avoiding derogatory remarks
- Working in a team, taking leadership and coordination responsibilities within a team
- Keeping medical confidentiality, handling of data privacy and copyright issues
- Appropriate management of resources
- Autonomy and independence when completing the CPY tasks and Return Week

This meeting on medical professionalism took into account the points listed above. Strengths and areas for development were discussed verbally.

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible member of staff

---

**Please tick as appropriate**

As a result of serious situations in relation to professional medical conduct,

- the Head of Department,
- the study coordinator or CPY tertial coordinator was involved in the meeting,
- the Curriculum Directorate of MedUni Vienna was informed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of responsible member of staff



MEDICAL UNIVERSITY  
OF VIENNA

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# KPJ-Tertial C

Wahlfächer  
*Electives*

**Elective I, weeks 1-16 or  
weeks 1-8 (if taking a second elective)**

<b>Hospital</b>	
<b>Department</b>	
<b>Mentor</b>	
<b>Deputy mentor</b>	

**Elective II, weeks 9-16  
(only if taking a second elective)**

<b>Hospital</b>	
<b>Department</b>	
<b>Mentor</b>	
<b>Deputy mentor</b>	

# Introductory meeting in Elective I

(To be held within the first week)

The meeting is held with (please tick)  Mentor  Head of Department

## Agreed organisational framework:

Core attendance\*:

Participation in routine meetings (type, time):

Participation in structured training and professional development events (type, time):

Accompanying doctors on duty (type, time frame):

Assignment to special areas, e.g. out-patients, ward, ICU (time frame):

\* The attendance time, including accompanying standby duties and self-study time, should amount to 35 hours/week.

## Special arrangements, individual areas of focus:

Which areas will be looked at in more depth?

Clinical areas of focus:

Optional elements in the CPY tasks:

Optional learning objectives:

The student will be briefed on the in-house regulations (including confidentiality, hygiene regulations, hospital/department-specific procedures and regulations).

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of responsible member of staff

## Instructions on using the documentation for CPY tertial C “Electives”

In CPY tertial C you can take one elective (duration 16 weeks) or two electives (8 weeks each). If you choose the elective in a given subject in two departments, the two 8-week terms need to be documented separately.

Please make sure you insert in the folder the pages with the learning objectives for the subject you have chosen – pages C 3–C 6/C 15–C 18 are provided for this purpose. You can find the relevant download at [kpj.meduniwien.ac.at](http://kpj.meduniwien.ac.at).

You will find already prepared in Elective I and Elective II the CPY tasks for the 8 weeks as well as two Mini-CEX and DOPS forms These should be arranged according to your programme (e.g. bring forward from Elective II if you are only doing one elective).

Procedure if you are taking one elective (16 weeks)

- Download the learning objectives from [kpj.meduniwien.ac.at](http://kpj.meduniwien.ac.at)
- Replace placeholder with learning objectives pages (pages C 3–C 6)
- Move pages “Mini-CEX” and DOPS from C 19/C 20 to C 7/C 8





You can find the learning objectives  
for Elective I (pages C 3–C 6) at  
[kpj.meduniwien.ac.at](http://kpj.meduniwien.ac.at)

Insert the pages for your selected subject here.

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## Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:** Observation in min.:  Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**      Learning       Competent       Adept

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

## Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:**

Observation in min.:

Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**

Learning

Competent

Adept

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

## Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:** Observation in min.:  Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**      **Learning**       **Competent**       **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

## Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:**

Observation in min.:

Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**

Learning

Competent

Adept

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

# DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement: Observation in min.:  Feedback in min.:

Comments:

What was good?

What can be improved and **how**?

Overall impression (please tick) **Learning**  **Competent**  **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

# DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement:

Observation in min.:

Feedback in min.:

Comments:

What was good?

What can be improved and **how**?

Overall impression (please tick)

Learning

Competent

Adept

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp



# DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:** Observation in min.:  Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**      **Learning**       **Competent**       **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

# DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement: Observation in min.:  Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

Overall impression (please tick) **Learning**  **Competent**  **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

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## Mid-term evaluation Elective I

(To be held within weeks 8–9; if taking a second elective, to be held within weeks 4–5)

The meeting is held with (please tick)  Mentor  Head of Department

In the mid-term meeting there should be **a)** reflection on achievement of specified competences, **b)** a progress review and **c)** discussion of progress in terms of professional medical conduct.

### a) Reflection on achievement of the competences specified in the training programme

The reflection questions must be completed by the student **before** the mid-term evaluation.

Self-reflection of the student:	Feedback from supervisor:
<i>What was good? (Strengths)</i>	
<i>What can be improved and how? (Areas for development)</i>	

### b) Progress evaluation (based on Logbook and Portfolio):

Please mark (student and mentor) the current level of achievement of the competences to be achieved in Department 1 in accordance with the training programme and introductory meeting (learning objectives, tasks and Mini-CEX/DOPS clinical exercises):

Student:	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentor:	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

To be completed by the mentor:

**The following measures were agreed in order to achieve all training objectives by the end of the CPY tertial:**

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**c) Structured feedback meeting on medical professionalism**

The aim of the meeting is to reflect on the characteristics listed below, particularly with regard to difficult clinical situations. Personal conduct and the structural framework of the working environment should be considered separately. To a certain extent this meeting serves as a preparation for subsequent staff appraisals.

In preparation for the meeting the student should reflect personally on her:his professional conduct. The student can also state what she:he particularly wants feedback about. The following points are a framework for carrying out the feedback meeting.

- Active listening
- Empathy, gaining trust
- Understanding of other cultures, dealing with language barriers
- Ensuring continuity of patient care
- Taking responsibility, demonstrating awareness of limitations
- Dealing constructively with mistakes
- Cultivating a culture of feedback
- Keeping calm in difficult situations
- Maintaining an appropriate appearance, politeness, controlling body language
- Good time and stress management, reliability
- Learning strategies for closing knowledge and skill gaps, behaviour when overloaded
- Training in meeting and presentation skills
- Respectful attitude to colleagues, avoiding derogatory remarks
- Working in a team, taking leadership and coordination responsibilities within a team
- Keeping medical confidentiality, handling of data privacy and copyright issues
- Appropriate management of resources
- Autonomy and independence when completing the CPY tasks and Return Week

- This meeting on medical professionalism took into account the points listed above. Strengths and areas for development were discussed verbally.

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible member of staff

**Please tick as appropriate**

As a result of serious situations in relation to professional medical conduct,

- the Head of Department,
- the study coordinator or CPY tertial coordinator was involved in the meeting,
- the Curriculum Directorate of MedUni Vienna was informed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of responsible member of staff

## Final evaluation in Elective I

*The reflection questions must be completed by the student before the final evaluation.*

The meeting is held with (please tick)  Mentor  Head of Department

In the final meeting there should be **a)** reflection on achievement of the competences specified in the training programme and **b)** progress in terms of professional medical conduct should be discussed.

### a) Reflection on achievement of the competences specified in the training programme

Self-reflection of the student:	Feedback from supervisor:
<i>What was good? (Strengths)</i>	
<i>What can be improved and how? (Areas for development)</i>	

**My three most important learning experiences in this CPY tertial are:**

1.

2.

3.

**b) Structured feedback meeting on medical professionalism**

The aim of the meeting is to reflect on the characteristics listed below, particularly with regard to difficult clinical situations. Personal conduct and the structural framework of the working environment should be considered separately. To a certain extent this meeting serves as a preparation for subsequent staff appraisals.

In preparation for the meeting the student should reflect personally on her:his professional conduct. The student can also state what she:he particularly wants feedback about. The following points are a framework for carrying out the feedback meeting.

- Active listening
- Empathy, gaining trust
- Understanding of other cultures, dealing with language barriers
- Ensuring continuity of patient care
- Taking responsibility, demonstrating awareness of limitations
- Dealing constructively with mistakes
- Cultivating a culture of feedback
- Keeping calm in difficult situations
- Maintaining an appropriate appearance, politeness, controlling body language
- Good time and stress management, reliability
- Learning strategies for closing knowledge and skill gaps, behaviour when overloaded
- Training in meeting and presentation skills
- Respectful attitude to colleagues, avoiding derogatory remarks
- Working in a team, taking leadership and coordination responsibilities within a team
- Keeping medical confidentiality, handling of data privacy and copyright issues
- Appropriate management of resources
- Autonomy and independence when completing the CPY tasks and Return Week

This meeting on medical professionalism took into account the points listed above. Strengths and areas for development were discussed verbally.

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible member of staff

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**Please tick as appropriate**

As a result of serious situations in relation to professional medical conduct,

- the Head of Department,
- the study coordinator or CPY tertial coordinator was involved in the meeting,
- the Curriculum Directorate of MedUni Vienna was informed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of responsible member of staff

## Introductory meeting in Elective II

(To be held within the first week)

The meeting is held with (please tick)  Mentor  Head of Department

### Agreed organisational framework:

Core attendance\*:

Participation in routine meetings (type, time):

Participation in structured training and professional development events (type, time):

Accompanying doctors on duty (type, time frame):

Assignment to special areas, e.g. out-patients, ward, ICU (time frame):

\* The attendance time, including accompanying standby duties and self-study time, should amount to 35 hours/week.

### Special arrangements, individual areas of focus:

Which areas will be looked at in more depth?

Clinical areas of focus:

Optional elements in the CPY tasks:

Optional learning objectives:

The student will be briefed on the in-house regulations (including confidentiality, hygiene regulations, hospital/department-specific procedures and regulations).

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of responsible member of staff

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You can find the learning objectives  
for Elective II (pages C 15–C 18) at  
[kpj.meduniwien.ac.at](http://kpj.meduniwien.ac.at)

Insert the pages for your selected subject here.

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## Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:** Observation in min.:  Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**      Learning       Competent       Adept

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

# Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:**

Observation in min.:

Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**

Learning

Competent

Adept

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

## Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:** Observation in min.:  Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**      **Learning**       **Competent**       **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

## Mini-CEX

On-going assessment in the CPY (Mini-Clinical Evaluation Exercise)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> History taking/consultation <input type="radio"/> Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:**

Observation in min.:

Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**

Learning

Competent

Adept

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

# DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:** Observation in min.:  Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**      **Learning**       **Competent**       **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

# DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement:

Observation in min.:

Feedback in min.:

Comments:

What was good?

What can be improved and **how**?

Overall impression (please tick) **Learning**  **Competent**  **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp



# DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complexity of the task:**  low  medium  high

**Time requirement:** Observation in min.:  Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

**Overall impression (please tick)**      **Learning**       **Competent**       **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

# DOPS

On-going assessment in the CPY (Direct Observation of Procedural Skills)

Assessment made by (name in block capitals):

Role:  Head of Department  Mentor

Task:

Criteria scale (please tick)	Learning	Competent	Adept
Preparation/aftercare/safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation and efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complexity of the task:  low  medium  high

Time requirement: Observation in min.:  Feedback in min.:

**Comments:**

What was good?

What can be improved and **how**?

Overall impression (please tick) **Learning**  **Competent**  **Adept**

Date:

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Hospital stamp

Inspection Copy

## Mid-term evaluation in Elective II

(To be held within Weeks 12–13, [only if doing two electives])

The meeting is held with (please tick)  Mentor  Head of Department

In the mid-term meeting there should be **a)** reflection on achievement of specified competences, **b)** a progress review and **c)** discussion of progress in terms of professional medical conduct.

### a) Reflection on achievement of the competences specified in the training programme

The reflection questions must be completed by the student **before** the mid-term evaluation.

Self-reflection of the student:	Feedback from supervisor:
<i>What was good? (Strengths)</i>	
<i>What can be improved and how? (Areas for development)</i>	

### b) Progress evaluation (based on Logbook and Portfolio):

Please mark (student and mentor) the current level of achievement of the competences to be achieved in Department 2 in accordance with the training programme and introductory meeting (learning objectives, tasks and Mini-CEX/DOPS clinical exercises):

Student:	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Mentor:	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

To be completed by the mentor:

**The following measures were agreed in order to achieve all training objectives by the end of the CPY tertial:**

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**c) Structured feedback meeting on medical professionalism**

The aim of the meeting is to reflect on the characteristics listed below, particularly with regard to difficult clinical situations. Personal conduct and the structural framework of the working environment should be considered separately. To a certain extent this meeting serves as a preparation for subsequent staff appraisals.

In preparation for the meeting the student should reflect personally on her:his professional conduct. The student can also state what she:he particularly wants feedback about. The following Credits are a framework for carrying out the feedback meeting.

- Active listening
- Empathy, gaining trust
- Understanding of other cultures, dealing with language barriers
- Ensuring continuity of patient care
- Taking responsibility, demonstrating awareness of limitations
- Dealing constructively with mistakes
- Cultivating a culture of feedback
- Keeping calm in difficult situations
- Maintaining an appropriate appearance, politeness, controlling body language
- Good time and stress management, reliability
- Learning strategies for closing knowledge and skill gaps, behaviour when overloaded
- Training in meeting and presentation skills
- Respectful attitude to colleagues, avoiding derogatory remarks
- Working in a team, taking leadership and coordination responsibilities within a team
- Keeping medical confidentiality, handling of data privacy and copyright issues
- Appropriate management of resources
- Autonomy and independence when completing the CPY tasks and Return Week

- This meeting on medical professionalism took into account the Credits listed above. Strengths and areas for development were discussed verbally.

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible member of staff

**Please tick as appropriate**

As a result of serious situations in relation to professional medical conduct,

- the Head of Department,
- the study coordinator or CPY tertial coordinator was involved in the meeting,
- the Curriculum Directorate of MedUni Vienna was informed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of responsible member of staff

## Final evaluation Elective II

*(Only if taking a second elective)*

*The reflection questions must be completed by the student before the final evaluation.*

The meeting is held with (*please tick*)  Mentor  Head of Department

In the final meeting there should be **a)** reflection on achievement of the competences specified in the training programme and **b)** progress in terms of professional medical conduct should be discussed.

### a) Reflection on achievement of the competences specified in the training programme

Self-reflection of the student:	Feedback from supervisor:
<i>What was good? (Strengths)</i>	
<i>What can be improved and how? (Areas for development)</i>	

**My three most important learning experiences in this CPY tertial are:**

1.

2.

3.

**b) Structured feedback meeting on medical professionalism**

The aim of the meeting is to reflect on the characteristics listed below, particularly with regard to difficult clinical situations. Personal conduct and the structural framework of the working environment should be considered separately. To a certain extent this meeting serves as a preparation for subsequent staff appraisals.

In preparation for the meeting the student should reflect personally on her:his professional conduct. The student can also state what she:he particularly wants feedback about. The following Credits are a framework for carrying out the feedback meeting.

- Active listening
- Empathy, gaining trust
- Understanding of other cultures, dealing with language barriers
- Ensuring continuity of patient care
- Taking responsibility, demonstrating awareness of limitations
- Dealing constructively with mistakes
- Cultivating a culture of feedback
- Keeping calm in difficult situations
- Maintaining an appropriate appearance, politeness, controlling body language
- Good time and stress management, reliability
- Learning strategies for closing knowledge and skill gaps, behaviour when overloaded
- Training in meeting and presentation skills
- Respectful attitude to colleagues, avoiding derogatory remarks
- Working in a team, taking leadership and coordination responsibilities within a team
- Keeping medical confidentiality, handling of data privacy and copyright issues
- Appropriate management of resources
- Autonomy and independence when completing the CPY tasks and Return Week

This meeting on medical professionalism took into account the Credits listed above. Strengths and areas for development were discussed verbally.

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible member of staff

**Please tick as appropriate**

As a result of serious situations in relation to professional medical conduct,

- the Head of Department,
- the study coordinator or CPY tertial coordinator was involved in the meeting,
- the Curriculum Directorate of MedUni Vienna was informed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of responsible member of staff

Inspection Copy



Portfolio, 6. Studienjahr – Portfolio, Year 6

Portfolio, 6. Studienjahr  
*Portfolio, Year 6*

# Inspection Copy



Inspection Copy

Anleitung zur Verwendung  
des Portfolios  
*Instructions on how to use the Portfolio*

# Inspection Copy

## Instructions on how to use the Portfolio

A portfolio is a **structured collection** of student activities based on specified learning objectives and includes regular self-reflection. It represents a vital supplement to the Logbook in which the individual achievements and activities of the student during the CPY are documented. Portfolios are increasingly used across the world as an effective instrument for managing learning in medical training and professional development.

The keeping of the Portfolio is supervised by the mentor and together with the Logbook forms an important basis for the mid-term evaluation and final evaluation. The mentor signs off on and confirms by way of a summary the student's completion of the tasks when determining the location of the placement and during the final meeting. The Portfolio is a record of the entire CPY.

The CPY tasks should reflect your activities in daily clinical practice. They are documents you write as part of your placement. You can find instructions to help you in the Explanations chapter. Please also consult the Return Week chapter and bear the documents' preparation in mind throughout the year. When selecting your tasks, you should consider your preparation for Return Week.

Please keep all certificates of basic and advanced training and present them when asked to do so.

## CPY tasks

In accordance with the CPY curriculum, the aim is for the student to acquire medical competences through the active completion of predefined tasks during daily clinical practice (task-based learning). The documentation of the clinical tasks, which is performed according to a standardised credits system, is based on the DFP programme of the Austrian Medical Association and is designed to prepare the student for lifelong learning. By taking on responsibility, the student becomes optimally integrated into daily clinical practice.

The tasks are broken down into two areas:

- (A) The active completion of clinical tasks such as writing a patient letter/ medical report, preparing a prescription, patient presentation etc.
- (B) Participation in structured training and professional development events that go further than routine meetings, e.g. internal training, Journal Club etc.

In both areas (A and B) there are mandatory elements and mandatory elective elements.

All clinical tasks performed as well as all attendance certificates from training and professional development events are to be documented by the student in the Portfolio and signed off by the mentor of the relevant department (See chapter Documentation sheets from the Tertials A–C).

*Information is provided for all specified clinical tasks explaining how they should be written up.*

### Every 8 weeks:

The specified number of mandatory elements (see Table) must be completed from Sections A and B. In addition, a certain number of courses from the two fields must be completed. The student is invited to exceed the stated minimum number of mandatory elective credits.

### Optional tasks from Section A:

At least 15 credits from at least 2 different tasks.

### Optional tasks from Section B:

At least 4 credits from at least 2 different training and professional development events.

The student is to document the themes of the tasks in the Logbook for each 8-week period and to mark them with the relevant date of performance. These documents should not be added to the file. It is not necessary to keep duplicates or copies etc. of the documents (data protection!). However, please do bear in mind your preparation for Return Week (see pages P 55–P 58).

## CPY tasks tertials A + B

<b>(A) Active tasks – mandatory component</b>	<b>8 week period</b>
Concluding patient presentation and/or “State of the art” presentation	2 x
Prepare discharge letter <sup>1</sup> (transfer report)	4 x
Generate report of distinct medical parameters	3 x
Preparation of a specific referral for further examination in order to clarify a suspected diagnosis, including differential diagnosis (laboratory, imaging etc.)	3 x

<b>(A) Active tasks – mandatory elective component</b>	<b>Credits</b>	<b>8 week period</b>
Patient presentation (brief)	3	
Concluding patient presentation (detailed)	7	
Prepare discharge letter (transfer report)	7	
Preparation of a specific referral for further examination in order to clarify a suspected diagnosis, including differential diagnosis (laboratory, imaging etc.)	2	<i>Elective tasks amounting to at least 15 credits from at least 2 categories</i>
Prepare prescription or therapy recommendation	2	
“State of the art” presentation on the pathogenesis, diagnosis, therapy, prevention etc. of diseases based on specific patients (20 min)	8	
Generate report of distinct medical parameters	2	
Prepare handover protocol for postoperative ICU	3	
Prepare death certificate	2	
Prepare autopsy request	2	
Present article in Journal Club	6	

<sup>1</sup> Valid for the subject of “Anaesthesiology and Intensive Care Medicine”: If there is no opportunity of writing a discharge letter after intensive medical treatment management/ stay, this may be replaced by interpreting of an anesthesia chart or by an anesthesia preparation chart.

<b>(B) Attendance at training and professional development events (in presence or online) – mandatory component</b>	<b>8 week period</b>
Further training / internal training <sup>2</sup>	2 x

<b>B) Attendance at training and professional development events (in presence or online) - mandatory elective component</b>	<b>Credits</b>	<b>8 week period</b>
Further training / internal training <sup>2</sup>	2	
Participation in state-of-the-art presentations based on specific patients	1	<i>Elective events amounting to at least 4 credits from at least 2 categories</i>
Attendance at Journal Club	1	
“Morbidity & Mortality” conferences	1	
External training and professional development events per ½ day (congresses, conferences etc.)	3	
Course attendance per ½ day (ECG course, ultrasound, suture course, burnout prevention etc.)	3	
Interactive, web-based seminars	1	

<sup>2</sup> All the training events have to cover medical topics. All events which deal with security issues, like • how to maintain workplace hygiene, • introduction to house rules • fire drills as well as events of daily routine (i.e. ward rounds, ...) are excluded. Professional development events can be attended in presence and online.

## CPY tasks tertial C

<b>(A) Active tasks – mandatory component</b>	<b>8 week period</b>
Patient presentation (brief)	3 x
Concluding patient presentation (detailed)	1 x
Prepare discharge letter <sup>1</sup>	2 x
Preparation of a specific referral for further examination in order to clarify a suspected diagnosis, including differential diagnosis (laboratory, imaging etc.)	3 x
Prepare prescription or therapy recommendation <sup>2</sup>	3 x
“State of the art” presentation on the pathogenesis, diagnosis, therapy, prevention etc. of diseases based on specific patients (20 min)	1 x

<b>(A) Active tasks – mandatory elective component</b>	<b>Credits</b>	<b>8 week period</b>
Patient presentation (brief)	3	
Concluding patient presentation (detailed)	7	
Prepare discharge letter (transfer report)	7	
Preparation of a specific referral for further examination in order to clarify a suspected diagnosis, including differential diagnosis (laboratory, imaging etc.)	2	<i>Elective tasks amounting to at least 15 credits from at least 2 categories</i>
Prepare prescription or therapy recommendation	2	
“State of the art” presentation on the pathogenesis, diagnosis, therapy, prevention etc. of diseases based on specific patients (20 min)	8	
Generate report of distinct medical parameters	2	
Prepare handover protocol for postoperative ICU	3	
Prepare death certificate	2	
Prepare autopsy request	2	
Present article in Journal Club	6	

<sup>1</sup> Valid for the subject of “Anaesthesiology and Intensive Care Medicine”: If there is no opportunity of writing a discharge letter after intensive medical treatment management/ stay, this may be replaced by interpreting of an anesthesia chart or by an anesthesia preparation chart.

<b>(B) Attendance at training and professional development events (in presence or online) – mandatory component</b>	<b>8 week period</b>
Further training / internal training <sup>2</sup>	2 x

<b>B) Attendance at training and professional development events (in presence or online) - mandatory elective component</b>	<b>Credits</b>	<b>8 week period</b>
Further training / internal training <sup>2</sup>	2	<i>Elective events amounting to at least 4 credits from at least 2 categories</i>
Participation in state-of-the-art presentations based on specific patients	1	
Attendance at Journal Club	1	
“Morbidity & Mortality” conferences	1	
External training and professional development events per ½ day (congresses, conferences etc.)	3	
Course attendance per ½ day (ECG course, ultrasound, suture course, burnout prevention etc.)	3	
Interactive, web-based seminars	1	

<sup>2</sup> All the training events have to cover medical topics. All events which deal with security issues, like • how to maintain workplace hygiene, • introduction to house rules • fire drills as well as events of daily routine (i.e. ward rounds, ...) are excluded. Professional development events can be attended in presence and online.

Inspection Copy

Dokumentationsblätter der  
Tertiale A–C  
*Documentation sheets from the  
Tertials A–C*

# Inspection Copy



## CPY tasks

*To be filled out by the student*

I have written up the following tasks in accordance with the specifications:

---

### (A) Active tasks – mandatory component

Date

1. Concluding patient presentation and/or “State of the art” presentation

Subject: \_\_\_\_\_

2. Concluding patient presentation and/or “State of the art” presentation

Subject: \_\_\_\_\_

1. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

2. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

3. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

4. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

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*Continued on next page*

Inspection Copy

(A) Active tasks – mandatory component	Date
1. Generate report of distinct medical parameters	
Subject: _____	
2. Generate report of distinct medical parameters	
Subject: _____	
3. Generate report of distinct medical parameters	
Subject: _____	
1. Preparation of a specific referral	
Subject: _____	
2. Preparation of a specific referral	
Subject: _____	
3. Preparation of a specific referral	
Subject: _____	

**(A) Active tasks – mandatory elective component**

(Elective tasks amounting to at least 15 credits from at least 2 categories)

Credits\*

Date

Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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**Total**

\* See explanations on page P 3

Inspection Copy

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**(B) Attendance at training and professional development events – Mandatory component**

---

Date

1. Further training/internal training  
Title of the event:

---

2. Further training/internal training  
Title of the event:

---

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**(B) Attendance at training and professional development events Mandatory elective component**  
(elective events amounting to at least 4 credits from at least 2 categories)

---

Credits\*

Date

Selected event (category and title):

---

Selected event (category and title):

---

Selected event (category and title):

---

Selected event (category and title):

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Selected event (category and title):

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**Total**

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\* See explanations on page P 3

Mentor's attestation for weeks 1–8

---

## CPY tasks

*To be filled out by the student*

I have written up the following tasks in accordance with the specifications:

---

### (A) Active tasks – mandatory component

Date

1. Concluding patient presentation and/or “State of the art” presentation

Subject: \_\_\_\_\_

2. Concluding patient presentation and/or “State of the art” presentation

Subject: \_\_\_\_\_

1. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

2. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

3. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

4. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

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*Continued on next page*

Inspection Copy

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**(A) Active tasks – mandatory component** Date

---

1. Generate report of distinct medical parameters

Subject: \_\_\_\_\_

---

2. Generate report of distinct medical parameters

Subject: \_\_\_\_\_

---

3. Generate report of distinct medical parameters

Subject: \_\_\_\_\_

---

1. Preparation of a specific referral

Subject: \_\_\_\_\_

---

2. Preparation of a specific referral

Subject: \_\_\_\_\_

---

3. Preparation of a specific referral

Subject: \_\_\_\_\_

---

**(A) Active tasks – mandatory elective component**

(Elective tasks amounting to at least 15 credits from at least 2 categories)

Credits\*

Date

Elective task  
Category and theme:

---

Elective task  
Category and theme:

---

Elective task  
Category and theme:

---

Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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**Total**

\* See explanations on page P 3

Inspection Copy

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**(B) Attendance at training and professional development events – Mandatory component**

---

Date

1. Further training/internal training

Title of the event:

---

2. Further training/internal training

Title of the event:

---

**(B) Attendance at training and professional development events Mandatory elective component**

---

Credits\*

Date

(elective events amounting to at least 4 credits from at least 2 categories)

---

Selected event (category and title):

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Selected event (category and title):

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Selected event (category and title):

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Selected event (category and title):

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Selected event (category and title):

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**Total**

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\* See explanations on page P 3

Mentor's attestation for weeks 9–16

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## CPY tasks

*To be filled out by the student*

I have written up the following tasks in accordance with the specifications:

---

### (A) Active tasks – mandatory component

Date

1. Concluding patient presentation and/or “State of the art” presentation

Subject: \_\_\_\_\_

2. Concluding patient presentation and/or “State of the art” presentation

Subject: \_\_\_\_\_

1. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

2. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

3. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

4. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

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*Continued on next page*

Inspection Copy

(A) Active tasks – mandatory component	Date
1. Generate report of distinct medical parameters	
Subject: _____	
2. Generate report of distinct medical parameters	
Subject: _____	
3. Generate report of distinct medical parameters	
Subject: _____	
1. Preparation of a specific referral	
Subject: _____	
2. Preparation of a specific referral	
Subject: _____	
3. Preparation of a specific referral	
Subject: _____	

**(A) Active tasks – mandatory elective component**

(Elective tasks amounting to at least 15 credits from at least 2 categories)

Credits\*

Date

Elective task  
Category and theme:

---

Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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**Total**

\* See explanations on page P 3

Inspection Copy

---

**(B) Attendance at training and professional development events – Mandatory component**

---

Date

1. Further training/internal training

Title of the event:

---

2. Further training/internal training

Title of the event:

---

---

**(B) Attendance at training and professional development events Mandatory elective component**

---

Credits\*

Date

(elective events amounting to at least 4 credits from at least 2 categories)

---

Selected event (category and title):

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Selected event (category and title):

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Selected event (category and title):

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Selected event (category and title):

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Selected event (category and title):

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**Total**

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\* See explanations on page P 3

Mentor's attestation for weeks 1–8

---

## CPY tasks

*To be filled out by the student*

I have written up the following tasks in accordance with the specifications:

---

### (A) Active tasks – mandatory component

Date

1. Concluding patient presentation and/or “State of the art” presentation

Subject: \_\_\_\_\_

2. Concluding patient presentation and/or “State of the art” presentation

Subject: \_\_\_\_\_

1. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

2. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

3. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

4. Prepare discharge letter (transfer report)

Subject: \_\_\_\_\_

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*Continued on next page*

Inspection Copy

<b>(A) Active tasks – mandatory component</b>	Date
1. Generate report of distinct medical parameters  Subject: _____	
2. Generate report of distinct medical parameters  Subject: _____	
3. Generate report of distinct medical parameters  Subject: _____	
1. Preparation of a specific referral  Subject: _____	
2. Preparation of a specific referral  Subject: _____	
3. Preparation of a specific referral  Subject: _____	

**(A) Active tasks – mandatory elective component**

(Elective tasks amounting to at least 15 credits from at least 2 categories)

Credits\*

Date

Elective task  
Category and theme:

\_\_\_\_\_

Elective task  
Category and theme:

\_\_\_\_\_

Elective task  
Category and theme:

\_\_\_\_\_

Elective task  
Category and theme:

\_\_\_\_\_

Elective task  
Category and theme:

\_\_\_\_\_

Elective task  
Category and theme:

\_\_\_\_\_

Elective task  
Category and theme:

\_\_\_\_\_

Elective task  
Category and theme:

\_\_\_\_\_

**Total**

\* See explanations on page P 3

Inspection Copy

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**(B) Attendance at training and professional development events – Mandatory component**

---

Date

1. Further training/internal training

Title of the event:

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2. Further training/internal training

Title of the event:

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---

**(B) Attendance at training and professional development events Mandatory elective component**

---

Credits\*

Date

(elective events amounting to at least 4 credits from at least 2 categories)

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Selected event (category and title):

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Selected event (category and title):

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Selected event (category and title):

---

Selected event (category and title):

---

Selected event (category and title):

---

**Total**

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\* See explanations on page P 3

Mentor's attestation for weeks 9–16

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## CPY tasks

*To be filled out by the student*

I have written up the following tasks in accordance with the specifications:

---

### (A) Active tasks – mandatory component

Date

1. Patient presentation (brief)

Subject: \_\_\_\_\_

2. Patient presentation (brief)

Subject: \_\_\_\_\_

3. Patient presentation (brief)

Subject: \_\_\_\_\_

1. Concluding patient presentation (detailed)

Subject: \_\_\_\_\_

1. Prepare discharge letter

Subject: \_\_\_\_\_

2. Prepare discharge letter

Subject: \_\_\_\_\_

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*Continued on next page*

Inspection Copy

<b>(A) Active tasks – mandatory component</b>	Date
1. Prepare concrete referral for further examination  Subject: _____	
2. Prepare concrete referral for further examination  Subject: _____	
3. Prepare concrete referral for further examination  Subject: _____	
1. Prepare prescription or therapy recommendation  Subject: _____	
2. Prepare prescription or therapy recommendation  Subject: _____	
3. Prepare prescription or therapy recommendation  Subject: _____	
1. State-of-the-art presentation  Subject: _____	

**(A) Active tasks – mandatory elective component**

(Elective tasks amounting to at least 15 credits from at least 2 categories)

Credits\*

Date

Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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Elective task  
Category and theme:

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**Total**

\* See explanations on page P 4

Inspection Copy

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**(B) Attendance at training and professional development events – Mandatory component**

---

Date

1. Further training/internal training  
Title of the event:

---

2. Further training/internal training  
Title of the event:

---

---

**(B) Attendance at training and professional development events Mandatory elective component**  
(elective events amounting to at least 4 credits from at least 2 categories)

---

Credits\*

Date

Selected event (category and title):

---

Selected event (category and title):

---

Selected event (category and title):

---

Selected event (category and title):

---

Selected event (category and title):

---

**Total**

---

\* See explanations on page P 4

Mentor's attestation for weeks 1–8

---

## CPY tasks

*(If doing 16 weeks, transfer sheets to Elective I)  
To be filled out by the student*

I have written up the following tasks in accordance with the specifications:

---

### (A) Active tasks – mandatory component

Date

---

1. Patient presentation (brief)

Subject: \_\_\_\_\_

---

2. Patient presentation (brief)

Subject: \_\_\_\_\_

---

3. Patient presentation (brief)

Subject: \_\_\_\_\_

---

1. Concluding patient presentation (detailed)

Subject: \_\_\_\_\_

---

1. Prepare discharge letter

Subject: \_\_\_\_\_

---

2. Prepare discharge letter

Subject: \_\_\_\_\_

---

*Continued on next page*

---

**(A) Active tasks – mandatory component**

---

Date

1. Prepare concrete referral for further examination

Subject: \_\_\_\_\_

---

2. Prepare concrete referral for further examination

Subject: \_\_\_\_\_

---

3. Prepare concrete referral for further examination

Subject: \_\_\_\_\_

---

1. Prepare prescription or therapy recommendation

Subject: \_\_\_\_\_

---

2. Prepare prescription or therapy recommendation

Subject: \_\_\_\_\_

---

3. Prepare prescription or therapy recommendation

Subject: \_\_\_\_\_

---

1. State-of-the-art presentation

Subject: \_\_\_\_\_

---

**(A) Active tasks – mandatory elective component**

(Elective tasks amounting to at least 15 credits from at least 2 categories)

Credits\*

Date

Elective task

Category and theme:

---

Elective task

Category and theme:

---

Elective task

Category and theme:

---

Elective task

Category and theme:

---

Elective task

Category and theme:

---

Elective task

Category and theme:

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Elective task

Category and theme:

---

Elective task

Category and theme:

---

**Total**

\* See explanations on page P 4

Inspection Copy

Inspection Copy

---

**(B) Attendance at training and professional development events – Mandatory component**

---

Date

1. Further training/internal training

Title of the event:

---

2. Further training/internal training

Title of the event:

---

---

**(B) Attendance at training and professional development events Mandatory elective component**

---

Credits\*

Date

(elective events amounting to at least 4 credits from at least 2 categories)

---

Selected event (category and title):

---

Selected event (category and title):

---

Selected event (category and title):

---

Selected event (category and title):

---

Selected event (category and title):

---

**Total**

---

\* See explanations on page P 4

Mentor's attestation for weeks 9–16 \_\_\_\_\_



Inspection Copy

Erläuterungen  
*Explanations*

# Inspection Copy

## Concluding patient presentation and/or State-of-the-art presentation

(detailed)

Present a selected patient to medical staff or other healthcare professionals, e.g. in or after the morning review.

Please prepare a document in a relevant presentation format (e.g. PowerPoint) with the following structure, using clear definitions and correct medical expressions.

Give reasons for the selected course of action, diagnosis / therapeutic measures.

1. Medical history
  - Major symptom and current history – course of the disease up to now
  - Vegetative/autonomous nervous system
  - Previous conditions
  - Family, social aspects
  - Medications
  - Smoking/alcohol
2. Results of physical examination:
  - depending on illness and specialist area, describe affected organs in detail
  - General condition, nutrition
3. Lab results (relevant - interpretation)
4. Findings from imaging procedures (relevant – with explanation based on images)
5. Diagnosis (including provisional – reasons)
6. Differential diagnoses
7. Significant secondary diagnoses (particularly those requiring treatment)
8. Further course of action: diagnostic and therapeutic
9. Prognosis: brief assessment (optional)

Date of preparation of document

## “State of the art” presentation

A “state of the art” presentation is preferably given during an internal training event for all doctors with presentations of the latest findings on

- epidemiology, public health aspects
- etiology and pathogenesis
- clinical presentation
- diagnostics (lab, X-ray) and differential diagnosis
- prevention, conservative/ surgical therapy
- aspects of medical professionalism (reflection)

Select a topic in relation to a patient in whose treatment you have been involved in and present the latest research work relevant to this case.

Please prepare a document in a relevant presentation format (e.g. PowerPoint) or a written text with the following structure.

- specific patient (anonymized, 1 slide)
- objective/goal
- latest research work related to one or more aspects mentioned above
- conclusion – take-home message
- bibliography/references

Please take into consideration that the time allotted for presenting is 20 minutes!

## Prepare discharge letter (transfer report)<sup>1</sup>

A patient letter is a transfer document relating to an individual case and is used for communication between doctors.

The following points should be included in the patient letter. The specific structure should be in accordance with local guidelines.

### 1<sup>st</sup> part:

1. List of current diagnoses and secondary diagnoses with ICD-10 classification
2. Examinations/treatments performed
3. Significant findings (e.g. histology)

### 2<sup>nd</sup> part:

4. Introduction with reason for treatment
5. Medical history
6. Current results from physical examination at the time of admission
7. Results of further diagnostic investigations/examinations
8. If relevant, operations (reports and procedure)
9. Course of the overall treatment (retrospective summary)
10. Further treatment
11. Interpretation of the course of the disease
12. Further diagnostic measures, if necessary
13. Signed:
  - Student – mentor
  - and/or head of ward
  - and/or head of department
  - and/or hospital board member
14. Date of preparation

<sup>1</sup> Valid for the subject of "Anaesthesiology and Intensive Care Medicine": If there is no opportunity of writing a discharge letter after intensive medical treatment management/ stay, this may be replaced by interpreting of an anesthesia chart or by an anesthesia preparation chart.

## Prepare report of distinct medical parameters

(decursus morbi/clinical course)

The description of the course of a disease is an obligatory part of the case history.

The following points should be included for three consecutive days (specific structure should be in accordance with local guidelines).

1. Date
2. Description of the course of disease-relevant findings together with present symptoms
3. Tests/examinations initiated
4. Interventions initiated

## Preparation of a specific referral for further examination in order to clarify a suspected diagnosis, including differential diagnosis (P 39–P 41)

(laboratory, imaging etc.)

At least two different referrals for further examination must be done.

The following points should be included. The specific structure should be in accordance with local guidelines.

Consider the range of examinations/laboratory parameters you have requested. Why is the selected test appropriate? Cost/benefit? Burden on patient?

General details (applies to all referrals):

Surname, first name (as N.N.), age, gender of patient

Referrer (hospital – ward: for rapid transmission of findings)

Name and availability (phone / pager) of the requesting doctor

## Laboratory medicine

(non-routine)

1. Clinical information
2. Type and origin of the test material
3. Delivery date, time
4. (Suspected) diagnosis
5. Question
6. Medications
7. Desired tests
8. Infectious material
9. Previous test/examination, if relevant
10. Date of preparation

## Histopathological findings

1. Name, date of birth, gender, twin/triplet/quadruplet
2. Occupation
3. Latest histological findings: no./year
4. Present sample: biopsy sample, needle biopsy etc.
5. Sender
6. Test material – location, type, precise localisation
7. Clinical diagnosis
8. Medical history
9. Current operation
10. Laboratory values
11. Special questions
12. Other information
13. Gynaecological details: abnormal menses, last menstrual period  
.... Para; .... pregnancy (LM); hormone therapy
14. Previous test/examination, if relevant
15. Date of preparation

## Imaging procedures

1. Addressee (conventional radio-diagnostics, CT, angiography, MRI, ultrasound, mammography, puncture/  
intervention, other)
2. Transport (walking, lying, seated, must not stand)
3. Desired test/body region
4. Medical history, findings from clinical/physical examination of the patient or other relevant preliminary tests/  
examinations
5. Question – significance
6. Risk factors (pregnancy, infection, other)  
MRI: pacemaker, metal (foreign bodies, implants), aneurysm clips  
Contrast medium: contrast medium allergy  
(latent hyperthyroidism)  
Diabetes/metformin therapy  
Serum creatinine  
Angio/intervention: coagulation status (Normotest, PTT, thrombocytes)
7. Agreed date
8. Date of preparation



## Referral to specialist

1. Addressee (department, hospital)
2. Priority
3. Request (clinical assessment, recommendation for treatment, take over treatment of patient, performance of the following tests/investigations)
4. Basic disease/diagnosis on admission
5. Referral diagnosis
6. Question
7. Additional information relevant to tests/investigations: infections, allergies, blood clotting problems/anti-coagulation, implants
8. Medication
9. Special comments
10. Date of preparation

## Referral for endoscopy

*(please tick)*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bronchoscopy               | <input type="checkbox"/> Rectoscopy        | <input type="checkbox"/> Medianoscopy             |
| <input type="checkbox"/> Oesophagoscopy/Gastroscopy | <input type="checkbox"/> Urethrocystoscopy | <input type="checkbox"/> Duodenoscopy/Jejunoscopy |
|   |  | <input type="checkbox"/> Colonoscopy              |

Anaesthesia: Local anaesthesia, sedoanalgesia, intubation anaesthesia

1. Patient:  
Age:  
Gender:
2. Requesting department – ward: (for rapid transmission of findings)
3. Name and availability (phone / pager) of the requesting doctor
4. Date of endoscopy arranged for: Date with:
5. Primary illness
6. Symptoms
7. Question
8. Specific previous findings
9. Special preparations
10. Additional information relevant to tests/investigations: Infections, allergies, blood clotting problems/anti-coagulation, implants)
11. Medication
12. Special comments
13. Date of preparation

## Patient presentation

(brief)

During ward rounds, morning review, at the patient's bedside or in a teaching situation, present **1-3 selected points from the list below** of recent relevance for the diagnosis/treatment of a specific patient.

Please prepare a document in a relevant presentation format (e.g. PowerPoint or Word) using clear definitions and correct medical expressions.

In relation to the various points, give reasons for the selected course of action, diagnosis and/or therapeutic measures.

1. Medical history (major symptom and current medical history – course of the disease up to now)
2. Findings of physical examination (organs affected by the disease, brief)
3. Lab results (relevant)
4. Findings from imaging procedures (brief)
5. Diagnosis (including provisional – reasons)
6. Differential diagnoses
7. Significant secondary diagnoses (particularly those requiring treatment)
8. Further course of action: diagnostic and therapeutic

Date of preparation of document

## Concluding patient presentation

(detailed)

Present a selected patient to medical staff or other healthcare professionals, e.g. in or after the morning review.

Please prepare a document in a relevant presentation format (e.g. PowerPoint) with the following structure, using clear definitions and correct medical expressions.

Give reasons for the selected course of action, diagnosis / therapeutic measures.

1. Medical history
  - Major symptom and current history – course of the disease up to now
  - Vegetative/autonomous nervous system
  - Previous conditions
  - Family, social aspects
  - Medications
  - Smoking/alcohol
2. Results of physical examination:
  - depending on illness and specialist area, describe affected organs in detail
  - General condition, nutrition
3. Lab results (relevant - interpretation)
4. Findings from imaging procedures (relevant – with explanation based on images)
5. Diagnosis (including provisional – reasons)
6. Differential diagnoses
7. Significant secondary diagnoses (particularly those requiring treatment)
8. Further course of action: diagnostic and therapeutic
9. Prognosis: brief assessment (optional)

Date of preparation of document

## Preparing a prescription or therapy recommendation

A prescription is a formal, written instruction from a medical practitioner to a pharmacist to provide medications or aids/appliances. In accordance with the Pharmaceuticals Regulation, prescriptions are legal documents. Alternatively, a therapy recommendation to a patient in whose treatment you are involved can be prepared.

When reflecting the medication/therapy you propose, consider the following: What needs to be borne in mind when using the medication? Please comment on dosage, duration, side effects, contraindications, interactions, pregnancy, breastfeeding.

The following points should be included in the prescription (specific structure should be in accordance with local guidelines).

1. Name, professional title and address of the prescribing person (anonymised)
2. Date of issue
3. Person for whom the medication is intended
4. Designation of the finished product or, in the case of formulations, composition in terms of manner and quantity plus instructions for use
5. Route of administration and quantity to be taken or standard package size (if not specified – smallest package size)
6. Frequency and type of administration
7. Period of validity of the prescription (if not specified – automatically 3 months), may be left out
8. Hand-written signature of the prescribing person or electronic signature as per the Signature Act

## “State of the art” presentation

A “state of the art” presentation is preferably given during an internal training event for all doctors with presentations of the latest findings on

- epidemiology, public health aspects
- etiology and pathogenesis
- clinical presentation
- diagnostics (lab, X-ray) and differential diagnosis
- prevention, conservative/ surgical therapy
- aspects of medical professionalism (reflection)

Select a topic in relation to a patient in whose treatment you have been involved in and present the latest research work relevant to this case.

Please prepare a document in a relevant presentation format (e.g. PowerPoint) or a written text with the following structure.

- specific patient (anonymized, 1 slide)
- objective/goal
- latest research work related to one or more aspects mentioned above
- conclusion – take-home message
- bibliography/references

Please take into consideration that the time allotted for presenting is 20 minutes!

## Prepare handover protocol for postoperative Intensive Care Unit

The following points should be included (specific structure should be in accordance with local guidelines).

1. Age, height, weight
2. A) ASA (American Society of Anesthesiologists) Physical Status 1–6  
B) NYHA status (New York Heart Association) I-IV: Classification system for heart disease  
Ranging from heart disease with no limitation of physical activity to bedbound patients
3. Diagnosis
4. Operation
5. Operating surgeon:
6. Anaesthetist:
7. Allergies
8. Medication
9. Medical history (general)
10. Medical history (triggering events)
11. Fasting yes/no
12. Vascular access
13. Drains/catheters
14. Airways/lungs
15. Special intra-operative events
16. Blood count/laboratory/blood gas analysis – abnormalities
17. Fluid intake – urine
18. Antibiotic therapy
19. Post-operative pain therapy
20. Position
21. Mobilisation
22. Return to normal diet
23. Artificial respiration: mode,  $O_2\%$ , flow,  $P_{max}$ ,  $V_t$ , frequency,  $T_{inspir}$ , PEEP
24. Perfusors
25. Desired blood pressure
26. Extras/requirements of the surgeon

Date of preparation

## Preparation of a death certificate

A death certificate is an official document on which the death of a person is certified. It is issued by the head of a hospital or coroner/medical examiner.

The following points should be included (specific structure should be in accordance with local guidelines).

1. Place of death
2. Time of death
3. Type of death: natural – not natural
4. Cause of death (if possible)

### **Foot tag:**

1. Time of death
2. Ward
3. Doctor who ascertained the death
4. Attach to big toe of the deceased
5. Addressee: Institute of Pathology
6. Date of preparation

## Prepare autopsy request

An autopsy is an internal post-mortem examination to ascertain the cause of death and reconstruct the process of death. Synonyms: "sectio legalis" ("legally ordered operation")

The following points should be included (specific structure should be in accordance with local guidelines).

1. Case history – enclose epicrisis
2. Height – weight
3. Requesting doctor - essential
4. Date/time of death
5. Notification of relatives Date / time
6. Primary disease (since when)
7. Immediate clinical cause of death
8. Other significant conditions
9. Surgical interventions (date, type, indication), essential
10. Preliminary findings (pathology – external), essential
11. Specific questions to the pathologist
12. HIV positive: yes/no/not investigated
13. Hepatitis: yes(type)/no/not investigated
14. Presence of radioactivity: yes(type)/no
15. Autopsy desired
16. Presence at autopsy desired by hospital/clinically: Notification
17. Suspicion of third-party responsibility – yes/no
18. Has application for coroner's inquest been sent to senior management: yes/no, reason:
19. In the case of injuries, accident or violent death, precise details of type, manner and/or cause essential
20. Date of preparation



## Presentation of article in Journal Club

A Journal Club is a meeting of doctors at which current scientific publications are presented and critically discussed.

Present an article of your choice in a Journal Club. Please choose only original works that deal with current findings in your own area of work.

Please note the following points:

1. Structure of the presentation:  
Question – background – inclusion criteria – exclusion criteria – study design and methodology – study location – interventions – outcome/results – comments – literature
2. Critical analysis with experiments performed and statistical methodology
3. Themes of the discussion:  
Conclusions verifiable?  
Are the results conclusive?  
Are the experiments verifiable?  
Impact on practice (diagnosis, therapy etc.)?
4. Feedback from listeners
5. Date of preparation

## Participation in continuing education and training

Participation in continuing education and training is obligatory for every physician. Basically, continuing education and training is offered in all hospitals.

Please ask your mentor in your introductory meeting what kind of continuing education and training courses are offered in that particular hospital. During a "Lehrpraxis" (= training practice) for family medicine please attend a so called "Bezirksärztetreffen" (= meeting of district doctors), "Qualitätszirkel" (= quality circle) or similar.

Please select only training related to medical science of your current subject. Please note the requirements necessary (see page P 3).

All events that deal with security issues, like

- how to maintain workplace hygiene
- introduction to house rules
- fire drills
- etc.

as well as events of daily routine (i.e. ward rounds, ...) are **excluded**.

All certificates have to be issued and signed by the respective organizers. You may also file certificates from a series of events as long as they are clearly identifiable with respect to topic and length.





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Return Week

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## Return Week

In line with the Human Medicine curriculum, once all CPY tertials have been completed the standard of training attained during the CPY will be assessed. This assessment will take the form of a formative examination and feedback discussions.

Return Week is a permanent feature of the curriculum and is represented in Med.Campus as a course. The dates for Return Week are arranged in accordance with the beginning and end of the CPY.

### What happens in Return Week

All CPY students must complete modules 1 and 2. Both modules take place in small groups of 10 students and are overseen by a clinical examiner. You must have your CPY Logbook/Portfolio on you at all times during Return Week and present it upon request.

All information as well as recommendations for further study can be found in the Study Guide at <https://studyguide.meduniwien.ac.at/>, in the Moodle course and in the letters you are sent.

### Module 1: Clinical case presentation (structured presentation)

The clinical case presentation takes place in the morning in small groups of 10 students and is overseen by a clinical examiner (group leader).

#### IMPORTANT:

You must prepare **one case from CPY tertial A (internal medicine) and one case from CPY tertial B (surgery and perioperative disciplines) from your Portfolio**, one of which you will present to the group (7 min presentation plus 5 min discussion).

The attestation of your CPY Logbook and Portfolio according to formal criteria will take place parallel to module 1 (you are not required to be present).

### Module 2: Assessment of your CPY tasks by clinical examiners

Module 2 takes place in small groups of 10 students and comprises two parts that occur consecutively in one afternoon. Each of you will be examined by the group leader on 2–3 selected CPY tasks from CPY tertials A and B, based on the respective comments in your Portfolio. In particular, you will be asked about select aspects concerning patient history/status, diagnostic confirmation and therapeutic measures.

To prepare for module 2, group leaders need a **list of your CPY tasks for internal medicine and surgery (24)**.

In order to document the extent of your training in the compulsory subjects, we expect there to be no overlap in the content of the two topic lists.

### Module 3

Module 3 is for those students whose results from module 1 or 2 were insufficient or lacking.

## Tips for preparing case presentations

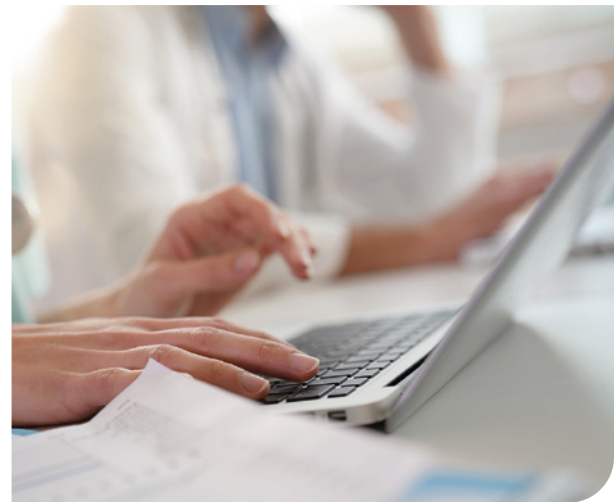
The purpose of this guide is to provide you with concrete advice on how to document information correctly in the case presentations for Return Week, especially with regard to the removal of personal information relating to patients.

Please note that it is generally not permitted to extract non-anonymised data in electronic form from hospital information systems. However, the anonymisation of personal data in the hospital information system itself is normally not possible. For this reason, documents to which you legitimately have access in the hospital may not be extracted electronically; they can only be printed out and immediately afterwards redacted appropriately. We therefore recommend that you prepare your documents independently with no reference to specific patients.

Conscientious handling of this information requires that you either independently prepare documents that do not contain any references to patients, or that you appropriately redact documents to which you legitimately have access in the hospital. This means that any personal data should be made illegible, including all information that would enable identification of the patient. The removal of this information should make the identification of the patient impossible.

### The following information must be removed in all cases:

- Name (first name and last name including any titles – also applies to relatives), no initials (only N.N. allowed)
- Exact date of birth (year of birth or age can be given)
- Social insurance number
- Address (street, postal code, town)
- Contact details, such as telephone number, e-mail addresses etc. (also applies to relatives)
- Information regarding citizenship or nationality (where necessary, a region may be indicated, e.g. “from the Mediterranean region”)
- Patient ID or other codes and identifiers assigned to the patient (e.g. case number, order number, bar codes, protocol number, document ID, QR codes)
- Numbers and codes (including bar codes and QR codes) that you cannot identify (these could be patient codes)





**The following information may remain:**

- Gender
- Height
- Weight
- BMI
- Year of birth or age

**Special case: date and time information:**

Since the documentation of precise information in combination with other information about the patient could help to identify the person, certain restrictions apply here. The exact time must therefore be removed. The time of day could be described for case reviews as e.g. early morning/late morning/midday/ afternoon/evening/night etc. If it is important in terms of the course of the disease to record the chronological sequence, the time should be given approximately and rounded.

For instance: 14:30 instead of 14:27:09.

In the case of test results, the date and time of the test and the date and time of recording are often shown. Please redact the time information here, too.

**Images:**

In terms of images (X-rays, CT images, scans, etc.) used in the patient presentation, please make sure that only the image is used and that all information about the patient is removed. The existing image must therefore be cropped digitally so that only the relevant organ or body part can be identified.

**Patient history (occupation, personal history, family):**

Restrict details to those essentials that are crucial for the case review. General descriptions should be used for the occupation (car driver, employee, office worker, etc.), the employer must not be mentioned under any circumstances.

In the family and personal history, do not provide details that are irrelevant for the diagnosis. For instance, give general information regarding accommodation (e.g. "lives in Vienna", not "lives in a townhouse in 1140 Vienna"). The same applies to any stays in other hospitals or social institutions.

**Personal details of individuals other than patients:**

As a rule, hospital records also contain the names of senior staff, such as senior physicians, clinic managers, etc. These names do not have to be redacted.

Likewise, the names of those persons who have signed off findings/test results and the like may remain.

However, the names of general practitioners, typists, laboratory staff, etc. as well as the names of the entire surgical team must be removed.

Details of the patient's relatives can be given if this is essential for the case discussion (family history). However, these must be kept general and may only specify the family relationship (father, daughter, partner etc.). Names and exact job titles of relatives may not be given under any circumstances. The year of birth and date of death of family members must also be removed.

The logbook must be kept safely and may not be duplicated (apart from a backup copy for personal safekeeping) and may not be made available to third parties.

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Testatblätter – Certification sheets

Testatblätter  
*Certification sheets*

# Inspection Copy

Hospital:	Student ID:
	First name:
	Surname:

### Certification sheet: CPY tertial A “Internal Medicine”

	Department 1 (weeks 1–16 or 1–8 if change of department)	Department 2 (only if change of department for weeks 9–16)
Specialist area:		
Hospital/department:		
Completion:	<input type="radio"/> Inland <input type="radio"/> Erasmus <input type="radio"/> Freemover	<input type="radio"/> Inland <input type="radio"/> Erasmus <input type="radio"/> Freemover
Mentor:		
Period:	<input type="radio"/> 16 weeks <input type="radio"/> 8 weeks	<input checked="" type="radio"/> 8 weeks
Start/end date:	D D M M Y Y Y Y – D D M M Y Y Y Y	D D M M Y Y Y Y – D D M M Y Y Y Y
Absences:		

*With my signature it is hereby confirmed that during the specified period the student:*

- took part regularly in internal department routine meetings.
- achieved the required learning objectives.
- performed the defined CPY tasks to the required extent.
- demonstrated satisfactory competence in at least 4 Mini-Cex and/or DOPS exercises (in 8 weeks).
- took part in the introductory, mid-term and final meetings.

	Department 1	Department 2 (only if change of department)
Date		
Signature of the mentor		

Confirmation by the subject or study coordinator upon completion of all 16 weeks:

	Name	
	Date	Signature subject coordinator

Certification Sheet should be completed, confirmed by the responsible member of staff in the department/hospital and placed (in original form immediately after finishing the CPY tertial) in the letterbox of the International Office (Spitalgasse 23, BT 88, Ebene 4, 1090 Wien) or sent by post. Students are asked to check the entry regarding the CPY tertial in MedCampus 14 days after submission.

Approved by the Curriculum Directorate

Corrections to the certification sheet must be labelled as such and attested to and signed by the mentor or, if necessary, the subject coordinator. Please take note of the instructions at <http://kpj.meduniwien.ac.at>

Inspection Copy

Hospital:

Student ID:

First name:

Surname:


## Certification sheet: CPY tertial B “Surgery and perioperative disciplines”

**Department 1** (weeks 1–16 or  
1–8 if change of department)

**Department 2** (only if change  
of department for weeks 9–16)

Specialist area:	<input type="text"/>
Hospital/ department:	<input type="text"/>
Completion:	<input type="radio"/> Inland <input type="radio"/> Erasmus <input type="radio"/> Freemover
Mentor:	<input type="text"/>
Period:	<input type="radio"/> 16 weeks <input type="radio"/> 8 weeks
Start/end date:	D D M M Y Y Y Y – D D M M Y Y Y Y
Absences:	<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="radio"/> Inland <input type="radio"/> Erasmus <input type="radio"/> Freemover
<input type="text"/>
<input checked="" type="radio"/> 8 weeks
D D M M Y Y Y Y – D D M M Y Y Y Y
<input type="text"/>

*With my signature it is hereby confirmed that during the specified period the student:*

- took part regularly in internal department routine meetings.
- achieved the required learning objectives.
- performed the defined CPY tasks to the required extent.
- demonstrated satisfactory competence in at least 4 Mini-Cex and/or DOPS exercises (in 8 weeks).
- took part in the introductory, mid-term and final meetings.

**Department 1**
**Department 2**  
(only if change of department)

Date	<input type="text"/>
Signature of the mentor	<input type="text"/>

<input type="text"/>
<input type="text"/>

Confirmation by the subject or study coordinator upon completion of all 16 weeks:

<input type="text"/>	<input type="text"/>	
	Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date	Signature subject coordinator

Certification Sheet should be completed, confirmed by the responsible member of staff in the department/hospital and placed (in original form immediately after finishing the CPY tertial) in the letterbox of the International Office (Spitalgasse 23, BT 88, Ebene 4, 1090 Wien) or sent by post. Students are asked to check the entry regarding the CPY tertial in MedCampus 14 days after submission.

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Inspection Copy



Hospital:

Student ID:

First name:

Surname:


## Certification sheet: CPY tertial C “Elective I”

Elective 1 (weeks 1–16 or weeks 1–8 if taking a second elective)

Specialist area:

Hospital/department:

Completion:

Inland  Erasmus  Freemover

Mentor:

Period:

16 weeks  8 weeks

Start/end date:

D D M M Y Y Y Y - D D M M Y Y Y Y

Absences:

*With my signature it is hereby confirmed that during the specified period the student:*

- took part regularly in internal department routine meetings.
- achieved the required learning objectives.
- performed the defined CPY tasks to the required extent.
- demonstrated satisfactory competence in at least 4 Mini-Cex and/or DOPS exercises (in 8 weeks).
- took part in the introductory, mid-term and final meetings.

Date

Signature of the mentor

Confirmation by the subject or study coordinator at the end of the complete tertial:


Name

Date

Signature subject coordinator

Certification Sheet should be completed, confirmed by the responsible member of staff in the department/hospital and placed (in original form immediately after finishing the CPY tertial) in the letterbox of the International Office (Spitalgasse 23, BT 88, Ebene 4, 1090 Wien) or sent by post. Students are asked to check the entry regarding the CPY tertial in MedCampus 14 days after submission.

Approved by the Curriculum Directorate

Corrections to the certification sheet must be labelled as such and attested to and signed by the mentor or, if necessary, the subject coordinator. Please take note of the instructions at <http://kpj.meduniwien.ac.at>

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Hospital:

Student ID:

First name:

Surname:


## Certification sheet: CPY tertial C “Elective II”

(only if taking two Electives)

### Elective II (weeks 1–8)

Specialist area:

Hospital/department:

Completion:

Inland  Erasmus  Freemover

Mentor:

Period:

8 weeks

Start/end date:

D D M M Y Y Y Y - D D M M Y Y Y Y

Absences:

*With my signature it is hereby confirmed that during the specified period the student:*

- took part regularly in internal department routine meetings.
- achieved the required learning objectives.
- performed the defined CPY tasks to the required extent.
- demonstrated satisfactory competence in at least 4 Mini-Cex and/or DOPS exercises (in 8 weeks).
- took part in the introductory, mid-term and final meetings.

Date

Signature of the mentor

Confirmation by the subject or study coordinator at the end of the complete tertial:

Name

Hospital stamp

Date

Signature subject coordinator

Certification Sheet should be completed, confirmed by the responsible member of staff in the department/hospital and placed (in original form immediately after finishing the CPY tertial) in the letterbox of the International Office (Spitalgasse 23, BT 88, Ebene 4, 1090 Wien) or sent by post. Students are asked to check the entry regarding the CPY tertial in MedCampus 14 days after submission.

Approved by the Curriculum Directorate

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Inspection Copy