

Learning objectives – mandatory

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

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

Competence	Objectives completed
Taking a medical history	
1. Taking a targeted, hypothesis-directed history	<input type="radio"/>
2. History taking and neurological examination with emergency patients	<input type="radio"/>
3. Taking a headache history	<input type="radio"/>
4. Taking an epilepsy history	<input type="radio"/>
5. Taking history from third parties	<input type="radio"/>
6. Taking history in patients with special communication needs, e.g. language or speech problems	<input type="radio"/>
Performance of examination techniques	
7. Strength, nutrition, tone (assessment of passive muscle stretch, inspection of muscle bulk, muscle tone, muscle strength and involuntary movements)	<input type="radio"/>
8. Fine motor skills, tendon reflexes, pyramidal signs (eliciting peripheral reflexes – triceps, biceps, knee, ankle – and plantar response (Babinski sign))	<input type="radio"/>
9. Eliciting complex reflexes: abdominal, anal, masseter, snout, grasp	<input type="radio"/>
10. Testing of coordination (finger-to-nose, heel-to-shin, heel-to-toe, diadochokinesis)	<input type="radio"/>
11. Assessing mobility and tenderness	<input type="radio"/>
12. Inspection of gait (normal, on heels, hopping in one place)	<input type="radio"/>
13. Romberg's test, Unterberger's test	<input type="radio"/>
14. Recovering of balance after push	<input type="radio"/>
15. Assessment of sense of touch and mechanical sense of pain	<input type="radio"/>
16. Assessment of sense of temperature, sense of vibration and position sense	<input type="radio"/>
17. Assessment of discriminative sensations (e.g. stereognosis)	<input type="radio"/>
18. Testing for meningism	<input type="radio"/>
19. Testing for cervical and lumbar radicular signs (including Lasegue's sign)	<input type="radio"/>
20. Assessment of level of consciousness by means of the Glasgow Coma Scale	<input type="radio"/>
21. Assessment of mood and mental status	<input type="radio"/>
22. Assessment of memory, MMSE, clock test	<input type="radio"/>
23. Assessment of basic and essential activities of daily living	<input type="radio"/>

Competence

Objectives completed

24. Neuro-psychological status	<input type="radio"/>
25. Identification and correct response to acute life-threatening situations, e.g. stroke, craniocerebral trauma, intracranial pressure, intoxication, unconsciousness, epileptic fits (quick diagnosis, emergency measures, first aid)	<input type="radio"/>
26. Identification and correct response to common neurological symptoms and conditions, e.g. headaches, dizziness, peripheral paralysis and pain, Parkinson's, multiple sclerosis, epilepsy	<input type="radio"/>
27. Determining the indication of and attaining proficiency in electroencephalography, electromyography and nerve conduction velocity as well as sonography and other imaging procedures (X-ray, computer tomography, magnetic resonance tomography)	<input type="radio"/>
Performance of routine skills	
28. Intravenous injection	<input type="radio"/>
29. Urinary catheterization	<input type="radio"/>
30. Handling a central venous catheter	<input type="radio"/>
31. Taking an electrocardiogram at rest	<input type="radio"/>
32. Filling out a requisition for instrumental investigations (lab tests, imaging)	<input type="radio"/>
33. Attaching a pulse oximeter and interpreting the results	<input type="radio"/>
34. Identification of drug side effects and their management	<input type="radio"/>
35. Venepuncture	<input type="radio"/>
36. Taking blood	<input type="radio"/>
37. Intravenous injection and cannulation	<input type="radio"/>
Therapeutic measures	
38. Participating in the prescription of neurological drug therapy for in-patients	<input type="radio"/>
39. Specialist pain therapy	<input type="radio"/>
40. Therapeutic procedures in acute life-threatening situations, e.g. stroke, craniocerebral trauma, intracranial pressure, intoxication, unconsciousness, epileptic fits (quick diagnosis, emergency measures, first aid)	<input type="radio"/>
41. Therapeutic procedures in common neurological symptoms and conditions, e.g. headaches, dizziness, peripheral paralysis and pain, Parkinson's, multiple sclerosis, epilepsy	<input type="radio"/>

Competence

Objectives completed

Communication with patient/team

- | | |
|---|-----------------------|
| 42. Communicating with severely ill patients | <input type="radio"/> |
| 43. Writing letters for transfer or discharge of patient | <input type="radio"/> |
| 44. Diagnostic coding | <input type="radio"/> |
| 45. Working with local / national and international guidelines and protocols | <input type="radio"/> |
| 46. Specialty-specific quality assurance and documentation | <input type="radio"/> |
| 47. Summarising, documenting and assessing in writing medical conditions as well as related prognoses | <input type="radio"/> |

Verified by mentor

Learning objectives – optional

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

Competence as per training programme	Objectives completed
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
Verified by mentor	