

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

CPY-Tertial C

Cardiac Surgery

Valid from academic year 2015/16

Responsible for the content

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This training programme applies to the subject of "Cardiac Surgery" within CPY tertial C "Electives". If "Cardiac Surgery" is being taken within the compulsory CPY tertial B "Surgery and Perioperative Disciplines", in addition to the learning objectives in CPY tertial B, the learning objectives listed in this training programme under Point 3 can be added as optional learning objectives in the logbook for the compulsory CPY tertial B.

The training programmes for the elective subjects in CPY tertial C are each designed for a duration of 8 weeks. If the subject in CPY tertial C is being completed over a period of 16 weeks, the specified content shall be treated in greater depth.

3. Learning objectives (competences)

The following skills must be acquired or deepened in the subject of Cardiac Surgery during the CPY.

3.1 Competences to be achieved (mandatory)

A) History taking

- 1. Taking a systematic history (symptoms, current complaints, the patient's life situation, her/his understanding of the disease and concerns, social and cultural background and illness experience)
- B) Performance of examination techniques
 - 2. Assessment of vital functions (body temperature, respiration, pulse rate, blood pressure, venous pressure)
 - 3. Assessment of orientation in space and time
 - 4. Examination of peripheral and central arterial pulses, detection of arterial bruits
 - 5. Inspection of shape and mobility of the thorax, testing for pain on percussion and pain on palpation
 - 6. Assessment of respiratory chest expansion by inspection and palpation
 - 7. Palpation of apex beat (heart)
 - 8. Percussion of lungs including respiratory shifting of diaphragm
 - 9. Auscultation of the lungs
 - 10. Auscultation of the heart
 - 11. Assessment of skin and mucous membranes (signs of anemia, cyanosis, jaundice, edema, dehydration)
- C) Performance of routine skills and procedures
 - 12. Peripheral intravenous cannulation
 - 13. Removal of drains
 - 14. Removal of wound sutures
 - 15. Preparation to watch / to assist in operating theatre (scrub-up, gown up, put on sterile gloves, etc.)
 - 16. Handling a central venous catheter
 - 17. Pre-operative positioning and preparation of the field for surgery
 - 18. Taking an electrocardiogram at rest
 - 19. Assessing wounds (including stability of the thorax)
 - 20. Removing pacemaker wires
 - 21. Filling out a requisition for instrumental investigations (lab tests, imaging)
 - 22. Handling external and internal defibrillators
- D) Therapeutic measures
 - 23. Wound closure (e.g. venous graft harvesting site) under medical supervision
 - 24. Stopping hemorrhage (direct pressure, pressure points, pressure bandage, tourniquet)

- 25. Assistance in heart valve surgery
- 26. Assistance in coronary artery bypass grafting
- 27. Dosage, on-going checking and documentation of oral anti-coagulation
- 28. Re-admission of a post-operative patient to the normal ward
- E) Communication with patients/team
 - 29. Counselling patients in relation to lifestyle (diet, physical activity, nutrition, smoking, alcohol, illicit drugs)
 - 30. Giving main information elements necessary to get informed consent
 - 31. Communicating in a multidisciplinary team (including cardiotechnology)
- F) Documentation
 - 32. Elaborating a clinical question and searching for its solution in the literature
 - 33. Writing letters for transfer or discharge of patient

3.2 Optional competences

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

- 1. Harvesting of a vein graft
- 2. Assistance in endoscopic vein graft harvesting
- 3. Echocardiography to exclude pericardial tamponade
- 4. Performance of pleural punctures
- 5. Perioperative metabolic monitoring (blood sugar management)
- 6. Puncture of the subclavian artery

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

4.1 The following aspects can be assessed in the Mini-CEX (Mini-Clinical Evaluation Exercise):

- 1. History taking and clinical investigation on in-patient admission for an operation
- 2. Giving information to a patient for a planned surgical procedure
- 3. Case presentation during ward teaching rounds (information on active status)
- 4. Determination of risk factors for an operation and relevant clarification
- 5. Assessment of perioperative fluid balance and loss of electrolytes and prescription of appropriate replacement
- 6. Assessment of drug side effects and their management
- 7. Determining the indication, dosage and use of oxygen therapy
- 8. Accompanying patient transfer to intensive care ward after operation
- 9. Writing up a medical report on discharge from ward

This list can be expanded accordingly.

4.2 The following skills can be assessed in the DOPS (Direct Observation of Procedural Skills):

- 1. Treating a wound in an out-patient setting or in the operating room
- 2. Performing a sterile dressing change and wound cleaning
- 3. Removal of sutures and clips
- 4. Removing drains
- 5. Performing a suture
- 6. Preparation of a body region for operation (washing and covering)
- 7. Surgical hand disinfection
- 8. Handling a central venous catheter
- 9. Removing a central venous catheter
- 10. Surgical wound closure

This list can be expanded accordingly.