MEDICAL UNIVERSITY OF VIENNA

Training Programme (essential elements)

Clinical Practical Year (CPY)

at Medical University of Vienna, Austria

CPY-Tertial C

Neurology

Valid from academic year 2015/16

Responsible for the content

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

3. Learning objectives (competences)

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

3.1 Competences to be achieved (mandatory)

A) History taking

1. Taking a targeted, hypothesis-directed history
2. History taking and neurological examination with emergency patients
3. Taking a headache history
4. Taking an epilepsy history
5. Taking history from third parties
6. Taking history in patients with special communication needs, e.g. language or speech problems

B) Performance of examination techniques

7. Strength, nutrition, tone (assessment of passive muscle stretch, inspection of muscle bulk, muscle tone, muscle strength and involuntary movements)
8. Fine motor skills, tendon reflexes, pyramidal signs (eliciting peripheral reflexes – triceps, biceps, knee, ankle – and plantar response (Babinski sign))
9. Eliciting complex reflexes: abdominal, anal, masseter, snout, grasp
10. Testing of coordination (finger-to-nose, heel-to-shin, heel-to-toe, diadochokinesis)
11. Assessing mobility and tenderness
12. Inspection of gait (normal, on heels, hopping in one place)
13. Romberg's test, Unterberger's test
14. Recovering of balance after push
15. Assessment of sense of touch and mechanical sense of pain
16. Assessment of sense of temperature, sense of vibration and position sense
17. Assessment of discriminative sensations (e.g.stereognosis)
18. Testing for meningism
19. Testing for cervical and lumbar radicular signs (including Lasegue's sign)
20. Assessment of level of consciousness by means of the Glasgow Coma Scale
21. Assessment of mood and mental status
22. Assessment of memory, MMSE, clock test
23. Assessment of basic and essential activities of daily living
24. Neuro-psychological status
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)
26. Identification and correct response to common neurological symptoms and conditions, e.g. headaches, dizziness, peripheral paralysis and pain, Parkinson's, multiple sclerosis, epilepsy

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)

C) Performance of routine skills and procedures

28. Intravenous injection
29. Urinary catheterization
30. Handling a central venous catheter
31. Taking an electrocardiogram at rest
32. Filling out a requisition for instrumental investigations (lab tests, imaging)
33. Attaching a pulse oximeter and interpreting the results
34. Identification of drug side effects and their management
35. Venepuncture
36. Taking blood
37. Intravenous injection and cannulation

D) Therapeutic measures

38. Participating in the prescription of neurological drug therapy for in-patients
39. Specialist pain therapy
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)
41. Therapeutic procedures in common neurological symptoms and conditions, e.g. headaches, dizziness, peripheral paralysis and pain, Parkinson's, multiple sclerosis, epilepsy

E) Communication with patient/team

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

3.2 Optional competences

In addition to the competences that are mandatory to achieve, further competences from the following list may also be acquired that are possibly only available in some teaching hospitals.

For example:

1. Perioperative management of deep brain stimulation
2. Pre-operative epilepsy diagnosis (video EEG monitoring)

3. Specialist out-patient clinics (e.g. epilepsy clinic, memory impairment and dementia clinic, clinical neurophysiology, neuropsychology, sleep disorder and sleep-associated disorder clinic, stroke prevention and after-care clinic, headache clinic, multiple sclerosis clinic, clinic for neuromuscular conditions, myasthenia clinic, clinic for motor disorders, polyneuropathy clinic, special clinic for dizziness and balance disorders, neurorehabilitation clinic, clinic for botulinum toxin treatments, neuropsychosomatic clinic)
4. Genetic analysis methods

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

4.1 The following aspects can be assessed in the Mini-CEX:

All competences listed as learning objectives can basically be performed and assessed as workplace-based assessments on the patient during the Neurology CPY tertial. Examples:

1. History taking (A 1-6)
2. Neurological status assessments (B7-24)
3. Identification and correct response to acute life-threatening situations, e.g. strokes, craniocerebral traumas, intracranial pressure, intoxication, unconsciousness, epileptic fits (quick diagnosis, emergency measures, first aid)
4. Identification and correct response to common neurological symptoms and conditions, e.g. headaches, dizziness, peripheral paralysis and pain, Parkinson's, multiple sclerosis, epilepsy

The items from C, D and E can also be used.
This list can be expanded accordingly.

4.2 The following skills can be assessed in the DOPS

The following workplace-based assessments can be performed during the Neurology CPY tertial:

1. Intravenous injection
2. Urinary catheterization
3. Handling a central venous catheter
4. Taking an electrocardiogram at rest
5. Attaching a pulse oximeter and interpreting the results
6. Venepuncture
7. Taking blood
8. Intravenous injection and cannulation

This list can be expanded accordingly.