



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

CPY-Tertial C

Paediatric and Adolescent Surgery

Valid from academic year 2015/16

Responsible for the content

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This training programme applies to the subject of "Paediatric and Adolescent Surgery" within CPY tertial C "Electives". If "Paediatric and Adolescent Surgery" are 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 Paediatric and Adolescent Surgery during the CPY.

3.1 Competences to be achieved (mandatory)

A) History taking

1. Taking a systematic history with involvement of parents depending on the age of the child (symptoms, current complaints, the patient's life situation, his/her understanding of the illness and concerns, social and cultural background and illness experience)
2. Taking a targeted, hypothesis-oriented history also depending on the age of the child (infant, small child, school-age child, adolescent)

B) Performance of examination techniques

3. Determining and assessing general condition (habitus and posture, symmetry and mobility of body) and nutritional state as well as the percentile curves (growth, weight)
4. Checking vital functions (body temperature, respiration, pulse rate, blood pressure, venous pressure, recapillarisation time) and familiarisation with the standard physiological values relative to the age of the patient
5. Inspection of the abdomen
6. Auscultation of abdomen (bowel sounds)
7. Palpation of abdomen (abdominal wall, colon, liver, spleen, aorta, abdominal masses)
8. Assessment of the abdomen in the case of acute abdominal pain with emphasis on differential diagnoses depending on the age of the patient
9. Inspection of abdomen including eliciting abdominal tenderness, rebound tenderness and guarding
10. Assessment of skin and mucous membranes (signs of anaemia, cyanosis, jaundice, oedema, dehydration) in infant, small child and school-age child
11. Testing for inguinal hernia by inspection and palpation (also during increased abdominal pressure) of groin/hernial orifices; also provocation tests in children of different ages
12. External inspection and palpation of the (peri)anal region, assessment of the anogenital region in anorectal malformations
13. Inspection and palpation of the penis and scrotum (testes, epididymis, spermatic cord) including transillumination of scrotum in childhood hydrocele, assessment of the penis in congenital malformations (hypospadias, epispadias, etc.)
14. Identification of evidence and signs of child abuse

C) Performance of routine skills and procedures

15. Stopping haemorrhage (direct pressure, pressure points, pressure bandage, tourniquet)
16. Peripheral intravenous cannulation in school-age children and adolescents
17. Venepuncture/drawing blood in school-age children and adolescents
18. Removal of wound sutures
19. Urinary catheterisation in school-age children and adolescents
20. Handling a central venous catheter with or without port system, including Broviac and Hickman catheter
21. Filling out a requisition for instrumental investigations (lab tests, imaging), including contacting and discussing specific questions with Paediatric Radiology
22. Assessment of patients with emergency medical conditions, including identification of life-threatening risks in infants and small children
23. Application of local anaesthesia intraoperatively
24. Basic life support for children

D) Therapeutic measures

25. Working with local, national and international guidelines and protocols
26. Filling in prescription forms including child dosages according to body weight, also selection of suitable application forms

E) Communication with patients/team

27. Elaborating a clinical question and searching for its solution in the literature
28. Working in a multidisciplinary team (Paediatric Surgery, Paediatric Anaesthesia, Paediatric Radiology, Neonatology and Paediatric Intensive Care)
29. Communicating and dealing professionally with children and young people and their relatives with and without mental disabilities
30. Giving main information elements necessary to get informed consent for common childhood operations
31. Summarizing the main points of diagnoses, active problems and management plans of a patient

F) Documentation

32. Recording findings in patient file
33. Retrieving patient-specific information from clinical data system
34. Writing letters for transfer or discharge of patient as well as correct documentation in the mother-child booklet (*Mutter-Kind-Pass*)
35. Coding of diagnoses and accompanying diagnoses

3.2 Optional competences

In addition to the competences that are mandatory to achieve, further competences from relevant surgical disciplines, anaesthesia and intensive care (see individual training plan) may also be acquired.

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

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

1. Taking a medical history and clinical examination on out-patient admission for an operation
2. Symptom-oriented examination and the ordering of further diagnostics in the case of an acute patient
3. Giving information to a patient for a planned surgical procedure/intervention or for an anaesthetic procedure and obtaining consent
4. Case presentation during ward teaching rounds (information on active status)
5. Identification of possible risk factors for surgery/anaesthesia and appropriate clarification
6. Assessment of perioperative fluid balance and loss of electrolytes and prescription of appropriate replacement
7. Evaluation of the perioperative nutritional situation and gastrointestinal function
8. Performance of perioperative patient safety measures (checklist, sign-in/time-out/sign-out)

This list can be expanded accordingly.

4.2 The following skills can be assessed in the DOPS

1. Removal of sutures and clips
2. Removing drains
3. Performing a suture
4. Preparation of a bodily region for operation (washing and covering)
5. Surgical hand disinfection
6. Handling a central venous catheter (CVC, Broviak/Hickman catheter, flow-directed catheter)
7. Removing a central venous catheter
8. Positioning a urinary catheter
9. Positioning a gastric tube in infants

This list can be expanded accordingly.