



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

CPY-Tertial C

Psychiatry

Valid from academic year 2015/16

Responsible for the content

DDr. Daniel König-Castillo

This training programme applies to the subject of "Psychiatry" 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 Psychiatry during the CPY.

3.1 Competences to be achieved (mandatory)

A) History taking

1. Clarifying the patient's expectations and request for the consultation
2. Taking a systematic history (symptoms, current complaints, the patient's life situation, her/his understanding of the illness and concerns, social and cultural background and illness experience)
3. Taking history from third parties
4. Taking a psychiatric history
5. Taking psychoactive/potentially addictive substance history
6. Assessment of mood and mental status
7. Assessment of attention, thought (form and content), perception, affect and psychomotor behaviour
8. Assessment of memory, MMSE, clock test
9. History taking in emergency psychiatric patients
10. Assessing and managing patients suspected of self-harm (excluding suicide)

B) Performance of examination techniques

11. Assessment of general condition (habitus and posture, symmetry and mobility of body) and nutritional state
12. Assessment of vital functions (body temperature, respiration, pulse rate, blood pressure, venous pressure)
13. Assessment of orientation in space and time
14. Assessment of psychopathological status
15. Planning additional examinations/tests for further diagnosis, e.g. psychological test, EEG, lab tests, imaging
16. Diagnosis of suicidal tendencies (constriction)

C) Performance of routine skills and procedures

17. Intravenous injection and cannulation
18. Subcutaneous and intramuscular injections
19. Venepuncture/drawing blood
20. Intravenous injections
21. Taking an electrocardiogram at rest

D) Therapeutic measures

22. Creating a multidisciplinary treatment plan
23. Knowledge of the most important psychotropic drugs, including side-effect profile, interaction profile and indications
24. Knowledge of the most important forms of psychotherapy, including indications
25. Checking drug therapy for drug interactions
26. Identification of drug side effects and their management

E) Communication with patient/team

27. Communicating in a multi-disciplinary team
28. Elaborating a clinical question and searching for its solution in the literature
29. Dealing with and behaving appropriately in the face of aggression
30. Working in a multidisciplinary team
31. 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
32. Checking compliance
33. Telephoning patients and third parties in an ethically correct and professional manner (in accordance with legal requirements)
34. Giving main information elements necessary to get informed consent
35. Explaining to patients and relatives about the diagnosis, risk factors and therapy options
36. Summarizing the main points of diagnoses, active problems and management plans of a patient
37. Clarifying with nursing staff monitoring measures and calling criteria concerning patients
38. Communicating and dealing professionally with geriatric patients
39. Advising and supporting patients (empowerment)
40. Managing psychiatric emergencies and crises

F) Documentation

41. Recording findings in patient file
42. Retrieving patient-specific information from clinical data system
43. Filling out a requisition for instrumental investigations (lab tests, imaging)
44. Written summary, documentation and assessment of medical conditions and writing discharge letters and final reports
45. Checking the coded diagnoses for accuracy
46. Specialty-specific quality assurance and documentation

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

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

1. Taking a focused psychiatric history
2. Exclusion of psychotic phenomena
3. Exploration of addiction behaviour
4. Assessment of psychopathological status
5. Notifying patient of diagnosis
6. Clarification of suicidal tendencies
7. Explaining therapy methods
8. Explaining diagnosis

This list can be expanded accordingly.

4.2 The following skills can be assessed in the DOPS

1. Drawing blood
2. Venepuncture
3. Positioning a permanent cannula
4. Taking an electrocardiogram at rest

This list can be expanded accordingly.