



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

CPY-Tertial C

**Radiotherapy-Radiooncology**

Valid from academic year 2016/17

Responsible for the content

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In collaboration with

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This training programme applies to the subject of "Radiotherapy-Radiooncology" 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)

In his or her previous years of study the student has developed the theoretical background and also practised the relevant skills – at least on a model, in role play or on a simulation patient – and has received feedback. Those skills that students have already acquired for the clinical internship year or medical clerkship competence should be performed on patients during the CPY elective. Some skills will still only be possible to practice in simulation or can only be discussed in terms of their importance and possibly supported with teaching materials. These are specifically stated in the following.

The following skills must be acquired or deepened in the subject of Radiotherapy-Radiooncology during the CPY.

#### 3.1 Competences to be achieved (mandatory)

##### A) History taking

1. Taking an oncology-oriented history, including taking a history from third parties, taking particular account of any oncology therapies performed to date or planned (e.g. surgery, systemic therapy etc.)
2. Lifestyle history
3. Family history
4. Medication history
5. Identifying hazardous behaviour and dangerous lifestyles

##### B) Performance of examination techniques

6. Clinical-physical status
7. ECG
8. Assessment of patients with emergency medical conditions
9. Assessment of basic and instrumental activities of daily living
10. Clinical diagnosis of death (in a teaching situation)

##### C) Performance of routine skills and procedures

11. Issuing a prescription
12. Venepuncture/drawing blood
13. Positioning a permanent peripheral venous cannula
14. Subcutaneous injection
15. Intravenous injection
16. Positioning a gastric tube
17. Urinary catheterization
18. Taking of blood cultures
19. Interpreting an antibiogram/Interpreting urine culture findings
21. Interpreting an ECG

##### D) Therapeutic measures

22. Determining the indication, dosage and implementation of oncological drug therapies

23. Determining the indication, dosage and implementation of oncological supportive therapies
24. Determining the indication, dosage and side effect profile of radiotherapy and its application/management in relation to specific tumour entities and radiation areas
25. Performance of measures in the treatment of pain, palliative and end-of-life care
26. Performance of treatment measures in relation to specific radio-oncological side effects
27. Determining the indication, dosage and use of oxygen therapy
28. Determining the indication, dosage and use of oral anti-coagulation
29. Checking drug therapy for drug interactions
30. Identification of drug side effects and their management
31. Planning radiation therapy, including planning CT and simulation
32. Checking simulation/verification images
33. Indication of special radio-oncological techniques, e.g. total body irradiation, high-precision radiation, image-based radiation
- E) Communication with patient/team
  34. 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
  35. Telephoning patients and third parties in an ethically correct and professional manner (in accordance with legal requirements)
  36. Giving main information elements necessary to get informed consent
  37. Breaking bad news to patients and family (simulated situation)
  38. Summarizing the main points of diagnoses, active problems and management plans of a patient
  39. Clarifying with nursing staff monitoring measures and calling criteria concerning patients
  40. Giving teaching presentations and passing on specialist information, procedures and skills to students and other medical professionals
  41. Identifying ethically problematic situations
  42. Communicating and dealing professionally with geriatric patients
  43. Advising and supporting patients (empowerment)
  44. Managing patients with contradictory investigation results
  45. Conservative management of patients with self-limiting disease
  46. Discussing diagnoses/prognoses with patients
  47. Participating in meetings with relatives
  48. Involvement in discharge management
  49. Participation in specialist meetings, professional development and tumour boards
- F) Documentation
  50. Writing letters for transfer or discharge of patient
  51. Filling in a death certificate and/or requesting a post mortem (simulated situation)

52. Diagnostic coding
53. Working with local/national and international guidelines and protocols
54. Compliance with legal requirements (Austrian Physicians' Act, Hospitals Act etc.)
55. Documentation in patient files/report of distinct medical parameters/history sheet/status sheet
56. Requesting information in hospital information system/AKIM

### **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. Thoracentesis
2. Paracentesis
3. Ultrasound

## **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
2. Clinical-physical status
3. Taking an ECG and evaluation
4. Crossmatching (compatibility testing)
5. Planning the diagnostic process
6. Planning the therapeutic process
7. Clarification of diagnostic and therapeutic measures
8. Case presentation based on the medical files

This list can be expanded accordingly.

### **4.2 The following skills can be assessed in the DOPS**

1. Subcutaneous injection
2. Urinary catheterization
3. Positioning a gastric tube
4. Assessment of parameters recorded during the monitoring of a patient
5. Blood gas analysis
6. Administering a systemic therapy
7. Evaluation of the radiation plan
8. Evaluation of simulation/verification images
9. Volume contouring (target areas, at-risk organs)
10. Evaluation of specific X-ray/CT/MRI images

This list can be expanded accordingly.