

Learning objectives – mandatory

The fulfilled and assessed learning objectives must be marked by the student with an x.

The assessment can be performed by the mentor in three ways: direct observation of the student during performance of a clinical activity (see page ii), CPY task (see page P4-P6), Mini-CEX/DOPS (see page v-vi). At the end of completion of the CPY tertial in the respective department, fulfilment of the learning objectives must be signed off by the mentor.

| Competence | Objectives completed |
|---|-----------------------|
| Taking a medical history | |
| 1. Clarifying the patient's expectations and requests for the consultation | <input type="radio"/> |
| 2. Taking a systematic (targeted, hypothesis oriented) history (symptoms, current complaints, the patient's life situation, her/his understanding of the disease and concerns, social and cultural background and illness experience) | <input type="radio"/> |
| 3. Noting and reacting to non-verbal cues | <input type="radio"/> |
| 4. Family history | <input type="radio"/> |
| 5. Lifestyle history | <input type="radio"/> |
| 6. Identifying hazardous behaviour and dangerous lifestyles | <input type="radio"/> |
| 7. Taking history from third parties | <input type="radio"/> |
| 8. Taking paediatric/adolescent psychiatric history | <input type="radio"/> |
| 9. Taking history in patients with special communication needs, e.g. language or speech problems | <input type="radio"/> |
| 10. Taking psychoactive/potentially addictive substance history | <input type="radio"/> |
| 11. Assessment of mood and mental status | <input type="radio"/> |
| 12. History taking in emergency patients | <input type="radio"/> |
| 13. Taking history in patients with child and adolescent psychiatric conditions (including psychosocial status) | <input type="radio"/> |
| Performance of examination techniques | |
| 14. Assessing and managing patients suspected of self-harm (excluding suicide) | <input type="radio"/> |
| 15. Assessment of general condition (habitus and posture, symmetry and mobility of body) and nutritional state | <input type="radio"/> |
| 16. Assessment of vital functions (body temperature, respiration, pulse rate, blood pressure, venous pressure) | <input type="radio"/> |
| 17. Assessment of orientation in space and time | <input type="radio"/> |
| 18. Assessment of body length, weight, BMI | <input type="radio"/> |
| 19. Basic examination of emergency patients, patients with child and adolescent psychiatric conditions | <input type="radio"/> |
| 20. Assessment of psychopathological status | <input type="radio"/> |
| 21. Diagnosis of suicidal constriction | <input type="radio"/> |
| 22. Assessment of risk to self/others | <input type="radio"/> |

Competence

Objectives completed

Performance of routine skills

- | | |
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| 23. Venepuncture / drawing blood | <input type="radio"/> |
| 24. Routine work in out/in-patient areas | <input type="radio"/> |

Therapeutic measures

- | | |
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| 25. Checking drug therapy for drug interactions | <input type="radio"/> |
| 26. Identification of drug side effects and their management | <input type="radio"/> |
| 27. Managing psychiatric emergencies and crises | <input type="radio"/> |
| 28. Indication for psychotherapy | <input type="radio"/> |
| 29. Indication for psychopharmacotherapy | <input type="radio"/> |
| 30. Creating an overall treatment plan | <input type="radio"/> |

Communication with patient/team

- | | |
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| 31. Elaborating a clinical question and searching for its solution in the literature | <input type="radio"/> |
| 32. Informing colleagues and other professionals on findings and checking understanding | <input type="radio"/> |
| 33. Dealing with and behaving appropriately in the face of aggression | <input type="radio"/> |
| 34. Working in a multidisciplinary team | <input type="radio"/> |
| 35. 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 | <input type="radio"/> |
| 36. Checking compliance | <input type="radio"/> |
| 37. Telephoning patients and third parties in an ethically correct and professional manner (in accordance with legal requirements) | <input type="radio"/> |
| 38. Giving main information elements necessary to get informed consent | <input type="radio"/> |
| 39. Obtaining informed consent | <input type="radio"/> |
| 40. Summarizing the main points of diagnoses, active problems and management plans of a patient | <input type="radio"/> |
| 41. Discussing diagnoses/prognoses with patients | <input type="radio"/> |
| 42. Identifying ethically problematic situations | <input type="radio"/> |
| 43. Communicating and dealing professionally with children and adolescents and their relatives with and without mental disabilities | <input type="radio"/> |

Documentation

- | | |
|---|-----------------------|
| 44. Documentation in patient files | <input type="radio"/> |
| 45. Retrieving patient-specific information from clinical data system | <input type="radio"/> |
| 46. Writing letters for transfer or discharge of patient | <input type="radio"/> |

Verified by mentor

Learning objectives – optional

In addition to the competences that are mandatory to achieve, optional competences from the training programmes may also be acquired.

| Competence as per training programme | Objectives completed |
|--------------------------------------|-----------------------|
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| Verified by mentor | |

