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. 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	○
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	○

Competence

Objectives completed

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)	○
Performance of routine skills	
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	○
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	○

Competence

Objectives completed

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	○
Verified by mentor	

Learning objectives – optional

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

Competence as per training programme	Objectives completed
	○
	○
	○
	○
	○
	○
	○
	○
	○
	○
Verified by mentor	