



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

CPY-Tertial C

Urology

Valid from academic year 2026/27

Responsible for content

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This training programme applies to the subject of Urology within CPY tertial C Electives. If Urology is taken within compulsory CPY tertial B Surgery and Perioperative Disciplines, the learning objectives listed in this training programme under section 3 may be added as optional learning objectives in the logbook for 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 completed over a period of 16 weeks, the specified content shall be covered in greater depth.



General Objectives of the Clinical Practical Year

Key elements of training in the Clinical Practical Year are:

1. The CPY takes place in the 6th year of study and comprises 48 weeks.
2. The CPY serves to acquire and further develop the competences listed in the Austrian competency level catalogue for medical skills and in accordance with European requirements for basic medical training.
3. The application and consolidation of acquired knowledge in the clinical learning environment must take place on a clinical ward, in an outpatient clinic, or in a teaching practice in general medicine, with patients and under supervision. An exception applies to elective subjects in non-clinical specialist areas, provided these are designated as elective options within the CPY.
4. The focus is on self-directed learning through real tasks in routine clinical practice.
5. The emphasis is on patient care under supervision and guidance. A purely observational role, such as passive attendance at ward rounds or tumour boards, is not sufficient.
6. Active participation in clinical practice, for example patient presentations by students, participation in educational events, ward rounds, and tumour boards, is an essential component of training. Independent deepening of knowledge regarding the problems encountered should also be practised in the spirit of lifelong learning.
7. Training in clinically problem-oriented scientific reasoning and evidence-based medical decision-making in patient care.
8. Integration into the treatment team and assumption of tasks appropriate to the level of training. Students are trainees and are involved in clinical activities to the extent necessary to achieve the educational objectives. It must be ensured that the Clinical Practical Year, as part of the medical curriculum, provides the required breadth of clinical training.
9. Development of professional conduct towards patients and their relatives, as well as towards members of other professional groups and public institutions.
10. Promotion of personal initiative and responsibility for one's own education and continuing professional development.

Subject-specific Information

1. Objectives of Urology within the Clinical Practical Year

In CPY tertial C Urology, students should deepen their previously acquired knowledge, skills, and professional attitudes in the discipline of urology in accordance with the Austrian competency level catalogue, consolidate their clinically problem-oriented reasoning and medical practice, and gain experience in clinical patient care.

The objectives of the tertial are the elicitation of clinical findings, the formulation of diagnoses and differential diagnoses, and the acquisition of practical knowledge of current treatment concepts for urologically relevant diseases and perioperative situations. Further objectives are the acquisition of specific examination techniques and basic urological skills, the confident management of common urological presentations and emergencies, confident communication within the medical team and with patients and relatives, and the structured discussion of diagnostic and therapeutic decisions.

By the end of the CPY tertial, students should be able to formulate a urological diagnosis or differential diagnosis on the basis of history taking, physical examination, and interpretation of available findings, and to discuss a management plan under supervision. They should develop a clear awareness of acute situations requiring immediate clinical action. In addition, they should reliably master basic urological skills, perioperative measures, and fundamental principles of perioperative management.

Students should also gain insight into diagnostic and therapeutic procedures in urology. This includes, in particular, urological ultrasonography, endoscopic procedures, uro-oncological care pathways including interdisciplinary tumour boards, and conservative, interventional, and surgical treatment approaches, including minimally invasive and robot-assisted surgery.

2. Clinical Areas of Activity

The clinical areas of activity include work on the ward, in the outpatient clinic, and in the operating theatre. These activities include, in particular, history taking and initial clinical assessment, blood sampling, dressing changes, removal of drains and sutures, preoperative preparation of patients, assisting in surgical procedures, examination and co-management of outpatients, assistance with endoscopic procedures and prostate biopsies, participation in ultrasound examinations, and attendance at specialist clinics, radiological case discussions, tumour boards, grand rounds, didactic lectures, and educational events.

The content listed here should be taken into account particularly in Mini-CEX, DOPS, and CPY assignments and serves as a recommendation, orientation, and explanation for the design of the CPY tertial.

Areas/problem fields, examples:

- Urinary tract infections, including cystitis, pyelonephritis, and prostatitis
- Urological oncology of the kidney, bladder, prostate, testis, and penis
- Urolithiasis and renal colic
- Urinary retention and obstructive uropathy
- LUTS, urinary incontinence, and neurourological disorders
- Gross haematuria and clot retention
- Urological emergencies, in particular urosepsis, paraphimosis, priapism, infected obstructed kidney, and Fournier gangrene
- Testicular torsion and the differential diagnosis of the acute scrotum
- Andrological disorders
- Urogenital trauma

3. Learning objectives (competences)

The following skills must be acquired or further developed during the CPY in urology.

3.1 Competences to be achieved (mandatory)

A) History taking

1. Taking a systematic history
2. Taking a targeted, hypothesis-oriented history
3. Taking a specific urological history, in particular a voiding history, pain history, stone history, and sexual history
4. Identifying possible risk factors for surgery or anaesthesia
5. Taking a relevant medication history, in particular with regard to anticoagulation
6. Taking a family history with regard to urological malignancies
7. Taking a history in patients with special communication needs
8. Formulating a clinical question and performing a targeted literature search to answer it

B) Performance of examination techniques

9. Assessing vital signs
10. Assessing the skin and mucous membranes, in particular signs of anaemia, cyanosis, jaundice, oedema, and hydration status
11. Performing a symptom-oriented examination in acutely ill patients and participating in further diagnostic work-up
12. Examining the abdomen, including tenderness, guarding, rebound tenderness, and costovertebral angle tenderness

13. Performing a digital rectal examination in the male patient
 14. Inspecting and palpating the penis and scrotum, including the testes, epididymis, and spermatic cord
 15. Assessing and discussing radiological findings in the clinical context
 16. Assessing perioperative fluid balance
 17. Assessing the perioperative nutritional status
 18. Identifying wound-healing disorders
 19. Identifying postoperative bleeding and complications
 20. Participating in the work-up of suspected deep vein thrombosis or pulmonary embolism
 21. Assessing voiding behaviour on the basis of simple clinical parameters and a voiding diary
 22. Assessing common urological laboratory and follow-up parameters in the clinical context, in particular urinalysis and renal function parameters
- C) Performance of routine skills and procedures
23. Venepuncture and blood sampling
 24. Placement of a peripheral intravenous cannula
 25. Administration of an intravenous injection under supervision
 26. Insertion of a transurethral urinary catheter in male and female patients under supervision
 27. Instructing patients in the collection of a midstream urine sample
 28. Handling a central venous catheter
 29. Preoperative preparation of the operative field for minor surgical procedures, observing asepsis and antisepsis
 30. Performing and interpreting a urine dipstick test
 31. Recording a resting ECG
 32. Applying appropriate hand hygiene measures in the workplace
 33. Preparing for the operating theatre, including surgical hand disinfection and donning sterile gloves
 34. Cleaning a wound
 35. Applying a dressing
 36. Performing a sterile dressing change
 37. Removal of sutures
 38. Correct removal of drains
 39. Correct removal of a central venous catheter
 40. Participation in perioperative thromboprophylaxis
- D) Therapeutic measures
41. Wound care in the outpatient setting or in the operating theatre under supervision
 42. Participation in measures for secondary wound healing, for example vacuum-assisted wound therapy
 43. Participation in the treatment of wound-healing disorders

44. Participation in the management of postoperative bleeding
45. Participation in the management of suspected deep vein thrombosis or pulmonary embolism
46. Participation in pain management
47. Performing a skin suture or applying skin staples under supervision
48. Incision and drainage of an infected surgical wound under supervision
- E) Communication with patients/team
 49. Communicating with severely ill patients
 50. Communicating within a multidisciplinary team
 51. Presenting patients during ward rounds
 52. Requesting an instrumental investigation or specialist consultation with a structured clinical question
 53. Informing colleagues and healthcare professionals and ensuring shared understanding
 54. Participating in the informed consent process for planned procedures, endoscopies, interventions, or anaesthetic procedures
 55. Summarising the key diagnoses, current problems, and management plan of a patient
 56. Formulating clear instructions to nursing staff regarding monitoring measures and escalation criteria
- F) Documentation
 57. Recording findings in the patient chart
 58. Correct prescribing and documentation of treatment orders under supervision
 59. Writing a structured request for an instrumental investigation
 60. Writing a discharge summary under supervision
 61. Writing a daily progress note on clinical status and course
 62. Retrieving information from the hospital information system

3.2 Optional competences

In addition to the mandatory competences, further competences from the list below, as well as from the relevant surgical disciplines, anaesthesiology, and intensive care medicine, may be acquired on an optional basis.

1. Identifying deep wound-healing disorders
2. Using validated questionnaires for the assessment of voiding symptoms
3. Interpreting basic PSA findings in the clinical context
4. Administering local infiltration anaesthesia under supervision
5. Participating in basic ultrasonography of the kidney, bladder, testis, and prostate
6. Participating in uroflowmetry and post-void residual measurement
7. Assisting in cystoscopy
8. Assisting in prostate biopsy

9. Gaining insight into urodynamic investigations
10. Attending specialist clinics, in particular uro-oncology, andrology, stone clinic, continence clinic, and prostate imaging
11. Assisting in minimally invasive and robot-assisted procedures
12. Assessment and initial management of common urological emergencies under supervision
13. Managing simple catheter problems and clot retention under supervision

4. Information on Assessment and Ongoing Evaluation

4.1 The following scenarios may be assessed in the Mini-CEX

1. History taking and clinical examination on inpatient admission for an operation
2. Symptom-oriented examination and participation in further diagnostic work-up in an acutely ill patient
3. Participation in the informed consent process for a planned surgical procedure, endoscopy, intervention, or anaesthetic procedure
4. Presentation of a patient during ward rounds
5. Identification of possible risk factors for surgery or anaesthesia and appropriate work-up
6. Assessment of perioperative fluid balance and discussion of appropriate measures
7. Assessment of the perioperative nutritional status
8. Assessment of a patient with urological symptoms using simple clinical parameters, a voiding history, and a voiding diary
9. Communication with patients and relatives in a clinical conversation
10. Formulating a structured clinical question when requesting an instrumental investigation or specialist consultation

This list may be expanded as appropriate to the clinical setting.

4.2 The following skills may be assessed in the DOPS

1. Removal of skin sutures and skin staples
2. Removal of drains
3. Performing a skin suture
4. Preparation of a body region for surgery
5. Performing surgical hand disinfection
6. Handling a central venous catheter
7. Removal of a central venous catheter
8. Insertion of a transurethral urinary catheter
9. Performing and interpreting a urine dipstick test
10. Participation in a basic ultrasound examination

11. Assisting in cystoscopy

This list may be expanded as appropriate to the clinical setting.

5. Discipline-specific Explanations Regarding CPY Assignments

The learning objectives are intended to reflect activities and skills from routine clinical practice that every physician involved in patient care at this department should be able to master, regardless of later subspecialisation. These include focused history taking, including the assessment of perioperative risk factors, physical examination, basic urological skills, and communication with patients, relatives, and colleagues.

In addition, CPY students should understand and learn to apply the diagnostic and therapeutic methods of urology. The central theme of the assignments is active engagement with patients, both directly and through review of their findings, with emphasis on understanding the clinical context and course of treatment and on the ability to present these coherently.

6. Discipline-specific Explanations Regarding Reflection in the Midterm and Final Evaluation

Reflection and the final appraisal are conducted with consideration of the learning objectives and the logbook or portfolio of the CPY students by the physicians responsible for supervision and training. A physician should be assigned as mentor for each student, with a deputy if necessary. The mentor is responsible for achievement of the training objectives and for providing regular feedback to the student.

Within the framework of training, achievement of the learning objectives is assessed by Mini-CEX, DOPS, and the portfolio. Documentation of attendance at educational events, fulfilment of optional learning objectives, and midterm and final appraisals complement the record of learning progress.

6. Literature

Medical University of Vienna

- [MedUni Wien StudyGuide](#) – Lecture slides and scripts from Block 15 and Block 25

Textbooks

- [Online Textbook of Urology](#) – An easily accessible German-language resource for accompanying self-study
- **Urologie** (6th ed.). Hautmann R, Gschwend JE (eds.); Springer, 2023. ISBN 978-3-662-65648-6 – Standard German-language textbook for medical students and residents.
- **Hinman's Atlas of Urologic Surgery** (4th ed.). Hinman JW, Hinman F Jr; Elsevier, 2018. ISBN 978-0323936118 – Standard reference for surgical techniques with detailed step-by-step illustrations.
- **Campbell-Walsh-Wein Urology** (12th ed.). Partin AW, Dmochowski RR, Kavoussi LR, Peters CA (eds.); Elsevier, 2021. ISBN 978-0323546423 – Comprehensive English-language reference for in-depth study.

Guidelines

- [EAU Guidelines](#) – Central European guidelines for evidence-based diagnosis and treatment.
- [S3 Guidelines \(DGU\) / AWMF Guideline Registry](#) – German-language S3 guidelines and additional national guidelines

E-Learning & Multimedia

- [AUA Medical Student Curriculum](#) – Official AUA curriculum with freely accessible modules on core urological topics.
- [AUA Medical Student Resources](#) – Supplementary official learning resources for medical students.
- [GeSRU Steps](#) – Teaching videos by the German Society of Residents in Urology with a practical and surgical focus.
- **AUA Inside Tract Podcast** (available on Spotify and Apple Podcasts) – Official AUA podcast with discussions on current urological topics.