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

CPY-Tertial C

Plastic and Reconstructive Surgery

Valid from academic year 2016/17

Responsible for the content
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This training programme applies to the subject of "Plastic and Reconstructive Surgery" 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 "Plastic and Reconstructive Surgery" during the CPY.

3.1 Competences to be achieved (mandatory)

A) History taking
   1. Clarifying the patient’s expectations and requests for the consultation
   2. Taking a systematic history (symptoms, current complaints, the patient’s life situation, his/her understanding of the illness and concerns, social and cultural background and illness experience)
   3. Taking a targeted, hypothesis-directed history
   4. Taking history in patients with special communication needs, e.g. language or speech problems
   5. Communicating in a multi-disciplinary team

B) Performance of examination techniques
   6. Assessing depth of burn injuries and extent of skin damage
   7. Diagnosis of nerve compression of N. medianus and N. ulnaris
   8. Assessment of hand status
   9. Assessment of ulcera cruris and decubitus ulcers
   10. Assessment of skin tumour (benign and malignant)
   11. Assessment of scars

C) Performance of routine skills and procedures
   12. Assessment and initial care of external injuries (wounds, bleeding, burns, sprains, dislocations, fractures)
   13. Pre-operative preparation of operative field for minor surgery, asepsis and antisepsis
   14. Wound cleaning
   15. Applying a dressing (head dressing, hand dressing, plaster splint etc.)
   16. Subcutaneous and intramuscular injections
   17. Removal of wound sutures

D) Therapeutic measures
   18. Stitching of skin incisions and lacerations
   19. Application of local anaesthesia
   20. Application and changing of a VAC dressing
   21. Performance of minor surgery, e.g. lipoma extirpation, nevus excision, atheroma extirpation

E) Communication with patient/team
   22. Identification of evidence and signs of child abuse
   23. Giving main information elements necessary to get informed consent
   24. Participation in interdisciplinary conference on vascular malformations
   25. Participation in specialist consultation for breast reconstruction
F) Documentation
   26. Filling out a requisition for instrumental investigations (lab tests, imaging)
   27. Diagnostic coding
   28. Writing letters for transfer or discharge of patient
   29. Clarifying with nursing staff monitoring measures and calling criteria concerning patients

3.2 Optional competences

In addition to the competences that are mandatory to achieve, further competences from the following list may also be acquired.

For example:
   1. Involvement in the care of severe burn injury patients on intensive care ward
   2. Treatment planning and managing a patient with brachial plexus lesion

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

4.1 The following aspects can be assessed in the Mini-CEX:
   1. Assessing depth of burn injuries and extent of skin damage in burn injury patient
   2. Assessment of hand status
   3. Assessment and treatment options for a scar
   4. Assessment and treatment options for decubital ulcer
   5. Diagnosis and treatment of an ulcus cruris
   6. Diagnosis and treatment of basal cell carcinoma
   7. Diagnosis and treatment of nerve compression syndrome of the upper extremity
   8. Procedure with post-bariatric patients

This list can be expanded accordingly.

4.2 The following skills can be assessed in the DOPS

   1. Removal of split skin and skin meshes
   2. Performing a skin suture (single button suture, vertical mattress suture, continuous intracutaneous suture), performing subcutaneous sutures
   3. Application of a VAC system
   4. Application of a wound dressing and a splint to immobilise the hand

This list can be expanded accordingly.