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

CPY-Tertial C

General Practice/Family Medicine

Valid from academic year 2018/19

Responsible for the content
Assoc.-Prof. Priv.-Doz. Dr.med.univ. Kathryn Hoffmann, MPH

This training programme applies to the subject of "General Practice/Family Medicine" 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 shall be acquired or deepened in the field of General Practice/Family Medicine during the CPY.

### 3.1 Competences to be achieved (mandatory)

**A) History taking**

1. Clarifying the patient’s expectations for the consultation
2. Taking history (including from third persons) to assess psycho-social, economic and hygienic situation, including risk factors for falls
3. Taking a social, family, occupational, medication, lifestyle, travel and illicit drug history and identification of problem areas
4. Drug history with consideration of side effects and drug interactions

**B) Performance of examination techniques**

5. Clinical-physical status (including rectal examination)
6. Inspection, palpation, auscultation and percussion of all body regions
7. Assessment of basic and essential activities of daily living
8. Assessing the general state of health (e.g. dehydration, malnutrition, frailty, ...)
9. Consideration and identification of “potentially dangerous conditions” (“red flags”)
10. Ascertainment/assessment of cognitive functions (MMSE/Mini-Cog)
11. Ascertainment/assessment of function of joints and spinal column using appropriate clinical-physical tests
12. Testing and assessing radicular symptoms
13. Measurement of blood pressure
14. Taking and describing an electrocardiogram at rest
15. Otoscopy and description of the findings
16. Testing for meningeal irritation
17. Reflex status
18. Consideration and identification of functional complaints/somatisation

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

19. Development of diagnostic pathways, early diagnosis, differential diagnoses taking into account epidemiology, appropriateness and economics as well as prioritization of medical conditions in multiple pathology
20. Filling in prescription forms and using the “Box System” (in Austria) or respective regulations
21. Reading a urine strip test
22. Taking a throat swab
23. Ear irrigation
24. Using and giving instructions to use metered dose inhalers, spacers and nebulizers
25. Intramuscular/subcutaneous/intravenous injections
26. Venipuncture / blood sampling from the vein
27. Quick tests (point of care tests; blood sugar, CRP, troponin, blood clotting etc.), interpretation of the result (also with regard to the sensitivity and specificity of the test)

28. Home visits

29. Coordination of medical care within the primary care-level (e.g., physiotherapy, occupational therapy, psychotherapy, home nursing, psychosocial services, social work) and the secondary care level (other medical specialists, intra- and extramural), preparation of referrals, assignments, and admissions

30. Recognition of possible sources of error / critical events in the medical care and their prevention

D) Therapeutic measures

31. Creating and justifying therapy suggestions considering adequacy and economy

32. Applying national and international EBM guidelines / protocols, as well as a simultaneously critical reflection of them regarding the individual patient, if necessary deviation from them because of multimorbidity, polypharmacy

33. Watchful waiting

34. Restrained approach in the care of patients with self-limiting diseases

35. Checking and managing drug therapy (interactions, side effects and over-treatment, medicalization)

36. Supporting patients in disease management programmes

37. Dosage, follow-up and documentation of oral anti-coagulation

E) Communication with patient/team

38. 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

39. Checking and verification of adherence

40. Advising and supporting patients (empowerment), e.g. in terms of therapy (e.g., mode of administration) and lifestyle (e.g., diet, physical activity, dietary restrictions, smoking, alcohol, illegal drugs), scheduling of control appointments

41. Summarize the most important points concerning the diagnoses, prognoses, current problems and the planned therapy

42. Communicating and professionally dealing with special patient groups, e.g. geriatric patients, children and adolescents and their relatives, persons with mental or physical (e.g. deafness) impairment

43. Managing patients with contradictory results from investigations

44. Management of patients with multiple conditions

45. Recognize ethically problematic situations

46. Clear and respectful communication with all team members of the primary care practice
F) Documentation

47. Compliance with given legal requirements (e.g. Hospitals Act, Insurance Act, Health Insurance Company Framework Agreement)
48. Compliance with health insurance company requirements
49. Documentation in patient files on PC
50. Coding using ICPC-2

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. Assessment of lung function
2. Assessing and managing patients suspect of self-harming (excluding suicide)
3. Assessment of patients with medical emergencies and after trauma
4. Identification of strengths and weaknesses in the organisation of a doctor’s office (quality assurance)
5. Reviewing key data of a health system and comparison with practice population (“file review”)
6. Management of substance dependence and substitution programme
7. Critical reflection on the subject of primary healthcare in Austria and internationally (health systems, ICPC-2 coding, forms of medical practices and their organisation, remuneration, access rules etc.)
8. Advice on contraception, including emergency contraception
9. Use and explanation of Port-a-Cath, PEG tube, stomata etc.
10. Performing a Hemoccult test and describing the results
11. Performing injections, vaccinations, punctures, infusions and infiltrations
12. Examining healthy individuals/health checks /driver’s licence/Mother-and-Child Pass examinations
13. Spirometry
14. Doppler US
15. Suture removal
16. Dressing/bandage change
17. Application of eye drops
18. Assessment of dental status
19. Management of acute and chronic wounds
20. Removal of extraneous matters
21. Fitting a transurethral catheter
22. General neurological diagnostics (radicular/pseudo-radicular, central/peripheral lesion etc.)
23. Taking a rough psychiatric history
24. General psychiatric diagnostics (bipolar disorders, psychosis, suicidal tendencies etc.)
25. Attaching a pulse oximeter and interpreting the results
26. Create a community-diagnosis
27. Transfer bad news to patients and their relatives (simulated situation)
28. Management of questions from patients (complementary medicine, nutritional supplements, trace elements, vitamins, living will, special outpatient clinics, screening, ...)
29. Assessment of patients' strengths and weaknesses and consideration in the context of therapeutic recommendations
30. Regular review of one's own competence and limitations
31. Respecting the decisions of patients

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

4.1 The following aspects can be assessed in the Mini-CEX:

1. Taking a history
2. Performance of a targeted, comprehensive physical examination
3. Assessment of basic and instrumental activities of daily living
4. Consideration and identification of “potential dangerous conditions” (“red flags”)
5. Consideration and identification of functional complaints/somatisation
6. Home visits
7. Application of “watchful waiting” approach
8. Counselling patients in relation to lifestyle (diet, physical activity, nutrition, smoking, alcohol, illicit drugs)
9. Management of patients with multiple conditions

This list can be expanded accordingly.

4.2 The following skills can be assessed in the DOPS

1. Issuing a patient referral/admission form, prescription, medical aid/appliance form
2. Documentation (SOAP scheme )
3. Assessment of function of joints and spinal column
4. Taking and describing an electrocardiogram at rest
5. Otoscopy and description of the findings
6. Documentation in patient files on PC
7. Coding using ICPC-2

This list can be expanded accordingly.
5. **Subject-specific details regarding the CPY tasks**

In accordance with the training concept for the Clinical Practical Year, students should be prepared for life-long, self-directed learning by the performance of pre-defined tasks in daily clinical practice (task-based learning). The learning objectives should reflect the most common activities in the clinical routine of general practice / family medicine, which every physician should be able to master in patient care, regardless of later specializations. Points are to be acquired from two separate areas: (A) By the performance of active tasks, e.g. case presentation etc. and (B) by participation in structured training and professional development events that go further than routine events, e.g. intern training, Journal Club, etc.

All performed tasks and all confirmations of participation in training and professional development events are to be documented by the student in their portfolio and signed by the mentor/training practice supervisor.

A specific number (see below) of tasks from areas A and B are to be performed.

<table>
<thead>
<tr>
<th>(A) Active tasks – mandatory component</th>
<th>Points</th>
<th>8 week period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case presentation/case review (short) – comparable to other tertials</td>
<td>3</td>
<td>4x</td>
</tr>
<tr>
<td>Case presentation/case review (in detail) – comparable to other tertials (assessment by general practitioner, as per instructions in Annex)</td>
<td>7</td>
<td>2x</td>
</tr>
<tr>
<td>Preparation of a specific report request / referral to clarify a suspected diagnosis, including differential diagnoses (laboratory, imaging, etc.)</td>
<td>2</td>
<td>3x</td>
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<tr>
<td>Prepare recipe or therapy proposal</td>
<td>2</td>
<td>3x</td>
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<tr>
<td>State of the Art presentation on pathogenesis, diagnosis, therapy, prevention, etc. of diseases based on specific patients (20 min)</td>
<td>8</td>
<td>1x</td>
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</table>

<table>
<thead>
<tr>
<th>A) Active tasks – mandatory elective component</th>
<th>Points</th>
<th>8 week period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case presentation/case review (short)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case presentation/case review (in detail), (assessment as per instructions in Annex)</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Preparation of a request for specific tests in order to clarify a suspected diagnosis, including differential diagnosis (laboratory, imaging etc.)</td>
<td>2</td>
<td>2x</td>
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<tr>
<td>Prepare recipe or therapy proposal</td>
<td>2</td>
<td>Points</td>
</tr>
<tr>
<td>State of the Art presentation on pathogenesis, diagnosis, therapy, prevention, etc. of diseases based on specific patients (20 min)</td>
<td></td>
<td>8</td>
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<tr>
<td>Filling in of a death certificate</td>
<td>2</td>
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<tr>
<td><strong>(B) Attendance at training and professional development events – mandatory component</strong></td>
<td>8 week period</td>
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<tr>
<td>CPD/CME- training / residency training activities/ regional medical meetings/ quality circles</td>
<td>2x</td>
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<tr>
<td>Moodle-Seminar of the Department of General Practice / Family medicine</td>
<td>1x</td>
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<thead>
<tr>
<th><strong>(B) Attendance at training and professional development events – mandatory elective component</strong></th>
<th>Points</th>
<th>8 week period</th>
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<tbody>
<tr>
<td>CPD/CME- training / residency training activities/ regional medical meetings/ quality circles</td>
<td>2</td>
<td>Elective events amounting to at least 4 points from at least 2 categories</td>
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<tr>
<td>External training and professional development events per ½ day (conferences, etc.)</td>
<td>3</td>
<td></td>
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<tr>
<td>Training course attendance per ½ day (ECG course, ultrasound, suture course, burnout prevention etc.)</td>
<td>3</td>
<td></td>
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<tr>
<td>Non-live events (e.g. Webinars) regarding General Practice / Family medicine</td>
<td>1</td>
<td></td>
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</table>
**Task instructions: Case presentation/case review** (insert in portfolio)

Name (student): ____________________________________________

Patient (initials): _______  Age: _______

Date: _______________________

Reason for consultation/result after consultation: _______________________________________________________

1. The aspects of the patient consultation listed below were followed/fulfilled by the student in his/her presentation; please assess with YES / NO or Incomplete:

<table>
<thead>
<tr>
<th>Reason for consultation:</th>
<th>Not relevant</th>
<th>YES</th>
<th>NO</th>
<th>Incomplete</th>
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</thead>
<tbody>
<tr>
<td>Start/triggering of symptoms:</td>
<td></td>
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<td>Localisation and spread:</td>
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<td>Quality, intensity, influences (e.g. pain):</td>
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<tr>
<td>Psycho-social factors:</td>
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<tr>
<td>History of the problem:</td>
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<tr>
<td>Previous measures:</td>
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<tr>
<td>Other history details:</td>
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<tr>
<td>Physical examination/status:</td>
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<tr>
<td>Differential diagnostic considerations:</td>
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<tr>
<td>Summary/result after consultation:</td>
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<tr>
<td>Recommendation for diagnostic measures:</td>
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</tbody>
</table>

**Patient:** Feels understood

2. Recommended measures for further diagnostic steps were:

- Thoughtful and justified
- Problem and/or solution-oriented
- Realistic, cost-effective
- Ordered for usefulness/suitability

3. Recommended measures for treatment/for further measures were:

- Thoughtful and justified
- Problem and solution-oriented
- Realistic, cost-effective
- Ordered for usefulness/suitability

4. The presentation of the patient was:

- Medically clear
- Structured and organised
- Comprehensible in terms of language used

5. Professionalism: The student

- Respects the ideas and wishes of the patient
- Understands conflicts between personal or medical priorities and the priorities of the patient
- Is sensitive to cultural, ethnic and gender-specific differences
- Responds to constructive criticism

4. Comments: