

Training Curriculum - General Information

Goals of the YCP

During the YCP students should learn as part of a team under supervision to cope with clinical daily routine and patient-oriented care by dealing with real life tasks. Medical skills should be attained theoretically as well as practically, and students should be capable at the end of the YCP to begin their professional career in specialist training.

With attaining approbation in General Medicine students should be capable of starting postgraduate specialization as well as putting academic knowledge, skills, medical professional attitude and experiences in the field of General Medicine directly into practice – thus also constituting the foundation of postgraduate training in General Medicine.

Knowledge in General Medicine is of great importance to all future colleagues, no matter which medical discipline they might be aiming at, as it promotes mutual understanding and supports interdisciplinary communication on behalf of our patients.

Subject-specific general objectives of the YCP

Students should gain experience through active participation in daily routine at a general medical training practice under supervision of a mentor:

- **Empathy:** ... exercise basic acute and long term care of unselected patients with physical, mental, or socially induced health problems, as well as essential areas of primary and secondary prevention, health education and rehabilitation.
- **Patient-doctor relationship:** ... pay tribute to patients' disease concepts, their individual environment and history.
- **Somato-psycho-social competency:** ... recognize the long-term patient-doctor relationship as the foundation of a patient care based on broad competency and continuity of care.
- **Individual:** ... experience coordinating and integrating function, specific referral to medical specialists, coordination of various levels of care, integration and evaluation of medical findings and diagnoses as well as their documentation, and above that, to mediate patients' help and care in their individual environment.

General skills taken from the skills catalogue to be trained in the discipline of General Medicine:

Besides imparting knowledge and skills across all fields covered in the YCP and the previous semesters, the YCP offers the opportunity of putting the knowledge acquired into practice through direct patient contact. These skills can only be attained by actively exercising clinical procedures.

The immanent assessment of the General Medical part of the YCP is based on the following general medical competencies considered to be essential and needed to be trained:

- **Communication - medical history**
 - patient history, third-party history, social history, work history, mental background
 - recognizing and overcoming obstacles of communication
 - active communication with patients, patients family, the team, colleagues via phone/mail, information and advice
 - dealing with emotions
 - reflection of competency

- **Ability of knowledge integration – adequately fitted to the individual patient**
- **Adequate test ordering and examinations**
- **Establishing diagnostic pathways and therapeutic options in consideration of adequacy and economic feasibility**
- **Representing patients interests within the practice setting as well as externally**
- **Exercise interface management concerning common reasons for attendance/health problems under consideration of necessity, adequacy, multiple drug use, multimorbidity, drug interaction, economic feasibility and consequential costs, on behalf of the patients**
- **Identification of dangerous disease progress**
- **Ability to deal with nine common reasons for attendance in General Medicine:**
 - infections/inflammation
 - pain
 - diabetes, metabolic syndrome
 - nicotine drug dependency, alcohol dependence and other drug dependencies
 - hypertension
 - vascular disease
 - oncological patients
 - palliative care
 - mental health problems
- **decision criteria for sick leave**

Subject-specific skills to be attained:

Students should:

- **accomplish taking as well as analyzing medical histories under circumstances specific of a general medical practice by:**
 - active listening
 - establishing a verbal as well as non-verbal confiding relationship/level of communication responding to patients' issues
 - clarifying patients' expectations
 - ensuring mutual understanding
 - identifying the relevance of the patient's symptoms to him/her
 - acknowledging burdens and coping mechanisms
 - addressing unanswered questions
 - implying patient involvement, i.e. shared responsibility
- **be able to demonstrate a professional attitude towards the patient based on empathy, acceptance, appreciation, as well as resource-orientation**
- **take account of medical confidentiality when interacting with the patient's family, care-takers, health insurance funds, as well as employers**
- **perform systematic physical examinations (inspection, palpation, percussion, auscultation, vital signs) independently and problem-oriented**

- **carry out diagnostic procedures on the patient:**
 - blood pressure measurement
 - indication of lab tests and imaging
 - taking blood samples
 - recording and analysing ECG's
 - determining and interpreting blood sugar levels
 - urine sample analysis (dipstick)
 - explaining faecal occult blood tests as well as describing results/consequences
- **carry out therapeutic procedures on the patient:**
 - administering s.c, i.m. as well as i.v injections, infusions, infiltrations
 - vaccinations following exclusion of current infection/education
 - applying and removing dressings
 - wound treatment, taking out stitches
- **accept to comply with the requirements of patient contact with according adequacy:**
 - well-balanced physical examination
 - adequate diagnostic means
 - swift identification of avertable dangerous disease progress
 - considerate diagnosis-making + differential diagnoses
 - establishment of a treatment plan under consideration of multiple drug use, multimorbidity, and drug interaction
 - coordinate disease management of common diseases
- **give medical advice regarding risk factors, life style modification, prevention of dependence etc.**
- **acquire skills in primary and secondary prevention, as well as health education**
- **learn to balance a wait-and-see attitude with the prevention of dangerous disease progress**
- **get involved in interface management of General Medicine**
- **recognize limitations and experience competencies**
- **acknowledge the necessity of life-long continuing education**

Weekly schedule

50–70 %	work-based learning = patient-based learning, guided, continuous care of 4–6 patients, patient management from admission to discharge incl. discharge letter and documentation - or outpatient clinic and/or operation
20–30 %	structured tuition = attending meetings, skills courses, meet the expert, case-oriented learning, critical appraisal, lectures, talks and seminars. MUI: regular activities 1 afternoon/week
Ca. 5 %	contact time with mentor = supervision (personal portfolio, assessment etc)
Bis zu 10 %	self-study (literature study, e-learning etc.)

Weekly schedule assuming full-time surgery hours from Monday to Friday, adjusted to reduced hours. Work time should comprise approx. 40 hours/week.

Institut für Allgemeinmedizin, Universität Frankfurt: www.allgemeinmedizin.uni-frankfurt.de

Time	Monday	Tuesday	Wednesday	Thursday	Friday
	morning meeting (mm)	mm	mm	mm	mm
	lab	lab	labor	lab	lab
	perform preventive medical checkups, discuss findings and results, advise on further investigations, life style modification, arrange checkups	idem	idem	idem	idem
	selected patient contacts, phone calls, results management	idem	idem	idem	idem
lunch break					
	unselected patient contacts	idem		idem	idem
	tutorial			tutorial	
					4th week: case presentation (PPP) with consecutive supervision – final review
	patient visits	idem		idem	idem

Handling of times absent: CUCO decide

Following activities are compulsory: Preliminary seminar GM during semesters 9 + 10

Information concerning performance appraisal

Immanent assessment and final review

Immanent assessment occurs over the whole period of four weeks.

The final review is conducted by the mentor. It comprises a case presentation (preferably PPP) depicting the case history and patient management (diagnostic and therapeutic pathway – including stating reasons) of a patient attended by the student him-/herself, as well the further procedure. Furthermore the final review includes an evaluation of the whole period of four weeks. This will not be assessed but is incorporated in the immanent assessment.

The student is supposed to prepare the personal portfolio including the documents required (documentation of tasks assigned, confirmation of presence) and present it at the final review and final assessment.

Responsible for content, also contact person for inquiries regarding approval for the YCP in the subject of General Medicine: Dr. Herbert Bachler (bachler@tgam.at)

Recommended literature

- Praxisleitfaden Allgemeinmedizin. S. Gesenhues , R. Ziesché. Elsevier. 8th Edition 2017
- Allgemeinmedizin. Leitfaden für Famulatur, AMPOL, KPJ und Turnus. © Ch. Fischer, H. Bachler. 6th Edition 2016
- Allgemein- und Familienmedizin. M. M. Kochen. Hippokrates 5th Edition 2017
- 100 Fälle Allgemeinmedizin. R. Klein. 2th Edition. Urban & Fischer. 2009
- Internet: www.uptodate.com

Points of interest

If completing the YCP at the University Clinic of Innsbruck please contact your mentor concerning attendance times at the medical practice and to determine your contact person.

Regarding administrative enquiries please contact: Dr. Herbert Bachler (bachler@tgam.at)

Further issues

Please bring:

- White coat
- Stethoscope
- Reflex hammer
- Appropriate attire and shoes