

MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS

Educational Establishment

BELARUSIAN STATE MEDICAL UNIVERSITY

Healthcare Establishment

(NAME OF)

APPROVED

Chief medical officer

Initials, Last Name

\_\_\_\_\_, 20\_\_

**DIARY**

of (type of) practical training

\_\_\_\_\_  
*(Last Name, Name, Second Name)*

Faculty

Year

Academic group #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Base of  
practical training

\_\_\_\_\_  
*(Name of Healthcare Establishment)*

Practice  
supervisor

\_\_\_\_\_  
*(Last Name, Initials)*

BSMU

lecturer

\_\_\_\_\_  
*(Last Name, Initials)*

Minsk BSMU 20\_\_

Date	Forms and types of work done	Total
	<p data-bbox="427 331 1267 577"><i>Only types of work performed by student are listed with indication of the level of participation(watched, assisted, performed independently). Student self-assessment of working day, analysis of the current results of practical training in comparison with credit standards and normatives is desirable.</i></p> <p data-bbox="863 797 1267 837" style="text-align: right;"><i>Student's signature (daily)</i></p> <p data-bbox="711 887 1267 925" style="text-align: right;"><i>Date, supervisors signature (weekly)</i></p>	

## Notes:

1. Recordings are done carefully, handwriting has to be understandable, alternatively printed font can be used. Corrections, additions after supervisor has signed the diary are not allowed.
2. Filling in and formalization of a diary, report, testimonial is done using A4 paper and using MS Word-2003 (or later version) in accordance with state standard STB 6-38-2004 requirements for props, text, document formatting and data in tables.
3. Supervisor's signature in diary of practical training is certified in the prescribed manner.
4. Diaries, reports, testimonials and other documents for each type of practical training are stored in accordance with the nomenclature of affairs of departments of BSMU responsible for organizing practical training.

APPROVED

Chief medical officer  
of  
(Name of Healthcare  
Establishment)

Initials, Last Name

\_\_\_\_\_, 20\_\_

Locus Sigilli

Student's report

\_\_\_\_\_  
(Last Name, Name, Second Name)

of *(type of practical training)* practical training. Base:

\_\_\_\_\_

\_\_\_\_\_  
(Name of Healthcare Establishment in Accordance with the State Register)

from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_

Type of practical training, name of technique (method)	Normative	Done	
		Total	Independently

Appendix to the report. Student's research work on the subject of "Title"<sup>1</sup>.

Student-trainee \_\_\_\_\_  
(подпись)

Supervisor \_\_\_\_\_  
(подпись)

\_\_\_\_\_, 20\_\_

<sup>1</sup> Compulsory appendix to the report of practical training for 5<sup>th</sup> year students. In case of absence of the mark of Department of Public Health of assessment of student's research work student's practical training assessment is not allowed.

## TESTIMONIAL

to student-trainee \_\_\_\_\_  
(Last Name, Name, Second Name)

(Student's Last name, Initials) did (type of ) practical training in HE(stands for healthcare establishment) («Name of HE») in (rooms and parlors, departments and units) from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_. Testimonial should reflect student-trainee's managing qualities, demonstrated ability to acquire professional (nurse, physician) skills. Indicate presence and result of developing of personal qualities, required for physician. Give general assessment of results of fulfillment of practical training curriculum and achieved level of practical training. Characterize interpersonal relations with colleagues and other members of healthcare team, knowledge and compliance with the rules of medical ethics and deontology. In conclusion recommendations should be given regarding student's eligibility for assessment of practical training, improvement of the quality of university training prior to students to practical training.

Chief medical officer(name of  
healthcare establishment)

(signature)

Initials, Last Name

Locus Sigilli

\_\_\_\_\_, 20\_\_

Familiarized with the above

.....  
(date)

(student-trainee's signature)

(Initials, Last Name)

Note. Testimonial should not take more than 1(one) page.

