REQUIREMENTS FOR THE CONTENT, DESIGN OF THE STUDENT REPORTING DOCUMENTATION OF OUTPATIENT PRACTICE

(MS DOC FILE IS ON ETEST.BSMU.BY - HTTPS://ETEST.BSMU.BY/COURSE/VIEW.PHP?ID=296)

During the production medical outpatient practice, the student, under the supervision of the head of the practice from the organization, completes the practice program, fills out the following documents:

- a diary of the outpatient practice,
- a report on the implementation of the outpatient practice program
- and a perfomance review on the outpatient practice passing.

The title page of the diary is signed by the head of practice from the organization and the supervisor from the Outpatient Therapy department. The report on the implementation of the outpatient practice program is signed by the student, the head of practice from the organization, approved by the head of the practice base / head physician and certified by the stamp of the healthcare institution. The performance review on the outpatient practice passing is drawn up and signed by the head of practice from the organization. The student reads the review and signs it.

The diary is the document that confirms compliance with the work experience training curriculum. In the diary the students reflects mastered practical skills, number of the skills and level of mastering the skills daily.

Levels of practical skills mastering:

1 – to know theoretically, be professionally oriented and be aware of the indications for conducting;

2 – to know theoretically, evaluate and participate in the work of the medical staff;

3 – to know theoretically, do on one’s own.

A practical skill can be assigned several levels (e.g. 1, 2, 3, or 1, 2). If there are no facilities in the healthcare organization for mastering skills at levels 2 (3), the student must master practical skills according to level 1.

Every day, the student must describe one patient case in detail according to the scheme: encrypted patient’s full name (for example, patient X), age, sex, complaints, brief case history, physical examination, a complete clinical diagnosis, management plan of a patient including regimen, diet, medications dosages and forms and other methods of treatment, information on temporary disability expertise (if necessary). This type of work is recorded in the "Additional work" section of the diary. A student completes this section by hand in legible handwriting.

Every day, the diary is endorsed and signed (with a transcript of the signature) by the direct supervisor of the training from the healthcare institution and by the student. Corrections, additions after the direct supervisor has signed the diary are not allowed.

During the last week of the tralning the student compiles work experience training report. The report should contain the list of practical skills acquired during the training. The report should summarize the number of skills practiced during entire period of the training based on the data from the diary. The report should indicate level of mastering of the skills (for example 1, 2 or 3).

Students undergoing internships in health care institutions of countries of permanent residence (at home) must provide documents on outpatient practice with the seal of the health care institution of the host country and the seal of a doctor, translated into Russian and notarized for the exam.

The student’s performance review is issued by the direct training supervisor from the healthcare institution. The review of the student’s practice reflects the business qualities of the student-intern, the ability to acquire professional skills, indicates the presence and results of the development of personal qualities necessary for the profession, gives an overall assessment of the results of the implementation of the internship program and the achieved level of practical training. The relationship with the team, knowledge and implementation of the norms of medical ethics and deontology are characterized. In conclusion, recommendations are given on the admission of a student to the exam, proposals for the university to improve the quality of theoretical training that precedes the student's placement in practice.

The execution of the of the work experience training diary, report, and review should be carried out on A4 paper using the MS Word application.

MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS
Educational institution
«BELARUSIAN STATE MEDICAL UNIVERSITY»
Practice base
NAME OF THE HEALTHCARE ORGANIZATION
HERE WRITE YOUR BASE

DIARY
OF WORK EXPERIENCE PRACTICE «OUTPATIENT THERAPY»

Student _____
Faculty The Medical Faculty for International Students
Year, Study Group No. _____
Period of practice _____

Head of the Practice
from the Healthcare Organization
_____full name
(signature)

Head of the Practice
from the Department of _____
_____ full name
(signature)

Day1. Data_____ Time _____

Example (delete this line!) Day1. Data 29/06/26 Time 8.00-13.35

Day2. Data 30/06/26 Time 8.00-13.35 – it should be 20 such diaries

№	Practical Skills	Quantity (per day)	Proficiency Level
	Outpatient Therapy		
1.	Patient interview and physical examination		
2.	Development of a patient examination plan in outpatient settings		
3.	Interpretation of laboratory and instrumental diagnostic results		
4.	Formulation of a clinical diagnosis		
5.	Development of a medical observation plan for patients with major therapeutic pathology (arterial hypertension, exertional angina, bronchial asthma, chronic obstructive pulmonary disease, etc.)		
6.	Completing of Form No. 025/u-23 – medical record of a patient for outpatient organizations		
7.	Completing of the form – record of patient visits and diseases established during the provision of medical care in an outpatient organization		
8.	Completing of Form No. 2/u-DV – record of adult health screening		
9.	Completing of Form 1-A – assessment record of symptoms and signs of pre-neoplastic and neoplastic diseases		
10.	Completing of Form No. 058/u – emergency notification of an infectious disease, food poisoning, post-vaccination complication		
11.	Completing of Form No. 2-mse/u-09 – referral for medical and social expertise		
12.	Completing of Form No. 1 med/u-10 – extract from medical documents		
13.	Completing of Form No. 1 zdr/u-10 – medical certificate of health status		
14.	Completing of Form No. 106/u-10 – medical certificate of death (stillbirth)		
15.	Issuing of a sick leave certificate (strict accountability form)		
16.	Issuing of a certificate of temporary disability		
17.	Issuing of a doctor's prescription for essential medicinal drugs		
18.	Taking throat and nasal swabs for bacteriological examination		
19.	Registration and interpretation of an electrocardiogram, respiratory function tests		
20.	Delivery of emergency medical care in outpatient settings for hyperthermic febrile reaction		
21.	Delivery of emergency medical care in outpatient settings for an asthma attack		
22.	Delivery of emergency medical care in outpatient settings for acute left ventricular failure		
23.	Delivery of emergency medical care in outpatient settings for anginal attack and acute coronary syndrome		
24.	Delivery of emergency medical care in outpatient settings for		

	paroxysmal supraventricular tachycardia		
25.	Delivery of emergency medical care for paroxysmal ventricular tachycardia		
26.	Delivery of emergency medical care for paroxysmal atrial fibrillation		
27.	Delivery of emergency medical care in outpatient settings for Morgagni–Adams–Stokes attack		
28.	Delivery of emergency medical care in outpatient settings for hypertensive crisis		
29.	Delivery of emergency medical care in outpatient settings for «acute abdomen»		
30.	Delivery of emergency medical care in outpatient settings for gastrointestinal bleeding		
31.	Delivery of emergency medical care in outpatient settings for hepatic colic		
32.	Delivery of emergency medical care in outpatient settings for renal colic		
33.	Performance of resuscitation measures for sudden death		
Additional Work			
Daily, the student must record 1 GP medical examination of a patient in the logbook, specifying whether it is initial, follow-up, or active, according to the following scheme: the patient's full name is encrypted (e.g., Patient L.); age is indicated; place of residence (street and house number, without the apartment number); complaints, brief medical history, physical examination findings; clinical diagnosis; investigation and treatment plan, specifying the regimen, dietary recommendations, medicinal groups (dosage form, dose, administration schedule), and non-drug treatment methods; information on the temporary disability evaluation. ***N.B. Delete this description and insert your patient record!!!!***			

Student

_____full name

(signature)

Head of the Practice

from the Healthcare Organization

_____full name

(signature)

MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS
Educational institution
«BELARUSIAN STATE MEDICAL UNIVERSITY»
Practice base
NAME OF THE HEALTHCARE ORGANIZATION
HERE WRITE YOUR BASE

APPROVED
by the Head Doctor
_____(full name)
_____
(date) STAMP

R E P O R T
ON THE IMPLEMENTATION OF THE PROGRAM WORK EXPERIENCE PRACTICE «OUTPATIENT PRACTICE»

Student _____
Specialty _____
Faculty The Medical Faculty for International Students
Year, Study Group No. _____
Period of practice _____

Practical Skills	**Recommended**		Mastered	
	Quantity	Level of development	Quantity	Level of development
Patient interview and physical examination	130	3		
Development of a patient examination plan in outpatient settings	130	3		
Interpretation of laboratory and instrumental diagnostic results	130	3		
Formulation of a clinical diagnosis	100	3		
Development of a medical observation plan for patients with major therapeutic pathology (arterial hypertension, exertional angina, bronchial asthma, chronic obstructive pulmonary disease, etc.)	20	3		
Completing of Form No. 025/u-23 – medical record of a patient for outpatient organizations	10	3		
Completing of the form – record of	20	3		

patient visits and diseases established during the provision of medical care in an outpatient organization				
Completing of Form No. 2/u-DV – record of adult health screening	20	3		
Completing of Form 1-A – assessment record of symptoms and signs of pre-neoplastic and neoplastic diseases	20	3		
Completing of Form No. 058/u – emergency notification of an infectious disease, food poisoning, post-vaccination complication	10	3		
Completing of Form No. 2-mse/u-09 – referral for medical and social expertise	3	3		
Completing of Form No. 1 med/u-10 – extract from medical documents	10	3		
Completing of Form No. 1 zdr/u-10 – medical certificate of health status	10	3		
Completing of Form No. 106/u-10 – medical certificate of death (stillbirth)	2	1, 2, 3		
Issuing of a sick leave certificate (strict accountability form)	20	3		
Issuing of a certificate of temporary disability	20	3		
Issuing of a doctor's prescription for essential medicinal drugs	40	3		
Taking throat and nasal swabs for bacteriological examination	10	3		
Registration and interpretation of an electrocardiogram, respiratory function tests	10	2, 3		
Delivery of emergency medical care in outpatient settings for hyperthermic febrile reaction	1	1, 2		
Delivery of emergency medical care in outpatient settings for an asthma attack	1	1, 2		
Delivery of emergency medical care in outpatient settings for acute left ventricular failure	1	1, 2		
Delivery of emergency medical care in outpatient settings for anginal attack and acute coronary syndrome	1	1, 2		
Delivery of emergency medical care in outpatient settings for paroxysmal supraventricular tachycardia	1	1, 2		
Delivery of emergency medical care in outpatient settings for paroxysmal ventricular tachycardia	1	1, 2		
Delivery of emergency medical care in outpatient settings for paroxysmal atrial fibrillation	1	1, 2		

Delivery of emergency medical care in outpatient settings for Morgagni–Adams–Stokes attack	1	1, 2		
Delivery of emergency medical care in outpatient settings for hypertensive crisis	1	1, 2		
Delivery of emergency medical care in outpatient settings for «acute abdomen»	1	1, 2		
Delivery of emergency medical care in outpatient settings for gastrointestinal bleeding	1	1, 2		
Delivery of emergency medical care in outpatient settings for hepatic colic	1	1, 2		
Delivery of emergency medical care in outpatient settings for renal colic	1	1, 2		
Performance of resuscitation measures for sudden death	1	1, 2		

Student

_____full name

(signature)

Head of the Practice

from the Healthcare Organization

_____full name

(signature)

MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS
Educational institution
«BELARUSIAN STATE MEDICAL UNIVERSITY»
Practice base
NAME OF THE HEALTHCARE ORGANIZATION

R E V I E W
OF THE WORK EXPERIENCE PRACTICE «OUTPATIENT PRACTICE»

of student _____
(full name of the student)

The review reflects the professional qualities of the student, the ability to acquire professional skills, indicates the presence and results of the development of personal qualities necessary for the profession, gives an overall assessment of the results of the implementation of the practical program and the achieved level of practical training. The relationship with the team, knowledge and compliance with the norms of medical ethics and deontology are characterized. In conclusion, recommendations are given on the admission of a student to a differentiated credit in practice.

N.B. Remove this description and replace it with a review of how you performed during the practice.

Head of the practice from the Healthcare
Organization _____ full name
(signature)

_____2026

I am familiar with the review _____full student's name
(signature)

MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS
Educational Institution
«BELARUSIAN STATE MEDICAL UNIVERSITY»
Clinical Site
NAME OF THE HEALTHCARE ORGANIZATION

INDIVIDUAL ASSIGNMENT
IN THE ACADEMIC DISCIPLINE «OUTPATIENT THERAPY»
WITHIN THE FRAMEWORK OF THE WORK EXPERIENCE
PRACTICAL TRAINING «OUTPATIENT PRACTICE»

Student _____
Specialty _____
Faculty _____
Year, Study Group No. _____
Dates of Practical Training _____

Topic: «Protocol for and Performance Analysis of Adult Health Screening at General Practice Unit No. ... (specify unit number)»

Head of the Practice
from the Healthcare Organization
_____full name
(signature)

Head of the Practice
from the Department of _____
_____ full name
(signature)