Day 1. Date_____ **Time** _____

1. Full name and address of the hospital (practice base)
2. Name of all departments providing inpatient medical care
3.Name of the department where the practice takes place
4. Characteristics of the department: department profile (therapeutic, surgical, other)
5. Number of beds
6. Department staff (number of medical staff positions): Head of Department: Doctors: Senior nurse Nurse on post Procedural nurse A dressing nurse Medical orderly
7. Characteristics of the building in which the department is located (number of floors, list the departments that are located in this building)

Content of completed work	Quantity	Level of mastering

Student _____ _____

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

Day 2. Date_____ **Time** _____

1. List of medical documents in the department

Content of completed work	Quantity	Level of mastering

Student _____ _____

Head of the Practice
from the Healthcare Organization _____ _____

(signature) *(full name)*

Day 3. Date_____ **Time** _____

1. Approximate work schedule of the nurse of the department (time to start work, time to perform various manipulations, lunch, end time).

Content of completed work	Quantity	Level of mastering

Student _____ _____

Head of the Practice
from the Healthcare Organization _____ _____

(signature) *(full name)*

Day 4. Date_____ **Time** _____

1. List the chemical disinfectant used in the department (at the nurse's station, in the procedure room, in other rooms). Rules for their use.	
Chemical disinfectant (name, composition, concentration)	Rules of use
2. List the antiseptics used in the department for skin hygiene, hand hygiene. Rules for their use.	
Antiseptics (name, composition, concentration)	Rules of use

Content of completed work	Quantity	Level of mastering

Student _____ _____

Head of the Practice
from the Healthcare Organization _____ _____

(signature) *(full name)*

Day 5. Date_____ **Time** _____

1. List the steps for hand hygiene

Content of completed work	Quantity	Level of mastering

Student _____ _____

Head of the Practice
from the Healthcare Organization _____ _____

(signature) *(full name)*

Day 6. Date_____ **Time** _____

1. List the laboratory examination methods used in the department.

Content of completed work	Quantity	Level of mastering

Student _____ _____

Head of the Practice
from the Healthcare Organization _____ _____

(signature) *(full name)*

Day 7. Date_____ **Time** _____

1. List the instrumental examination methods used in the department.

Content of completed work	Quantity	Level of mastering

Student _____ _____

Head of the Practice
from the Healthcare Organization _____ _____

(signature) *(full name)*

Day 8. Date_____ **Time** _____

1. Write the procedure for general cleaning (procedure room, bandage room or other room of the department).

Content of completed work	Quantity	Level of mastering

Student _____ _____

Head of the Practice
from the Healthcare Organization _____ _____

(signature) *(full name)*

Day 9. Date_____ **Time** _____

1. Write the rules and procedure for ABO blood test.

Content of completed work	Quantity	Level of mastering

Student _____ _____

Head of the Practice
from the Healthcare Organization _____ _____

(signature) *(full name)*

Day 10. Date_____ **Time** _____

1. Write the procedure for pre-sterilization cleaning of reusable medical devices.
2. Write the procedure for quality control of pre-sterilization cleaning of reusable medical devices (azopyram test).

Content of completed work	Quantity	Level of mastering

Student
Head of the Practice
from the Healthcare Organization

_____ _____

(signature) *(full name)*

Day 11. Date_____ **Time** _____

1. Characteristics of the Treatment room (square, equipment).
2. Responsibilities of the procedural nurse

Content of completed work	Quantity	Level of mastering

Student
Head of the Practice
from the Healthcare Organization

_____ _____

_____ _____

(signature) *(full name)*

Day 12. Date_____ **Time** _____

1. List of parenteral medicines used in the department.

Content of completed work	Quantity	Level of mastering

Student
Head of the Practice
from the Healthcare Organization

_____ _____
(signature)

_____
(full name)

Day 13. Date_____ **Time** _____

1. Stages and rules for examining a patient for pediculosis and scabies
2.The contents of the anti-pediculosis set

Content of completed work	Quantity	Level of mastering

Student
Head of the Practice
from the Healthcare Organization

_____ _____
(signature)

_____
(full name)

Day 14. Date_____ **Time** _____

1. Characteristics of the post of the department's nurse (post area, equipment, number of wards and number of beds)
2. Official duties of the ward nurse

Content of completed work	Quantity	Level of mastering

Student _____ _____

Head of the Practice
from the Healthcare Organization _____ _____

(signature) *(full name)*

Day 15. Date_____ **Time** _____

1. List of oral medications used in the department.

Content of completed work	Quantity	Level of mastering

Student _____ _____

Head of the Practice
from the Healthcare Organization _____ _____

(signature) *(full name)*

Day 16. Date_____ **Time** _____

1. List the diseases (main diagnoses) of patients undergoing treatment in the department (5-10 different diagnoses).

Content of completed work	Quantity	Level of mastering

Student
Head of the Practice
from the Healthcare Organization

_____ _____
(signature)

_____ _____
(full name)

Day 17. Date_____ **Time** _____

1. Write the medicines from 2-3 prescriptions sheets with dose, time and method of medicine administration.

Content of completed work	Quantity	Level of mastering

Student _____ _____

Head of the Practice
from the Healthcare Organization _____ _____

(signature) *(full name)*

Day 18. Date_____ **Time** _____

1. Write the orders from 2–3 medication prescription sheets, including the dosage, dosing interval, and method of administration

Content of completed work	Quantity	Level of mastering

Student
Head of the Practice
from the Healthcare Organization

_____ _____
(signature)

_____
(full name)

Day 19. Date_____ **Time** _____

1. Write the list of the medicines included in the kit for providing emergency (urgent, immediate) medical care.

Content of completed work	Quantity	Level of mastering

Student
Head of the Practice
from the Healthcare Organization

_____ _____
(signature)

_____ _____
(full name)

Day 20. Date_____ **Time** _____

Content of completed work	Quantity	Level of mastering

Student _____ _____
Head of the Practice
from the Healthcare Organization _____ _____
(signature) *(full name)*