

MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS

BELARUSIAN STATE MEDICAL UNIVERSITY

Practice base

NAME OF THE HEALTH CARE INSTITUTION

REVIEWon work experience practice (*name*)

student's name, surname

The review reflects professional qualities of the student-intern, his ability to acquire professional skills, discloses the results of the personal and professional qualities development, assesses the results of the work experience program and the obtained level of practical training. The relationship with the team members, knowledge and compliance with the norms of medical ethics and deontology are also noted. In conclusion, recommendations are given on the admission of the student to the graded credit in work experience practice, suggestions to the university on the improvement of theoretical training preceding the student's work experience practice are provided.

Head of the practice of the educational institution

full name, _____

_____ 202 _____

I am familiar with the review of the practice _____ *full name*