

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

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 (Appendix 4),
- a report on the implementation of the outpatient practice program (Appendix 6)
- and a performance review on the outpatient practice passing (Appendix 7).

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.

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 training 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»
HEALTHCARE INSTITUTION TITLE
HERE WRITE YOUR BASE

DIARY

Of the work experience in outpatient therapy practice

Student

Speciality

Faculty

Student course, group No.

Date of the practice

Practice supervisor from the organization

(organization name)

(signature) Full Name

Practice supervisor from the department of
Outpatient Therapy

(signature) Full Name

Day 1. Date _____ Time _____

No.	Practical skills	number (aday)	mastering level
1.	Taking medical history, physical examination of a patient		
2.	Making a plan of diagnostic workup of a patient in outpatient practice		
3.	Interpretation of results of laboratory and diagnostic tests and procedures		
4.	Formulation of clinical diagnosis		
5.	Compiling an individual plan of treatment and prevention		
6.	Compiling dispensarization plan		
7.	Filling in form No. 025/y-23— outpatient medical record (outpatient's card)		
8.	Filling registration sheet of patient visits, diseases and patients treated by physician in outpatient clinics		
9.	Filling in form No. № 2/y-ДВ — card of dispensarization of a patient of 18 years of age or older		
10.	Filling in form No. 058/y — emergency notification of infectious diseases, occupational or food poisoning, unusual vaccination reaction		
11.	Filling in form No. 2- мсэ /y-09 — referral for medical and social expertise		
12.	Filling in form No. 1 мед/y-10 — extract from medical records		
13.	Filling in form NO. 1 здр/y-10 — medical certificate of health		
14.	Filling in form No. 106/y-10 — physician-issued death (stillbirth) certificate		
15.	Filling in a sick leave (strict accountability form)		
16.	Filling in a temporary disability certificate		
17.	Prescribing physician's prescriptions for essential medicines		
18.	Taking nasal and throat swabs for bacteriological exam		
19.	Taking and interpretation of an ECG, pulmonary function tests		
20.	Emergency outpatient management of fever and hyperthermia		
21.	Emergency outpatient management of acute asthma attack		
22.	Emergency outpatient management of pulmonary edema and cardiac asthma		
23.	Emergency outpatient management of acute coronary syndrome		
24.	Emergency outpatient management of paroxysmal supraventricular tachycardia		
25.	Emergency outpatient management of paroxysmal ventricular tachycardia		

26.	Emergency outpatient management of paroxysmal atrial fibrillation		
27.	Emergency outpatient management of Morgagni-Adams-Stokes attacks		
28.	Emergency outpatient management of hypertensive emergency (hypertensive crisis).		
29.	Emergency outpatient management of “acute abdomen”		
30.	Emergency outpatient management of gastrointestinal bleeding		
31.	Emergency outpatient management of renal colic, biliary “colic”		
32.	Emergency care in sudden death		

Additional work:

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).

**JUST DELETE THIS INSTRUCTURE AND WRITE MEDICAL CASE
20 DIARIES**



Student _____

signature

Direct supervisor from the healthcare
institution _____

signature

MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS
EDUCATIONAL INSTITUTION
«BELARUSIAN STATE MEDICAL UNIVERSITY»
HEALTHCARE INSTITUTION TITLE
HERE WRITE YOUR BASE

APPROVED BY

Head Doctor

_____ Full Name

_____ 2024

THE REPORT

Of the work experience in outpatient therapy practice

Student _____

Speciality _____

Faculty _____

Student course, group No. _____

Date of the practice _____

No.	Practical skills	Recommended		Done	
		number	mastering level	number (total)	mastering level
1.	Taking medical history, physical examination of a patient	170	3		
2.	Making a plan of diagnostic workup of a patient in outpatient practice	170	3		
3.	Interpretation of results of laboratory and diagnostic tests and procedures	170	3		
4.	Formulation of clinical diagnosis	170	3		
5.	Compiling an individual plan of treatment and prevention	170	3		
6.	Compiling dispensarization plan	20	3		
7.	Filling in form No. 025/y-23— outpatient medical record (outpatient's card)	10	3		
8.	Filling registration sheet of patient visits, diseases and patients treated by physician in outpatient clinics	20	3		
9.	Filling in form No. № 2/y-ДВ — card of dispensarization of a patient of 18 years of age or older	20	3		

10.	Filling in form No. 058/y — emergency notification of infectious diseases, occupational or food poisoning, unusual vaccination reaction	10	3		
11.	Filling in form No. 2- мсэ /y-09 — referral for medical and social expertise	3	3		
12.	Filling in form No. 1 мед/y-10 — extract from medical records	10	3		
13.	Filling in form NO. 1 здп/y-10 — medical certificate of health	10	3		
14.	Filling in form No. 106/y-10 — physician-issued death (stillbirth) certificate	2	3		
15.	Filling in a sick leave (strict accountability form)	20	3		
16.	Filling in a temporary disability certificate	20	3		
17.	Prescribing physician's prescriptions for essential medicines	40	3		
18.	Taking nasal and throat swabs for bacteriological exam	10	3		
19.	Taking and interpretation of an ECG, pulmonary function tests	10	2, 3		
20.	Emergency outpatient management of fever and hyperthermia	2	1, 2		
21.	Emergency outpatient management of acute asthma attack	2	1, 2		
22.	Emergency outpatient management of pulmonary edema and cardiac asthma	2	1, 2		
23.	Emergency outpatient management of acute coronary syndrome	2	1, 2		
24.	Emergency outpatient management 1, 2 paroxysmal supraventricular tachycardia	2	1, 2		
25.	Emergency outpatient management of paroxysmal ventricular tachycardia	2	1, 2		
26.	Emergency outpatient 1, 2 of paroxysmal atrial fibrillation	2	1, 2		
27.	Emergency outpatient management of Morgagni-Adams-Stokes attacks	2	1, 2		
28.	Emergency outpatient management of hypertensive emergency (Hypertensive crisis).	5	1, 2		
29.	Emergency outpatient management of “acute abdomen”	2	1, 2		
30.	Emergency outpatient management of gastrointestinal bleeding	2	1, 2		
31.	Emergency outpatient management of renal colic, biliary “colic”	2	1, 2		
32.	Emergency care in sudden death	1	1, 2		

Student _____ Full Name
(signature)

Practice supervisor from the organization

(organization name)

(signature) Full Name

MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS
EDUCATIONAL INSTITUTION
«BELARUSIAN STATE MEDICAL UNIVERSITY»
HEALTHCARE INSTITUTION TITLE
HERE WRITE YOUR BASE

PERFORMANCE REPORT

of Outpatient Therapy Practice

of the student _____

(Full Name)

The report should reflect the professional qualities of the student-trainee as well as the ability to acquire professional skills. Indicate the presence and results of the development of personal qualities necessary for the profession. Give a general assessment of the results of the completion of the practical training program and the achieved level of practical training. Characterize the relationships with the team, knowledge and compliance with the norms of medical ethics and deontology. In conclusion, recommendations should be given on the eligibility of the student for the interim assessment in work experience practice, and proposals to University should be made as to the improvement of the quality of theoretical training preceding the student's referral to practice.

DELETE THIS INSTRUCTURE AND WRITE ABOUT YOURSELF!

Practice supervisor
from the organization

signature

Full name

_____ 20__

I am familiar with the report

signature

Full name of the student

_____ 20__