

FEDERAL STATE BUDGETARY EDUCATIONAL INSTITUTION
HIGHER EDUCATION
"VOLGOGRAD STATE MEDICAL UNIVERSITY"
MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION
Department of Outpatient and emergency medical care

Internship Diary

**"Clinical practical training (physician assistant to primary care medical officer)"
for students of the educational program
in the specialty 31.05.01 General Medicine
(specialist degree), form of study: full-time form
for the 2023-2024 academic year
5th year student of the medical faculty of group № _____**

(surname)

(name)

Internship period: from "___" _____ 202 to "___" _____ 202

Base of practice:

Head of practice from a medical organization:

(full name, position)

/ _____
signature

+ Internship period: from "___" _____ 202 to "___" _____ 202

Base of practice:

Head of practice from a medical organization:

(full name, position)

/ _____
signature

Head of practice from an organization carrying out educational activities:

Considered at the meeting of the department of Outpatient and emergency medical care
"_25_" May 2023, protocol № 10

Head of the Department

Krayushkin S.I.

RULES FOR DESIGNING A PRACTICE DIARY

An obligatory reporting document on the passage of an internship by a student is an internship diary.

The internship diary should include records of various types of work performed by a doctor in an outpatient clinic (diagnostic, therapeutic, preventive, sanitary and epidemiological) during the internship.

Protocols are drawn up for each day of work in practice. The protocol should contain information about the date, the name of the thematic block, the nature of the work performed, as well as the results of the development of competencies in the course of the individual task.

Based on the results of the practice, the student must also issue the following medical documentation:

- patient's medical record, receiving medical care on an outpatient basis / only 3 pcs. /cardiological, pulmonological and gastroenterological profile/;
- recipes for the most common drugs in the work of a therapist - only 30 pcs.
- sick leave certificates (total 5 pcs.) for the following types of temporary disability:
 - 1). by disease;
 - 2). by pregnancy;
 - 3). adult care;
 - 4). on quarantine;
 - 5). for sanatorium-resort treatment
- outpatient card (total 1 pc.)
- health resort card (total 1 pc.) - the diagnosis is arbitrary, corresponding to a therapeutic pathology requiring treatment in a sanatorium-resort institution
- referral for hospitalization, examination, consultation (total 1 pc.) - the diagnosis is arbitrary, corresponding to the therapeutic pathology.

The practice diary must be signed:

a) after each protocol - by the head of the practice of this student;

b) on the title page - the head of practice from an educational organization (an employee of the Department of Outpatient and Emergency Medical Care) and the head of practice from a medical organization (practice base).

A sample of the design of daily protocols in the practice diary - see Appendix 2.2

THEMATIC PLAN OF INTERNSHIP

№	Thematic blocks ¹	Number of hours
1.	Introduction to practice. Acquaintance with the purpose and objectives of industrial practice. Safety precautions during the practice. Acquaintance with the clinical base of practice.	3
	Formation of individual tasks.	6
2.	Practicing practical skills using simulation equipment. Manikin simulator for cardiopulmonary resuscitation (in an adult, in a teenager, in a newborn)	6
	Fulfillment of individual tasks.	3
3.	Practicing practical skills using simulation equipment. Simulator of auscultation of the heart and lungs. Simulator of examination and palpation of the abdominal organs.	6
	Fulfillment of individual tasks.	3
4.	Practicing practical skills using simulation equipment. Simulator for practicing skills of intravenous procedures (elbow and hand access). Mannequin simulator for intramuscular injections.	6
	Fulfillment of individual tasks.	3
5.	Practicing practical skills using simulation equipment. Tracheal intubation simulator. Conicotomy simulator.	6
	Fulfillment of individual tasks.	3
6.	Practicing practical skills using simulation equipment. Mannequin-simulator for carrying out transport immobilization.	6
	Fulfillment of individual tasks.	3
7.	Practicing practical skills using simulation equipment. Birthing Mannequin	6
	Fulfillment of individual tasks.	3
8.	Practical work in the therapeutic department	6
	Fulfillment of individual tasks.	3
9.	Practical work in the therapeutic department	6
	Fulfillment of individual tasks.	3
10.	Practical work in the therapeutic department	6
	Fulfillment of individual tasks.	3
11.	Practical work in the department of medical prevention.	6
	Fulfillment of individual tasks.	3
12.	Practical work in the department of medical prevention.	6
	Fulfillment of individual tasks.	3
13.	Practical work with a cardiologist	6
	Fulfillment of individual tasks.	3
14.	Practical work with an endocrinologist	6
	Fulfillment of individual tasks.	3
15.	Practical work with a neurologist	6
	Fulfillment of individual tasks.	3
16.	Practical work with a surgeon	6
	Fulfillment of individual tasks.	3
17.	Practical work in the day hospital of the polyclinic	6
	Fulfillment of individual tasks.	3
18.	Practical work in the department of emergency care	6
	Fulfillment of individual tasks.	3
19.	Practical work in the department of emergency care	6
	Fulfillment of individual tasks.	3
20.	Preparation and submission of reporting documentation (individual task, practice diary). Interim certification.	6
	Placement of reporting documentation on practice in the electronic information and educational environment of the VolgGMU.	3
	Total	180 hours

SAFETY CHECKLIST

I am a student of _____ group_5th year of study of the Faculty of Medicine,
studying in the specialty 31.05.01 General Medicine (specialist level)

_____ / _____
(surname)

_____ / _____
(name)

_____ / _____
(second name)

familiarized with the rules of conduct (safety, labor protection, fire safety, as well as the internal labor regulations) during the practical training "Clinical practical training (physician assistant to primary care medical officer)"

Student's signature _____ / _____ /

The teacher who conducted the briefing _____ / _____ /

Head of practice from a medical organization:

_____ / _____
(full name, position) signature

Date of _____

Table 1. Report on the work done as an outpatient clinic physician assistant:

№	Skills	Qty plan.	Qty actual	Physician's signature
1.	The choice of the optimal tactics of management and treatment options, the appointment of drug therapy, etc.	40		
2.	Issuance of prescriptions for medicines	15		
3.	Diagnostics of the main pathological conditions and diseases encountered in the work of a doctor in an outpatient clinic*	40		
4.	Bandaging	5		
5.	Assistance in urgent pathological conditions and diseases	10		
6.	Determination of indications for emergency and planned hospitalization and execution of necessary documents	5		
7.	Registration of documentation for a doctor of an outpatient clinic (medical record of a patient receiving medical care on an outpatient basis; sanatorium and resort card; referral for hospitalization, examination, consultation; dispensary observation control card)	20		
8.	Paperwork for temporary/permanent disability	5		
9.	Evaluation of the data of the examination and questioning of the patient, the formulation of the preliminary diagnosis	40		
10.	Conducting a primary resuscitation complex, including artificial ventilation of the lungs using the "mouth-to-mouth" method and indirect heart massage "(using simulation equipment)	10		
11.	Conducting electrical impulse therapy using an automatic external defibrillator (using simulation equipment)	5		
12.	Conducting electrical impulse therapy using a manual cardioverter-defibrillator (using simulation equipment)	3		
13.	Registration and interpretation of ECG in 12 leads	5		
14.	Drawing up a plan for examining a patient for each leading syndrome or disease in an outpatient setting	40		

Table 2: The main diseases, pathological conditions or injuries observed by the trainee in the course of the practice in a medical organization

№	List of conditions and disorders in patients seen during practical training	Number of each case from the list
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Table 3. List of formed competencies and assessment of their assimilation

№.	Competence text	Level of development	Physician's signature
1.	willingness to maintain medical records		
2.	the ability to assess morphofunctional, physiological conditions and pathological processes in the human body to solve professional problems		
3.	the ability and readiness to implement a set of measures aimed at maintaining and strengthening health and including the formation of a healthy lifestyle, prevention of the occurrence and (or) spread of diseases, their early diagnosis, identification of the causes and conditions for their occurrence and development, as well as aimed at elimination of the harmful effects on human health of environmental factors		
4.	ability and readiness to conduct preventive medical examinations and dispensary observation		
5.	readiness to collect and analyze the patient's complaints, his medical history, examination results, laboratory, instrumental, pathoanatomical and other studies in order to recognize the condition or establish the presence or absence of the disease		
6.	the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Classification of Diseases		
7.	readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person		
8.	the ability to determine the tactics of managing patients with various nosological diseases		
9.	readiness for the management and treatment of patients with various nosological forms in outpatient settings and day hospital conditions		
10.	readiness to provide medical care in case of sudden acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care		
11.	readiness to participate in the provision of emergency medical care in conditions requiring urgent medical intervention		
12.	willingness to determine the need for the use of natural healing factors, drug, non-drug therapy and other methods in patients in need of medical rehabilitation and spa treatment		
13.	readiness for educational activities to eliminate risk factors and the formation of healthy lifestyle skills		
14.	willingness to participate in assessing the quality of medical care using the main medical and statistical indicators		

The following designations are used to characterize the level of development:

1 - "Introductory" (recognition of previously studied objects, properties).

2 - "Reproductive" (performing activities according to a model, instruction or under guidance).

3 - "Productive" (planning and independent implementation of activities, solving problematic tasks).

CHARACTERISTIC

student of the 5th year of group No. ____ of the Faculty of Medicine, specialty 31.05.01 General
Medicine (specialist level)

(surname)

(name)

(second name)

passed **Clinical practical training (physician assistant to primary care medical officer)**
in _____

(name of medical organization)

1. Discipline (systematic / non-systematic; visit to practice on time or late)

2. Relationships with patients, colleagues (ability to communicate effectively with patients and
their environment in the course of professional activities / work in a team)

3. The degree of formation of professional competencies (level of practical skills; to carry out
with interest, diligently, formally, etc.)

4. Undeveloped practical skills, reasons

5. Personal qualities (compliance with the principles of professional ethics, honesty, initiative,
balance, endurance)

Students in full/incomplete scope implemented an individual task of practice.

A complex of knowledge, skills and abilities that form the competencies has been obtained.

Grade (excellent, good, satisfactory, unsatisfactory): _____

Head of practice from a medical organization

(full name, position)

signature

Date of " ____ " _____ 20 ____

Stamp