



STUDENT'S PRACTICE RECORD CARD

major: **medicine**
year of studies: **THIRD**

Student

.....
(Name/s and Surname/s)

.....
d.o.b (dd/mm/yyyy)

After 3rd year Student of PMU is obligated to have practical training at the Internal Diseases Department for 120 hrs.

Head of the Department or designated Supervisor settles a detailed plan of summer training (student's duties) as well as supervises the Student's activities. Student's Supervisor should be a qualified professional physician. To the extent possible, Student should take part in each physician's activity.

Absence from work could be justified only by illness. Absence lasting 1-week or more means the prolongation of summer training duration for the corresponding period of time.

During the training student follows and observes the hospital doctor on duty in all occupational functions (treat patients in the emergency room, perform one's duties as a medicine emergency assistance, taking part in doctor's appointments).

Completion of a summer training is confirmed by Supervisor and signed by the Head of the Hospital Department. Student will get 4 ECTS points for completed summer clerkship.

The aim of training in the Internal Diseases Department:

- To complete the information about the Internal Diseases Department (Clinic) organization and its co-operation with the outpatient medical service.
- To improve skills in medical (history and physical) examination
- To be trained in BLS (Basic Life Support)
- To improve skills in diagnosing and managing of most common disorders with special emphasis paid to severe, life threatening conditions
- To know the competent interpretation of the lab tests, imaging studies as well as pathological reports
- To participate in the doctor's appointment
- To train in everyday medical procedures (e.g. intravenous infusions and injections; urethral catheterization etc.)
- To sample for the lab tests

120 hrs completed at

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Name of the Clinic/ or Department/ or Hospital

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City

.....
Country

during the period from (dd/mm/yyyy) to (dd/mm/yyyy)

.....
Clinic/ Department general seal/ stamp

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Head's/ Supervisor's stamp and signature