

MINISTRY OF PUBLIC HEALTH OF REPUBLIC OF BELARUS

EDUCATION INSTITUTION  
GOMEL STATE MEDICAL UNIVERSITY

**DEPARTMENT OF POLYCLINIC THERAPY AND GENERAL MEDICAL  
PRACTICE WITH THE COURSE OF THE FPD&R**

**DIARY**  
**ON MEDICAL POLYCLINIC PRODUCTION PRACTICE**  
STUDENT OF THE IV YEAR \_\_\_\_ GROUP

SURNAME\_\_\_\_\_

NAME\_\_\_\_\_

\_\_\_\_\_  
place of internship (healthcare institution, address)  
\_\_\_\_\_

Time of practical training

from «\_\_\_\_» \_\_\_\_\_ 20\_\_\_\_ year

to «\_\_\_\_» \_\_\_\_\_ 20\_\_\_\_ year

Gomel  
20\_\_\_\_

## **DUTIES OF THE STUDENT DURING PRACTIC**

Get a referral for practice in the practice department.

Familiarize yourself with the program practice, methodological instructions for completing the practice, a list of practical skills, requirements for performing UIRS and health education work, and create a diary using an example.

Arrive at the place of practice on time, provide the HR department with a referral for practice, undergo safety training, familiarize yourself with the organization of work and the structure of the healthcare organization - the practice base, with the internal regulations. Have a medical certificate of health with you.

To obey the current rules of internal labor regulations of the organization.

To study and strictly follow the rules of occupational health and safety.

Be responsible for the work performed and its results on an equal footing with regular employees.

Qualitatively and fully perform the tasks stipulated by the internship program.

Daily keep a diary, register in it all the work performed, sign it at the head of the department (head of practice).

Actively participate in the social life of the organization.

Show sensitive and attentive attitude to patients and employees of the organization, observe the principles of professional ethics and deontology.

To provide the head of practice from the department in due time the diary with the report on the implementation of the practice program approved by the head of the organization, feedback, materials of sanitary-educational work and UIRS.

## **REQUIREMENTS FOR COMPLETING A DIARY**

1. The diary must be completed daily, with section, date and time of work (**specify time 8.00-14.00, 14.00-20.00**).
2. Daily in the column "Content of the work done" all the work done in accordance with the internship program, its quantity and level of mastering are displayed. The regulatory and medical documentation with which the student worked, names and dosage of drugs and disinfectants used, procedures performed, preparation for research, etc. are indicated.
3. At the end of each working day the diary shall be signed by the immediate head of practice from the organization and periodically checked by the head of practice from the department.
4. At the end of the internship, the student fills out a report on the implementation of the internship program, summarizes the mastery of practical skills, indicates information about the health care institution.
5. The summary report should correspond to the number of types of work reflected in the diary for each day of work. The report should provide a list of the practical skills mastered with their level of mastery (1, 2 or 3).

6. The report is signed by the student, the direct supervisor of practice from the organization, approved by the head of the organization and certified by the seal of the health care organization.
7. The diary records sanitary education work and student research work
8. At the end of the internship, the direct supervisor of the internship from the organization draws up a written review of the internship of the student, which notes: a) completeness of the internship program and assessment of the quality of work performed; b) compliance with labor discipline, occupational safety requirements, sanitary and epidemiological regime; c) characteristic of personal qualities (communicative, moral, volitional).

### **PRECONDITION FOR ADMITTANCE FOR THE DIFFERENTIATED CREDIT TEST**

1. The differential credit is allowed to the student who completed the program of industrial practice in full and received a positive feedback from the head of practice from the medical institution.
2. The student submits to the head of practice from the department signed diary of practice, approved summary report and signed review, materials of sanitary-educational work (presentation) and SRW (UIRS).
3. Students who do not provide reporting documents are not allowed to take a differentiated test.

- [illegible]

(structure, features and main areas of activity, operating hours and number of doctors, medical documentation of the department, etc.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

## DAILY RECORDS AND PROGRESS REPORTS

### *1. Work as a general practice assistant*

Date/ Time	The content of the work	Notes. Signature supervisor

### Progress report (daily)

Name of type of work	<i>Amount of work completed</i>
Conducted outpatient appointments and examined patients	
Home visits carried out	
Prescriptions issued	
Blood pressure measured	

Head of Department \_\_\_\_\_

\_\_\_\_\_ (signature) \_\_\_\_\_ (surname, initials)

## DAILY RECORDS AND PROGRESS REPORTS

### 2. *Work in the prevention department* (1 day 6 hours)

Date/ Time	The content of the work	Notes. Signature supervisor

Head of Department \_\_\_\_\_

\_\_\_\_\_ (signature) \_\_\_\_\_ (surname, initials)

## DAILY RECORDS AND PROGRESS REPORTS

### 3. *Work in the rehabilitation department* (1 day 6 hours)

Date/ Time	The content of the work	Notes. Signature supervisor

Head of Department \_\_\_\_\_

\_\_\_\_\_ (signature) \_\_\_\_\_ (surname, initials)

## DAILY RECORDS AND PROGRESS REPORTS

### 4. *Working in the day care department* (1 day 6 hours)

Date/ Time	The content of the work	Notes. Signature supervisor

Head of Department \_\_\_\_\_

\_\_\_\_\_ (signature) \_\_\_\_\_ (surname, initials)



**EDUCATIONAL RESEARCH WORK****Report form on educational and research work:**

Name of the theme of the work

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Short abstract (scope of work, main conclusions, practical importance)

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The results of the work are reported (to doctors of the department, outpatient clinic, hospital, at the student conference, etc.)

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Student's signature \_\_\_\_\_

Mark \_\_\_\_\_

Signature of the head of the practice \_\_\_\_\_

Note:

Students receive an assignment for educational and research work before the beginning of the practical training from the teacher of the supervising department, responsible for its implementation.

The report on the work is submitted in the form of an abstract and handed over to the teacher of the department 5 days before the date assigned by the university differential credit for industrial practice.

**Recommended topics of the SRW (UIRC)  
(see the practice program)**

**SANITARY AND EDUCATIONAL WORK**

Date of event	Presentation title	Number people present	of A brief review direct supervisor practice	Signature

**APPROVED**  
Head of organization

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(Full Name)

« \_\_\_\_ » \_\_\_\_\_ 20\_\_ г.

### MEDICAL POLYCLINIC INTERNSHIP REPORT STUDENT

Name of types of work	Norms	Done		The amount of work performed
		Total	Self	
Outpatient appointments conducted, patients seen	150	150		
Conducted home visits	30	30		
Outpatient medical records completed	100	100		
Filled out lists and certificates of temporary disability	20	20		
Prescriptions written	100	100		
Measured BP	100	100		
Recorded ECG	10	10		
ECG transcribed	10	10		
Referrals to inpatient care, diagnostic rooms, and related specialists	10	10		
Referrals for sanatorium treatment, sanatorium treatment cards issued	6	6		
Emergency care shifts performed	1	1		
Individual rehabilitation programs have been drawn up and documented	1	1		
Conducted preventive examinations, examined people	15	15		
Preventive work: - group preventive patient	1	1		

consultations were conducted using the presentation				
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Student

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(Full name)

Supervisor

internship from the organization

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(Full name)

«\_\_\_\_\_» \_\_\_\_\_ 20\_\_\_\_ year.

## FEEDBACK ABOUT THE STUDENT'S INTERNSHIP

Student \_\_\_\_\_ had an industrial practice  
“Medical polyclinic” on the basis of the health care institution

During the internship he/she has recommended himself/herself

(discipline, compliance with the rules of internal labor regulations, sanitary and epidemiological regime, safety, etc.).

Mastered medical documentation (list): \_\_\_\_\_

Knowledge of regulatory documentation and theoretical training

Attitude towards fulfillment of their duties \_\_\_\_\_

Interaction with patients \_\_\_\_\_

Interaction with colleagues

Participation in the social life of the health care institution team

Performing tasks required by the internship program and the needs of practical healthcare \_\_\_\_\_

Other personal qualities and characteristics of the student

Remarks

Supervisor internship from the organization \_\_\_\_\_  
(signature) (full name)

«\_\_\_\_\_» \_\_\_\_\_ 20\_\_ year