COMENIUS UNIVERSITY BRATISLAVA
JESSENIUS FACULTY OF MEDICINE IN MARTIN

THE CLINICAL PRACTICE RECORD BOOK

Study program: **General Medicine**

FULL NAME OF A STUDENT

FOREWORD

The Clinical Practice Record Book acts as a learning log for students of the Jessenius Faculty of Medicine in Martin who are completing their summer practice subject of the General Medicine study program. This Record Book contains detailed skills that have to be trained during the practice. Each section of Clinical Practice Record Book should be signed by responsible person at the department where the practice is completed. Student obtain credits from the subject guarantor or the teacher at the end of the relevant practice subject.

Under the **Act Nr. 576/2004 Coll. on Health Care, Health Care related Services and on Changes and Supplements to some laws**, students must retain all patients' records confidential.

I declare, that I will respect the law and the patient´s right to confidentiality.

Date: **Student's signature:**

Instructions

- Students are usually completing the practice at the healthcare facility/provider in Slovakia, where the Faculty has sign a contractual agreement. If a student wants to complete summer practice in a health care facility abroad, he/she needs to contact the Head of Department/Clinic responsible for the relevant practice to ensure that the place matches the requirements of the practice and request to perform summer practice abroad at the Study department of JFMED CU.
- Minimum 21 days before the practice starts, student contacts the Head of Clinic to agree the practice structure, the start date and the induction process and to get familiar with Safety Regulations and allotted cloakroom.
- As part of the induction, student is required to complete the general orientation and Health & Safety (HS) training, adhere to HS legislation of that particular country and follow the organisational HS policies. His/her participation is confirmed by signatures of a responsible person and a student in a *Confirmation about Safety Regulations and Record of Arrivals and Departures to/from workplace.*
- A student must complete the practice in full as stated in the practice descriptors. In case of illness or another serious situation, it is necessary to substitute the practice upon agreement with the Head of Department.
- In case of work injury, follow the Health and Safety regulations and guidance of the place and report your injury to the relevant person. Student should also notify your teacher or your study officer at JFMED study department.
- The Allocation Letter acts as a confirmation of completion of summer practice. It must be signed by the Head of Department of your practice, and then submitted to the JFMED subject guarantor.
- Each student records trained skills. This Record is signed by the authorised representative at the end of practice in a *List of Practical Outputs* - student is obliged to train each practical performance minimally to the extent of numbers prescribed in the List of Practical Outputs.

Subject: **Summer Practice – Nursing Practice**
Length of practice: **80 hours (2 weeks, 8 hours per day)**
Realisation: **after the 4th semester (after passing the subject Basic Nursing Techniques)**
ECTC: **1**

The aim of the subject:
Within completion of the subject student will apply fundamental principles of nursing care provision and will respect standard procedures of selected nursing techniques and interventions while providing nursing care to the patients in real conditions of clinical nursing practice. Student will implement reliable evidence-based information for safe healthcare practice. Acquired clinical competences together with ability to argue for and justify the method / technique of the procedure chosen will be the basis for the ability to manage basic and frequently occurring clinical nursing situations and react to them correctly in real clinical practice in the future.
After completion of this subject while performing nursing procedures student will be able to:
- argue for and justify the method / technique of the procedure chosen,
- prepare equipment and supplies necessary to carry out the procedure,
- assess the patient in relation to the procedure,
- provide instructions and support the patient prior to the procedure,
- prepare the patient for the procedure from physical perspective,
- carry out the procedure independently while following clinical standards and guidelines, respecting the principles of asepsis, including hand hygiene,
- communicate with the patient during the procedure, provide patient education / instruction after the procedure,
- record and document the procedure and value assessed,
- process all the equipment and items used.

Syllabus (content of practice)
Hand hygiene – hand washing procedure, alcohol-based hand rub, donning and removing gloves (sterile, non-sterile).
Dressing technique – types of dressing material, principles and principles of dressing technique, basic dressing techniques, selected types of bandages (bandage of the hand, forearm, elbow, foot, high compression bandage of the lower limb).
Collection of biological material – blood collection – types of examinations, principles and principles of collection, prevention of puncture injuries with a used needle, venous blood collection (open and closed), capillary blood collection (ABR and blood glucose testing).
Parenteral drug administration – general principles of drug preparation and application, preparation of drugs from ampoule and vial, preparation and application of intradermal, subcutaneous (LMWH, heparin, insulins), intramuscular and intravenous injection.
Gastric tube insertion and enteral nutrition - general principles of insertion and removal gastric tube and administration of enteral nutrition and drugs, introduction and removal of gastric tube.
Vital functions – measuring and monitoring vital functions (blood pressure, pulse, breath, body temperature, measuring oxygen saturation with a pulse oximeter).
Bladder catheterization – indications, types of urinary catheters, general principles

catheterization of men and women, urine sampling, physical examination of urine, infection prevention urinary tract, practice of straight catheter urine sampling in women, introduction and removal of indwelling urinary catheter in women.
Nursing techniques and procedures in surgery – principles of surgical asepsis, preparation of a sterile table, care of aseptic and septic wounds, types of dressing material, general principles of treatment and wound dressing; handling sterile aids, surgical instruments and packaging materials – dressing table, dressing of aseptic and septic wounds, treatment of the drain area.

Conditions for subject completion:

- completion of 80 hours of nursing practice under the supervision of a nurse in real conditions of clinical nursing practice (2 weeks, 8 hours per day)

The student gives the following documents to a responsible teacher:

- **Confirmation about Safety Regulations and Record of Arrivals and Departures to/from Workplace,**
- **Confirmed Allocation Letter for Nursing Practice** (Supplement 2),
- **List of Practical Outputs** (for check) – the student is obliged to perform each output at least 3 times during his nursing practice.

HEALTH AND SAFETY TRAINING CONFIRMATION AND RECORD OF ARRIVALS AND DEPARTURES TO/FROM WORKPLACE

Department:

Safety Regulations, date:	Signature of Senior Nursing Officer: (eventually other authorised person) Student's signature:

Date	Arrival	Departure	Nurse's signature	Number of teaching hours
total				**80 teaching hours (10 days)**

List of Practical Outputs

No.	Department	Date	Signature
HAND WASHING PROCEDURE			
1.			
2.			
3.			
ALCOHOL-BASED HAND RUB			
1.			
2.			
3.			
DONNING AND REMOVING STERILE GLOVES			
1.			
2.			
3.			
MEASURING AND ASSESSING VITAL SIGNS: ARTERIAL BLOOD PRESSURE			
1.			
2.			
3.			

[1]**signature** – after approving the intervention according to the documentation of respective healthcare provider the record must be signed and stamped by authorized physician or consultant

No.	Department	Date	Signature
MEASURING AND ASSESSING VITAL SIGNS: RADIAL AND APICAL PULSE			
1.			
2.			
3.			
MEASURING AND ASSESSING VITAL SIGNS: RESPIRATION			
1.			
2.			
3.			
MEASURING AND ASSESSING VITAL SIGNS: BODY TEMPERATURE			
1.			
2.			
3.			
MEASURING AND ASSESSING VITAL SIGNS: OXYGEN SATURATION – PULSE OXIMETRY			
1.			
2.			
3.			
BANDAGING BODY PARTS USING DIFFERENT TECHNIQUES – BANDAGING OF HAND, LOWER ARM, ELBOW, FOOT			
1.			
2.			
3.			
APPLYING AN ELASTIC THIGH-LENGTH COMPRESSION BANDAGE			
1.			
2.			
3.			
COLLECTING BLOOD SPECIMENS BY VENIPUNCTURE (SYRINGE / VACUTAINER METHOD)			
1.			
2.			
3.			
OBTAINING CAPILLARY BLOOD SPECIMEN FOR BLOOD GLUCOSE ANALYSIS BY SKIN PUNCTURE / CAPILLARY PUNCTURE			
1.			
2.			
3.			
BLOOD GLUCOSE MONITORING BY BLOOD GLUCOSE METER			
1.			
2.			
3.			
OBTAINING CAPILLARY BLOOD SPECIMEN FOR BLOOD GAS ANALYSIS (CBG – CAPILLARY BLOOD GAS) BY SKIN PUNCTURE / CAPILLARY PUNCTURE			
1.			
2.			
3.			
PREPARING AND ADMINISTERING SC INJECTIONS (INSULIN)			
1.			
2.			
3.			
PREPARING AND ADMINISTERING SC INJECTIONS (HEPARIN, LMWH)			
1.			
2.			
3.			

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No.	Department	Date	Signature
PREPARING AND ADMINISTERING IM INJECTIONS			
1.			
2.			
3.			
PREPARING AND ADMINISTERING IV INJECTION (BY IV BOLUS)			
1.			
2.			
3.			
GASTRIC TUBE INSERTION (NASOGASTRIC / OROGASTRIC) - optional			
1.			
2.			
3.			
TUBE FEEDING / ADMINISTERING MEDICATIONS VIA GASTRIC TUBE - optional			
1.			
2.			
3.			
GASTRIC TUBE REMOVAL - optional			
1.			
2.			
3.			
COLLECTING URINE SPECIMEN, ASSESSING AND EXAMINATION OF URINE			
1.			
2.			
3.			
INSERTION OF A STRAIGHT / INDWELLING CATHETER IN FEMALE PATIENT - optional			
1.			
2.			
3.			
ASSISTANCE IN INSERTION OF A STRAIGHT / INDWELLING CATHETER IN MALE PATIENT - optional			
1.			
2.			
3.			
REMOVAL OF INDWELLING CATHETER			
1.			
2.			
3.			
MANIPULATION WITH STERILE ITEMS AND EQUIPMENT, STERILE PACKAGES (DRESSING TROLLEY)			
1.			
2.			
3.			
ASSESSING, CLEANING AND CHANGING THE DRESSING OF ASEPTIC SURGICAL WOUND			
1.			
2.			
3.			
ASSESSING, CLEANING AND CHANGING THE DRESSING OF SEPTIC (CHRONIC) WOUND – RED, YELLOW, BLACK (RYB) COLOUR CODE			
1.			
2.			
3.			
ASSESSING, CLEANING AND CHANGING THE DRESSING OF A DRAIN SITE - optional			
1.			
2.			
3.			

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No.	Department	Date	Signature
ESTABLISHING AND MAINTAINING A STERILE TABLE / STERILE FIELD - optional			
1.			
2.			
3.			

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Subject: **Summer practice – Internal Medicine**
Length of practice: **80 hours (2 weeks, 8 hours per day)**
Realisation: **after the 8th semester**
ECTC: **1**

The aim of the subject:
The practical programme in the department of internal medicine is designed to develop the student's interest, knowledge and understanding of clinical medicine, the course will offer an insight to physicians work and duties at patient's bedside, in outpatient consultation Unit and in the department's polyclinics, it will help students to obtain clinical skill, and will further offer a chance to students to prove their theoretical knowledge directly at patient's bedside.

Syllabus (content of practice)

1. Students attend patient's bedside under physician's supervision, they should perform physical examination, review patient's medical file, results and records, to be acquainted with patient's file (i.e. Health record) and record forms and to manage administrational papers and work for patient's admission and discharge. Furthermore, students are obliged to perform other activities, such as the writing of death report, oncology report, nosocomial report, drug request etc.
2. Students should attend Grand rounds in co-operation with their tutors, monitor disease progression, assist in diagnostic and therapeutic procedures; they should take part in patient's referral and consultation and to evaluate diagnostic results and examinations. A student will be acquainted to 4 or 5 patients at most.
3. Students are to manage admission notes, on-service notes, progress notes (SOAP notes), treatment notes, preoperative internal notes, postoperative notes, procedure notes, diagnostic conclusion, recommendation notes for home therapy and discharge notes.
4. Students should learn the methods of blood extraction, application of injections, introduction of nasogastric or duodenal tubes or probes, urinary catheterization including indwelling urinary catheter and condom catheter and the collection and examination of biological materials such as (sputum, urine, stool, body fluid "punctate" {cerebrospinal fluid, ascetic and plural fluid}, wound swab and skin scraping).
5. Students should participate in invasive and advance diagnostic and therapeutic procedures including: Pleural and abdominal puncture, bone marrow and lumbar puncture liver, kidney and lymph node biopsy and endoscopic examination e.g. (Rectoscopy, Gastroscopy), they will independently examine urine and erythrocyte sedimentation rate, complete blood count, differential blood count and they should read and assess ECG or phonocardiogram records and X-Ray films.
6. Students should be familiar with diagnostic and administrative procedures in blood transfusion and ABO system (blood group cross reaction).
7. Students should be acquainted with the work at ICU (intensive care unit).
8. Students should be familiar with work at the admission office and with general practitioner (GP) duty in general.
9. To assist in at least two supplementary services of medical care, so that they will be familiar with the obstacles of acute states and their differentiation and to master diagnostic and therapeutic procedures.
10. To actively take part in the department's morning stand up meeting and in public and patient's kin education.
11. Students should prepare three seminars. (Topics of interest are: 1 - atherosclerosis 2 - Primary and secondary hypertension 3 - Differential diagnosis of Jaundice).

HEALTH AND SAFETY TRAINING CONFIRMATION AND THE RECORD OF ARRIVALS AND DEPARTURES TO/FROM WORKPLACE

Department:

Safety Regulations, date:	Signature of Senior Nursing Officer: (eventually other authorised person) Student's signature:

Date	Arrival	Departure	Nurse´s signature	Number of teaching hours
Total				**80 teaching hours (10 days)**

List of Practical Outputs

No.	Department	Date	Signature[1]
Task:Entrance examination of a patient and working out of an admission record			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Ward-Round with Head of Department			**Number: 2**
1.			
2.			
Task to be performed: Patient´s discharge – writing out of discharge report			**Number: 3**
1.			
2.			
3.			
No.	**Department**	**Date**	**Signature[1]**
Task to be performed: Measurement of vital functions (BP, inspire numbers), objective patient´s health state – patient´s case record – independently - daily			**Number: 5**
1.			
2.			
3.			
4.			
5.			

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Task to be performed: Work at Intensive Care Unit or Coronary Unit - 2 days			Number: 2
1.			
2.			
3.			
Task to be performed: Work in specialised and/or admission office			**Number: 2**
1.			
2.			
3.			
Task to be performed: Examination per rectum			**Number: 3**
1.			
2.			
3.			
Task to be performed: Assistance in puncture of ascites, pleura, liver, kidney			**Number: 3**
1.			
2.			
3.			
Task to be performed: Assistance in gastroscopy			**Number: 3**
1.			
2.			
3.			
Task to be performed: Assistance in colonoscopy			**Number: 2**
1.			
2.			
Task to be performed: Electrodes application, EKG taking and EKG assessment with supervisor			**Number: 3**
1.			
2.			
3.			
Task to be performed: X-ray picture of chest, accompanying patient to X-ray dept., chest X-ray picture assessment, stomach, GIT passage			**Number: 3**
1.			
2.			
3.			
Task to be performed: Assistance in ultrasound examination of stomach and heart			**Number: 4**
1.			
2.			
3.			
4.			
Task to be performed: Active participation in dif. dg. seminar:			**Number:**
1.	**Atherosclerosis**		
2.	**Primary and secondarily hypertension**		
3.	**Differential diagnosis of icterus**		
Task to be performed: Blood taking			**Number: 3**
1.			
2.			
3.			
Task to be performed: Administration of i.v. or infusion therapy – under supervision			**Number: 3**
1.			
2.			
3.			

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Subject: Summer practice – Surgery

Length of practice: **100 hours (2 weeks, 8 hours/day + 2 duties per 10 hours)**
Realization: **after the 8th semester**
ECTC: **1**

The aim of the subject:

The aim of the practice is to obtain practical skills for adequate care in fieldwork and verify theoretical surgical knowledge in resolving different especially acute states in outpatient's consulting room as well as in inpatient department and in Intensive Care Unit.

Syllabus (content of practice)

1. Qualified dealing with diagnosis and differential diagnosis of emergencies, to recognize indications for surgical treatment with invasive and non-invasive procedures.
2. To acquaint himself with rules of antisepsis, sepsis and asepsis, techniques and procedures of surgical treatment, pre-operative preparation, post-operative care and solution of post-operation complications.
3. In outpatient's consulting room, the student will acquaint himself with examination ways and indications for patient's admission for surgical treatment, with corresponding documentation and with range of interdisciplinary co-operation diagnostic and surgical needs in outpatients.
4. During work in an inpatient department the student acquaints himself under supervision of a specialist with principles of documentation management in hospitalized patients, with indication of pre-operation examinations, preoperational preparation and post-operational care in surgical patients.
5. The student under supervision of a specialist redresses the wounds, does catheterization, introduces nasogastric probes, he administers intravenous injections and infusions. He cooperates during administration of transfusions, correction of nutritional deficit and malfunctions of water and electrolytic balance, evaluates results of laboratory findings in correlation with clinical condition.
6. He takes part in doing of drainage, puncture of body fluids, endoscopic examinations, X-ray examinations, invasive and non-invasive examinations, blood vessels cannulation for parenteral feeding and monitoring of basic functions; he assesses X-ray pictures.
7. In operating room, he adopts the rules of antisepsis and asepsis. He assists in common surgical operations and anaesthesia. He acquaints himself with procedure of local and an epidural anaesthesia, premedication, indication for endotracheal anaesthesia, with possible complications caused by anaesthesia.
8. After patient´s discharge the student (under supervision of the specialist) writes out the discharge report for the treating doctor and indicates the main cause and administratively closes the patient's hospitalisation at department of surgery.
9. Consulting seminars on selected topics are the parts of practice. The student actively uses his knowledge to speak about current clinical problems.
10. The student takes part in obligatory service in duration of 2 times 10 hours, where he will get acquainted with work during emergency service.

HEALTH AND SAFETY TRAINING CONFIRMATION AND THE RECORD OF ARRIVALS AND DEPARTURES TO/FROM WORKPLACE

Department:

Safety Regulations, date:	Signature of Senior Nursing Officer: (eventually other authorised person) Student's signature:

Date	Arrival	Departure	Nurse´s signature	Number of teaching hours
total				**100 teaching hours (10 days + 2 duties of 10 hours)**

List of practical outputs

No.	Department	Date	Signature[1]
Task to be performed: Venepuncture			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Puncture of artery for taking blood sample			**Number: 2**
1.			
2.			
Task to be performed: Inserting of stomach probe			**Number: 2**
1.			
2.			
Task to be performed: Catheterizations of a man			**Number: 2**
1.			
2.			

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No.	Department	Date	Signature[1]
Task to be performed: Re-dressing of aseptic wound			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Re-dressing of contaminated (septic) wound			**Number: 2**
1.			
2.			
Task to be performed: Removal of sutures			**Number: 3**
1.			
2.			
3.			
Task to be performed: Making of plaster cast			**Number: 2**
1.			
2.			
3.			
Task to be performed: Making of stabilization plaster cast			**Number: 1**
1.			
Task to be performed: Suture of a simple wound			**Number: 2**
1.			
2.			
Task to be performed: Extraction of drainage			**Number: 2**
1.			
2.			
Task to be performed: Application of local infiltration anaesthesia			**Number: 1**
1.			
Task to be performed: Assistance in administration of blood transfusion			**Number: 2**
1.			
2.			
Task to be performed: Assistance in reposition of fracture			**Number: 2**
1.			
2.			
Task to be performed: Assistance in puncture of knee joint			**Number: 2**
1.			
2.			
Task to be performed: Assistance in treatment of panaritia			**Number: 2**
1.			
2.			
Task to be performed: Examination of a patient with an urgent abdominal problem			**Number: 2**
1.			
2.			

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Subject: **Summer practice – Gynaecology and Obstetrics**
Length of practice: **80 hours (2 weeks, 8 hours per day)**
Realization: **after the 10th semester**
ECTC: **1**

The aim of the subject:
The practice aims to get students deeper informed and familiar with bases of obstetrical and gynecological examinations and special examination methods as well as diagnostic procedures in this field of study.

Syllabus (the content of practice)
To obtain practical skills by examination and treatment of the sick or pregnant women (primiparas and multiparas), it is convenient to allocate the student also to night shifts/duties under the supervision of an experienced physician. It is needed to train positive habits – arrival to duty on time, keeping the working hours, careful but proper examination, strict keeping of principles of sterility, accuracy and consequentiality in the documentation.

Factual tasks that have to be fulfilled by students
The student has

1. to take a part in ward rounds under the supervision of an obstetrician and gynecologist
2. to assist with spontaneous deliveries as well as to manage independently non-complicated deliveries – under the supervision of an obstetrician (after verifying the student's theoretical knowledge about management of the delivery)
3. to be present in a gynecological consulting room – examination of patients under supervision, to be aware to keep properly the patient's documentation
4. to be present in a prenatal consulting room, including risk pregnancy
5. to get acquainted with examinations such as oncological cytology, colposcopy, and other special examinations that are provided at the department
6. to get acquainted with the preparation of patients for operation and to assist in gynecological and obstetric operations
7. to report on the health status of mothers and patients and propose further diagnostic and treatment management
8. obstetric topics should be associated with what the students encountered: surgical termination of labor, uterine hypotension, placenta adherents, fetal risk during pregnancy / hospitalized pregnant / or during childbirth, etc.
9. to emphasize the way and form of communication between doctor-patient
10. to emphasize the importance of prevention not only in obstetrics but also in gynecology and demonstrate this with practical examples, eg: in the counseling center for pregnant women, a slowdown in fetal growth, pelvic end position, multi-fetal pregnancy, etc.

HEALTH AND SAFETY TRAINING CONFIRMATION AND THE RECORD OF ARRIVALS AND DEPARTURES TO/FROM WORKPLACE

Department:

Safety Regulations, date:	Signature of Senior Nursing Officer: (eventually other authorised person) Student's signature:

Date	Arrival	Departure	Nurse´s signature	Number of teaching hours
total				**80 teaching hours (10 days)**

List of Practical Outputs

No.	Department	Date	Signature[1]
Task to be performed: Assistance in operations			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Delivery management			**Number: 5**
1.			
2.			
3.			
4.			
5.			

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No.	Department	Date	Signature[1]
Task to be performed: Patient's admission			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Patient's discharge			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Assistance in ultrasound examination			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Taking vaginal smears for cultivation			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: CTG monitoring			**Number: 5**
1.			
2.			
3.			
4.			
5.			

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Subject: **Summer practice – Paediatrics**
Length of practice: **80 hours (2 weeks, 8 hours per day)**
Realization: **after the 10th semester**
ECTC: **1**

The aim of the subject:
The aim of the summer practice is to obtain the practical skills for medical work in primary care in fieldwork and to verify theoretical knowledge in solving problems connected with medical work of a paediatrician – in outpatient and inpatient departments.

Syllabus (content of practice)

1. Student works at patient's bed under supervision, examines patients, works out medical records, gives proposals for diagnostic and examination procedures; works with medical documentation. Student acquaints himself with clinical notes forms and manages administrative procedures at admission and discharge of the patients.

2. He regularly takes part in ward-rounds, in cooperation with supervisor he observes disease development, establishes the diagnosis and participates in treatment.

3. During practice he learns to manage venepunctures, application of injections, introduction of a stomach probe, catheterisation of urinary bladder, collection and examination of biological material (sputum, urine, stool). He learns all diagnostic and administrative procedures by administrating of blood transfusion.

4. The student acquaints himself with system of dispensary, with documentation records and duties of a paediatrician specialist in relation to health insurance companies.

5. It is possible to do specialized practice in an outpatient department of paediatrician of first contact where he can obtain knowledge in curative, dispensary, preventive examinations, vaccination, and administration guidance within outpatient department as well as in relation to health insurance companies

HEALTH AND SAFETY TRAINING CONFIRMATION AND THE RECORD OF ARRIVALS AND DEPARTURES TO/FROM WORKPLACE

Department:

Safety Regulations, date:	Signature of Senior Nursing Officer: (eventually other authorised person) Student's signature:

Date	Arrival	Departure	Nurse´s signature	Number of teaching hours
total				**80 teaching hours (10 days)**

List of Practical Outputs

No.	Department	Date	Signature[1]
Task to be performed: Taking of venous and capillary blood			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Cannulation of peripheral vein			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: ECG and ECG interpretation in infants and older children			**Number: 3**
1.			
2.			
3.			

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No.	Department	Date	Signature[1]
Task to be performed: chest X-ray interpretation with a doctor			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Removing of drainages			**Number: 3**
1.			
2.			
3.			
Task to be performed: Catheterisation of urinary bladder			**Number: 3**
1.			
2.			
3.			
Task to be performed: Taking blood pressure of suckling and children			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Filling out request forms and creating medical records			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Patient's admission			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Writing out of discharge records			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Assistance in ward- rounds			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Participation in blood transfusion			**Number: 2**
1.			
2.			
Task to be performed: Participation in lumbar puncture			**Number: 2**
1.			
2.			

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No.	Department	Date	Signature[1]
Task to be performed: Assistance in introduction of a nasogastric probe			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Assistance in US examinations			**Number: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Assistance in endoscopic examinations			**Number: 3**
1.			
2.			
3.			

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Subject: **General medicine and general medicine practice**
Lenghth of Practice: **40 hours (1 week, 8 hours/day)**
Realisation: **after 9th semester**
ECTC: **1**

The aim of a subject:
The aim of the practice is to gain practical knowledge in the general practitioner's office for adults and for children and adolescents, respectively. The student should get familiar with the routine daily practice at outpatient office, the content of preventive examinations, the examination of the acute patient, as well as the management of documentation and the management of patients suffering from chronic diseases. He/she should also learn the basics of assessment activities taking place in the outpatient clinic.

Syllabus (content of practice)
1. The student gets familiar with the work in the outpatient clinic under the guidance of a general practitioner of the outpatient clinic for children and adolescents and for adults, respectively. He/she examines patients, prepares medical findings and keeps medical records. He/she gets acquainted with the forms and manages administrative procedures in the examination of patients, and assessment activities.
2. In co-operation with the physician, he/she draws up a proposal for differential-diagnostic and treatment procedures, monitors the development of the disease during control examinations, considers the need for auxiliary examinations and then interprets them
3. During the preventive examinations, he/she gets familiar with their content according to different age groups, master the technique of making an ECG recording and its subsequent interpretation.
4. In addition to blood sampling, he/she can handle the application of injection treatment - intramuscular, subcutaneous, and intravenous, collection of materials for examination (sputum, urine, stool, swabs). He/she independently performs examinations performed in the outpatient clinic (e.g. urine examinations, antigen tests).
5. The student masters the basic principles of patient education in both infectious diseases and diseases of civilization such as arterial hypertension, dyslipoproteinemia, obesity, etc. He/she will be actively involved in awareness-raising activities among patients.
6. The students will learn the basic principles of preoperative examination before various types of operations, including the assessment of the overall risk of the patient, immediate preoperative preparation (including adjustment of chronic medication) as well as postoperative patient management.
7. As part of the assessment activity, the students will get acquainted with the forms and method of reporting incapacity for work, cooperation with the Social Insurance Agency in assessing patients' disabilities, medical fitness for work, medical findings for compensation, medical fitness, etc.

HEALTH AND SAFETY TRAINING CONFIRMATION AND THE RECORD OF ARRIVALS AND DEPARTURES TO/FROM WORKPLACE

Department/ Outpatient Clinic:

Safety Regulations, date:	Signature of Senior Nursing Officer: (eventually other authorised person) Student's signature:

Date	Arrival	Departure	Signture of Physician	Number of teaching hours
Total				**40 hours (5 days)**

List of practical outputs

No.	Name of the patient	Date	Signature
Task to be performed: Standard examination of the patient			**No: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Basic preventive examination			**No: 3**
1.			
2.			
3.			
Task to be performed: Planning of therapy for influcening chronic diseases			**No: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Indication and interpretation of consiliary examination			**No: 5**
1.			
2.			
3.			
4.			
5.			
Task to be performed: Vaccination			**No: 3**
1.			
2.			
3.			

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Task to be performed: Pre-operative examination			**No: 2**
1.			
2.			
Task to be performed: Pečrforming and interpretation of ECG			**No: 3**
1.			
2.			
3.			
Task to be performed: Blood taking			**No: 3**
1.			
2.			
3.			
Task to be performed: Administration of i.v., i.m. and s.c. therapy under supervision			**No: 3**
1.			
2.			
3.			
Task to be performed: Assessment of medical fitness for work, performing a medical preventive examination in relation to work			**No: 2**
1.			
2.			

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Supplement No 1: Specimen of an Allocation Letter – Summer practice:

COMENIUS UNIVERSITY BRATISLAVA
JESSENIUS FACULTY OF MEDICINE IN MARTIN

ALLOCATION LETTER
for the compulsory summer practice

This is to confirm that:.....born on: ..... is a full time..... year student on the **General Medicine s**tudy program at Comenius University in Bratislava, Jessenius Faculty of Medicine in Martin in the academic year 20 /20 .

As a part of the study plan student has to complete specialized practice in the subject:

Nursing summer practice	**2nd year**	**- 2 weeks**
Summer practice – Internal medicine	**4th year**	**- 2 weeks**
Summer practice – Surgery	**4th year**	**- 2 weeks**
Summer practice – Gynaecology and Obstetrics	**5th year**	**- 2 weeks**
Summer practice – Paediatrics	**5th year**	**- 2 weeks**

The Allocation Letter acts as a confirmation of completion of summer practice. It must be signed by the Head of the Department/Clinic (senior nursing officer or other manager), and must contain the period of practice and the evaluation of the learning progress.

The Clinical Practice Record Book contains a table of training objectives for recording the learning progress as well as the timesheet. It is required to complete a section for each subject and record the time of the attendance. The onus for recording of learning and keeping the learning log is on student.

Certified Allocation letter and the Clinical Practice Record Book with all sections signed shall be submitted to the responsible teacher.

Stamp and signature of the Dean

Evaluation of a student by the Head of Department:

Student performed specialized practice at the Department of .....
.....
from ..... to .....

Evaluation:

.....
Stamp and signature of the Head of Department

Supplement No 2: Allocation Letter – Nursing practice:

ALLOCATION LETTER

INTERNAL MEDICINE

WORKPLACE:

NAME, SURNAME AND SIGNATURE OF SENIOR NURSING OFFICER:

DATE: **STAMP OF ORGANISATION:**

SURGERY

WORKPLACE:

NAME, SURNAME AND SIGNATURE OF SENIOR NURSING OFFICER:

DATE: **STAMP OF ORGANISATION:**

PEDIATRICS

WORKPLACE:

NAME, SURNAME AND SIGNATURE OF SENIOR NURSING OFFICER:

DATE: **STAMP OF ORGANISATION:**

CREDIT: **SIGNATURE OF TEACHER:**