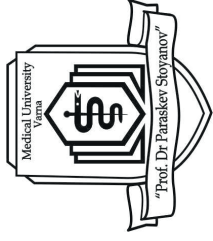


Name of the student..... Faculty №.....



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# DIARY

FOR COMPULSORY SUMMER PRACTICE AFTER

## IV<sup>TH</sup> COURSE, MEDICINE

..... /full name of the student/

FACULTY № .....

Conducted the practice from.....to.....

at.....

..... /name and address of the hospital/

**ORGANIZATION AND IMPLEMENTATION OF THE SUMMER TRAINING PRACTICE**

The training practice aims at deepening the students' knowledge gained during the clinical studies, elaborating their practical skills as well as students' introduction to the organization of the hospital work and the attending physician's duties.

The training practice included in the MD curriculum is compulsory for all students. The training practice shall be conducted under the direct supervision and monitoring of the practice supervisor, appointed upon a written order by the Dean and at a proposal of the Head of the respective Department.

Students can conduct their summer practice in other cities of the country or abroad, at public and private health, medical and social institutions that meet the legal requirements pertaining to the respective specialties – with the permission of the Dean after a reasoned request submitted by the student, accompanied by a letter of acceptance from the Head of the hospital institution or a contract for participation in a student mobility programme.

The practice after the eighth semester shall cover the required obligatory manipulations and shall be with duration of not less than 30 calendar days (150 hours).

The evaluation of the mastered knowledge, interest showed as well as the student's discipline is performed by certification of the Diary for compulsory summer practice. The Diary is an official document in which the student is required to enter the performed manipulations daily under the supervision of the physician in charge of the practice.

**It is an obligatory requirement the Diary to be presented at the Faculty of Medicine upon enrolment of the student for the following academic year.**

| №  | Department        | Obligatory working days | Days worked out | No of beds | No of Patients reported |
|----|-------------------|-------------------------|-----------------|------------|-------------------------|
| 1. | Internal Medicine |                         |                 |            |                         |
| 2. | Surgery           |                         |                 |            |                         |
|    | <b>TOTAL</b>      |                         |                 |            |                         |

**EVALUATION OF THE TRAINING PRACTICE:**

Excellent / Very good / Good / Satisfactory / Poor

Name of the Head of the Department/Sector:

Stamp and signature:

**SURGICAL DISEASES**

| #      | Date | Performed manipulation | Physician's signature and Department's stamp |
|--------|------|------------------------|--|
| I.1.   |      |                        |  |
| I.2.   |      |                        |  |
| I.3.   |      |                        |  |
| I.4.   |      |                        |  |
| I.5.   |      |                        |  |
| I.6.   |      |                        |  |
| I.7.   |      |                        |  |
| I.8.   |      |                        |  |
| I.9.   |      |                        |  |
| I.10   |      |                        |  |
| II.1.  |      |                        |  |
| II.2.  |      |                        |  |
| II.3.  |      |                        |  |
| II.4.  |      |                        |  |
| II.5.  |      |                        |  |
| II.6.  |      |                        |  |
| III.1. |      |                        |  |
| III.2. |      |                        |  |
| III.3. |      |                        |  |
| III.4. |      |                        |  |
| III.5. |      |                        |  |
| III.6. |      |                        |  |

Other manipulations:

| # | Date | Performed manipulation | Physician's signature and Department's stamp |
|---|------|------------------------|--|
|   |      |                        |  |
|   |      |                        |  |
|   |      |                        |  |
|   |      |                        |  |

**I. OBLIGATORY THERAPEUTIC AND DIAGNOSTIC MANIPULATIONS**

- 1 Stomach and duodenal probing under the supervision of the attending physician
- 2 Blood transfusion:
  - test performing for determining blood group incompatibility
  - blood prescription
  - preparation of the patient and the blood bank for blood transfusion
  - blood transfusion
- 3 Subcutaneous intramuscular and intravenous injections. Venous infusions. Intravenous line
- 4 Observation and participation in endoscopic examinations/transesophageal echocardiography
- 5 Participation in interpreting of imaging modalities
- 6 Preparation and participation in ultrasound examination of various organs and tissues
- 7 Participation in clinic-pathological discussions
- 8 Participation in clinical everyday rounds
- 9 Participation in development of the diagnostic and therapeutic plan
- 10 Food distribution to patients according to their diets

**II. INDEPENDENT EXAMINATIONS**

- 1 Integral urine analysis: relative weight, albumin, sugar, acetone, urobilinogen, sediment, dipstick analysis
- 2 Integral blood test
  - blood taking
  - smear tests
  - differential blood count
- 3 Collection of body fluids for microbiological testing and carrying out the tests
- 4 Taking care of hospitalized patients. Managing hospital records
- 5 Activities in out-patient departments
- 6 Patient's admission in the admission and consultation office
- 7 Independent preparing of a 12-lead electrocardiogram and its interpretation
- 8 Arterial pressure measurement in various body positions

**III. SURGICAL MANIPULATIONS**

- 1 Washing and preparation for operations
- 2 Wound treatment, incisions and bandages processing
- 3 Training for work with a monitoring system
- 4 Patients' servicing in emergency surgical department
- 5 Observation of endoscopic surgeries
- 6 Participation in procedures for immobilization after bone fractures

**INTERNAL MEDICINE**

| #     | Date | Performed manipulation | Physician's signature and Department's stamp |
|-------|------|------------------------|--|
| I.1.  |      |                        |  |
| I.2.  |      |                        |  |
| I.3.  |      |                        |  |
| I.4.  |      |                        |  |
| I.5.  |      |                        |  |
| I.6.  |      |                        |  |
| I.7.  |      |                        |  |
| I.8.  |      |                        |  |
| I.9.  |      |                        |  |
| I.10. |      |                        |  |
|       |      |                        |  |
| II.1. |      |                        |  |
| II.2. |      |                        |  |
| II.3. |      |                        |  |
| II.4. |      |                        |  |
| II.5. |      |                        |  |
| II.6. |      |                        |  |
| II.7. |      |                        |  |
| II.8. |      |                        |  |

Other manipulations:

| # | Date | Performed manipulation | Physician's signature and Department's stamp |
|---|------|------------------------|--|
|   |      |                        |  |
|   |      |                        |  |
|   |      |                        |  |
|   |      |                        |  |
|   |      |                        |  |