

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



**MEDICAL UNIVERSITY-VARNA**  
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# DIARY

FOR COMPULSORY SUMMER PRACTICE AFTER

## III<sup>RD</sup> COURSE, MEDICINE

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

FACULTY № .....

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

at.....

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

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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 sixth 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.

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OBLIGATORY MANIPULATIONS

EVALUATION OF THE TRAINING PRACTICE:

Excellent / Very good / Good / Satisfactory / Poor

Name of the Head of the Department/Sector:

.....

Stamp and signature:

- 1. Taking medical history and status under the supervision of the attending physician
- 2. Arterial pressure measurement in different positions
- 3. Intramuscular, intravenous (I.M., I.V.) and subcutaneous injections. Intravenous line placement
- 4. Venous infusions and blood transfusions. Blood group determinati
- 5. Venous and capillary blood sample collection for laboratory tests, and including hemocultures
- 6. Preparation and admission of an acute patient in ICU (Intensive Care Unit). Care after critically ill patient in ICU.
- 7. 12-lead ECG recording
- 8. Antibiotics dissolving and dosage
- 9. Wound treatment
- 10. Bandages
- 11. Participation in the performance and reading of the results from imaging diagnostic modalities
- 12. Participation in clinical rounds

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Other manipulations:

№	Other Manipulations	Date	Physician’s signature and stamp of the Department
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