

PRACTICAL SKILLS LOGBOOK

Faculty of International Medical Studies

**GEORGE EMIL PALADE UNIVERSITY OF MEDICINE, PHARMACY, SCIENCE, AND
TECHNOLOGY OF TÂRGU MUREŞ**

ACADEMIC YEAR: 2026 - 2027

YEAR OF STUDY: 4

Student's Name: _____

Matriculation Number: _____

E-mail Address: _____

Hospital Name: _____

Hospital Address: _____

Tutor's Name: _____

Dear students,

We present this practical skills logbook that describes the medical activities that are part of your clinical training and all the skills you should acquire during the sixth year of study in the medical field.

This logbook will help you identify and address any gaps in your theoretical and practical knowledge and prepare you for future professional responsibilities.

Completing this logbook allows you to track your personal learning progress, the degree of achievement of the proposed items as well as to obtain continuous feedback from the clinical training supervisor. If you have found that there are gaps in your knowledge, it is important to ask for further explanation and assistance during the mandatory on-call rota.

During the clinical training programme, the clinical training supervisor or designated teacher will answer all the questions and problems you may encounter during the training hours. They will be responsible for supervising your progress in acquiring the notions related to the clinical training.

Please fill in this logbook as required and have the signatures and seals of the doctors for the skills acquired, as this logbook will be collected, reviewed, and evaluated by us. You will be admitted to the graduation examination only after this logbook has been correctly and fully completed.

To continuously improve the teaching process, your constructive feedback is very important and, therefore, we recommend that you also complete the evaluation chapter at the end.

We wish you a pleasant clinical experience this academic year!

The teaching staff of the Faculty of International Medical Studies

George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Târgu Mureş

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A. GENERAL INFORMATION

Important information regarding organisation and procedures during clinical training can be found on the UMFST website and on the Blackboard platform:

If you have any questions regarding the organisation of your clinical year, please contact the Dean's Office; they will be pleased to assist you.

Please respect the scheduled practical activities in the hospital and, if necessary, seek individual guidance from your tutors.

General Objectives:

- Develop the ability to care for individual patients under the supervision of medical teaching staff
- Foster awareness of responsibility toward patients and colleagues
- Strengthen practical skills in the context of relevant theoretical knowledge
- Enhance communication, social, and emotional skills
- Integrate relevant differential diagnoses into daily medical practice
- Apply problem-solving approaches in clinical care
- Establish a working diagnosis based on clinical evidence

For the protection of your patients, you must have adequate immunity to mumps, measles, rubella, diphtheria, varicella (chickenpox), and pertussis (whooping cough). For your own protection, you should be vaccinated against Hepatitis B and, if possible, Hepatitis A.

In accordance with Art. 20 of Law 46/2003 (Patient Rights Law) it is strictly forbidden to photograph/film patients, medical documents and personal data within healthcare units without their consent, except in cases where images are necessary for diagnosis, treatment or to avoid suspicion of medical negligence.

Clinical Discipline Coordinators – Year IV Curriculum

Discipline	Coordinator	Contact Details
Orthopedics and Traumatology		
Urology		
Vascular Surgery		
General Surgery		
Plastic, Aesthetic, and Reconstructive Microsurgery		
Pediatric Surgery and Orthopedics		
Emergency Medicine		
Cardiology		
Internal Medicine		
Hematology		

B. CLINICAL TRAINING – SURGICAL SPECIALTIES

1. Orthopaedics and Traumatology

Semester: 1 or 2

Course Hours: 28 hours/semester

Clinical Internship: 45 hours/semester

- 3 weeks (Semester 1 or 2)

Hospital Practice: 45 hours/semester

Topics	Patient's initials/ Observation sheet Record number	Signature and seal of the supervisor
Minimum standard - 3 clinical cases/topics		
Introduction to presenting orthopaedic surgical cases Scheme presentation		
Shoulder joint pathology – Clinical cases: • Proximal humerus fractures • Acromioclavicular joint dislocation • Rotator cuff tear		
Arm surgical pathology – Clinical cases: • Diaphyseal and distal humerus fractures • Radial nerve palsy		
Elbow surgical pathology – Clinical cases: • Fractures • Elbow stiffness • Osteotomy		
Forearm, wrist, and hand surgical pathology – Clinical cases: • Radius and ulna fractures • Radial head fractures • Distal radius and ulna fractures • Scaphoid fractures		

Metacarpal and phalangeal fractures		
Pelvic surgical pathology – Clinical cases: Acetabular fractures (open or closed)		

Hip surgical pathology – Clinical cases: - Femoral head fractures - Femoral neck fractures - Pertrochanteric fractures - Primary and secondary hip osteoarthritis		
Thigh surgical pathology – Clinical cases: - Femoral shaft and distal fractures - Muscle injuries - Vascular injuries		
Knee surgical pathology – Clinical cases: - Tibial plateau fractures - Meniscus and cartilage injuries - ACL injuries - Primary and secondary knee osteoarthritis		
Tibia surgical pathology – Clinical cases: - Tibial fractures - Tibia and fibula fractures - Open fractures		
Ankle fractures – Clinical cases: - Lateral and medial malleolus fractures - Trimalleolar fractures with or without dislocation - Talus and calcaneus fractures		
Foot fractures – Clinical cases: - Metatarsal and phalangeal fractures - Tarsometatarsal dislocation - Open fractures		

Assisted Surgical Procedures

Minimum standard: 1 procedure per student

Type of Procedure	Patient Initials / Observation Sheet / Record Number	Signature and seal of the supervisor
1. Knee arthroscopy		
2. Knee osteotomy		
3. Proximal and medial humerus stabilisation		
4. Hip arthroplasty		
5. Tibial plateau stabilisation, ankle fracture		

Optional learning experiences *:

No.	Date	Description of Optional Clinical Experience

*It is not a mandatory requirement for the practical exam.

2. Urology

Semester: 1 or 2

Course hours: 28 hours/semester

Clinical internship: 45 hours/semester (3 weeks)

Hospital practice: 45 hours/semester

Topics Minimum standard - 1 clinical case/topics	Patient's initials/ Observation sheet Record number	Signature and seal of the supervisor
Introduction to presenting urological cases: • Case presentation format • Clinical examination of the urological patient • Digital rectal examination • Imaging and lab investigations		
Kidney and ureter pathology – Clinical cases: • Lithiasis • Upper urinary tract infection • Malformation • Trauma • Nephrostomy		
Kidney and ureter oncology – Clinical cases: • Renal cell carcinoma • Urothelial carcinoma of the upper urinary tract		
Bladder pathology – Clinical cases: • Malformation • Trauma • Urinary tract infection • Lithiasis • Bladder catheterisation, cystostomy		

Bladder oncology – Clinical cases:		
• Bladder cancer		
Prostate pathology – Clinical cases:		
• Benign prostatic hyperplasia		
• Prostatitis		

Prostate oncology – Clinical cases:		
• Prostate cancer		
Urethral pathology – Clinical cases:		
• Malformation		
• Trauma		
• Urinary tract infection		
• Urethral stricture		
• Urethral cancer		
Scrotal and testicular pathology – Clinical cases:		
• Malformation		
• Trauma		
• Infection		
• Testicular cancer		
Penile pathology – Clinical cases:		
• Trauma		
• Penile cancer		
• Erectile dysfunction		

Assisted Surgical Procedures

Minimum standard: 1 procedure per student

Type of procedure	Patient initials / Observation sheet / Record number	Signature and seal of the supervisor
1. Nephrectomy		
2. TURP / TURV		

3. Radical cystectomy / Radical prostatectomy		
4. Ureteroscopy / PCNL / ESWL		
5. Orchiectomy / Circumcision		

Optional learning experiences *:

No.	Date	Description of Optional Clinical Experience

*It is not a mandatory requirement for the practical exam.

3. Vascular Surgery

Semester: 1 or 2

Course hours: 7 hours/semester

Clinical internship: 15 hours/semester (1 week)

Hospital practice: 15 hours/semester

Topics	Patient's initials/ Observation sheet / Record number	Signature and seal of the supervisor
Minimum standard - 1 clinical case/topics		
Introduction to presenting vascular surgery cases Scheme presentation		
Peripheral arterial disease – Clinical cases:		
• Ilio-femoral occlusion • Femoropopliteal occlusion		
Carotid artery disease – Clinical cases:		
• Carotid stenosis		
Chronic venous insufficiency – Clinical cases:		
• Varicose veins		
Vascular access for dialysis – Clinical cases:		
• Arteriovenous fistula		

Assisted Surgical Procedures –

Minimum standard: 1 procedure per student

Type of procedure	Patient's initials/ Observation sheet/ Record number	Signature and seal of the supervisor
1. Femoropopliteal revascularisation		
2. Carotid endarterectomy		
3. Aorto-ilio-femoral revascularisation		

4. Varicose vein surgery		
5. Arteriovenous fistula creation for dialysis		

Optional learning experiences *:

No.	Date	Description of Optional Clinical Experience

*It is not a mandatory requirement for the practical exam.

4. General Surgery

- Semester: 1 or 2
- Course hours: 42 hours/semester
- Clinical internship: 90 hours/semester (6 weeks)
- 6 weeks (Semester 1 or 2)

Hospital practice: 90 hours/semester

Topics Minimum standard - 1 clinical case/topics	Patient's initials/ Observation sheet / Record number	Signature and seal of the supervisor
Introduction to presenting general surgery cases Scheme presentation		
Abdominal wall pathology – Clinical cases: • Inguinal hernia • Femoral hernia • Umbilical hernia • Incisional hernia		
Oesophageal pathology – Clinical cases: • Achalasia • Oesophageal cancer • Hiatal hernia		
Stomach and duodenum pathology – Clinical cases: • Peptic ulcer • Gastric cancer		
Surgical Pathology of the Colon - Clinical Cases: • Right-sided colon cancer • Descending colon tumour • Sigmoid colon tumour • Acute appendicitis		
Colon and rectum pathology – Clinical cases: • Colon cancer • Sigmoid tumours • Appendicitis • Rectal cancer		

Liver pathology – Clinical cases: • Hydatid cyst • Liver tumours		
Biliary tract pathology – Clinical cases: • Gallstones • Obstructive jaundice		
Pancreatic pathology – Clinical cases: • Pancreatic cancer • Acute pancreatitis		
Thyroid pathology – Clinical cases: • Goitre • Nodules • Thyroid cancer		
Breast pathology – Clinical cases: • Fibroadenoma • Breast cancer		
Intestinal obstruction – Clinical cases: • Obstructive colon cancer • Volvulus		
Pleuropulmonary and thoracic trauma – Clinical Cases: • Pleural effusions • Thoracic trauma (rib fractures, flail chest)		

Assisted Surgical Procedures

Minimum standard: 1 procedure per student

Type of procedure	Patient's initials/ Observation sheet / Record number	Signature and seal of the supervisor
1. Abdominal wall surgery		
2. Cholecystectomy		

3. Gastric resection / Total gastrectomy		
4. Colorectal resection		
5. Breast surgery		

Optional learning experiences *:

No.	Date	Description of Optional Clinical Experience

*It is not a mandatory requirement for the practical exam.

5. Plastic, Aesthetic, and Reconstructive Microsurgery

Semester: 1

Course hours: 14 hours/ semester

Clinical internship: 15 hours/ semester (1 week)

- 1 week (Semester 1 or 2)

Hospital practice: 15 hours/ semester

Topics	Patient's initials/ Observation sheet/ Record number	Signature and seal of the supervisor
Minimum standard - 1 clinical case/topic		
Traumatised hand (1) – Clinical cases:		
• Finger/hand amputation • Indications for replantation		
Traumatised hand (2) – Clinical cases:		
• Tendon, nerve, or bone injuries • Acute and chronic surgery		
Chronic hand pathology – Clinical cases:		
• Dupuytren's disease • Trigger finger • Carpal tunnel syndrome		
Reconstructive surgery – Clinical cases:		
• Flaps (free flap / local flap)		
Tumoral pathology – Clinical cases:		
• Radiocarpal cyst, lipoma, sebaceous cyst • Basal cell carcinoma, squamous cell carcinoma, malignant melanoma		

Assisted Surgical Procedures

Minimum standard: 5 procedures per student

Type of procedure		Patient's initials/ Observation sheet/ Record number	Signature and seal of the supervisor
1.			
2.			
3.			
4.			
5.			

Optional learning experiences *:

No.	Date	Description of Optional Clinical Experience

*It is not a mandatory requirement for the practical exam.

6. Pediatric surgery and orthopedics

Semester: 1 or 2

Number of lecture hours: 14 hours/semester

Number of clinical training hours: 15 hours/semester

- 1 week (Semester 1 or 2)
Practical activities in hospital: 15 hours/semester

Topics: Minimum requirement – 1 clinical case / topic	Patient initials/ Observation sheet/ Record number	Signature and seal of the supervisor
Topic 1: Clinical cases: • Inguinal hernia • Hydrocele • Undescended testis • Phimosis Key points: • Clinical investigations: medical history, physical examination, local examination • Paraclinical investigations: routine laboratory tests, ultrasound examination • Surgical interventions for assistance: open or laparoscopic herniorrhaphy, surgical treatment of hydrocele, orchidopexy Postoperative care: wound care, medication		

Topic 2: Clinical cases: • Appendicitis • Clubfoot • Developmental dysplasia of the hip (DDH) Key points: • Clinical investigations: medical history, physical examination, local examination • Paraclinical investigations: routine laboratory tests, ultrasound examination • Surgical interventions for assistance: phimosis, circumcision, open or laparoscopic appendectomy, Ponseti method • Postoperative care: wound care, medication		

Assisting in surgeries: Minimum requirement – 1 surgery/procedure

Type of surgery	Patient initials/ Observation sheet/ Record number	Signature and seal of the supervisor
1. Open herniorrhaphy		
2. Laparoscopic herniorrhaphy		
3. Surgical treatment of hydrocele		
4. Orchidopexy		

Additional learning opportunities *:

No.	Date	Description of the additional learning opportunity
1.		
2.		
3.		
4.		
5.		

* - It is not a mandatory requirement for the practical exam.

7. Emergency Medicine

Semester 1 or 2

Number of course hours: 14 hours

Number of clinical placement hours: 45 hours

- 1 week (Semester 1 or 2)

Topics:	Date, signature, and stamp (TUTOR)
Minimum standards – presentation of each topic and 2 simulations for each topic.	
1. Introduction to the environment of an Emergency Department. Presentation of the medical equipment frequently used in emergency care. <i>*If there is a case requiring bag ventilation and/ or tracheal intubation, it will be presented to the students</i>	
2. Basic life support algorithms for adults, children, and newborns. CPR technique for adults, children, and newborns will be demonstrated on BLS dummies. Each student should practise each skill at least twice. <i>*f there is a cardiac arrest case, it will be presented to the students, who will follow the BLS steps and technique.</i>	
3. Advanced life support algorithms for adults, children, and newborns. The teaching staff will demonstrate the defibrillation technique (AED and manual). Each student should perform defibrillation at least twice, on a dummy. <i>*If there is a cardiac arrest case in the ED, it will be presented to the students.</i>	
4. Cardiac arrest in special circumstances. Case simulations will be carried out involving the students as members of the resuscitation team. A simulation session should not last longer than 15 minutes. Each student should participate as a team member in at least two simulation sessions.	

5. Peri-arrest arrhythmias. Students should learn how to recognise them. Case simulations will be carried out involving the students as members of the emergency room teams who must manage patients with different types of arrhythmias. <i>*If there is a patient with an arrhythmia, they will be presented to the students.</i>	

6. Emergency management of trauma. General approach to a trauma patient according to the ABCDE protocols. Students will learn how to use a cervical collar. Each student should learn how to manually immobilise the cervical spine and how to apply a cervical collar.	
7. Secondary assessment of a trauma patient. Case simulations will be carried out involving the students as members of the trauma team in the emergency department, who must manage patients with polytrauma. <i>*If there is a patient with polytrauma, they will be presented to the students.</i>	
8. Emergency management of patients with thoracic, abdominal, and pelvic trauma. The technique of chest drain insertion, the technique of external fixation of the flail chest, the steps for applying the pelvic binder, and haemostatic techniques for controlling external haemorrhage will be discussed. <i>*If there is a patient with thoracic, abdominal, or pelvic trauma, they will be presented to the students, who will follow the patient's management.</i>	
9. Techniques for the mobilisation and immobilisation of trauma patients in emergency situations. The correct use of different types of stretchers (scoop stretcher, vacuum stretcher, backboard) and splints will be discussed and demonstrated. Each student should have the opportunity to perform the mobilisation and immobilisation techniques at least twice.	

10. Approach to the transfer of patients with polytrauma.

Students will be organised into three teams: the first team will be the trauma team from the emergency department, the second team will be the transfer team (ambulance, helicopter), and the third team will be the observer team. The tutor and the observer team will monitor how the emergency team organises the transfer, prepares the patient, and hands them over to the transfer team, as well as how the transfer team examines the patient and obtains additional information. Each team should play each role at least once.

Assistance in emergency medicine procedures:

Minimum standard criteria: assistance in at least 5 emergency clinical cases during the practical training.

N0.	Condition/ Type of intervention	Patient's initials/ Observation sheet	Date, signature, stamp of the tutor
1.			
2.			
3.			
4.			
5.			

Additional learning experiences*:

No.	Date	Description of the additional clinical experience
1.		
2.		
3.		
4.		
5.		

*- not a mandatory requirement for the practical examination.

C. Clinical Training – Medical Specialties

1. Cardiology

Semester: 1 or 2

Course hours: 28 hours/semester

Clinical internship: 75 hours/semester

*5 weeks (Semester 1 or 2)

Hospital practice: 75 hours/semester

Topics Minimum standard - 1 clinical case/ topic	Patient's initials/ Observation sheet/ Record number	Signature and seal of the supervisor
Introduction: Diagnostic approach to cardiovascular diseases • Medical history (anamnesis) and clinical examination in cardiology • Imaging and functional investigation tests • Non-invasive and invasive diagnosis in heart diseases		
Valvular diseases: • Mitral stenosis, mitral regurgitation • Aortic stenosis, aortic regurgitation • Tricuspid, pulmonary, and multivalvular diseases		
Endocarditis and pericardial diseases: • Approach to the patient with endocarditis • Approach to the patient with pericardial effusion		
Myocardial diseases: • Approach to the patient with myocarditis • Approach to the patient with cardiomyopathy		
Cardiac arrhythmias and conduction disorders: • Approach to the patient with arrhythmia • Approach to the patient with heart blocks		
Systemic arterial hypertension: • Diagnostic approach to essential hypertension		

• Diagnostic approach to secondary hypertension		
Ischemic Heart Disease (1)		
• Stable ischemic heart disease • Acute coronary syndromes without ST-segment elevation • Approach to the patient with ischemic heart disease – case presentation		
Ischemic heart disease (2):		
• ST-segment elevation myocardial infarction (STEMI) • Case presentation: patient with myocardial infarction		
Heart failure (1): Definition and terminology. Approach to the patient with heart failure:		
• Medical history and physical exam • Symptoms and signs • Comorbidity detection		
• Heart failure (2): Management		
• Pulmonary oedema • Cardiogenic shock • Case presentation: decompensated heart failure		
Congenital heart diseases:		
• Approach to the adult patient with congenital heart disease		
Aortic and peripheral arterial diseases:		
• Approach to the patient with aortic aneurysm/dissection • Approach to the patient with peripheral arterial disease		
Venous diseases and pulmonary embolism:		
• Approach to the patient with deep vein thrombosis • Venous disease • Pulmonary embolism		
Pulmonary vascular disease – Pulmonary hypertension:		
• Management of the patient with pulmonary hypertension		

Cardiovascular diseases in special contexts: • Pregnancy and heart disease • Cardiac tumours • Cardio-oncology • Connective tissue diseases • Endocrine disorders • Traumatic heart disease		

Minimum Standard Criteria:

Perform, assist with, or observe at least 1, 2, 3, or 5 procedures during clinical training.

Condition / Type of Procedure		Patient's initials/ Observation sheet/ Record number	Signature and seal of the supervisor
Physical Examination	Focus on cardiac examination (5 patients)		
Non-Invasive Evaluation	Electrocardiography (5 procedures):		
	Perform and interpret a normal/abnormal ECG • Key points: • Technical aspects • Physiological basis • Diagnostic criteria		
	Practice ECG (3 procedures): Observe correct technique, protocols, and interpretation Key points: • Techniques and protocols		
	• Indications and diagnostic criteria		

Monitoring	ECG Holter (3 procedures) Observe correct technique and assist with interpretation. Key points:		
	- Clinical applications / indications - Techniques - Artifacts		
	Ambulatory Blood Pressure Monitoring (3 procedures) Observe correct technique and assist with interpretation. Key points: - Clinical applications / indications - Techniques - Artifacts / technical validation		

Echocardiography	Transthoracic Echocardiography (5 procedures)		
	Assist, observe, and synthesise the appropriate clinical indication for echocardiography and its impact on clinical decision-making.		
	Key points:		
	• Proper patient positioning for transthoracic scanning • M-mode, 2D/3D imaging, Doppler, and colour flow mapping • Identification of cardiac planes, anatomy, and abnormalities • Diagnostic criteria		
	Vascular Examinations (Ultrasonography) (2 procedures)		
	• Assist, observe, and synthesise the appropriate clinical indication and its impact on clinical decisions.		
Cardiac Imaging – Hybrid Clinical Training (Cardiology/Radiology)	• Nuclear cardiology (SPECT, PET, SPECT/CT, PET/CT, PET/MR) • Cardiovascular magnetic resonance imaging (MRI) • Cardiac computed tomography (CT): • Coronary calcium scoring • Coronary CT angiography • Invasive hemodynamic diagnosis of heart disease		
Invasive Cardiology	Coronary Angiography (2 procedures)		
	Review patient records and assist with the procedure (Catheterisation Lab). Synthesise written results. Key points: • Understanding indications • Recognising complications • Ensuring procedural safety		

	Peripheral Angiography (2 procedures) Review records and assist with the procedure (Catheterisation Lab). Synthesise written results. Key points: • Understanding indications • Recognising complications • Ensuring procedural safety		

Electrophysiology	DC Cardioversion (1 procedure) Assist and observe the procedure. Key points: Pre-procedural preparation Cardioversion technique		
	Pacing Techniques (Temporary/Permanent) (1 procedure) Key points: • Internal pacing using transvenous endocardial electrodes • External pacing via transthoracic electrodes • Internal pacing via oesophageal electrode		

Optional learning experiences *:

No.	Date	Description of Optional Clinical Experience

*It is not a mandatory requirement for the practical exam.

2. Internal Medicine

Semester: 1 or 2

Course hours: 14 hours/semester

- **Number of Clinical Internship Hours:** 30 hours
- 2 weeks (Semester 1 or 2)

Hospital practice: 30 hours/semester

No.	Course Topic: Minimum Standard – Perform, assist with, or observe 1 patient during the clinical internship.	Patient's initials/ Observation sheet/ Record number	Signature and seal of the supervisor
1	Pneumonia • Clinical signs • Diagnosis of acute community-acquired pneumonia (clinical, lab, imaging) • Point-of-care ultrasound (POCUS) evaluation of pneumonia • Key lab investigations including microbiology • Advanced diagnostic techniques • Hospitalisation criteria • Inpatient and outpatient treatment • Prevention principles		
2	Chronic Obstructive Pulmonary Disease (COPD) • Main symptoms and clinical signs (including advanced stages) • Diagnostic evaluation (clinical suspicion, pulmonary function tests, additional diagnostics) • Respiratory dysfunction assessment (pulse oximetry, blood gas analysis) • Radiologic exams • Complementary tests: CBC, ECG, cardiac ultrasound • Differential diagnosis • Management: severity assessment, comorbidities, non-pharmacologic and pharmacologic treatment • Advanced disease management • Complications		

3	Venous Thromboembolic Disease • Main symptoms and clinical signs • Subtypes and variants • Diagnostic criteria • Additional lab tests: CBC, coagulation profile, liver and kidney function • Advanced imaging for deep vein thrombosis • Etiological screening (thrombophilia, malignancy, etc.) • Differential diagnosis • Treatment principles • Supportive measures • Recognition of complications		
4	Pulmonary Hypertension • Symptoms and signs based on clinical classification • Diagnostic approach • Aetiology identification • Severity assessment • Treatment strategies		
5	Peripheral Vascular Disease • Symptoms and signs (asymptomatic disease, intermittent claudication, rest pain, critical limb ischemia) • Differential diagnosis: vascular vs. non-vascular causes • Treatment: physical therapy, cardiovascular risk factor modification, pharmacologic and revascularisation options • Complication management • Prevention and progression monitoring		
6	Gastric Ulcer • Symptoms and signs (asymptomatic or symptomatic) • Initial and dynamic evaluation across patient groups • Imaging diagnosis: upper GI endoscopy • Additional diagnostics, tests for inflammatory bowel disease • Etiological diagnosis: infectious or other causes, biopsy interpretation • Differential diagnosis • Management and treatment: general measures, Helicobacter pylori eradication, acute complication management, bleeding detection • Inpatient and outpatient care		

7	Duodenal Ulcer • Main symptoms and clinical signs (asymptomatic or symptomatic patient) • Initial and dynamic evaluation for all patients and risk groups • Imaging diagnosis: upper gastrointestinal endoscopy • Additional diagnostic tests: including screening for inflammatory bowel disease • Etiological diagnosis: infectious or other causes; interpretation of gastric biopsy results • Differential diagnosis • Management and treatment • Care settings: inpatient and outpatient		
8	Jaundice • Main symptoms and clinical signs (whether the patient is asymptomatic or symptomatic) • Evaluation of jaundice for all patients, including: ○ Assessment of possible causes based on direct vs. indirect bilirubin levels ○ Liver function tests ○ Urine and stool analysis in jaundiced patients • Imaging investigations: ○ Abdominal ultrasound ○ Abdominal CT scan • Etiological diagnosis of jaundice • Management based on the identified cause •		
9	Liver Cirrhosis • Symptoms and signs: skin changes, abdominal signs, hormonal changes, specific signs (hepatic foetor, oedema) • Rare causes: hemochromatosis, etc. • Clinical, lab (including full metabolic profile), and imaging diagnosis		

	• Complication screening (upper GI endoscopy) • Staging and scoring • General treatment and supportive measures • Complication identification: portal hypertension, cardiopulmonary issues, haemostasis abnormalities, metabolic complications • Decompensated cirrhosis		
10	Budd-Chiari Syndrome • Symptoms and signs • Diagnosis: blood tests, ascitic fluid analysis, imaging • Treatment of underlying disease and pharmacologic options • Complication identification		
11	Hypertension and Renal Disease • Renal vascular diseases, nephrolithiasis, nephrocalcinosis, urinary tract obstruction • Symptoms and signs • Diagnosis: blood and urine tests, imaging (ultrasound, CT) • Symptomatic and conservative treatment • Complications: recurrent UTIs, acute kidney injury • Prevention: hydration, diet, chemoprophylaxis, urinary pH adjustment		
12	Chronic Kidney Disease (CKD) • Symptoms and signs • Individualised diagnosis and staging • Initial lab tests, acute injury screening, aetiology identification, imaging • Management: cardiovascular risk factors (diabetes, hypertension, dyslipidaemia) • Complication monitoring: hyperkalaemia, UTIs, drug toxicity • Screening tests • Anaemia and bone disease in CKD		

1.6 Clinical Manoeuvres / Procedures / Techniques. Explanations for clinical manoeuvres / procedures / techniques:

- (a) What are the general indications for this clinical manoeuvre/procedure/technique, and why is it indicated for this specific patient?
- (b) What are the general contraindications for this manoeuvre/procedure/technique?
- (c) What are the possible complications of this manoeuvre/procedure/technique?

Procedure	Patient's initials/ Observation sheet/ Record number	Signature and seal of the supervisor
Measure: the temperature, respiratory rate, pulse, systemic blood pressure, peripheral oxygen saturation, and urinary output		
Perform: Arterial cannulation	Simulation Centre	
Perform: Peripheral and central venous cannulation		
Perform: Capillary blood glucose measurement		
Perform: Ankle-brachial index measurement using conventional and advanced methods; pulse wave velocity measurement		
Perform: Resting 12-lead electrocardiogram (3 procedures)		
Performance and Interpretation: Holter ECG recording		
Performance and Interpretation: Ambulatory blood pressure monitoring (ABPM)		
Perform: 6-minute walk test		
Patient instruction for using inhalation devices for medication administration		
Observation of paracentesis (1 procedure)		
Preparation and administration of subcutaneous, intramuscular, and intravenous injections	Including Simulation Centre	
Preparation of intravenous infusion		
Venous and arterial blood sampling – confirm correct order of sample collection, container selection, labelling, and prompt lab submission		
Thoracentesis	Including Simulation Centre	
Using proper patient handling and movement techniques, including for frail patients		

1.6

Interpretation of Investigations or Tests

Explain:

- **(a)** What are the general indications for a particular investigation or test, and why is it indicated for this specific patient?
- **(b)** What are the possible factors that may influence the result of the investigation or test?

- (c) How does this result influence the patient's management?

No.	Task
1.	Evaluation of ascites and pleural fluid
2.	Interpretation of resting electrocardiogram and exercise test
3.	Interpretation of electrolyte panel, acid-base balance, and blood gases
4.	Evaluation of pulmonary function tests
5.	Interpretation of routine hormonal test results
6.	Evaluation of liver, biliary, and pancreatic function
7.	Evaluation of renal function
8.	General interpretation of a chest X-ray in two views (anteroposterior and lateral)
9.	Evaluation of heart failure and myocardial injury
10.	Interpretation of complete blood count and derived indices
11.	Interpretation of urinalysis

Drafting and Completing Important Medical Documents and Forms

Required Knowledge and Skills:

- (a) Who the document/form is addressed to, and **why**
- (b) What the **most important requirements** are for completing it correctly

No	Task
1.	Completing a referral form to another medical or surgical specialty
2.	Completing a referral form for imaging investigations (standard X-ray, CT scan, MRI)
3.	Completing a referral/request form for anatomical pathology examination
4.	Understanding the ICD-10 classification system (International Classification of Diseases, 10th Revision), 2019 version

Patient Counselling

No	Task – Counsel the patient regarding:
1.	Alcohol consumption
2.	Existing chronic illness(es)
3.	Daily physical activity (movement)
4.	Smoking cessation
5.	Dietary recommendations appropriate to the patient's condition(s)
6.	Vaccination

Optional learning experiences *:

No.	Date	Description of Optional Clinical Experience

*It is not a mandatory requirement for the practical exam.

3. Haematology

Semester: 1 or 2

Number of lecture hours: 14 hours/semester

Number of clinical practice hours: 30 hours/semester

- 2 weeks (Semester 1 or 2)

Hospital practical activities: 30 hours/semester

Topics	Patient's initials/ Observation sheet/ Record number	Signature and seal of the supervisor
Minimum standard - 1 clinical case/topic		
• Iron deficiency anaemia • Etiological diagnosis in iron deficiency anaemia • Differential diagnosis in anaemia		
• Chronic myeloid leukaemia • Polycythaemia vera • Essential thrombocythemia (students should see or discuss a case with any of the above diagnoses)		
• Chronic lymphocytic leukaemia • Non-Hodgkin lymphoma • Hodgkin lymphoma (students should see or discuss a case with any of the above diagnoses)		
• Myeloma • Waldenström macroglobulinemia • Immune thrombocytopenia – treatment-related osteoporosis (steroids) and diabetes (students should see or discuss a case with any of the above diagnoses)		
• Macrocytic anaemia; vitamin B12 deficiency • Autoimmune haemolytic anaemia (students should see or discuss a case with any of the above diagnoses)		
Optional activities:		
• Haemophilia – prophylactic therapy • Acquired thrombotic thrombocytopenic purpura – early diagnosis • Acute leukaemia • Myelodysplastic syndrome • Aplastic anaemia		

Haematological procedures:

No	Pathology / Type of intervention	Patient's initials/ Observation sheet/ Record number	Signature and seal of the supervisor
1.	Bone marrow aspiration (discussion or assisting with 1 procedure)		
2.	Bone marrow biopsy (discussion or assisting with 1 procedure)		

Laboratory tests

Minimum standard criteria: interpretation of at least 5 complete blood counts and coagulation tests during clinical training.

Pathology / Type of intervention	Patient's initials/ Observation sheet/ Record number	Signature and seal of the supervisor
Complete blood count		
Coagulation profile (Prothrombin time, aPTT, fibrinogen)		
Optional: - Peripheral blood smear - Morphology of bone marrow aspirate - Reticulocytes and signs of haemolysis		

Optional learning experiences *:

No.	Date	Description of Optional Clinical Experience

*It is not a mandatory requirement for the practical exam.

D. On-Call Activities

During one academic year, students must complete a minimum of 8 on-call shifts of 6 hours each (according to the current teaching regulations), in line with the clinical rotations corresponding to each module.

No	Date	Time interval	Clinic	Signature and seal of the on-call physician
1				
2				
3				
4				
5				
6				
7				
8				

Practical activity during on-call duties (minimum 1 clinical case/ call

Clinical case (1)	
Last Name, First Name / OS No.:	
History and Symptomatology • Major symptoms • Personal physiological and pathological history • Heredo-collateral history • Medication • Behaviour and social aspects	
Physical examination (relevant for current pathology)	
Laboratory results	
Imaging	
Primary diagnosis	
Differential diagnosis	
Therapeutic plan	
Prognostic	

Optional learning experiences *:

No.	Date	Skills acquired while on duty
1		
2		
3		
4		
5		

*It is not a mandatory requirement for the practical exam.

** Examples of skills: patient monitoring, injections, dressings, wound cleaning and suturing, etc.

Clinical case (2)	
Last Name, First Name / OS No.:	
History and Symptomatology • Major symptoms • Personal physiological and pathological history • Heredo-collateral history • Medication • Behaviour and social aspects	
Physical examination (relevant for current pathology)	
Laboratory results	
Imaging	
Primary diagnosis	
Differential diagnosis	
Therapeutic plan	
Prognostic	

Optional learning experiences *:

No.	Date	Skills acquired while on duty
1		
2		
3		
4		
5		

*It is not a mandatory requirement for the practical exam.

** Examples of skills: patient monitoring, injections, dressings, wound cleaning and suturing, etc.

Clinical case (3)	
Last Name, First Name / OS No.:	
History and Symptomatology • Major symptoms • Personal physiological and pathological history • Heredo-collateral history • Medication • Behaviour and social aspects	
Physical examination (relevant for current pathology)	
Laboratory results	
Imaging	
Primary diagnosis	
Differential diagnosis	
Therapeutic plan	
Prognostic	

Optional learning experiences *:

No.	Date	Skills acquired while on duty
1		
2		
3		
4		
5		

*It is not a mandatory requirement for the practical exam.

** Examples of skills: patient monitoring, injections, dressings, wound cleaning and suturing, etc.

Clinical case (4)	
Last Name, First Name / OS No.:	
History and Symptomatology • Major symptoms • Personal physiological and pathological history • Heredo-collateral history • Medication • Behaviour and social aspects	
Physical examination (relevant for current pathology)	
Laboratory results	
Imaging	
Primary diagnosis	
Differential diagnosis	
Therapeutic plan	
Prognostic	

Optional learning experiences *:

No.	Date	Skills acquired while on duty
1		
2		
3		
4		
5		

*It is not a mandatory requirement for the practical exam.

** Examples of skills: patient monitoring, injections, dressings, wound cleaning and suturing, etc.

Clinical case (5)	
Last Name, First Name / OS No.:	
History and Symptomatology • Major symptoms • Personal physiological and pathological history • Heredo-collateral history • Medication • Behaviour and social aspects	
Physical examination (relevant for current pathology)	
Laboratory results	
Imaging	
Primary diagnosis	
Differential diagnosis	
Therapeutic plan	
Prognostic	

Optional learning experiences *:

No.	Date	Skills acquired while on duty
1		
2		
3		
4		
5		

*It is not a mandatory requirement for the practical exam.

** Examples of skills: patient monitoring, injections, dressings, wound cleaning and suturing, etc.

Clinical case (6)	
Last Name, First Name / OS No.:	
History and Symptomatology • Major symptoms • Personal physiological and pathological history • Heredo-collateral history • Medication • Behaviour and social aspects	
Physical examination (relevant for current pathology)	
Laboratory results	
Imaging	
Primary diagnosis	
Differential diagnosis	
Therapeutic plan	
Prognostic	

Optional learning experiences *:

No.	Date	Skills acquired while on duty
1		
2		
3		
4		
5		

*It is not a mandatory requirement for the practical exam.

** Examples of skills: patient monitoring, injections, dressings, wound cleaning and suturing, etc.

Clinical case (7)	
Last Name, First Name / OS No.:	
History and Symptomatology • Major symptoms • Personal physiological and pathological history • Heredo-collateral history • Medication • Behaviour and social aspects	
Physical examination (relevant for current pathology)	
Laboratory results	
Imaging	
Primary diagnosis	
Differential diagnosis	
Therapeutic plan	
Prognostic	

Optional learning experiences *:

No.	Date	Skills acquired while on duty
1		
2		
3		
4		
5		

*It is not a mandatory requirement for the practical exam.

** Examples of skills: patient monitoring, injections, dressings, wound cleaning and suturing, etc.

Clinical case (8)	
Last Name, First Name / OS No.:	
History and Symptomatology • Major symptoms • Personal physiological and pathological history • Heredo-collateral history • Medication • Behaviour and social aspects	
Physical examination (relevant for current pathology)	
Laboratory results	
Imaging	
Primary diagnosis	
Differential diagnosis	
Therapeutic plan	
Prognostic	

Optional learning experiences *:

No.	Date	Skills acquired while on duty
1		
2		
3		
4		
5		

*It is not a mandatory requirement for the practical exam.

** Examples of skills: patient monitoring, injections, dressings, wound cleaning and suturing, etc.

E. STUDENT FEEDBACK

Please answer the following questions, cut out the page, and place it in the questionnaire box!

1. Describe the most interesting experiences during clinical training:

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2. Describe the most difficult experiences during clinical training:

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3. List at least 3 aspects that should be improved in the future:

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