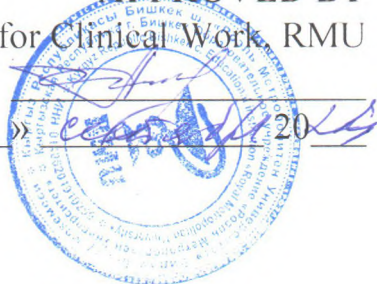




**APPROVED BY**  
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«12» *12* 20*24*



## SYLLABUS

### Practical Training Programme

Specialty 560001 — General Medicine (5-year programme)

Type of Practice: ASSISTANT TO THE PHYSICIAN OF A FAMILY  
MEDICINE CENTRE (CSM / COVP)

#### 1. Course Information

|                               |  |
|-------------------------------|--|
| <b>Form of study</b>          | Full-time  |
| <b>Profiles</b>               | Internal Medicine, Pediatrics  |
| <b>Year / Semester</b>        | Years 4–5 / Semesters 8 and 9  |
| <b>Workload — Semester 8</b>  | 5 credits (150 hours)  |
| <b>Workload — Semester 9</b>  | 5 credits (150 hours)  |
| <b>Total workload</b>         | 10 credits / 300 hours   |
| <b>Duration of each cycle</b> | 5 weeks (25 working days), 6 hours/day, 5-day week   |
| <b>Type of assessment</b>     | Pass/Fail with rating score  |
| <b>Practice base</b>          | City and district outpatient-polyclinic institutions /<br>Family Medicine Centres (CSM) of Bishkek |



## **2. Brief Description**

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During this placement the student works as an assistant to the physician of a Family Medicine Centre. The practice is supervised by RMU teaching assistants and is an integral part of the professional training of a future general physician (including international students).

## **3. Aim of the Practice**

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To consolidate students' knowledge in the recognition and treatment of the most common diseases at the level of a district therapist, to carry out population health monitoring (dispensarisation), to reinforce skills of anti-epidemic and sanitary-educational work — including healthy-lifestyle promotion — and to maintain primary medical documentation in the local area.

## **4. Learning Objectives**

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- Consolidate knowledge of the work of a CSM physician.
- Organise the work of medical personnel, define functional duties and the optimal algorithm.
- Apply measures of occupational safety, prevention of occupational diseases and ecological safety.
- Reinforce clinical examination of therapeutic patients and skills of clinical-diagnosis formulation.
- Draft an examination plan and interpret its results.
- Reinforce treatment and prevention of emergency conditions in the outpatient setting.
- Maintain outpatient medical documentation in compliance with Mandatory Medical Insurance standards.
- Familiarise with the prescription, storage and accounting of potent, narcotic and high-cost drugs; with the work of physiotherapy and other clinical units.

## **5. Competencies Formed**

PC-1 is capable and willing to comply with medical ethics rules, laws, and regulations regarding handling confidential information, as well as maintaining medical confidentiality.

PC-5 is capable and willing to conduct and interpret interviews, physical examinations, clinical examinations, and the results of modern laboratory and instrumental studies, as well as to prepare medical documentation for outpatient and inpatient adult and pediatric patients.

PC-14 is capable and willing to establish a diagnosis based on the results of biochemical and clinical studies.



(This formulation is found in the educational standards of medical universities in the CIS and refers to the professional competencies of a physician.)

PC-26 is capable and willing to use regulatory documentation adopted in the healthcare system of the Kyrgyz Republic, as well as those used in international medical practice.

## **6. Content of the Practice — Internal Medicine (~6 h per topic)**

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- History-taking and maintenance of the outpatient record.
- Outpatient management of respiratory diseases.
- Outpatient management of cardiovascular diseases.
- Outpatient management of gastrointestinal diseases.
- Outpatient management of renal and urinary diseases.
- Outpatient management of musculoskeletal diseases.
- Outpatient management of endocrine diseases.
- Summarising the practice; final assessment.

## **7. The Student Must Know**

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- Structure and organisation of the polyclinic / CSM and all its units.
- Tasks of the day-hospital department and patient schools (asthma, diabetes, hypertension).
- Organisation of specialised offices (endocrinologist, pulmonologist, cardiologist, gastroenterologist, infectious-disease specialist).
- Organisation of the Medical Consultative Commission (VKK) and Extended VKK (RVKK).
- Functional duties of a district / CSM physician.
- National vaccination calendar; dispensarisation method.
- Organisation of anti-epidemic measures and norms of sanitary-educational work.
- Average periods of temporary disability and rules for referral to MSEC.

## **8. The Student Must Be Able To**

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- Collect complaints and history; perform objective examination of the patient.
- Maintain medical documentation correctly.
- Write prescriptions, including for narcotic drugs and precursors.
- Define indications for hospitalisation (planned and emergency) and arrange it.
- Use the regulations on work-capacity expertise and determine causes of temporary disability.
- Determine the minimum of necessary investigations and interpret their results (laboratory, ECG, endoscopy, X-ray, etc.).
- Advise the patient on primary prevention and healthy lifestyle.



## 9. Required Skills (control table — selected)

|   |                   |
|---|-------------------|
| <b>Outpatient consultations</b>   | 30 — level 3      |
| <b>Home visits</b>  | 30 — level 3      |
| <b>Dispensary check-ups</b>   | 10 — level 3      |
| <b>VKK / RVKK sessions attended</b>   | 4–5 — level 2     |
| <b>Consultation with narrow specialists</b>   | 10 — level 2      |
| <b>Ambulance call coverage</b>  | 20 — level 2      |
| <b>Outpatient record (form 025); KIF; dispensary card (131/y)</b>   | 10–30 — level 3   |
| <b>Temporary disability certificate; referrals (hospital, MSEC, sanatorium)</b>   | 3–10 — levels 2–3 |
| <b>ECG: recording, decoding and assessment</b>  | 20 — levels 2–3   |
| <b>First medical aid (syncope, hypertensive crisis, angina, MI, pulmonary oedema, asthma attack, shock, coma, stroke)</b> | 3–5 — levels 2–3  |

*Skill levels: 1 — has an idea / knows indications; 2 — knows, evaluates, takes part; 3 — performs independently.*

## 10. Medical Manipulations (Therapy)

- ECG recording; peak-flowmetry; BP measurement.
- Cardiopulmonary resuscitation; gastric lavage.
- Glucometry, glucose-tolerance test.
- Aerosol-inhalation technique with spacers and nebulisers.



## 11. Practice Diary and Reporting

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- Day 1: a brief profile of the polyclinic / CSM (catchment area, population, units, types of care).
- Description of the therapeutic district: doctor, work experience, boundaries, population (adults, adolescents, children, pregnant), key enterprises and dispensary groups.
- Patient consultations and home visits are recorded daily (initials, age, diagnosis, prescriptions in Latin, regimen, diet).
- Participation in VKK / RVKK and in temporary-disability decisions.
- Sanitary-educational work: at least 2 talks and a sanitary bulletin per cycle.
- All entries are signed by the supervisor; the character reference is endorsed by the chief physician and stamped with the institution's seal.
- Diary is submitted to the Practice Department within 3 days of the examination (2 weeks if practice was outside the city).

## 12. Assessment

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Final control — differentiated pass/fail examination by commission. The interview is held at the Department of Internal Medicine immediately after the two-week therapy cycle, in the dates set by the Practice Department. The student presents the practice diary with character reference.