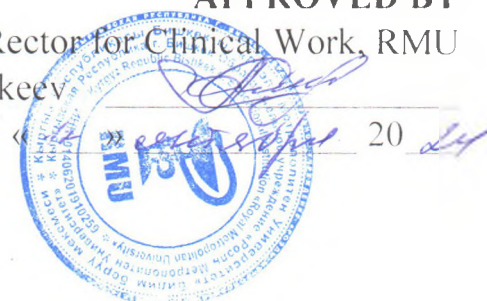




APPROVED BY
Vice-Rector for Clinical Work, RMU
A.U. Aitikeev



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

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



2. Brief Description

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

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

- 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-27	Able to use knowledge of the structure of healthcare organisations and the system of patient referral and redirection.
APC-5 (Additional)	Able to implement a set of measures aimed at the preservation and strengthening of health and the prevention of disease using innovative technologies.

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

- 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

- 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

- 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)

Outpatient consultations	30 — level 3
Home visits	30 — level 3
Dispensary check-ups	10 — level 3
VKK / RVKK sessions attended	4–5 — level 2



Consultation with narrow specialists	10 — level 2
Ambulance call coverage	20 — level 2
Outpatient record (form 025); KIF; dispensary card (131/y)	10–30 — level 3
Temporary disability certificate; referrals (hospital, MSEC, sanatorium)	3–10 — levels 2–3
ECG: recording, decoding and assessment	20 — levels 2–3
First medical aid (syncope, hypertensive crisis, angina, MI, pulmonary oedema, asthma attack, shock, coma, stroke)	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

- 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

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.