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**Federal State Educational Institution of Higher Professional Education “Peoples’
Friendship University of Russia named after Patrice Lumumba”
RUDN University**

Institute of Medicine

PROGRAM OF THE PRACTICAL TRAINING

Practice in the Surgical Field: Surgical Assistant

internship title

productive

internship type

Recommended by the Didactic Council for the Education Field of:

31.05.01 General Medicine

field of studies / speciality code and title

**The student’s internship is implemented within the professional education
programme of higher education:**

General Medicine

higher education programme profile/specialisation title

2023-2024

1. INTERNSHIP GOAL(s)

The goal of the Internship "**Surgical Assistant**" is to consolidate and deepen the theoretical training of the student, to acquire practical skills, possessions and skills, to form competencies that make up the content of the professional activity of the assistant surgeon.

2. REQUIREMENTS FOR LEARNING OUTCOMES

The internship implementation is aimed at the development of the following competences (competences in part): PC-1, PC-2, PC-3, PC-4, PC-5, PC-6.

Table 2.1. List of competences that students acquire during the internship

Competence code	Competence descriptor	Competence formation indicators (within this course)
PC-1	Being able to provide emergency or urgent medical care to a patient	PC-1.1. Being able to assess the condition of a patient who needs emergency or urgent medical care.
		PC-1.2. Being able to recognize conditions that arise from sudden acute diseases, exacerbation of chronic diseases without obvious signs of a threat to the patient's life and which require emergency medical care.
		PC-1.3. Being able to provide emergency medical care to patients with sudden acute diseases, conditions, exacerbation of chronic diseases without obvious signs of a threat to the patient's life.
		PC-1.4. Being able to recognize conditions which pose a threat to the patient's life, including conditions of clinical death (cessation of the vital bodily functions (blood circulation and/or respiration) which require emergency medical care.
		PC-1.5. Being able to provide emergency medical care to patients in conditions which pose a threat to the patient's life, including clinical death (cessation of the vital bodily functions (blood circulation and/or respiration).
		PC-1.6. Being able to use drugs and medical devices when providing medical care in emergency or urgent forms.
PC -2	Being able to examine a patient in order to determine a diagnosis	PC-2.1. Mastering the skills to collect complaints, anamnesis of the patient's life and disease, as well as conduct a complete physical examination of the patient (examination, palpation, percussion, auscultation).
		PC-2.2. Being able to make a preliminary diagnosis and make up a plan of laboratory and instrumental examinations of a patient.

		<p>PC-2.3. Being able to refer a patient to a laboratory examination in case there are medical indications in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care taking into account the medical care standards.</p>
		<p>PC-2.4. Being able to refer a patient to an instrumental examination in case there are medical indications in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care taking into account the standards of medical care.</p>
		<p>PC-2.5. Being able to refer a patient to consult with a medical specialist if there is a medical indication in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care taking into account the standards of medical care.</p>
		<p>PC-2.6. Being able to refer a patient to be provided with specialized medical care in an inpatient setting or in a day hospital in case there are medical indications in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care taking into account the standards of medical care.</p>
		<p>PC-2.7. Being able to carry out differential diagnosis with other diseases/conditions, including the urgent ones, as well as to make a diagnosis taking into account the current international statistical classification of diseases and problems related to health (ISC).</p>
PC -3	Being able to prescribe treatment and monitor its efficacy and safety	<p>PC-3.1. Being able to develop a treatment plan for a disease or condition taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care taking into account the standards of medical care.</p>
		<p>PC-3.2. Being able to prescribe medicinal drugs, medical devices and medical nutrition taking into account the diagnosis, age and clinical picture of the disease and in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care taking into account the standards of medical care.</p>

		<p>PC-3.3. Being able to prescribe non-drug treatment taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care taking into account the standards of medical care.</p>
		<p>PC-3.4. Being able to assess the efficacy and safety of the use of drugs, medical devices, medical nutrition and other treatment methods.</p>
		<p>PC-3.5. Being able to provide palliative care in collaboration with medical specialists and other healthcare professionals.</p>
		<p>PC-3.6. Being able to organize personalized treatment for a patient, including pregnant women, elderly and senile patients; assess the efficacy and safety of treatment.</p>
<p>PC -4</p>	<p>Being able to implement and monitor the patient's medical rehabilitation efficacy, including when implementing individual rehabilitation and habilitation programmes for persons with disabilities; assess the patient's ability to work</p>	<p>PC-4.1. Being able to conduct an examination of temporary disability and work as part of a medical commission which examines temporary disability.</p>
		<p>PC-4.2. Being able to prepare necessary medical documentation to carry out medical and social examination in federal state institutions of medical and social examination.</p>
		<p>PC-4.3. Being able to carry out medical rehabilitation measures for a patient, including when implementing an individual rehabilitation or habilitation programme for persons with disabilities, in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care taking into account the standards of medical care.</p>
		<p>PC-4.4. Being able to refer a patient who needs medical rehabilitation to a medical specialist so that they prescribe and carry out medical rehabilitation measures, including when implementing an individual rehabilitation or habilitation programme for persons with disabilities, in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on provision of medical care taking into account the standards of medical care.</p>

		<p>PC-4.5. Being able to refer a patient who needs medical rehabilitation to a medical specialist so that they prescribe and carry out sanatorium treatment, including when implementing an individual rehabilitation or habilitation programme for persons with disabilities, in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care taking into account the standards of medical care.</p>
		<p>PC-4.6. Being able to assess the efficacy and safety of medical rehabilitation measures for a patient in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care taking into account the standards of medical care.</p>
		<p>PC-4.7. Being able to refer a patient with a persistent bodily dysfunction caused by diseases, the consequences of trauma or defects to a medical and social examination.</p>
PC -5	Being able to carry out preventive measures and measures to promote a healthy lifestyle and sanitary and hygiene education among population and monitor their effectiveness	<p>PC-5.1. Being able to organize and conduct medical examinations taking into account age, health status, profession in accordance with applicable legislative acts and other documents.</p>
		<p>PC-5.2. Being able to organize and monitor the immunization of the adult population against infectious diseases in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care taking into account the standards of medical care.</p>
		<p>PC-5.3. Being able to carry out medical examination of the adult population aimed at early detection of chronic noncommunicable diseases and the main risk factors for their development in accordance with the current legislative acts and other documents.</p>
		<p>PC-5.4. Being able to carry out follow-up care of patients with diagnosed chronic noncommunicable diseases.</p>
		<p>PC-5.5. Being able to prescribe preventive measures to patients taking into account risk factors in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care taking into account the standards of medical care.</p>
		<p>PC-5.6. Being able to monitor observing preventive measures.</p>
		<p>PC-5.7. Being able to determine medical indications to introduce restrictive measures (quarantine) and indications for referral to a medical specialist in the event of infectious (parasitic) diseases.</p>

		PC-5.8. Being able to issue and send an emergency notification to the territorial body of the Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing when an infectious or occupational disease is detected.
		PC-5.9. Being able to carry out anti-epidemic measures in the event of the occurrence of a focus of infection, including quarantine measures when especially dangerous (quarantine) infectious diseases are detected.
		PC-5.10. Being able to develop healthy lifestyle programmes, including the ones to reduce alcohol and tobacco consumption, prevent and combat non-medical use of narcotic drugs and psychotropic substances.
		PC-5.11. Being able to assess the effectiveness of preventive patient care.
PC -6	Being able to keep medical records and organize the activities of the nursing staff	PC-6.1. Being able to draw up a work plan and report on their work, issue a passport for a healthcare (therapeutic) area.
		PC-6.2. Being able to analyze morbidity, disability and mortality rates to characterize the health of the registered population.
		PC-6.3. Being able to keep medical records, including in the electronic form.
		PC-6.4. Being able to monitor the performance of official duties by a district nurse and other medical workers at the disposal.
		PC-6.5. Being able to provide internal control of quality and safety of medical activities within the scope of employment responsibilities.

3. INTERNSHIP IN HIGHER EDUCATION PROGRAMME STRUCTURE

The internship refers to the core/variable/elective* component of (B2) block of the higher educational programme curriculum.

* Underline whatever applicable. The core component includes all introductory field internships, the variable component includes all advanced field internships, except for research and pre-graduate types of the internship. The elective module includes all research and pre-graduation types of the internship (if any).

Within the higher education programme students also master other disciplines (modules) and / or internships that contribute to the achievement of the expected learning outcomes as results of the internship.

Table 3.1. The list of the higher education programme components that contribute to the achievement of the expected learning outcomes as the internship results.

Competence code	Competence descriptor	Previous courses/modules, internships*	Subsequent courses/modules, internships*
PC-1.	PC-1. Being able to provide emergency or urgent medical care to a patient	Propaedeutics of internal diseases; Faculty therapy; General surgery; Faculty Surgery	Faculty therapy; Hospital therapy; Endocrinology; Faculty Surgery; Hospital surgery
PC-2.	PC-2. Being able to examine a patient in order to determine a diagnosis	Propaedeutics of internal diseases; Faculty therapy; General surgery; Faculty Surgery	Faculty therapy; Hospital therapy; Endocrinology; Faculty Surgery; Hospital surgery
PC-3.	PC-3. Being able to prescribe treatment and monitor its efficacy and safety	Propaedeutics of internal diseases; Faculty therapy; General surgery; Faculty Surgery	Faculty therapy; Hospital therapy; Endocrinology; Faculty Surgery; Hospital surgery
PC-4	PC-4. Being able to implement and monitor the patient's medical rehabilitation efficacy, including when implementing individual rehabilitation and habilitation programmes for persons with disabilities; assess the patient's ability to work	Propaedeutics of internal diseases; Faculty therapy; General surgery; Faculty Surgery	Faculty therapy; Hospital therapy; Endocrinology; Faculty Surgery; Hospital surgery
PC-5	PC-5. Being able to carry out preventive measures and measures to promote a healthy lifestyle and sanitary and hygiene education among population and monitor their effectiveness	Propaedeutics of internal diseases; Faculty therapy; General surgery; Faculty Surgery	Faculty therapy; Hospital therapy; Endocrinology; Faculty Surgery; Hospital surgery
PC-6	PC-6. Being able to keep medical records and organize the activities of the nursing staff	Propaedeutics of internal diseases; Faculty therapy; General surgery; Faculty Surgery	Faculty therapy; Hospital therapy; Endocrinology; Faculty Surgery; Hospital surgery

* To be filled in according with the competence matrix of the higher education programme.

4. INTERNSHIP WORKLOAD

The total workload of the internship is **6 credits** (216 academic hours).

5. INTERNSHIP CONTENTS

*Table 5.1. Internship contents**

Modules	Contents (topics, types of practical activities)	Workload, academic hours
Part 1	Safety precautions in the surgical department. Safety precautions in the diagnostic department. Safety precautions in the operating unit.	8
Part 2	Emergency care and basic surgical skills	12
Part 3	Fundamentals of the organization of surgical care.	8
Part 4	Research methods in surgery	12
Part 5	Treatment guidelines in current surgical diseases. Working as a physician assistant in surgical departments of a clinical hospital	140
Part 6	Attestation	18
Part 7	Making a practice report	18
	TOTAL	216

* The contents of internship through modules and types of practical activities shall be FULLY reflected in the student's internship report.

6. INTERNSHIP EQUIPMENT AND TECHNOLOGY SUPPORT REQUIREMENTS

The infrastructure and technical support necessary for the internship implementation include: laboratories/ specially equipped classrooms/ polygons/ measuring and computing complexes/ vehicles/ industrial equipment and devices/ household premises that comply with current sanitary and fire safety standards.

The SAFETY REQUIREMENTS at the enterprise, workplace (including the department of RUDN University) and during the work with certain production/laboratory equipment incorporate/ include the following (to be specified)....

7. INTERNSHIP LOCATION AND TIMELINE

The internship can be carried out at the structural divisions of RUDN University (at Moscow-based organisations, as well as those located outside Moscow).

The internship at an external organisation (outside RUDN University) is legally arranged on the grounds of an appropriate agreement, which specifies the terms, place and conditions for an internship implementation at the organisation.

The period of the internship, as a rule, corresponds to the period indicated in the training calendar of the higher education programme. However, the period of the internship can be rescheduled upon the agreement with the Department of Educational Policy and the Department for the Organization of Internship and Employment of RUDN students.

8. RESOURCES RECOMMENDED FOR INTERNSHIP

Main readings:

2. Kuzin M.I., Kuzin N.M., Kubyshkin V.A. etc. Surgical diseases. - 5th ed., revised. and additional - M.: GEOTAR-Media, 2020. - 1024 p.: ill. Textbook Vulture of the Ministry of Health of the Russian Federation
3. Edited by Savelyev V.S., Kirienko A.I. Surgical diseases. - M.: GEOTAR-MEDIA, 2017-720s., 2 volumes. Textbook
4. Pautkin Yu.F. Klimov A.E. Pogasov A.G. Practice of students in the surgical clinic. - M.: I-vo RUDN University, 2011. Textbook

Additional readings:

1. Surgical diseases. Edited by A.F. Chernousov., M.: GEOTAR-Media, 2014
2. I.I. Zatevakhin, A.I. Kirienko, V.A. Kubyshkin., Abdominal surgery. National leadership. - M.: GEOTAR-MEDIA, 2016 - 912s
3. V.S. Saveliev., A.I. Kirienko., National Manual "Clinical Surgery" in 3 volumes.. - M.: GEOTAR-Media, 2008-2010.
4. Fedorov A.G., Davydova S.V., Ivanov V.A., Klimov A.E. Acute pancreatitis. Pancreatic necrosis. Tutorial. M. 2021. RUDN University Publishing House.
5. Klimov A.E., Barkhudarov A.A., Popov V.S. and others. Collection of test tasks in the discipline "Faculty Surgery". M. 2019. RUDN University Publishing House.
6. Shine M., Rogers P., Assalia A. "Common sense in emergency abdominal surgery, 3rd edition, Russian Surzhinet, 2015, 651 p.
7. A.I. Kirienko, A.M. Chernyavsky, V.V. Andriyashkin (ed.) "Pulmonary embolism: how to treat and prevent." - M.: MIA, 2015.
8. A.I. Kirienko, E.P. Panchenko, V.V. Andriyashkin "Venous thrombosis in the practice of a therapist and surgeon." - M.: PLANIDA, 2012

a) program software licensed software. Sites in the Internet, corresponding to individual topics of the discipline, resources of the university's electronic library d) databases, information and reference and search systems.

b) databases, reference and search systems

1. TUIS - Telecommunication training and information system.

<http://esystem.rudn.ru/>

2. ELS of RUDN University and third-party ELS, to which university students have access on the basis of concluded agreements:

- RUDN Electronic Library System - RUDN EBS <http://lib.rudn.ru/MegaPro/Web>
- ELS "University Library Online" <http://www.biblioclub.ru>
- EBS Yurayt <http://www.biblio-online.ru>

- ELS "Student Consultant" www.studentlibrary.ru

- EBS "Lan" <http://e.lanbook.com/>

3. Databases and search engines:

- electronic fund of legal and regulatory and technical documentation [http://docs.cntd.ru /](http://docs.cntd.ru/)

- Yandex search engine [https://www.yandex.ru /](https://www.yandex.ru/)

- Google search engine: <http://www.google.ru/>

- SCOPUS abstract database <http://www.elsevierscience.ru/products/scopus/>

4. Portal of gastrointestinal endoscopy.

The portal contains constantly updated videos, reports, articles, messages on diagnostic and operative endoscopy; there is an extensive selection of links to Internet resources on endoscopy, gastroenterology, search engines for access to medical journals.

<http://www.gi-endo.ru/>

5. Website ЭНДОСКОПИЯ.RU.

A website where you can find complete and professional information about modern achievements, opportunities and prospects of diagnostic and therapeutic endoscopy. Of particular interest is the subsection "Methodological recommendations".

<http://www.endoscopy.ru/>

6. Medical portal MedUniver.

The portal contains a medical photo atlas, videos on various sections of medicine, a medical electronic library.

<http://meduniver.com/>

7. Portal about surgery.

It contains materials on the most common surgical diseases (clinic, diagnosis and treatment).

<http://www.hirurg.com/>

8. Medical video portal.

The site presents video recordings of lectures from leading Russian medical universities; surgical operations with comments; speeches at scientific medical congresses and conferences; three-dimensional animated videos that clearly demonstrate the work of various organs and systems; educational materials on basic sciences; a catalog of medical sites; a forum for exchanging opinions; information about medical institutions.

<http://www.med-edu.ru/>

The training toolkit and guidelines for a student to do an internship, keep an internship diary and write an internship report:*

1. Safety regulations to do the internship (safety awareness briefing).

2. Machinery and principles of operation of technological production equipment used by students during their internship; process flow charts, regulations, etc. (if necessary).

3. Guidelines for keeping an internship diary and writing an internship report.

*The training toolkit and guidelines for the internship are placed on the internship page in the university telecommunication training and information system under the set procedure.

8. ASSESSMENT TOOLKIT AND GRADING SYSTEM* FOR EVALUATION OF STUDENTS' COMPETENCES LEVEL AS INTERNSHIP RESULTS

The assessment toolkit and the grading system* to evaluate the level of competences (PC-1, PC-2, PC-3, PC-4, PC-5, PC-6) formation as the internship results are specified in the Appendix to the internship syllabus.

* The assessment toolkit and the grading system are formed on the basis of the requirements of the relevant local normative act of RUDN University (regulations / order).

DEVELOPERS:

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position, educational department

signature

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