



APPROVED BY
President of RMU



SYLLABUS

Practical Training Programme

Specialty 560001 — General Medicine (5-year programme)

Type of Practice: ASSISTANT TO THE PHYSICIAN OF THE EMERGENCY
MEDICINE CENTRE

1. Course Information

Form of study	Full-time
Year / Semester	Year 3 / Semester 5
Total workload	3 credits (90 academic hours)
Duration	3 weeks (15 working days)
Type of assessment	Pass/Fail with rating score
Practice base	Stations and substations of the Emergency Medicine Centre (EMC) of Bishkek; emergency departments of private medical centres



2. Brief Description

After the 5th semester, students work as assistants to the physician of an ambulance brigade. Unlike the previous paramedic-assistant cycle, this placement focuses on the physician's scope of practice — nosological forms requiring physician decision-making, urgent-care tactics, and the doctor's role in the pre-hospital setting.

3. Aim of the Practice

To master the duties of an emergency-medicine physician, learn to perform independently selected medical procedures and manipulations, to provide first physician-level aid at the pre-hospital stage, and to gain experience working in a real medical team.

4. Learning Objectives

- Become familiar with the organisation of emergency medical care.
- Master the methodology of patient examination in the emergency setting.
- Study the nosological forms within the scope of the emergency physician.
- Master the key approaches to managing patients in urgent conditions at the pre-hospital stage.
- Practice, under physician supervision, the algorithms of emergency medical care — including core therapeutic procedures and manipulations — in accordance with the catalogue of competencies.

5. Competencies Formed

PC-12 (Professional)	Able to select individuals for follow-up based on the results of mass tuberculin diagnostics and fluorographic screening, and to evaluate results for early detection of tuberculosis.
PC-21 (Professional)	Able to manage a physiological pregnancy and to attend delivery.

6. The Student Must Know

- Structure and organisation of the EMC; performance indicators (departure time, arrival time, call duration); core medical documentation.
- Functional capacity and equipment of all EMC units.
- Organisation of the ambulance brigade.
- Functional duties of the EMC physician.
- Physician tactics in providing emergency / urgent aid at the pre-hospital stage (ECG recording, assessment of vital signs, CPR, etc.).
- Organisation of anti-epidemic measures during a call.
- Norms of sanitary-educational work.



7. The Student Must Be Able To

- Complete the documentation of an EMC physician correctly.
- Write prescriptions for routine medications.
- Determine indications for hospitalisation (emergency and planned) and arrange it.
- Define the minimum set of laboratory and instrumental investigations needed to establish the diagnosis.
- Interpret examination results (laboratory tests, ECG, endoscopy, X-ray, etc.).
- Provide the patient with recommendations on prevention, treatment and healthy lifestyle.

8. Required Skills (control table)

Handling of ambulance calls	30 — levels 2–3
Medical documentation: referral for hospitalisation; ambulance-call card; emergency notification of an infectious disease; outpatient-card extract	10–20 — levels 2–3
ECG decoding and assessment	20 — level 2
Chest compressions; intubation	10 — level 2
Pre-hospital first aid (syncope, bleeding, hypertensive crisis, angina, asphyxia, trauma, burns, childbirth, poisoning)	10 — levels 2–3
Physician aid in MI, pulmonary oedema, PE, asthma attack, shock, coma, acute stroke	10 — level 2



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

9. Practice Diary

- Daily entries describe all work during the shift.
- Day 1: profile of the station / substation (brigades, equipment, indicators, governing orders).
- Daily report: number of calls; at least 3 calls per shift described in detail (patient initial, age, diagnosis, drug in Latin, % solution, dose, solvent, route).
- Mandatory inserts: certificate of incapacity, ambulance-call card, ambulance accompanying sheet, 2 prescription blanks with drug name in Latin.
- Character reference endorsed by the chief physician of the EMC and stamped with its seal — without this the practice is not credited.

10. Assessment

Final control — differentiated pass/fail examination by commission at the Simulation Centre immediately after the three-week cycle. The student presents the practice diary with character reference. The final grade is set by the department supervisor based on the diary, the character reference and the result of the assessment.