

Information material on the clinical practice of medical programme at the University of Tartu

1. Introduction

Clinical practice integrates theoretical knowledge acquired in medical studies over the 5 academic years and is a natural intermediate before the speciality studies in residency.

The aim of the practice is to supplement the student's **general medical knowledge** and to ensure strong and broad basic knowledge in any further taught specialty. Clinical practice is a subject that requires and implements prior theoretical knowledge of the clinical specialities and can only be started **after** the completion of **compulsory clinical subjects** of the 5th year.

Earlier experience in clinical medicine, whether as a caregiver, assistant nurse or assistant doctor is of great help in a student's growth to young healthcare professionals, but due to the incomplete prior theoretical knowledge they do not replace clinical practice at the last year of university studies.

Starting with the practice in the summer months, more than 6 weeks will remain for the preparation of the final exam (without other study duties) at the end of the academic year. Starting with the practice in the first week of study, about 2 weeks are left until the final exam. As a rule, rotation plans do not include any hospital cycles in the last 6 weeks.

2. Organisation and structure

General supervisor with **speciality supervisors** (UT lecturers) are responsible for carrying out clinical practice in the medical studies. They create the content of the practice, outlining the topics to be dealt with in the course of the year and specialities, and solve questions about the substantive aspects of the academic year. Clinical practice is facilitated and coordinated by **practice coordinators**, at least one of whom is a representative of the students who are currently doing the practice. They manage all of the organisation of practice year - from the introduction of the new course and the design of the practice plans, to any questions that may arise even on the last days of the practice. **Dean's office specialists** deal with technical part of the practice – for example signing practice contracts and keeping the study information system up-to-date.

Clinical practice is a full-time subject (55 ECTS) covering the 6th year of medical studies, which lasts for 36 weeks, during which it is required to work both in a **hospital** and in **family practice**.

- In the hospital the following cycles must be completed: (a) **emergency medicine**, (b) **internal medicine** and (c) **surgery**, each of which lasts 8 weeks (12 ECTS). Generally the student completes these cycles in one and the same hospital, because (a) the working environment is already a bit similar at the beginning of each next cycle and (b) the hospital can take student into account of work organisation more and student can be better integrated in everyday work.
- 8 week long (12 ECTS) **family medicine** cycle must be completed in a family medicine practice.

Application to the hospital - a practice base - takes place through university, but the student will have to find a suitable practice in family medicine practice themselves. Any family doctor or general practice center registered in Estonia and a representative specialist or institution registered with a similar profile abroad is suitable for this.

NB! The Department of Family Medicine has compiled a list of suitable centers with their descriptions, which can be found on the website of the Faculty of Medicine.

- For the remaining 4 weeks (7 ECTS), an **elective placement** can be done at a freely chosen place - this is either a clinic, an institute, a scientific or a healthcare institution. Prerequisite for completing an elective practice is the consent of a chosen place to accept the student. Elective practice can't be optional or elective subject in the medical curriculum.
- Can a hospital medical cycle be completed in one or the other department? The general answer to this question is as follows: if the requirements of the corresponding cycle of the practice logbook can be filled in this department, then it is generally permissible to complete the cycle there.
 - The **internal medicine** cycle can be performed in (a) endocrinology, (b) gastroenterology, (c) hematology, (d) cardiology, (e) pediatrics, (f) infectious diseases, (g) nephrology, (h) neurology, (i) pulmonology (j) rheumatology and (k) general internal medicine departments.
 - **Surgical** cycle can be performed in (a) abdominal surgery, (b) pediatric surgery, (c) oncological surgery, (d) traumatology and orthopedics, (e) urology, (f) vascular surgery, (g) thoracic surgery and (h) general surgery departments.
 - A half, or a total of 12 weeks of hospital medical cycles, can be performed in departments with a pediatric profile. In this case, 4 weeks of general pediatrics, 4 weeks of pediatric surgery and 4 weeks of emergency medicine should be completed.

Two practice cycles (16 weeks) can freely be performed abroad. Requirements for practice bases where practices are conducted are the same as requirements in the Republic of Estonia (see the Regulation of the Minister of Social Affairs "Requirements for hospital types"; link <https://www.riigiteataja.ee/akt/101062016007>). To complete the practice abroad, the student must sign a training agreement with each practice location (**a**) signing a training agreement (three parties are - the place where the practice is carried out, the university and the student), and (**b**) draw up a study plan and (**c**) a traineeship plan.

NB! If a student wants to do more than two practice cycles abroad, a separate permit must be obtained for this purpose. For this, a written application with explanation must be submitted to the general supervisor of the clinical practice.

More detailed information is provided in the "Clinical Practice Abroad" material on the website and also great help is available on the following website <http://www.ut.ee/et/oppimine/praktikale-valismaale>.

3. Preparation for the practice year and its course

- The hospital in which the student is in during these 24 (28) weeks is determined by the **practice distribution plan**. Applying to practice bases or hospitals will be based on the student's weighted average grade over positive results, and this will take place at the end of the fifth year autumn semester and at the beginning of the spring semester.
- The way a student passes between different cycles within a hospital is determined by a rotation plan. As previously mentioned, clinical practice coordinators are responsible for drawing up the plans, along with a general supervisor of the clinical practice. Detailed plans - in which departments the practice is conducted, who is the student's supervisor or how the schedules are set in the department of emergency medicine - is already prepared in a specific **hospital**, if possible, considering the wishes of the student.
- Practice rotation plans are based on 4-week **periods** - this means that the student is in one place (department or practice) for at least 4 weeks in a row. Those 4 weeks can not be halved - a shorter time is not enough to enter a unit's daily life and does not give the student the opportunity to acquire practical skills.
- The student will independently find a suitable practice base for **family medicine** and a suitable base of **elective placement**, and will inform the practice coordinators about their choice in the spring semester of the 5th year.

How exactly does planning of the year look like and what does it consist of? The following is a step-by-step illustration of the exact course of the practice year from the beginning of the organisation to the beginning of the practice.

- 1) During the autumn semester of 5th year, at least one info-meeting will be held for the course, introducing the upcoming process and providing students with a direct opportunity to ask questions and discuss the subject matter of the practice.
- 2) At the estimated end of the 5th year autumn term - during the **22nd and 23rd week of study** - the practice coordinators will begin to collect student preferences for their practice bases. There are four preference points in your ranking (preference 1, 2, 3, and 4) across the bases of Estonia. In this case, it is possible to specify a variety of important nuances, such as (a) when it is desired to start a practice, (b) which departments you want to stay in the course of surgical and internal medicine cycles, and so on.
- 3) In the first half of the spring semester - from the **26th - the 27th week of study** - distribution plans are announced (to find out to which hospital one was placed based on the ranking line). Immediately thereafter, more detailed information is provided in the form of rotational plans, where information is also available on the exact time of every hospital cycle.
- 4) It is then time to agree on the time of the family medicine cycle, as well as the place and time of the elective practice. There are about 3 weeks for that- on **28th - 30th week of study**. It is worth remembering that the time of family medicine cycle must match with a rotation plan that determines the student's movement between different hospital cycles.

- 5) At the beginning of April - **31st - at the 32nd week of study** - information about family practice and elective practice will be collected.
- 6) For the first week of May – **36th week of study** - the necessary corrections have been made to the rotational plans, and many hospitals are already preparing their annual plans and schedules. The university concludes co-operation contracts with practice bases and family practice practices, and the first students will start the earliest on **44th week of study** (the first long week of July).
- 7) During the autumn and spring semester cycles, the students will register to the courses in the study information system themselves, similar to previous years.
- 8) Practice logbooks that have been coordinated with the beginning academic year will be made available on the faculty website in June at the latest.

4. What should you know about the practice year from its start up until the final exam?

- Practice as a compulsory subject is 55 ECTS and is graded in a **non-differentiated way**. The basis for the grading are correctly completed and on time admitted practice logbooks.
- Clinical practice is divided into five subjects, similarly to the division of practice cycles. Four basic cycles (surgery, internal medicine, emergency medicine and family medicine) each give 12 ECTS, the optional cycle is 7 ECTS - 55 ECTS all together.
- Registration to subjects must be done in Study Information System as in previous years. Check which subject course (or practice cycle) you will have in the coming semester and register accordingly.
 - Internal medicine practice MV00.00.003
 - Surgery practice MV00.00.004
 - Family medicine practice MV00.00.005
 - Emergency medicine practice MV00.00.006
 - Elective placement MV00.00.007
- **NB!** Subject cycles performed during the summer are registered under fall semester. Cycles performed in January and February (and from there on to May) fall under the spring semester.
- In addition to clinical day-to-day work, the student should learn the necessary **practical skills** for a doctor and take part in **seminars**.
- The central element of practice as the theoretical study of a subject is a **practice logbook**. It is divided into chapters in the same way as the practice itself. In each cycle, the corresponding chapter must be filled in at the same time and the practical skills should be added to the end of the logbook. The logbook is completed as if it were for the student himself, not for anyone else! **While filling out a logbook**, it's also good to keep an eye on your development during the academic year.
- The precise organisation of seminars in hospital cycles will be decided by the hospital where the student will perform their hospital medical practice.

- Seminars corresponding to the family medicine cycle are conducted electronically in the **Moodle** learning environment, and **additional tasks** related to internal medicine are specified in the corresponding section of the logbook.
- At the beginning of the **20th week of study** (no later than 14 January 2019), at least two filled chapters of main cycle diaries (surgery, internal, emergency or family medicine) must be submitted to the Dean's office.
- At the beginning of the **38th week of study** (no later than 20 May 2019), before the final exam, chapters of all cycles and a chapter on practical skills must be presented.
- The logbook can be delivered personally or sent by post (preferably by registered mail). It is important to send the original of the logbook, not a copy. If the logbook is presented and graded, the practice logbook will be given to the student after the completion of the university.
- The general supervisor of clinical practice decides exemplary cases on a case by case basis.

**Clinical practice study group
2018. - 2019. study year**

Sulev Haldre

general supervisor of clinical practice
sulev.haldre@ut.ee 731 8507

Aleksander Sipria

emergency medicine speciality
supervisor
aleksander.sipria@ut.ee 731 8414

Mai Rosenberg

internal medicine speciality supervisor
mai.rosenberg@ut.ee 731 8276

Ceith Nikkolo

surgery speciality supervisor
ceith.nikkolo@ut.ee

Eve Niine

practice coordinator
eve.niine@ut.ee, medpraktika@ut.ee

Heli Tähepõld

family medicine speciality supervisor
heli.tahepold@ut.ee 731 9215

Questions regarding VI year clinical practice

1. Based on what exactly are the rankings for clinical practices done?

- The ranking is created based on the weighted average grade, that is formed on the grades of completed subjects at the end of the 5th year fall semester.

2. What average score exactly is taken into account?

- **Weighted average** score above **positive results**.

3. Why is weighted average score above positive results considered when applying?

Wouldn't it be right to consider average over all the results, since when considering only score above positive results it appears that it is more profitable for students to fail the exam or not come to the exam. Our course didn't know this aspect before.

- Using grades above positive results is more favourable to the students who have had small mishaps during studies. It's unlikely that a struggling student can perform a re-examination consistently on excellent results. A behaviour of this kind isn't sustainable.

4. Are there any other bases for applying in addition to grades? Is there a privilege for those with a family (child and wife / husband) in the requested city?

- Basically yes. But here it is important to differentiate between what is a "basis" for the application and what are "exceptions". University wishes to help those for whom moving to another city for a clinical practice would lead to significant organisational or economic difficulties. Such exceptions are made on a case by case basis by the practice coordination team. On a case by case basis means that in any application or statement you can not choose, for example, the "most common reasons" from the drop-down menus. When applying for a practice base, your situation can be explained in free form and completely confidentially.

5. Which subjects are taken into account when applying for clinical practice (only clinical subjects)?

- **All subjects** with a differentiated grading (exam) since the beginning of the 1st year until the end of the 5th year autumn semester are considered.

6. How does the ranking into the hospitals work? If I'm below in the ranking and do not qualify for my first option, will I get my 2nd option right away, or do I have to wait a whole circle when 2nd list of hospitals are distributed again?

- Applications are based on the study results, not on the order of the choices. Therefore the students with higher grades get a chance for first option hospital.

7. What happens if I don't qualify for any of my four choices?

- The application system is structured in such a way as to minimise its occurrence.

8. Can I start practice already in the summer?

- Yes you can. The course "Clinical Practice", which completes the 6th year, can be started after completing all subjects in the 5th year (ie, after passing the exam of the last compulsory subject in the spring semester) but not before the 44th week of study. By that time, the university has approved rotation plans and has concluded the necessary contracts.

9. How is the end of the 5th year defined? Is this when the last cycle has ended or when the academic year is changing?

- It is defined as the positive result of the final exam in the 5th year of the semester. See also the previous question.

10. When does a rotation plan for departments and times come out? Where does it appear?

- The rotation plan, which shows student practices in different cycles, appears in the middle of the spring semester preceding the practice (**from the 27th to the 28th week of study**). This plan is supplemented by the receiving departments (practice bases) with the exact departments and schedules as soon as possible. All plans are transmitted to students via the course mailing list.

11. Is the clinical practice paid? If not, then why?

- The 6th year clinical practice is part of compulsory education. University of Tartu offers study grants to support studying. If the student adds value to the practice base while completing his / her study, a clinical base may offer a decent salary to the student. Since this is a regular part of basic education, students can not be required to make an equal contribution to the work of the medical team compared to, for example, a resident. Therefore, the University of Tartu can not demand the clinical practice of a student to be paid for.

12. Why is the VI year practice paid in some places and in some places not?

- Some health care facilities have found the means to recognise the student's work. Since hospitals are private companies in Estonia, the University can not set demands for salary.

13. Does the hospital take me as a trainee, or am I there without a contract?

- The health care facility takes a student for **study practice** as a trainee. The University of Tartu signs an agreement with the healthcare facility. It is done directly by the Dean's office, not the students themselves. However, the hospital may, in addition, **employ** a trainee. These two agreements do not exclude each other. It depends, however, on the organisation of the hospital and on its means.

14. Do you have to go to the departments / family practice beforehand to agree on something yourself? Where does the student know exactly where the head of the department is located on the first day to ask for supervisors' contacts?

- There is a difference whether it's a family practice or a hospital. The students will mostly go to the family practice individually - so they will also be personally responsible for communicating with this practice and agreeing on the salary. Hospitals / practice bases have, however, agreed that they will contact the students themselves (in advance of the practice of

first trainees) in a timely manner and present their work environments and schedules. The general practice coordinator and coordinators will ensure that the described communication is as smooth as possible.

15. Why are there such severe demands on cycles abroad?

- The University of Tartu recognises a student with a degree in medicine who is trained in accordance with the standards and also meets the (stark) standards (requirements) for them. Learning abroad has become an integral part of higher education, but this does not mean that the University would not require that the knowledge acquired abroad be in line with our medical system. If there is a desire to supplement your knowledge in a foreign country, it is always advisable to consult with the general supervisor of the practice as to find its suitability.

16. For how long can you go abroad? How many cycles can be done there?

- You can freely do up to 16 weeks of clinical practice abroad. "Freely" assumes that the nature of the study in rotation cycles meets the same requirements as in Estonia (frankly, that, for example, the surgery practice would be the practice of surgery). With the desire to do more than half of the clinical practice abroad, it is necessary to turn to the general supervisor of the practice and provide a clear explanation for this. This is because, although studying abroad is an integral part of the recognition of higher education, the University of Tartu needs to be sure that the students qualification meets the requirements set forth in the medical system when awarding the degree to a student.

17. Can one cycle be done in different hospitals (eg 4 weeks in Estonia and 4 weeks abroad)?

- It is technically difficult to divide the practice cycles between Estonia and cycles abroad. Rather, it is preferable to do an elective practice for a 1-month (more specifically, 4-week) cycle.

18. If I want to do for example an internal disease cycle abroad, and find out if this place is suitable for practice practice, where can I find info about Estonian hospitals (including general hospitals) to compare whether a foreign place is definitely suitable for this cycle?

- We can assume that major hospitals and university hospitals around the world usually meet these requirements. However, if doubts arise, check the regulation of the Minister of Social Affairs "Requirements for the types of hospitals" (look <https://www.riigiteataja.ee/akt/101062016007>).

19. How do the practice days look like (hours, dates, can a 24-hour practice be done in the emergency medicine cycle)?

- The purpose of the practice is for a student to practice work in the medical system and in the role of the doctor, so the practice follows the hours and schedules set for the medical staff. This may include both short working days in an outpatient setting and long on-call shifts (including night-time).

20. How many hours per week is the practice?

- Up to 40 hours of clinical work (including theoretical studies (including contact and e-learning)).

21. Is it possible to do a cycle that consists of shifts (emergency medicine) in less than 2 months - e.g. 1.5 months?

- Yes, assuming a total working time is approx. 40 hours per week.

22. Why can't I do practice in two hospitals in Estonia (ie, two main hospital cycles)?

- There are several reasons for this:

(a) It is useful for the student, if during the course of the internship he has to adapt to one hospital, learning about its work pace and the significant logistics within the hospital. Where is the radiology office located, how long are their working days? What about Sunday? How soon do lab analyses arrive on Saturday night? Is a certain specialist currently in house or on phone call? Knowing the answer to these and 99 other questions requires knowledge of the working environment and a profound learning requires knowledge of these answers. If the students make all of this clear to themselves, then the outcome of the study is better for them and the supervisors will notice their greater contribution and the added value of the work. Adding value to the practice base is a strong advantage for providing future students with a salary.

(b) From the point of view of a medical institution, it is mostly the same as to the student. In addition, it involves significantly fewer resources for training new students and integrating them into work environments.

(c) Accommodating ca 140 6th year medical students into the Estonian medical system is simply a challenge. We have tried to make students in Estonian hospitals rotate in a manner that does not burden any supervisor or department, while at the same time providing the greatest possible value to institutions and departments at the time when it is most needed. All this is also a prerequisite for medical institutions to be motivated to pay students.

The "fragmentation" of the hospital practice between different institutions would reduce the values of all the above points. However, it is understandable that there are situations in which such distribution would be beneficial. For example, if the student wants to divide their practice between the main base and the base, which has not yet been filled by the students. By doing so, it would reduce the burden of a larger base, while student could gain experience at a base where student coverage is significantly lower and their contribution to the work environment would be higher.

23. Is it possible to change the departments during the practice?

- Yes, if the same base finds a supervisor for the desired new department, it is possible. To do this, you must express your wish to a coordinator of your practice base (a person who has contacted the student from this medical institution before starting a practice) and notify the University coordinators about the change. The latter are always ready to help with advice.

24. What to do if the supervisor does not want / doesn't have time when the student wants to show them something or ask?

- If you can see that practice under this particular supervisor is not beneficial, you must show the initiative to find a new one. How to do this, see the previous question.

25. Can you do practice while working as an assistant doctor?

- Yes, assuming that 5. year is completed with positive results and that by the beginning of the practice the University has signed training agreements with a base.

26. What happens when a student doesn't finish a practice cycle (for example, an academic leave for health reasons)? How does the continuation look like? Will the student be placed in the same base for sure or should they apply again?

- Such situations are considered on a case by case basis, taking into account the reason for discontinuing the practice and others significant moments. Students who are staying on an academic leave or who have been exmatriculated also need to notify the correct authorities (practice coordinators or the Dean's office specialists) on time in order to continue their practice, as the university does not keep an active contact with all students away from studying.