

CLINICAL PRACTICE LOGBOOK

Academic year 2025/2026



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INTRODUCTION

About practice

To study the phenomena of disease without books is to sail an uncharted sea — while to study books without patients is not to go to sea at all!

William Osler (1849 — 1919), who was the first to take the students from the books to the patients

With these words, **clinical practice** starts for you. Following are the main features of the arrangement of practice.

- The duration of the practice is 36 weeks during which you should work: (a) in a **hospital**; and (b) in a **family medicine practice**.
 - At the hospital, placements in: (a) **emergency medicine**; (b) **internal medicine**; and (c) **surgery** are to be performed, each of which with a duration of at least 8 weeks. Usually, the student performs these placements in the same hospital, because: (a) the working environment is already somewhat familiar in the beginning of each next placement; and (b) the hospital can count on the student to a greater extent in everyday clinical work. In a family medicine practice, an 8-week **family medicine** rotation must be performed.
 - With the remaining 4 weeks, one of the abovementioned placements can be prolonged or an **elective placement** be performed — either at a clinic, institute or a healthcare organizing institution. The precondition for performing the elective placement is agreement of the site to accept you.
 - Two of the placements can be performed in foreign countries. To perform a placement in a foreign country, you have to: (a) sign a trilateral practice agreement with each practice site (the three parties here are the practice site, the university and you); and (b) compose a syllabus and a practice plan. Detailed requirements are available at <http://www.ut.ee/et/oppimine/praktikale-valismaale>.
 - If you want to perform more than two placements in a foreign country, you need a separate permit. For this, you need to present a written application to the general supervisor of clinical practice.
- Practice **distribution plan** determines at which hospital or family medicine practice you will be during any one of these 36 weeks. The **rotation plan** determines how and when you will move between different departments at a hospital.
 - Distribution arrangements are agreed upon each year with the class starting the clinical practice, and the coordinators and the general practice supervisor are responsible for this. Rotation plan is composed with the specific hospital, taking into account your wishes and needs.
 - The basis for the distribution and rotation arrangements are 4-week **periods** — it means that a student is in one place for at least 4 consecutive weeks. This year, the periods are:

I	II	III	IV	V	VI	VII	VIII	IX	X	XI
07.07	04.08	01.09	29.09	27.10	24.11	29.12	26.01	23.02	23.03	20.04
↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
03.08	31.08	28.09	26.10	23.11	21.12	25.01	22.02	22.03	19.04	17.05

- Periods I and III are presented in **bold**, as it would be reasonable to start the first hospital medicine placement on one of these two periods. The hospitals organize intro events on the first days of periods I and III to help the student to get accustomed to everyday work. Winter holidays are between periods VI and VII. There are 2 weeks between period XI and the final exam.
- The rotation plan is composed by the coordinators and the specific hospital taking into account the student's wishes and needs. If you want to perform a placement in a certain department or with a certain supervisor, you should say this during the compilation of the rotation plans.
- Can a placement be performed at a given department? The general answer is: if it is possible to fulfil the requirements of the placement in this department, it is basically allowed.
- The internal medicine placement may be performed at: (a) endocrinology; (b) gastroenterology; (c) haematology; (d) cardiology; (e) paediatrics; (f) infectious disease; (g) nephrology; (h) neurology; (i) pulmonology; (j) rheumatology; and (k) general internal medicine departments. The surgery placement may be performed at: (a) abdominal surgery; (b) pediatric surgery; (c) oncologic surgery; (d) traumatology; (e) urology; (f) vascular surgery; and (g) general surgery departments.
- In addition to everyday clinical work the student must practice the **practical skills** and take part in **seminars**. These activities are reflected in separate chapters at the end of the practice logbook. The hospital decides the arrangements of your seminars. Family medicine has its seminars in Moodle.
- The volume of the practice as a mandatory subject is 55 ECTS credits and it is assessed non-differentially. At the end of period VII filled out chapters of at least two placements should be presented to the general practice supervisor. At the end of period XI the chapters of all placements, the chapter of practical skills and participation sheet of seminars should have been presented. When the logbook has been presented and the prelim passed, you can keep the logbook.
- Exceptions in the practice arrangement will be decided individually by the general practice supervisor and the coordinators.

About the logbook

Practice has two goals: (a) to integrate the theoretical knowledge accumulated during the studies; and (b) to acquire practical skills required in everyday work. The purpose of the **practice logbook** is to help you to achieve these goals. We have tried to include as few as possible fields that are used to check the sole performance of practice. You should fill out the practice logbook so that it would be a job for you and for no-one else!

Family medicine, emergency medicine, internal medicine and surgery placements have separate chapters in the practice logbook. The structure of these chapters is relatively similar, containing three subdivisions: (a) **work with patients**; (b) **self-analysis**; and (c) **supervisor's assessment**. At the end of the elective placement you have to write: (a) **a self-analysis** and to get (b) **a supervisor's assessment**. These subdivisions and their purpose are briefly described on the next page.

What has to be done?	Why are we asking this?
<ul style="list-style-type: none"> ▪ In the subdivision Work with patients you will have to write a certain number of structured case studies. These should be presented to the supervisor who oversees them. ▪ The subdivision starts with the list of case studies and continues with their layouts. You only have to fill in the given forms. ▪ Additionally, you will have to write down the interesting or informative cases you have seen in your everyday clinical work. Do not take it as a bothersome obligation — think how interesting it would be to read them after some years! 	<ul style="list-style-type: none"> ▪ The primary purpose of this subdivision is to help you understand which patients or situations you should focus on during the practice. ▪ The secondary purpose is to practice the writing of hospital discharge summaries. We hope that when you have written a score of hospital discharge summaries during emergency medicine, internal medicine and surgery placements, you will also remember their structure in the future. ▪ Ultimately, we wish to motivate you to take your time and think about the patient as a whole. Remember, what did you do and why? What is the patient's background — why did he or she come to you? What happens with him/her in the future? What can be learned from one or another case? We presume that you will, nonetheless, have to fill the hospital's or family practice's documentation and there is no need to duplicate it. ▪ Try to distribute your activities evenly with your supervisor. If you will leave all of the case studies to the end of the placement you may not have time to focus properly. In addition, your supervisor may not have enough time to read them and offer informative feedback. For example, agree to present one case study in a week.
<ul style="list-style-type: none"> ▪ In the self-analysis subdivision you will have to present your thoughts about the performed placement on up to one page. For example, you can: (a) write about what you saw and did during the practice; (b) analyze your strengths and weaknesses you noticed during everyday clinical work; or (c) think what you would like and are able to improve in yourself, family medicine practice, hospitals or the whole healthcare system. 	<ul style="list-style-type: none"> ▪ Here, we also wish that you would take time to think about what you experienced. We hope that also the supervisor finds time to read this page — and it would be especially great if a longer discussion would begin from it.

What has to be done?	Why are we asking this?
<ul style="list-style-type: none"> ▪ To get the supervisor's assessment you will give your logbook to the doctor who supervised you most during the given placement. He/she makes sure that everything is done as it should be and then evaluates you in at least four categories: (a) contact with the patient and collecting patient history; (b) objective examination of the patient; (c) theoretical knowledge; and (d) participation in the everyday work of the department or family practice. ▪ The supervisor can also assess you in free form. Pay attention to the requirements on the title pages! 	<ul style="list-style-type: none"> ▪ The aim of this sub-division is to give you a complete and honest feedback about your work. ▪ Do not despair if the supervisor has not put you into the highest category in all categories. Even an experienced doctor may not be objectively excellent to the utmost. Better ask your supervisor to decide, where and how you could improve yourself. You both can only win from the conversation.

The practical skills are common to all placements and are presented in a separate chapter. We have listed **76 practical skills** by topics that you should develop during the practice. Of them, **38 are mandatory** — it means that during the year, you have to show them to the supervisor — a doctor or a nurse — and get a signature for it.

Do not be afraid to tell your supervisor, if you have not performed some of these activities before! We do encourage you to think of what an activity consists of with the help of literature and videos, if required, so the learning would be faster. Try to distribute your activities evenly — if you leave the presentation of all your practical skills to the end of the last placement, it will need a lot of time from both you and your supervisor.

It is your choice, during which placement you will present your skills, but try to use common sense: for example, counselling activity is best practised during the family medicine placement, but clinical death would be most probably encountered during emergency medicine or internal medicine placements.

In case of some activities, it may not be possible to show them to the supervisor during the practice — here, we think about skills associated, for example, with a patient in critical condition. If it is so, do not worry — describe your activities to the supervisor orally. In addition, the supervisor may mark the activity as performed if he/she has seen you performing it repeatedly during the practice.

Literature

All that we have learned during the five years cannot be remembered at once during everyday clinical work — therefore, there are shelves in the doctors' rooms and there are books on those shelves. Whether you should obtain some handbooks for the practice, depends on your expectations and needs.

Most students have probably come into contact with the **Oxford Medical Handbooks** series during their studies. Most clinical specialities are covered by **Oxford Handbook of Clinical Medicine** and **Oxford Handbook of Clinical Specialities**. **Oxford Handbook of Clinical Examination and Practical Skills** gives a thorough overview of the patient's objective examination and practical skills. As the patients do not always visit a doctor with a ready diagnosis, you may like the **Oxford Handbook of Clinical Diagnosis**, which presents most of common complaints or objective findings with references to their basic pathology and further investigation methods. Thoroughness and philosophical excursions are the strong-points of this series, but this also means that these books are sometimes too big for the pocket. Or if not, a book should be put into each pocket for balance..

If you want something that would contain a minimum of philosophy and would be practical to the bone — philosophy has its place, but not necessarily during on-call hours — then the **Pocket Notebook** series has been composed for the students and residents of the Harvard University and may be more suitable for you. **Pocket Medicine** covers most of the clinical medicine, is oriented to everyday work and really fits in the pocket. From the same series, **Pocket Primary Care**, **Pocket Emergency Medicine** and **Pocket Surgery** — have also been well received, but if you want to survive the whole clinical practice with the help of one book, this is probably **Pocket Medicine**.

As all students come into contact with prescribing antibiotics in all placements, it is recommended to keep at hand the latest antibiotic treatment guidelines of the Tartu University Hospital (look for it at intranet.kliinikum.ee) and the outpatient treatment guidelines of infections of the Estonian Society for Infectious Diseases (look for it on the website www.esid.ee). In addition, you can find help and support from the Manual of the doctor-on-call of the Children's Clinic of the Tartu University Hospital, which is found in most hospitals. Homepage for the Treatment Guidelines Board also offers quite a bit of useful material at www.ra-juhend.ee. If your hospital has composed its own guidelines, you should prefer them.

For the supervisor

First of all, we wish to thank you. All basic studies of medicines are to some extent preparation for practice — so this makes you one of the most important teachers of the core studies! Thank you for performing this task!

Clinical skills are acquired step-by-step. In medical training literature, Miller's pyramid is often discussed which divides the acquisition of clinical skills into four stages — we look at them with the help of an example of performing and evaluating an ECG:

- **Abstract knowledge.** The young colleague knows that there is a (somewhat mystical) thing called ECG and that functional status of the heart can be evaluated with this. He/she knows how the waves, intervals and segments are transferred to the paper and how these are connected to the distribution of excitement in the myocardium.
- **Specific knowledge.** ECG is not that mystical for the young colleague. He/she knows that limb electrodes are put onto limbs and precordial electrodes into the 2nd to 4th intercostal spaces from around the sternum to middle axillary line. He/she knows that the elevation of the ST segment in several successive leads means a call to the department of emergency cardiology and a lot more.
- **Ability to show.** If the young colleague is told that he/she must do an ECG and describe the findings, he/she is able to: (a) handle a simple ECG machine; (b) put the electrodes into right places; (c) evaluate systematically what is seen on the paper; and (d) make a correct clinical conclusion.
- **Ability to do.** The young colleague has acquired a certain skill regarding the above described and his/her hand does not shake not as much as in the beginning.

None of these stages can be omitted and movement from one stage to the other requires consistent practising. When the student with those bright eyes reaches you, his/her all clinical skills are on the level of **specific knowledge**. The aim of the practice is to take him/her to the level of **showing**.

We have tried to include as few as possible fields that are used to check the sole performance of practice. When reading the student's logbook and giving him/her feedback, try to proceed from the idea that he/she has performed the work for him/herself and no-one other!

Contacts

General supervisor, speciality supervisors and the coordinators are responsible for the smooth execution of the clinical practice from the side of the Field of Medicine. General supervisor of the clinical practice helps to solve general problems (for example, performing the practice in a foreign country and performing an elective placement) and he/she must receive the filled practice logbook for prelim. Specialty supervisors help to solve problems associated with individual practice placements.

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Practice coordinators in hospitals help to solve problems associated with specific hospitals — for example access to hospital information systems, lodging.