



Procedure of Internship and Internship's examination

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VILNIUS UNIVERSITY FACULTY OF MEDICINE PROCEDURE OF INTERNSHIP

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PATVIRTINTA

I. GENERAL PROVISIONS

II. INTERNSHIP'S STRUCTURE AND ORGANIZATION

III. INTERNSHIP'S EXAMINATION'S STRUCTURE AND ORGANIZATION

IV. INTERNSHIP'S COORDINATOR'S AND SUPERVISOR'S FUNCTIONS, RIGHTS, DUTIES AND RESPONSIBILITIES

V. INTERNSHIP'S BASE

VI. STUDENT'S RIGHTS AND DUTIES

II. INTERNSHIP'S STRUCTURE AND ORGANIZATION

Internal Diseases

- 1. Community-acquired and hospital-acquired pneumonia
- 2. Urticaria and Quincke's edema
- 3. Ischemic heart disease: painless forms, angina pectoris, myocardial infarction
- 4. Chronic heart failure
- 5. Acute and chronic renal failure
- 6. Rheumatoid arthritis
- 7. Anaemia: iron deficiency, malignant, haemolytic and anaplastic
- 8. Liver cirrhosis
- 9. Diabetes
- 10. Ischemic and haemorrhagic stroke

Children's diseases

- 1. Acute upper or lower airway obstruction
- 2. Acute bronchitis and pneumonia/ acute respiratory failure in children
- 3. Urinary tract infections in children (cystitis, pyelonephritis) / fever in children
- 4. Anemia in children
- 5. Arrhythmias in children
- 6. Intestinal infections in children (viral adenovirus, norovirus and rotavirus, bacterial origin salmonellosis, yersiniosis, campylobacteriosis) / acute dehydration in children
- 7. CNS infections (viral and bacterial meningitis, encephalitis) / childhood epilepsy syndromes
- 8. Viral exanthems (chickenpox and shingles, acute exanthem, scarlet fever)
- 9. Meningococcal infections in children / paediatric septic shock
- 10. Anaphylaxis in children

Surgery and Traumatology

- 1. Acute abdominal pain
- 2. Gastrointestinal bleeding
- 3. Cutaneous, subcutaneous and perirectal abscess
- 4. Arterial embolism
- 5. Deep vein thrombosis
- 6. Pneumothorax
- 7. Examination and treatment of a patient who has undergone a trauma
- 8. Examination and treatment of a patient who has undergone a thermal trauma
- 9. Wounds
- 10. Renal colic, acute urinary retention, epididymitis, orchitis

Obstetrics and Gynaecology

- 1. Pregnancy care
- 2. Bleeding in the first third of pregnancy
- 3. Bleeding in the third third of pregnancy and during childbirth
- 4. Postpartum haemorrhage
- 5. Hypertension in Pregnancy
- 6. Lactostasis
- 7. Postpartum pathology endometritis, mastitis, sepsis
- 8. Ectopic pregnancy
- 9. Acute abdomen in gynaecology
- 10. Pelvic inflammatory disease

II. INTERNSHIP'S STRUCTURE AND ORGANIZATION

VUL SK; VUVL; VMKL; NVI – collect the agreements and bring them to A. Klimašauskas

RVUL is not included

- 18. During the exam students sequentially receive four clinical cases from each discipline: obstetrics gynaecology, surgery, children and internal diseases. The exam is written in a computer classroom.
- 19. At the beginning of each clinical case the student sees an initial part of a clinical case on a computer screen (anamnesis, complaints, etc.). The student asks to specify anamnesis on the computer (Part I). Then (s)he gets the continuation of the clinical case. The student writes down how (s)he would further clinically examine the patient (Part II). The continuation of clinical examination is presented. The student orders laboratory tests that are the most needed for the diagnosis (Part III). The results of essential laboratory tests are presented. The student asks for the results of instrumental tests that (s)he requires (Part IV). The results of instrumental tests are presented. The student determines the clinical diagnosis and the planned place of treatment (outpatient or inpatient) (Part V). Clinical diagnosis and treatment location is provided. The student assigns appointments if the patient is treated in a hospital or gives a prescription/ prescriptions if the patient receives ambulatory treatment (Part VI). The treatment is provided. The information displayed on the computer screen does not necessarily coincide with the student's preferred information. The amount of information requested or provided by the student is limited. The time required to ask for information, determine the diagnosis and prescribe the treatment is limited.

Initial information about the patient

Parents brought a 1 year and 4 months old boy to an emergency room because of coughing, difficult breathing, throaty voice and discomfort at 2 am in March.

In parents' words, a child had a running nose for 1 day, he did not have any temperature in the evening. He had dry cough in the evening when he went to bed. He woke up an hour ago with discomfort, his voice was hoarse, he had a "barking cough", "loud breathing", his chest and belly was "rising" while he was breathing.

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Part

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I. What kind of additional information about medical and life anamnesis would I like to receive?

I. Additional information about medical and life anamnesis

A few days ago a 6-year-old sister had a running nose and was coughing.

Denies choking episode.

No allergies have been noticed.

The child is vaccinated according to a prophylactic vaccination calendar.

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II. How would I examine the patient clinically?

II. Clinical examination of the patient

Indicators of the child's condition:

- T-37.6 ° C
- HR-138 bpm
- RR-52 bpm
- ABP-84/44 mmHg
 - SpO₂-90%

Physical examination:

restless, distracted, sluggish in intervals. "barking" cough. hoarse voice. Loud inspiratory shortness of breath, more pronounced during crying. Breathing involves assistant muscles. During auscultation the breathing is puerile, without rales.

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III. What laboratory tests would I perform?

III. Laboratory tests

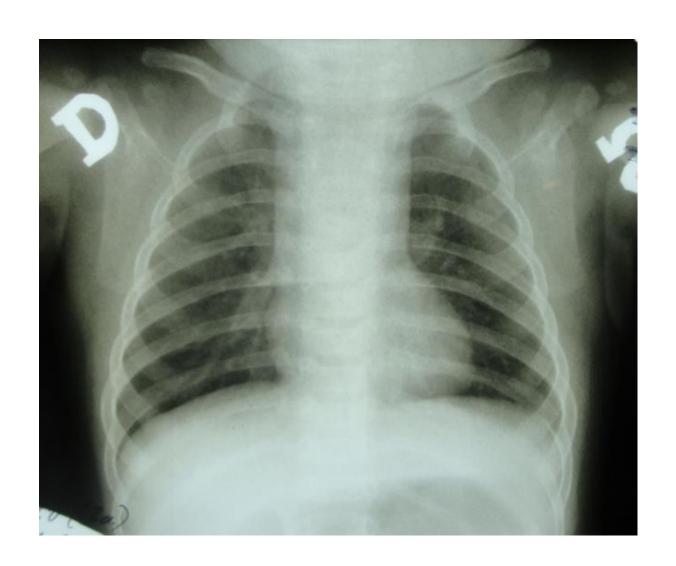
Do not take blood tests to keep the child as calm as possible

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IV. What instrumental tests are necessary for determination or specification of diagnosis?

IV. Instrumental tests that are necessary for determination/specification of diagnosis



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V. What diagnosis would I determine? Why?

Where would I treat the patient? Why?

V. Diagnosis. The place of treatment

Acute obstructive laryngitis

The patient should be treated in an intensive monitoring room or

an intensive care unit

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VI. How would I treat the patient?

VI. Patient's treatment

- 1. The patient should be left with his parents in order to keep him as peaceful as possible
 - 2. Glucocorticoids
 - 3. Oxygen inhalation through the face mask
 - 4. Adrenaline spray

The duration of examination is 2.5 hours

Time given for the solution of one clinical case is 37 min.

Space given for the answer is limited

All students finish the exam at the same time

Thank you for attention

