

NATIONAL CENTER FOR EDUCATIONAL QUALITY ENHANCEMENT

Medicine Sector Benchmarks of Higher Education

LEPL- The Legal Entity of Public Law 2017

	Name		Medicine	
	Registration Number			
Sector Benchmark	Approval date			
	Validity period		7 years or more	
	Field/specialization		Health Care/Medicine	
	Name of profession	Doctor of Medicine	code of ISCED-F:	
	Field of study	Medicine	code of ISCO-08	
	Level of Higher Education	One cycle undergraduate Medical Education	Awarded Qualifications	Medical Doctor

The Purpose of Sector Benchmark

The purpose of the present sector benchmark is to support the implementation of one cycle higher education (undergraduate) program curriculum in accordance with the international standards, implementation of the methods of teaching, studying and evaluating, international recognition of graduates qualifications, mobility and establishment of the competencies which will provide to graduate with the opportunity of continuation his/her studies on the next level of higher education and the career advancement.

The main regulating documents of the field

- Law of Georgian Medical Activity 2001;
- WORLD FEDERATION FOR MEDICAL EDUCATION. Basic Medical Education. WFME Global Standards for Quality Improvement. The 2015 Revision
- CanMEDS 2015 Physician Competency Framework. 2015;
- DIRECTIVE 2013/55/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 20 November 2013. amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System("the IMI Regulation"), 2013;
- DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 7 September 2005 on the recognition of professional qualifications,2006;
- Tomorrow's Doctors Outcomes and standards for undergraduate medical education, General Medical Council, 2009
- A TUNING Guide to Designing and Delivering an Outcomes-Based Undergraduate Medical Curriculum, 2013;
- Learning outcomes/Competences for undergraduate medical education in Europe (The Tuning Project (Medicine).MEDINE, 2008;
- Swiss Catalogue of Learning Objectives for Undergraduate Medical Training. Under a mandate of the Joint Commission of the Swiss Medical School, 2008;
- Learning Outcomes for the Medical Undergraduate in Scotland: A Foundation for Competent and Reflective Practitioners. 2007;
- WFME Global standards for quality improvement in medical education, European Specifications" (MEDINE, 2007)
- International first aid and resuscitation guidelines 2016 for National Society first aid programme managers, scientific advisory groups, first aid instructors and first responders (www.ifrc.org);
- Summary of the main changes in the Resuscitation Guidelines. ERC GUIDELINES 2015.

Description of the field

a) *Medical practice* – the professional activity of a person with medical background, professional skills and practical experience the aim of which is to protect, maintain and restore the health or ease suffering of a human being in accordance with medical and ethical standards and medical traditions recognized in Georgia;

Medical practice represents the important area of health care that regards not only health but life of human. The purpose of it is to maintain and improve the human health. According to the "Law of Georgia on Medical Practice" the Medical practice is "*Professional activities of a person with medical education, appropriate skills and practical experience, who aims to protect, maintain, and restore the health of human beings and relieve*

their suffering by applying nationally recognized medical standards and ethical norms, as well as considering medical traditions"; (Law of Georgia on Medical Practice, Article 5)

The relevance of the Undergraduate Medical studies to the international studies as a significant prerequisite of the successful Medical practice is very common challenge while ensuring the optimal functioning of the countries' Health Care system. While running Medical practice, it is necessary to get knowledge not only in biomedical and clinical sciences, but also obtaining the clinical skills and gaining the most important ethical values and attitudes required for this profession. The competencies defined for medical school graduates in Bologna participant countries should match global standards of World Federation of Medical Education, TUNING/MEDINE requirements and comply with Georgia National Qualification framework and present document.

The possible area/areas of employment and specific requirements

1. The areas of possible employment:

The graduate of one cycle higher education program (Medical Doctor) is not granted to run the independent medical practice according to the applicable legislation, she/he can get be employed as the Junior Doctor, implying performing the duties of a doctor according to the instructions and under the responsibility of an independent medical practitioner; (The Law of Georgia on Medical Practice, Article5). A graduate holding a higher medical institution diploma shall have the right to: a) complete a postgraduate vocational training program acquire the right to perform an independent medical practice after passing a state certification examination; b) carry out research (Master, PhD degrees) and teaching activities in the theoretical fields of medicine or other fields of health care that do not include an independent medical practice (The Law of Georgia on Medical Activity, Article 17).

2. The specific requirements:

A citizen of Georgia or of a foreign country, or a stateless person, who graduated from a state-accredited higher medical institution of Georgia and obtained a state certificate of independent medical practice under this Law ('a state certificate'), shall have the right to engage in independent medical practice.

1. The possible Structure and the Workload of Educational Program

II. Higher Educational ProgramsThe level of higher education:One Cycle MedicalEducation

ECTS	Min credits	360	The structure	~	The main Specialization (Medicine)	Min 330 ECTS	Including	Compulsory a courses/modu	ind ele iles and	ctive l etc.
					General and/or free components	Max. 30 ECTS	Including	Compulsory courses	and	elective

2. The special requirements of enrolling educational programs Do not exist

3. Field competences (knowledge and skills)

Competence		Competences'			
Knowledge	Practical/other skills	Specific methods of achievement	The specific criteria of demonstration	The specific methods of assessment	
		Field-Specific know	ledge		
Biomedical, Behavioral, Clinical, Social, Sciences and Fundamental Principles of the field	 Biomedical Sciences Behavioral and Social sciences Clinical Sciences Medicine and Prescribing drugs Public Health Ethics and Legal Principles of Medical Practice The Role of the Doctor in Health Care System 	Field-Specific knowl Lectures, Case Based Learning (CBL), Problem Based Learning (PBL), Team working, Tutorials, Clinical Rotations at University/Teaching Hospitals, Bedside – teaching, Seminars, Role-playing, Communication (with Outpatients and Hospitalized Patients)	edge Biomedical Sciences The Normal Function of Human body (Physiology) The Normal Structure of Human Body (Anatomy) The Normal function of Humans' Metabolism and Hormones (Biochemistry) The normal Immune Function of Human Normal Cell Biology Molecular Biology (Norm) The Normal Development of Human (Embryology) Behavioral and Social Sciences Psychology Human development (Child, Adolescence, Adult) Sociology Clinical Sciences Pathologic Structure and Mechanism of the disease (Pathology) Infection (Microbiology) Immunity and Immunological Diseases Genetics and Hereditary Diseases Knowledge regarding Clinical Sciences in the different Medical Specializations; Clinical access and the experience gained through clinical working in the following fields of Medical Service: Treating the patients with severe disease at the place of accidents or in the emergency department; Conducting the treatment of internal diseases at the reception department.	assessment Oral/writing exam; Multiple Choice/One clue Tests; The direct observation (with report of assessment); Feedback gained from different sources; Objectively Structured Clinical Exam (OSCE) - the Mini clinical exam with Standardized patients (MiniCex); Portfolio;	
			 Treatment for the elderly Child Care Treatment of patients with 		
			terminal conditions, Palliative		

		care	
		- Treatment of Psychiatric	
		Patients	
		- Treatment of Gynecological	
		disease, Physiological delivery	
		management;	
		- Treatment of critical conditions	
		in the intensive care unit;	
		- Treatment of various diseases	
		(Cardiology, Nephrology,	
		Pulmonology, etc.)	
		- Anesthesiology	
		- Rehabilitation Medicine	
		- Treatment of surgical	
		conditions of different profile	
		(urology, traumatology);	
		 The Medicine and Prescribing 	
		the drugs	
		- The Use Antibiotics and	
		Resistance to Antibiotics	
		 The principles of prescribing 	
		the medicines	
		- The side effects of medicine	
		- Medicine interaction	
		- Blood and blood transfusion	
		- Drug action and	
		pharmacokinetics	
		- Segregated drugs	
		Public Health Care	
		- Prevention of diseases	
		- Lifestyle, Diet and Eating	
		- Health Support	
		- Screening and supervision of	
		disease	
		- Disability	
		- Gender Issues in Health Care	
		- Epidemiology	
		- The Cultural and Ethic	
		Influence on Health Care	
		- Resource Distributing and	
		Health Care Economy	
		- Global Health and Inequality	
		- Ethic and Legal Principles	
		in M edical Practice	
		- The rights of patients	
		- The rights of people with	
		disabilities	
		- The Principles of Relations	
		with Colleagues	
		• The Role of Doctor in Health	
		Care System	
		- Legislation regarding the	
		Medicine	
		- The systems of Professional	
		Regulations	
		- The Principles of Clinic Audit	
		- The Ways of Health Care	
		Access	

]	Field-Specific Compet	encies	
1.	Carry out a	• take a history	Theoretical Teaching	Use Patient-oriented	Direct
	consultation	• carry out physical	(Interactive Seminars	interviewing skills for getting	observing (with
	with a patient	examination	and Lectures),	relevant biomedical and	report of
		• make clinical	Teaching in clinical	psychosocial information	evaluation);
		judgements and	and simulation	• The proper structuring and	OSCE/Standardi
		decisions	environment, Clinical	management of entire patient	zed Patient
		• provide	Based Learning (CBL),	encounter	Portfolio/logbo
		explanation and	Clinical thinking	• Inquiring the information from	ok, Oral and
		advice	(CBCR), Playing	other sources, including the	Test exams
		• provide reassurance	patient/doctor roles,	patients family (in case the	(Multiple
		and support	learning at clinical	permission is granted by the	choice, short
		• assess the	task under the	History taking perform a	Exame
		patient s mental state	supervision	physical exam select appropriate	simulations
			supervision	investigations and interpret their	360 evaluation
				results for the purpose of diagnosis	scale
				and management, disease	
				prevention, and health promotion	
				• Implement a patient-centered	
				care plan that supports ongoing	
				care, follow-up on investigations,	
				response to treatment, and further	
				consultation	
				Optimize the physical	
				environment for patient comfort,	
				dignity, privacy,engagement, and	
				safety	
				• Use of knowledge in	
				Biomedicine and Clinical	
				Sciences(regarding the patients	
				• Porform appropriately	
				timed clinical assessments with	
				recommendationsthat are	
				presented in an organized manner	
				 Recognize and respond to 	
				the complexity, uncertainty, and	
				ambiguityinherent in medical	
				practice	
				Prioritize issues to be	
				addressed in a patient encounter	
				• Establish a patient-	
				centered management plan	
				Determine the most	
				appropriate procedures or	
				therapies	
				Filoritize a procedure of therapy, taking into account	
				clinical urgency and available	
				resources	
				Perform a procedure in a	
				skilful and safe manner. adapting	
				tounanticipated findings or	
				changing clinical circumstances	
				Communicate using a	
				patient-centered approach that	

			encourages patient	
			trust and autonomy and is	
			characterized by empathy, respect.	
			and compassion	
			andcompassion	
			• Share information and	
			avalanations that are clear	
			explanations that are clear,	
			accurate, and timely, while	
			checking for patient and family	
			understanding	
			 Assist patients and their 	
			families to identify, access, and	
			make use of	
			information and communication	
			technologies to support their care	
			technologies to support their care	
			and	
			manage their health	
			 Use communication skills 	
			and strategies that help patients	
			and theirfamilies make informed	
			decisions regarding their health	
			Becognize when the	
			values biases or perspectives of	
			values, blases, of perspectives of	
			patients, physicians, or other health	
			care professionals may have an	
			impact on thequality of care, and	
			modify the approach to the patient	
			accordingly	
			• Establish goals of care in	
			collaboration with patients and	
			their families	
			which may include clowing disease	
			which may include slowing disease	
			progression, treating symptoms,	
			achieving cure, improving	
			function, and palliation	
			 Manage disagreements 	
			and emotionally charged	
			conversations	
			• Disclose harmful patient	
			safety incidents to nationts and	
			their families	
			accurately and appropriately	
			Incorporate disease	
			prevention, health promotion, and	
			health surveillance	
			into interactions with individual	
			patients	
			• Work with patients to	
			address determinants of health that	
			affect them	
			and their passes to peeded health	
			and then access to needed nearth	
			services or resources	
			• Work with patients and	
			their families to increase	
			opportunities to adopt	
			healthy behaviors	
			• Exhibit appropriate	
			professional behaviors and	
1	1			

				relationships in	
				all aspects of practice.	
				demonstrating honesty integrity	
				humility	
				indimity,	
				commitment, compassion, respect,	
				altruism, respect for diversity, and	
				maintenance of confidentiality	
				Recognize and manage	
				conflicts of interest	
				• Adapt to the unique needs	
				and preferences of each patient	
				and to his or	
				her clinical condition and	
				circumstances	
				• Encilitate discussions with	
				action to and their families in a way	
				patients and then families in a way	
				that is	
				respectful, non-judgmental, and	
				culturally safe	
2.	Assess clinical	• recognize	Inter-active Lectures,	Recognize and respond to	OSCE/ Standard
	presentations,	and assess the	seminars among them	the complexity, uncertainty, and	ized Patient
	order	severity of clinical	the Problem Based	ambiguity inherent in medical	Portfolio/logbo
	investigations,	presentations	Learning (PBL) and	practice	ok, Oral and
	make differential	• order	Cased Based Learning	Demonstrate effective	Test (Multiple
	diagnoses, and	appropriate	(CBS), Clinical	appropriate and timely	choice, short
	negotiate a	investigations and	Thinking (CBCR),	consultation of another health	answers, Test)
	management	interpret the results	Plaving patient/doctor	professional as needed for optimal	Exams,
	nlan	• make	roles Teaching in	patient care	simulations
	r	differential	clinical environment	Select medically	360 evaluation
		diagnoses	ennieur environmene	appropriate investigative methods	scale
				in a recourse offective and othical	scale,
				In a resource-enective and ethical	
		appropriate		manner	
		management plan		• Demonstrate effective	
		with patients and		clinical problem solving and	
		carers		judgement to address patient	
		• take care of a		problems, including interpreting	
		terminal patient and		available data and integrating	
		his family members		information to generate differential	
		 manage the 		diagnoses and management plan	
		chronic disease		• Gets appropriate informed	
				consent for diagnostic and	
				treatment procedures in	
				accordance with the regulations	
				• Works out the	
				management plan in collaboration	
				with patient and their family	
				Determine when care	
				should be transforred to another	
				physician or	
				nealth care professional	
				Acknowledges the	
				necessity of care the patients in the	
				terminal conditions; knows what	
				can be offered by palliative care,	
				who can provide it and to whom	
				• Demonstrates the	
				knowledge how can patient, family	
				members and other professionals	

				be involved in palliative care.	
				• Considers the patients'	
				age, the nature of chronic disease,	
				psychological impact, appropriate	
				use of drugs in relevant way while	
				managing the chronic diseases	
3.	Providing first	• Identifying	Studying video	• Assessing the clinical signs	One
	aid in emergency	and assessing the	movies, teaching by	and starting the emergency aid	clue/multiple
	medical	emergency medical	using the simulations.	with the principle of DRSABCDE;	choice Tests,
	situations (First	conditions	Team working with	• Diagnosing and Managing	Objectively
	aid and	(DRSABCDE)	resuscitative patient,	the Severe emergency situations	structured
	resuscitation	• Treatment	bedside –teaching,	• First emergency aid	Clinical Exam
	measures)	of emergency	Clinical rotation in	• Basic life maintenance aid	(OSCE); Mini
		medical conditions	Clinical skills training	Conducting	Clinical Exam
		 Providing 	and simulation center.	cardiopulmonary resuscitation or	(MiniCEX)
		with first aid; age		holding the resuscitation activities	Portfolio
		peculiarities in		with the principle of team working	
		newborns and		• First emergency aid and	
		children;		Trauma management	
		Conducting			
		the basic life			
		maintaining and			
		cardiopulmonary			
		resuscitation			
		activities in			
		compliance with the			
		guidelines.			
		Conducting			
		the activities for			
		enhance lifetime			
		maintenance in			
		accordance with the			
		guidelines.			
		• Treatment			
		of traumas according			
		to the guidelines.			

4.	Drug prescription	 Prescribe drugs clearly and properly with consideration of patient's age. Match appropriate drugs with clinical context. Review appropriateness of drugs and other therapies and evaluate potential benefits and risks for the patient Treat pain and distress Consider compatibility of drugs before initiation of treatment. 	• Lectures, Case based learning (CBL), Tutorials, Seminars, Role play, communication with patients (outpatients and inpatients), Bedside-teaching, Clinical rotations in University and teaching clinics	 Establish an accurate drug history, covering both prescribed and other medication. Plan appropriate drug therapy for common indications, including pain and distress. Provide a safe and legal prescription. Calculate appropriate drug doses, define administration ways and record the outcome accurately. Provide patients with appropriate information about their medicines. Access reliable information about medicines. Detect and report possible drug-drug interactions and adverse drug reactions. Transfusion of blood and blood products. Demonstrate awareness that many patients use complementary and alternative therapies, and awareness of the existence and range of these therapies, why patients use them, and how this might affect other 	Oral examination, Multiple-choice questions, Objective Structured Clinical Examination (OSCE), Mini clinical evaluation exercise (MiniCEX)
5.	Conducting Practical Procedures	 Vital Signs: Pulse, respiration, temperature Measure Blood pressure Venipuncture Venous Catheterization Drug injection into the vein and us of infusion device Subcutaneous and intramuscular injection Oxygen delivery, Patient Transportation and Treatment Suturing Urinary Catheterization Urinalysis Electrocardiogra phy Electrocardiogra phy Interpretation 	Teaching using simulators, Scenarios based simulation training, Practice(with Outpatients and Hospitalized Patients), (bedside-teaching) Clinical rotations at University/teaching hospitals, Clinical Skills Training Simulation Centers or at the relevantly equipped learning environment	 types of treatment that patients are receiving. Vital Signs: Pulse, respiration, temperature (Independently); Blood pressure (Independently); Venipuncture (through using simulators) Venous Catheterization (through using simulators) Drug injection into the vein and us of infusion device (into the simulator or under the guidance); Subcutaneous and intramuscular injection into the simulator or under the guidance); Oxygen delivery (independently); Patient Transportation and Treatment (independently); Suture (on the simulator); Urinary Catheterization (Through using 	Objective Structured Clinical Exam (OSCE), Mini Clinical (MiniCEX), Portfolio Performing of practical procedures will be assessed according to the scoring ranking of sequential list of the each conducted procedures (the so called Check List)

		Respiratory Function Test		 simulators); Urinalysis (Screening Tests– Dipstick); Electrocardiography (Independently); Electrocardiography Interpretation (independently); Respiratory Function Test (Independently) 	
6	Communicate	Communicate	Case Based Learning	Communicate using a patient-	Communicate
	effectively in a	with patient	(CBL), video movies,	centred approach that	effectively in a
	medical context	Communicate	role play, standardized	encourages patienttrust and	medical context
		with colleagues	patients,	autonomy and is characterized	
		Communicatein breaking bad news	communication with	by empathy, respect,	
		Communicate	and inpatients).	Optimize the physical	
		with patient's	bedside-teaching,	environment for patient	
		relatives	Clinical rotations	comfort, dignity,	
		Communicate		privacy,engagement, and safety	
		with disabled		• Recognize when the values,	
		peoples		blases, or perspectives of	
		in seeking informed		health care professionals may	
		consent		have an impact on the quality of	
		• Written		care, and modify the approach	
		communication		to the patient accordingly	
		(Including the		• Respond to a patient's non-	
		medical records)		verbal behaviours to enhance	
		• Communicate in dealing with		Manage disagreements and	
		aggression		emotionally charged	
		 Communicate 		conversations	
		with those who		 Adapt to the unique needs and 	
		require an		preferences of each patient and	
		interpreter		to his or her clinical condition	
		• Communicate		and circumstances	
		enforcement		• Ose patient-centred interviewing skills to effectively	
		agencies and mass		gather relevantbiomedical and	
		media		psychosocial information	
		• Effective		• Provide a clear structure for and	
		communication		manage the flow of an entire	
		with any person		patientencounter	
		social cultural		• Seek and synthesize relevant	
		religious and ethnic		including the patient's family.	
		background		with the patient's consent	
		-		• Share information and	
				explanations that are clear,	
				accurate, and timely, while	
				cnecking for patient and family	
				Disclose harmful patient safety	
				incidents to patients and their	
				familiesaccurately and	
				appropriately	

				 Facilitate discussions with patients and their families in a way that isrespectful, non- judgmental, and culturally safe Assist patients and their families to identify, access, and make use ofinformation and communication technologies to support their care andmanage their health Use communication skills and strategies that help patients and theirfamilies make informed decisions regarding their health Document clinical encounters in an accurate, complete, timely, andaccessible manner, in compliance with regulatory and legal requirements Communicate effectively using a written health record, electronic medical record, or other digital technology Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances 	
7.	The use of Ethic and Legal Principles in Medical Practice	 Keep confidentiality The use of Ethical principles and analytical skills in treatment process Get the informed consent and make an appropriate record Issuing death certificate Requiring autopsy (in compliance with the Georgian Legislation) Apply Georgian and international legislation during treatment Conducting medical practice in multi-cultural environment 	Lecture, Case Based Learning (CBL), Case Based Clinical Reasoning (CBCR), tutorials, seminars, role plays, communication with patient (Ambulant and Stationary patient), bedside-teaching, Clinical rotations	 understanding Acknowledges the highest responsibility of doctor to take care of each patient and public health with defending the ethic principles in accordance with the Georgian legislation. Awareness of ethic principles and theories, identifying the ethic dilemmas, find the ways of solution. Respect the rights and dignity of patients, including the right of participation in decision making regarding the medical aid. Demonstrating the knowledge regarding the importance of informative permission while conducting the valid permission from the patient and making the relevant notes Demonstrating the obligation regarding protecting the privacy of patient 	Oral/writing exam (Analyzing the Clinical case, multiple choice/one clue Tests) Objectively Structured Clinical Exam (OSCE), Mini Clinical Exam (MiniCEX)

8.	Evaluation of psychological and social aspects regarding patients' disease.	 Evaluating the psychological factors of disease detection and impacts on the patients Evaluating the social factors of disease detection and impacts on the patients Recognition of the stress related to disease Recognition of the drug and alcohol abuse 	Case Based Learning (CBL), Case Based Clinical Reasoning (CBCR), learning video movies, seminars, teaching through standardized patients, Communication with patient (Outpatients and Hospitalized Patients), bedside- teaching, Clinical rotations	 Finding the relevant information from different sources (including patients families) and collating them with considering the needs and clinical conditions of the patients Demonstrating the patient oriented skills of the interviewers for gathering the psychosocial and biomedical information Considering the patients' nonverbal behaviors for detecting the psychosocial factors related to the disease. Managing the conditions of the patient (in case of opposing) in accordance with the distinct, structured plan. Conducting the conversation with patients and their families without critics and with respect, also considering cultural characteristics (safety) 	Multiple choice/one clue Tests) Objectively Structured Clinical Exam (OSCE), Mini Clinical Exam (MiniCEX)
9.	The use of knowledge, skills and principles based on evidence	 The use of evidence in practice Determining and conducting the relevant literature research Critical analysis of the published literature, making conclusion and using them in practice 	Problem Based Learning (PBL), Case Based Learning (CBL), Case Based Clinical Reasoning (CBCR), learning video movies, seminars, teaching through standardized patients, Communication with patient (Outpatients and Hospitalized Patients), bedside- teaching, Clinical rotations	 Identifying and filling the gaps in their knowledge and medical activities The use of evidence in decision making process Critical assessment of the health care literature in relation to honesty, trust and its use in medical practice Determining the scientific/ clinical problem, putting the relevant questions and finding the answer in relevant literature through using the appropriate information sources. Choosing the relevant method of problem solving The active use of evidences obtained through different literature sources and making the conclusions regarding the health conditions of patient on the basis of assessing the quality of evidences Discussing the evidences with colleagues and other health care specialists while making clinical decision. Considering the scientific values and principles of research and demonstrating the importance of research evidences in health care. 	

	(including the patients and their family members)	
	research work	
10.Use information and information technology effectively in a 	 Keep accurate, legible and complete clinical records. Make effective use of computers and other informationsystems, including storing and retrieving information. Keep to the requirements of confidentiality and dataprotection legislation and use classifier of practical activities while dealing with information. Access information sources and use the information in relation to patient care, health promotion, giving advice and information to patients, and 	Oral examination, Multiple-choice questions, scientific presentation, Mini clinical evaluation exercise (MiniCEX), Portfolio
	 research and education. Apply the principles, methods and knowledge of health informatics to medical practice. 	
11.Ability to apply scientific principles, method and knowledge to practice and researchNowledge of research conducting methodology; Case based clinical case based clinical in scientific research, practice and processing and conclusion- making skills Ability to use the achievements of biomedicine in practiceProblem Based Learning (PBL), Case based clinical in scientific research, in scientific research, 	 Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations Contribute to the work of a research program Pose questions amenable to scholarly inquiry and select appropriate methods to address them Summarize and communicate to professional and lay audiences, 	Oral/written examination, Questions with one or multiple answers, scientific presentation, Portfolio

		ethics of conducting		families, the findings of relevant research and scholarly inquiry	
12	Implementation of health promoting events, engage with public healthcare issues, efficient performance within the healthcare system	ethics of conducting scientific research. • Conducting the treatment that minimizes the risk of damage to the patient. • Implement measures for the prevention of infection spread • Understanding ones' own health problems and evaluating ones' own health with regard to professional responsibilities; • Participation in health promotion events both on individual and population-wide level	Lecture, Case Based Learning(CBL), seminars, practice with patients (Outpatients and Hospitalized Patients), Clinical rotations	 families, the findings of relevant research and scholarly inquiry Facilitating the culture of patients' safety Analyzing the cases of patients' safety for further improving the service system The use of medical information science for the improvement of medical service ad optimization of patients' safety Distribution the healthcare recourses for optimal care of patients The use of evidence and process management for achieving the efficient medical service Demonstrating the leadership skills for the improvement of healthcare system Facilitating the changes in healthcare system for strengthening the services and improving the results. Determining the priorities and time management for the integration of practice and personal life Career and practice Management Implementation of processes for the improvement of personal practice Working with patients in regard the health determinants, which have the impact on them and the essential medical service and the access to the medical resources. Working with patients in regard the health determinants, which have the impact on them and the essential medical service and the access to the medical resources. Working with patients in regard the health determinants having the disease prevention, facilitating health during the process of interaction with patient. Working with community or population to identify the health determinants having the impact on them. The use of continuous process of guality improvement in order to the service and the management. 	Oral/written examination, Questions with one or multiple answers, scientific presentation, Portfolio
				regard to the prevention of diseases, health promotion and	

				supervision of diseases.	
				• Contributing to the	
				improvement of community and	
				population health.	
10	Duefessionalism	Duefessional	Th	Due ferenie mel etteribute e	Ding of
13	Professionalism	Professional	I neoretical and	Professional attributes	Direct
		attributes	practical teaching –	• Exhibit appropriate	observation
		• probity, honesty,	Problem Based	professional behaviors and	(with in-
		ethical commitment	Learning (PBL), Case	relationships in	training
		• commitment to	Based Learning (CBL),	all aspects of practice,	evaluation
		maintaining good	Clinical Thinking	demonstrating honesty,	report);
		practice, concern for	(CBCR), tutorials,	integrity, humility,	Portfolio/log-
		quality	learning video movies,	commitment, compassion,	book, Oral and
		• critical and self-	seminars, practice	respect, altruism, respect for	written Tests
		critical abilities,	with patients	diversity, and	(Multiple
		reflective practice	(Outpatient and	maintenance of confidentiality	choice, scientific
		• empathy	Inpatient), Clinical	• Demonstrate a commitment to	presentations,
		• creativity	rotations.	delivering the highest quality	Test) Exams,
		• initiative, will to		care and maintenance of	simulations
		succeed		competence	360 - degree
		• interpersonal skills		• Recognize and respond to ethical issues encounter in	evaluation
		Professional working		practice	
		• ability to recognize		Recognize and manage	
		limits and ask for		conflicts of interest	
		help		• Exhibit professional behaviors	
		• ability to work		in the use of technology-	
		autonomously when		enabled communication	
		necessary		• Regular considering and	
		• ability to solve		assessing ones' own activities	
		problems		through using different	
		• ability to make		internal and external data	
		decisions		sources for the purpose of	
		• ability to work in a		detecting the teaching and	
		multidisciplinary		improving of capabilities	
		team		• Communicate using a patient-	
		• ability to		centred approach that	
		communicate with		encourages patient	
		experts in other		trust and autonomy and is	
		disciplines		characterized by empathy,	
		• ability to lead		respect, and compassion	
		others		• Optimize the physical	
		• capacity to adapt to		environment for patient	
		new situations		comfort, dignity, privacy,	
		• capacity for		engagement, and safety	
		organisation and		• Recognize when the values,	
		planning (including		biases, or perspectives of	
		time management)		patients, physicians, or other	
				health care professionals may	
		The doctor as expert		have an impact on the quality	
		• capacity for analysis		of care, and modify the	
		and synthesis		approach to the patient	
		• capacity to learn		accordingly	
		(including lifelong		• Innovative use of knowledge.	
		self-directed		technology and methodology	
		learning)		• Self-confidence, initiative and	
		• capacity for		pragmatism;	
		applying knowledge		• Short-term and long-term	

· · ·	1 0.1	
in practice	career plans, purposefulness	
• ability to teach	and working in terms of	
others	realistic development plans	
• research skills	and relevant activities.	
The global doctor	Positive communication with	
• appreciation of	doctors and colleagues for	
diversity and	supporting the collaborative	
multiculturality	management of patients	
• understanding of	Participation in professional	
cultures and customs	social life through using	
of other countries	professional and other work	
• ability to work in	frames	
an international	Relationships with physicians	
context	and other colleagues for	
• knowledge of a	supporting patient	
second language	collaboration management;	
• general knowledge	 Agreement of overlapping and 	
outside medicine	general responsibilities with	
	physicians and other	
	colleagues of healthcare	
	systems in current and	
	episodic management of	
	patient;	
	Participation in joint decision	
	making with physicians and	
	other colleagues;	
	 Esteem of colleagues; 	
	Strategies of mutual	
	understanding, management	
	of differences and solving	
	conflicts for supporting	
	collaborative culture;	
	 When should the patient 	
	management be transfer to	
	other physician or other	
	specialist;	
	Verbal and written	
	communication for safe	
	transferring the patient to	
	other specialist, other	
	environment and other level	
	of management.	
	Professional Working:	
	Agreement of overlapping and	
	general responsibilities with	
	physicians and other	
	colleagues of healthcare	
	systems in current and	
	episodic management of	
	patient;	
	• When should the patient	
	management be transferred to	
	other physician or other	
	specialist;	
	Realizes self-expertise limits	
	and demonstrates need of	
	inclusion of other specialist	

-		
		for patient's optimal care; for
		effective, corresponding and
		timely consultation:
		Defense and of two of suites
		• Defines need of transferring
		the patient to another
		physician or professional for
		care,
		Making decision together with
		colleanues:
		In response to petient's
		• In response to patient s
		problem demonstrates skills of
		solving clinical problems and
		making decisioneffectively;
		makes differential diagnosis,
		develops management plan
		with interpretation of existing
		data and integration of
		information;
		 Determination of problem,
		data analysis and
		interpretation, overcoming
		informative and personal
		limitations and making
		corresponding decision:
		La composition direction,
		• In corresponding time frame
		does patient assessment and
		gives recommendations
		represented in organized
		manner;
		• realizes and responds complex,
		ambiguous situations
		frequently existing in medical
		practice;
		Working in multidisciplinary
		team, realizing competencies
		of self and others, assessment
		of individual patient (or the
		group of patients) with others.
		integrated planning and
		delivery of management:
		Developmention in succession and a
		• rarticipation in meetings or
		inter-professional teams;
		 Principles of group dynamics,
		respecting team ethical issues,
		confidentiality;
		Performing the role of leader
		in corresponding situation in
		healthcare group.
		• Supporting chapter for
		• Supporting changes for
		improvement of medical
		services and results;
		 In context of patient care
		working with the group of
		professionals (as
		undergraduate student) for
		development of team-
		working loadership and
		working, leadership and
		facilitation;

		 Collaborate with colleagues in 	
		other organizations:	
		 Determination of priorities 	
		including time-management	
		netiont care balance between	
		patient care, balance between	
		requirements of practice,	
		other activities and personal	
		life;	
		The Doctor as Expert	
		• Curiosity and skills of asking	
		questions for rational use in	
		questions for fational use in	
		corresponding events and	
		processes;	
		 Development of personal 	
		learning plan,	
		implementation, monitoring	
		and revision for improvement	
		of professional practice;	
		Responsibility of collaborative	
		learning in purpose of	
		improvement of personal	
		prostigo and contribution in	
		practice and contribution in	
		joint improvement of	
		practice;	
		 Practical use (in relation with 	
		patient case) of knowledge in	
		biomedical and clinical	
		sciences;	
		• In the framework of formal.	
		informal and hidden –	
		ourrigulum realizing its impact	
		curriculum realizing its impact	
		on student;	
		• Assisting safe learning	
		environment;	
		• Patient safety is kept when the	
		student is included in patient	
		care;	
		• Planned and delivered	
		learning activity;	
		• Feedback for learning:	
		 Assessment of students 	
		teachers and program in the	
		manner corresponding to	
		education;	
		• The part of research scientific	
		principles, scientific search	
		and scientific evidence in	
		healthcare;	
		• Identification of research	
		ethical principles and	
		including it into informed	
		consent considering potential	
		harma and har of the	
		considering vulnerable	
		population;	
		 Contribution to working at 	
		research program;	

	 Making valuable questions for research and choosing corresponding methods for it; Summarizing corresponding research results and discoveries with professionals and other society including patients and their families. 	
	Global Doctor • Respecting different culture, opinions, concepts and practices relative to human body and healthcare system; • Knowledge of foreign language for communication in professional context; • Realizing the culture and habits of other countries; • General (non-medical) knowledge.	

2. Requirements for Educational Program Resources

3.1 Requirements for Human Resources

Aspect N.	
	Field Certificate, license, the document proofs the special training and etc. that has be possessed by the implementer of training course/etc.
The Implementers of Clinical Disciplines	Certificate of relevant and adjacent specialty

3.2. Requirements for material resources

Aspect N.	Special Requirements
	University/Training Clinic and/or Affiliated Clinic (on the basis of agreement)
	Clinical Skills Center/Lab (Private or on the basis on agreement)
	Training Lab

4. Additional Information

1) The way to increase the quality of medical education is an integrated curriculum. The curriculum implies the integration of fundamental and clinical objects (vertical and horizontal integration. Single modules of different courses are created during the horizontal integration. It is necessary to involve clinical subjects in the first year of study. Integrated curriculum enables us to avoid fragmentation of knowledge and to develop independent clinical thinking from early stages. The curriculum of the educational program can be partly integrated. The fully integrated curriculum includes only trans-disciplinary modules, while partial integration curriculum consists of separate disciplines as well as integrated modules.

2).The curriculum should include elective subjects, the number of which should be gradually increased in the last courses of study.

3). The list of training courses for specific educational programs will be different from the institutional context, but there are common competences that form the basis for formation of a Medical Doctor. At the same time, it is necessary to cover at least 20 credits for clinical skills and at least 10 credits for scientific skills in a curriculum, within six years of study.

4) The educational program should include compulsory or elective courses that do not belong to the core specialty component (maximum within 30 ECTS).

5) Basic specialty optional section includes basic specialties - training courses / modules / etc related to the field of medicine, which will facilitate performing the professional duties and / or expand competencies in medicine.

6) The practical component of educational program implies:

² Working practice – the practice considered in the core specialty component of educational program for the purpose of practical skills development

7) The relevant teaching methods of integrated curriculum implies problem and case based learning (PBL, CBL). PBL's advantage is to learn independently of solving problems and acquire cooperative learning skills compared to the traditional way of learning, which is very important for successful doctor's professional activities. The most important requirement for integrated learning is the initial involvement of the student in scientific research. The research component is provided in an integrated curriculum. The role of students in the study increases gradually. It is important that students learn not only critically assessing scientific information, but also basic principles of research organization, management, analysis, and outcomes.

8) Integrated education from the very first year of study implies the development of clinical skills by students. The complexity of skills increases during moving from one course to another. The curriculum will determine the list of skills that students must obtain in the learning process. The existence of appropriate clinical skills centers and multi-profile clinical bases is essential for developing clinical skills. Implementation of integrated learning implies the introduction of new methods of student evaluation (OSCE, Portfolio).

OSCE - Objective structured clinical examination - It is widely used today to evaluate the clinical competence of students and residents in many higher medical colleges around the world. During the OSCE examination, students demonstrate clinical skills with the use of simulators or patient performers. OSCE is recognized as one of the key standards of medical education by the World Federation of Medical Education and the World Health Organization;

• Portfolio - is one of the modern methods of student activity assessment and includes:

A) The quality of the independent work performed by the student;

B) Student intelligence and independent activity assessment;

C) Documents reflecting the activities of the student from 1th to 6th courses.

The portfolio has a significant impact on the ongoing assessment of student academic achievements, as it objectively and substantively reflects the student's clinical thinking, skills, strengths and weaknesses in general professional development, reveals its shortcomings and ways to correct them.

9) Assessment of learning outcomes at the completion of the study program implies not only theoretical knowledge but also assessing the practical skills. Recommendations on assessing learning outcomes and competences are detailed in WFME and MEDINE's Joint Document - "Global Standards for Improvement of Quality of Medical Education in accordance with the European Specificity".

10) Clinical skills are very important. In this regard, different complexity simulators and computerized learning programs should be used to describe real disease, diagnostic or medicinal procedure. The use of virtual learning methods facilitates the protection of patients' safety, especially the health care institutions from large groups of students who often do not have any clinical abilities, especially in the preliminary stage of study, through direct contact with the patient. At the end of the educational program graduates should be able supervised.

11) General Competences for Educational Program Graduates:

• Analysis and synthesis ability - Critical assessment of complex, incomplete and contradictory data, their independent analysis, conveying the results of analysis, and then use them. Can critically approach to new information, analyze, summarize, integrate, conclude the various data, bring evidence and / or arguments in the analysis of the results obtained.

• Information management - can obtain information from various sources, develop large-scale information and critically evaluate it. Ability to use information collected during professional activities.

• Problem solving / decision making - Independently able to define complex problems, determine ways of solving it, analyzing the expected outcomes and final decision making.

Knows and uses additional resources effectively within the limits of his/her own specialty.

• Team-work skills - Ability to work in the group as a member and leader. Can clearly formulate tasks, agree with group members, coordinate their activities and adequately assess the capabilities of group members, manage conflicting and emotional situations.

• Communication skills, including a foreign language - having the ability to listen, ask questions, and nonverbal communication.

• Ability to take part in meetings and convey the opinions both in oral and writings. Can negotiate in the professional context and participate in resolving conflicts.

• The skill of permanent renewal of learning / knowledge - can use full spectrum of educational and informational resources, manage their own learning process. Understanding the necessity of sustainable renewal of knowledge; He/she has the ability to objectively evaluate the knowledge and skills.

• Ability to adapt to a new environment – practical skills to work with colleagues, professional subordination / adaptation skills

• Ability to use new technologies.

• Ability to work independently – Time Management skills, selecting priorities, meeting deadlines and getting the work done. Ability to properly arrange the business related resources. He/she is accountable for the work done and has the ability to assess and critically analyze it.

to demonstrate clinical skills generated in their learning process independently, through simulators or

Achievement of Field-Specific Competencies throughout 6 years of study (example)

1. Consulting Patients

Appendix #1

Achievement of field-specific competences according to teaching years (recommendations) <u>Sample/example</u>

1. Consulting the patients

Years of Teaching	Studying courses/ integrated modules	Learning outcome	Forms of teaching	Assessment of learning outcomes
1	Medical ethics, behavioral science, introduction in clinical medicine, clinical skills.	 History taking; Supporting patients and defending their rights. 	Lecture, practical studies, role plays, videos for studying, PBL, communication with patients	Oral/ paper/ presentation
2	Introduction in clinical medicine, medical psychology, clinical skills.	 History taking; Giving definition and advice; Supporting patients and defending their rights. 	Lecture, practical studies, role plays, videos for studying, PBL, communication with patients	Oral/ test exam, OSCE
3	Propaedeutic (introductory course)/ physical diagnosis, surgery, clinical skills.	 History taking; Physical check-up; Clinical reasoning and decision making; Giving explanation and advice; Supporting patients and defending their rights. 	Lecture, practical studies, working with patients, cases based learning /case based clinical reasoning (CBI, CBCR)	Test exam, OSCE
4	Internal medicine, surgery, urology, otolaryngology, pediatrics, dermatology, neurology, obstetrics and gynecology, clinical skills.	 History taking; Physical check-up; Clinical reasoning and decision making; Giving explanation and advice; Supporting patients and defending their rights. 	Lecture, practical studies, cases based learning /case based clinical reasoning (CBI, CBCR), clinical rotations.	Test exam, OSCE, portfolio.
5	Internal medicine, surgery, traumatology, gynecology, oncology, neurosurgery, contagious diseases, ophthalmology, medical law, urgent care medicine, psychiatry.	 History taking; Physical check-up; Clinical reasoning and decision making; Giving explanation and advice; Supporting patients and defending their rights; Assessment of psychological status of a patient. 	Lecture, practical studies, clinical rotations, bedside teaching.	Test exam, OSCE, miniCEX, portfolio.
6	Internal medicine, family medicine, rehabilitation and sport medicine, surgery, pediatrics, geriatrics, obstetrics and gynecology, oncology.	 History taking; Physical check-up; Clinical reasoning and decision making; Giving explanation and advice; Supporting patients and defending their rights; Assessment of psychological status of a patient 	Clinical rotations, bedside teaching.	Test exam, OSCE, miniCEX, portfolio.

2. Assessment of clinical case, sending for medical examination, making differential diagnosis, discussion about the guideline for disease management

rears of Feaching	Studying courses/ integrated modules	Learning outcome	Forms of teaching	Assessment of learning outcomes
2	Introduction in clinical medicine, clinical skills, medical ethics, behavioral science, anatomy, physiology, histology, cellular and molecular biology, biophysics, genetics. Introduction in clinical medicine, clinical skills, medical psychology, anatomy, physiology, biochemistry, immunology, microbiology, histology, general pharmacology.	 Communication and contact with patients; To find out the interaction between the symptoms and basic knowledge(in anatomy, physiology, biochemistry etc.) of disease Knowledge of usage of patient's rights while considering clinical cases. 	Lecture, practical studies, problem based learning, videos for learning, communication with patients, role plays	Oral/test exam, OSCE (communication with standardized patient).
3	Propaedeutic/ physical diagnosis, surgery, clinical skills, pathology, pharmacology, laboratory medicine, radiology	 Acknowledgement of difficulty of clinical image of disease; Making differential diagnosis; Taking care of patients being in terminal condition and their families. 	Lecture, practical studies, case-based learning (CBL), case- based clinical reasoning (CBCR), learning with usage of simulators, communication with patients.	Test exam, OSCE – with help of simulators and/or standardized patients
4	Internal medicine, surgery, urology, otolaryngology, pediatrics, dermatology, neurology, social health care, obstetrics and gynecology, clinical skills.	 Acknowledgement of difficulty of clinical image of disease; Making differential diagnosis; Discussion of the guideline for disease management with patient and nurses; Taking care of patients being in terminal condition and their families. 	Lecture, practical studies, learning with usage of simulators, bedside teaching, clinical rotations.	Test exams, OSCE – with help of simulators and/or standardized patients.
5	Internal medicine, surgery, traumatology, oncology, neurosurgery, infectious diseases, ophthalmology, justice in medicine and medical judiciary, urgent medicine, psychiatry, clinical skills.	 Acknowledgement of difficulty of clinical image of disease; To send for proper check-up and interpret the results; Making differential diagnosis; Discussion of the guideline for disease management with patient and nurses; Taking care of patients being in terminal condition and their families. 	Lecture, practical studies, learning with usage of simulators, bedside teaching, clinical rotations.	Test exam, OSCE – with help of simulators and/or standardized patients, MiniCEX – mini-clinical exam.
6	Internal medicine, family medicine, rehabilitation and sport medicine, surgery, pediatrics, geriatrics, obstetrics and gynecology, oncology.	 Acknowledgement of difficulty of clinical image of disease; To send for proper check-up and interpret the results; Making differential diagnosis; Discussion of the guideline for disease management with patient and nurses; Taking care of patients being in terminal condition and their families. Management of chronic diseases. 	Lecture, learning with usage simulators, bedside teaching, clinical rotations.	Test exam, OSCE – with help of simulators and/or standardized patients, MiniCex.

3. To provide service for urgent medical condition (first aid and resuscitation measures)

Years of Teaching	Studying courses/ integrated modules	Learning outcomes	Forms of teaching	Assessment of learning outcomes
1	Introduction in clinical medicine, clinical skills	 To give basic first aid 	Practical studies, tutorials, videos for learning, role-plays, learning with help of simulators.	OSCE
2	Introduction in clinical medicine, clinical skills			
3	Propaedeutic/physical diagnosis, clinical skills	 Finding out urgent medical condition and its assessment To give basic first aid 	Practical studies, tutorials, videos for learning, role-plays, learning with help of simulators.	OSCE
4	Internal medicine, surgery, clinical skills.	 Finding out urgent medical condition and its assessment To give basic first aid To perform measures based on life support guidelines and cardiopulmonary resuscitation. 	Practical studies, learning with help of simulators, bedside teaching, clinical rotations.	OSCE, portfolio
5	Clinical skills, internal medicine, surgery, traumatology, neurosurgery.	 Finding out urgent medical condition and its assessment To give basic first aid To perform measures based on life support guidelines and cardiopulmonary resuscitation. Treatment of traumas in accordance with the guideline. 	Practical studies, learning with help of simulators, bedside teaching, clinical rotations.	OSCE, portfolio, test exam
6	Clinical skills, internal medicine, family medicine, surgery.	 Finding out urgent medical condition and its assessment Treatment for urgent medical condition To give basic first aid To perform measures based on life support guidelines and cardiopulmonary resuscitation. To perform expanded measures according to life support guidelines. Treatment of traumas in accordance with the guideline. 	Bedside teaching, clinical rotations.	OSCE, portfolio.

4. Knowledge of prescription making

Years of Teaching	Studying courses/ integrated modules	Learning outcomes	Forms of teaching	Assessment of learning outcomes
1		Is not taught		
2	General pharmacology, introduction in clinical medicine.	To relate drugs and their curing measures to appropriate clinical context	Lectures, workshops, problem based learning (PBL)	Oral or test exam
3	Propaedeutic/diagnosis, surgery, specialized pharmacology, laboratory medicine.	Writing accurate and clear prescription. To relate drugs and their curing measures to appropriate clinical	Lectures, practical works, clinical case- based learning (CBL), case-based clinical reasoning (CBCR).	Oral or test exam, OSCE

		context		
4	Internal medicine, surgery, urology, otolaryngology, pediatrics, dermatology, neurology, obstetrics and gynecology.	Writing accurate and clear prescription. To relate drugs and their curing measures to appropriate clinical context; Analyzing relevance of drug and other type of treatment and assessment of risks and potential benefits.	Lectures, practical works, case-based learning (CBL), case- based clinical reasoning (CBCR), clinical rotations.	Oral or test exam, OSCE.
5	Internal medicine, surgery, traumatology, oncology, neurosurgery, contagious diseases, ophthalmology, urgent care medicine, psychiatry	Writing accurate and clear prescription. To relate drugs and their curing measures to appropriate clinical context; Analyzing relevance of drug and other type of treatment and assessment of risks and potential benefits. Treatment of pain and distress.	Lectures, practical works, bedside teaching, clinical rotations.	Test exam, OSCE, MiniCEX.
6	Clinical pharmacology, internal medicine, family medicine, rehabilitation and sport medicine, surgery, pediatrics, geriatrics, obstetrics and gynecology, oncology	Writing accurate and clear prescription. To relate drugs and their curing measures to appropriate clinical context; Analyzing relevance of drug and other type of treatment and assessment of risks and potential benefits. Treatment of pain and distress. Taking into account compatibility of drugs while prescribing them.	Lectures, practical works, bedside teaching, clinical rotations.	Test exam, OSCE, MiniCEX.

5. Performance of practical procedures

Years of Teaching	Studying courses/ integrated modules	Learning outcomes	Forms of teaching	Assessment of learning outcomes
1	Clinical skills, introduction in clinical medicine, medical ethics.	 Definition of vital signs (pulse, breath, temperature – independently); Measurement of blood pressure (independently); Giving oxygen (independently); 	Practical works, videos for learning, role-plays, learning with usage of simulator.	OSCE
2	Clinical skills, introduction in clinical medicine, medical ethics.	 Measurement of blood pressure (independently); Definition of vital signs (pulse, breath, temperature – independently); Venipuncture (on simulator); Under skin and intramuscular injection(on simulator on under supervision); 	Practical works, videos for learning, role-plays, learning with usage of simulator.	

		 Giving oxygen (independently); 		
		 Transportation of patients and taking care 		
		of them (independently);		
3	Propaedeutic/diagnosis,	• Definition of vital signs (pulse, breath,	Practical works,	OSCE
	clinical skills, general	temperature – independently);	videos for learning,	
	medicine	 Measurement of blood pressure (independently); 	with usage of	
	incultine.	 Veninuncture (on simulator); 	simulator.	
		 Under skin and intramuscular injection(on 		
		simulator on under supervision):		
		 Giving oxygen (independently); 		
		 Transportation of patients and taking care 		
		of them (independently);		
		 Stitching up the wound(on simulator); 		
		 Doing urine test (independently); 		
		 Doing electrocardiography 		
		(independently);		
4	Internal medicine,	 Definition of vital signs (pulse, breath, 	Practical works,	OSCE, portfolio.
	surgery, clinical skills,	temperature – independently);	learning with usage	
	urology, otolaryngology, nediatrics, dermatology	 Measurement of blood pressure (independently); 	of simulators,	
	neurology obstetrics and	(Independently);	beuside teaching	
	gvnecology.	 Verifyuricture (on simulator); Under skin and intramuscular injection(on 		
	81	simulator on under supervision).		
		 Giving oxygen (independently): 		
		 Transportation of patients and taking care 		
		of them (independently);		
		 Stitching up the wound(on simulator); 		
		 Catheterization of a urinary bladder (on 		
		simulator);		
		 Doing urine test (independently); 		
		Doing electrocardiography		
		(independently);		
		 Functional test of respiratory system 		
5	Internal medicine	(Independently). • Definition of vital signs (pulse, breath	Lectures practical	OSCE MiniCEX
5	surgery traumatology	• Definition of vital signs (pulse, breath,	works learning with	portfolio
	oncology, neurosurgery,	Measurement of blood pressure	patients (outpatients	portionol
	contagious diseases,	(independently);	and inpatients),	
	ophthalmology, justice in	 Venipuncture (on simulator); 	learning with usage	
	medicine and medical	 Inserting catheter in a vein (on simulator); 	of simulators, clinical	
	judiciary, urgent	 Injection of curing substances in a vein and 	rotations.	
	medicine, psychiatry.	usage of equipment for infusion (on		
		simulator or under supervision);		
		 Under skin and intramuscular injection(on 		
		simulator on under supervision);		
		 Giving oxygen (independently); Transportation of patients and taking each 		
		 Transportation of patients and taking care of them (independently); 		
		 Stitching up the wound(on simulator): 		
		 Catheterization of a urinary bladder (on 		
		simulator);		
		 Doing urine test (independently); 		
		Doing electrocardiography		
		(independently);		
		 Interpretation of electrocardiography 		
		(independently);		
		Functional test of respiratory system		
		(independently).	· · ···	
6	Internal medicine, family	• Definition of vital signs (pulse, breath,	Learning with usage	USCE, MiniCEX,
	medicine, clinical SKIIIS,	temperature – independently);	or simuidlors,	μοιτισπο.

rehabilitation and sp	• Measurement of blood pressure	bedside teaching,	
medicine, surgery,	(independently);	clinical rotations.	
pediatrics, geriatrics,	 Venipuncture (on simulator); 		
obstetrics and	 Inserting catheter in a vein (on simulator); 		
gynecology, clinical	 Injection of curing substances in a vein and 		
pharmacology, oncol	ogy usage of equipment for infusion (on		
	simulator or under supervision);		
	 Under skin and intramuscular injection(on 		
	simulator on under supervision);		
	 Giving oxygen (independently); 		
	 Transportation of patients and taking care 		
	of them (independently);		
	 Stitching up the wound(on simulator); 		
	 Blood transfusion (on simulator); 		
	 Catheterization of a urinary bladder (on 		
	simulator);		
	 Doing urine test (independently); 		
	Doing electrocardiography		
	(independently);		
	 Interpretation of electrocardiography 		
	(independently);		
	Functional test of respiratory system		
	(independently).		

6. Effective communication in the medical context

Years of Teaching	Studying courses/ integrated modules	Learning outcomes	Forms of teaching	Assessment of learning outcomes
1	Medical ethics, behavioral science, introduction in clinical medicine, clinical skills.	Communication with patients	Lectures, practical works, videos for learning, role-plays.	Oral or test exam, OSCE (ability to communicate with standardized patient).
2	Introduction in clinical medicine, medical ethics, clinical skills, medical psychology.	Communication with patients; Communication with relatives of patients; Communication with help of an assistant.	Lectures, practical works, videos for learning, role-plays.	Oral or test exam, OSCE (ability to communicate with standardized patient).
3	Internal medicine, surgery, urology, otolaryngology, pediatrics, dermatology, neurology, obstetrics and gynecology, clinical skills.	Communication with patients; Communication with relatives of patients; Communication with help of an assistant; Effective communication with any person regardless of his/her social, cultural, religious and ethnic background.	Lectures, practical works, videos for learning, role-plays.	Test exam, OSCE (ability to communicate with standardized patient).
4	Internal medicine, surgery, urology, otolaryngology, pediatrics, dermatology, neurology, obstetrics and gynecology, clinical skills.	Communication with patients; Communication while informing about bad news; Communication with relatives of a patient; Communication in case of an argument; Communication with help of an assistant; Effective communication with any person regardless of his/her social, cultural, religious and ethnic background.	Lectures, practical works, learning with usage of simulators, bedside teaching.	Test exam, OSCE (ability to communicate with standardized patient), portfolio.

5	Internal medicine, surgery, clinical skills, traumatology, oncology, neurosurgery, contagious diseases, ophthalmology, medical justice, urgent care medicine, psychiatry.	Communication with patients; Communication with colleagues; Communication while informing about bad news; Communication with relatives of a patient; Communication for getting informative consent; Communication in a written form (including medical records); Communication with help of an assistant; Communication with help of an assistant; Communication with judicial bodies and mass media; Effective communication with any person regardless of his/her social, cultural, religious and ethnic	Lectures, practical works, learning with patients (outpatients and inpatients), learning with usage of simulators, bedside teaching, clinical rotations.	OSCE, MiniCEX, portfolio.
6	Internal medicine, family medicine, surgery, pediatrics, geriatrics, clinical pharmacology, obstetrics and gynecology, oncology, clinical skills	background. Communication with patients; Communication with colleagues; Communication while informing about bad news; Communication with relatives of a patient; Communication with disabled people; Communication for getting informative consent; Communication in a written form (including medical records); Communication in case of an argument; Communication with help of an assistant; Communication with judicial bodies and mass media; Effective communication with any person regardless of his/her social, cultural, religious and ethnic	Bedside teaching, clinical rotations, learning with usage of simulators.	OSCE, MiniCEX, portfolio.

7. Use of ethical and judicial affairs in medical practice

Years of Teaching	Studying courses/ integrated modules	Learning outcomes	Forms of teaching	Assessment of learning outcomes
1	Introduction in clinical	Keeping confidentiality;		Oral or test exam.
	medicine, clinical skills,	Getting informed consent;	Lecture, tutorials,	
	science.		plays, communication	
2	Introduction in clinical		with patients.	
	medicine, clinical skills,			
	medical ethics, medical			
	psychology.			
3	Propaedeutic (introductory	Keeping confidentiality;	Lectures, clinical case-	Oral or test exam.
	course)/ physical diagnosis,	Use of ethical principles and ability to	based learning (CBL),	
	surgery, clinical skills.	analyze during treatment process;	case-based clinical	
		Getting informed consent;	reasoning (CBCR),	
			communication with	
			patients.	

4	Internal medicine, surgery, urology, otolaryngology, pediatrics, dermatology, neurology, obstetrics and gynecology, clinical skills.	Keeping confidentiality; Use of ethical principles and ability to analyze during treatment process; Getting informed consent and make further report; Ask for autopsy (in cases considered by Georgian legislation)	Lectures, clinical case- based learning (CBL), case-based clinical reasoning (CBCR), communication with patients.	Oral or test exam.
5	Internal medicine, surgery, traumatology, oncology, neurosurgery, infectious diseases, ophthalmology, justice in medicine and medical judiciary, urgent medicine, psychiatry.	Keeping confidentiality; Use of ethical principles and ability to analyse during treatment process; Getting informed consent and make further report; Ask for autopsy (in cases considered by Georgian legislation)	Lectures, clinical case- based learning (CBL), seminars, bedside teaching, clinical rotations.	Oral or test exam.
6	Internal medicine, family medicine, rehabilitation and sport medicine, surgery, pediatrics, geriatrics, obstetrics and gynecology, oncology, scientific skills/	Keeping confidentiality; Use of ethical principles and ability to analyse during treatment process; Getting informed consent and make further report; Ask for autopsy (in cases considered by Georgian legislation); Use of ethical principles recognized internationally and by Georgian legislation;	Lectures, clinical case- based learning (CBL), seminars, bedside teaching, clinical rotations.	Oral or test exam.

8. Assessment of social and psychological aspects connected with a disease of a patient

Years of Teaching	Studying courses/ integrated modules	Learning outcomes	Forms of teaching	Assessment of learning outcomes
1	Introduction in clinical medicine, clinical skills, medical ethics, behavioral science.	Finding out the stress connected with a disease	Lecture, PBL, tutorials, seminars, role-plays.	Oral or test exam
2	Introduction in clinical medicine, clinical skills, medical ethics, medical psychology.	Assessment of disease revelation and psychological factors influencing the patient; Finding out the stress connected with a disease	Lecture, PBL, tutorials, seminars, role-plays.	Oral or test exam
3	Propaedeutic (introductory course)/ physical diagnosis, clinical skills.	Assessment of disease revelation and psychological factors influencing the patient; Assessment of disease revelation	Lectures, clinical case- based learning (CBL), case-based clinical reasoning (CBCR),	Oral or test exam
4	Public health care, clinical skills.	and social factors influencing the patient;	communication with patients.	
5	Internal medicine, surgery, traumatology, oncology, neurosurgery, infectious diseases, ophthalmology, urgent medicine, psychiatry, public health care, scientific skills.	Assessment of disease revelation and psychological factors influencing the patient; Assessment of disease revelation and social factors influencing the patient; Finding out the stress connected with a disease	Lectures, seminar, clinical case-based learning (CBL), bedside teaching, clinical rotations	Oral or test exam
6	Internal medicine, family medicine, rehabilitation and sport medicine, surgery, pediatrics, geriatrics, obstetrics and	Assessment of disease revelation and psychological factors influencing the patient; Assessment of disease revelation and social factors influencing the	Lectures, seminar, clinical case-based learning (CBL), bedside teaching, clinical rotations	Oral or test exam

gynecology, oncology, scientific skills.	patient; Finding out the stress connected with a disease; Finding out drug and alcohol	
	addiction.	

9. Use of evidence-based principles, skills and knowledge

Years of Teaching	Studying courses/ integrated modules	Learning outcomes	Forms of teaching	Assessment of learning outcomes
1 2	Scientific skills	Conducting and defining appropriate literary research	Lectures, seminars, PBL	Test exam
3	Public health care (biostatistics), scientific skills	Use of evidence in practice Defining appropriate literary research	Lectures, seminar, clinical case-based learning (CBL).	Test exam
4	Internal medicine, surgery, public health care, scientific skills	Use of evidence in practice Conducting and defining appropriate literary research	Lectures, seminar, clinical case-based learning (CBL).	Test exam, portfolio.
5	Internal medicine, surgery, traumatology, oncology, neurosurgery, infectious diseases, ophthalmology, urgent medicine, psychiatry, public health care, scientific skills.	Use of evidence in practice Conducting and defining appropriate literary research Critical assessment of published literature, decision making.	Lectures, seminar, clinical case-based learning (CBL), clinical rotations.	Test exam, portfolio.
6	Internal medicine, family medicine, rehabilitation and sport medicine, surgery, pediatrics, geriatrics, obstetrics and gynecology, oncology, scientific skills.	Use of evidence in practice Conducting and defining appropriate literary research Critical assessment of published literature, decision making and its usage in practice.	Lectures, seminar, clinical case-based learning (CBL), clinical rotations.	Test exam, portfolio.

10. Effective use of information and information technologies in medical context

Years of Teaching	Studying courses/ integrated modules	Learning outcomes	Forms of teaching	Assessment of learning outcomes
1	Medical	Finding specific information	Lectures, seminars.	Test exam,
2	information	resources;		presentations,
	technology;	Saving information and using it later;		portfolio.
	Scientific skills.	Effective use of computer and other		
		information technologies for saving		
		and finding information		
3	Public health care,	Finding specific information	Lectures, seminars.	Test exam, portfolio.
	scientific skills.	resources;		
		Saving information and using it later;		
		Effective use of computer and other		
		information technologies for saving		
		and finding information;		

		Finding specific information		
		resources:		
		Following regulations of confidential		
		data while performing work		
		connected with data processing		
Δ	Public boolth caro	Making modical record correctly and	Locturos cominars	Tost ovam partfalia
4	Fublic field the date,	waking medical record correctly and	Lectures, seminars.	rest exam, portiono.
	SCIEITUITE SKIIIS.	Saving it completely,		
		Finding specific information		
		resources;		
		Saving information and using it later;		
		Ability to save personal records		
		(portfolio)		
5	Public health care,	Making medical record correctly and	Lectures, seminars,	Test exam, portfolio.
	scientific skills.	saving it completely;	production of medical	
		Use of modern information	documents (including	
		technologies in practical works;	information	
		Finding specific information	technology usage),	
		resources;	clinical rotations.	
		Saving information and using it later;		
		Ability to save personal records		
		(portfolio);		
		Availability of information resources		
		and use of found information in the		
		process of taking care of a patient,		
		improving his/her health condition.		
		providing information, giving advice		
		and also in the sphere of education		
		and research		
6	Scientific skills	Making medical record correctly and	Practice in medical	Test exam portfolio
U	Selentine skins	saving it completely:	institutions (with	rest exam, portiono.
		Use of modern information	outnatients and	
		technologies in practical works:	innatients production	
		Finding specific information	of medical documents	
		resources.	(including information	
		Saving information and using it later:	technology usage)	
		Ability to save personal records	hedside teaching	
		(portfolio):	clinical rotations at	
		Availability of information resources	university/educational	
		and use of found information in the		
		process of taking care of a patient	Clinics	
		improving his/hor hoalth condition		
		providing information, giving advice		
		and also in the sphere of education		
		and also in the sphere of education		
		allu lesedi (li,		
		Use of principles, methods and		
		tooballogy during modified another		
		technology during medical practice		
		process.		

11. Use of knowledge, scientific principles and methods of biomedicine in medical practice and research

Years of	Studying courses/ integrated modules	Learning outcomes	Forms of teaching	Assessment of learning outcomes
1	Biomedical	Knowledge of methodology for	Lectures, seminars,	Test exam, paper.
	sciences, scientific	conducting scientific research;	clinical case-based	
	skills, medical	Knowledge of ethical principles to	learning (CBL).	
	ethics.	conduct scientific research.		

2	Biomedical	Knowledge of methodology for	Lectures, seminars,	Test exam, scientific
	sciences, public	conducting scientific research;	clinical case-based	paper.
	health care	Knowledge of ethical principles to	learning (CBL).	
	(biostatistics)	conduct scientific research:		
	scientific skills	Ability to create a paper/review based on		
	Selemente Skins.	critical analysis of biomedical scientific		
		literature.		
3	Public health care	Knowledge of methodology for	Lectures, seminars,	Test exam, scientific
-	(biostatistics).	conducting scientific research:	clinical case-based	work/paper.
	scientific skills	Knowledge of ethical principles to	learning (CBL)	
		conduct scientific research:		
		Ability to create a paper/review based on		
		critical analysis of biomedical scientific		
		literature:		
		Knowledge of methodology for		
		conducting scientific research		
4	Dublic boolth core	Knowledge of methodology for	Lasturas cominars	Tast avom scientific
4	Public fiedlin care,	knowledge of methodology for	Lectures, seminars,	rest exam, scientific
	SCIENTING SKIIIS.	Knowledge of ethical principles to		presentations,
		knowledge of ethical principles to	scientific studies,	scientific works,
		Ability to create a nener/review based on		portiolio.
		Ability to create a paper/review based on		
		literature;		
		knowledge of methodology for		
		conducting scientific research;		
		Ability to make research design, detailed		
		planning, treatment of achieved results,		
-		conclusion.		T
5	Public health care,	Knowledge of methodology for	Participation in	l'est exam, scientific
	SCIENTIFIC SKIIIS.	conducting scientific research;	scientific studies and	presentations,
		Knowledge of ethical principles to	conferences	scientific works,
		Ability to success a new an (new issue based on		portiolio.
		Ability to create a paper/review based on		
		Interature;		
		Knowledge of methodology for		
		conducting scientific research;		
		Ability to make research design, detailed		
		planning, treatment of achieved results,		
		Ability to use achieven ante of		
		Ability to use achievements of		
C	Dublic bootth com	biometrical scientists in practice.	Dortigination in	Tost over estatific
0	Public fiedlin care,	conducting scientific research	Participation in	nest exam, scientific
	SCIEITUITE SKIIIS.	Knowledge of ethical principles to	scientific studies and	presentations,
		conduct scientific research	conterences	scientific works,
		Ability to create a paper/review based on		
		critical analysis of biomodical scientific		
		Ability to make research desire detailed		
		Ability to make research design, detailed		
		planning, treatment of achieved results,		
		Ability to use achievements of		
		Ability to use achievements of		
		biomedical scientists in practice.		

12. Setting out healthcare measures, involvement in public healthcare issues, performing effective actions in healthcare system

fears of Feaching	Studying courses/ integrated modules	Learning outcomes	Forms of teaching	Assessment of learning outcomes
1	Introduction in clinical medicine, medical information technologies.	Use of medical information technologies to enhance medical service quality and patient's security optimization.	Lecture, seminar, PBL	Oral/test exam, portfolio
2	Introduction in clinical medicine, scientific skills.	Use of medical information technologies to enhance medical service quality and patient's security optimization; Contribution to patient's security.	Lecture, seminar, PBL	Oral/test exam, portfolio
3	Public healthcare, scientific skills.	Use of medical information technologies to enhance medical service quality and patient's security optimization; Contribution to patient's security; To perform the treatment which will minimized harmful risks of a patient.	Lecture, seminar, clinical case-based learning (CBL).	Oral/test exam
4	Public healthcare, scientific skills.	Use of medical information technologies to enhance medical service quality and patient's security optimization; Contribution to patient's security; To perform the treatment which will minimized harmful risks of a patient; Acknowledgment of problems connected with own health and its assessment meanwhile considering professional duties.	Lecture, seminar, clinical case-based learning (CBL).	Oral/test exam, portfolio
5	Public healthcare, scientific skills.	Use of medical information technologies to enhance medical service quality and patient's security optimization; Contribution to patient's security; To perform the treatment which will minimized harmful risks of a patient; To perform prevention measures of disease transmission; Acknowledgment of problems connected with own health and its assessment meanwhile considering professional duties; Participation in healthcare activities on individual and population levels.	Lecture, seminar, clinical case-base, learning (CBL), clinical rotations.	Test exam, scientific presentations, portfolio.
6	Public healthcare	Use of medical information technologies to enhance medical service quality and patient's security optimization; Contribution to patient's security:	Lecture, seminar, clinical case-base, learning (CBL), clinical rotations.	Test exam, scientific presentations, portfolio.

To perform the treatment which	
To perform the treatment which	
will minimized harmful risks of a	
patient;	
To perform prevention measures	
of disease transmission;	
Acknowledgment of problems	
connected with own health and its	
assessment meanwhile	
considering professional duties;	
Participation in healthcare	
activities on individual and	
population levels;	
Contribution to changes in	
healthcare system for enhancing	
service quality and results;	
Introduction of disease	
prevention, health care and	
disease supervision with individual	
patients.	

13. Professionalism

Years of Teaching	Studying courses/ integrated modules	Learning outcomes	Forms of teaching	Assessment of learning outcomes
1	Medical ethics, behavioral science, introduction in clinical medicine, anatomy, physiology, histology, cellular and molecular biology, biophysics, genetics.	 General characteristics of professionalism: Treatment, honesty, following ethical principle; Creativeness; Initiative, willingness to succeed; Professionalism in working process: Set limits to own abilities and ask for help; Leadership skills; The doctor as expert: Ability to analyze and synthesize. 	Theoretical and practical learning – problem based learning (PBL), tutorials, videos for learning, seminars, contact with patients	Oral or test exam, scientific presentations.
2	Introduction in clinical, psychology, anatomy, physiology, biochemistry, immunology, microbiology, histology, general pharmacology, scientific skills.	 General characteristics of professionalism: Impartiality, following ethical principle; Creativeness; Empathy toward patients; Initiative, willingness to succeed; Interpersonal skills Professionalism in working process: Set limits to own abilities and ask for help; Leadership skills; Ability of problem-solving. The doctor as expert: 	Theoretical and practical learning – problem based learning (PBL), tutorials, videos for learning, seminars, contact with patients	Oral or test exam, scientific presentations.

		Ability to analyze and		
		synthesize.		
3	Propedeutics/ physical diagnosis, surgery, pathology, pharmacology, laboratory medicine, radiology, public healthcare, scientific skills.	 General characteristics of professionalism: Impartiality, following ethical principle; Creativeness; Empathy toward patients; Initiative, willingness to succeed; Interpersonal skills Professionalism in working process: Set limits to own abilities and ask for help; Leadership skills; Ability of problem-solving; Finding ways out of difficult situations and adaptation with new situations. The doctor as expert: Ability to analyze and 	Theoretical and practical learning – clinical case-based learning (CBL), case- based clinical reasoning (CBCR), contact with patients, clinical rotations.	Oral exam, one clue or multiple choice tests, scientific presentations, portfolio.
4	Internal medicine, surgery, urology, otolaryngology, pediatrics, dermatology, neurology, public health care, obstetrics and gynecology, clinical skills, scientific skills.	 synthesize. General characteristics of professionalism: Impartiality, following ethical principle; Creativeness; Empathy toward patients; Critical and self-critical attitude; Initiative, willingness to succeed; Interpersonal skills Professionalism in working process: Set limits to own abilities and ask for help; Leadership skills; Ability of problem-solving; Finding ways out of difficult situations and adaptation with new situations; Organizational skills (including time management) The doctor as expert: Ability to analyze and synthesize. 	Clinical case-based learning (CBL), case- based clinical reasoning (CBCR), contact with patients, clinical rotations.	Tests, scientific presentations, portfolio.
5	Internal medicine, surgery, traumatology, oncology, neurosurgery, contagious diseases, ophthalmology, medical law and judicial medicine, urgent care medicine, psychiatry, public	 General characteristics of professionalism: Impartiality, following ethical principle; Creativeness; Empathy toward patients; 	Theoretical and practical learning – seminars, clinical rotations at university/educational clinics.	Tests, scientific presentations, portfolio.

	health care, scientific skills.	 Critical and self-critical attitude; Initiative, willingness to succeed; Interpersonal skills Professionalism in working process: Set limits to own abilities and ask for help; Leadership skills; Ability of problem-solving; Finding ways out of difficult situations and adaptation with new situations; Organizational skills (including time management); Ability to communicate with experts of other spheres. The doctor as expert: Ability to analyze and synthesize. 		
6	Internal medicine, family medicine, rehabilitation and sport medicine, surgery, pediatrics, geriatrics, obstetrics and gynecology, oncology, scientific skills.	 General characteristics of professionalism: Impartiality, following ethical principle; Creativeness; Empathy toward patients; Critical and self-critical attitude; Initiative, willingness to succeed; Interpersonal skills Professionalism in working process: Set limits to own abilities and ask for help; Leadership skills; Ability of problem-solving; Finding ways out of difficult situations and adaptation with new situations; Organizational skills (including time management); Ability to communicate with experts of other spheres; Skills for working in multidisciplinary teams. The doctor as expert: Ability to analyze and synthesize. 	Theoretical and practical learning – seminars, clinical rotations at university/educational clinics.	Tests, scientific presentations, portfolio.

List of Equipment for Clinical Skills Centre (Example)

Name/Photo

• Adult care manikin

Characteristic features:

- 1. Manikin is made from durable, strong, waterproof plastic (injection sites are soft rubber (total of 6 on the simulator), while the organs and genitals are elastic.
- 2. It is possible to bend upper and lower limbs and make movements similar to the movements of a human being.
- 3. Manikin has simulated lungs, heart, stomach, urinary bladder and intestines; the organs are removable
- 4. Urinary bladder and intestines are absolutely waterproof and are connected to genitals (genital is adapted to both men and women) for catheterization .

5. Manikin's carrying roller box sizes are 34 "x 22" x 14 "inch ,weight - 50 pounds (23kg), height - 174 cm. Facilities:

- Cleaning and personal hygiene;
- Mobilization
- putting on a bandage and wound debridement;
- Eye, ear, nose, stomach, intestine and urinary bladder irrigation;
- intramuscular hypodermic injections;
- nasogastric lavage
- Provision of oxygen and artificial respiration;
- tracheostomy care;
- Catheterization of the bladder (woman and man);
- Stoma care;
- Enema

Consultative competence:

Practical procedures (5)

• Venipuncture simulator pad

Characteristic features:

- 1. Venous network of the venipuncture pad represents a sponge-covered board depicting a venous system and a cubital fossa of the right arm.
- 2. The filling of the venous networkhe of the simulator pad is performed separatly as it is not connected to a special blood pack.
- 3. Coating epidermis of the pad is durable and is easily washed with water and soap.

Facilities:

- Finding vein with palpation
- Venipuncture
- Catheterisation
- Managing blood circulation
- drawing blood

Consultative competence: Practical procedures (5)

• Intravenous injection training arm

Characteristic features:

- 1. Intravenous injection training arm is made from durable silicone
- 2. The middle veins of salm, shear, elbow and dorsal venous network of the wrist are represented on the training arm.

Facilities:

- Intravenous injection
- Peripheral Venipuncture

Consultative competence:

Practical procedures (5)

4. Intravenous injection pad

Characteristic features:

- 1. Venous pipe creates 2 lines: one of the normal size and anoert thin.
- **2.** The artificial vein wall has resistance similar to the real.
- **3.** Artificial veins are easily replenished with liquid from a soft plate bottle that works with the help of a piston.
- 4. It is possible to remove the puncture board and put it on the arm of the human or a manikin
- 5. Injection pad is a rubber frame in which artificial veins are covered with special sponge.

Facilities:

- Venipuncture
- Intravenous injection

Consultative competence:

Practical procedures (5)

5. Multi-functional I.V. Training Arm

Characteristic features

1. Multi-functional arm is a special device that is attached to a special stand.

The arm is covered with high quality silicon / rubber and has simulative veins which are connected to the package full of blood substitute;

- 2. The training arm has venous pressure regulating balloon;
- 3. The training arm has special space for tuberculin testing;
- 4. While injecting into the vein the feeling is similar to real;
- 5. The training arm is covered with a complete venous system;
- 6. On the training arm we can find and distinguish basilic, wrist and radial veins;
- 7. It is possible to make intramuscular injections in the deltoid muscle in this area,

on the front shoulder and shoulder.

8. It is possible to draw off blood.

Facilities

• Making intravenous, intramuscular and subcutaneous injections.

Consultative competence:

Practical procedures (5)

6. Intramuscular injection simulator (hip)

Characteristic features

1. The simulator represents a lower body part from the waist to the knee.

2. On the one side of the simulator we can see the external muscular and vascular anatomic picture while on the other side It is possible to make injections.

Facilities:

- Making an Intramuscular injection on the upper square part of the hip/bottom;
- Making an intramuscular injection in the lower ventrogluteral area of the hip/bottom;
- Making an intramuscular injection in the lateral area of a thigh;
- Making a subcutaneous injection in the upper inguinal region of the abdominal wall;
- Determining localization of femoral vein and artery;
- Examination/palpation of the hip region;

Consultative competence:

Practical procedures (5)

7. Subcutaneous, intracutaneous and intramuscular injection simulator Pad

Characteristic features

1. The injection pad is not made of latex.

2. The model creates the stimulatory layers of the following tissues: epidermis, derm, fat and muscular.

3. It is possible to remove the stimulatory layer of epidermis and drain the accumulated liquid, than fix it back and inject another dose of the liquid with a syringe.

4. It is possible to drain the liquid which was injected intramuscularly

5. Epidermis is durable and easily changeable.

6. It is possible to put/fix the simulator on a student's or trainer's arm or foot.

7. The simulator represents a soft sponge attached to the plastic frame covered with a special kind of epidermis.

Facilities:

• Subcutaneous, skin and intramuscular

Injections

Consultative competence:

Practical procedures (5)

Advanced Surgical suture arm

Characteristic features

- 1. The model is made of vinyl skin stretched on the hard foam.
- 2. The skin is maximally close to natural with its wrinkles, pores and fingerprints.
- 3. The model has 3 wounds.

Facilities:

- Suture of wounds;
- After suturing old wounds on the arm, in case of skin damage, making of new wounds is possible.

Consultative competence:

Practical procedures (5)

• Male urinary catheterization simulator

Characteristic features

- 1. Does not contain latex
- 2. Has a diuretic resistance spitcarry for the reaction close to natural
- 3. Has a valve without a dropper
- 4. The simulator represents a flaccid penis ,It is possible to pull down the frenulum of prepuce of the penis.
- 5. The simulator comes with a tripod to which a 1-liter package with liquid is attached.
- 6. It is possible to use local anesthetic gel
- 7. It is possible to use aseptic technique in catheterization

Facilities:

- Study of anatomy of men's genitals.
- Aseptic Catheterization
- 14-16 F Fayette catheter insertion
- Managing the liquid
- Removing of a catheter
- Inserting of a catheter

Consultative competence:

Practical procedures (5)

10. Female urinary bladder catheterization simulator

Characteristic features

- 1. Does not contain latex
- 2. Has a urinary resistant respiratory spint carry for reactions close to natural
- 3. Has a valve without a dropper

4. Big and small vulvar lips are represented on the mold partly in the way, which shows the formation of vaginal hole and urine.

Facilities:

- Study of anatomy of women's genitals.
- Aseptic Catheterization
- 12-16 F Fayette catheter inserting

- Managing the liquid
- Removing of a catheter
- Inserting of a catheter

Consultative competence:

Practical procedures (5)

11. Pressure measuring simulator

Characteristic features

- 1. Pre-installed examples/samples based on WHO classification for Individual and group studies
- 2. Cuff pressure loosing control is possible
- 3. Simulator can also be used to evaluate student's objective skills

4. There is also auscultative gap and the Fifth Korotkoff sound as well as different samples of blood pressure. Facilities:

- Putting on the cuff
- Manual tonometry,
- Korotkoff sound
- Auscultation,
- Radial pulse palpation,
- Reading blood pressure
- Loosing of the cuff
- Visible digital indicators .The blood pressure indicators are diagnosed with an objective assessment
- Simulator can be connected to external amplifier in order to hear the Korotkoff sounds
- Installed samples of aspiration, norm,, prehypertension, hypertension (1-3 stage), isolated systolic hypertension, auscultative pause, Korotkoffs 5th tone.

Consultative competence:

Practical procedures (5)

12. Injured elderly patient manikin

Characteristic features

1. The carotid (sleeping) pulse can be examined to the manikin.

2. The breast bone, the umbilical artery underneath the breast bone (substrate) are anatomically marked on the body of the manikin.

- 3. Cardiovascular resuscitation and artificial respiration procedures can be made using the manikin.
- 4. Manikin has an arm for intravenous injections.
- 5. The simulator comes with a special wound packet.
- 6. Manikin is 50 "x 21" x 11 "- inch (1,27x53x27 cm) of dimension and 60 pounds (27 kg) weigh.

Facilities

- We can perform the following procedures using the manikin; pulmonary resuscitation techniques, indirect heart massage, lung artificial ventilation
- We can perform primary treatment of wounds, intravenous Injection preparation with the manikin
- It is possible to transport the manikin with different kinds of wounds

Consultative competence:

Assistance in emergency situations (first aid and resuscitation) (3)

13. Manikin for maintaining vital functions

• Manikin has a head with a breathing system suitable for mouthpiece in the mouth and mouth to mouth artificial respiration procedures.

• It is possible to bend the manikin{s head to divert respiratory tract.

• Ventilation of the lungs can also be performed with the help of a bag valve mask.

• In case of exceeding the actual limit of pressure and the minimum depth of pressure at minimum margin (5 cm in adults and 4,5 cm children), it produced a sound, made by 2 special variable springs.

• Easily replaceable respiratory tracts are responsible for facilitating hygienic use and easy maintenance. Facilities

The manikin represents a torso with all necessary anatomical details which make it ideal to find all necessary areas for cardiopulmonary resuscitation.

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4	Nino Tabagari	D. Tvildiani Medical University	Dean of the Faculty of Medicine, Professor of the Department of Internal Medicine
5	Irma Manjavidze	Tbilisi State Medical University	Head of Clinical Skills Department, Professor
6	Eka Ekaladze	Tbilisi State Medical University	Director of U.S.M.D. Program, Associated Professor of the Department of Biochemistry
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8	Salome Voronova	Tbilisi State Medical University	Chief Specialist of the Department of Medical Education, Research and Strategic Development

III. Members of the Sectoral Benchmarks Development Group