

## Instruktion för dig som gör utbyte på T10, Klinisk medicin - inriktning reproduktion och utveckling

### Loggbok – vid klinisk placering utomlands

För att kunna bedöma och tillgodoräkna dig klinisk kurs utomlands behöver KI intyg som styrker att du fullgjort viktiga moment i din kliniska utbildning. I vissa länder finns ett system med kliniska rapporter. Dessa täcker väl behovet av dokumenterad klinisk utbildning. Det vanligaste sättet att styrka din kliniska placering är att du själv för loggbok.

Skriv loggboken på engelska, så din handledare/ansvarig kontaktperson kan läsa den efter avslutad placering.

Loggboken T10 ska tydligt innehålla:

1. vilka sorts kliniska miljöer du varit i (kortfattat), vilka typer av patienter du sett och i vilken utsträckning du själv fått träna och utföra olika kliniska uppgifter. Denna del ska **signeras av lärare** vid utbytet.  
Det är viktigt att namnet på den som signerar även är läsbart.
2. Därtill bör framgå vilka andra undervisningsformer du deltagit i t.ex. föreläsningar, seminarier etc. Du kan med fördel försöka relatera till lärandemål i kursplan eller till momentens mål.
3. Clinical assessment forms från samtliga kliniska placeringar signerad av handledare inklusive betyg. OBS! Denna fylls i när samtliga placeringar är genomförda.

I slutet av loggboken skriver du några rader om vad du tar med dig från utbytet. Behöver du fler sidor för loggboken går det bra att kopiera/skriva ut fler.

Om du lämnar in kopior av dina dokument, ska dessa vara vidimerade.

#### Mer information

Mer information: [Utbytesstudier T10](#) – Läkprogrammet



## Log book | Exchange studies in Medicine

<b>Student name</b>	
<b>Host university/hospital</b>	
<b>Department</b>	
<b>Name of course or clinical rotation</b>	
<b>Supervisor</b>	
<b>Start date</b>	
<b>End date</b>	

<b>The number of days/weeks I serviced at the clinic/hospital (if any)</b>	
<b>Emergency</b>	
<b>Inpatient</b>	
<b>Outpatient</b>	
<b>Other, namely</b>	

<b>To be signed after completed course or clinical rotation</b>	
<b>Date</b>	
<b>Student</b>	
<b>Supervisor</b>	
<b>Stamp</b>	



## Clinical assessment form

*Exchange student from Karolinska Institutet (KI)*

This form should be filled in by the host university where a student from KI is carrying out clinical rotations. Upon return to KI the student will present this document to his/her study director who will decide on recognition of the exchange studies.

Name	Date of Birth
Host University	Study Period (from-to)
Department	Clinical Rotation/Subject
Name of teacher responsible for the assessment	E-mail (teacher)

*Please comment with a few words below*

**Pass/Fail**

Attendance and Punctuality:	
Participation and initiative:	
Progress in knowledge and understanding:	
Progress in skills and abilities:	
Overall judgement:	
Further comments:	

**Comprehensive grade according to the ECTS grading scale below. Please mark the correct grade:**

**A B C D E FX F**

Place and date

Signature, teacher/supervisor responsible for the assessment

<b>ECTS Grading Scale</b>	
<b>Grade</b>	<b>Definition</b>
A	Excellent – outstanding performance with only minor errors
B	Very Good – above the average standard but with some errors
C	Good – generally sound work with a number of notable errors
D	Satisfactory – fair but with significant shortcomings
E	Sufficient – performance meets the minimum criteria
FX	Fail – some more work required before the credit can be awarded
F	Fail – considerable further work is required



<b>Week ....</b>	<b>Supervisor   department</b>	<b>I did the following</b>	<b>I learnt the following</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Own reflections   Short evaluation</b>			



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**What are your experiences from this student exchange?**

- Briefly reflect of the placement. What did you learn?
- What similarities and differences are there? Briefly compare your education at Karolinska Institutet and Swedish health care with your host university/hospital.
- How do you think your experiences from the exchange period will affect your future career?



## Core curriculum Obstetrics and Gynaecology

### GENERAL GOALS

- Adopt a comprehensive approach when conducting a medical assessment, which should include obtaining an adequate medical history and performing a thorough examination.
- Evaluate symptoms and determine appropriate initial treatment.
- Analyze and verify somatic examination findings and select diagnostic methods to test a diagnosis.
- Consider clinical complaints from biological, psychological, and social perspectives, and estimate the relationship between illness and living conditions.
- Propose preventative measures, while acknowledging and valuing healthcare ethics.
- Recognize health problems in diverse cultural and geographic contexts.
- Collaborate with healthcare professionals within and outside the healthcare system.
- Maintain scientific rigor in all aspects of clinical practice.

### Subject areas

- A) The anatomy and physiology of the female genital organs
- B) Pregnancy, birth and puerperium
- C) Family planning
- D) Gynecological endocrinology
- E) Infertility
- F) Genital infections
- G) Benign and malignant gynecological tumors
- H) Urogynecology
- I) Sexology

### **A) The anatomy and physiology of the female genital organs**

The following knowledge areas are required:

- Understanding the anatomy of the female genital organs
- Familiarity with the anatomy of the pelvic floor
- Understanding of reproductive physiology, with a particular focus on the menstrual cycle
- Knowledge of the breast and the physiology of breast-feeding

Additionally, brief knowledge of:

- Embryology



## **B) Pregnancy, birth and puerperium**

The following knowledge areas are required:

- Normal pregnancy, including its diagnostics and monitoring (prenatal routines)
- Abnormalities that can occur during pregnancy and the monitoring routines to detect them
- Pregnancy-related illnesses
- The natural process of childbirth
- The normal postpartum period
- Common complications that can occur during the postpartum period

Additionally, brief knowledge of

- Organogenesis and fetal development
- Prenatal diagnostic procedures
- Abnormalities that can occur during the birth process, the monitoring procedures used, induction of labor, and instrumental births
- Techniques used for monitoring the fetus before and after birth, as well as for assessing the health of the newborn
- Pain relief methods used during childbirth
- Major concurrent diseases that can arise during pregnancy.

## **C) Family planning**

The following knowledge areas are required:

- The mode of action, reliability, advantages and disadvantages, as well as side effects of birth control methods.
- The laws and regulations regarding abortion and sterilization in Sweden.

Additionally, brief knowledge of:

- The various methods of abortion and sterilization, as well as the potential complications associated with these methods.
- The epidemiology of abortion and sterilization.

## **D) Gynaecologic endocrinology**

The following knowledge areas are required:

- Symptoms and diseases associated with irregularities in the menstrual cycle
- Treatment regimens for puberty and menopause
- The effects of sex hormones on various target organs

## **E) Infertility**

Brief knowledge of the following areas are required:



- Female and male infertility

### **F) Genital infections**

The following knowledge areas are required:

- Aberrations in vulvar, vaginal, and cervical microbiota
- Sexually transmitted infections (STI)
- Infections in the upper genital tract

### **G) Benign and malignant gynaecologic tumours**

The following knowledge areas are required:

- Benign ovarian tumours, myoma, endometriosis and cervical polyps
- Symptoms and diagnoses related to precancerous and malignant conditions
- Treatment of cervical dysplasia

Additionally, brief knowledge of:

- Benign conditions in the vulva and vagina
- Treatment of precancerous gynaecologic changes besides cervical dysplasia
- Treatment of malignant gynaecologic tumours

### **H) Urogynecology and pelvic floor dysfunction**

The following knowledge areas are required:

- Urinary incontinence
- Frequent urinary micturition
- Uterovaginal prolapse

Additionally, brief knowledge of:

- Anal incontinence

### **I) Sexology**

Brief knowledge of the following areas are required:

- Sexual function and physiology
- Female sexual dysfunction
- LGBTQ



## Core curriculum Pediatrics: Aims and objectives

The course in pediatrics and child psychiatry is based on the clinical and theoretical knowledge the student has previously acquired during his/her medical studies. The course aims to extend this knowledge to children and adolescent medicine. An important aspect of pediatrics is how symptoms of a disease can vary depending on the age of the child. Enclosed are the course aims and objectives of which the theoretical examination will be based upon.

### **Overall course objectives:**

After the course the student should have adequate theoretical knowledge and clinical skills to be able to – under supervision – commence work as a doctor within the field of pediatrics and adolescent medicine, either in general practice or in the hospital environment.

### **Definitions:**

**Detailed knowledge:** Means that the student should for the specific disease be able to describe the etiology, epidemiology, diagnosis, differential diagnoses, possible genetics, disease course, which lab tests and investigations are necessary as well as the treatment. In certain cases the objectives are detailed specifically.

**Basic knowledge:** Means that the student should be able to describe a specific disease or illness in summary (not detailed information) with focus on diagnostics.

**Attention!** For the course objectives for clinical genetics, pediatric surgery, pediatric orthopedics and child and adolescent psychiatry we refer to each disciplines webpage or contact person.

## Course objectives

After the course the student should know the following disorders/diseases/symptoms. (Please note that the list is in no specific order.)

### **Emergency pediatrics**

#### ***Detailed knowledge***

- Assessment and stabilising the acute sick child according to ABCDE – taking in consideration the child's age
- CPR, the basic and advanced assessment
- Upper airway obstruction in children
- The mechanism behind the most common reasons for cardiac arrest in children

#### ***Basic knowledge***



- Initial management of the unresponsive newborn

## **Allergy/Pulmonology**

### ***Detailed knowledge***

- Acute allergic reactions incl anaphylactic shock
- Atopic dermatitis
- Food allergy
- Urticaria and rhinoconjunctivitis
- Asthma and obstructive bronchitis, acute and chronic

### ***Basic knowledge***

- Cystic fibrosis
- Spirometry
- Function and interpretation of allergic diagnostic tests such as skin allergy (prick) tests, Immunocap/RAST (specific antibody blood tests) and oral provocation tests

## **Child abuse**

### ***Detailed knowledge***

- When to suspect child abuse
- The legislation, formal procedures and the doctors role/obligation in suspected child abuse and sexual abuse.
- Taking custody of children as well as the roles of the Social services and the Police

## **Endocrinology and chromosome abnormalities**

### ***Detailed knowledge***

- Growth charts and the healthy child's development
- Hormonal regulation of growth
- Differential diagnoses of abnormal growth charts
- Normal and abnormal pubertal development
- Diabetes mellitus type I, diagnosis and treatment of DM1 with and without ketoacidosis
- Hypothyroidism
- Obesity and overweight, definition and care
- Trisomy 21 (Down syndrome)

### ***Basic knowledge***

- Turner syndrome
- Congenital Adrenal Hypoplasia (CAH)
- Diabetes mellitus type 2
- Mb Addison



- Hyperthyroidism

## **Gastroenterology and liver diseases**

### ***Detailed knowledge***

- Constipation
- Celiac disease, cow milk protein allergy and lactose intolerance
- Gastroesophageal reflux disease (GER/GERD)
- Important surgical differentials: Intussusception, ileus, pyloric stenosis
- Functional abdominal pain, IBS
- Bloody stool
- Infantile colic
- Persistent/prolonged neonatal jaundice
- Inflammatory bowel disease (IBD)

### ***Basic knowledge***

- Hepatitis and cholestatic disorders
- Pancreatitis

## **Hematology and oncology**

### ***Detailed knowledge***

- Immune thrombocytopenic purpura (ITP)
- Anemia – initial investigations
- Iron deficiency anemia
- Presenting symptoms and initial investigations of the most common childhood cancers: eg leukemia, brain tumour, Wilms' tumour and lymphoma
- Red flags in immunodeficiency syndroms

### ***Basic knowledge***

- Normal physiology of hemoglobin during childhood
- Hemolytic disorders in children, usch as spherocytosis and G6PD deficiency
- Hemoglobinopathies such as thalassemias and sickle cell anemia
- Neutropenia and neutropenic fever

## **Dermatology**

### ***Detailed knowledge***

- Urticaria
- Petechiae, echymoses and purpura
- Viral exanthem/rash
- Common childhood rashes
- Erythema migrans



***Basic knowledge***

- Neonatal skin conditions, such as: congenital dermal melanocytosis, miliae, erythema toxicum, birthmarks/nevus simplex, hemangioma

**Infectious diseases**

***Detailed knowledge***

- The traditional exanthematous diseases: Chicken pox (Varicella), measles, rubella, scarlet fever, parvovirus, roseola. The common clinical symptoms as well as etiology, which age groups are most commonly affected, incubation period, methods of transmission, the clinical course, sequelae, complications and diagnostic methods.
- Meningitis, encephalitis and sepsis
- Common acute infections in children such as upper and lower respiratory tract infections, gastroenteritis, skin and skeletal infections
- Common ENT infections such as otitis, ethmoiditis, lymphadenitis and tonsillitis
- Impetigo
- Herpes
- Tick-borne diseases (TBE, borrelia)
- Mononucleosis

***Basic knowledge***

- Tuberculosis, malaria, dengue, tularemi, rabies, Covid-19
- Antibiotic prescription for children, the susceptibility spectrum for the most commonly used antibiotics
- The increased susceptibility for infections in children

**Intoxications and poisonings**

***Detailed knowledge***

- The clinical symptoms and management of intoxication due to paracetamol/acetaminophen and alcohol
- Psychosocial follow up after intoxication

***Basic knowledge***

- The principals of intoxication management
- Electrical injury
- Viper bites





## **Cardiology**

### ***Detailed knowledge***

- The difference between pathological and benign heart murmurs
- Cyanosis - the difference between peripheral and central. Principle reason for cyanosis in different congenital heart malformations
- Supraventricular tachycardia (SVT)
- Syncope

### ***Basic knowledge***

- ECG interpretation in children
- The most common congenital heart defects: ventricular septal defect VSD, PDA, TGA (Transposition of the Great Arteries), Tetralogy of Fallot, coarctation of aorta
- Heart failure
- Perimyocarditis
- Cardiac complications of Kawasaki disease

## **Metabolic disorders**

### ***Detailed knowledge***

- The Swedish newborn screening program and the eligibility criteria for any disease to be screened for

### ***Basic knowledge***

- Symptoms and basic investigations in suspected metabolic disease

## **Nephrology**

### ***Detailed knowledge***

- Urinary tract infections (UTI), upper and lower
- Enuresis (nocturnal, diurnal)
- Glomerulonephritis, e.g. post-streptococcal glomerulonephritis (APSGN), IgA-nephritis
- Proteinuria – including Nephrotic syndrome

### ***Basic knowledge***

- Hemolytic uremic syndrome (HUS)
- Hypertension
- Hematuria

## **Neonatology**

### ***Detailed knowledge***

- The physiological changes in the transition from fetus to neonate, especially respiratory and circulatory changes



- Jaundice – early and late
- Neonatal infections – eg bacterial sepsis, meningitis, omphalitis
- The role of breast feeding
- APGAR scale

### ***Basic knowledge***

- Respiratory and circulatory disorders of the neonate
- Common problems for premature and/or postterm neonates, and the long-term outcomes of premature birth
- Definitions of SGA/LGA, prematurity/postmaturity
- Neonatal asphyxia, definition
- Common birth trauma, caput succedaneum, cephalhematoma, subgaleal hematoma, clavicular fracture, brachial plexus injury

## **Neurology and rehabilitation**

### ***Detailed knowledge***

- Acute seizures
- Febrile seizures
- Headache -- tension and migraine

### ***Basic knowledge***

- Breath holding spells
- Degenerative CNS disease with a regression in development, exemplified by Krabbe disease
- Developmental delay
- Status epilepticus
- Benign childhood epilepsy, absence seizures and infantile spasm/West syndrome
- Cerebral palsy
- Hydrocephalus
- Stroke

## **Nutrition**

### ***Detailed knowledge***

- The healthy child's rearing, energy and nutritional needs (how often and how much)
- Introduction of different types of food to the child
- The similarities and differences of breast milk and milk formulas
- Foods that should be avoided during the infancy
- Iron deficiency



***Basic knowledge***

- The need for dietary vitamins, and symptoms of deficiency

**Sudden, unexpected death and similar disease**

***Basic knowledge***

- Sudden infant death syndrome (SIDS)
- ALTE – Apparent Life Threatening Event or BRUE Brief Resolved Unexplained Event
- Apnea

**Rheumatic disease**

***Detailed knowledge***

- Juvenile idiopathic arthritis (JIA)
- Vasculitis such as Henoch-Schönleins purpura/IgA-vasculitis and Kawasaki disease
- Joint effusion

***Basic knowledge***

- Systemic lupus erythematosus (SLE)
- Autoinflammatory disorder
- Hyperinflammation, t.ex after Covid-19 infection

**Development, normal vital parameters, vaccinations**

***Detailed knowledge***

- BVC (Child care center) organisation and mission
- The child's normal development and growth incl routine BVC follow up
- Swedish vaccination program
- Assessment of abnormal findings in Neonatal and infant examination

***Basic knowledge***

- Approximate values of normal parameters of different age groups, such as respiratory rate and heart rate

**Fluid balance**

***Detailed knowledge***

- The healthy child's fluid balance; estimated daily need of fluid and daily turnover rate and how it differs from the adult
- Evaluation of a child's hydration level – from history and physical exam
- Different types of dehydration: hypo/iso/hypertonic
- Shock treatment, rehydration and maintenance fluid therapy
- Indications for intravenous versus oral fluid therapy



## **Common symptoms and signs of illness in children**

***Detailed knowledge*** of differential diagnoses and investigations for:

- Respiratory distress
- Chest pain
- Abdominal pain
- Diarrhoea
- Fever
- Delayed psychomotor development
- Constipation
- Sore throat
- Cough
- Headache
- Limp
- Jaundice
- Seizures
- Vomiting
- Arthralgia/Joint effusion
- Unconsciousness
- Skin rash
- Weight loss
- Overweight
- Tiredness

## **Practical skills**

***Detailed knowledge***

- Take an age-appropriate history
- Perform an age-appropriate physical examination
- Documentation in the medical records
- Write referrals for imaging and consultations
- Basic and advanced CPR
- Medicine prescriptions
- Rapport according to SBAR
- Professional meetings with patients and their family
- Interprofessional collaboration in the medical team

***Basic knowledge***

- Inhalation treatment
- High-flow nasal cannula
- Oxygen treatment



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- Blood tests, capillar and venous
- Lumbar puncture
- Urin sample including suprapubic aspiration
- Intraosseous access
- Peripheral venous access
- Swe-PEWS