

Student Full Name.....

Index No. ....

**Programme of the Student Practical Training 2024/2025**

Pursuant to the education standards of September 29<sup>th</sup> 2023 (Journal of Laws of 2023, item 2152)  
approved by a resolution of the Senate of Wrocław Medical University no. 2578 from February 14<sup>th</sup> 2024

the Faculty of Medicine, 1<sup>st</sup> year, period: 4 weeks, 120 hours  
Subject/scope: Practical Training in Patient Care

1. **The aim of the Practical Training:**  
Practical improvement of professional skills obtained in the course of learning key occupational subjects.
2. **The list of practical skills:**

| List of Skills  | Practical Training Completion Confirmation   |
|---|--|
| <p><b>Place of Practical Training:</b> in clinical hospitals or hospital department of health care units providing 24-hour medical care</p> <p>1. getting acquainted with the hospital’s organizational structure,<br/>2. student's introduction to the nurse's role in patient care and treatment,<br/>3. acquisition of skills in performing basic nursing procedures and evaluating vital signs (taking patient’s temperature, pulse, blood pressure, checking respiratory rate, bed-making and linen changing techniques, assistance with patient’s grooming and personal hygiene, sanitary help, feeding the patient, preparing medications for administration),<br/>4. learning how to administer intracutaneous, subcutaneous, and intramuscular injections, as well as preparing intravenous drip infusions, monitoring vascular access, and ensuring its security,<br/>5. basic training in surgical treatment facilities, encompassing independent administration of subcutaneous, intracutaneous, and intramuscular injections, conducting drug sensitivity tests, and interpreting their results,<br/>6. mastering the techniques of preparing wound dressing materials and surgical instruments for sterilisation.</p> | <p>In the period from .....to..... 2025<br/>in:</p> <p>.....</p> <p>Institutional Stamp</p> <p>Name of the Practical Training Supervisor at the Facility:</p> <p>.....</p> <p>.....</p> <p>Date, Stamp, Signature of the Internship Supervisor</p> |

The programme of the Practical Training  
is consistent with teaching standards

Uniwersytet Medyczny we Wrocławiu

WYDZIAŁ LEKARSKI

STYKLIK

*[Signature]*  
dr hab. Robert Zymliński, profesor uczelni  
(4)

15-01-2025

Date and Signature of the Dean of the Faculty of Medicine

I accept the Practical Training after the 1st year of studies  
in the academic year 2024/2025

.....  
Date and Signature of Wrocław Medical University  
Practical Training Supervisor

**To be completed by the student:**

I declare that I have been informed about the requirement to have the following:

- a) accident insurance,
- b) hepatitis B vaccination,
- c) up-to-date sanitary/epidemiological certificate,
- d) obligatory documentation required to pass the internship,
- e) personal protective equipment (apron, extra shoes, protective goggles),
- f) student-prepared badge adhering to the University's template.

.....  
Student Signature

## Unit Evaluation Questionnaire

- to be completed by the student

|   |                            |                             |                              |                             |                            |
|---|----------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------|
| Name and Address of the Practical Training Facility:  |                            |                             |                              |                             |                            |
| Year:   | <input type="checkbox"/> I | <input type="checkbox"/> II | <input type="checkbox"/> III | <input type="checkbox"/> IV | <input type="checkbox"/> V |
| Practical Training in: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 48%;"> <input type="checkbox"/> Patient Care<br/> <input type="checkbox"/> Primary Healthcare (General Practitioner)<br/> <input type="checkbox"/> Emergency Medical Aid<br/> <input type="checkbox"/> Internal Diseases         </div> <div style="width: 48%;"> <input type="checkbox"/> Intensive Care<br/> <input type="checkbox"/> Surgery<br/> <input type="checkbox"/> Paediatrics<br/> <input type="checkbox"/> Gynaecology and Midwifery         </div> </div> |                            |                             |                              |                             |                            |
| Date of Practical Training: from ..... to .....   |                            |                             |                              |                             |                            |
| Rating scale from 1 to 5<br><i>1 - the lowest, 5 - the highest</i>  |                            |                             |                              |                             |                            |
| The Practical Training improved my professional skills  | 1                          | 2                           | 3                            | 4                           | 5                          |
| The objectives of the Practical Training programme were met   | 1                          | 2                           | 3                            | 4                           | 5                          |
| The Practical Training allowed me to achieve the planned learning outcomes set out in the Practical Training programme  | 1                          | 2                           | 3                            | 4                           | 5                          |
| The Practical Training conditions   | 1                          | 2                           | 3                            | 4                           | 5                          |
| Access to the medical equipment needed for the Practical Training   | 1                          | 2                           | 3                            | 4                           | 5                          |
| Time efficiency of the Practical Training tasks   | 1                          | 2                           | 3                            | 4                           | 5                          |
| Overall satisfaction with the Practical Training  | 1                          | 2                           | 3                            | 4                           | 5                          |
| COMMENTS:   |                            |                             |                              |                             |                            |

**- to be completed by the Practical Training Supervisor**

|  |   |   |  |   |   |  |
|--|---|---|--|---|---|--|
| Student Full Name:   |   |   |  |   |   |  |
| Year: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V |   |   |  |   |   |  |
| Practical Training in:   |   |   |  |   |   |  |
| <input type="checkbox"/> Patient Care  |   |   | <input type="checkbox"/> Intensive Care            |   |   |  |
| <input type="checkbox"/> Primary Healthcare (General Practitioner)   |   |   | <input type="checkbox"/> Surgery                   |   |   |  |
| <input type="checkbox"/> Emergency Medical Aid   |   |   | <input type="checkbox"/> Paediatrics               |   |   |  |
| <input type="checkbox"/> Internal Diseases   |   |   | <input type="checkbox"/> Gynaecology and Midwifery |   |   |  |
| Date of Practical Training: from ..... to .....  |   |   |  |   |   |  |
| Practical Training Supervisor Name:  |   |   |  |   |   |  |
| <p style="text-align: center;">Rating scale from 1 to 5<br/>1 - the lowest, 5 - the highest</p>  |   |   |  |   |   |  |
| Theoretical background (knowledge)   | 1 | 2 | 3  | 4 | 5 |  |
| Practical skills   | 1 | 2 | 3  | 4 | 5 |  |
| Communication with medical staff   | 1 | 2 | 3  | 4 | 5 |  |
| Communication with patients  | 1 | 2 | 3  | 4 | 5 |  |
| Student's initiative   | 1 | 2 | 3  | 4 | 5 |  |
| Punctuality, reliability in performing assigned tasks  | 1 | 2 | 3  | 4 | 5 |  |
| Date, Supervisor Signature and Stamp   |   |   |  |   |   |  |
| COMMENTS:  |   |   |  |   |   |  |