

Student Full Name.....

Index No.

Programme of the Student Practical Training 2024/2025

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

the Faculty of Medicine, 1st 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>Place of Practical Training: 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, 2. student's introduction to the nurse's role in patient care and treatment, 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), 4. learning how to administer intracutaneous, subcutaneous, and intramuscular injections, as well as preparing intravenous drip infusions, monitoring vascular access, and ensuring its security, 5. basic training in surgical treatment facilities, encompassing independent administration of subcutaneous, intracutaneous, and intramuscular injections, conducting drug sensitivity tests, and interpreting their results, 6. mastering the techniques of preparing wound dressing materials and surgical instruments for sterilisation.</p>	<p>In the period fromto..... 2025 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

2025 -01- 1 0

Wrocław Medical University
FACULTY OF MEDICINE
DEAN
Robert Zymliński, MD, PhD,
Associate Professor
(2)

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

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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: <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Patient Care</td> <td><input type="checkbox"/> Intensive Care</td> </tr> <tr> <td><input type="checkbox"/> Primary Healthcare (General Practitioner)</td> <td><input type="checkbox"/> Surgery</td> </tr> <tr> <td><input type="checkbox"/> Emergency Medical Aid</td> <td><input type="checkbox"/> Paediatrics</td> </tr> <tr> <td><input type="checkbox"/> Internal Diseases</td> <td><input type="checkbox"/> Gynaecology and Midwifery</td> </tr> </table>						<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
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Date of Practical Training: from to													
Rating scale from 1 to 5 <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:													

Student Evaluation Questionnaire
- 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: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Patient Care <input type="checkbox"/> Primary Healthcare (General Practitioner) <input type="checkbox"/> Emergency Medical Aid <input type="checkbox"/> Internal Diseases </div> <div style="width: 48%;"> <input type="checkbox"/> Intensive Care <input type="checkbox"/> Surgery <input type="checkbox"/> Paediatrics <input type="checkbox"/> Gynaecology and Midwifery </div> </div>					
Date of Practical Training: from to					
Practical Training Supervisor Name:					
Rating scale from 1 to 5 <i>1 - the lowest, 5 - the highest</i>					
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:					