

Student Full Name

Index No.

Programme of the Student Practical Training 2024/2025

Pursuant to the education standards of July 26th 2019 (Journal of Laws of 2019, item 1573) with amendments approved by a resolution of the Senate of Wrocław Medical University no. 2062 from September 23rd 2019

the Faculty of Medicine, 2nd year, period: 4 weeks, 120 hours

Subject/scope: 3 weeks (90 hours) - Practical Training in Primary Healthcare (General Practitioner) and 1 week (30 hours) - Emergency Medical Aid Practical Training

1. The aim of Practical Training:

Practical improvement of professional skills obtained in the course of learning key occupational subjects.

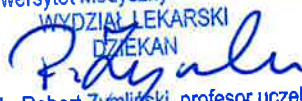
2. The list of practical skills:

List of Skills	Practical Training Completion Confirmation
<p>Place of Practical Training: in a Primary Healthcare Clinic, Health Centre, or General Practice (GP)</p> <p>Practical Training in Primary Healthcare (General Practitioner):</p> <ol style="list-style-type: none"> getting acquainted with the scope of work at the clinic or health centre, becoming familiar with the patient registration procedures, medical documentation and record types, maintenance protocols, and the clinic or center's record-keeping system, mastering the guidelines for issuing sick leave, medical certificates, and referrals for tests and specialist consultations, including the proper completion techniques of these documents, assisting the doctor in receiving and attending to patients, both at the clinic and during home visits, drafting a variety of medical certificates (under the doctor's supervision), encompassing temporary disability, referrals, and other pertinent documents, assisting in preventive healthcare initiatives, becoming familiar with methods of providing health education, gaining expertise in accurately interpreting results of the basic laboratory tests. 	<p>In the period fromto..... 2025 in:</p> <p>..... Institutional Stamp</p> <p>Name of the Practical Training Supervisor at the Facility: </p> <p>..... Date, Stamp, Signature of the Practical Training Supervisor</p>
<p>Place of Practical Training: in the Accident & Emergency (A&E) Department or Ambulance Service</p> <p>Emergency Medical Aid Practical Training:</p> <ol style="list-style-type: none"> gaining a comprehensive overview of the activities of the A&E Department and Ambulance Service, such as maintaining medical records, patient triage, diagnostics and treatment, organising multidisciplinary teams for managing patients in life-threatening conditions, arranging consultations, providing transport services, coordinating patient transfers, and, where possible, organising rescue operations for individual, multiple, and mass casualty incidents, assisting doctors and paramedics in providing care to patients, conducting patient examinations during consultations, and contributing to the diagnosis, treatment plan, and care pathway (e.g. administering emergency medications, recommending GP follow-up, or transferring patients to the A&E department), drafting prescriptions and various medical certificates, including referrals, under the supervision of a doctor, becoming acquainted with the medical records management system run by the A&E and ambulance staff, participating in Emergency Medical Team deployments or performing equivalent duties within the A&E department, acquiring skills for managing life-threatening conditions, performing emergency medical procedures, and delivering emergency treatment, gaining proficiency with techniques for bandaging, managing fractures, dislocations, and sprains, and suturing wounds. 	<p>In the period fromto.....2025 in:</p> <p>..... Institutional Stamp</p> <p>Name of the Practical Training Supervisor at the Facility: </p> <p>..... Date, Stamp, Signature of the Practical Training Supervisor</p>

I accept the Practical Training after the 2nd year of studies in the academic year 2024/2025

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

The programme of the Practical Training is consistent with teaching standards

Uniwersytet Medyczny we Wrocławiu
 WYDZIAŁ LEKARSKI
 DZIEKAN

 15-31-2025 dr hab. Robert Zymliński, profesor uczelni
 (4)

 Date and Signature of the Dean of the Faculty of Medicine

To be completed by the student:

I declare that I have been informed about the requirement to possess 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:					
<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					
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:					
<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:					
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:					

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					
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<input type="checkbox"/> Emergency Medical Aid		<input type="checkbox"/> Paediatrics			
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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
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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					
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<input type="checkbox"/> Internal Diseases		<input type="checkbox"/> Gynaecology and Midwifery			
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
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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:					