

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, 4th year, period: 120 hours

Subject/scope of internship: 2 weeks (60 hours) – Practical Training in Paediatrics and 2 weeks (60 hours) – Practical Training in Surgery

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 internship: : in a clinic providing 24-hours healthcare or a department of children diseases</p> <p>Practical Training in Paediatrics:</p> <ol style="list-style-type: none"> enhancing comprehension of the organisational structure of the paediatrics department and its operational connection to the outpatient care system, becoming familiar with the care of infants and young children, becoming acquainted with the nutrition and feeding fundamentals of healthy and sick children, with a special focus on infants, evaluation of a child's condition and their psychomotor development, perfecting paediatric medical examination and diagnostic skills, with a particular emphasis on acute cases, learning the principles of medical aid, improving the ability to identify and differentiate between common diseases, with a specific focus on acute cases, learning to accurately interpret results from lab, imaging, scan and pathomorphological tests, participating in ward rounds, medical appointments and learning the principles of keeping medical history records, assessing infant's hydration level and deciding on the optimal amount and composition of intravenous fluids to be administered, assessing acid-base homeostasis of a sick child, especially an infant, performing procedures under a doctor's supervision, including collecting diagnostic samples, setting up intravenous drips, and administering injections, learning the sanitary and epidemiological regulations of the paediatrics department, as well as methods of preventing hospital infections, participating in multi-specialized consultations. 	<p>In the period from to..... 2025</p> <p>in:</p> <p>.....</p> <p style="text-align: center;">Institutional Stamp</p> <p>Name of the Practical Training Supervisor at the Facility:</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">Date, Stamp, Signature of the Practical Training Supervisor</p>
<p>Place of internship: in a surgery clinic providing 24-hour healthcare or a hospital surgical department</p> <p>Practical Training in Surgery:</p> <ol style="list-style-type: none"> learning about the organisational structure of the surgical department (emergency room, operating theatre, treatment rooms), gaining insights into the patient admission process, medical records management, and hospital discharge procedures, becoming familiar with the various surgical instruments and medical equipment, perfecting medical examination and diagnostic skills, with a particular emphasis on acute cases, practising wound management skills, including suturing and suture removal, improving proficiency in surgical wound care techniques (desmurgic techniques), becoming acquainted with the anesthesia guidelines, and with various methods of patient sedation, participating in ward rounds and medical appointments, actively participating in routine departmental tasks, including performing basic surgical procedures, changing wound dressings, removing sutures, intravenous cannulation, collecting samples for diagnostic tests, under the supervision of a doctor, learning the aseptic and antiseptic techniques and the surgical preparation methods , participating in (assisting) in surgeries taking place in the operating theatre/room, issuing referrals for pathomorphological tests under the guidance and supervision of a doctor, learning the sanitary and epidemiological regulations of the surgical department, as well as methods of preventing hospital infections, participating in multi-specialized consultations, learning to accurately interpret results from lab, imaging, and pathomorphological tests. 	<p>In the period from to..... 2025</p> <p>in:</p> <p>.....</p> <p style="text-align: center;">Institutional Stamp</p> <p>Name of the Practical Training Supervisor at the Facility:</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">Date, Stamp, Signature of the Practical Training Supervisor</p>

I accept the Practical Training after the 4th 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
 PIZIEKAN
 15-01-2025

 dr hab. Robert Zymliński, profesor uczelni
 date and signature of 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					
Practical Training in:					
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<input type="checkbox"/> Primary Healthcare (General Practitioner)		<input type="checkbox"/> Surgery			
<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
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:					
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<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:					