

Student Full Name.....

Index No. ....

## Programme of the Student Practical Training 2024/2025

Pursuant to the education standards of July 26<sup>th</sup> 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 23<sup>rd</sup> 2019

the Faculty of Medicine, 5<sup>th</sup> year, period: 4 weeks, 120 hours

Subject/scope: 2 weeks (60 hours) – Practical Training in Gynaecology and Midwifery, 2 weeks (60 hours) - Practical Training in Paediatrics

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><b>Place of Practical Training:</b> in a gynaecology and midwifery clinic providing 24-hour healthcare or a gynaecology and midwifery hospital department</p> <p><b>Gynaecology and Midwifery Practical Training:</b></p> <ol style="list-style-type: none"> <li>learning about the organisational structure of the labor and delivery admission room, birth delivery pathway, as well as postnatal ward,</li> <li>admitting a pregnant person for delivery, checking patient's documentation, as well as preparing the patient for delivery,</li> <li>observing the delivery progress and completing delivery medical documentation under doctor's supervision, including the critical parameters of the mother and foetus condition, assisting during physiologic labor, under the strict supervision of a doctor and a midwife,</li> <li>learning perineal suturing techniques,</li> <li>performing postpartum examination of the placenta,</li> <li>becoming familiar with the medical equipment used in the gynaecology and midwifery department (amnioscope, pulse sensor)</li> <li>assisting in a caesarean section,</li> <li>becoming familiar with the organisational structure of the gynaecological admission room and gynaecological department (clinic),</li> <li>reviewing the criteria for qualifying patients for surgical procedures,</li> <li>becoming familiar with the operating room guidelines and regulations, medical records management, collecting samples for histopathological and cytological tests (under the supervision of a doctor), as well as issuing referrals for histopathological and cytological tests,</li> <li>assisting in gynaecological surgical procedures,</li> <li>monitoring patients during the early post-surgical period and maintaining a case report form under the supervision of a doctor,,</li> <li>caring for patients hospitalised for pregnancy pathology,</li> <li>studying the principles of cancer prevention for female genital and mammary gland cancers,</li> <li>learning the sanitary and epidemiological regulations of the gynaecology and midwifery department, as well as methods of preventing hospital infections,</li> <li>learning to accurately interpret results from lab, imaging, and pathomorphological tests.</li> </ol> | <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:<br/>.....</p> <p>.....</p> <p>Date, Stamp, Signature of the Practical Training Supervisor</p> |
| <p><b>Place of Practical Training:</b> in a clinic providing 24-hours healthcare or a department of children diseases</p> <p><b>Paediatrics Practical Training:</b></p> <ol style="list-style-type: none"> <li>enhancing comprehension of the organisational structure of the paediatrics department and its operational connection to the outpatient care system,</li> <li>becoming familiar with the infant care,</li> <li>becoming acquainted with the nutrition and feeding fundamentals of healthy and sick children, with a special focus on infants,</li> <li>evaluation of a child's condition and their psychomotor development,</li> <li>perfecting paediatric medical examination and diagnostic skills, with a particular emphasis on acute cases,</li> <li>learning the principles of medical aid,</li> <li>improving the ability to identify and differentiate between common diseases, with a specific focus on acute cases,</li> <li>learning to accurately interpret results from lab, imaging, scan and pathomorphological tests,</li> <li>participating in ward rounds, medical appointments and learning the principles of keeping medical history records,</li> <li>assessing infant's hydration level and deciding on the optimal amount and composition of intravenous fluids to be administered,</li> <li>assessing acid-base homeostasis of a sick child, especially an infant,</li> <li>performing procedures under a doctor's supervision, including collecting diagnostic samples, setting up intravenous drips, and administering injections,</li> <li>learning the sanitary and epidemiological regulations of the paediatrics department, as well as methods of preventing hospital infections, participating in multi-specialized consultations.</li> </ol>   | <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:<br/>.....</p> <p>.....</p> <p>Date, Stamp, Signature of the Practical Training Supervisor</p> |

I accept the Practical Training after the 5th 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

2025 -01- 1 0

.....  
date and signature of Dean of the Faculty of Medicine

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

**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: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Patient Care</div> <div style="width: 50%;"><input type="checkbox"/> Intensive Care</div> <div style="width: 50%;"><input type="checkbox"/> Primary Healthcare (General Practitioner)</div> <div style="width: 50%;"><input type="checkbox"/> Surgery</div> <div style="width: 50%;"><input type="checkbox"/> Emergency Medical Aid</div> <div style="width: 50%;"><input type="checkbox"/> Paediatrics</div> <div style="width: 50%;"><input type="checkbox"/> Internal Diseases</div> <div style="width: 50%;"><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:   |                            |                             |                              |                             |                            |

**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:<br><input type="checkbox"/> Patient Care <span style="margin-left: 100px;"><input type="checkbox"/> Intensive Care</span><br><input type="checkbox"/> Primary Healthcare (General Practitioner) <span style="margin-left: 100px;"><input type="checkbox"/> Surgery</span><br><input type="checkbox"/> Emergency Medical Aid <span style="margin-left: 100px;"><input type="checkbox"/> Paediatrics</span><br><input type="checkbox"/> Internal Diseases <span style="margin-left: 100px;"><input type="checkbox"/> Gynaecology and Midwifery</span> |                            |                             |                              |                             |                            |
| Date of Practical Training: from ..... to .....  |                            |                             |                              |                             |                            |
| Practical Training Supervisor Name:  |                            |                             |                              |                             |                            |
| Rating scale from 1 to 5<br><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:  |                            |                             |                              |                             |                            |