

Student Full Name.....

Index No. ....

## Programme of the Student Practical Training 2025/2026

Pursuant to the education standards of September 29<sup>th</sup> 2023 (Journal of Laws of 2023, item 2152)

field of study: Medicine, year of study: 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 wards within healthcare service units</p> <ol style="list-style-type: none"><li>getting acquainted with the hospital's organisational structure,</li><li>student's introduction to the nurse's role in patient care and treatment,</li><li>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),</li><li>acquiring the skills to perform subcutaneous, intradermal, and intramuscular injections, as well as to prepare an intravenous drip,</li><li>basic training in surgical treatment facilities, encompassing the independent administration of subcutaneous, intradermal, and intramuscular injections, performing drug sensitivity tests, and interpreting their results,</li><li>mastering the techniques for preparing wound dressings and surgical instruments for sterilization.</li></ol>	<p>In the period from .....to..... 2026 in:</p> <p>..... Institutional Stamp</p> <p>Name of the Practical Training Supervisor at the Facility: .....</p> <p>..... Date, Stamp, Signature of the Internship Supervisor</p>

The programme of the Practical Training is consistent with teaching standards

Wrocław Medical University  
FACULTY OF MEDICINE  
DEAN  
10-12-2025  
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 2025/2026

.....  
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.

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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"/> Paediatrics			
<input type="checkbox"/> Primary Healthcare (General Practitioner)		<input type="checkbox"/> Surgery			
<input type="checkbox"/> Emergency Medical Aid		<input type="checkbox"/> Gynaecology and Midwifery			
<input type="checkbox"/> Internal Diseases		<input type="checkbox"/> Intensive Care			
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"/> Paediatrics  <input type="checkbox"/> Surgery  <input type="checkbox"/> Gynaecology and Midwifery  <input type="checkbox"/> Intensive Care         </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:					