

## 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> <p>1. getting acquainted with the hospital's organisational 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. acquiring the skills to perform subcutaneous, intradermal, and intramuscular injections, as well as to prepare an intravenous drip, 5. basic training in surgical treatment facilities, encompassing the independent administration of subcutaneous, intradermal, and intramuscular injections, performing drug sensitivity tests, and interpreting their results, 6. mastering the techniques for preparing wound dressings and surgical instruments for sterilization.</p>	<p>In the period from ..... to ..... 2026 in:</p> <p>.....</p> <p>Institutional Stamp</p> <p>Name of the Practical Training Supervisor at the Facility: .....</p> <p>.....</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 Zymlski, 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.

.....  
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:					
<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 .....					
Practical Training Supervisor Name:					
<b>Rating scale from 1 to 5</b> <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:					