

Student Full Name

Index No.

Programme of the Student Practical Training 2025/2026

Pursuant to the education standards of September 29th 2023 (Journal of Laws of 2023, item 2152)
field of study: Medicine, year of study: 2nd, period: 4 weeks, 120 hours, subject/scope of practical training:
3 weeks (90 hours) - Practical Training in Primary Healthcare (General Practitioner)
and 1 week (30 hours) - Practical Training in Emergency Medical Aid

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 or in a general practitioner's practice</p> <p>Practical Training in Primary Healthcare (General Practitioner):</p> <ol style="list-style-type: none">1. getting acquainted with the scope of work at the primary healthcare clinic/ general practitioner's practice,2. becoming familiar with the patient registration procedures, medical documentation and record types, approaches to maintaining patient files, and the filing and patient record-keeping system,3. mastering the guidelines for issuing sick leave certificates, medical certificates, and referrals for tests and specialist consultations, including the procedures for completing these documents,4. assisting the doctor in patient consultations both at the primary healthcare clinic and during home visits,5. drafting a variety of medical certificates under the doctor's supervision, encompassing temporary incapacity, referrals, and other clinically relevant documentation,6. assisting in preventive healthcare initiatives,7. becoming familiar with methods of providing health education,8. gaining expertise in accurately interpreting results of the basic laboratory tests.	<p>In the period fromto..... 2026 in:</p> <p>.....</p> <p>Institutional Stamp</p> <p>.....</p> <p>Name of the Practical Training Supervisor at the Facility:</p> <p>.....</p> <p>.....</p> <p>Date, Stamp, Signature of the Practical Training Supervisor</p>
<p>Place of Practical Training: in the hospital accident & emergency (A&E) ward or ambulance service</p> <p>Emergency Medical Aid Practical Training:</p> <ol style="list-style-type: none">1. gaining a comprehensive overview of the activities of the hospital A&E ward or ambulance service, such as maintaining medical records, certifying temporary incapacity for work, directing patients to hospital care, providing transport services, and coordinating emergency responses in mass poisonings, outbreaks, accidents, natural disasters, and other mass casualty incidents,2. assisting doctors and paramedics in diagnosing, treating, and performing medical emergency procedures during hospitalisation and patient visits, conducting patient examinations, and contributing to the diagnosis, treatment plan, and care pathway (e.g. administering emergency medications, recommending primary healthcare clinic follow-up, or arranging transfer to the hospital admissions unit or A&E hospital ward),3. drafting prescriptions and various medical certificates, including referrals, under the supervision of a doctor,4. becoming acquainted with the medical documentation and medical records management system,5. participating, in the capacity of a trainee, in medical rescue team call-outs or performing assistant duties to the doctor in hospital emergency wards,6. acquiring the skills necessary for managing acute medical emergencies, including providing basic and advanced emergency medical interventions and resuscitation procedures,7. gaining proficiency in the technique of treating injuries.	<p>In the period fromto..... 2026 in:</p> <p>.....</p> <p>Institutional Stamp</p> <p>.....</p> <p>Name of the Practical Training Supervisor at the Facility:</p> <p>.....</p> <p>.....</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 2025/2026

The programme of the Practical Training is consistent with teaching standards

Date and Signature of Wrocław Medical University
Practical Training Supervisor

Wrocław Medical University
FACULTY OF MEDICINE
DEAN

Robert Zyliński, MD, PhD,
Associate Professor
(2)

10 -12- 2025

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 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:					
<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:					
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:					