

Student Full Name.....

Index No.

Program of the Student Practical Training 2025/2026

Pursuant to the education standards of July 26th 2019 (Journal of Laws of 2019, item 1573)

field of study: Medicine, year of study: 4th, practical training duration: 4 weeks, 120 hours, subject/scope of practical training:
2 weeks (60 hours) – Practical Training in Paediatrics, 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. List of practical skills:

List of Skills	Practical Training Completion Confirmation
<p>Place of practical training: in a hospital paediatric clinic or a hospital ward for children's diseases Practical Training in Paediatrics:</p> <ol style="list-style-type: none"> enhancing understanding of the organisational structure of the paediatric ward (clinic) and its organisational links with outpatient care, familiarisation with the care and handling of infants, studying the principles of nutrition and feeding in healthy and sick children, with special focus on infants, assessing the child's condition and psychomotor development, perfecting clinical skills in paediatric physical examination, learning the principles of clinical management in life-threatening emergencies, improving the ability to identify and differentiate between common diseases, with a specific focus on acute cases, perfecting skills in the accurate interpretation of ECG results, laboratory, imaging, and histopathological examination results, participating in ward rounds and learning the principles of medical record documentation, assessing the child's hydration level, particularly infants, determining indications for rehydration therapy, and deciding on the optimal volume and composition of intravenous fluids to be administered, assessing acid-base homeostasis of a sick child, especially an infant, performing procedures under supervision, including collecting diagnostic samples, setting up intravenous drips, and administering injections, learning the sanitary and epidemiological regulations applicable in the neonatal and paediatric ward, and the methods for preventing hospital-acquired infections, participating in multispecialty consultations. 	<p>In the period from to 2026 in:</p> <p>.....</p> <p>Institutional Stamp</p> <p>Name of the Practical Training Supervisor at the Hospital:</p> <p>.....</p> <p>.....</p> <p>Date, Stamp, Signature of the Practical Training Supervisor</p>
<p>Place of practical training: in a hospital surgery clinic or a hospital surgical ward Practical Training in Surgery:</p> <ol style="list-style-type: none"> learning the organisation and operational structure of the surgical ward (including the emergency department, operating theatre, and treatment rooms), alongside the principles governing patient admissions, medical record documentation, and patient discharge, becoming familiar with the surgical instruments and equipment used in the surgical ward, perfecting medical examination and diagnostic skills, with a particular emphasis on acute cases, mastering the principles of wound dressing, and of applying and removing sutures, 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 in the on-call doctor's reports, actively participating, under supervision, in the work of the ward, including undertaking basic surgical procedures, performing wound care and suture removal, inserting intravenous cannulae, and collecting samples for diagnostic investigations, 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, issuing medical referrals for histopathological examinations under doctor's instruction and supervision, learning the sanitary and epidemiological regulations applicable in the surgical ward, and the methods for preventing hospital-acquired infections, participating in multispecialty consultations, perfecting the accurate interpretation of laboratory results, imaging studies, and histopathological examinations. 	<p>In the period from to 2026 in:</p> <p>.....</p> <p>Institutional Stamp</p> <p>Name of the Practical Training Supervisor at the Hospital:</p> <p>.....</p> <p>.....</p> <p>Date, Stamp, Signature of the Practical Training Supervisor</p>

I accept the Practical Training after the 4th year of studies in the academic year 2025/2026

.....
Date and Signature of the Wrocław Medical University
Practical Training Supervisor

The programme of the Practical Training is consistent with teaching standards

Uniwersytet Medyczny we Wrocławiu

WYDZIAŁ LEKARSKI

[Signature]

dr hab. Robert Zymirski, profesor uczelni
(4)

10-12-2025

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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Patient Care <input type="checkbox"/> Primary Healthcare (General Practitioner) <input type="checkbox"/> Emergency Medical Aid <input type="checkbox"/> Internal Diseases </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Paediatrics <input type="checkbox"/> Surgery <input type="checkbox"/> Gynaecology and Midwifery <input type="checkbox"/> Intensive Care </td> </tr> </table>						<input type="checkbox"/> Patient Care <input type="checkbox"/> Primary Healthcare (General Practitioner) <input type="checkbox"/> Emergency Medical Aid <input type="checkbox"/> Internal Diseases	<input type="checkbox"/> Paediatrics <input type="checkbox"/> Surgery <input type="checkbox"/> Gynaecology and Midwifery <input type="checkbox"/> Intensive Care
<input type="checkbox"/> Patient Care <input type="checkbox"/> Primary Healthcare (General Practitioner) <input type="checkbox"/> Emergency Medical Aid <input type="checkbox"/> Internal Diseases	<input type="checkbox"/> Paediatrics <input type="checkbox"/> Surgery <input type="checkbox"/> Gynaecology and Midwifery <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:					

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: <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Patient Care</td> <td><input type="checkbox"/> Paediatrics</td> </tr> <tr> <td><input type="checkbox"/> Primary Healthcare (General Practitioner)</td> <td><input type="checkbox"/> Surgery</td> </tr> <tr> <td><input type="checkbox"/> Emergency Medical Aid</td> <td><input type="checkbox"/> Gynaecology and Midwifery</td> </tr> <tr> <td><input type="checkbox"/> Internal Diseases</td> <td><input type="checkbox"/> Intensive Care</td> </tr> </table>						<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
<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; margin-top: 10px;"> <div> <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> <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:					