

STUDENT'S PRACTICE RECORD CARD

major: **medicine**

year of study: **SECOND**

Student

.....
(Name/s and Surname/s)

.....
album number

Is entitled to undertake practical professional training in accordance with the program below

After the 2nd year of studies student is obliged to complete a practical training in the out-patient clinic (General Practitioner) for the duration of 90 hours and emergency assistance for 30 hours at the Hospital Emergency Unit or Emergency Medical Services.

A Head of the Clinic, a Head of the Emergency Unit, a Head of an emergency medical Services or a designated Supervisor (physician) sets the duties and schedule of practice and supervises the work of the student. Absence from work could be justified only by illness. Any absence means the prolongation of summer training duration for the corresponding period of time.

Completed summer training should be confirmed by the Supervisor and signed by the Head of the Clinic, a Head of the Emergency Unit or a Head of an emergency medical Services. Student will get 4 ECTS points for completed summer clerkship.

Practical professional training program at the Out-patient Clinic:

- become familiar with the organization and financing of primary health care
- learn rules and procedures of issuing sick leaves, medical certificates, referrals for specialized medical tests and consultations
- become familiar with work in treatment rooms and the scope of duties of community nurses and midwives
- theoretical and, if possible, practical familiarization with the principles of providing first aid in emergencies
- assist the doctor with performing minor medical procedures
- assist the doctor seeing the patients at the clinic and during home visits

Following the review of the program of practical training (Out-patient Clinic) for the 2nd year medical students of the Pomeranian Medical University in Szczecin, I certify that the student completed 90 hours of training at

.....
Name of the Clinic

.....
City

.....
Country

during the period from (dd/mm/yyyy) to (dd/mm/yyyy).....

.....
(general stamp of the office)

.....
(signature and stamp of the Training Supervisor)

Student _____

(student's name)

album no. _____

QUESTIONNAIRE ON THE COURSE OF PRACTICE

Part about the student who has been completing the practical professional training
(on a scale from 2 - negative to 5 - very good)

1. commitment to practical professional training duties
2 3 4 5
2. courteousness
2 3 4 5
3. student's behaviour towards the patient/patient's family
2 3 4 5

Other:

.....
(general stamp of the office)

.....
(signature and stamp of the Training Supervisor)

Part about the practical training provided by the student
(on a scale from 2 - negative to 5 - very good)

1. rate the completion of practical training
2 3 4 5
2. assess the cooperation with supervisor of the training
2 3 4 5
3. evaluate the usefulness of the knowledge acquired during the classes at the university
2 3 4 5

Other:

.....
(student's signature)