

STUDENT'S PRACTICE RECORD CARD

major: **medicine**

year of study: **THIRD**

Student

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

.....
album number

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

After the 3rd year student of PUM is obliged to have practical training at the **Internal Diseases Department** for 120 hrs.

Head of the Department or designated Supervisor settles a detailed plan of summer training (student's duties) as well as supervises the Student's activities. Student's Supervisor should be a qualified professional physician. To the extent possible, Student should take part in each physician's activity.

Absence from work could be justified only by illness. Any absence means the prolongation of summer training duration for the corresponding period of time.

During the training student follows and observes the hospital doctor on duty in all occupational functions (treat patients in the emergency room, perform one's duties as a medicine emergency assistance, taking part in doctor's appointments).

Completion of a summer training is confirmed by the Supervisor and signed by the Head of the Hospital Department. Student will get 4 ECTS points for completed summer clerkship.

Practical professional training program at the Internal Diseases Department:

- To complete the information about the Internal Diseases Department (clinic) organization and its co-operation with the outpatient medical service,
- To improve skills in medical (history and physical) examination
- To be trained in BLS (Basic Life Support),
- To improve skills in diagnosing and managing of most common disorders with special emphasis paid to severe, life threatening conditions,
- To know the competent interpretation of the lab tests, imaging studies as well as pathological reports,
- To participate in the doctor's appointment
- To train in everyday medical procedures (e.g. intravenous infusions and injections; urethral catheterization etc.),
- To sample for the lab tests

Following the review of the program of practical training for the 3rd year medical students of the Pomeranian Medical University in Szczecin, I certify that the student completed 120 hours of training at

.....
Name of the Clinic/ or Department/ or Hospital

.....
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)