

## STUDENT'S PRACTICE RECORD CARD

major: **medicine**

year of study: **FOURTH**

Student

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

.....  
album number

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

After the 4<sup>th</sup> year student of PUM is obliged to have practical training at the **Paediatrics Department** for 60 hrs (infant section 30 hours, older children section 30 hours).

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.

Completion of a summer training is confirmed by the Supervisor and signed by the Head of the Hospital Department. Student will get 2 ECTS points for completed summer clerkship.

### **Practical professional training program at Paediatrics Diseases Unit/ Pediatric Ambulatory:**

- Familiarize with organization of Pediatric Out-Patient Clinic
- sanitary standards; nosocomial infections (typical for a given hospital).
- Convention on the Rights of the Child; Patients' Rights.
- Medical history and physical examination.
- Assessment of a newborn and an infant
- Principles of nutrition of a healthy and sick newborn.
- Neonatal emergencies, resuscitation of a newborn.
- Assessment of water-electrolyte and acid-base balance
- Principles of management of water-electrolyte or acid-base imbalance
- Differential diagnosis of the most common diseases
- Interpretation of additional tests
- Principle of management the most common disorders of childhood
- Principles of antibioticotherapy

Following the review of the program of practical training (Paediatrics) for the 4<sup>th</sup> year medical students of the Pomeranian Medical University in Szczecin, I certify that the student completed 60 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)