

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 4th year student of PUM is obliged to have practical training at the **Surgery Department** for 60 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. 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 the Surgery Department:

- Introduction to the organization of a Surgery Department (Emergency Room, Operating Theatre, room for wound dressing, medical documentations management: rules of admission to a hospital/discharge from a hospital)
- Introducing surgical instruments and equipment of the surgery department
- Training in medical examination and diagnostic procedures especially in cases of emergency
- Principles of wound dressing, stitching up a wound, dealing with fractures and burns
- Principles of local anesthesia
- Participation in the clinic ward-rounds and on-call doctor's report
- Active participation in the work of the department, carrying out basic procedures, applying a dressing, removing stitches, putting the patient on the intravenous drip, taking samples for the analysis
- Principles of aseptic and antiseptic, hand washing techniques prior to surgery
- Participating/assistance to the surgery in the Operating Theatre

Following the review of the program of practical training (Surgery) for the 4th 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)