

STUDENT'S PRACTICE RECORD CARD

major: **medicine**

year of study: **FIFTH**

Student

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

.....
album number

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

After the 5th year student of PUM is obliged to have practical training at the **Intensive Care Unit (ICU)** 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 Intensive Care Unit (ICU):

- evaluation of patients general status, consciousness
- evaluation of conscious patient, Glasgow scale
- principles of diagnosis and management of sudden life-threatening conditions
- diagnosis of the alcohol abuse, drugs or psychotropic compounds
- monitoring of intoxicated patient
- patient's nutrition: intravenous, parenteral, fluid therapy
- oxygen therapy
- basic life support (BLS) in children and adults, including medical simulation (phantoms)
- principles of advanced life support (ALS) with using of phantoms
- principles of legal medical care in unconscious patient
- monitoring of vital signs using a cardio-monitor
- principles of intubation and its subsequent management
- pulseoximetry application
- assisted ventilation
- mechanical ventilation
- principles of management on intravenous or intraperitoneal port
- principles of diagnosis and management of raised intracranial pressure

Following the review of the program of practical training (Intensive Care) for the 5th 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)