

Student's name and surname:

Student's registration number:

The program for summer vocational training for students of the 3rd year of the 6MD Program at the Faculty of Medicine of the Medical University of Lodz

I. Vocational training organization

1. Summer placement training in the field of **INTERNAL MEDICINE** is obligatory and lasts for 4 weeks - the total number of hours -120.
2. The student should work 6-hour duties for all shifts / the number of night duties cannot be more than three per week.
3. The training must be conducted according to the program presented below.
4. The training must be credited with a grade.
5. **Credit with a grade, confirmed by the head of the clinic or other authorized person, will be recorded in the SUMMER TRAINING CHART on the basis of the student's attendance and skills acquired.**
6. Student absence during the program may only be justified by a medical certificate. Illness longer than 1 week will result in the program being extended by an appropriate period.
7. Upon the completion of the training, the Student's Summer Training Chart must be sent by the student or the Clinic/Hospital Department providing the training directly to the Medical University of Lodz to the following address:

MEDICAL UNIVERSITY OF LODZ
Administrative Center for Studies in English
1 Hallera Square
90-647 Lodz, Poland

II. Vocational training program in the field of INTERNAL MEDICINE:

1. Overview of the work in the Internal Medicine Department.
2. Familiarization with the department, number of beds, methods of treating patients.
3. Participation in the current work of doctors in the Internal Medicine Department.
4. Familiarization with the care and treatment of serious illnesses in the department, familiarization with taking medical histories.
5. Taking care of the patient.
6. Introduction to the documentation used by the department.



Summer Training Chart Academic year 2021/2022

Student's name and surname:
Student's registration number:

I certify the completion of summer training in compliance with the above program in

(Name of the clinic, address, city, country)

in the period from...to..., number of hours ...

grade *

(Clinic stamp)

(Signature and personal stamp)

* the grade must be awarded according to the following grading system:

- 5.0 - excellent
4.5 - very good
4.0 - good
3.5 - satisfactory
3.0 - sufficient
2.0 - failed

TO BE FILLED BY THE DEAN'S OFFICE

I hereby credit the Summer Training completion
Number of ECTS points obtained: 4

(Dean's stamp and signature)