



Student's name and surname:

Student's registration number:

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**The program for summer vocational training for students of the 5<sup>th</sup> year of the 6MD Program at the Faculty of Medicine of the Medical University of Lodz**

**I. Vocational training organization**

1. Summer training is obligatory, lasts for 4 weeks – in total 120 hours and includes:
  - practice in the field of **Obstetrics and Gynecology (60 hrs)**
  - practice in the field of **Surgery (60 hrs)**.
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



Student's name and surname:

Student's registration number:

**II. Vocational training program in the field of OBSTETRICS AND GYNECOLOGY:**

1. Familiarization with the work of a obstetrics and gynecology ward.
2. Learning basic medical activities associated with providing care for women treated at the department of obstetrics and gynecology.
3. Familiarization with the functioning of a labor delivery room and an obstetric unit patient care area.
4. Participation in the assessment of labor stages.
5. Assisting doctors in perineum suturing and surgery procedures.

I certify the completion of summer vocational training in the field of **OBSTETRICS AND GYNECOLOGY** according to the program presented above in

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

in the period from.....to....., number of hours .....,  
(dd/mm/yyyy) (dd/mm/yyyy)

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

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**III. Vocational training program in the field of SURGERY:**

1. The aim is to introduce students to the organizational system and functioning of a surgery ward, which should be pursued through student participation in everyday duties of doctors at a surgery ward.
2. The specific details of the training program should be implemented according to the special features of the ward in which the training takes place
  - observation of the surgical procedures;
  - changing the wound dressing.

I certify the completion of summer vocational training in the field of **SURGERY** according to the program presented above in

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

in the period from.....to....., number of hours .....,  
(dd/mm/yyyy) (dd/mm/yyyy)

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

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**\*\*TO BE FILLED BY THE DEAN'S OFFICE\*\***

I hereby credit the Summer Training completion  
Number of ECTS points obtained: 4  
OBSTETRICS AND GYNECOLOGY – 2 points, SURGERY – 2 points

.....  
(Dean's stamp and signature)