

Student's name and surname:

Student's ID number:

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**The program for summer vocational training for students of the 1<sup>st</sup> year of the 6MD Program at the Faculty of Medicine of the Medical University of Lodz**

**I. Vocational training organization**

1. Summer training in the field of **Nursing** is obligatory and lasts for 4 weeks (120 hours).
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 Summer Training Chart must be sent or delivered directly to the Dean's Office to the address provided in the footer before the end of the summer retake session.

**II. Vocational training program in the field of NURSING**

**1. Acquaintance with:**

- the structure and organization of inpatient health care - hospital,
- the rules of working in a multi-professional team, participation in the work of a nursing team in a hospital ward,
- patient's rights,
- the protocol in the case of diagnosis of / contact with an infectious disease,
- the rules of keeping hospital records.

**2. Acquiring skills in the field of basic nursing activities.**

**3. Assisting in medical procedures.**

**Learning outcomes**

**1. After the training completion, the student:**

- knows the scope of competences and duties of the nursing staff,
- knows the rules of keeping hospital records and is able to keep nursing records (including: observation card, epidemiological card, anti-bedsore prophylaxis, anticoagulant prophylaxis, analgesic prophylaxis, intensive supervision, fluid balance, starting and completing medical history),
- is able to independently perform: body temperature measurement, heart rate measurement, non-invasive blood pressure measurement, monitoring of vital signs using a cardiac monitor and pulse oximetry, oxygen administration.

**2. Under supervision, the student is able to perform:**

- collecting and securing material for diagnostic tests, including microbiological ones,
- cannulation of peripheral veins,
- intravenous, intramuscular and subcutaneous injections,
- collection of peripheral venous blood,
- collection of arterialized capillary blood
- urinary bladder catheterization,
- enema,
- simple strip tests and blood glucose measurement,
- recording of a standard resting electrocardiogram,
- nursing treatments.

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3. During the training, the student assists in medical procedures and treatments and learns them at the level of "knows how to perform", depending on the profile of the hospital ward, for example:
- transfusion of blood products and blood-derived products,
  - drainage of the pleural cavity,
  - puncture of the pericardial sac,
  - puncture of the peritoneal cavity,
  - lumbar puncture,
  - fine and core needle biopsy,
  - epidermal tests,
  - intradermal and scarification tests,
  - electrical cardioversion and cardiac defibrillation,
  - gastric tube and lavage,
  - arterial blood collection,
  - insertion of an oropharyngeal tube.
4. The student acquires basic competences in the following areas:
- teamwork,
  - communicating with the patient and with colleagues,
  - providing feedback and support,
  - compliance with professional attitudes and ethical patterns in professional activities.
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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 .....,  
(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

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

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## Practice provider evaluation survey

Practice location:

.....

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### 1. Practice Supervisor

Showed interest in the trainee, explained, showed, engaged the trainee in working with the patient

1	2	3	4	5
definitely not	rather not	averagely	rather yes	definitely yes

### 2. Practices allowed to develop practical skills

1	2	3	4	5
definitely not	rather not	averagely	rather yes	definitely yes

### 3. Practice site worth recommending

1	2	3	4	5
definitely not	rather not	averagely	rather yes	definitely yes

### 4. Own remarks regarding the place of practice/practice supervisor:

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Student's signature.....