



Student's name and surname:

Student's ID number:

The program for summer vocational training for students of the 4th 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 (120 hours) and includes:
- training in the field of Pediatrics (60 hrs),
- training in the field of Intensive Care (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 submitted to the Dean's Office before the end of the summer retake session.

II. Vocational training program in the field of PEDIATRICS:

- 1. Familiarization with the organization of work in a pediatric ward.
2. Learning basic medical activities in providing care for a sick child.
3. Familiarization with the specific features of the pediatric ward:
- participation in the doctors' morning meetings;
- active participation in taking the medical history;
- participation in performing physical examinations;
- participation in the ward rounds, becoming acquainted with shift reports;
- observation of the surgical procedures;
- changing the wound dressing.

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

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

in the period from (dd/mm/yyyy) to (dd/mm/yyyy), 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



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III. Vocational training program in the field of INTENSIVE CARE:

1. The aim is to introduce students to the organization and functioning of an intensive care unit, which should be pursued through student participation in everyday duties of doctors.
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.

I certify the completion of summer vocational training in the field of INTENSIVE CARE 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

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

I hereby credit the Summer Training completion
Number of ECTS points obtained:
PEDIATRICS – 2 points, INTENSIVE CARE – 2 points

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



Student's name and surname:

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Practice provider evaluation survey

Practice location:

.....
.....

1. Practice Supervisor

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

Table with 5 columns: 1 (definitely not), 2 (rather not), 3 (averagely), 4 (rather yes), 5 (definitely yes)

2. Practices allowed to develop practical skills

Table with 5 columns: 1 (definitely not), 2 (rather not), 3 (averagely), 4 (rather yes), 5 (definitely yes)

3. Practice site worth recommending

Table with 5 columns: 1 (definitely not), 2 (rather not), 3 (averagely), 4 (rather yes), 5 (definitely yes)

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

.....
.....
.....
.....

Student's signature.....