MEDICAL UNIVERSITY OF LUBLIN
Faculty of Medicine
ul. W. Chodźki 19 (TBV) 20-093 Lublin
Tel. (48) 81-448-60-03, 81-448-60-04 Fax (48) 81-448-60-00

STUDENT'S SUMMER CLERKSHIP CARD MEDICINE

……
(Student's name and surname)

……..
(Index No.)

……..
(academic year)

IV
(year of study)

After IV year of studies students are required to complete a 2-week (60 hours) summer clerkship at **Children's Diseases Ward** of Clinical Hospitals or Healtcare Centers. A 6-hour work day applies.

1. **The aim of the summer clerkship** is to acquaint a student with the full domain of activities connected with functioning of Children's Diseases Ward.

2. The function of the summer clerkship supervisor responsible for carrying out of the summer clerkship program is performed by a physician authorized by the head of the unit.

3. The Unit organizing the summer clerkship / Person athorized by the Head of the Unit organizing the summer clerkship, credits the summer clerkship by placing an appropriate entry **in the student's summer clerkship card.** The condition for completing the summer clerkship is achieving the assumed learning outcomes by the student

……
(Name and address of the place where the summer clerkship is carried out/Institution stamp)

No.	SCOPE OF ACTIVITIES/LEARNING OUTCOMES	Date, signature and stamp of the supervisor
1.	Knows the organization of Children's Ward (Clinic's) and organizational relations of the Ward (Clinic's) with the outpatient health care.	
2.	Assesses the condition of the child and its psychophysical development.	
3.	Familiarizing with the care of an infant.	
4.	Learns the rules of nutrition of a healthy and sick child.	
5.	Perfects skills of performing a child's physical examination.	
6.	Perfects skills in first aid and cardiopulmonary resuscitation.	
7.	Perfects skills of proper diagnosis and differentiation of basic disease classifications, with particular emphasis on acute cases.	
8.	Knows the proper interpretation of laboratory, radiological and patomorfological test results.	
9.	Takes part in medical appointments and gets acquainted with the principles of keeping medical records.	
10.	Assesses the degree of hydration of the infant and determines the indications for hydration treatment (the amount and composition of the infusion fluid).	
11.	Assesses the acid-base balance of a sick child, an infant in particular.	
12.	Performs (under supervision) intramuscular injections.	
13.	Learns the sanitary-epidemiological regulations in the Infantry and Children's Ward and the methods of preventing hospital infections.	
14.	Participates in multi-specialist consultations.	
15.	During the 2-week summer clerkship, the student is obliged to complete two 24 hour shifts.	

Comments

I certify that the student completed the summer clerkship at Children's Diseases Ward

between .....and .....

……
(signature of the head of the unit organizing the summer clerkship / Person authorized by the head of the unit organizing the summer clerkship)

MEDICAL UNIVERSITY OF LUBLIN
Faculty of Medicine
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STUDENT'S SUMMER CLERKSHIP CARD MEDICINE

……
(Student's name and surname)

……..
(Index No.)

……..
(academic year)

IV
(year of study)

After IV year of studies students are required to complete a 2-week (60 hours) summer clerkship at **Obstetrics and Gynecolog Ward** of Clinical Hospitals or Healtcare Centers. A 6-hour work day applies.

1. **The aim of the summer clerkship** is to acquiant a student with the full domain of activities connected with functioning of Obstetrics and Gynecology Ward.

2. The function of the summer clerkship supervisor responsible for carrying out of the summer clerkship program is performed by a physician authorized by the head of the unit.

4. The Unit organizing the summer clerkship / Person athorized by the Head of the Unit organizing the summer clerkship, credits the summer clerkship by placing an appropriate entry **in the student's summer clerkship card.** The condition for completing the summer clerkship is achieving the assumed learning outcomes by the student.

……
(Name and address of the place where the summer clerkship is carried out/Institution stamp)

No.	SCOPE OF ACTIVITIES/LEARNING OUTCOMES	Date, signature and stamp of the supervisor
1.	Familiarizing with organization of work of Obstetrical Admission Room, labor track as well as labor wards.	
2.	Assists at admission of a patient in labour and writing suitable records/documents.	
3.	Assists at physiological childbirth.	
4.	Assists at cesarean section and gynecological surgeries.	
5.	Familiarizing with principles of gynecological examination as well as the work in a treatment room.	
6.	The discussion of principles of qualification of patients for surgery intervention.	
7.	Knows the conduct with hospitalized patients with the threat of miscarriage.	
8.	During the 2-week summer clerkship, the student is obliged to complete two 24 hour shifts.	

Comments

I certify, that the student completed the summer clerkship at an Obstetrics and Gynecology ward.

between .....and .....

……
(signature of the head of the unit organizing the summer clerkship / Person authorized by the head of the unit organizing the summer clerkship)