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

Student’s Name (First Name and Last Name)

**PROGRAM OUTLINE FOR THE CLINICAL CLERKSHIP**

**OF SECOND YEAR MEDICAL STUDENTS AT THE MEDICAL**

**UNIVERSITY OF BIAŁYSTOK**

All students are obliged to complete a 120 hour (four-week) clerkship in outpatient care, at a general practitioner’s clinic (3-week) and emergency medicine at emergency department (1-week), upon conclusion of their second year of medical studies.

This training is to be carried out based on the guidelines stated in the clerkship letter and program issued by the Medical University of Białystok. The student’s training supervisor presents the obligations and the schedule of the clerkship and will be responsible for monitoring the student’s work. Any doctor with the appropriate professional and general qualifications is eligible to be a training supervisor.

Absence during the clerkship can be excused only by a formal doctor’s excuse. Absence due to an illness lasting longer than a week will result in extension of clerkship duration by the period of time specified in the doctor’s excuse.

Completion of these tasks is mandatory for each student and should be dated and signed by the student’s training supervisor on the clerkship task worksheet.

**The Aim of the Clerkship:**

1. Orientation with the outpatient clinic’s function and with patient medical records.
2. Participation in preventive procedures.
3. Become familiar with the methods of health promotion,
4. Introduction to the principles of prescription and all kinds of certificates and referrals
5. Introduction to the organization of work the emergency department (record keeping, ruling on temporary disability, directing patients to the hospital)
6. Deepening knowledge on first aid.

I certify that the above mentioned student has completed the requirements of the clinical clerkship beginning on .................................. until ...............................................

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

Institution’s Stamp Signature of the Head of the Department

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

Supervisor’s Stamp and Signature

I certify that above mentioned student has got credit for the second year clinical clerkship\*

………………………………………………………………………………………………

Signature and stamp of the Tutor in Medical University in Białystok

\* - shall be signed by the appropriate person in Medical University of Białystok