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Student’s name (first name and last name)

**PROGRAM OUTLINE FOR THE CLINICAL CLERKSHIP**

**OF FIRST YEAR MEDICAL STUDENTS AT THE MEDICAL UNIVERSITY**

**OF BIAŁYSTOK**

 All students are obliged to complete 120 hours (four-week) clerkship on nursing upon

conclusion of their first 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 Bialystok. 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 nurse 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 is:**

1. Orientation in the organizational system of the hospital (health care unit)
2. Learning the role of a nurse in the process of patient’s care and its treatment,
3. Obtaining basic procedural skills in nursing care (temperature measurement, pulse measurement, blood pressure, respiratory rate measurement, bed making and bed sheet changing techniques, sanitary-hygienic service, feeding, preparation & dispersal of medicine),
4. Practical training in performing hypodermic and intramuscular injections, as well as preparation of intravenous drip infusions.

 I certify that above mentioned student has completed the requirements of the nursing

clerkship beginning on ............................................... until ......................................................

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

 Institution ’s stamp Signature of the Head of the Department

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 Supervisor’s signature and stamp

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

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Signature and stamp of the Tutor in Medical University in Białystok

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