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Student’s Name (First Name and Last Name)

**PROGRAM OUTLINE FOR THE FIFTH YEAR MEDICAL STUDENT**

**CLINICAL CLERKSHIP AT THE MEDICAL UNIVERSITY OF BIAŁYSTOK**

 All students are obliged to complete a 2-week clerkship (in the amount of 60 hours) in Gynecology Practice at the Gynecological and Obstetric Ward or Clinic and a 2-week clerkship (in the amount of 60 hours) in Pediatrics Practice at the Pediatrics Department or Clinic at the Teaching Clinical Hospital, or other appropriate hospital, upon conclusion of their fifth 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 Director of the Gynecological and Obstetric Ward, Hospital Department Head (Senior Registrar) or any appointed supervisor shall present the clerkship requirements and schedule, and will be responsible for monitoring the student’s work. Any doctor with the appropriate professional and general qualifications is eligible to be a clerkship training supervisor.

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

 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 Gynecological and Obstetric Clerkship:**

1. Familiarization with a work at the Maternity Unit Care and at the Gynecological Ward or Clinic
2. Elaboration of the rules of classification patients to the operation
3. Familiarization with the rules of a work at a treatment room, carrying out a documentation of a medical treatment, taking a material to a medical examination (cytological and histological)
4. Observation of a patient in early period after an operation and carrying out a card of the observation
5. Conduct with patients required immediate hospitalization because of a risk of miscarriage
6. Familiarization with the rules of prevention of a female reproductive organs and mammary gland
7. Orientation as to the scope of duties of the Maternity Unit Care (Admissions), course of the labor, and the Puerperal Ward
8. Taking a laboring woman to the Ward, preparing a documentation.
9. Observation of a labor progress and carrying out a documentation of the course of the labor with a consideration of condition of a mother and a fetus, monitoring of fetal heart beat, assessment amniotic fluid by amniotomy.
10. Familiarization with the medical equipment at the Obstetric Ward or Clinic

**The Aim of the Pediatrics Clerkship:**

1. Orientation to functional organization of the Pediatrics Department
2. Evaluation of a condition of a child and his/her psycho- physical development
3. Familiarization with the nursing of a infant
4. Familiarization with the rules of feeding sick and healthy infant and child
5. Improvement of the ability to physical examination of a child
6. Developing the student’s skills in differential diagnosis of common diseases with special attention to acute care cases.
7. Learning to accurately interpret working, radiological and pathomorphological test results.
8. Participation in ward rounds and familiarization with documentation of medical history.
9. Evaluation of infant fluid level and guidelines for fluid replacement (amount and composition of plasma substitute).
10. Familiarization with Pediatric Ward sanitary and epidemiological rules and with methods of preventing acquired infections.
11. Participation in multi-specialty consultations.

 I certify that the above mentioned student has completed 60 hours of the requirements of Gynecological and Obstetric clerkship

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

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 Institution’s Stamp Signature of the Head of the Department

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 Supervisor’s Stamp and Signature

I certify that the above mentioned student has completed 60 hours of the requirements of the Pediatrics clinical clerkship

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

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 Institution’s Stamp Signature of the Head of the Department

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 Supervisor’s Stamp and Signature

 I certify that above mentioned student has got credit for the fifth 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