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Student’s Name (First Name and Last Name)

**PROGRAM OUTLINE FOR THE CLINICAL CLERKSHIP**

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

**OF BIAŁYSTOK**

All students are obliged to complete a 120 hour (four-week) clerkship in Internal Medicine, at a clinic of the Clinical Teaching Hospitals or at other Hospitals, upon conclusion of their third 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 Department Head (senior registrar) should present the clerkship requirements and schedule, and shall 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 Internal Medicine Clerkship:**

1. To further the student’s knowledge about the function of the Internal Medicine Department as pertaining to both inpatient and outpatient care.
2. Increased competency in administering physical examinations.
3. Orientation with First Aid procedures and regulations (resuscitation).
4. Developing the student’s skills in differential diagnosis of common diseases with special attention to acute care cases.
5. Learning to accurately interpret working, radiological and pathomorphological test results.
6. Participation in ward rounds.

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