



MEDICAL
UNIVERSITY
OF WARSAW

FACULTY OF MEDICINE AND DENTISTRY

**STUDENT INTERNSHIP LOG – FIRST YEAR
in the field of healthcare management**

Academic Year **2023/2024**

Student's full name.....

Year of study Student ID number.....

Address of permanent residence.....

1/ Placement term: from to

Number of working days: Number of hours.....

2/ Placement place / address and phone/:

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3/ Full name

of the entity's head

of the placement supervisor

4/ Achievement of educational outcomes

| Scope of activities | Educational outcome (<i>MSHE Reg. as of 26 July 2019</i>) | Dates of performance | Approval of performance by the placement supervisor (Signature and stamp) |
|---|---|----------------------|---|
| Acquiring knowledge in the field of healthcare management, structure of hospital organisation, learning about nurse's role in the process of patient's care and treatment | G.W8. G.W10. G.W11. DU10. | | |

| Scope of activities | Educational outcome (<i>MSHE Reg. as of 26 July 2019</i>) | Dates of performance | Approval of performance by the placement supervisor (Signature and stamp) |
|---|---|----------------------|---|
| Skills: | D.U1. D.U12. E.U20. | | |
| Measuring temperature | | | |
| Measuring pulse, blood pressure, checking respiratory rate | | | |
| Methods of making beds and changing bed linen, | | | |
| Taking care of patient hygiene and sanitary care, feeding of patients | | | |
| Preparation of medications for patients | | | |
| Administration of hypodermic and intramuscular injections | | | |
| Preparation of intravenous drip | | | |

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(Student's signature)

5/ Confirmation of the number of summer student placement hours and performed activities and an evaluation of student's work and course of placement

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(Stamp of an entity providing placement) (signature and stamp of an entity's head)

Student's remarks about summer student placement:

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The obligatory summer student placement after the **first year** of the program in the academic year 2023/2024 is credited.

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Dean

