In Prague, October 26th, 2023

**Subject:** Practical training of 4th year students

Dear Director,

on behalf of the Third Faculty of Medicine, Charles University, I would like to ask you for your approval of the practical training of a 4th year student of our faculty at your hospital.

The practical training shall comprise **2 weeks at clinical department**. We would like to ask you to kindly ensure specialized supervision for our student in accordance with the syllabi attached.

**Dates:**

* **Practical training in elective field:** At the time of the summer holidays or during the examination period, before and after the summer holidays

If you need any more detailed information, please contact David Marx, M.D., Ph.D. (tel.+420 267 102 176) or our Study Department (Daniela Lvová; tel.: +420 267 102 206).

Thank you for your understanding, and we shall look forward to our future cooperation,

David Marx, M.D., Ph.D.

Vice-Dean for Undergraduate Education and Student Affairs

**4th YEAR - STUDENT PRACTICAL TRAINING SYLLABUS for ……………………..**

***This syllabus is an integral part of the “Student Evaluation“***

**Practical training duration:** 2 weeks

**Scope of practical training:**

The purpose of the practical training is to make the student familiar with operation of the bed ward of the hospital and with the duties of a junior physician at the given department.

Another purpose of the practical training is to acquire or deepen some clinical skills, examination and therapeutic techniques.

All tasks and procedures shall be performed by the students under medical supervision.

* Participation at outpatient offices (general, specialized)
* Participation at emergency duties based on local possibilities
* Participation at daily rounds
* Participation at the major / senior consultant’s round
* Observing changes in patients’ conditions: - Clinical
* Laboratory
* Using other assessment methods
* Participation at diagnostic and therapeutic procedures
* For surgery specializations: preoperational preparation for various surgeries and assistance at operating theatres or outpatient procedures
* Keeping medical documentation

**Signature, stamp and date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4th YEAR – EVALUATION REPORT OF THE STUDENT PRACTICAL TRAINING  FROM …………………………… | | | | |
| **Student name:** | | | | |
| **Practical training site:** | | | | |
| **Practical training dates:** | | | | |
| TYPE OF EVALUATION | EVALUATION SCORE +) | | | |
| Personal Evaluation | | | | |
| Initiative | 3 | 2 | 1 | 0 |
| Responsibility | 3 | 2 | 1 | 0 |
| Independence | 3 | 2 | 1 | 0 |
| Ability of team work | 3 | 2 | 1 | 0 |
| Theoretical knowledge | 3 | 2 | 1 | 0 |
| Clinical Skills | | | | |
| Medical history | 3 | 2 | 1 | 0 |
| Physical examination | 3 | 2 | 1 | 0 |
| Skillfulness (technical skills) | 3 | 2 | 1 | 0 |
| Determining the diagnosis | 3 | 2 | 1 | 0 |
| Determining the treatment programme and therapy | 3 | 2 | 1 | 0 |
| Professional Qualifications | | | | |
| Professional conduct | 3 | 2 | 1 | 0 |
| Is familiar with his/her limits and knows when to seek advice of a senior colleague | 3 | 2 | 1 | 0 |
| Respects human dignity of the patient | 3 | 2 | 1 | 0 |
| Keeps medical secret | 3 | 2 | 1 | 0 |
| **FINAL EVALUATION OF THE STUDENT** | | | | |
| **Excellent** | | | | |
| **Very Good** | | | | |
| **Good** | | | | |
| **Satisfactory** | | | | |
| **Unsatisfactory** | | | | |

**+)**  Score: **3 points** – excellent; **2 points** – good (average);

**1 point** – Satisfactory (Below average), **0 points** – Not evaluable

**Signature, stamp and date:**