

**PROCEDURE FOR COMPLETING
VOCATIONAL CLINICAL CLERKSHIP
for students of the Polish Campus
of the PRIVATE HIGHER EDUCATIONAL INSTITUTION
"KYIV MEDICAL UNIVERSITY"**

1. General Information about VOCATIONAL CLINICAL CLERKSHIP (Practice)

Summer clerkship (hereinafter – the Practice) at the Polish Campus of PHEI "Kyiv Medical University" is an integral part of the educational process and an important opportunity for students to take their first steps into professional activity.

Goals and objectives of the Practice:

- consolidation and improvement of theoretical knowledge;
- development of practical skills and clinical thinking;
- mastering the skills of medical documentation maintaining;
- acquiring the fundamentals of medical ethics and deontology;
- adaptation to future work in a healthcare institution team.

The Practice is conducted during the summer vacation period (July, August) in accordance with the educational and professional programs (EPP).

Types and duration of Practice:

Medical Faculty:

- **After 1st year:** Introductory Practice (4 weeks)
- **After 2nd year:** Patient Care Practice (4 weeks)
- **After 3rd year:** Nursing Practice (4 weeks)
- **After 4th year:** Clinical Medical Practice (4 weeks)
- **After 5th year:** Clinical Medical Practice (4 weeks)

Dental Faculty:

- **After 1st year:** Introductory Practice (4 weeks)
- **After 2nd year:** Clinical Practice (Nursing) (4 weeks)
- **After 3rd year:** Clinical Medical Practice (4 weeks)
- **After 4th year:** Clinical Medical Practice (4 weeks)
- **After 5th year:** Clinical Medical Practice takes place during the winter period.

Practice Supervisors:

- **Supervisor from the Practice Base (Coordinator):** A representative of the healthcare institution appointed from its staff. The coordinator directly supervises the student's work at the clinical base and make entries in the clerkship journal.

- **Supervisor from the University (Mentor):** An experienced University lecturer who provides methodological oversight of the Practice, advises on maintaining documentation (clerkship journal, report), and clarifies occupational health and safety rules.

2. Practice Procedure: Step-by-Step Algorithm

The Practice may be completed at municipal, state, and private healthcare institutions. There are two options:

Option 1: Practice at bases with which the University has a cooperation agreement

1. **By April 15** of the current academic year, the student should notify the dean's office of their decision to complete the Practice at one of the proposed bases.
2. The University independently compiles student lists and directs them to the relevant healthcare institutions, taking care of all organizational matters.

Option 2: Individually arranged Practice

The student has the right to independently choose a practice base either in Poland or abroad.

STEP 1. Submitting an application to the dean's office

- **By April 15** of the current academic year, submit the original application stating the intention to complete the Practice at a self-chosen base to the dean's office (Contact person: Antonina Hrytsenko, office 127).
- The application should include: full name, year, group number, full name of the chosen clinic, its address, and official contact phone number.
- The application should be signed by the student. (*Application template – Appendix No. 1*).

STEP 2. Concluding an agreement with the healthcare institution

1. The student downloads and prints the tripartite agreement form or obtains it from the dean's office (*Agreement template – Appendix No. 2*).
2. The student arranges for the agreement to be signed by the chosen clinical base.
3. After signing by the clinic, the agreement is submitted to the dean's office for signing by the University.
4. One signed copy is returned to the clinic; the other remains at the University. (*Agreement template – Appendix No. 2*).

STEP 3. Obtaining the Practice referral

- Based on the signed agreement, the student fills out the Practice referral.
- The referral is signed by the student, the clinic representative, and the University.

- One copy remains at the clinic; the other is returned to the dean's office. (Referral template – *Appendix No.3*).

3. Payment and Mandatory Medical Examination

Practice Payment

Payment for the summer practical training for all University students should be made **by May 1** of the current academic year using the payment details provided by the finance department.

Medical Requirements for Completing the Practice in Poland

To be admitted to the Practice at a clinical base in Poland, each student is required to undergo tests at the sanitary-epidemiological station (nearest to their location) and provide a set of valid medical documents:

1. **Certificate from the Sanitary-Epidemiological Station** (*Zaświadczenie do celów sanitarno-epidemiologicznych*): Obtained on the basis of relevant tests.
2. **Occupational Medicine Doctor's Certificate** (*Zaświadczenie lekarskie o braku przeciwwskazań do odbycia praktyk*): Confirms the absence of medical contraindications for completing the Practice. The examination by an occupational medicine doctor is organized collectively by the University. If it is not possible to attend the organized examination, the student must undergo the medical examination independently at the specified address. The address for the occupational medicine examination can be obtained from the dean's office (office 127).
3. **Accident Insurance** (*Ubezpieczenie NNW*): Student insurance that can be arranged, for example, at bezpieczny.pl or at any insurance company.
4. **Mandatory Civil Liability Insurance** (*Odpowiedzialność Cywilna*): Insurance covering damages caused to other people.
5. **Certificate of No Criminal Record** (*Zaświadczenie o niekaralności*): Required when completing the Practice at emergency medical services (SOR) or emergency departments. Obtained from the relevant judicial authorities in Poland.

4. Documentation and Code of Conduct

Clerkship journal

1. The clerkship journal is the primary reporting document. It can be obtained from the dean's office in paper form or independently downloaded and printed from the website.
2. During the Practice, the student records daily tasks performed and skills acquired in the clerkship journal.
3. To be admitted to the final assessment, the clerkship journal should be completed and signed by both the **Coordinator** and the **University Mentor**.

Code of Conduct and Dress Code:

- **Ethics:** Students are required to observe the norms of medical ethics and deontology, infection control rules, and safety procedures.
- **Appearance:** Neat medical attire (white coat or surgical scrubs), clean indoor footwear, hair tied back.
- **Required items:** Personal ID, a device with internet access and access to the corporate email account.

5. Final Assessment and Grading

The Practice is assessed through a final examination on the last day of the Practice. The examination is conducted by an examination committee.

Admission Requirements for the Final Assessment:

Students are admitted to the theoretical and practical parts of the examination if they have met the following conditions:

1. Fully completed the Practice program (no missed days, or all missed days have been made up in the established manner).
2. Submitted a properly completed practice clerkship journal signed by both the **Coordinator** and the **Mentor**.
3. Submitted the agreement and Practice referral to the dean's office (office 127).

Components of the Final Assessment:

1. **Review and evaluation of the practice clerkship journal.**
2. **Assessment of theoretical knowledge** (typically in the format of questions from the Practice program).
3. **Assessment of practical skills** (demonstration of practical skills on mannequins, simulators, or, with consent, on patients).
4. **Interpretation of laboratory and instrumental examination data.**

The examination result is graded on the ECTS scale in accordance with the criteria defined in the working program and entered into the academic performance record and the student's individual study plan.

Катовіце / Katowice, _____ 2026

ПІБ / Full Name: _____

Рік навчання / Year of Study: _____ Група № / Group №: _____
Факультет / Faculty (оберіть / select): _____ Faculty of Medicine Faculty of Dentistry Faculty of Pharmacy

Телефон / Phone: + _____ E-mail: _____

_____@kmu.edu.ua

ЗАЯВА / APPLICATION

про надання дозволу на індивідуально організоване проходження літньої виробничої (клінічної) практики

for permission to undertake a self-arranged clinical placement as part of the summer vocational (clinical) clerkship

Прошу надати дозвіл на проходження літньої виробничої (клінічної) практики у нижче зазначеному закладі охорони здоров'я.

I kindly request permission to undertake my summer vocational (clinical) clerkship at the healthcare institution specified below.

(Вкажіть повну назву та адресу закладу охорони здоров'я / **Please indicate the full name and address of the healthcare institution**)

Період проходження практики / Practice Period: _____ – _____ 2026

Назва практики / Practice Title: _____

Я підтверджую / I confirm that:

- Жодних фінансових претензій до Київського Медичного Університету не маю, а всі витрати, пов'язані з проходженням практики в клініці, зобов'язуюсь покривати самостійно.
- **I have no financial claims against Kyiv Medical University and undertake to cover all expenses related to the clinical practice independently.**
- У разі пошкодження майна під час практики — зобов'язуюсь компенсувати витрати.
- **In case of damage to property during clerkship, I agree to reimburse the costs.**

Дата / Date: _____ Підпис / Signature: _____

Рішення Декана / Deans Decision Надаю дозвіл / **Permission granted** Не надаю дозволу / **Permission not granted**Обґрунтування (у разі відмови) / **Justification (if denied):** _____

Дата / Date: _____ Підпис / Signature: _____

д-р Олена Хомяк, Декан по роботі з Польським Кампусом КМУ

Dr. Olena Khomiak, Dean of the KMU Polish Campus

**AGREEMENT NO./KMU/CLINIC/2026
ON THE PERFORMANCE OF VOCATIONAL (CLINICAL) CLERKSHIP
AT AN AFFILIATED CLINIC**

This **AGREEMENT ON PERFORMANCE OF VOCATIONAL (CLINICAL) CLERKSHIP** (hereinafter - "Agreement") is entered into in Katowice, Poland, on " ____ " _____ 2026 (hereinafter - "Effective Date"), between:

PRIVATE HIGHER EDUCATIONAL ESTABLISHMENT "KYIV MEDICAL UNIVERSITY", branch in Poland (hereinafter - "University"),

represented by **Oleksandr Pokanevych**, acting as President of the Kyiv Medical University and at the same time Director of the branch in Poland, acting on the basis of the Articles of Association and Bylaws of the University, on the one hand,

a

name of the clerkship base

- (hereinafter - " Clerkship Base"),

represented by:
acting on the basis of:
on the other hand.

The University and the Clerkship Base are hereinafter collectively referred to as the "Parties", and each individually as a "Party".

In connection with the support of the Humanitarian Mission "Ukrainian Medical Education Under Fire: Health Care in Danger" of the Kyiv Medical University, in order to create safe and high-quality conditions for students' learning and lecturers' work in the Republic of Poland, the Parties have reached an agreement on the following issues:

1. Based on this Agreement, the University commissions and the Clerkship Base accepts to carry out the student clerkship of the student (name), faculty in the academic year

2. Student clerkship will be conducted in accordance with the curriculum provided by the University.

3. Student clerkship will take place during the term of the Agreement, that is, from the date of signing the Agreement until

ARTICLE 1. SCOPE OF THE AGREEMENT

1.1 Under this Agreement, the University shall direct, and the Clerkship Base shall accept and conduct:

- medical clerkship
- dental clerkship
- pharmaceutical clerkship

for students and clinical residents of the University (hereinafter - "Apprentices").

1.2 The Clerkship Base shall be:

- a health care facility
- dental health care facility
- a pharmaceutical enterprise

in which the Student can acquire the necessary practical skills and professional competence.

1.3 Each Student shall complete his/her clerkship under the guidance and supervision of an employee of the University ("Clerkship Mentor") and an employee of the Clerkship Base ("Clerkship Coordinator").

1.4 The Clerkship Mentor shall be appointed by the University from among qualified academic and teaching staff.

1.5 The Clerkship Coordinator shall be appointed by the Clerkship Base from among qualified personnel.

ARTICLE 2. ORGANIZATION OF CLERKSHIP

2.1 Prior to the commencement of clerkship, the Parties shall agree on the terms and conditions and individual clerkship plans (Diary). Student internships will be held in accordance with the curriculum provided by the University. Internships are organized in accordance with European requirements, with emphasis on the development of professional competence, clinical thinking, responsibility, teamwork and ethics.

2.2 The University shall issue an official referral. The referral is made in two copies and signed by the University, the student and the representative of the Clerkship Base. One copy remains in the Clerkship Base, the other goes to the University.

2.3 The Dean and the Clerkship Coordinator shall confirm the completion of the clerkship in the clerkship Diary of each Apprentice.

2.4 The University shall ensure that Apprentices have throughout the apprenticeship period:

- valid health insurance,
- valid liability insurance.

ARTICLE 3. TERM OF THE CONTRACT

3.1 The Agreement is concluded from the date of signing of the Agreement until _____

3.2 The Agreement shall enter into force on the date of its signing by both Parties.

ARTICLE 4. OTHER PROVISIONS

4.1 All annexes and appendices are an integral part of this Agreement.

4.2 Amendments may be made only in writing with the consent of both Parties.

4.3 The Agreement is drawn up in two counterparts - one for each Party.

4.4 Contact persons responsible for communication:

- From the Clerkship Base: _____

- from the University: _____

tel. _____

e-mail: _____

ARTICLE 5. DATA OF THE PARTIES

5.1 University:

Private higher educational establishment "Kyiv Medical University", branch in Poland
120 Wroclawska Street, 41-902 Bytom

KRS: 0000993215

NIP: 2050006224

Tel/Fax: +48 452 239 662

E-mail: polishcampus@kmu.edu.ua

5.2 Clerkship base:

Name: _____

Address: _____

TAX ID / REGON: _____

Bank account number: _____

Tel: _____

E-mail: _____

5.3 In the event of a change in contact information, the Party shall inform the other Party within 5 calendar days.

SIGNATURES OF THE PARTIES

On behalf of the University:

.....
Oleksandr Pokanevych
President of Kyiv Medical University
Director of the branch in Poland

On behalf of the Clerkship Base:
.....

REFERRAL / НАПРАВЛЕННЯ

Kyiv Medical University, Polish campus

Київський медичний університет, філія в Польщі

refers Mr./Ms. to vocational clerkship / направляє пана/пані на
виробничу практику:

First and last name / Ім'я та прізвище:

Year of study / Рік навчання: _____ / **group/група:** _____

Study program (please select) / Освітня програма (вказіть):

- Medicine** (Медичний факультет)
 Dentistry (Стоматологічний факультет)
 Pharmacy (Фармацевтичний факультет)

Name of clerkship / Назва практики:

Clerkship period / Період проходження практики:

_____ 2026 – _____ 2026

Please indicate the name and address of the institution where the student will undertake the clerkship / Вказати назву та адресу закладу, де буде проходити дана особа практику

Approved by the university / Погоджено з боку університету
PhD in Medicine, Associate Professor Olena Khomiak – Dean of Polish campus

к.мед.н., доцент Олена Хомяк - декан по роботі з Польським кампусом

Signature and stamp / Підпис і печатка

STUDENT CONSENT / ЗГОДА СТУДЕНТА

I consent to the transfer of my personal data (first and last name, form of study, field of study, group) to the healthcare institution indicated above, in connection with my participation in a student's vocational clerkship.

Я надаю згоду на передачу моїх персональних даних (ПІБ, форма навчання, напрям, група) до вказаного вище закладу охорони здоров'я у зв'язку з проходженням мною студентської виробничої практики.

Katowice, date / Катовиці, дата: _____

Full name and signature of the student / ПІБ та підпис студента:

**CONFIRMATION BY THE INSTITUTION / ПІДТВЕРДЖЕННЯ
ЗАКЛАДУ ОХОРОНИ ЗДОРОВ'Я**

The healthcare institution indicated above does not object to the student's internship during the specified period /


Заклад охорони здоров'я, зазначений вище, не заперечує проти проходження студентом практики у вказаний період.

First and last name, position / ПІБ, посада:

Click or tap here to enter text. , Click or tap here to enter text.

Signature and stamp / Підпис і печатка:

 **This document has been prepared in two copies: one for the healthcare institution and one for the university.**

 Даний документ складено у двох примірниках: один — для закладу охорони здоров'я, другий — для університету.