

Student Full Name.....

Index No.

Program of the Student Vocational Internship 2023/2024

Pursuant to the education standards of July 26th 2019 (Journal of Laws of 2019, item 1573) with amendments
Approved by a resolution of the Senate of Wrocław Medical University no. 2062 from September 23rd 2019

Faculty of Medicine, 1st Year, Internship Period: 4 Weeks, 120 Hours
Subject/scope of the internship: practical training in patient care

1. **The aim of the internship:**

Practical improvement of professional skills obtained in the course of learning key occupational subjects.

2. **List of practical skills:**

List of Skills	Internship Completion Confirmation
<p>Place of internship: clinical hospitals or hospital department of health care units</p> <ol style="list-style-type: none">getting acquainted with the hospital's organizational structure,student's introduction to the nurse's role in patient care and treatment,acquisition of basic nursing skills (taking patient's temperature, pulse, checking respiratory rate, bed making technique, assistance with patient's grooming and personal hygiene, sanitary help, feeding the patient, arranging medicines for administration),learning how to administer intracutaneous, subcutaneous, and intramuscular injections, as well as preparing intravenous drip infusions,basic training in surgical treatment facilities, encompassing independent administration of subcutaneous, intracutaneous, and intramuscular injections, conducting drug sensitivity tests, and interpreting their results,mastering the techniques of preparing wound dressing materials and sterilizing surgical instruments.	<p>In the period fromto..... 2024 in:</p> <p>..... Institutional Stamp</p> <p>Name of the Internship Supervisor at the Facility:</p> <p>..... Date, Stamp, Signature of the Internship Supervisor</p>

The program of the internship is consistent with teaching standards

10 -01- 2024
Wrocław Medical University
FACULTY OF MEDICINE
DEAN
Andrzej Hendrich
prof. Andrzej Hendrich, PhD
.....
Date and Signature of the Dean of the Faculty of Medicine

I accept a vocational internship after 1st year of studies
in the academic year 2023/2024

.....
Date and Signature of the Wrocław Medical University
Internship Supervisor

To be completed by the student:

I declare that I have been informed about the requirement to have the following:

- a) accident insurance,
- b) hepatitis B vaccination,
- c) up-to-date sanitary/epidemiological certificate,
- d) obligatory documentation required to pass the internship,
- e) personal protective equipment (apron, extra shoes, protective goggles),
- f) student-prepared badge adhering to the University's template.

.....
Student Signature

**Unit Evaluation Questionnaire
 - to be completed by the student**

Name and Address of the Internship Facility:					
Year: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V					
Internship in:					
<input type="checkbox"/> Patient Care		<input type="checkbox"/> Intensive Care			
<input type="checkbox"/> General Treatment (GP)		<input type="checkbox"/> Surgery			
<input type="checkbox"/> Emergency Department		<input type="checkbox"/> Paediatrics			
<input type="checkbox"/> Internal Medicine		<input type="checkbox"/> Gynaecology and Obstetrics			
Date of internship: from to					
Rating scale from 1 to 5 1 - the lowest, 5 - the highest					
The internship improved my professional skills	1	2	3	4	5
The objectives of the internship programme were met	1	2	3	4	5
The internship allowed me to achieve the planned learning outcomes set out in the internship programme	1	2	3	4	5
Internship conditions	1	2	3	4	5
Access to the medical equipment needed for the internship	1	2	3	4	5
Time efficiency of the internship tasks	1	2	3	4	5
Overall satisfaction with the internship	1	2	3	4	5
COMMENTS:					

**Student Evaluation Questionnaire
 - to be completed by the Internship Supervisor**

Student Full Name:					
Year: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V					
Internship in:					
<input type="checkbox"/> Patient Care		<input type="checkbox"/> Intensive Care			
<input type="checkbox"/> General Treatment (GP)		<input type="checkbox"/> Surgery			
<input type="checkbox"/> Emergency Department		<input type="checkbox"/> Paediatrics			
<input type="checkbox"/> Internal Medicine		<input type="checkbox"/> Gynaecology and Obstetrics			
Date of internship: from to					
Internship Supervisor Name:					
Rating scale from 1 to 5 1 - the lowest, 5 - the highest					
Theoretical background (knowledge)	1	2	3	4	5
Practical skills	1	2	3	4	5
Communication with medical staff	1	2	3	4	5
Communication with patients	1	2	3	4	5
Student's initiative	1	2	3	4	5
Punctuality, reliability in performing assigned tasks	1	2	3	4	5
<i>Date, Supervisor Signature and Stamp</i>					
COMMENTS:					