

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)

Approved by a resolution of the Senate of Wrocław Medical University no. 2062 from September 23rd 2019

Faculty of Medicine, 3rd year, internship period: 4 weeks, 120 hours

Subject/scope of internship: internal diseases

1. **The aim of 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: internal medicine clinic or internal diseases ward</p> <ol style="list-style-type: none">enhancing comprehension of the organisational structure of the internal medicine clinic and its operational connection to the outpatient care system; learning principles of the patient admission process, medical records management, and hospital discharge procedure,mastering physical examination skills,improving the ability to identify and differentiate between common diseases, with a specific focus on acute cases,learning to accurately interpret results from lab, imaging, and pathomorphological tests,participating in medical appointments,conducting routine medical procedures such as intravenous injections, IV therapy, catheterization, and others, under the supervision of a doctor,collecting samples for diagnostic tests, including blood culture, urine culture, and swabs for bacteriological tests, under the supervision of a doctor,learning internal ward sanitary and epidemiological regulations, and methods of preventing hospital infections,participating in multi-specialty consultations.	<p>In the period from to..... 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
Andrzej Hendrich
prof. Andrzej Hendrich, PhD

.....
date and signature of Dean of the Faculty of Medicine

I accept a vocational internship after 3rd 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 possess 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:					