

Student Full Name .....

Index No. ....

**Programme of the Student Practical Training 2024/2025**

Pursuant to the education standards of July 26<sup>th</sup> 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 23<sup>rd</sup> 2019  
the Faculty of Medicine, 3<sup>rd</sup> year, period: 4 weeks, 120 hours  
Subject/scope: Practical Training in Internal Diseases

- 1. **The aim of Practical Training:**  
Practical improvement of professional skills obtained in the course of learning key occupational subjects.
- 2. **The list of practical skills:**

List of Skills	Practical Training Completion Confirmation
<p><b>Place of Practical Training:</b> in a clinic providing 24-hour healthcare or in an internal diseases department</p> <ul style="list-style-type: none"><li>1. 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,</li><li>2. mastering physical examination skills,</li><li>3. improving the ability to identify and differentiate between common diseases, with a specific focus on acute cases,</li><li>4. learning to accurately interpret results from lab, imaging, and pathomorphological tests,</li><li>5. participating in ward rounds, medical visits and consultations,</li><li>6. performing procedures commonly used in daily medical practice under the supervision of a doctor (e.g. intravenous injections, setting up intravenous drips, catheterisation),</li><li>7. collecting diagnostic samples under the supervision of a doctor, including blood culture, urine culture, and swabs for bacteriological tests,</li><li>8. learning the sanitary and epidemiological regulations applicable in internal diseases wards and methods for preventing hospital-acquired infections,</li><li>9. participating in multi-specialised consultations,</li><li>10. developing effective communication skills with patients.</li></ul>	<p>In the period from ..... to..... 2025 in:</p> <p>.....</p> <p>Institutional Stamp</p> <p>Name of the Practical Training Supervisor at the Facility:</p> <p>.....</p> <p>.....</p> <p>Date, Stamp, Signature of the Practical Training Supervisor</p>

The programme of the Practical Training is consistent with teaching standards

Uniwersytet Medyczny we Wrocławiu  
WYDZIAŁ LEKARSKI  
ODZIEKAN  
15-31-2025 dr hab. Robert Zymliński, profesor uczelni  
(4)  
date and signature of Dean of the Faculty of Medicine

I accept the Practical Training after the 3rd year of studies  
in the academic year 2024/2025

.....

Date and Signature of Wrocław Medical University  
Practical Training 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 Practical Training Facility:					
Year:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V
Practical Training in:					
<input type="checkbox"/> Patient Care		<input type="checkbox"/> Intensive Care			
<input type="checkbox"/> Primary Healthcare (General Practitioner)		<input type="checkbox"/> Surgery			
<input type="checkbox"/> Emergency Medical Aid		<input type="checkbox"/> Paediatrics			
<input type="checkbox"/> Internal Diseases		<input type="checkbox"/> Gynaecology and Midwifery			
Date of Practical Training: from ..... to .....					
Rating scale from 1 to 5 <i>1 - the lowest, 5 - the highest</i>					
The Practical Training improved my professional skills	1	2	3	4	5
The objectives of the Practical Training programme were met	1	2	3	4	5
The Practical Training allowed me to achieve the planned learning outcomes set out in the Practical Training programme	1	2	3	4	5
The Practical Training conditions	1	2	3	4	5
Access to the medical equipment needed for the Practical Training	1	2	3	4	5
Time efficiency of the Practical Training tasks	1	2	3	4	5
Overall satisfaction with the Practical Training	1	2	3	4	5
COMMENTS:					

**Student Evaluation Questionnaire**  
**- to be completed by the Practical Training 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					
Practical Training in: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Patient Care  <input type="checkbox"/> Primary Healthcare (General Practitioner)  <input type="checkbox"/> Emergency Medical Aid  <input type="checkbox"/> Internal Diseases         </div> <div style="width: 48%;"> <input type="checkbox"/> Intensive Care  <input type="checkbox"/> Surgery  <input type="checkbox"/> Paediatrics  <input type="checkbox"/> Gynaecology and Midwifery         </div> </div>					
Date of Practical Training: from ..... to .....					
Practical Training Supervisor Name:					
Rating scale from 1 to 5 <i>1 - the lowest, 5 - the highest</i>					
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
Date, Supervisor Signature and Stamp					
COMMENTS:					