

Student Full Name

Index No.

Programme of the Student Practical Training 2024/2025

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

2025 -01- 1 0

Wrocław Medical University
FACULTY OF MEDICINE
DEAN
Robert Zymliński, MD, PhD,
Associate Professor
(2)

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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Patient Care <input type="checkbox"/> Primary Healthcare (General Practitioner) <input type="checkbox"/> Emergency Medical Aid <input type="checkbox"/> Internal Diseases </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Intensive Care <input type="checkbox"/> Surgery <input type="checkbox"/> Paediatrics <input type="checkbox"/> Gynaecology and Midwifery </td> </tr> </table>						<input type="checkbox"/> Patient Care <input type="checkbox"/> Primary Healthcare (General Practitioner) <input type="checkbox"/> Emergency Medical Aid <input type="checkbox"/> Internal Diseases	<input type="checkbox"/> Intensive Care <input type="checkbox"/> Surgery <input type="checkbox"/> Paediatrics <input type="checkbox"/> Gynaecology and Midwifery
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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:					