

Student Full Name .....

Index No. ....

## Programme of the Student Practical Training 2025/2026

Pursuant to the education standards of July 26<sup>th</sup> 2023 (Journal of Laws of 2019, item 1573)

field of study: Medicine, year of study: 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> hospital internal diseases ward/hospital internal medicine ward</p> <ol style="list-style-type: none"><li>enhancing knowledge of the organisational structure of the internal medicine ward and its organisational links to outpatient care, and learning the principles of patient admission, medical record keeping, and patient discharge,</li><li>mastering physical examination skills,</li><li>improving the ability to identify and differentiate between common diseases, with a specific focus on acute cases,</li><li>improving the accurate interpretation of ECG results, laboratory, imaging, and histopathological examination results,</li><li>participating in ward rounds, medical visits, and consultations,</li><li>performing, under supervision, procedures used in the routine clinical practice of the ward (including intravenous injections, setting up intravenous drips, catheterisation, etc.),</li><li>collecting diagnostic specimens under a doctor's supervision, including blood for culture, urine for culture, and swabs for bacteriological testing,</li><li>learning the sanitary and epidemiological regulations governing the hospital internal medicine ward and the operational measures implemented to prevent hospital-acquired infections,</li><li>participating in multispecialty consultations.</li></ol>	<p>In the period from ..... to..... 2026 in:</p> <p>..... Institutional Stamp</p> <p>Name of the Practical Training Supervisor at the Facility: .....</p> <p>..... Date, Stamp, Signature of the Practical Training Supervisor</p>

The programme of the Practical Training is consistent with teaching standards

Wrocław Medical University  
FACULTY OF MEDICINE  
DEAN

Robert Zymiński, MD, PhD,  
Associate Professor  
(2)

10-12-2025

date and signature of Dean of the Faculty of Medicine

I accept the Practical Training after the 3<sup>rd</sup> year of studies  
in the academic year 2025/2026

.....  
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 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.

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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: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Patient Care</div> <div style="width: 50%;"><input type="checkbox"/> Paediatrics</div> <div style="width: 50%;"><input type="checkbox"/> Primary Healthcare (General Practitioner)</div> <div style="width: 50%;"><input type="checkbox"/> Surgery</div> <div style="width: 50%;"><input type="checkbox"/> Emergency Medical Aid</div> <div style="width: 50%;"><input type="checkbox"/> Gynaecology and Midwifery</div> <div style="width: 50%;"><input type="checkbox"/> Internal Diseases</div> <div style="width: 50%;"><input type="checkbox"/> Intensive Care</div> </div>					
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: <input type="checkbox"/> Patient Care <input type="checkbox"/> Paediatrics <input type="checkbox"/> Primary Healthcare (General Practitioner) <input type="checkbox"/> Surgery <input type="checkbox"/> Emergency Medical Aid <input type="checkbox"/> Gynaecology and Midwifery <input type="checkbox"/> Internal Diseases <input type="checkbox"/> Intensive Care					
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:					