

Student's full name .....

Index no. ....

### Program of the Student Vocational Internship 2022/2023

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

Faculty of Medicine, 1<sup>st</sup> year, internship period: 4 weeks, 120 hours  
 Subject/scope of the internship: practical training in patient care


**1. The aim of internship:**

Practical gaining of professional skills obtained during learning key subjects.

**2. List of practical skills:**

List of skills	Confirmation of completing the internship
<p><b>Place of internship:</b> clinical hospitals or hospital wards of health care units</p> <ol style="list-style-type: none"> <li>familiarizing oneself with the organization of a hospital,</li> <li>Introducing the student to the role of a nurse in the process of nursing and treating a patient,</li> <li>acquiring the basic nursing skills (taking temperature, pulse, respiratory rate, preparing and making the hospital bed, sanitary help, feeding the patient, preparing drugs for administration),</li> <li>acquiring the skills of performing intracutaneous and intramuscular injections, and preparing intravenous drip infusions,</li> <li>familiarizing oneself with the work in a surgery, including: independent performing of subcutaneous, intracutaneous and intramuscular injections, as well as doing tests for drug sensitivity and interpreting their results,</li> <li>acquiring the skills of preparing the dressing materials and surgical instruments for sterilization.</li> </ol>	<p>In the period from .....to..... 2023                      in:</p> <p>.....                      (stamp of the department/unit)</p> <p>The departmental/unit supervisor of the internship was:.....</p> <p>.....                      date, stamp, institution's stamp                      supervisor's signature</p>

The program of the internship is consistent with teaching standards

12-01-2023  
  
 prof. Andrzej Hendrich, PhD  
 date and signature of Dean of the Faculty of Medicine

I accept a vocational internship after 1st year of studies in the academic year 2022/2023

.....  
 Date and supervisor's of internship signature from University

**Completed by the student:**

I declare that I was informed about the necessity of having the following documents:

- a) accident insurance, civil liability insurance,
- b) vaccination against hepatitis B,
- c) updated sanitary-epidemiological certificate,
- d) obligatory documentation essential to get a credit for the apprenticeship,
- e) protective medical clothing (apron, extra shoes, protective goggles),
- f) badge prepared by the student (it should agree with the protocol enforced by the University).

.....  
student's signature

### Unit evaluation questionnaire

Unit's name and address of internship:					
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 medical aid		<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, where 1 – lowest, 5 - highest					
The internship has enabled to improve my professional skills	1	2	3	4	5
The internship has enabled to achieve the objectives of the programme	1	2	3	4	5
Appropriate internship conditions	1	2	3	4	5
Access to medical equipment needed for the internship	1	2	3	4	5
Time efficiency for the internship tasks	1	2	3	4	5
Satisfaction with the internship	1	2	3	4	5
COMMENTS:					

**Faculty of Medicine  
 Wroclaw Medical University**

### Student Evaluation Questionnaire

Student's 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 medical aid		<input type="checkbox"/> paediatrics			
<input type="checkbox"/> internal medicine		<input type="checkbox"/> gynaecology and obstetrics			
Date of internship: from ..... to .....					
Internship supervisor's name:					
Rating scale from 1 to 5, where 1 – lowest, 5 - 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
Activity, displaying initiative	1	2	3	4	5
Punctuality, reliability in performing assigned tasks	1	2	3	4	5
Date, supervisor's signature and stamp					
COMMENTS:					