

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, 2<sup>nd</sup> year, internship period: 4 weeks, 120 hours

Subject/scope of internship: 3 weeks (90 hours) – general treatment (GP) and 1 week (30 hours) – emergency medical aid

**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> outpatient clinics or medical health care centers or family practice</p> <p><b>General treatment</b> internship:</p> <ol style="list-style-type: none"> <li>familiarizing oneself with the field of work in an outpatient clinic (medical health care centre),</li> <li>familiarizing oneself with the methods of registering patients, types of records and systems of keeping files in an outpatient clinic or a medical health care centre,</li> <li>familiarizing oneself with principles of issuing sick leaves, medical notifications, referrals for specialist medical examinations and ways of filling them out,</li> <li>assisting the medical doctor in seeing patients in an outpatient clinic, as well as doing house calls,</li> <li>issuing, under supervision, all sorts of medical certificates, such as temporary work disability, referrals etc.,</li> <li>participating in preventive work,</li> <li>familiarizing oneself with methods of managing sanitary education,</li> <li>familiarizing oneself with the proper interpretation of essential laboratory tests.</li> </ol>	<p>In the period from .....to..... 2023</p> <p>in:</p> <p>.....</p> <p>(stamp of the department/unit)</p> <p>The departmental/unit supervisor of the internship was:.....</p> <p>.....</p> <p>date, stamp, institution's stamp supervisor's signature</p>
<p><b>Place of internship:</b> ambulance service or emergency department</p> <p><b>Emergency medical aid</b> internship:</p> <ol style="list-style-type: none"> <li>familiarizing oneself with the range of emergency aid activities (keeping medical files, certifying temporary work disability, referring patients to hospitals, transporting patients, organization of help in case of accidents, intoxications, catastrophes, illnesses etc.),</li> <li>assisting in first aid as well as patient examinations during house calls, making a diagnosis, deciding on the treatment and procedure (immediate administration of drugs, ordering additional medical appointments, transporting a patient to a hospital),</li> <li>issuing, under supervision, prescriptions and all sorts of other certifications, referrals, etc.,</li> <li>familiarizing oneself with keeping medical files by the staff of emergency medical aid ward,</li> <li>working as a medical technician either in a general emergency, CPR or pediatric ambulance, or at an emergency department,</li> <li>learning the procedures for providing assistance in life threatening conditions and in providing general first aid,</li> <li>familiarizing oneself with techniques of desmurgy.</li> </ol>	<p>In the period from .....to.....2023</p> <p>in:</p> <p>.....</p> <p>(stamp of the department/unit)</p> <p>The departmental/unit supervisor of the internship was:.....</p> <p>.....</p> <p>date, stamp, institution's stamp supervisor's signature</p>

I accept a vocational internship after 2nd year of studies in the academic year 2022/2023

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

The program of the internship is consistent with teaching standards

12-01-2023

Wrocław Medical University  
 FACULTY OF MEDICINE  
 DEAN  
*A. Herdlich*  
 prof. Andrzej Herdlich, PhD

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

**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:					

**Faculty of Medicine  
 Wrocław Medical University**

### 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
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Punctuality, reliability in performing assigned tasks	1	2	3	4	5
Date, supervisor's signature and stamp					
COMMENTS:					