

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)  
Approved by a resolution of the Senate of Wrocław Medical University no. 2062 from September 23<sup>rd</sup> 2019  
Faculty of Medicine, 3<sup>rd</sup> year, internship period: 4 weeks, 120 hours  
Subject/scope of internship: internal diseases

### 1. The aim of internship:

Practical gaining of professional skills obtained during learning key subjects.

### 2. List of practical skills:

| List od skills   | Confirmation of completing the internship  |
|--|--|
| <p><b>Place of internship:</b> clinic or a ward of internal diseases</p> <ol style="list-style-type: none"><li>1. Supplementing the knowledge about organization of an internal ward and its organizational links with outpatient clinics, familiarizing oneself with the principles of admitting patients, keeping files and discharging from hospitals</li><li>2. Improving skills of physical examination</li><li>3. Improving the skills of diagnosing and differentiating basic diseases, with special focus on acute cases</li><li>4. Familiarizing oneself with the proper interpretation of laboratory, scan and pathomorphological exam results</li><li>5. Participating in medical appointments</li><li>6. Performing medical treatments usual for a medical practice (intravenous injection, drip infusion administration, catheterization etc.)</li><li>7. Collecting samples for diagnostics examination under a physician's supervision</li><li>8. Familiarizing oneself with sanitary and epidemiological rules and regulations at a internal ward and with methods of preventing hospital infections</li><li>9. Participating in multispecialistic consultations</li></ol> | <p>In the period from ..... to ..... 2023<br/>in:</p> <p>.....<br/>(stamp of the department/unit)</p> <p>The departmental/unit supervisor of the internship was:.....</p> <p>.....<br/>date, stamp, institution's stamp<br/>supervisor's signature</p> |

The program of the internship is consistent with teaching standards

12 -01- 2023  
Wrocław Medical University  
FACULTY OF MEDICINE  
DEAN  
prof. Andrzej Hendrich, PhD  
.....  
date and signature of Dean of the Faculty of Medicine

I accept a vocational internship after 3rd 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:  |   |   |   |   |   |
|  |   |   |   |   |   |