

Student's full name

Index no.

Program of the Student Vocational Internship 2022/2023

Pursuant to the education standards of July 26th 2019 (Journal of Laws of 2019, item 1573)

Approved by a resolution of the Senate of Wrocław Medical University no. 2062 from September 23rd 2019

Faculty of Medicine, 4th year, internship period: 120 hours

Subject/scope of internship: 2 weeks (60 hours) - intensive care unit and 2 weeks (60 hours) - general surgery

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>Place of internship: intensive care unit Intensive care internship:</p> <ol style="list-style-type: none"> familiarizing oneself with the Anesthesiology and Intensive Care Unit, admission rules, keeping medical files, discharging patients, familiarizing oneself with the medical equipment used in the Anesthesiology and Intensive Care Unit, improving medical examination and diagnostic procedures especially in emergency cases, familiarizing oneself with general rules as well as different methods of analgesia and sedation, taking part in medical rounds and morning reports of a duty doctor, active and supervised participation in regular work at the ward: performing basic procedures, changing dressings, attaching IVs, collecting samples for diagnostics under doctor's supervision etc., familiarizing oneself with sanitary and epidemiological rules and regulations at Anesthesiology and Intensive Care Unit and methods of preventing hospital infections, participating in multispecialist consultations, familiarizing oneself with the proper interpretation of laboratory, scan and pathomorphological exam results, familiarizing oneself with general rules of post-operation and pain-relieving treatment as well as indications and rules of intensive care, learning the indications for undertaking, not undertaking or discontinuing resuscitation and declaring death, conducting basic and advanced resuscitation and other rescuing activities, Assessing the patient' condition according to the current regulations/point scales. 	<p>In the period from to..... 2023 in: (stamp of the department/unit)</p> <p>The departmental/unit supervisor of the internship was:..... date, stamp, institution's stamp supervisor's signature</p>
<p>Place of internship: clinic or surgical ward General surgery internship:</p> <ol style="list-style-type: none"> familiarizing oneself with the organization of a surgical ward (admissions room, operating room, rooms for wound dressing), principles of registering patients, keeping files and discharging from hospital, familiarizing oneself with the types of surgical instruments and equipment used at a surgical ward, Practicing medical examination and diagnostic procedures, especially in emergency cases Practicing wound dressing, making sutures Improving the techniques of desmurgy Learning the rules and modes of anesthesia Taking part in medical rounds and daily reports Active participation in regular work at the ward: performing basic surgical procedures, changing dressing, removing sutures, attaching IVs, collecting samples for diagnostics Learning the aseptic and antiseptic rules and the technique of preparing for surgical procedures Assisting in surgical procedures Filling out, under instruction and supervision of a doctor, the attachment for pathomorphological examination Familiarizing oneself with sanitary and epidemiological rules and regulations at the surgical ward and methods of preventing hospital infections Participating in multispecialist consultations Familiarizing oneself with the proper interpretation of laboratory, scan and pathomorphological exam results 	<p>In the period from to..... 2023 in: (stamp of the department/unit)</p> <p>The departmental/unit supervisor of the internship was:..... date, stamp, institution's stamp supervisor's signature</p>

I accept a vocational internship after 4th 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

A. Hendrich
 prof. Andrzej Hendrich, 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:					

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:					