

Student Full Name

Index No.

Program of the Student Vocational Internship 2023/2024

Pursuant to the education standards of July 26th 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 23rd 2019

Faculty of Medicine, 2nd 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 improvement of professional skills obtained in the course of learning key occupational subjects.

2. **List of practical skills:**

List of Skills	Internship Completion Confirmation
<p>Place of internship: outpatient clinic or health care center or GP practice Outpatient health care internship (GP/family medicine):</p> <ol style="list-style-type: none"> getting acquainted with the scope of work at the outpatient clinic (health care center), becoming familiar with the patient registration procedures, medical documentation and record types, maintenance protocols, and the clinic or center's record-keeping system, mastering the guidelines for issuing sick leave, medical certificates, and referrals for specialised diagnostic procedures, including the proper completion techniques of these documents, assisting the doctor in receiving and attending to patients, both at the clinic and during home visits, drafting a variety of medical certificates (under the doctor's supervision), encompassing temporary disability, referrals, and other pertinent documents, assisting in preventive healthcare initiatives, becoming familiar with hygiene and sanitary education methods, gaining expertise in accurately interpreting results of the basic laboratory tests. 	<p>In the period fromto..... 2024 in:</p> <p>.....</p> <p style="text-align: center;">Institutional Stamp</p> <p>Name of the Internship Supervisor at the Facility:</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">Date, Stamp, Signature of the Internship Supervisor</p>
<p>Place of internship: hospital emergency department or ambulance service Emergency medical aid internship:</p> <ol style="list-style-type: none"> gaining a comprehensive overview of the activities of the ER and emergency medical system units, such as record-keeping, triage, patient referrals to other hospital departments, providing transport services, and coordination of rescue operations during mass incidents such as poisonings, outbreaks, accidents, natural disasters, etc., assisting in delivering care to the patients, as well as with conducting patient examinations, determining the diagnosis and managing treatment (including administering medications as needed, recommending GP appointments, evaluating and securing vital functions, and facilitating hospital transportation), drafting prescriptions and various medical certificates, including referrals, under the supervision of a doctor, becoming acquainted with the medical records management system, participating in ambulance ride-alongs or engaging in equivalent activities within hospital emergency departments, developing proficiency in addressing critical life and health-threatening conditions, rendering medical aid, participating in both basic and advanced resuscitation techniques, and engaging in a range of other emergency aid activities, gaining proficiency with wound and fracture dressing techniques, as well as administering first aid for severe bleeding, and airway obstruction treatments, prepping patients for transport. 	<p>In the period fromto.....2024 in:</p> <p>.....</p> <p style="text-align: center;">Institutional Stamp</p> <p>Name of the Internship Supervisor at the Facility:</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">Date, Stamp, Signature of the Internship Supervisor</p>

I accept a vocational internship after 2nd year of studies in the academic year 2023/2024

.....
 Date and Signature of the Wrocław Medical University Internship Supervisor

The program of the internship is consistent with teaching standards

22 -11- 2023

Uniwersytet Medyczny we Wrocławiu
 WYDZIAŁ LEKARSKI
 DZIEKAN

 prof. dr hab. Andrzej Hendrich

.....
 Date and Signature of the Dean of the Faculty of Medicine

To be completed by the student:

I declare that I have been informed about the requirement to possess 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.

.....
Student Signature

**Student Evaluation Questionnaire
 - to be completed by the Internship 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
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 Department					<input type="checkbox"/> Paediatrics
<input type="checkbox"/> Internal Medicine					<input type="checkbox"/> Gynaecology and Obstetrics
Date of internship: from to					
Internship Supervisor Name:					
Rating scale from 1 to 5 1 - the lowest, 5 - the 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
Student's initiative	1	2	3	4	5
Punctuality, reliability in performing assigned tasks	1	2	3	4	5
<i>Date, Supervisor Signature and Stamp</i>					
COMMENTS:					

Unit Evaluation Questionnaire
 - **to be completed by the student**

Name and Address of the Internship Facility:					
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 Department		<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 <i>1 - the lowest, 5 - the highest</i>					
The internship improved my professional skills	1	2	3	4	5
The objectives of the internship programme were met	1	2	3	4	5
The internship allowed me to achieve the planned learning outcomes set out in the internship programme	1	2	3	4	5
Internship conditions	1	2	3	4	5
Access to the medical equipment needed for the internship	1	2	3	4	5
Time efficiency of the internship tasks	1	2	3	4	5
Overall satisfaction with the internship	1	2	3	4	5
COMMENTS:					

Student Evaluation Questionnaire
- to be completed by the Internship 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					
Internship in:					
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Student's initiative	1	2	3	4	5
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<i>Date, Supervisor Signature and Stamp</i>					
COMMENTS:					

Unit Evaluation Questionnaire
 - **to be completed by the student**

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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 Department		<input type="checkbox"/> Paediatrics			
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Overall satisfaction with the internship	1	2	3	4	5
COMMENTS:					