

Student Full Name .....

Index No. ....

### Program of the Student Vocational Internship 2023/2024

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, 4<sup>th</sup> 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 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><b>Place of internship:</b> hospital anaesthesiology and intensive care department  <b>Intensive care</b> internship:</p> <ol style="list-style-type: none"> <li>learning about the organisational structure of the anaesthesiology and intensive care department, gaining insights into the patient admission process, medical records management, and hospital discharge procedures,</li> <li>becoming familiar with the medical equipment used in the anaesthesiology and intensive care department,</li> <li>perfecting medical examination and diagnostic skills, with a particular emphasis on acute cases,</li> <li>becoming acquainted with the general rules and regulations, as well as with various methods of anesthesia and patient sedation,</li> <li>participating in the medical rounds and on-call doctor reports,</li> <li>actively participating in routine departmental tasks, including performing basic procedures, changing wound dressings, intravenous (IV) cannulation, and collecting samples for diagnostic tests, under the supervision of a doctor,</li> <li>learning the sanitary and epidemiological regulations of the anaesthesiology and intensive care department, as well as methods of preventing hospital infections,</li> <li>participating in multi-specialty consultations,</li> <li>learning to accurately interpret results from lab, imaging, and pathomorphological tests,</li> <li>becoming familiar with postoperative treatment principles, postoperative pain management, as well as intensive care protocols and guidelines,</li> <li>learning the criteria and indicating factors for initiating resuscitation, withholding resuscitation, or stopping resuscitation and declaring death, conducting basic and advanced resuscitation, and other critical care activities,</li> <li>evaluating patient condition using relevant rating scales.</li> </ol>	<p>In the period from ..... to..... 2024                      in:</p> <p>.....                      Institutional Stamp</p> <p>Name of the Internship Supervisor at the Facility:                      .....</p> <p>.....                      Date, Stamp, Signature of the Internship Supervisor</p>
<p><b>Place of internship:</b> surgery clinic or hospital surgical department  <b>General surgery</b> internship:</p> <ol style="list-style-type: none"> <li>learning about the organisational structure of the surgical department (admission room, operating room, wound care room), gaining insights into the patient admission process, medical records management, and hospital discharge procedures,</li> <li>becoming familiar with the various surgical instruments and medical equipment utilized in a surgical department,</li> <li>perfecting medical examination and diagnostic skills, with a particular emphasis on acute cases,</li> <li>practicing wound management skills and suturing techniques,</li> <li>improving proficiency in surgical wound care techniques,</li> <li>becoming acquainted with the anesthesia guidelines, and with various methods of patient sedation,</li> <li>participating in the medical rounds and on-call doctor reports,</li> <li>actively participating in routine departmental tasks, including performing basic surgical procedures, changing wound dressings, removing sutures, intravenous cannulation, collecting samples for diagnostic tests, under the supervision of a doctor,</li> <li>learning the aseptic and antiseptic techniques and the surgical preparation methods,</li> <li>participating in (assisting) in surgeries taking place in the operating theatre/room,</li> <li>issuing referrals for pathomorphological tests under the guidance and supervision of a doctor,</li> <li>learning the sanitary and epidemiological regulations of the surgical department, as well as methods of preventing hospital infections,</li> <li>participating in multi-specialty consultations,</li> <li>learning to accurately interpret results from lab, imaging, and pathomorphological tests.</li> </ol>	<p>In the period from ..... to..... 2024                      in:</p> <p>.....                      Institutional Stamp</p> <p>Name of the Internship Supervisor at the Facility:                      .....</p> <p>.....                      Date, Stamp, Signature of the Internship Supervisor</p>

I accept a vocational internship after 4th 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

Uniwersytet Medyczny we Wrocławiu  
 WYDZIAŁ LEKARSKI

22 -11- 2023

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

prof. dr hab. Andrzej Mendrich

**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 1 - the lowest, 5 - the highest					
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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Internship Supervisor Name:					
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Practical skills	1	2	3	4	5
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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:					