

Student's full name .....

Index no. ....

### Program of the Student Vocational Internship 2019/2020

Pursuant to the education standards of May 9<sup>th</sup> 2012 (Journal of Laws of 2012, item 631)

Approved by a resolution of the Senate of Wrocław Medical University no. 2020 from April 24<sup>th</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 of skills	Confirmation of completing the internship
<p><b>Place of internship:</b> clinics or a ward of internal diseases</p> <ol style="list-style-type: none"> <li>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>Improving skills of physical examination</li> <li>Improving the skills of diagnosing and differentiating basic diseases, with special focus on acute cases</li> <li>Familiarizing oneself with the proper interpretation of laboratory, scan and pathomorphological exam results</li> <li>Participating in medical appointments</li> <li>Performing medical treatments usual for a medical practice (intravenous injection, drip infusion administration, catheterization etc.)</li> <li>Collecting samples for diagnostics examination under a physician's supervision</li> <li>Familiarizing oneself with sanitary and epidemiological rules and regulations at a internal ward and with methods of preventing hospital infections</li> <li>Participating in multispecialistic consultations</li> </ol>	<p>In the period from ..... to.....                  2020 in:</p> <p>.....                  (stamp of the department/unit)</p> <p>The departmental/unit supervisor of the internship was:.....</p> <p>.....                  date, stamp, institution's stamp                  supervisor's signature</p>

**REMARKS:** During the 4-week internship the student is obliged to participate in four 24-hour duties, during which they assist a medical doctor in charge in all medical procedures (admitting patients, performing treatments necessary for saving life, taking part in afternoon medical appointments). Each duty applies to 2 working days of internship.

The program of the internship is consistent with teaching standards

24 -02- 2020

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 2019/2020

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

**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).

I confirm the receipt of the internship program.

.....  
student's signature