**Report from practical internship within K10**

In order to fulfil a curriculum of the 5th year students are required to complete a 2 – week hospital practice.

**Surname and First names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**From**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (10 working days)

**Please describe the procedure and specify whether you performed the procedure or watched/assisted the procedure** **done by the medical personnel** (e.g. admitting patients to the hospital, abdominal ultrasound examination, etc.)

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| **procedure** | **performed** | **assisted** |
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**Please briefly describe the content of the clinical internship within the subject K10**,

i.e. what field the doctor you shadowed works in, did you have the opportunity to see the operation of the department or the ambulance, and to observe various examinations or surgery and the like, or what interested you the most.

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In order to gain credit for K10 submit the report to the Study department.

Place of internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and signature of the tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_