STATEMENT

This form should be completed, signed and stamped by an authorised representative of an accredited health service institution located in an EU/USA Member State and providing the traineeship.

Name of the student completing the traineeship: ...........................................................................................................

I. Data of the state-recognised institute of higher education providing accreditation to the health institution of the traineeship

Name: ..........................................................................................................................................................................

Full address: ...............................................................................................................................................................

Data of state accreditation document

Number: ..........................................................................................................................................................................

Date: ...............................................................................................................................................................................

II. Data of the accredited health institution providing traineeship

Name: ..........................................................................................................................................................................

Full address: ...............................................................................................................................................................

Data of accreditation document issued by the relevant state:

Number: ..........................................................................................................................................................................

Date: ...............................................................................................................................................................................

Data of accreditation

Field (surgery, etc.): ......................................................................................................................................................

Length (start and expiry): ............................................................................................................................................... 

As the authorised representative of the accredited health service institution providing traineeship, I hereby declare that the data included in this document are true and correct.

I hereby declare, that our institution is able to ensure the acquirement of the skills in Nursing defined in the list below.

Practical syllabus of the famation (Nursing)

Nursing Course - 1 month, 186 hours

Week 1
An introduction to the structure of a hospital as an institution for attending patients.
1. In-patient department
2. Out-patient department
3. Auxiliary departments (X-ray, labs, physiotherapy, etc.)
4. Departments of Administration (warden’s office, cashier’s office, etc.)
5. Service departments (kitchen, storeroom, laundry, etc.)
Getting acquainted with the ward and its connected parts
The structure and hygiene of the ward
Daily active participation in keeping order in the ward
Getting acquainted with the equipment of the ward
Cleaning beds and bedside tables after discharging of patients (cleaning, disinfection)
Making beds with help and alone (for walking cases)
Helping with discharging patients

Week 2
(practicing the things learnt in the previous week)
Making beds with turnable bedcase (first with nurse’s help)
Use of comfort equipment (under supervision)
Disinfectants in the ward
Cleaning and sterilization of bedpans, urinals and spittoons
Helping with taking temperatures, sterilization of thermometers
Helping with serving food
Helping with feeding bed patients

**Week 3**

(practicing the things learnt in the previous two weeks)
Helping with making the beds of patients unable to move
Helping with changing beds of patients unable to move
Helping with moving active and passive patients in bed
Helping with the patients’ placing in chairs, stretchers and wheelchairs
Helping with the washing of not seriously ill patients, mouth hygiene and nail care
Helping with the dressing and undressing of the patients
Taking temperatures
Practicing how to feel the pulse
Helping with keeping linen cupboards, wardrobes and equipment clean and tidy

**Week 4**

(practicing the things learnt in the previous 3 weeks)
Attending patients in the morning without help (washing, cleaning the mouth and nails, combing, making beds)
Helping with comfort equipment without help
Helping with cold and warm treatment, applying compresses, stupes, ice bags, thermofors
Practicing to keep temperature and pulse charts
Working with syringe, practicing pumping
Helping to sterilize the syringe (the importance of sterilization)
Helping with preparing and sending samples to the labs, filling up guide slips
Staying in the lab for one or two days, or 12 hours per day favourably in the department’s lab helping and practicing urine analysis
Before starting the practice, it is advisable that the head nurse or an experienced nurse should give introductory explanations.

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Name: ......................................................... Signature: .........................................................

Title/position: .............................................................................................................................

Organisational unit: ....................................................................................................................

Date: ...........................................................................................................................................

Institute stamp: