**CERTIFICATON**

of completed famulus practice

**Data of the state-recognised Medical School providing the training**

Name of the institute providing traineeship:

Full address:

Name of the student completing the traineeship:

Length (start and expiry) of the traineeship:

As the authorised representative of the above named institute providing the training, I hereby declare that the above named student has attained the skills defined in the list below during his/her traineeship in Summer (nursing) practical.

**Practical syllabus of the famulation**

**(Summer (nursing) practical)**

*1st week: Introduction to the operating of the ward. Observing nursing activities, assessment and documentation of nursing needs, and patient’s environment. Actively taking part in everyday nursing care of patients with the support of nurses. Observing and acquiring communication skills with patients. Observing laboratory and other examination procedures, as well as preparation of patient for surgery/examination. Learning the use of personal protective equipment, as well as hygienic and antiseptic hand washing. Learning basic skills, protocol, and ward devices for resuscitation.*

*2nd week: Independent nursing care patient admission, measurement of weight, height, blood pressure, pulse, temperature, respiration, blood glucose, assessment of needs, documentation. Development of patient’s environment. Assistance with performance of ECG. Observe administration of medication, blood collection, administration of injection, placement of venous cannula, infusion and transfusion therapy, assistance in preparation, recognition of minor local complications. Administration of subcutaneous and intramuscular injection under supervision of nurse.*

*3rd week: Blood collection, administering injection, placement of venous cannula under supervision of nurse. Continuous practice of knowledge acquired during the first two weeks.*

*4th week: Continuous practice of knowledge acquired during the first three weeks.*

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**Practice evaluation (practical grade):**

Failure (1)

Passing (2)

Fair (3)

Good (4)

Excellent (5)

Please underline the appropriate grade.

Name: Signature:

Title/position:

Organisational unit:

Date:

Institute stamp: