

Semmelweis University, Faculty of Medicine - undivided, one-tier training in general medicine

Name of the host institution (and any contributing institution):

Gyermekgyógyászati Klinika - Bókay utcai részleg

Name of subject in Hungarian: Gyermekgyógyászat

Name of subject in English: Pediatrics

Name of subject in German: Kinderheilkunde

Credit value of the course: 6

Semester: 11th semester, 12th semester

(in which the subject is taught according to the curriculum)

Weekly hours	Lecture	Practice	Seminar
0.0	0.0	0.0	0.0

Semester hours	Lecture	Practice	Seminar
240.0	0.0	240.0	0.0

Type of course:

obligatory

Academic year:

2026/27

Language of instruction (for optional and elective subjects):

english

Course code:

AOKGY1848_SA

(in the case of a new course, to be completed by the Dean's Office, following approval)

Course coordinator name: Dr. Szabó Attila József (Klinika igazgató)

Course coordinator location of work, telephone availability: 06-1-334-3186

Course coordinator position: Head of Department of Pediatrics

Course coordinator Date and number of habilitation: Budapest, June 7.2010. , No: 310

Objectives of the course, and its place in the curriculum of the medical training program:

The main task of the students is to acquire basic skills and knowledge in the field of infant and pediatric medicine. In the 6th year, independent patient care is provided under the guidance and supervision of specialist physicians, which includes patient examination, attendance, independent patient referral, and documentation of patient care.

Format of the course (lectures, group work, practical lessons, etc.):

practice

Competencies acquired through completion of course:

Infant and pediatric medicine is a specialization dealing with special problems and diseases of a large population. Our goal for newly graduated physicians is to possess advanced theoretical and practical knowledge at the end of their university studies and to be able to practice independent medical practice in the field of infant and pediatric medicine.

Course outcome (names and NEPTUN ID of related subjects):**Prerequisites for course registration and completion: (NEPTUN ID):**

Internal Medicine II, Pediatrics, Clinical Genetics

In the case of multi-semester courses, position on the possibility of and conditions for concurrent registration:

not applicable

The number of students required to start the course (minimum, maximum), method of selecting participants:

Based on Neptun registration, max. 20 Students/group

Detailed course syllabus (if the course can be divided into modules, please indicate): (Theoretical and practical instruction must be broken down into hours (weeks), numbered separately; names of instructors and lecturers must be listed, indicating guest lecturers/instructors. It cannot be attached separately! For guest lecturers, attachment of CV is required in all cases!)

According to the curriculum, 6th year medical students should complete a 6-week Pediatric practical.

- During one half of the practical, students work in infants' wards, in the other part in children's wards. This way they can acquire and practice the following activities on both infants and children:
- Taking of pulse and blood pressure, correct weight and height measurement (also of infants) (use

of percentile tables).

- Under the supervision of the ward physician, active participation in blood sampling, taking throat swab etc.
- Under the supervision of the ward physician, practice of various injection techniques (venous, im, sc and Mantoux test).
- Preparation and control of infusion and transfusion accessories and performing these activities under the supervision of the ward physician. Determination of blood group.
- To assist to special diagnostic or therapeutic interventions and learning eventually to perform them under the supervision of the ward physician (bonemarrow sampling, lumbar puncture).
- Based on the knowledge of the necessary physiological studium: blood counting and urine analysis (also the sediment).
- Taking of case records and temperature charts.
- Participation in the daily rounds for students, where simpler differential diagnostic questions are discussed with the instructions of a full or associate professor.
- Participation in tutorials held on the most important theoretical subjects, enabling students to get acquainted with the standpoint of the hospital in debated questions.
- In addition to the above, students are expected to be able to contact children patients of various ages (to win the patients for the examination), to do basic nursing duties (feeding, drinking, bathing, changing of infants' diapers, administering of medicaments).
- Working in the wards: a) ward round (physical examination, discuss about illnesses, therapy, different diagnoses, etc.) b) follow up on patients c) paperwork (status of physical findings, decursus, discharge report, etc.) d) diagnostic procedures (venapuncture, urine collection, etc.) - Ward round participation

Agócs Róbert, Balogh Ádám, Becsei Dóra, Bednárík Mihály, Boczkó Zita, Bojtár Zsüliet, Czifrus Eszter, Cseh Áron, Elblibger Zsuzsanna, Etlinger Péter, Détár Máté, Horváth Éva, Kincs Judit, Kiss Andás, Kardics Kinga, Kossuth Laura, Legeza Balázs, Makai Márton, Mikes Bálint, Muzslay Eszter, Nagy Csilla, Pál Vanda, Pernecki Andrea, Prehoda Bence, Rohács Diána, Stark Bence, Tallós Zsuzsanna, Vámos Anna, Végh Anna, Vicenc Bonet Mateu.

Other courses with overlapping topics (obligatory, optional, or elective courses) in interdisciplinary areas. To minimize overlaps, topics should be coordinated. NEPTUN ID(s) of courses (to be provided):

Requirements for attendance, options for making up missed sessions, and method of absence justification:

Wearing a white lab coat and bringing/using a stethoscope is mandatory during practice. Students confirm their daily presence by signing in the attendance sheet.

Assessment methods during semester (number, topics, and dates of midterms and reports, method of inclusion in the course grade, opportunities for make-up and improvement of marks):

(number, topics, and dates of midterms and reports, method of inclusion in the course grade, opportunities for make-up and improvement of marks)

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Number and type of individual assignments to be completed, submission deadlines:

none

Requirements for the successful completion of the course:

Completion of rotation and practical exam. The completion of the interventions and the presentation of the attendance sheet signed by the designated tutors are a prerequisite for the oral examination. Absence and makeup are based on the Study and Examination Regulations.

Type of assessment:

comprehensive examination

Exam requirements (list of topics, topics of the test exam, and the optional project topics accepted as an exam)

Screening questions

- 1) Imaging modality of choice when evaluating a child for infantile hypertrophic pyloric stenosis: **ultrasonography**.
- 2) Typical age of intussusception in infants: **3 months - 3 years**
- 3) What are the two typical anamnestic features of acute appendicitis? **First epigastric and periumbilical pain, later the pain is localized in the right lower abdominal quadrant.**
- 4) Standard imaging modality of polytraumatized patients: **acute CT**.
- 5) Most common cause of acute abdomen in children: **appendicitis**.

- 6) Which is the most common cause of strangulation ileus? **Incarcerated hernia.**
- 7) The most common cause of transfusion-requiring hematochezia, without abdominal pain and without diarrhea: **Meckel's diverticulum**
- 8) You find a high GGT in a patient with ulcerative colitis, what should you think about? **Sclerosing cholangitis.**
- 9) What are the typical characteristics of perianal fissures in Crohn's disease? **Not in the midline, deep, not painful.**
- 10) What is the first therapeutic choice in Crohn's disease? **Exclusive enteral nutrition.**
- 11) What are the two most frequent chest deformities? **Pectus excavatum and pectus carinatum.**
- 12) What are typical signs of bacterial otitis externa? **Pain and/or tenderness of the tragus.**
- 13) What are the 4 most important indications of adenoidectomy? **Recurrent infections of the upper respiratory tract, recurrent otitis media, inhibition of nasal breathing, obstructive sleep apnea.**
- 14) The most frequent pathogen of sinusitis and otitis media? **Str. pneumoniae.**
- 15) In which cases of middle-ear inflammatory disease should we suggest tympanostomy tubes (Grommet)? **Chronic serous otitis media and/or chronic dysfunction of the Eustachian tube.**
- 16) What is the most frequent pathogen in urinary tract infections? **E. coli.**
- 17) What are the typical abnormalities in urine analysis in glomerulonephritis? **Red blood cells and red blood cell cylinders. Proteinuria can also appear.**
- 18) What is the most frequent cause of hypertension before the adolescent age? **Kidney disease.**
- 19) Which is the most frequent glomerulonephritis type? **IgA nephropathy.**
- 20) What is the prognosis of West-syndrome or infantile spasm? **Usually poor.**
- 21) Which bacterium is the most frequent cause of childhood pneumonia? **Str. pneumoniae.**
- 22) What are the two main components of the treatment of pseudocroup? **Rectal steroid, inhalation of adrenaline.**
- 23) What is the most common cause of new onset cough? **Viral infection.**
- 24) What is the Holzknecht sign characteristic for? **Airway foreign body aspiration.**
- 25) What is the most common cause of a cough ongoing since birth which always presents during feeding? **Tracheoesophageal fistula.**

- 26) What percentage of the mortality is caused by accidents in Hungary in children older than 1 year? **36-40%, this is the main cause of death in children older than 1 year.**
- 27) What is the prognosis of juvenile absence epilepsy? **Usually favorable.**
- 28) What can prevent coronary artery disease (aneurysm) in Kawasaki syndrome? **IVIG.**
- 29) What is the most serious complication of juvenile idiopathic arthritis? **Macrophage activation syndrome (MAS).**
- 30) Which muscles are affected in juvenile polymyositis? **Proximal muscles of the limbs.**
- 31) What is the typical feature of stool in biliary atresia? **Clay-colored (acholic) stool.**
- 32) What kind of diseases are included in `atopic march` and in which order? **Atopic dermatitis food allergy - asthma bronchiale - allergic rhinitis.**
- 33) How is food allergy diagnosed? What is the reliability of IgE testing? **IgE testing is not reliable. The diagnosis should be based on double blind oral food challenge.**
- 34) In which case serological testing is not informative in celiac disease. **In IgA deficiency.**
- 35) What is the diagnostic basis of endocarditis? **Blood culture and echocardiography.**
- 36) What are the upper airway infections that should be treated with antibiotics? **Streptococcus angina, acute otitis media and acute bacterial sinusitis.**
- 37) What is the diagnostic basis of erythema migrans? **The fact of tick bite and the clinical picture: growing erythema which is more than 5 cm in diameter.**
- 38) What is the ideal age for closing the soft palate defect? **Between 9 and 18 months.**
- 39) What is the most likely diagnosis in the following case: patient with polyuria, polydipsia with positive urine glucose and acetone test? **Diabetes mellitus.**
- 40) A patient with typical diabetes symptoms has a 18.2 mmol/l blood sugar level in the afternoon. What is to be done? **Refer the child to a pediatric diabetic center immediately.**
- 41) What kind of hormonal changes are seen in the salt wasting form of congenital adrenal hyperplasia due to deficiency of 21-hydroxylase? **Insufficient glucocorticoid and mineralocorticoid secretion, excessive androgen secretion.**
- 42) How does the mother's iodine deficiency influence the newborn's thyroid function? **It results in temporary primary hypothyroidism.**
- 43) Which is the most common adrenocortical enzyme defect? **The defect of the 21-hydroxylase enzyme.**
- 44) What are the most typical histologic findings in ulcerative colitis? **Crypt abscesses.**
- 45) Name at least 5 extraintestinal abnormalities in celiac disease: **hepatitis,**

osteoporosis, arthritis, isolated iron deficiency, Duhring-disease (dermatitis herpetiformis).

46) What is the definition of “graft versus leukemia”? Immunologic attack of the donor cells against the patient's leukaemic cells after allogeneic bone marrow transplantation.

47) What is a haploidentical transplant? Half matched HLA antigen stem cell transplant (from usually a family member).

48) What does allogeneic stem cell transplant mean? The patient (recipient) gets hematopoietic stem cells from another person (donor).

49) What glucose levels are diagnostic for diabetes mellitus? Fasting blood glucose level higher than 7 mmol/l, or more than 11.1 mmol/l at any time or at any point during an oral glucose tolerance test (OGTT).

50) Which are the 4 presenting symptoms of diabetes mellitus? Polyuria, polydipsia, weight loss with good appetite, fatigue-weakness.

51) What are the diseases most commonly associated with type 1 diabetes mellitus? Celiac disease and Hashimoto thyroiditis.

52) What is the most modern therapeutic method of type-one diabetes? Insulin pump with an integrated glucose sensor.

53) How much insulin should be given in diabetic ketoacidosis? 0.05-0.1 U/kg/h

54) Since the introduction of expanded screening, how many congenital metabolic diseases are screened routinely in Hungary? 27 and SMA screening is also available.

55) The final therapy of biliary atresia is liver transplantation. There is a surgical bridging therapy before transplantation. What is the name of this operation? Kasai porto-enterostomy.

56) How often should a baby be breastfed? On-demand.

57) When is it suggested to introduce cow's milk for children? After 12 months of age.

58) How does the breast milk's protein content relate to the cow's milk protein content? One third.

59) What are the most important diseases which can be easily diagnosed and followed up by cranial ultrasound? Brain hemorrhage and hydrocephalus.

60) For how long can we see the shadow of the thymus on the thoracic X-ray? Until 3 years of age.

61) What radiological examinations can be done to diagnose VUR? (Name three!). MCU (Micturating cystourethrogram), Sono-cystography, Dynamic kidney-scintigraphy.

62) How can you diagnose perforation in a critically ill baby with necrotizing enterocolitis if you cannot move them in the incubator? Horizontal X-ray from side position while the baby is lying on the back.

- 63) In which part of the bone does osteomyelitis start? **In the metaphysis.**
- 64) How long to wait after surgery before bathing? **7-8 days.**
- 65) What is chicken pox (varicella) reactivation called? **Herpes zoster.**
- 66) What is the sixth disease? **Exanthema subitum, roseola infantum.**
- 67) Which is the contagious disease that causes severe fetal injuries in 80 percent of its cases? **Rubella.**
- 68) Name at least five examples when pulse oximetry is not informative! **Carbon-dioxide intoxication, methemoglobinemia, severe anemia, cardiac failure, cold extremities.**
- 69) Define paradoxical breathing! **The chest moves inward and the abdomen moves outward during inhalation, and vice versa.**
- 70) How do we give oxygen to a conscious patient in an emergency situation who is breathing spontaneously? **Through a face mask with a reservoir, with high flow oxygen (10-15 l/min).**
- 71) How does the concentration of protein and glucose of CSF change in bacterial meningitis? **Protein concentration is increased, glucose concentration is decreased.**
- 72) Name of the two most common pathogens of newborn meningitis! **Streptococcus agalactiae, E. coli.**
- 73) What affects the sensitivity of blood culture? **The amount of blood drawn within 24 hours after the fever.**
- 74) Name the condition of infants associated with abdominal pain in which bowel movements are preceded by tension and crying lasting for about 10 minutes? **Infantile dyschezia**
- 75) The pathogen causing neonatal infection that can be identified by maternal vaginal secretion screening. **Streptococcus agalactiae. (group B Streptococcus, GBS)**
- 76) The amount of a single fluid bolus required to treat septic shock: **10 ml/kg.**
- 77) The most common endocrine disorder causing growth retardation: **Thyroid dysfunction - hypothyroidism.**
- 78) What does precocious puberty mean in the case of girls? **If the *secondary sexual characteristics* appears before the age of 8 years**
- 79) What changes can we see in the urine sediment in typical pyelonephritis? **Leukocytes and bacteria**
- 80) In which chromosomal abnormality is duodenal atresia common? **Trisomy 21 (Down syndrome)**
- 81) What is the radiological sign of duodenal atresia? **„Double-bubble” sign**

- 82) What are the B-symptoms in lymphoma? **Fever, night sweats, weight loss.** 83) At what platelet count is there major risk of bleeding? **Below 10-20 G/l**
- 84) What to do in case of neutropenic fever? **Broad spectrum empiric antibiotic therapy after taking blood cultures.**
- 85) What are the serum electrolyte disturbances in case of tumor lysis syndrome? **Elevated potassium, phosphate and uric acid, decreased calcium.**
- 86) What are the alarming signs of retinoblastoma? What examinations are required? **Strabism, leukocoria - ophthalmoscopic examination.**
- 87) What is the most common type of malignancy in childhood? **ALL.**
- 88) What are the symptoms of increased intracranial pressure? **Headache, vomiting in the morning, nuchal rigidity, setting-sun sign, focal neurological signs, bradycardia, high blood pressure, irritability, bulging fontanelle.**
- 89) What are the physical symptoms of anemia? **Fatigue, paleness, tachycardia, systolic heart murmurs.**
- 90) How does the total iron binding capacity change in case of anemia and inflammation? **Increased in anemia, decreased in inflammation.**
- 91) What is the treatment of immune thrombocytopenia (first- and second-line treatment.)? **IVIG, corticosteroid**
- 92) List the signs of increased work of breathing! **Use of respiratory accessory muscles, intercostal retraction, jugular retraction, nasal flaring, paradoxical breathing, grunting.**
- 93) At what age do the fontanelles close at the latest? **Posterior fontanelle: by 3 months, anterior fontanelle: by 18 months.**
- 94) What are the symptoms and laboratory signs of nephrotic syndrome? **Proteinuria, hypoalbuminemia, hyperlipidemia, oedema.**
- 95) What are the symptoms and laboratory signs of nephritic syndrome? **Hematuria, oedema hypertension, uraemia, oliguria (kidney failure is correct instead of the latter two).**
- 96) What factors are included in the APGAR score? **Heart rate, respiratory rate, skin color, reflex irritability, muscle tone.**
- 97) Age limits of puberty? **Boys: 9-14 years. Girls: 8-13 years.**
- 98) What are the direct and indirect signs of appendicitis? **Direct sign: tenderness at the McBurney point. Indirect signs: Blumberg, Rovsing, Obturator, Psoas signs.**
- 99) How can we estimate the body weight between the ages of 2-8 years? **(2 x years) + 8.**
- 100) What does autologous stem cell transplantation mean? **A procedure in which a patient's healthy stem cells are collected from the blood or bone marrow before high**

dose chemotherapy, stored, and then given back to the patient after treatment.

101) What is the heart rate and respiratory rate of a healthy newborn? **Respiratory rate: 50-60/min, Heart rate: 120-160/min.**

102) Which cultured pathogen from throat swabs warrants antibiotic treatment? **Str. pyogenes.**

103) In case of maternal GBS positivity, up to what age can this bacteria cause disease in the baby? **Up to six months of age.**

104) What is the recommended empiric treatment of neonates with suspected sepsis? **Ampicillin + Gentamycin.**

105) What factors are included in the croup score? **Sound of inhalation, stridor, cough, signs of dyspnea (nasal flaring, retractions), cyanosis.**

106) In case of pain localized to one point in the bone, when should we order an X-ray if the pain does not stop? **1 week**

107) What is the choice of imaging modality if acute osteomyelitis is suspected? **MRI**

108) What is the most common presentation of cow's milk protein allergy in infants? **Bloody stool**

109) Which disease should be suspected in case of bloody stool and vomiting in neonates? **Volvulus**

110) Which disease should be suspected in case of neonates with distended abdomen and severe constipation? **Hirschsprung-disease**

Topics in Pediatrics for 6th year medical students

Differential diagnosis (I.)

1. Differential diagnosis of lymphadenomegaly
2. Abdominal tumours - different diagnosis and treatment
3. Differential diagnosis of childhood anaemias
4. Differential diagnosis of bleeding disorders and immunthrombopenia
5. Differential diagnosis of headaches in children
6. Differential diagnosis of hypertension in children
7. Differential diagnosis of obesity in children

8. Differential diagnosis of polyuria and polydipsia
9. Differential diagnosis of oedema
10. Differential diagnosis of haematuria
11. Differential diagnosis of joint pain
12. Differential diagnosis of fever of unknown origin
13. Differential diagnosis of coughing
14. Differential diagnosis of vomiting
15. Differential diagnosis of diarrhoea
16. Differential diagnosis of bloody stool
17. Differential diagnosis of hepatomegaly, splenomegaly.
18. Differential diagnosis of constipation, Hirschprung's disease
19. Differential diagnosis of sore throat
20. Differential diagnosis of acute and chronic abdominal pain
21. Unconsciousness, altered consciousness
22. Failure to thrive in infancy and childhood
23. Neonatal jaundice

General and Emergency Paediatrics (II.)

1. Oncological emergencies (tumour lysis syndrome, neutropenic fever, hyperleukocytosis, VCS syndrome)
2. Alarming signs and necessary examinations in diseases involving the CNS, eg. elevated ICP. Lumbar puncture
3. Symptoms of primary and secondary immunodeficiency
4. The nutrition of the healthy infant and child, nutrition of preterm neonates, caloric needs, nutrition therapy

5. Definition, causes and investigation of malnutrition
6. The prevention on infectious diseases, immunisation
7. Gastrointestinal obstruction in neonates (meconium ileus, pylorus stenosis, intestinal atresia)
8. Diaphragmatic hernia, lung development disorders
9. Acute abdomen in children: ileus, volvulus, invagination, appendicitis, incarcerated hernia, complications (short bowel syndrome)
10. Acute pain and antipyretic treatment (pharmacological and non-pharmacological methods)
11. Neonatal life support. APGAR score
12. Paediatric life support (2025 ERC guideline)
13. Recognition and treatment of shock, different shock types
14. Disorders of fluid balance, treatment (severe dehydration, infusion solutions)
15. Electrolyte disorders (hypo- and hypernatraemia, hypo- and hyperkalaemia)
16. Recognition and emergency treatment of acute respiratory failure
17. Emergency treatment of seizures and status epilepticus
18. Signs of intoxication in children, decontamination
19. Sudden infant death syndrome
20. Recognition and emergency treatment of sepsis and septic shock
21. Metabolic and respiratory acidosis, metabolic and respiratory alkalosis
22. Symptoms and treatment of hypoglycaemia
23. Perinatal terminology, mortality data and concepts related to gestation and birth.
24. Newborn screening, genetical screening, prevention
25. Physiological growth, anthropometry, normal development, normal values for age from newborn to school age
26. Disorders of neonatal adaptation
27. Perinatal asphyxia

28. Obstructive bronchitis, asthma
29. Epiglottitis, croup, foreign body aspiration
30. Pertussis sy, RSV, bronchiolitis
31. Causes and treatment of acute gastroenteritis
32. Fever in infants and toddlers
33. Symptoms and signs of allergy. Anaphylaxis.

Specific diseases (III.)

1. Leukaemias
2. Tumors of the central nervous system, retinoblastoma
3. Most common solid tumors in children (Neuroblastoma, Wilms-tumor, bone- and soft tissue tumors)
4. Brain injury in neonates. Neonatal seizures, Infantile cerebral palsy
5. Infectious diseases of the CNS (meningitis, encephalitis, abscess)
6. Childhood epilepsy. Febrile seizures.
7. Neuromuscular disorders
8. Eating disorders in childhood
9. Behavioural disorders in childhood (autism spectrum disorder, ADHD, tic-disorder)
10. Congenital adrenal hyperplasia
11. Growth disorders
12. Disorders of puberty, gonadal disorders
13. Congenital hypothyreosis
14. Diabetes mellitus, hyperglycaemia, diabetic ketoacidosis
15. Congenital anomalies of the urinary tract, cystic renal disorders
16. Glomerular disorders

17. Haemolytic uremic syndrome
18. Urinary tract infections
19. Acute renal failure
20. Chronic renal failure
21. Juvenile idiopathic arthritis
22. Septic arthritis, osteomyelitis
23. Pediatric SLE
24. Vasculitis in childhood
25. Pneumonia. Most common pathogens by age
26. Cystic fibrosis
27. Malabsorption (celiac disease, lactose and fructose intolerance)
28. Inflammatory bowel diseases
29. Acute liver failure, acute hepatitis
30. Neonatal infections
31. Fever with a rash in childhood
32. Mononucleosis syndrome
33. Complications of prematurity (BPD, ROP, NEC, IVH)
34. Acyanotic congenital heart diseases
35. Cyanotic congenital heart diseases
36. Disorders of the ear
37. Vitamin-D deficiency
38. Non-accidental injury in childhood
39. Staphylococcal diseases, toxic shock syndrome

Clear, specific minimum requirements for assessment. (The list of mandatory concepts,

parameters, diagrams, calculations, and practical skills required to obtain a passing grade, as well as the criteria for the completion and evaluation of project assignments accepted as an exam.) A link published on the department's website referring to the minimum requirements of the course.

PEDIATRICS Course material – Faculty of General Medicine 5th year

Method and type of grading (Share of theoretical and practical examinations in the overall evaluation. Inclusion of the results in the end-of-term assessment. Possibilities of and conditions for offered grades.): (Share of theoretical and practical examinations in the overall evaluation, Inclusion of the results in the end-of-term assessment, Possibilities of and conditions for offered grades)

Exam consists of a practical and an oral part. Practical exam takes place the day before the oral exam. Practical exam is not graded and it is a requirement for the oral exam.

There is an entry question for the oral exam followed by three topics, which will be graded.

Artificial intelligence systems used in the teaching of the subject and the manner of their application

The use of learning aids supported by artificial intelligence is permitted; however, they are not considered official sources of information or educational material and may not be used during the exams.

List of coursebooks, textbooks, study aids and literature facilitating the acquisition of knowledge to complete the course and included in the assessment, precisely indicating which requirement each item is related to (e.g., topic by topic) as well as a list of important technical and other applicable study aids; possibility of individual or group student consultation, if available:

Online resources:

Type	Recommended
Title	PEDIATRICS Course material – Faculty of General Medicine 5th year
Link	https://itc.semmelweis.hu/moodle/pluginfile.php/593880/mod_resource/content/1/ANGOLegyetemijegyzetiszt%C3%A1zott.pdf

Printed resources:

Type	Recommended
Author	Tom Lissauer, Graham Clayden
Title	Illustrated Textbook of Paediatrics (Fourth Edition)
Publisher	Elsevier Mosby
Year of publication	2011

Type	Recommended
Author	William W. Hay, Jr., Myron J. Levin, Robin R. Deterding, Mark J. Abzug
Title	Current Diagnosis&Treatment Pediatrics.23rd edition,
Publisher	Lange
Year of publication	2016

Signature of habilitated instructor (course coordinator) announcing the course:

Signature of the director of the host institution:

Date of submission:
