TEACHING HOSPITAL STATEMENT

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

1. DATA OF THE STATE-RECOGNIZED INSTITUTION OF HIGHER EDUCATION PROVIDING ACCREDITATION TO THE HEALTH INSTITUTION OF THE INTERNSHIP

Name*: ____________________________________________________________
Full address*: ______________________________________________________

DATA OF STATE ACCREDITATION DOCUMENT

Number*: _____________________________ Date of accreditation*: ________________

2. DATA OF THE ACCREDITED HEALTH INSTITUTION PROVIDING INTERNSHIP

Name*: ____________________________________________________________
Full address*: ______________________________________________________

DATA OF ACCREDITATION DOCUMENT ISSUED BY THE RELEVANT STATE:

Number*: _____________________________ Date of accreditation*: ________________

DATA OF ACCREDITATION:

Field (surgery, etc.)*: __________________________________________________
Validity (start and expiry dates)*: ________________________________________

STUDENT DATA

Name*: ____________________________________________________________
Place and date of birth*: _____________________________________________
Neptun ID(1)*: ______________________________________________________

As the authorized representative of the above named accredited Institution providing the internship, I hereby declare that the data included in this document are true and correct in every respect. I hereby declare that our institution is able to ensure the acquirement of the skills in Nursing subject defined in the list below.

Name (capital letters)*: _______________________________________________
Title / Position*: ____________________________________________________
Organizational unit: __________________________________________________
Date*: ____________________________________________________________

Institution stamp ____________________________________________________
Signature* ____________________________

Comments: ____________________________________________________________________________________________________________

* = Required fields; (1) = Neptun is a student registration system, and Neptun ID is the student's individual code at Semmelweis University

SEMMELEWS UNIVERSITY (OM ID: FI62576) – DIRECTORATE OF INTERNATIONAL STUDIES, DIVISION OF ENGLISH LANGUAGE PROGRAMS
Address: Tűzoltó utca 37-47., H-1094, Budapest, HUNGARY

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Practical syllabus of the famulation in Nursing:

Nursing Course - 1 month, 160 hours

Week 1

- 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.

Week 2

- 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.

Week 3

- Blood collection, administering injection, placement of venous cannula under supervision of nurse.
- Continuous practice of knowledge acquired during the first two weeks.

Week 4

- Continuous practice of knowledge acquired during the first three weeks.