UNIVERSITY HOSPITAL STATEMENT

This form should be completed, signed and stamped by an authorized representative of the accredited Medical School of any EU Member State, Norway, Switzerland or USA, providing the internship as part of the medical training curriculum.

DATA OF THE STATE-RECOGNIZED MEDICAL SCHOOL PROVIDING THE INTERNSHIP

Name*: __________________________________________________________

Full address*: __________________________________________________________

DATA OF STATE ACCREDITATION DOCUMENT

Number*: __________________________________________________________

Date of accreditation*: __________________________________________________________

STUDENT DATA

Name*: __________________________________________________________

Place and date of birth*: __________________________________________________________

Neptun ID(1)*: __________________________________________________________

As the authorized representative of the above named accredited Medical School 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 of the institute providing traineeship*: __________________________________________________________

Full address*: __________________________________________________________

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
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.