

## TEACHING HOSPITAL STATEMENT

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

### 1. STUDENT DETAILS

Neptun ID<sup>(1)\*</sup>: \_\_\_\_\_

Name\*: \_\_\_\_\_

Place and date of birth\*: \_\_\_\_\_

### 2. DETAILS OF THE STATE-RECOGNIZED INSTITUTION OF HIGHER EDUCATION PROVIDING ACCREDITATION TO THE HEALTH CARE INSTITUTION OF THE PRACTICE PLACEMENT

Name\*: \_\_\_\_\_

Full address\*: \_\_\_\_\_

#### DETAILS OF THE STATE ACCREDITATION DOCUMENT

Number\*: \_\_\_\_\_ Date of accreditation\*: \_\_\_\_\_

### 3. DETAILS OF THE HEALTH CARE INSTITUTION PROVIDING THE PRACTICE PLACEMENT

Name\*: \_\_\_\_\_

Full address\*: \_\_\_\_\_

Web address: \_\_\_\_\_

#### DETAILS OF THE ACCREDITATION DOCUMENT:

Number\*: \_\_\_\_\_ Date of accreditation\*: \_\_\_\_\_

#### DETAILS OF ACCREDITATION:

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

Validity  
(start and expiry dates)\*: \_\_\_\_\_

As the authorized representative of the above-named accredited Institution providing the practice placement, 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 the field of **Internal Medicine** as defined in the syllabus attached.

Name\* (capital letters): \_\_\_\_\_

Title / Position\*: \_\_\_\_\_

Organizational unit: \_\_\_\_\_

Date\*: \_\_\_\_\_

Institution stamp

Signature\*

Comments: \* – Required fields ;

<sup>(1)</sup>– Neptun is a student registration system, and Neptun ID is the student's individual code at Semmelweis University

## Syllabus for the practice placement in Internal Medicine:

Internal Medicine Course - 1 month, 168 hours

The students spend 8 hours a day, 5 days a week, for one month at the practice. They can participate in evening or weekend on-call work for +6 hours.

**General:** Getting to know the internal medicine department and the hospital. Patient examination, care of designated patients at the assistant physician level under appropriate supervision, taking into account that students have not finished their pharmacological education.

### Anamnesis:

- interviewing patients, describing the received information using organized medical terms
- interpretation of the medical history in the patient's documentation (expanding abbreviations, recognizing connections between events)
- considering the expected home treatment based on the medical history

### Medication:

- connecting the names of the drugs taken by the patient and the active ingredients
- finding the indication of the medications taken (in the medical history)
- setting up a treatment plan for the disease justifying the admission of the patient

### Physical examination:

- practice of the entire examination, reporting the findings
- performing targeted examination (e.g. dyspneic patient, anemic patient, liver cirrhosis patient)
- recognizing the correlations between the obtained physical examination results and the medical history

### Practicing the most important medical interventions:

- Examination of the pulse, blood pressure, fever, weight, blood sugar measurement
- Medicines administration methods
- Learning the technique of taking blood, giving injections, administering insulin, learning about the practical use of a pen (possibly an insulin pump)
- Preparation and administration of infusions with supervision, familiarization with the transfusion process
- Use of instrumental diagnostic tools (ECG, Doppler, ultrasound, monitor, blood gas)
- Getting to know the documentation of patient care (chart, medical file, blood glucose chart, fluid chart, critical patient observation chart) and managing it independently. Professional referral of a patient known to the student and followed during a department head/professor round.
- Mastering the relationship with the patient and his relatives, with particular regard to patient information and medical confidentiality. Getting to know and explaining the declarations of consent required for interventions, obtaining consent.
- To the extent possible, participation in consultations, imaging examinations, instrumental examinations, and clinicopathological discussions, especially in connection with a patient known to the student.

# TEACHING HOSPITAL STATEMENT – Form Filling Guide

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

## 1. STUDENT DETAILS

Neptun ID<sub>(1)</sub>\*: **XXXXXX**

Name\*:

**JOHN SMITH**

Place and date of birth\*:

**Canada, Quebec, 24 May 1991**

## 2. DETAILS OF THE STATE-RECOGNIZED INSTITUTION OF HIGHER EDUCATION PROVIDING ACCREDITATION TO THE HEALTH CARE INSTITUTION OF THE PRACTICE PLACEMENT

Name\*:

**Karolinska Institute - Medical University**

Full address\*:

**171 77 Stockholm, Sweden**

### DETAILS OF THE STATE ACCREDITATION DOCUMENT

Number\*: **XXXXXX**

Date of accreditation\*: **15 May 2001**

## 3. DETAILS OF THE HEALTH CARE INSTITUTION PROVIDING THE PRACTICE PLACEMENT

Name\*:

**Karolinska University Hospital, Solna**

Full address\*:

**SE-171 76 Stockholm, Sweden**

Web address:

**<https://www.karolinska.se/en/karolinska-university-hospital/>**

### DETAILS OF THE ACCREDITATION DOCUMENT:

Number\*: **XXXXXX**

Date of accreditation\*: **15 May 2001**

### DETAILS OF ACCREDITATION:

Field (surgery, etc.):

**Internal Medicine**

Validity (start and expiry dates)\*:

**since 11 Jan 1999**

As the authorized representative of the above-named accredited Institution providing the practice placement, 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 the field of **Nursing** as defined in the syllabus attached.

Name\* (capital letters):

**PROFESSOR FIRSTNAME LASTNAME**

Title / Position\*:

**Head of Department of Internal Medicine**

Organizational unit:

**Department of Internal Medicine**

Date\*:

**1 March 2022**

Institution stamp

**place of the stamp**
**XXXXXXXXX**
**Signature\***

Comments: \* – Required fields;

<sup>(1)</sup>– Neptun is a student registration system, and Neptun ID is the student's individual code at Semmelweis University