

## 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 **Nursing** 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 Nursing:

Nursing Course - 1 month, 160 hours

### Week 1

- Introduction to the operation 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.
- Subcutaneous and intramuscular injection under the supervision of a nurse.

### Week 3

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

### Week 4

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

## TEACHING HOSPITAL STATEMENT – Form Filling Guide

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### 1. STUDENT DETAILS

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