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(1): __________

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;
(1) – 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

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

Name*: JOHN SMITH
Neptun ID(1)*: XXXXXX
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*: ______ 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

Signature*

Comments*: – Required fields;
(1) – Neptun is a student registration system, and Neptun ID is the student’s individual code at Semmelweis University