

## 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, 168 hours

### Week 1

Ward operation. Observation of nursing activities, assessing and documenting nursing needs. Learning about the contents of nursing documentation, how to complete the patient observation chart and the nursing chart, how to use marking methods. Learning to create a safe environment for the patient. Active involvement in the daily care of patients with the help of nurses. Observation and mastering of the communication with patients.

Observation of laboratory and other examination procedures, observation of patient preparation for examination/surgery. Use of personal protective equipment in the ward, hygiene and disinfectant hand washing, learning aseptic and antiseptic techniques.

### Week 2

Nursing patient admission, Independent performance of body weight, height, blood pressure, pulse, temperature, breath rate, and blood glucose measurement, needs assessment and documentation. Assessment of nutritional and fluid intake needs. Learning to create proper environment for a new patient. Observation and marking of the patient's secretions. Assistance at ECG examinations. Administering medication, collecting blood samples, administering injections, securing an IV line, preparing for and monitoring infusion and transfusion therapy, and recognizing possible complications. Administering subcutaneous and intramuscular injections, determining bedside blood glucose under nursing supervision.

### Week 3

Blood collection, injections and securing an IV line under nursing supervision. Continued practice of the tasks learned in weeks one and two. Learning the process, the protocol and the tools available of basic CPR.

### 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<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