

UNIVERSITY CLINIC / HOSPITAL STATEMENT

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

1. STUDENT DETAILS

Neptun ID₍₁₎*: _____

Name*: _____

Place and date of birth*: _____

2. DETAILS OF THE STATE-RECOGNIZED INSTITUTION PROVIDING THE PRACTICE PLACEMENT

Name*: _____

Full address*: _____

Web address: _____

DETAILS OF THE STATE ACCREDITATION DOCUMENT

Number*: _____

Date of accreditation*: _____

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;

⁽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 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.

UNIVERSITY CLINIC / HOSPITAL STATEMENT – Form Filling Guide

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1. STUDENT DETAILS

Neptun ID₍₁₎*: **XXXXXX**

Name*: **JOHN SMITH**

Place and date of birth*: **Canada, Quebec, 24 May 1991**

2. DETAILS OF THE STATE-RECOGNIZED INSTITUTION PROVIDING THE PRACTICE PLACEMENT

Name*: **Sahlgrenska University Hospital**

Full address*: **Sahlgrenska Universitetssjukhuset, 413 45 Göteborg, Sweden**

Web address: **<https://www.sahlgrenska.se/>**

DETAILS OF THE STATE ACCREDITATION DOCUMENT

Number*: **XXXXXX**

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

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: **Some Clinic**

Date*: **1 March 2022**

Institution stamp

XXXX

Place of the stamp

Signature*

Comments:

* – Required fields;

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