

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 **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, 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 the knowledge acquired during the first three weeks.

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;

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