

## 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<sup>(1)\*</sup>: \_\_\_\_\_

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 **Surgery** 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 Surgery:**

- Complete the tasks of a general physician of the department (in case of 6-10 patients at least), according to the assignment of the Head of the Surgery Department, under the supervision of a physician of the Department.
- Recording patient's history, physical examination of the admission status of the patient, writing medical record according to this information.
- Practicing the physical examination of breasts and the rectum is very important.
- Developing the plan of the examination and the treatment of the patient, in conjunction with the monitoring physician. Ordering necessary examinations (laboratory, radiological, endoscopic, consultation), with approval of the monitoring physician. Monitoring and registering of the completion of these examinations.
- Defining the necessary medication and other curing, with approval of the monitoring physician. Cognition and applying the Department's commonly used drugs (e.g. heart drugs, intestinal motor drugs, antibiotics, etc.).
- Continuously monitoring and registering of the state of the student's patients (temperature chart, decursus, etc.), referring to the Head of Department in the visits.
- Writing final report at the patient's leave.
- Practicing the technique of cupping.
- Injecting (s.c., i.m., i.v.) under supervision.
- Compilation of infusion and wiring of infusion under supervision.
- Defining blood group, compilation of transfusion, cross-matching and biological matching, wiring transfusion, administration, under control and supervision!
- Practice of the inserting of Duodenum-gavage, nasogastrical gavage.
- Practice of bladder catheterization under supervision.
- Practice of elastic bandaging.
- Making and evaluating oversensitive tests under supervision.
- Cognition and practice of applying test paper.
- Applying and practicing oscillometry.
- Picking stitches and chips.
- Curing infected gashes, changing bandage under supervision.
- Lend a helping hand in chest tapping and stomach tapping.
- Participation in endoscopic and radiological examinations, if possible.
- Participation in surgical consultations (in the Department and in other departments).
- Participation in defining surgical indications.
- Participation in operations of the Department. Assistance, especially in case of the student's own patients. Cognition the principles of sterility, sterilization, washing, dressing, discipline of the operating room.
- 24 hour-on-call service once a week.
- Experience the recognition of urgent, life-threatening surgical cases. Cognition of the principles and methods of patient care.
- Participation in surgical preparation regarding anesthesiology.
- Cognition and adaptation of surgical premedication, in case of chosen operation and urgent case.
- Involvement in different types of general anesthesia (mask, combined, intratracheal, intravenous narcosis).
- Intubation (independent, if possible).
- Cognition of the operation of the anesthetic machine. Monitoring of patient during surgery.
- Ministration in vein preparation, and in insuring central vein (vena jugularis or subclavia punctio).
- Practice and evaluation of measuring central vein pressure.
- Sucking of excretion from pharynx and respiratory tracks.
- Cognition of the specialties of the surgical intensive care.
- Using patient monitoring machine.
- Cognition of the problems of the post-operation-period. Participation in prevention and averting.
- Cognition of the clinical methods of reanimation, participation in practical adaptation.
- Participation in autopsy, and in clinical pathologic meeting.
- Participation in every professional meeting of the institute, and the department.
- Cognition and completion of the administration of the surgical out-patient consultations.
- Applying and changing cover band, pressure bandage and vapour bandage.
- Treatment of infected gash.
- Examination of anthrax, abscess, phlegmone, panaritium. Participation in the treatment.
- Application of tetanus prophylaxis.
- Participation in ambulant operations.
- Ministration in intravenous narcosis, doing it under supervision.
- Ministration in local anesthetization, doing it.
- Participation in consultation of the revision physician

**UNIVERSITY CLINIC / 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 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 **Surgery** 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;

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