



ACCEPTANCE LETTER FOR INTERNAL MEDICINE

A. Personal data of the student	
Surname:	First name:
Email address:	EHA code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .PTE
Mailing address:	Phone number:

B. Practice details (to be completed by the host institution)	
Name of Hospital /Clinic (Department):	
Address:	
Period of practice (from/until):	
Hours to be completed:	Supervisor's name:
Supervisor's position:	Email:
Telephone number:	Fax:
<u>The course description of the Internal Medicine:</u> The duration of the practice is minimum 8 weeks and minimum 300 hours. The aim of the practice is that students of the 6th year, who have already achieved theoretical excellence in significant components of Internal Medicine, synthesize their knowledge during daily bedside practice and use it independently yet under proper supervision. Students work at departments of Medicine of University Hospitals, Teaching Hospitals or at Teaching Divisions, as trainees similarly to residents, ward physicians or doctors in training, they gain empirical, hands-on experiences with patients. Practical requirements for students during and after the practice: <ol style="list-style-type: none">1. Students should take case histories and perform detailed physical examination of patients at the ward. The preparation of a written documentation of each case is expected (at least 2 patients weekly).2. Students should write a diagnostic and therapeutic plan after the admission of the patient. The preparation of a written documentation of each case is expected (at least 2 patients weekly).3. Students should summarize diagnostic test results and clinical course as a written discharge summary upon patient's discharge (at least 2 patients weekly).4. Students should be prepared to present detailed anonymized patient documentations from each week of the practice (in the end at least 8) at the final examination. The documentations should consist of the above mentioned items, they should indicate the date, the ward specifications, the name of the tutor, the name of the student and they should also be signed by both the student and the tutor. The case history should be composed in the language that was used at the ward, the rest of the documentation in the study language of the student or in English. A patient documentation should be at least one, and a maximum of four typed (A/4) pages long.5. A regular presence of students is required at medical workshops, consultations, graduate and postgraduate teaching programs of the ward. The practice period is optimally supported by consultations and case presentations.6. The practice should be performed on regular working days, during usual working hours (6-8 hours a day). Night duties, public/bank holidays, outpatient care, scientific work cannot be accepted as part of the practice.	

To be sent/handed in to the Registrar's Office after A-B-C sections are COMPLETED TOTALLY before the practice begins!

Address: HUNGARY - 7624 Pécs - Szigeti út 12.



Students should take part in activities of residents, ward doctors and doctors in training under supervision according to the applicable local professional, safety and legal regulations. These should include taking medical history, performing physical examination, admitting new patients, planning diagnostic and therapeutic measures, fulfilling tasks required by the ward-round, regularly reporting to the staff, participating in writing discharge summaries and giving account of their patients during the professorial grand-rounds. They should also accompany their patients to see special examinations and therapies (e.g. endoscopy, biopsy, echocardiography, exercise stress test, operations).

8. Students get certification of the gained clinical skills that they acquire during the practice (at least 4 signatures are required each week). They will be entered into the "Booklet of Clinical Skills" by the leader of the subject on the basis

of the certificate.

<http://aok.pte.hu/docs/th/file/GBofCS.pdf>

I acknowledge and accept that the practice will be completed according to the requirements mentioned above.

Supervisor's signature:

Date / Stamp: