



**Certificate on fulfillment of clinical practice in
EMERGENCY MEDICINE**

A.	Personal data of the student	
Surname:	First name:	
Email address:	EHA code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .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 completed totally:			Supervisor's name:	
Supervisor's position:			Email:	
Telephone number:			Fax:	
Course description of practice in Emergency Medicine: The sixth year students have to practice the elements of advanced life support during a 10-working-day (60-hour) practice with maintaining free airway, peripheral venous cannulation, oxygen therapy and monitoring basic parameters in operating theatre. Goals of the practice: The course will provide final and comprehensive practice on acute lifesaving methods in the final year of medical curriculum.				
<ul style="list-style-type: none"> ○ Endotracheal intubation and use of other airway devices ○ Peripheral venous cannulation ○ Oxygen therapy and ○ Monitoring of basic parameters in operating theatre Using the five-digit scale, the tutor has to assess student's skills in <ul style="list-style-type: none"> ○ artificial airway management <ul style="list-style-type: none"> • diagnosing respiratory failure, • ventilating patient's lungs with face mask and ○ providing adequate postoperative analgesia. 				
EVALUATION of the student's performance at the practice (please underline):				
1 (failed)		2 (satisfactory)		3 (average)
				4 (good)
				5 (excellent)
Supervisor's signature:				Date / Stamp:

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

Address: HUNGARY - 7624 Pécs - Szigeti út 12.

Date received: / /