LETTER OF ACCEPTANCE
4-week Internal Medicine Practice

Name of the student: 

Period of practice: 

Name of the hospital/clinic: 

Department: 

Address of the hospital/clinic: 

Accreditation number of the hospital/clinic: 

Contact person: 

Phone number: 

E-mail address: 

The above-named student of the University of Szeged is accepted to perform his/her compulsory Internal medicine summer practice at our institution for a period of 4 weeks. He/She is entitled to complete the tasks listed on page 2 of this form.

Date: 

Signature: 

Stamp
### Internal Medicine Summer Practice
(4 weeks)

1. Taking patient history
2. Physical examination, blood pressure measurement, pulse control
3. Treatment strategies
4. Practice of sc., i.m., and i.v. injections, iv. infusions, taking blood positioning, urinary bladder catheterisation (puncturing, taking blood peripheral veins, arteries), nasogastric tube
5. Observation of transfusions
6. Studying technique of puncture of the chest and the abdomen
7. Administrative work
8. Participation in the ward round of the professors
9. ECG
10. Biochemical and microbiological laboratory methods

**Facultative:**

1. Observation of imaging (x-ray, ultrasonography, CT, MRI, echocardiography)
2. Observation of upper and lower gastrointestinal endoscopies